

Instructions: Information sources that can be used to fill out this worksheet include: BRRTS, SHWIMS, R&R files, WA files, regional geologic information resources, Waste Staff, County Solid Waste staff (if there is one for the county) and the EPA web site for CERCLIS. Other possible resources may include: city/town files, county files, aerial photos, readily available Sanborn Insurance maps and interviews with former employees or neighbors.

All comments should be referenced by section number in the Comments section, page 5.

I. Site Name		
Site Name City Hayward	County Sawyer	Region NO
Location State Hwy 63 & Stress Rd.	Is the site known by another name(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of Hayward	State WI	If yes, Name

II. Legal Description of Site

Attach a map with site location and limits of fill/waste disposal area.

A. Has site been geolocated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	B. Locational Information: Other Sources				
Date 03/20/2003	Latitude* 46 00 04 ¼ / ¼ NW	Longitude* 91 30 28 ¼ SW	Section 28	Township 41 N	Range E / W 09 W

*Latitude and Longitude information is required on EPA screening checklist.

III. Site Background Information	IV. Waste Disposal Site's Regulatory ID Numbers
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Responsible Municipal/Private Operator Name John Metcalf -City of Hayward, Dir Public Works			DNR FID No. (9 digits) 858011330		
Street or Route P.O. Box 593	Telephone Number 715-634-4612	<input type="checkbox"/> TEMP	Solid Waste License ID No. (4 digits) 1751		
City Haryward	State WI	ZIP Code 54843	Hazardous Waste Facility License ID No. (5 digits)		
Present Property Owner Name City of Hayward			USEPA ID No. (used for both RCRA and CERCLIS #s) (WI+Alpha+9 digit)		
Street or Route 15787 W. 1st	Telephone Number 715-634-2311	BRRTS ID No. (2 digit program-2 digit county-6 digit site specific) 12-58-000380			
City Hayward	State WI	ZIP Code 54843	BRRTS Activity Name		
Previous Property Owner Name City of Hayward			<input type="checkbox"/> LUST	<input type="checkbox"/> SPILL	<input type="checkbox"/> Superfund
Street or Route 15787 W. 1st			<input type="checkbox"/> ERP	<input type="checkbox"/> VPLE	
City Hayward			SHWIMS Site ID No. 1697100		
Street or Route 15787 W. 1st			Other		
City Hayward			Other		

V. Type of Site: Current and Historic (check all that apply)
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<p>A. <input checked="" type="checkbox"/> Landfill</p> <p><input type="checkbox"/> Approved</p> <p><input checked="" type="checkbox"/> Licensed</p> <p><input type="checkbox"/> Lined</p> <p style="padding-left: 20px;"><input type="checkbox"/> Composite liner</p> <p style="padding-left: 20px;"><input type="checkbox"/> Clay liner</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other liner (silt or other)</p>	<p><input checked="" type="checkbox"/> Non-approved [see s.289.01(3) Wis. Stats]</p> <p><input type="checkbox"/> Unlicensed</p> <p><input checked="" type="checkbox"/> Unlined</p> <p><input checked="" type="checkbox"/> Unengineered</p> <p><input type="checkbox"/> Construction/Demolition</p> <p><input type="checkbox"/> One-time disposal</p> <p><input type="checkbox"/> < 50,000 cubic yards</p>	<p><input checked="" type="checkbox"/> 50,000-500,000 cubic yards</p> <p><input type="checkbox"/> 500,000-1 million cubic yards</p> <p><input type="checkbox"/> 1-2 million cubic yards</p> <p><input type="checkbox"/> 2-5 million cubic yards</p> <p><input type="checkbox"/> 5-10 million cubic yards</p> <p><input type="checkbox"/> 10-20 million cubic yards</p>
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V. Type of Site: Current and Historic (check all that apply), continued

Does the landfill have a closure plan? Yes No Unknown Date of Plan: 03/28/1985

Does the landfill have a groundwater monitoring plan? Yes No Unknown Date of Plan: _____

Have groundwater monitoring wells been installed? Yes No Unknown

Was a cover installed? Yes No

- Composite cap
- Layered soil cap with clay barrier
- Clay cap
- Soil cap - not recompactd clay
- Other cover
- Unknown

What is the thickness of the cover?

- <6 in
- 6-12 in
- 12-24 in
- >24 in
- Unknown

- B.
- | | | |
|--|--|---|
| <input type="checkbox"/> Agricultural co-op | <input type="checkbox"/> Electroplater | <input type="checkbox"/> Salvage yard |
| <input type="checkbox"/> Brush pile | <input type="checkbox"/> Lagoon | <input type="checkbox"/> Service Station |
| <input type="checkbox"/> Bulk plant | <input type="checkbox"/> Manufacturing Type: _____ | <input type="checkbox"/> Tannery |
| <input type="checkbox"/> Coal gas manufacturer | <input type="checkbox"/> Old burn pit | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Deer pit | <input type="checkbox"/> Pipeline | <input checked="" type="checkbox"/> Other: <u>empty pesticide container</u> |
| <input type="checkbox"/> Dry cleaner | <input type="checkbox"/> RCRA generator | |

C. Date of Most Recent Report or Correspondence 10/16/1985	D. Date(s) of Site Operation pre 1971-8/31/1985	No. of Years 20	<input type="checkbox"/> Unknown
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VI. Waste Information & Geologic Environment

A. Known or Suspected Sources/Wastes. Check all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Abandoned containers | <input type="checkbox"/> Foundry sand | <input type="checkbox"/> Transformer |
| <input type="checkbox"/> Above ground pipeline or tank | <input type="checkbox"/> Industrial accident | <input checked="" type="checkbox"/> Trees/brush |
| <input type="checkbox"/> Animal carcasses | <input type="checkbox"/> Known or suspected hazardous materials | <input type="checkbox"/> Underground pipeline or tank |
| <input type="checkbox"/> Buried drums | <input checked="" type="checkbox"/> Municipal waste | <input type="checkbox"/> Exempted fill [NR 500.08(1) and (2)] |
| <input checked="" type="checkbox"/> Burning of materials | <input type="checkbox"/> Paper mill sludge | <input type="checkbox"/> Unknown |
| <input checked="" type="checkbox"/> Demolition/construction waste | <input type="checkbox"/> Surface impoundment/lagoons | <input checked="" type="checkbox"/> Other: <u>hospital waste-warfarin</u> |
| <input type="checkbox"/> Fly ash | <input type="checkbox"/> Surface spills | |

B. Physical Characteristics of Sources/Wastes

- Liquid
- Solid
- Liquid & Solid
- Unknown

C. Waste Containment

- Engineered cover
 - Maintained
 - Not maintained
- Functioning & maintained run-off management system
- Functioning groundwater monitoring system
- Functioning leachate collection & removal system
- Liner
- Unknown
- Not applicable

D. Soil Type: Estimate distances or determinations based on regional or site specific information.

- Regional Site specific
- Clay, silt or other fine grained soils present? (lacustrine, tills, etc.) Yes No
- At surface? Yes No At depth? Yes No _____ feet
- Sand & gravel, coarse grained soils present? Yes No
- At surface? Yes No At depth? Yes No _____ feet

Pre-CERCLIS Screening Worksheet

Form 4400-219 (3/01)

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VI. Waste Information & Geologic Environment, *continued*

E. Depth to Groundwater: Regional Site specific 10-20 feet

F. Direction of Groundwater Flow: Regional Site specific S direction

G. Depth to Bedrock: Regional Site specific +100 feet

H. Bedrock Type: Regional Site specific Sandstone Limestone/Dolomite Metamorphic/Igneous

VII. Receptor Information

A. Documentation of Site Visit

A site visit must be conducted to complete the site screening. If you do not have access to enter the property, the site visit should be conducted from the perimeter of the site with the use of binoculars. The intent of the site visit is to determine general site conditions/on-site activities and adjacent land use encroachment issues.

On-site inspection conducted? Yes No

General site conditions: Document any observed releases and note whether you were able to walk the site. Some examples of things to be aware of include leachate seeps, or evidence of seeps such as stained soil/vegetation; stressed vegetation as a sign of gas migration to the surface, or of leachate seeps; quality and coverage of vegetation on the cap; odors which may indicate gas migration to the atmosphere; erosion of the cap; maintenance of positive drainage over the capped area; visual desiccation cracks in the cap. **Record comments on the comment page, Section X.**

Please attach the following to the end of the worksheet: Photographs, regular or digital (required) Site sketch (optional)

Name(s) of Person(s) Conducting Site Visit	Date of Site Visit
Norman Dunbar	04/26/2002

B. Adjacent Land Uses. Indicate all directions. Check all that apply.

<input type="checkbox"/> Agricultural	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Industrial	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Recreational	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Residential	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input checked="" type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input checked="" type="checkbox"/> W	<input checked="" type="checkbox"/> NE	<input checked="" type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> N	<input checked="" type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input checked="" type="checkbox"/> SE	<input checked="" type="checkbox"/> SW
<input type="checkbox"/> Other: _____	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW

C. Potential Groundwater Receptors. Estimate distances. (1 mile = 5,280')

Distance to and direction of nearest municipal well: _____ feet > ½ mile from the waste E direction

Distance to and direction of nearest other-than-municipal well: _____ feet > ½ mile from the waste E direction

Distance to and direction of nearest non-community well: _____ feet > ½ mile from the waste E direction

Distance to and direction of nearest private well: 400 feet > ½ mile from the waste SE direction

Distance to and direction of nearest residence: 1100 feet > ½ mile from the waste S direction

0 No. of homes within 300 feet of waste (gas migration potential)

0 No. of homes between 300 & 1,000 ft to waste (gas migration potential)

Distance to and direction of nearest building: 400 feet > ½ mile from the waste _____ direction

Type of building: On-site building Municipal Residential Commercial Industrial Unknown

Indicate any other information on attached comment sheet.

D. Potential Surface Water Receptors. Estimate distances.

Creek: _____ feet Drainage ditch: _____ feet Intermittent stream: _____ feet

River: 1,300 feet Lake: _____ feet Wetland: 10 feet

VII. Receptor Information, continued

E. Based on the site visit, did you visually observe. . .

- 1. a release to a surface water body? Yes No Unknown
 - 2. a leachate seep? Yes No Unknown
 - 3. a release to soils? Yes No Unknown
- F. Any odors of concern? Yes No Unknown

VIII. Database Selection & Screening Decision

A. Is there analytical data for the media of concern?

- 1. Groundwater: Yes No N/A
- 2. Soil: Yes No N/A
- 3. Surface water/sediment: Yes No N/A
- 4. Air: Yes No N/A

If yes, go to B. If no, go to C

B. Based on analytical data from A, is there a documented release to the environment?

- Yes: Groundwater Soil Surface water/sediment Air
- No

If yes, the site goes into BRRTS - go to F. If no, go to C.

C. Based on answers to question VII E and F, did you observe a release to surface water, leachate seep, soil or air?

- Yes - go to F
- No - go to D

D. Based on known or suspected sources/wastes, their physical characteristics, containment & geologic environment, do you suspect there has been or will be a release to the environment?

- Yes: Groundwater Soil Surface water/sediment Air
- No

If yes, go to F. If no, go to E.

E. If there is NOT a likelihood of a release or a visually observed release of concern, does the site fit any of the following archive criteria?

- Yes
- 1. No documented waste disposal and no evidence on-site
 - 2. Documented waste removal and no evidence on-site
 - 3. Waste type is no longer regulated and is not a threat to public health, safety, welfare or the environment. [See NR500.08(1)&(2)]
 - 4. Almost no site information and unable to locate site

If yes to any of the criteria, the site is archived - site goes to archive list

- No, site does NOT fit archive criteria.

If archive criteria are not met, site goes to SHWIMS - skip F and G

F. Based on proximity to receptors, environmental data or observations, and other relevant factors, is there a need for immediate action? (Is there a known or high potential for an imminent threat to human health?)

- Yes: Should state/local health departments be contacted? Yes No
- No

G. Based on known or suspected sources/wastes, their physical characteristics, containment & geologic environment at this site, is initial or further sampling recommended?

- Yes: Initial Groundwater Soil Surface water Air (landfill gas)
- Further Groundwater Soil Surface water Air (landfill gas)
- No
- Continue current monitoring schedule as per Waste Management Program

IX. Sampling Explanation & Other Work Recommended

A. To document your decision for future project managers/staff, briefly explain the rationale for the overall site decision and sampling recommendation. To facilitate sampling, please include the receptor information including well(s) location/address, owner's name, mailing address, and phone number.

B. If you believe additional work is needed or not needed (addressing leachate problems, exposed waste, inadequate cover, etc.) please indicate on comment page.

X. Comments

V C.-Dates of Site Operation, number of years - +20 yrs

VII D.-Potential Surface Water Receptors, River-Nemekogon, Wetland-direction to - W

I observed this landfill on 4/26/2002. I didn't observe any seeps or erosion. The cap has been mowed so I could see standing water in two locations. The landfill is about 10 ft. east of a wetland and standing water.

Sampling of private wells started in 1983 with 4 private wells to the south. There are currently 13 private wells being sampled. Vinyl chloride and 1,2-Dichloroethylene-cis was observed as a PAL exceedance once in 1993 in a private well, no ES exceedances at this time. The landfill has an active gas extraction system. The nearest private well is approximately 400 ft. away, but it is a side gradient well.

The files indicate that the garbage and groundwater separation distance is 0-5 ft.

The southern portion of the landfill was used for disposal of demolition, stumps, and brush.

The site is currently being evaluated by the R&R program. The City of Hayward is working with a consultant.

I recommend that private well sampling continue as per the R&R Project Manager's request. No follow up sampling will be conducted by the PreCERCLIS program because the City of Hayward consultant will soon obtain more samples.

XI. CERCLIS Screening Decision

- Site is in CERCLIS
- Site is in CERCLIS as NFRAP (no further remedial action planned)
- DO NOT add to CERCLIS -- see attached EPA Checklist
- Add site to CERCLIS* -- see attached EPA Checklist
 DNR Regional Office recommends that a Superfund Preliminary Assessment/Site Investigation be conducted by the Region, with potential for a Hazard Ranking Score and inclusion on the NPL

Signature of Team Supervisor	Date
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*Only sites that are being added to CERCLIS require the signature of the RR Team Supervisor.

XII. BRRTS, SHWIMS, & Archive Information

Note: All sites, except archived sites, must be in SHWIMS or added to SHWIMS to be tracked as a waste disposal area.

SHWIMS:

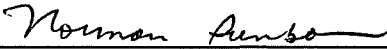
- Site is in SHWIMS
- Update information in SHWIMS, attach printout with changes highlighted
- Add site to SHWIMS (if VIII E is no)

BRRTS:

- Site is in BRRTS
- Update information in BRRTS, attach activity detail report with changes highlighted
- Add site to BRRTS, follow regional procedure (If VIII B is yes)

Archive:

- Archive site (If VIII E is yes)

Print Name of Screener	Date
Norman Dunbar	02/27/2003
Signature of Screener	Date
	02/27/2003
Name of File Reviewer, if different than screener	



City of Hayward
FID # 858011330
NW, SW, Sect 28, T41N, R9W, Town of Hayward

Facing NW



City of Hayward
FID # B58011330
NW, SW, Sect 28, T41N, R9E, Town of Hayward

Facing South



City of Hayward
FID # 858011330
NW, SW, Sect 28, T41N, R9W, Town of Hayward

Facing South



City of Hayward
PIO # 858011330
NW, SW, Sect 28, T4N, R9W, Town of Hayward

2002/01/23
Facing North

Hayward CTY LF 858011330
NW/SW/S28, T41N,R9W
Sawyer County

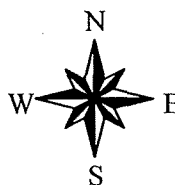
400 0 400 800 1200 Feet



Source Water Assessment Program (SWAP)

Long: -91 30' 28"
Lat: 46 0' 3.7"
Area (SQ M): 61377
Acres: 15.17

WDNR
Greer Lundquist
March 2003



The data shown on this map have been obtained from various sources, and are of varying age, reliability and resolution. This map is not intended to be used for navigation, nor is this map an authoritative source of information about legal land ownership or public access. Users of this map should confirm the ownership of land through other means in order to avoid trespassing. No warranty, expressed or implied, is made regarding accuracy, applicability for a particular use, completeness, or legality of the information depicted on this map.

PRE-CERCLIS SCREENING ASSESSMENT CHECKLIST/DECISION FORM

This checklist can assist the site investigator during the Pre-CERCLIS screening. It will be used to determine whether further steps in the site investigation process are required under CERCLA. Use additional sheets, if necessary.

Checklist Preparer: Norman Dunbar / Waste Management Specialist 2/26/03
(Name/Title) (Date)
107 Sutliff Ave. 715-365-8963
(Address) (Phone)
dunban@dhr.state.wi.us
(E-Mail Address)

Site Name: City Hayward

Previous Names (if any): _____

Site Location: St. Hwy 63 & Stress Rd ; NW, SW, Sect 28, T41N, R9W, Town of Hayward
(Street) Hayward WI 54843 Sawyer Co.
(City) (ST) (Zip)

Latitude: 46 0' 3.7" Longitude: 91 30' 28"

Complete the following checklist. If "yes" is marked, please explain below.

	YES	NO
1. Does the site already appear in CERCLIS?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is the release from products that are part of the structure of, and result in exposure within, residential buildings or businesses or community structures?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Does the site consist of a release of a naturally occurring substance in its unaltered form, or altered solely through naturally occurring processes or phenomena, from a location where it is naturally found?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Is the release into a public or private drinking water supply due to deterioration of the system through ordinary use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Is some other program actively involved with the site (i.e., another Federal, State, or Tribal program)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Are the hazardous substances potentially released at the site regulated under a statutory exclusion (i.e., petroleum, natural gas, natural gas liquids, synthetic gas usable for fuel, normal application of fertilizer, release located in a workplace, naturally occurring, or regulated by the NRC, UMTRCA, or OSHA)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Are the hazardous substances potentially released at the site excluded by policy considerations (e.g., deferral to RCRA Corrective Action)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Is there sufficient documentation that clearly demonstrates that there is no potential for a release that could cause adverse environmental or human health impacts (e.g., comprehensive remedial investigation equivalent data showing no release above ARARs, completed removal action, documentation showing that no hazardous substance releases have occurred, EPA approved risk assessment completed)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Please explain all "yes" answer(s), attach additional sheets if necessary: _____

Site Determination:

Enter the site into CERCLIS. Further assessment is recommended (explain below).

The site is not recommended for placement into CERCLIS (explain below).

DECISION/DISCUSSION/RATIONALE:

In recognition of the October 1995 Brownfields Memorandum of Agreement between WDNR and EPA, this property is being addressed as a state-lead site.

Regional EPA Reviewer:

Print Name/Signature

Date

State Agency/Tribe:

Print Name/Signature

Date

Norman Durbin / Norman Durbin

2/27/03