

1
513

PMN#: _____ FID#: _____
 PROJECT MGR: C Krohn
 SUPPORT PERSON: _____
 DISTRICT: SEO COUNTY: Milw. HMDI: _____
 SITE NAME: Brettner Prop.
 ADDRESS: 9510 W. Greenfield Ave.
West Allis, WI. _____ TM CITY_VIL
 LEGAL DESC: 1/4 1/4 SEC T R E/W

DATE OF INITIAL CONTACT: 2/14/90 (mo day yr)
 DATE OF RP LETTER: 2/22/90 (mo day yr)
 DATE SITE CLOSURE APPROVED: _____ (mo day yr)

LUST TRUST ELIGIBLE: (X)
 1 = FEDERAL
 2 = NON-FEDERAL
 STATUS: (X)
 1 = STATE LEAD
 2 = RP LEAD
 PRIORITY SCREENING: (X)
 1 = HIGH SCORE: 16
 2 = MEDIUM
 3 = LOW
 4 = UNKNOWN
 (see worksheet on back)
 FUNDING SOURCE: (X)
 1 = RESPONSIBLE PARTY
 2 = LUST TRUST FUND
 3 = ENVIRONMENTAL RESPONSE FUND
 4 = SUPER FUND
 5 = NONE
 6 = OTHER _____

(X AS APPROPRIATE)	DATE INITIATED (MO DAY YR)	DATE COMPLETED (MO DAY YR)	COMMENTS:
<input type="checkbox"/> NO ACTION TAKEN	____/____/____	____/____/____	_____
<input type="checkbox"/> EMERGENCY	____/____/____	____/____/____	_____
<input type="checkbox"/> EMERGENCY RESPONSE	____/____/____	____/____/____	_____
<input checked="" type="checkbox"/> FIELD INVESTIGATION	<u>12/1/89</u>	____/____/____	<u>Tank Yard Assessment</u>
<input checked="" type="checkbox"/> REMEDIAL ACTION	<u>2/14/90</u>	____/____/____	_____
<input type="checkbox"/> LONG TERM MONITORING	____/____/____	____/____/____	_____

FIRM OR PERSON RESPONSIBLE: _____
 CONTACT: Kris Brettner
 ADDRESS: Rt 1 Box 308
FLK Hart Lake, WI.
 PHONE: _____ / _____ 53020
 (list additional on separate list & attach)

CONSULTANT: Midwest Engineering Service
 CONTACT: Ed Zyga
 ADDRESS: _____
 PHONE: _____ / _____
 AMOUNT COMMITTED: \$ _____ AMOUNT SPENT: \$ _____
 (list additional on separate list & attach)

PECFA REVIEW REQUESTED: (X) YES NO
 DATE PECFA REQUEST RECEIVED: (mo day yr) ____/____/____

	KNOWN IMPACTS:(X)	POTENTIAL IMPACTS:(X)	SUBSTANCES:(X)	QUANTITY DISCHARGED:(gals)
FIRE/EXPLOSION THREAT	____	____	<input checked="" type="checkbox"/> LEADED GAS	____ VOCS
CONTAMINATED PRIVATE WELL	____	____	<input checked="" type="checkbox"/> UNLEADED GAS	____ PESTICIDE
CONTAMINATED PUBLIC WELL	____	____	<input checked="" type="checkbox"/> DIESEL	____
GROUNDWATER CONTAMINATION	<input checked="" type="checkbox"/>	____	<input checked="" type="checkbox"/> FUEL OIL	____
SOIL CONTAMINATION	<input checked="" type="checkbox"/>	____	<input type="checkbox"/> UNKNOWN HYDROCARBONS	____
OTHER: _____	____	____	<input checked="" type="checkbox"/> OTHER <u>Waste oil</u>	____

ENFORCEMENT ACTION TAKEN
 01=INF. CONTACT,RESP INITIATED 06=INSPECTION LETTER 14=NOTICE OF VIOLATION 23=REFERRAL TO DOJ
 02=RP LETTER,RESP INITIATED 07=RESPONSE RECEIVED 18=ADMIN. ORDER FINAL 25=REFERRAL TO EPA
 03=NTC OF NON COMPLIANCE 11=CLOSE OUT 20=ADMIN. ORDER CANCELLED 99=OTHER ACTION: _____

ACTION (code from above)	DATE (mo/day/yr)	COMMENT:
<u>01</u>	<u>02/14/90</u>	<u>Initial Contact</u>
<u>07</u>	<u>02/21/90</u>	<u>Report Received</u>
<u>02</u>	<u>02/23/90</u>	<u>Request for Scope</u>
<u>99</u>	<u>3/26/90</u>	<u>SDW Approval</u>

(for additional action codes see instructions/list additional on separate list and attach)

OVER ALL CASE COMMENT: 99 9/10/90 Approve RAP
07 5/31/91 Remedial Action Report
99 12/17/91 Prelim form of Partial
02 2/23/93 Regulated Groundwater Treatment

LUST CASE PRIORITY SCREENING WORKSHEET

HIGH FACTORS: (DEFINITION: Any case which presents an actual threat to human health, or has a high potential of causing a threat to human health and property; and/or any case which has caused or has a high potential of causing substantial impacts to the soil waters and air of the State of Wisconsin)

HIGH FACTORS:

- Contaminated private or public well >NR140 enf. std.
- Impacted surface water--wetland, trout stream, etc. impacted
- Explosive or toxic vapors in structures
- Threat of fire
- Floating product
- Known gw contamination

MEDIUM FACTORS: (DEFINITION: Any case which does not appear to be an immediate threat to human health or vital natural resources but which shows levels of contamination that may cause substantial environmental impacts if left unaddressed.)

- saturated soil contamination
- Moderate soil contamination with moderate potential for impacting groundwater.
- Impacted surface water--no critical habitat threats.

LOW FACTORS: (DEFINITION: Any case where contamination has been documented, but which presents limited potential for any immediate threat to human health and vital natural resources.)

- Soil contamination which appears to have a limited potential for impacting groundwater.
- Initial remedial action has substantially reduced environmental threat.

UNKNOWN FACTOR: (DEFINITION: Any case where some indication of contamination is present, but due to incomplete or inaccurate information the level of threat to human health or the environment can not be assessed at this time.)

- Inadequate information to assign a high, medium, or low ranking.

OVERALL RANKING: The screening rank for the site along with the date of ranking. This may be updated when additional information is received. Special circumstances for a particular case may be taken into account in the comment section. The District coordinator may independently set the ranking of a site based upon "special circumstances."

On _____, indicate in priority screening box opposite side 16 HIGH MEDIUM LOW UNKNOWN

COMMENT: _____

NUMERICAL LUST SCORING WORKSHEET (complete for LUST cases ranked HIGH)

1. **GROUNDWATER & SOILS:** (circle one)

POINTS	Documented Petroleum Contamination:	POINTS	
20	Municipal well	8	Soil & gw within 1200' of a public well
18	>6 private wells	6	Soil & gw within 1200' of one or more private wells
16	4 - 6 private wells	4	GW contamination, no wells within 1200'
14	2 - 3 private wells	2	Soil contamination
12	1 private well		

2. **EXPLOSIVE OR TOXIC VAPORS:** (circle one)

POINTS	CONFIRMED	POTENTIAL	
20	10		Explosive levels in a residence or building
16	8		Explosive levels in a sewer or structure
12	6		Toxic levels in a residence or building

Note: Explosive levels determined to be >20% LEL as per an explosivity meter; toxicity levels are based on OSHA permissible exposure limits (PEL)

3. **HYDROGEOLOGIC SETTING:** (circle one)

POINTS	
12	Highly permeable sub-soils (gravel, well sorted sand, fractured bedrock or utilities capable of intercepting and directing flow) <u>and</u> groundwater within 25 feet of the ground surface.
10	Highly permeable sub-soils <u>and</u> groundwater more than 25 feet below ground surface.
8	Moderately permeable sub-soils (silty sands, silty gravel, clayey sands) <u>and</u> groundwater within 25 feet of ground surface
6	Moderately permeable sub-soils <u>and</u> groundwater greater than 25 feet below ground surface.
4	Low permeability sub-soils (silt, clayey silt, sand clays) <u>and</u> groundwater within 25 feet of ground surface.
2	Low permeability sub-soils <u>and</u> groundwater greater than 25 feet below ground surface.

4. **TYPE OF PRODUCT:** (circle one)

POINTS	NOTE: Add 4 points if free product is present. (score in parentheses)
8 (12)	Gasoline, mixture of gasoline and other products, other light petroleum products.
6 (10)	Diesel, fuel oil
2 (6)	Bunker oil, other heavy oils or crude fractions

TOTAL SCORE (indicate score in priority screening box on opposite side)

Spill ID Number
99
Y Y M M D D 0-99

Date of Incident	Day of Week	Time of Incident	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) <i>Kristine Buttner</i>	Telephone Number <i>(414) 376-3218</i>
Date Reported <i>2/14/90</i>	Day of Week	Time Reported <i>9:25</i>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Involved <i>gasoline</i>	Quantity <i>unk</i>	Units	Person or Firm Responsible <i>Ruth Barnekow (Mother)</i>		
Substance Involved gasoline <i>waste oil</i>	Quantity <i>unk</i>	Units	Contact Name <i>Redi-Quik Dry Cleaners</i>	Telephone Number ()	
Physical Characteristics <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Semisolid <input type="checkbox"/> Gas			Address - Street or Route <i>Route 1 Box 308</i>		
Cause of Incident <i>LUST</i>			City, State, Zip Code <i>Elkhart Lake, WI 53020</i>		
Exact Location Description (intersection, mileage, etc.) <i>9518, 9508 W. Shenfield (West Allis)</i>			Action Taken By Spiller <input type="checkbox"/> No Action Taken <input type="checkbox"/> No Notification <input type="checkbox"/> Investigate		
County Location <i>Milw</i>	Groundwaters Affected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential		Containment; Type _____		
Surface Waters Affected <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Potential	Name of Surface Water		Cleanup; Method _____		
Date District Notified	Day of Week	Time District Notified <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Amount Recovered _____		
District Person Notified <i>Margaret Hauff</i>	Telephone Number <i>(414) 562-9651</i>		Monitor _____		
Date Investigated	Day of Week	Time Investigated <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Contractor Hired; Name _____		
Person Investigating	Telephone Number ()		Other Action _____		
Action Taken By DNR <input type="checkbox"/> No Action Taken <input type="checkbox"/> Investigation <input type="checkbox"/> Supervise/Conduct Cleanup			Spill Location <input type="checkbox"/> Industrial Facility/Paper Mill/Chem. Co. <input type="checkbox"/> Gas/Service Station/Garage, Auto Dealer, Repair Shop <input type="checkbox"/> Ag Coop/Facility/Cheese Factory/Creamery <input type="checkbox"/> Other Small Business (bank, grocery, insurance co., etc.) <input type="checkbox"/> Public Property (city, county, state, church, school, etc.) <input type="checkbox"/> Utility Co., Power Generating/Transfer Facility <input type="checkbox"/> Private Property (home/farm) <input type="checkbox"/> Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler <input type="checkbox"/> Transportation Accident, Fuel Supply Tank Spill <input type="checkbox"/> Transportation Accident, Load Spill <input type="checkbox"/> Construction, Excavation, Wrecking, Quarry, Mine <input type="checkbox"/> Other _____		
Other Agencies on Scene			Spilled Substance Destination <input type="checkbox"/> Air <input type="checkbox"/> Soil <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Contained/Recovered <input type="checkbox"/> Other _____		
Local _____	Person Filing This Report (print name)				
State _____	Signature		Date Signed		
Federal _____					

Additional Comments:

*Removed tank - has contamination (was old gas station)
very unfamiliar with rego. - will be submitting report*