

HAZARDOUS WASTE COMPLIANCE MONITORING AND ENFORCEMENT (CME) FORM Form 4430-5 Rev. 1-90

State of Wisconsin Department of Natural Resources

Freeman HW notificatn. file B3613

Pg ____ of ____

A. GENERAL INFORMATION:

Date Sent to HW- SW/3	Date Received by HW-SW/3	HW-SW/3 Review Date	Initials	CMEL Data Entry Date	Initials	Entrack Data Entry Date	Initials
		5/7/90	JK	5/11/90	OK		
Facility Name (As shown in a current EPA Notification Printout)				EPA ID Number	FID Number		
Freeman Chemical Corp.				WI 0980615439	246004330		
Street/Location				Notification Status (As shown in a current EPA Notification Printout) (Circle all that apply)			
Freeman Chemical Corp. Railroad St.				<input checked="" type="checkbox"/> LQG <input type="checkbox"/> SQG <input type="checkbox"/> VSQG <input checked="" type="checkbox"/> TRANS <input checked="" type="checkbox"/> TSD			
1/4 of _____ 1/4 of Section _____		Town _____ Range _____		Other _____			
City, Zip Code		District/County		Type of Contact			
Saukville 80		SE0		<input type="checkbox"/> Field Inspection <input type="checkbox"/> Other <input type="checkbox"/> Conference			
Contact Name/Phone				Contact Date			

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 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 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 checked="" 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 Discovery Date	Date Issued	Response Due	Actual Comp	Enf Stat	NR 181 or NR 600 Citation	Additional Information
1	2	MM DD YY	MM DD YY	MM DD YY	MM DD YY			
		- - -	- - -	- - -	- - -			
		- - -	- - -	- - -	- - -			
		- - -	- - -	- - -	- - -			
		- - -	- - -	- - -	- - -			
		- - -	- - -	- - -	- - -			
		- - -	- - -	- - -	- - -			

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: _____

This facility is in compliance with all financial responsibility requirements for closure and liability requirements.

District/ Area Signature(s)

Colleen Hellabrand

Date

11/10/89

Documentation

- Inspection Form; Attachment # _____ Letter/NON/NOV to Facility
- Status Change Form Other _____

District Review

Date

Distribution: Copy 1 - District

Copy 2 - HW-SW/3; Rtn to Dist after CMEL entry

Copy 3 - HW-SW/3

Copy 4 - Area

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Form-4430-5 Rev. 1-90

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Department of Natural Resources

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1/4 of _____ 1/4 of Section _____		Town _____		Range _____		Other _____	
City, Zip Code		District/County		Type of Contact		Contact Date	
Saukville 80		53074 SED		<input type="checkbox"/> Field Inspection <input type="checkbox"/> Other <input type="checkbox"/> Conference			
Contact Name/Phone							

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			-	-	-	-	-	-	-	-	-	-	-	-			
			-	-	-	-	-	-	-	-	-	-	-	-			
			-	-	-	-	-	-	-	-	-	-	-	-			
			-	-	-	-	-	-	-	-	-	-	-	-			
			-	-	-	-	-	-	-	-	-	-	-	-			
			-	-	-	-	-	-	-	-	-	-	-	-			

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Colleen Hellastrand 11/10/89

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