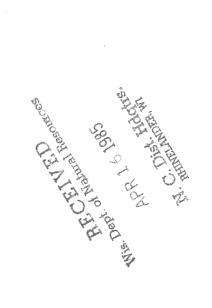
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CORRESPONDENCE/MEMORANDUM

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: 44

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,

undel

Charles Fitzgerald Hazardous Waste Specialist

CF:dim Enc. cc: SW/3, GEF II

1) DOC 6/28433

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Wis. Dept. of Natural Resources State of Wisconsin Department of Natural Resources Notification of Treatment, Storage or Disposal Non-Actives Complete this form if the facility is not required to submit a Note: 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.

- This facility does not intend to treat, store or dispose of any 1. 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;

NO

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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:

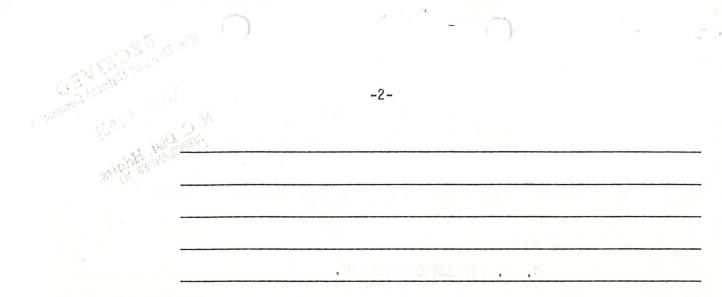
a.	Name (print or type)	b. <u>Signature</u>	c. Date Signed
С.	M. CHRISTIANSEN CO.	1. c. Churchaux	un 11/3/81
	Title (if different perso		
e.	Address (if different tha	n above):	
	Street:		
	City:	State:	_ Zip Code:
	Phone:		
For	DNR Use Only: Verified	by plant Survey 3/71	# Fitzgesell
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	Wis, Dept. OF ET
	State of Wisconsin Department of Natural Resources Otification of Treatment, Storage or Disposal Non-Activer Prorm
Note:	Complete this form if the facility is not required to submit a 🔨 🔭 Variance Request or a Part A Application.
I. Gene	ral Information:
Facility	Name:C. M. CHRISTIANSEN CO.
Facility	Location:
Street:	Office - 1 Lake Street
	Phelps, State: Wisconsin Zip Code: 54554
Phone: 7	215-545-2333 County:Vilas
Name of	Preparer: P. C. Christiansen Phone: 715-545-2333
Title:	Exec. VP
II. Faci	lity Status: Check only <u>one</u> 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.
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Owner and/or Operator:

a.	Name (print or type) b. Signature	c. Date Signed
C.	M. CHRISTIANSEN CO. J. C. Chushaux	en 11/3/81
d.	Title (if different person than preparer):	
e.	Address (if different than above):	
	Street:	
• •	City: State:	Zip Code:
	Phone:	
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North Central District Headquarters Box 818 Rhinelander, Wisconsin 54501

December 7, 1981

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# WID0061284%3, 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.

Gary F. Kulibert Solid Waste Coordinator

CF:da _cc: Systems Management Section, Atten: Wayne Ringquist, SW/3 4400