



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Carroll D. Besadny
Secretary

Box 12436
Milwaukee, Wisconsin 53212
Fax: (414) 562-1258

April 10, 1990

File Ref: 4430

Mr. Russell Cerk, Vice-President
Freeman Chemical Corporation
217 Freeman Drive
Port Washington, WI 53074

Dear Mr. Cerk:

RE: Hazardous Waste Compliance Evaluation Inspection

Enclosed is a copy of the incinerator inspection form that was completed concerning Freeman Chemical Corporation located at Railroad Street, Saukville, Wisconsin, EPA ID No. WID 980615439 on March 27, 1990. Present at our meeting were Craig Bostwick, Curt Wiskirchen, and Palmer Langteau of Freeman Chemical Corporation, and Eric Syftestad and Walt Ebersohl from the Wisconsin Department of Natural Resources.

At the time of the inspection it was found that this facility was in compliance with the incinerator operational requirements of s. NR 181.45(4), Wisconsin Administrative Code. A copy of the inspection forms are being forwarded to our Bureau office in Madison for review.

If you have any questions or comments feel free to contact me at (414) 562-9646. Thank you for your cooperation.

Sincerely,

Walt Ebersohl

Walter A. Ebersohl
Hazardous Waste Program Supervisor

WAE:sbr

Enclosure

c: Program Services Section File Manager - PSS - SW/3

→ Eric Syftestad - HWS - SW/3 / *Nichol Kosewski HWS-SW/3*

Attachment Y G
Hazardous Waste Facility Inspection
Form Attachment on
Incineration and Thermal Treatment
(NR 181.45(4) and NR 181.46(5), Wis. Adm. Code)

A. General Information:

Facility Name: Freeman Chemical Corporation

Facility Location: Railroad St

City/Town/County Saukville, WI

DNR District Inspector: Walt Ebersohl Inspection Date: 3/27/90

B. Facility Standards:

1. Combustion parameters in the steady state condition:

Component Value

a. Combustion Temperature _____ (°F) 1600-1800 °F
if > 1900 → reaction water (D001) waste feed is cut off
 [] if > 2000 → waste solvent fuel (F003) is cut off
Yes No (Comments or Clarification)

b. Combustion Gas Velocity _____ (FT/SEC) flue gas oxygen must be > 2%
 [] incinerator is shut down if oxygen < 2%
Yes No (Comments or Clarification)

c. Waste Feed
Fuel Rate _____ (LB/HR)
 [] F003 ≤ 500 lbs/hr
Yes No (Comments or Clarification)

d. Gas Flow Monitoring Devices (if present) p = _____
 [] Fumes < 700 cfm
Yes No (Comments or Clarification)

e. Liquid Flow Monitoring p = _____ (if present) (& scrubbers)
 [] D001 ≤ 1655 lbs/hr
Yes No (Comments or Clarification)

f. Other Auxiliary Fuel Rate
CO Emissions

2. Waste Analysis - For each waste stream* treated or incinerated, and not previously treated or burned, has an analysis been performed for the following:

a. Heating Value → analyzed by outside lab

[] Annually for Sankville, Tech Center. Each time for waste from
Yes No (Comments or Clarification) Marshall, Texas facility

b. Halogen Content Total organic halides (TOX) → to deter. potential gas generation

[] Annually for Sankville, Tech Center. Each time for waste from
Yes No (Comments or Clarification) Marshall, Texas facility
→ analyzed by outside lab

c. Sulfur Content

[] _____
Yes No (Comments or Clarification)

d. Water Content

[] _____
Yes No (Comments or Clarification)

e. Lead**

[] An implementation plan for controlling metal ^{emissions} must be
Yes No (Comments or Clarification) submitted by 6/1/90

f. Mercury**

[] An implementation plan for controlling metal ^{emissions} must be
Yes No (Comments or Clarification) submitted by 6/1/90

g. Other Chromium - IX characterization required by plug modification by
Hydrogen chloride & other metals - OIX characterization req. (6/1/90)

*For the purposes of this form, waste stream means a homogenous waste whether a mixture, or a single waste.

**Written documentation showing metals are not present may also be used in place of an analysis. The following parameters are analyzed annually for the Sankville plant

Other parameters - The following parameters are analyzed each time wastes are received from the Tech Center in Port Wash., WI & the Freeman Facility in Marshall, Texas.

Viscosity - to ensure that the waste remains a pumpable & burnable liquid

Percent Ash - to check for significant variations in the waste composition that can lead to particulate generation

Flash Point - to determine ignitability to properly handle wastes

3. List other parameters for which the waste is tested to enable the owner or operator to establish steady state or determine the types of pollutants which may be emitted. (Note in Remarks any which you feel should be tested - such as other metals, PCBs, etc.)

Remarks Must not emit particulate matter in excess of 180 milligrams per dry standard cubic meter when corrected for the amt of oxygen in the stack gas
 a. (this requirement was met in the trial burn)
 b. _____
 c. Hydrogen chloride emissions cannot be greater than the larger of either 1.8 Kg/hr (4 lb/hr) or 1% of the HCl in stack gas prior to entering pollution equip
 d. (An implementation plan for controlling hydrogen chloride emissions must be submitted by 6/1/90)
 e. _____

4. Are the following combustion/emission monitoring devices, if present, monitored for each waste stream incinerated (the type of monitoring done should be indicated in the comments area) at least every 15 minutes?

a. Combustion Temperature

[] Continuous reading - Temperature monitors checked hourly
 Yes No (Comments or Clarification)

b. Combustion Air Rate

[] Continuous reading Pre O₂ and residual O₂ concentration
 Yes No (Comments or Clarification) in flue checked hourly

c. Auxiliary Fuel Rate

[] Continuous reading Checked hourly
 Yes No (Comments or Clarification)

d. Waste Feed Rate

[] Continuous reading Checked hourly
 Yes No (Comments or Clarification)

e. Emissions (CO Concentration, opacity - could be a visual inspection) - this must be checked hourly

[] Continuous reading Checked hourly
 Yes No (Comments or Clarification)

f. Flame Sensors

[] Continuous reading Checked hourly
Yes No (Comments or Clarification)

g. Ammeters for measuring blowers current draw - this must be checked weekly

[] Do not have, If overloaded, incinerator shuts
Yes No (Comments or Clarification)
down → re drawing too much amps for horsepower

h. Pressure Differential Indicators

[] Don't measure negative pressure
Yes No (Comments or Clarification)

i. Pressure Sensors

[] Atomization pressure of air to guns
Yes No (Comments or Clarification)

j. Other _____

5. Is the incinerator and all its associated equipment inspected daily for leaks, spills and fugitive emissions?

[] automatic spill alarm system — device in sump & sniffers
Yes No (Comments or Clarification) floor pitched to sump
calibrate weekly

6. Are alarms and emergency shutdown devices inspected daily to ensure proper operation?

[] _____
Yes No (Comments or Clarification)

7. Are incompatible wastes placed in the same equipment or process?

[] [] N/A
Yes No (Comments or Clarification)

If the facility incinerates, complete #8, below.

8. Are reactive or ignitable wastes protected from materials or conditions which may cause reaction or ignition, or is the waste treated, rendered or mixed so that it is no longer reactive or ignitable?

[X]
Yes

[]
No

No smoking, fire drills, sprinklers
(Comments or Clarification)

7785Y

A. GENERAL INFORMATION:

Date Sent to HW- SW/3	Date Received by HW-SW/3	HW-SW/3 Review Date	Initials	CMEI Data Entry Date	Initials	Entrack Data Entry Date	Initials
		4/16/90	JK	4/16/90	OC		
Facility Name (As shown in a current EPA Notification Printout)				EPA ID Number		FID Number	
Freeman Chemical Corporation				WI 0980615439		246004330	
Street/Location				Notification Status (As shown in a current EPA Notification Printout)			
Railroad St				(Circle all that apply)			
NE 1/4 of NE 1/4 of Section 35 Town INN Range 21E				<input checked="" type="checkbox"/> LQG <input type="checkbox"/> SQG <input type="checkbox"/> VSQG <input checked="" type="checkbox"/> TRANS <input checked="" type="checkbox"/> TSD			
City, Zip Code		District/County		Other		Type of Contact	
Sankville, WI 53080		SEB/Ozaukee				<input checked="" type="checkbox"/> Field Inspection <input type="checkbox"/> Other <input type="checkbox"/> Conference	
Contact Name/Phone				Contact Date			
Russell Cerki Vice President (414) 284-5541				3/27/90			

B. FACILITY INSPECTED AS (Check one box only):

- Note: The box checked here, the Notification Status circled in Section A and the type of Inspection Form completed must all be status consistent.
- | | | |
|---|--|---|
| <input type="checkbox"/> Commercial Treatment/Storage | <input type="checkbox"/> Generator - Large Quantity | <input type="checkbox"/> Under Review for Activity |
| <input type="checkbox"/> Non-Commercial Treatment/Storage | <input type="checkbox"/> Generator - Small Quantity | (Recommended Status Is _____) |
| <input type="checkbox"/> Land Disposal Facility | <input type="checkbox"/> Generator - Very Small Quantity | <input type="checkbox"/> Non-Hazardous Waste Entity |
| <input checked="" type="checkbox"/> Incinerator | <input type="checkbox"/> Transporter | <input type="checkbox"/> Other _____ |

C. NOTIFICATION CHANGE:

- Status Change (Attach Status Change Form 4430-12): Field Verified Status Is _____
- Name Change: Change Name To _____

D. EVALUATION TYPE (Check all that apply):

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Compliance Evaluation Insp (1) | <input type="checkbox"/> Complaint (6) | <input type="checkbox"/> Comp GW Monitoring Eval (4) |
| <input type="checkbox"/> Land Disposal Restriction Insp (13) | <input type="checkbox"/> Sampling Insp (2) | <input type="checkbox"/> O & M Inspection (12) |
| <input type="checkbox"/> Follow-up Insp (Date _____) (5) | <input type="checkbox"/> Case Development (11) | <input type="checkbox"/> Closure/Long Term Care (9) |
| <input type="checkbox"/> Routine Surveillance (10) | <input type="checkbox"/> Immediate Threat (14) | <input type="checkbox"/> Licensing Evaluation (7) |
| <input type="checkbox"/> Activity Verification (8) | <input type="checkbox"/> Record Review (3) [FRR ___] | <input type="checkbox"/> Other _____ (15) |

E. ENFORCEMENT ACTIONS (List violation and/or enf. type separately):

Viol Type Class	Enf Type	Violation			Date Issued			Response Due			Actual Comp			Enf Stat	NR 181 or NR 600 Citation	Additional Information
		Discovery Date	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD			

F. SPECIALTIES (CHECK ONLY IF VIOLATION(S) HAVE BEEN CONFIRMED WITH OFFICE OF ENVIRONMENTAL ENFORCEMENT):

This facility is: High Priority Violator (H) Violating CA Schedule (C) Violating Insurance/Liability Regs (I)

District/Area Comments: _____

HW-SW/3 Comments: _____

District/ Area Signature(s): Walt Eberhardt

Documentation: Inspection Form; Attachment # _____ Letter/NON/NOV to Facility Other _____

District Review Date: 4/10/90

Distribution: Copy 1 - District Copy 2 - HW-SW/3; Rtn to Dist after CMEI entry Copy 3 - HW-SW/3 Copy 4 - Area