

DNR OFFICE ME
Form 9500-43

— NCD

To	Chuck Fitzgerald	Date	4/15	Time	
From	Wayne R	of	SW/S		
Phone		Received by			

Please Call
 Returning Your Call
 Will Call Again
 Called to See You

Comment
 For Your Information *C.M. Christerson Co*
 See Me
 Take Action *didn't submit a*
 Approve
 Sign *Part A → EPA, just a*
 Revise
 Prepare Reply For My Signature
 Reply Direct *Notification with*
 Per Your Request
 Code *Transporter & TSD checked*
 Route to:
 Return *+ the discontinuation*
 File *Statement*

RECEIVED
Wis. Dept. of Natural Resources
APR 16 1985
N. C. Dist. Hdqtrs.
REHMANBER, WI



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

W10006128433

I. NAME OF INSTALLATION

CHRISTIANSEN C M CO

II. INSTALLATION MAILING ADDRESS

MAIN ST
PHELPS, ILL 64554

III. LOCATION OF INSTALLATION

MAIN ST
PHELPS, ILL 64554

000039 JUL 30 80

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

W10006128433 T/A C 800730

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3

CITY OR TOWN

ST.

ZIP CODE

4

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5

CITY OR TOWN

ST.

ZIP CODE

6

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 P C CHRISTIANSEN, EXEC. VP 715 545 2333

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

A. GENERATION

B. TRANSPORTATION (complete item VII)

C. TREAT/STORE

D. UNDERGROUND INJECTION

NOTE: We have discontinued treating operations

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

A. AIR

B. RAIL

C. HIGHWAY

D. WATER

E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

A. FIRST NOTIFICATION

B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

W10006128433

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

Table with 6 columns (1-6) and 3 rows for hazardous waste identification from non-specific sources.

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

Table with 6 columns (13-18) and 3 rows for hazardous waste identification from specific sources. Includes handwritten note: 'NOTE: We have discontinued treating operations!'.

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

Table with 6 columns (31-36) and 3 rows for hazardous waste identification from commercial chemical products.

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

Table with 6 columns (49-54) and 3 rows for hazardous waste identification from listed infectious sources.

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

- 1. IGNITABLE (0001) [] 2. CORROSIVE (0002) [] 3. REACTIVE (0003) [] 4. TOXIC (0000) []

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: P. C. Christiansen NAME & OFFICIAL TITLE: P. C. Christiansen, Exec. VP DATE SIGNED: 7/28/80

kool - Bottom sediment sludge

JUL 30 1980 JUN 26 1980

WELL CONSTRUCTOR'S REPORT
FORM 3300-15

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES
Box 450
Madison, Wisconsin 53701

NOTE
WHITE COPY - DIVISION'S COPY
GREEN COPY - DRILLER'S COPY
YELLOW COPY - OWNER'S COPY

1. COUNTY VILAS CHECK ONE Town Village City NAME PHELPS

2. LOCATION - 1/4 Section SW-SW Section 2 Township 41N Range R1E

OR - Grid or street no. Street name 1 City Block 2-249

3. OWNER AT TIME OF DRILLING CLAYTON CARLSON

AND - If available subdivision name, lot & block no. POST OFFICE PHELPS WIS. 54554

4. Distance in feet from well to nearest:

BUILDING	SANITARY SEWER	FLOOR DRAIN	FOUNDATION DRAIN	WASTE WATER DRAIN
C. I.	TILE	C. I.	SEWER CONNECTED	C. I.
			INDEPENDENT	TILE
(Record answer in appropriate block)				
<u>6 FT.</u>	<u>100 FT.</u>			

CLEAR WATER DRAIN	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN	SILLO	ABANDONED WELL	SINK HOLE
C. I.	TILE							

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)
NONE

5. Well is intended to supply water for: HOME

6. DRILLHOLE						9. FORMATIONS			
Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)	Kind	From (ft.)	To (ft.)	
<u>8"</u>	<u>Surface</u>	<u>15</u>				<u>SAND & GRAVEL</u>	<u>Surface</u>	<u>20</u>	
<u>4"</u>	<u>"</u>	<u>68</u>				<u>CLAY + GRAVEL</u>	<u>20</u>	<u>55</u>	
7. CASING, LINER, CURBING, AND SCREEN						10. TYPE OF DRILLING MACHINE USED			
Dia. (in.)	Kind and Weight		From (ft.)	To (ft.)					
<u>4</u>	<u>BLACK 11 LB.</u>		<u>Surface</u>	<u>64</u>	<input checked="" type="checkbox"/> Cable Tool	<input type="checkbox"/> Direct Rotary	<input type="checkbox"/> Reverse Rotary		
	<u>ASTM A53</u>				<input type="checkbox"/> Rotary - air w/drilling mud	<input type="checkbox"/> Rotary - hammer with drilling mud & air	<input type="checkbox"/> Jetting with		
	<u>TH + COOP</u>						<input type="checkbox"/> Air <input type="checkbox"/> Water		
<u>4"</u>	<u>S.S. SCREEN SET</u>		<u>64</u>	<u>68'</u>	Well construction completed on <u>JAN 2 1980</u>				

8. GROUT OR OTHER SEALING MATERIAL				10. TYPE OF DRILLING MACHINE USED			
Kind	From (ft.)	To (ft.)					
<u>CLAY SLURRY</u>	<u>Surface</u>	<u>15</u>					

11. MISCELLANEOUS DATA

Yield test: 1 Hrs. at 10 GPM

Depth from surface to normal water level 40 ft.

Depth to water level when pumping 45 ft.

Well is terminated 12 inches above below final grade

Well disinfected upon completion Yes No

Well sealed watertight upon completion Yes No

Water sample sent to MADISON WIS laboratory on: 1-18 1980

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumprooms, access pits, etc., should be given on reverse side.

SIGNATURE Richard E. Hedberg # 490 COMPLETE MAIL ADDRESS CONOVER WIS 54519

Registered Well Driller

COLIFORM TEST RESULT GAS - 24 HRS. GAS - 48 HRS. CONFIRMED REMARKS

NOTE:

White Copy - Division's Copy
 Green Copy - Driller's Copy
 Yellow Copy - Owner's Copy

1. COUNTY **Vilas** CHECK (✓) ONE: Town Village City Name **Phelps** **APR 3 1985**

2. LOCATION $\frac{1}{4}$ Section or Gov't. Lot **ne $\frac{1}{4}$ of sw $\frac{1}{4}$** Section **1** Township **41N** Range **11E** 3. NAME OWNER AGENT AT TIME OF DRILLING CHECK (✓) ONE **Town of Phelps Wis.**

OR - Grid or Street No. Street or Road Name ADDRESS **%Clarence Kinner Chairman**

AND - If available subdivision name, lot & block No. POST OFFICE **Phelps, Wis. 54554** ZIP CODE

4. Distance in feet from well to nearest: (Record answer in appropriate block)

Building	Sanitary Bldg. Drain		Sanitary Bldg. Sewer		Floor Drain Connected To:		Storm Bldg. Drain		Storm Bldg. Sewer	
	C.I.	Other	C.I.	Other	C.I. Sewer	Other Sewer	C.I.	Other	C.I.	Other

Monitoring Wells for landfill No. 2

Street Sewer		Other Sewers		Foundation Drain Connected to		Sewage Sump		Clearwater Sump	Septic Tank	Holding Tank	Sewage Absorption Unit		Manure Hopper or Retention or Pneumatic Tank
San.	Storm	C.I.	Other	Sewer	Sewage Sump	C.I.	Other				Seepage Pit	Seepage Bed	

Privy	Pet Waste Pit	Pit: Nonconforming Existing		Subsurface Pumproom		Barn Gutter	Animal Barn Pen	Animal Yard	Silo With Pit	Glass Lined Storage Facility	Silo w/o Pit	Earthen Silage Storage Trench Or Pit	Earthen Manure Basin
		Well	Pump	Tank	Nonconforming Existing								

Temporary Manure Stack or Platform	Watertight Liquid Manure Tank or Basin	Manure Pressure Pipe	Subsurface Gasoline or Oil Tank	Waste Pond or Land Disposal Unit (Specify Type)	Manure Storage Basin		Other (Describe)
					Concrete Floor Only	Concrete Floor and Partial Concrete Walls	

5. Well is intended to supply water for: **Monitoring Well**

9. FORMATIONS

Kind	From (ft.)	To (ft.)
Sand & Clay & Gravel Mix	Surface	95
Sand	95	119

6. DRILLHOLE

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
6in	Surface	119			

7. CASING, LINER, CURBING AND SCREEN

Dia. (in.)	Material, Weight, Specification	Mfg. & Method of Assembly	From (ft.)	To (ft.)
2in	Sch 40 Flush Jts.	PVC	Surface	102
2in	PV8 10 Slot Screen		102	117

8. GROUT OR OTHER SEALING MATERIAL

Kind	From (ft.)	To (ft.)
Neat Cement	Surface	98
Bentonite Pellets	98	119⁰

10. TYPE OF DRILLING MACHINE USED

Cable Tool - Rotary-hammer w/drilling mud & air Jetting with

Rotary-air w/drilling mud Rotary-hammer & air Air

Rotary-w/drilling mud Reverse Rotary Water

11. MISCELLANEOUS DATA

Yield Test: **N/A** Hrs. at _____ GPM _____

Well construction completed on **Feb 20, 1985**

Well is terminated **24** inches above final grade below

Depth from surface to normal water level **107** Ft. Well disinfected upon completion Yes No

Depth of water level when pumping **N/A** Ft. Well sealed watertight upon completion Yes No

Water sample sent to **N/A** laboratory on _____ 19 _____

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, method of finishing the well, amount of cement used in grouting, blasting, etc., should be given on reverse side.

Date: March 17, 1981

File Ref: 4400

To: File

From: Chuck Fitzgerald

Subject: Inspection of C. M. Christiansen Company, Phelps

On March 16, 1981, I called Mr. P. C. Christiansen, former Vice President of C. M. Christiansen Company, Phelps, Wisconsin. The company used to treat wood with a pentachlorophenyl (PCP), but they went out of business in October, 1980. Mr. Christiansen stated the PCP solution on hand was hauled away before November 19, 1980. I plan on documenting the fact that the company is out of business as of March 19, 1981. I do not plan to do a plant inspection.

CF:kjh



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES
North Central District Headquarters
Box 818
Rhinelander, Wisconsin 54501

Carroll D. Besadny
Secretary

April 9, 1981

IN REPLY REFER TO: 4410

Mr. Paul Christenson
Christenson C. M.
Phelps, Wisconsin 54554

Dear Mr. Christenson:

Enclosed is a copy of the EPA Generator Inspection Form you requested. It has been completed by the information you had given to us at the time of our survey on March 26, 1981. The original form will be sent to EPA Region V Headquarters in Chicago for perusal by their legal department. They, in turn, will get back to you with any comments they might have regarding your corporation, based on the information submitted.

If I can be of further assistance to you, please contact me.

Sincerely,

A handwritten signature in blue ink that reads "Charles Fitzgerald".

Charles Fitzgerald
Hazardous Waste Specialist

CF:dim

Enc.

cc: SW/3, GEF II

1)1000 6/28433

NOV 20 1981

RECEIVED
Wis. Dept. of Natural Resources

NOV 4 1981
N. C. Dist. Hdqtrs.
MILWAUKEE, WI

State of Wisconsin
Department of Natural Resources
Notification of Treatment, Storage or Disposal Non-Active

Note: Complete this form if the facility is not required to submit a Variance Request or a Part A Application.

I. General Information:

Facility Name: C. M. CHRISTIANSEN CO.

Facility Location:

Street: Office - 1 Lake Street

City: Phelps, State: Wisconsin Zip Code: 54554

Phone: 715-545-2333 County: Vilas

Name of Preparer: P. C. Christiansen Phone: 715-545-2333

Title: Exec. VP

II. Facility Status: Check only one box, as applicable.

1. This facility does not intend to treat, store or dispose of any hazardous waste on site. Attach any written documentation, including, if applicable, a waste analysis per NR 181 or any in-house reviews.

2. This facility generates a small quantity (less than 1000 kg. or 2200 lbs. per month) of hazardous wastes, and does not intend to treat or dispose of any hazardous waste on site. It is understood that less than 1000 kg. or 2200 lbs. of hazardous waste may be stored on site for more than 90 days.

3. This facility stores a large quantity (more than 1000 kg. or 2200 lbs.) of hazardous wastes for less than 90 days, and does not intend to treat or dispose of any hazardous waste on site.

4. This facility is exempt from treatment, storage, or disposal requirements for the following reason(s): (Explain - attach additional sheets if necessary.)

We no longer treat poles or posts - out of the treating business!

*should have checked.
DDB
2/11/82
* confirmed
Chuck Witt, perald
per telephonic
call 2/11/82.*

III. Certification:

The following certification must be signed by the owner or operator of the facility, or on behalf of the owner or the operator, by an individual who meets the requirements of section NR 181.55(3)(a), page 686-192.

I certify under penalty of law that I have personally examined and am familiar with the information submitted and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Owner and/or Operator:

a. Name (print or type) b. Signature c. Date Signed

C. M. CHRISTIANSEN CO. *C. M. Christiansen* 11/3/81

d. Title (if different person than preparer): _____

e. Address (if different than above):

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

For DNR Use Only:

Verified by plant Barney 3/81 J Fitzgerald

David Degehardt 1/12/82

RECEIVED
Wis. Dept. of Natural Resources
NOV 4 1981

N. C. Form
Dist. Hdqtrs.
MILWAUKEE, WI

State of Wisconsin
Department of Natural Resources
Notification of Treatment, Storage or Disposal Non-Active

Note: Complete this form if the facility is not required to submit a Variance Request or a Part A Application.

I. General Information:

Facility Name: C. M. CHRISTIANSEN CO.

Facility Location:

Street: Office - 1 Lake Street

City: Phelps, State: Wisconsin Zip Code: 54554

Phone: 715-545-2333 County: Vilas

Name of Preparer: P. C. Christiansen Phone: 715-545-2333

Title: Exec. VP

II. Facility Status: Check only one box, as applicable.

- 1. This facility does not intend to treat, store or dispose of any hazardous waste on site. Attach any written documentation, including, if applicable, a waste analysis per NR 181 or any in-house reviews.
- 2. This facility generates a small quantity (less than 1000 kg. or 2200 lbs. per month) of hazardous wastes, and does not intend to treat or dispose of any hazardous waste on site. It is understood that less than 1000 kg. or 2200 lbs. of hazardous waste may be stored on site for more than 90 days.
- 3. This facility stores a large quantity (more than 1000 kg. or 2200 lbs.) of hazardous wastes for less than 90 days, and does not intend to treat or dispose of any hazardous waste on site.
- 4. This facility is exempt from treatment, storage, or disposal requirements for the following reason(s): (Explain - attach additional sheets if necessary.)

We no longer treat poles or posts - out of the
treating business!

RECEIVED
M.C. Dept. Health
N.C. Dept. Health

III. Certification:

The following certification must be signed by the owner or operator of the facility, or on behalf of the owner or the operator, by an individual who meets the requirements of section NR 181.55(3)(a), page 686-192.

I certify under penalty of law that I have personally examined and am familiar with the information submitted and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Owner and/or Operator:

a. Name (print or type) b. Signature c. Date Signed

C. M. CHRISTIANSEN CO. *J. C. Christiansen* 11/3/81

d. Title (if different person than preparer): _____

e. Address (if different than above):

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

For DNR Use Only:

Verified by plant Survey 3/81 of 4/82

DEC 7 1981

North Central District Headquarters
Box 818
Rhinelander, Wisconsin 54501

December 7, 1981

4400

Mr. P. C. Christianson
C. M. Christianson Company
1 Lake Street
Phelps, Wisconsin 54554

Dear Mr. Christianson:

Re: Acknowledgment of Receipt of Treatment, Storage
or Disposal Non-Activity Form

Copies of the Notification of Non-Activity Form for C. M. Christianson Company, located in Phelps, Wisconsin, EPA ID# WID00612843, were received by the Wisconsin Department of Natural Resources on November 4, 1981. We will notify you in the event that an inspection of your facility is scheduled to verify the information included in the Non-Activity Form. Once the form has been verified, we will change our records to show that the facility does not require a treatment, storage or disposal license under Wisconsin law.

If you decide later to begin treatment, storage or disposal activities at this facility, all plans, reports and requirements of Subchapter V of Chapter NR 181, Wisconsin Administrative Code, must be submitted. Prior to initiating such activities, you must receive Department approval of all required submittals, and an operating license must be issued.

Your participation in our notification process is appreciated. If you have any questions, do not hesitate to contact Charles Fitzgerald at (715)362-7616.

Sincerely,



Gary F. Kulibert
Solid Waste Coordinator

CF:da

cc: Systems Management Section, Atten: Wayne Ringquist, SW/3