

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
				3-10-93	A.C.		
Facility Name (As shown in a current EPA Notification Printout)				EPA ID Number	FID Number		
Cook Composites & Polymers Co.				WI10980615439	24161004330		
Street/Location				Notification Status (As shown in a current EPA Notification Printout)			
340 Railroad Street				(Circle all that apply)			
1/4 of 1/4 of Section Town Range				LQG	SQG	VSQG	TRANS
City, Zip Code				Other			
Saukville 53080				District/County			
				SEO/Ozaukee			
Contact Name/Phone				Type of Contact		Contact Date	
				<input type="checkbox"/> Field Inspection <input type="checkbox"/> Other <input type="checkbox"/> Conference		1-27-93	

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 1] | <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			
	INF	01-27-93	- -	- -	- -		685.08(3)	Liability coverage

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) _____ Date _____

Documentation Inspection Form; Attachment # _____ Letter/NON/NOV to Facility Status Change Form Other _____ District Review _____ Date _____

FINANCIAL RECORD REVIEW FACILITY CHECKLIST

Facility Name: Cook Composites + Polymers Co.

Facility Address: 340 Railroad Street, Saukville, WI 53080

U.S. EPA ID # W10980615439 FID # 246004330 Date of Review 1-27-93

PROOF OF FINANCIAL RESPONSIBILITY FOR CLOSURE AND LONG-TERM CARE

old Incinerator \$ 108,000

October 30

CLOSURE COST ESTIMATE: \$ 125,288.92 (new incin. + storage facility) Anniversary Date August 2

Type of Proof Mechanism Irrevocable Letter of Credit

Type of Proof Mechanism Irrevocable Letter of Credit

Guarantor Name Societe Generale - Chicago Branch

Guarantor Name Societe Generale - Chicago Branch

Guarantor Address 181 West Madison Street
Chicago, IL 60602

Guarantor Address 181 West Madison Street
Chicago, IL 60602

Effective Date August 2, 1990

Effective Date October 30, 1992

Amount of Coverage \$ 125,288.92

Amount of Coverage \$ 108,000

Total Closure Cost Coverage \$ 233,288.92

LONG-TERM CARE COST ESTIMATE: \$ NA

Anniversary Date _____

Type of Proof Mechanism _____

Type of Proof Mechanism _____

Guarantor Name _____

Guarantor Name _____

Guarantor Address _____

Guarantor Address _____

Effective Date _____

Effective Date _____

Amount of Coverage \$ _____

Amount of Coverage \$ _____

Total Long-Term Care Cost Coverage \$ NA

Facility Name: Cook Composites + Polymers Co.

Facility Address: 340 Railroad Street, Saukville, WI 53080

U.S. EPA ID # WI0980615439 FID # 246004430

PROOF OF FINANCIAL RESPONSIBILITY FOR LIABILITY COVERAGE

Type of Proof Mechanism Certificate of Liability Insurance

Type of Proof Mechanism _____

Guarantor Name National Union Fire Insurance Company of Pittsburgh, PA

Guarantor Name _____

Guarantor Address 70 Pine Street, New York NY 10270

Guarantor Address _____

Effective Date September 15, 1991

Effective Date _____

Amount of Coverage \$ 4,000,000
(Annual Aggregate)

Amount of Coverage \$ _____
(Annual Aggregate)

If the Type of Proof Mechanism is a Financial Test or Guarantee:

Fiscal Year Ending Date: _____ () Alternative I () Alternative II

Accountant's Opinion: Date _____ () Unqualified () Qualified () Adverse () Disclaimer

Accountant's Special Report: Date _____

Relationship of Guarantor to Owner/Operator: () Same Company () Direct or Higher-Tier Parent Corporation
() Owned by Same Parent Corporation () Substantial Business Relationship

Total Liability Coverage \$ 4,000,000 (1991-1992 Certificate)

Comments: Cook Composites + Polymers Co. is in compliance with the financial responsibility requirements for closure. They have not submitted an updated certificate of liability insurance, so they are out of compliance with the liability requirements. A notice of non-compliance will be issued.

Reviewed by: Colleen Hellenbrand Date: 1/27/93

STATE OF WISCONSIN
REPLY MESSAGE
DOA-5185(R09/91)

INSTRUCTIONS TO SENDER:
REMOVE YELLOW COPY FOR YOUR FILE.
SEND REMAINDER OF FORM INTACT TO PERSON ADDRESSED.

TO:

Pat Brady - CEO

FROM:

Colleen Hellenbrand - SW/3

SUBJECT-MESSAGE

— Pat,

I did a financial record review for Cook Composites + Polymers Co. They haven't submitted an updated Certificate of Liability Insurance, so they are out of compliance with S. NR 685.08(3). Attached is a draft notice of non-compliance. Please review + finalize it + send if it looks OK. Also attached is a partially completed CME form. Please complete it + route to Aggie Cook when the NON is sent. I'm also sending the NON on a disk - please return the disk to me after you're through with it. Give me a call at 608-267-7515 if you have any questions.

Thanks.

SIGNED

Colleen Hellenbrand

DATE

1/27/93

REPLY

SIGNED _____

DATE _____