

PRELIMINARY ASSESSMENT SUMMARY

Hortonville Mfg. Co. Inc.

WI/D044215549

825 W. Main Street

Background: Hortonville Mfg. Co. Inc. is a subsidiary of American Toy and Furniture Co. This facility manufactures wooden toys, kitchen accessories, home furnishings and nursery furniture.

Site Description: This facility is a generator of hazardous waste. It stores its spent lacquer thinners in 55 gallon drums outside the building near a ditch. At one time a spill occurred here, but was properly cleaned up.

Area Description: Hortonville Mfg. Co. Inc. is one of the leading industries in the Town of Hortonville, which is a small community lying in an agricultural area.

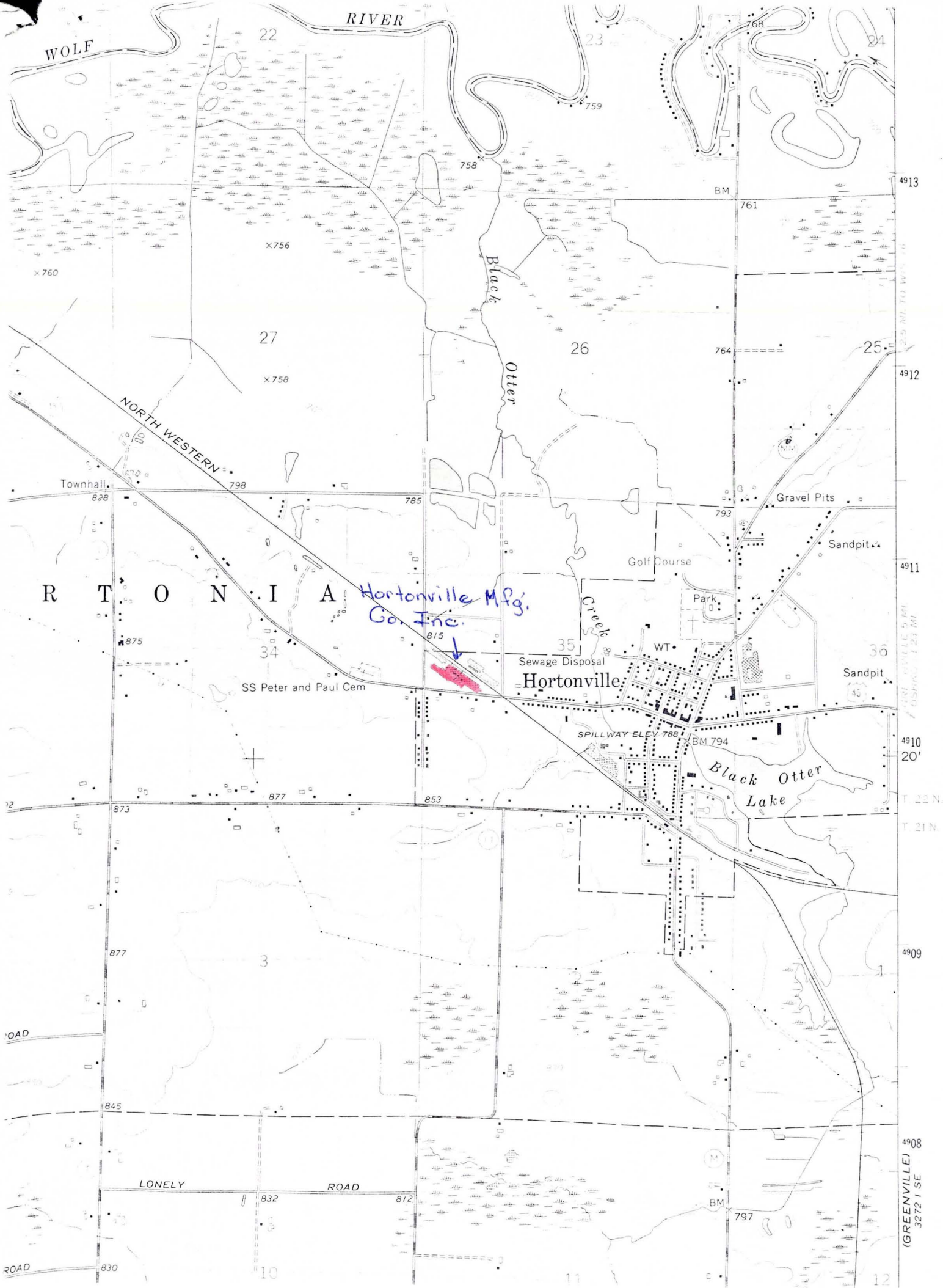
Site Priority and Comments: (None) This was a one-time spill which has been cleaned up. Because of the amount of spilled waste, removal of the spilled material and soil, it is believed that no contamination of any kind exists here. No further action is needed.

Site Inspection Contact Person: N/A

DNR District's Role on Site Inspection: N/A

Prepared by: Mary B. Feenstra DNR/LMD (414)497-3228

MBF:cs



WOLF

RIVER

22

23

24

758

759

768

BM 761

4913

x 760

x 756

27

26

25

x 758

764

4912

NORTH WESTERN

Townhall
828

798

785

Gravel Pits

793

4911

R T O N I A Hortonville Mfg. Co. Inc.

Golf Course

Sandpit

875

34

815

Sewage Disposal

35

Park

Sandpit

SS Peter and Paul Cem

Hortonville

WT

36

SPILLWAY ELEV 788

BM 794

4910

Black Otter Lake

22

873

877

853

20'

T 22 N

T 21 N

877

3

4909

ROAD

845

LONELY ROAD

832

812

BM 797

4908

(GREENVILLE)

3272 1 SE

ROAD

830

10

11

12

2.5 MI TO WOLF RIVER

1.25 MI TO WOLF RIVER
1.25 MI TO WOLF RIVER



**POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT**

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
WI DC44215549

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) <i>Hortonville Mfg. Co. Inc.</i>		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER <i>825 W. Main St. (Hwy. 45 & R.R.)</i>					
03 CITY <i>Hortonville</i>		04 STATE <i>WI</i>	05 ZIP CODE <i>54944</i>	06 COUNTY <i>Outagamie</i>	07 COUNTY CODE <i>087</i>	08 CONG. DIST. <i>08</i>	
09 COORDINATES LATITUDE <i>44°20'13".0</i>		LONGITUDE <i>088°39'12".0</i>					
10 DIRECTIONS TO SITE (Starting from nearest public road) <i>Go west on U.S. Route 45, from the Town of Hortonville to the North Western R.R. It is located on the north west of this intersection.</i>							

III. RESPONSIBLE PARTIES

01 OWNER (If known) <i>American Toy & Furniture Co.</i>		02 STREET (Business, mailing, residential) <i>2605 N. Casaloma Dr.</i>				
03 CITY <i>Appleton</i>		04 STATE <i>WI</i>	05 ZIP CODE <i>54911</i>	06 TELEPHONE NUMBER <i>(414) 739-5702</i>		
07 OPERATOR (If known and different from owner) <i>Tom Zdrazil, Industrial Relations Mgr.</i>		08 STREET (Business, mailing, residential) <i>825 W. Main St.</i>				
09 CITY <i>Hortonville</i>		10 STATE <i>WI</i>	11 ZIP CODE <i>54944</i>	12 TELEPHONE NUMBER <i>(414) 779-4661</i>		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN						
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) <input checked="" type="checkbox"/> A. RCRA 3001 DATE RECEIVED: <i>8/15/80</i> MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE						

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE <i>11/7/80</i> MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____				
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR _____ ENDING YEAR _____ <input checked="" type="checkbox"/> UNKNOWN				
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED <i>Solvents (toxic/ignitable)</i>						
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION <i>None</i>						

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents) <input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)						
--	--	--	--	--	--	--

VI. INFORMATION AVAILABLE FROM

01 CONTACT <i>Doug Rossberg</i>		02 OF (Agency/Organization) <i>DNR/LMD</i>			03 TELEPHONE NUMBER <i>(414) 497-4047</i>	
04 PERSON RESPONSIBLE FOR ASSESSMENT <i>Mary B. Feenstra</i>		05 AGENCY <i>DNR</i>	06 ORGANIZATION <i>LMD</i>	07 TELEPHONE NUMBER <i>(414) 497-3228</i>	08 DATE <i>7/17/81</i> MONTH DAY YEAR	



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE | 02 SITE NUMBER
WI | D044215549

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply) <input type="checkbox"/> A. SOLID <input type="checkbox"/> B. POWDER, FINES <input type="checkbox"/> C. SLUDGE <input type="checkbox"/> D. OTHER _____ (Specify)	02 WASTE QUANTITY AT SITE (Measures of waste quantities must be independent) TONS _____ CUBIC YARDS _____ NO. OF DRUMS <u>4</u>	03 WASTE CHARACTERISTICS (Check all that apply) <input checked="" type="checkbox"/> A. TOXIC <input type="checkbox"/> B. CORROSIVE <input type="checkbox"/> C. RADIOACTIVE <input type="checkbox"/> D. PERSISTENT <input type="checkbox"/> E. SOLUBLE <input type="checkbox"/> F. INFECTIOUS <input type="checkbox"/> G. FLAMMABLE <input checked="" type="checkbox"/> H. IGNITABLE <input type="checkbox"/> I. HIGHLY VOLATILE <input type="checkbox"/> J. EXPLOSIVE <input type="checkbox"/> K. REACTIVE <input type="checkbox"/> L. INCOMPATIBLE <input type="checkbox"/> M. NOT APPLICABLE
---	---	---

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS	approx. 200	gallons	of solvents, possibly spent
PSD	PESTICIDES			lacquer thinners
OCC	OTHER ORGANIC CHEMICALS			0
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
SOL	(No break down given)	—	spilled into standing water in ditch & pumped out.	—	—

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

WI Dept. of Natural Resource - LMD, Oshkosh Area



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
WI	D044215549

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 <input type="checkbox"/> A. GROUNDWATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
<i>None</i>			
01 <input type="checkbox"/> B. SURFACE WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
<i>None</i>			
01 <input type="checkbox"/> C. CONTAMINATION OF AIR 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
<i>None</i>			
01 <input type="checkbox"/> D. FIRE/EXPLOSIVE CONDITIONS 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
<i>None</i>			
01 <input type="checkbox"/> E. DIRECT CONTACT 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
<i>None</i>			
01 <input checked="" type="checkbox"/> F. CONTAMINATION OF SOIL <i>approx.</i> 03 AREA POTENTIALLY AFFECTED: <u>0.10</u> <small>(Acres)</small>	02 <input checked="" type="checkbox"/> OBSERVED (DATE: <u>11-7-80</u>) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
<i>Contamination of soil may have occurred due to spill. Soil was removed.</i>			
01 <input type="checkbox"/> G. DRINKING WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
<i>None</i>			
01 <input type="checkbox"/> H. WORKER EXPOSURE/INJURY 03 WORKERS POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
<i>None</i>			
01 <input type="checkbox"/> I. POPULATION EXPOSURE/INJURY 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL	<input type="checkbox"/> ALLEGED
<i>None</i>			



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
WI D044215549

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 J. DAMAGE TO FLORA 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

None

01 K. DAMAGE TO FAUNA 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION (Include name(s) of species)

None

01 L. CONTAMINATION OF FOOD CHAIN 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

None

01 M. UNSTABLE CONTAINMENT OF WASTES 02 OBSERVED (DATE: 11-7-80) POTENTIAL ALLEGED
(Spills/runoff/standing liquids/leaking drums)

03 POPULATION POTENTIALLY AFFECTED: 0 04 NARRATIVE DESCRIPTION Spill of solvents into ditch,
Properly cleaned up. Spill was pumped out.

01 N. DAMAGE TO OFFSITE PROPERTY 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

None

01 O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

None

01 P. ILLEGAL/UNAUTHORIZED DUMPING 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

None

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

None

III. TOTAL POPULATION POTENTIALLY AFFECTED: 0

IV. COMMENTS

(See Preliminary Assessment Summary)

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

WI Dept. of Natural Resources - LMD, Oshkosh Area