

Activity Type?
Risk?

WISCONSIN DEPARTMENT OF NATURAL RESOURCES

Notification of Petroleum Contamination from Tank Removal

Please complete this form and FAX it to the appropriate WDNR contact person (see list on back page) immediately upon discovery of a release from an (circle one) UST/AST system.

TO: WDNR, Attn: Program Assistant, Remediation and Redevelopment Division

FAX #: 414-263-8483

Please TYPE or PRINT LEGIBLY

1. Name, company, mailing address and phone number of person reporting the discharge:

Linda J. Fellenz, Hydrogeologist
Kapur & Associates, Inc.
7711 North Port Washington Road
Milwaukee, Wisconsin 53217
Phone: (414) 351-6668

2. Site Information

Name of site at which discharge occurred (local name of site/business – not responsible party name, unless a residence):

General Mitchell International Airport-Former HVAC Building

Location (actual street address, not PO box; if no street address, describe as precisely as possible, i.e., ¼ mile NW of CTHs 60 & 123 on E side of CTH 60):

5300 South Howell Avenue, Milwaukee, WI 53207-6189

Municipality (city, village, township in which the site is located – not mailing address):

City of Milwaukee

County: Milwaukee

Legal Description: SW ¼, of the SW ¼ of Section 28, T 6N, Range 22E

3. Responsible Party (RP) and/or RP Representative Information

RP/Business Name: Milwaukee County

Contact Person (if different): Greg Failey

Mailing Address (with zip code): 5300 South Howell Avenue
Milwaukee, WI 53207-6189

Telephone Number: 414-747-5713

4. Identity, physical state and quantity of the hazardous substance discharged (check all that apply):

Unleaded gasoline
 Leaded gasoline
 Diesel

Fuel oil
 Waste oil
 Other

Impacts to the environment (enter "K" for known/confirmed or "P" for potential for all that apply):

<input type="checkbox"/> Fire/explosion threat	<input checked="" type="checkbox"/> Soil contamination
<input type="checkbox"/> Contaminated private wells (# of wells) _____	<input type="checkbox"/> Surface water impacts
<input type="checkbox"/> Contaminated public wells	<input type="checkbox"/> Floating product
<input type="checkbox"/> Groundwater contamination	<input type="checkbox"/> Other _____

5. Contamination was discovered as a result of:

Tank closure assessment Site assessment (other) _____

On what date: 11/8/2000

Additional Comments:

Analytical data indicated that DRO concentrations ranged from below laboratory detection limits to 8.91 ppm in samples collected during tank removal.

FAX numbers to report leaking tank sites in DNR's five regions are as follows:

Northeast Region (920-492-5859)

Underground Tanks: Attention – Janis DeBrock

Aboveground Tanks: Attention – Roxanne Chronert

Brown, Calumet, Door, Fond du Lac (except City of Waupun), Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Shawano, Waupaca, Waushara, Winnebago Counties

Northern Region (715-365-8932); Attention – Janet Kazda:

Ashland, Barron, Bayfield, Burnett, Douglas, Forest, Florence, Iron, Langlade, Lincoln, Oneida, Polk, Price, Rusk, Sawyer, Taylor, Vilas, Washburn Counties

South Central Region (608-275-3338); Attention – Marilyn Jahnke:

Columbia, Crawford, Dane, Dodge, Fond du Lac (City of Waupun only), Grant, Green, Iowa, Jefferson, Lafayette, Richland, Rock, Sauk Counties

Southeast Region (414-263-8483); Attention – Mike Farley:

Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha Counties

West Central Region (715-839-6076); Attention – John Grump:

Adams, Buffalo, Chippewa, Clark, Dunn, Eau Claire, Jackson, Juneau, LaCrosse, Marathon, Monroe, Pepin, Pierce, Portage, St. Croix, Trempealeau, Vernon, Wood Counties

Type of Case: LUST X ERP 453M 453P

SER Form #1 July 1, 1997

ACTIVITY NO.: <u>03-41-262107</u>	FID NO.: <u>241280270</u>
County: <u>41</u> Site Name: <u>Michell Airport HVAC Building</u> Address: <u>5300 S. Howell Ave</u>	Initial Contact Date: <u>11/13/2000</u> Send RP Letter ? Y <u>N</u> Date Mailed: <u>1/1</u> Closure Date: <u>1/1</u>
Municipality: <u>Milwaukee, WI 53207-6189</u> Legal Desc.: <u>SW 1/4 SW 1/4 Sec 28 Tn 6 Rng 22 E</u> Lat.: _____ Long.: _____	Person/Firm Reporting: <u>Linda Fellenz</u> <u>Kapur</u> Phone: (<u>414</u>) <u>351 6668</u>

PRIORITY: <input type="checkbox"/> High <input checked="" type="checkbox"/> Medium <input checked="" type="checkbox"/> Low <input type="checkbox"/> Unknown	FUNDING SOURCE: <input type="checkbox"/> RP <input type="checkbox"/> LTF <input type="checkbox"/> EF <input type="checkbox"/> SF <input type="checkbox"/> None <input type="checkbox"/> Other (describe below) <input type="checkbox"/> EPA Emergency Response	ENFORCEMENT AUTHORITY: <input type="checkbox"/> Spill Law s. 292.11 Wis. Stats. <input type="checkbox"/> Envir. Repair Law s. 292.31 Wis. Stats. <input type="checkbox"/> Solid Waste NR 500 <input type="checkbox"/> CERCLA <input type="checkbox"/> Aband. Container s. 292.41 Wis. Stats. <input type="checkbox"/> Other: _____ <input type="checkbox"/> Wastewater (lagoons) <input type="checkbox"/> Haz Waste NR600
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**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 type="checkbox"/> Environmental Repair	<input checked="" type="checkbox"/> CODE 76

RESPONSIBLE PARTY is a <u>Company</u> or a <u>Person</u> Company Name: <u>Milwaukee County</u> Contact Person: <u>Greg Failey</u> Address: <u>same as above</u> Phone: <u>(414) 277 5713</u> CC: _____	CONSULTANT: Company Name: <u>Kapur</u> Contact Name: <u>Linda Fellenz</u> Address: <u>7711 North Port Wash Rd</u> <u>Milwaukee, WI 53217</u> Phone: <u>(414) 351 6668</u> CC: (EG: lab) _____
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IMPACTS: (enter P for potential, K for known) <input type="checkbox"/> Fire/Explosion Threat <input type="checkbox"/> Contaminated Private Well(s) _____ 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: _____ <hr/> NEW FOLDER? Y <u>N</u> YOUR INITIALS <u>JF</u>	SUBSTANCES: #Tanks/containers Size <input type="checkbox"/> Leaded Gas <input type="checkbox"/> Unleaded Gas <input checked="" type="checkbox"/> Diesel <input checked="" type="checkbox"/> Fuel Oil <input type="checkbox"/> Unknown Hydrocbrn <input type="checkbox"/> Waste Oil <input type="checkbox"/> Metals <input type="checkbox"/> RCRA Haz. Waste <input type="checkbox"/> VOCs <input type="checkbox"/> Chlorinated Solvent <input type="checkbox"/> PCBs <input type="checkbox"/> Foundry Sand <input type="checkbox"/> Misc. Fill <input type="checkbox"/> Pesticides <input type="checkbox"/> Leachate <input type="checkbox"/> PAHs/SVOCs <input type="checkbox"/> Oil & Grease <input type="checkbox"/> Other
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Type of Case: LUST__ ERP__ 453M__ 453P__

SER Form #1 July 1, 1997

ACTIVITY NO.:		FID NO.:	
County: <u>41</u>	Initial Contact Date: <u> / /</u>	Site Name: <u>Mitchell Airport + HVAC Building</u>	Send RP Letter ? Y__N__
Address: <u>1/4 mile NW of CTH 60 + 123 on E side of CTH 60</u>	Closure Date: <u> / /</u>	Date Mailed: <u> / /</u>	
Municipality: _____	Person/Firm Reporting: <u>Linda Fellenz</u>		
Legal Desc.: _____ 1/4 _____ 1/4 Sec _____ Tn _____ Rng _____ E	<u>Kapur</u>		
Lat.: _____ Long.: _____	Phone: <u>(414) 351-6688</u>		

PRIORITY:	FUNDING SOURCE:	ENFORCEMENT AUTHORITY:
<input type="checkbox"/> High	<input type="checkbox"/> RP	<input 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: _____
IS THIS LUST CASE	<input type="checkbox"/> EPA Emergency Response	<input type="checkbox"/> Wastewater (lagoons)
FEDERALLY FUNDED?		<input type="checkbox"/> Haz Waste NR600
Y__N__		

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

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<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 type="checkbox"/> Environmental Repair	<input type="checkbox"/> CODE 76

RESPONSIBLE PARTY is a <u> </u> Company or a <u> </u> Person Company Name: _____ Contact Person: _____ Address: _____ Phone: () _____ CC: _____	CONSULTANT: Company Name: _____ Contact Name: _____ Address: _____ Phone: () _____ CC: (EG: lab) _____
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