

* PLEASE SEND RP LTR
* PLEASE ENTER IN BERTS AND ESTABLISH FILE } THANKS!

I.D. # 62-41-118817

District: DNRSE County: MILW
 Site Name: DOOR-O-MATIC
 Address: 6800 INDUSTRIAL LOOP
 Legal Municipality: GREENDALE T V C
 Date of Discovery: 3 1 3 1 97

Case No.: _____ PMN: _____
 FID: 241 050 590
 Proj. Mgr: _____
 Support Person: _____
 Legal Desc: 1/4 1/4 Sec T R E/W
 Lat: N ' ' Long: W ' ' '
 Date of RP Contact: / /

PRIORITY SCREENING:
 1 = High
 3 = Low
 4 = Unknown
 PRE-SCORE

FUNDING SOURCE:
 1 = RP
 2 = LTF
 3 = EF
 4 = SF
 5 = None
 6 = Other (Describe in Comments)
 7 = EPA Emergency Resp.

ENFORCEMENT AUTHORITY:
 1 = Spill Law s. 144.76, Wis. Stats.
 2 = Envir Repair Law s. 144.442, Wis. Stats.
 3 = Hazardous Waste Rules NR 600 Series
 4 = Solid Waste Rules NR 500 Series
 5 = CERCLA
 6 = Abandoned Container s. 144.77, Wis. Stat.
 7 = Other (Describe in Comments)

PROGRAMS INVOLVED: (L - LEAD S - SUPPORT)
 Aban Containers NR 500 Solid Waste Water Supply
 Lust Spills Water Resources Mgt
 NR 600 Hazardous Waste Superfund Env. Repair

RESPONSIBLE PARTY:
 Business Name: DOOR-O-MATIC
 Owner/Mgr.: JOHN FAY
 Address: 6800 INDUSTRIAL LOOP
GREENDALE WI 53129
 Phone: 414 / 421-1000
 Contact Person: JOHN FAY

Business Name: _____
 Owner/Mgr.: _____
 Address: _____
 Phone: _____ / _____
 Contact Person: _____

	KNOWN IMPACTS (X)	POTENTIAL IMPACTS (X)
No Threat	_____	_____
Fire/Explosion threat (1)	_____	_____
Contaminated Private Well (2)	_____	_____
Contaminated Public Well (3)	_____	_____
Groundwater Contamination (4)	_____	_____
Soil Contamination (5)	<input checked="" type="checkbox"/> _____	_____
Direct Contact (10)	_____	_____
Contaminated Surface Water (7)	_____	_____
Contaminated Air (8)	_____	_____
Other (6)	_____	_____

CONSULTANT INFORMATION:
 Company: _____
 Contact Person: _____
 Address: _____
 Phone: _____ / _____
 (List additional on separate sheet & attach.)

Company: _____
 Contact Person: _____
 Address: _____
 Phone: _____ / _____