

FID # MIKE THOMPSON  
 FID ID Number 241 437 790 File Search \* Yes \_\_\_ No \_\_\_  
 Date FID # Assigned \_\_\_\_\_ Date FID # Requested \* 18 DEC 96  
 Facility Name \* KEY PRODUCTS  
 Corporate Name \* KEY PRODUCT  
 Site Address \*\*\* 8633 W LYNX  
 City \* MILW County \* MILW Zip \_\_\_\_\_  
 Ownership Code \* Private (1) X State (2) \_\_\_\_\_ County (3) \_\_\_\_\_  
 Local (4) \_\_\_\_\_ Federal (5) \_\_\_\_\_  
 Legal Description (LUST & ERR) QQSec. \_\_\_\_\_ QSec. \_\_\_\_\_ Section \_\_\_\_\_ Town \_\_\_\_\_ Range \_\_\_\_\_

File to be constructed (please circle the all that apply)

Folder Size Needed - (1 3/4) 3"

Hazardous Waste (Green)

APPR FMP/RFA  
 PLAN CA  
 PHOTO GENCL  
 CMEL GWM  
 NOTIF PARTB  
 LIC CONF

Solid Waste (Blue)

DEMO FEAS  
 1TIME PLOP  
 GWM MODIF  
 PHOTO ASBLT  
 LIC CLOS  
 APPR EXP  
 CORR CONF  
 HRNG COMP  
 ENF RECYCL  
 PLAN SALV  
 ISR

Env. Response & Repair (Red)

LUST ABAN  
~~ERP~~ SFND  
 ERP/LUST CONTR  
 SPILL ERP453  
 PA/SI

The service center has created an outcard for this file, with your name on it, and placed it in the file room. If you give this file to another staff person, it is your responsibility to change the outcard. Thank you.

Use this area for file inventory system changes or other instructions (i.e. name changes, duplicate FID #s, other file problems).

*Mike - send this with full set of permits in ER - Thanks  
 my 12 23 96*

\* This information is required to assign the FID Number  
 \*\* This need to be a site specific address, like 230 West National Avenue.

Type of Case: LUST ERP X 453M 453P

SER Form #1 July 1, 1997

ACTIVITY NO.: <u>02-41-153233</u>	FID NO.: <u>241437790</u>
County: <u>MILW</u>	Initial Contact Date: <u>11/8/96</u>
Site Name: <u>Key Products, Inc</u>	Send RP Letter ? Y <u>N</u> Date Mailed: <u>   /   /   </u>
Address: <u>81034 W Lynx Ave</u>	Closure Date: <u>   /   /   </u>
<u>Milw 53225</u>	Person/Firm Reporting: <u>Materials Mgt</u>
Municipality: <u>"</u>	Phone: (     )
Legal Desc.: <u>   </u> 1/4 <u>   </u> 1/4 Sec <u>   </u> Tn <u>   </u> Rng <u>   </u> E	
Lat.: <u>   </u> Long.: <u>   </u>	

<b>PRIORITY:</b>	<b>FUNDING SOURCE:</b>	<b>ENFORCEMENT AUTHORITY:</b>
<input checked="" type="checkbox"/> High	<input checked="" type="checkbox"/> RP	<input checked="" type="checkbox"/> Spill Law s. 292.11 Wis. Stats.
<input type="checkbox"/> Medium	<input type="checkbox"/> LTF	<input type="checkbox"/> Envir. Repair Law s. 292.31 Wis. Stats.
<input type="checkbox"/> Low	<input type="checkbox"/> EF	<input type="checkbox"/> Solid Waste NR 500
<input type="checkbox"/> Unknown	<input type="checkbox"/> SF	<input type="checkbox"/> CERCLA
	<input type="checkbox"/> None	<input type="checkbox"/> Aband. Container s. 292.41 Wis. Stats.
	<input type="checkbox"/> Other (describe below)	<input type="checkbox"/> Other: <u>   </u>
	<input type="checkbox"/> EPA Emergency Response	<input type="checkbox"/> Wastewater (lagoons)
		<input type="checkbox"/> Haz Waste NR600

**IS THIS LUST CASE  
FEDERALLY FUNDED?**  
Y N

\*\*\*\*\*PROGRAMS INVOLVED: (L = Lead, S = Support)\*\*\*\*\*

<input type="checkbox"/> Abandoned Containers	<input type="checkbox"/> NR 500 Solid Waste	<input type="checkbox"/> Water Supply	<input type="checkbox"/> DATCP
<input type="checkbox"/> LUST	<input type="checkbox"/> Spills	<input type="checkbox"/> Water Resources	<input type="checkbox"/> DCOM
<input type="checkbox"/> NR 600 Hazardous Waste	<input type="checkbox"/> Superfund	<input checked="" type="checkbox"/> Environmental Repair	<input type="checkbox"/> CODE 76

<b>RESPONSIBLE PARTY is a</b> <input checked="" type="checkbox"/> <b>Company</b> or a <input type="checkbox"/> <b>Person</b> Company Name: <u>Key Products</u> Contact Person: <u>Richard Meinberg</u> Address: <u>10600 W Glenbrook CT</u> <u>Men Falls, 53051</u> Phone: <u>(414) 355-5349</u> CC: <u>   </u>	<b>CONSULTANT:</b> Company Name: <u>See Above</u> Contact Name: <u>Don Sagan</u> Address: <u>2711 W Wisconsin</u> <u>MILW 53216</u> Phone: <u>(     ) 447-4700</u> CC: (EG: lab) <u>   </u>
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<b>IMPACTS: (enter P for potential, K for known)</b> <input type="checkbox"/> Fire/Explosion Threat <input type="checkbox"/> Contaminated Private Well(s) <u>   </u> No. of Wells <input type="checkbox"/> Contaminated Public Well <input checked="" type="checkbox"/> Groundwater Contamination <input checked="" type="checkbox"/> Soil Contamination <input type="checkbox"/> Surface Water Impacts <input type="checkbox"/> Free Product <input type="checkbox"/> Storm Sewer Contam. <input type="checkbox"/> Sanitary Sewer Contam. <input type="checkbox"/> Air Contamination <input type="checkbox"/> Direct Contact <input type="checkbox"/> Concrete/Asphalt <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other: <u>   </u>	<b>SUBSTANCES:</b> #Tanks/containers     Size <input type="checkbox"/> Leaded Gas <u>   </u> <u>   </u> <input type="checkbox"/> Unleaded Gas <u>   </u> <u>   </u> <input type="checkbox"/> Diesel <u>   </u> <u>   </u> <input type="checkbox"/> Fuel Oil <u>   </u> <u>   </u> <input type="checkbox"/> Unknown Hydrocbrn <u>   </u> <u>   </u> <input type="checkbox"/> Waste Oil <u>   </u> <u>   </u> <input type="checkbox"/> Metals <u>   </u> <u>   </u> <input type="checkbox"/> RCRA Haz. Waste <u>   </u> <u>   </u> <input type="checkbox"/> VOCs <u>   </u> <u>   </u> <input type="checkbox"/> Chlorinated Solvent <u>   </u> <u>   </u> <input type="checkbox"/> PCBs <u>   </u> <u>   </u> <input type="checkbox"/> Foundry Sand <u>   </u> <u>   </u> <input type="checkbox"/> Misc. Fill <u>   </u> <u>   </u> <input type="checkbox"/> Pesticides <u>   </u> <u>   </u> <input type="checkbox"/> Leachate <u>   </u> <u>   </u> <input type="checkbox"/> PAHs/SVOCs <u>   </u> <u>   </u> <input type="checkbox"/> Oil & Grease <u>   </u> <u>   </u> <input type="checkbox"/> Other <u>PCE / Paint + Solvent Soil</u>
<b>NEW FOLDER? Y <u>N</u></b> <b>YOUR INITIALS</b> <u>PC</u>	