



George E. Meyer  
Secretary

State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Southeast District - Annex Building  
Post Office Box 12436  
4041 N. Richards St.  
Milwaukee, Wisconsin 53212  
TELEPHONE: 414-961-2727  
TELEFAX #: 414-961-2770

March 5, 1993

In Response Refer To: FID#246004330  
County of Ozaukee  
HW/CMEL

Mr. Craig Bostwick  
Cook Composites and Polymers Co.  
217 Freeman Drive  
Port Washington, WI 53074-0996

Subject: Proof of Financial Responsibility  
Cook Composites and Polymers Co.  
WID 980615439

Dear Mr. Bostwick:

I talked to you on March 3, 1993 inquiring about the status of liability insurance for Cook Composites and Polymers Co. hazardous waste incinerator and storage facility at 340 Railroad Street in Saukville, Wisconsin. You explained that it was your understanding that the liability insurance was in place and that the insurance company had sent a signed original certificate of liability insurance to Colleen Hellenbrand of the Department's Bureau of Solid Waste Management in Madison. Following your suggestion, I called the office of your insurance agent. I subsequently received a fax of the updated hazardous waste facility certificate of liability from Mary Gross of Alexander and Alexander, and was told that a signed original would be sent to Colleen Hellenbrand.

With the receipt of the signed original, the Department will consider this matter resolved. If you have any questions regarding this matter feel free to give me a call at (414) 961-2717 or Colleen Hellenbrand a call at (608) 267-7515.

Sincerely,

Patrick Brady  
Waste Management Engineer

- c. SED Casefile
- C. Hellenbrand-SW/3-HWMS
- A. Cook-SW/3

DEPARTMENT OF  
NATURAL RESOURCES  
SD

1993 MAR -3 PM 1:42

WISCONSIN DEPARTMENT OF NATURAL RESOURCES  
SOUTHEAST DISTRICT

Headquarters: 2300 N. Dr. Martin Luther King Jr. Drive  
P. O. Box 12436  
Milwaukee, WI 53212

FAX #:(414) 263-8483

Resource Management, Wastewater, Water Resources, Library, Environmental  
Analysis/Review

FAX #:(414) 263-8716

Air Management, Environmental Enforcement, Water Regulations & Zoning

FAX #:(414) 263-8606

District Director, Assistant District Directors, District Management, Finance,  
Purchasing, Personnel, Payroll, Public Information Officer, Information  
Center/License Sales

Richards Street Annex: 4041 N. Richards Street  
P. O. Box 12436  
Milwaukee, WI 53212

FAX #:(414) 961-2770

Solid & Hazardous Waste, Environmental Response & Repair, Water Supply

To: C. Hallenbrand Telephone: 608 267 7515

Agency/Region: Bureau SW/3 - HWS

Telefax Machine Telephone Number: \_\_\_\_\_

Subject: Cook

From: (Name) P. Brady

Office Phone Number: 414 961 2717

Date: 3-3-93

Number of Pages to Follow (Including Cover Sheet): 2

Cost for FAX = \$1.00 per page plus 5.5% tax

Pages plus cover ( ) x \$1.00 = \$ \_\_\_\_\_

Tax 5.5% = \$ \_\_\_\_\_

Please make check payable to: The Department of Natural Resources

Send along with a copy of this page to: Wisconsin Department of Natural Resources  
2300 N. Dr. Martin Luther King Jr. Drive  
P. O. Box 12436  
Milwaukee, WI 53212  
ATTN: \_\_\_\_\_



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

State of Wisconsin Department of Natural Resources

C 1308

Pg 1 of 1

*SK entered 3/5/93*

A. GENERAL INFORMATION:

Date Sent to HW-SW/3 <b>3-5-93</b>	Date Received by HW-SW/3	HW-SW/3 Review Date Date	Initials	CMEL Data Entry Date Date	Initials	Entrack Data Entry Date Date	Initials
Facility Name (As shown in a current EPA Notification Printout) <b>Cook Composites &amp; Polymers Co.</b>				EPA ID Number <b>WI 09801615439</b>		FID Number <b>214610041310</b>	
Street/Location <b>340 Railroad Street</b>				Notification Status (As shown in a current EPA Notification Printout) (Circle all that apply) LQG SQG VSQG TRANS <b>(TSD)</b>			
1/4 of Section		Town		Range			
City, Zip Code <b>Saukville 53080</b>			District/County <b>SEO/Ozaukee</b>		Other		
Contact Name/Phone				Type of Contact <input type="checkbox"/> Field Inspection <input type="checkbox"/> Other <input type="checkbox"/> Conference		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 MM DD YY	Date Issued MM DD YY	Response Due MM DD YY	Actual Comp MM DD YY	Enf Stat	NR 181 or NR 600 Citation	Additional Information
	<b>INF</b>	<b>01-27-93</b>	- -	- -	<b>3-3-93</b>	<b>R</b>	<b>685.08(3)</b>	<b>Liability coverage</b>

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: *copy of certificate of liability insurance was faxed. issue resolved without sending out letter*

HW-SW/3 Comments:

District/ Area Signature(s) <i>Patricia Brady</i>		Date <b>3-5-93</b>
Documentation <input type="checkbox"/> Inspection Form; Attachment # _____	<input type="checkbox"/> Letter/NON/NOV to Facility	District Review
<input type="checkbox"/> Status Change Form	<input type="checkbox"/> Other _____	Date

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