

1-11-84



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 1 - SITE LOCATION AND INSPECTION INFORMATION

I. IDENTIFICATION	
01 STATE WI	02 SITE NUMBER

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) City of Stoughton Landfill #133		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER Amundson Parkway				
03 CITY Stoughton		04 STATE WI	05 ZIP CODE 53589	06 COUNTY Dane	07 COUNTY CODE 025	08 CONG DIST 02
09 COORDINATES LATITUDE 42 35 25. -		LONGITUDE 089 12 11. -		10 TYPE OF OWNERSHIP (Check one) <input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input checked="" type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER		

III. INSPECTION INFORMATION

01 DATE OF INSPECTION 1 11 84 MONTH DAY YEAR	02 SITE STATUS <input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> INACTIVE	03 YEARS OF OPERATION mid 1950's 1 1978 BEGINNING YEAR ENDING YEAR	UNKNOWN
04 AGENCY PERFORMING INSPECTION (Check all that apply) <input type="checkbox"/> A. EPA <input checked="" type="checkbox"/> B. EPA CONTRACTOR Ecology & Environment <input type="checkbox"/> C. MUNICIPAL <input type="checkbox"/> D. MUNICIPAL CONTRACTOR <input type="checkbox"/> E. STATE <input type="checkbox"/> F. STATE CONTRACTOR <input type="checkbox"/> G. OTHER			

05 CHIEF INSPECTOR	06 TITLE	07 ORGANIZATION	08 TELEPHONE NO. ()
09 OTHER INSPECTORS	10 TITLE	11 ORGANIZATION	12 TELEPHONE NO. ()
SITE INSPECTION COMPLETED			
BASED ON A FILE REVIEW			
()			
()			
()			
()			

13 SITE REPRESENTATIVES INTERVIEWED	14 TITLE	15 ADDRESS	16 TELEPHONE NO. ()
()			
()			
()			
()			
()			
()			
()			

17 ACCESS GAINED BY (Check one) <input type="checkbox"/> PERMISSION <input type="checkbox"/> WARRANT	18 TIME OF INSPECTION N/A	19 WEATHER CONDITIONS N/A
--	------------------------------	------------------------------

IV. INFORMATION AVAILABLE FROM

01 CONTACT Joe Brusca	02 OF (Agency/Organization) Madison Area Solid Waste WI Dept. of Natural Resources	03 TELEPHONE NO. 608266-3529
04 PERSON RESPONSIBLE FOR SITE INSPECTION FORM Mike Gifford	05 AGENCY FIT	06 ORGANIZATION Ecology & Environment
	07 TELEPHONE NO. 312-663-9415	08 DATE 1 11 84 MONTH DAY YEAR



**POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 2 - WASTE INFORMATION**

I. IDENTIFICATION	
01 STATE <i>WI</i>	02 SITE NUMBER

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES <i>(Check all that apply)</i> <input type="checkbox"/> A. SOLID <input type="checkbox"/> B. POWDER, FINES <input type="checkbox"/> C. SLUDGE <input type="checkbox"/> D. OTHER _____ <small><i>(Specify)</i></small>	02 WASTE QUANTITY AT SITE <small><i>(Measures of waste quantities must be independent)</i></small> TONS _____ CUBIC YARDS <u>UNKNOWN</u> NO. OF DRUMS _____	03 WASTE CHARACTERISTICS <i>(Check all that apply)</i> <input checked="" type="checkbox"/> A. TOXIC <input type="checkbox"/> B. CORROSIVE <input type="checkbox"/> C. RADIOACTIVE <input checked="" type="checkbox"/> D. PERSISTENT <input checked="" type="checkbox"/> E. SOLUBLE <input type="checkbox"/> F. INFECTIOUS <input checked="" type="checkbox"/> G. FLAMMABLE <input type="checkbox"/> H. IGNITABLE <input checked="" 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			<i>Note: Per sworn statements and interviews Uniroyal disposed of liquid and hazardous wastes at the site from approximately the mid-1950's to the mid-1960's. Information on waste quantities is absent however the compounds noted below have been detected in monitoring wells.</i>
OLW	OILY WASTE			
SOL	SOLVENTS	UNK		
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS	UNK		
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
OCC	tetrahydrofuran	999	LF	3900	UG/L
SOL	toluene	108-88-3	LF	2.9	UG/L
SOL	ethyl benzene	100-41-4	LF	13	UG/L
SOL	tetrachloroethylene	999	LF		
SOL	trichloroethylene	79-01-6	LF	7.1	UG/L
	1,2-dichloroethylene	999	LF	6.1	UG/L
	1,1-dichloroethane	999	LF	3.0	UG/L

V. FEEDSTOCKS *(See Appendix for CAS Numbers)*

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS	Xylene	1330-20-7	FDS		
FDS	toluene	108-88-4	FDS		
FDS			FDS		
FDS			FDS		

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

*Wisconsin Dept. of Natural Resources (WDNR)
Madison, WI*



**POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS**

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

WI

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 A. GROUNDWATER CONTAMINATION 02 OBSERVED (DATE: 11-7-83) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: ~8700 04 NARRATIVE DESCRIPTION

*Organic contaminants have been detected in landfill monitoring wells
Contaminants include tetrahydrofuran, xylene, trichloroethylene, 1,2-dichloroethane, 1,2-dichloroethylene*

01 B. SURFACE WATER CONTAMINATION 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: 0 04 NARRATIVE DESCRIPTION

The landfill is adequately covered and seeded. No leachate seeps have been reported. The site has met WDNR Abandonment requirements and the site is no longer active

01 C. CONTAMINATION OF AIR 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 D. FIRE/EXPLOSIVE CONDITIONS 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

Site is closed and covered, currently inactive

01 E. DIRECT CONTACT 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

The landfill is closed and covered. Since no leachate has been reported direct contact would only be via excavation of wastes

01 F. CONTAMINATION OF SOIL 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 AREA POTENTIALLY AFFECTED: UNKNOWN 04 NARRATIVE DESCRIPTION
(Acres)

Soil contamination is likely since contaminants have been detected in the groundwater however no samples have been collected. Site is approximately 3-5 acres in size

01 G. DRINKING WATER CONTAMINATION 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: ~8700 04 NARRATIVE DESCRIPTION

City of Stoughton's municipal wells draw from underlying bedrock aquifers Numerous residential wells are finished in both surficial glacial drift and bedrock aquifers Population estimate based on maximum no. of people potentially affected w/in 3 miles

01 H. WORKER EXPOSURE/INJURY 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

Site is closed and covered, currently inactive

01 I. POPULATION EXPOSURE/INJURY 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

See "E" above



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
WI

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

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

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

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

01 M. UNSTABLE CONTAINMENT OF WASTES 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
(Spills/Runoff/Standing liquids, Leaking drums)

03 POPULATION POTENTIALLY AFFECTED: ~8100 04 NARRATIVE DESCRIPTION
Although the landfill is closed and covered, subsurface containment of wastes is inadequate as verified by groundwater contamination

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

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

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

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS NOTE: There may be some questions concerning the population estimates for people potentially affected by groundwater contamination. This figure represents a "worse case situation" taking into account the hydraulic connection between drift & bedrock aquifers, unknown quantity of waste, and disregarding the Yahave River as a discontinuity for population utilizing deeper wells.

III. TOTAL POPULATION POTENTIALLY AFFECTED: ~8106

IV. COMMENTS

Although the landfill was permitted by the WDNR the questionable years of operation were before regulations existed. Methods of waste handling and disposal are not known. Waste quantity is also absent. Some wastes appear to have been burned.

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

WDNR Files - Madison, WI



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION
PART 4 - PERMIT AND DESCRIPTIVE INFORMATION

I. IDENTIFICATION
01 STATE WI 02 SITE NUMBER

II. PERMIT INFORMATION

01 TYPE OF PERMIT ISSUED <small>(Check all that apply)</small>	02 PERMIT NUMBER	03 DATE ISSUED	04 EXPIRATION DATE	05 COMMENTS
<input type="checkbox"/> A. NPDES				
<input type="checkbox"/> B. UIC				
<input type="checkbox"/> C. AIR				
<input type="checkbox"/> D. RCRA				
<input type="checkbox"/> E. RCRA INTERIM STATUS				
<input type="checkbox"/> F. SPCC PLAN				
<input type="checkbox"/> G. STATE <small>(Specify)</small>	<u>License #133</u>	<u>Yearly</u>	<u>1978</u>	<u>First issuance approx 1969</u>
<input type="checkbox"/> H. LOCAL <small>(Specify)</small>				
<input type="checkbox"/> I. OTHER <small>(Specify)</small>				
<input type="checkbox"/> J. NONE				

III. SITE DESCRIPTION

01 STORAGE/DISPOSAL <small>(Check all that apply)</small>	02 AMOUNT	03 UNIT OF MEASURE	04 TREATMENT <small>(Check all that apply)</small>	05 OTHER
<input type="checkbox"/> A. SURFACE IMPOUNDMENT	_____	_____	<input type="checkbox"/> A. INCENERATION	<input checked="" type="checkbox"/> A. BUILDINGS ON SITE
<input type="checkbox"/> B. PILES	_____	_____	<input type="checkbox"/> B. UNDERGROUND INJECTION	
<input type="checkbox"/> C. DRUMS, ABOVE GROUND	_____	_____	<input type="checkbox"/> C. CHEMICAL/PHYSICAL	06 AREA OF SITE <u>3-5</u> (Acres)
<input type="checkbox"/> D. TANK, ABOVE GROUND	_____	_____	<input type="checkbox"/> D. BIOLOGICAL	
<input type="checkbox"/> E. TANK, BELOW GROUND	_____	_____	<input type="checkbox"/> E. WASTE OIL PROCESSING	
<input checked="" type="checkbox"/> F. LANDFILL	<u>UNKNOWN</u>	_____	<input type="checkbox"/> F. SOLVENT RECOVERY	
<input type="checkbox"/> G. LANDFARM	_____	_____	<input type="checkbox"/> G. OTHER RECYCLING/RECOVERY	
<input type="checkbox"/> H. OPEN DUMP	_____	_____	<input type="checkbox"/> H. OTHER <small>(Specify)</small>	
<input type="checkbox"/> I. OTHER <small>(Specify)</small>	_____	_____		

07 COMMENTS

Landfill practices during the period of hazardous waste disposal (mid 1950's - mid-1960's approx.) are vague. Waste quantities are not available. Documentation of hazardous waste disposal does exist as confirmed by statements from former Uniroyal employees. It appears that some wastes were burned.

IV. CONTAINMENT

01 CONTAINMENT OF WASTES (Check one)
 A. ADEQUATE, SECURE B. MODERATE C. INADEQUATE, POOR D. INSECURE, UNSOUND, DANGEROUS

02 DESCRIPTION OF DRUMS, DIKING, LINERS, BARRIERS, ETC.

The landfill is closed and covered and no leachate has been reported. Subsurface containment is inadequate - organic contaminants have been detected in landfill monitoring wells

V. ACCESSIBILITY

01 WASTE EASILY ACCESSIBLE: YES NO
02 COMMENTS

landfill is closed and covered

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

WDNR Files - Madison, WI



**POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 5 - WATER, DEMOGRAPHIC, AND ENVIRONMENTAL DATA**

I. IDENTIFICATION	
01 STATE <i>WI</i>	02 SITE NUMBER

II. DRINKING WATER SUPPLY

01 TYPE OF DRINKING SUPPLY <i>(Check as applicable)</i>		02 STATUS			03 DISTANCE TO SITE
COMMUNITY	SURFACE A. <input type="checkbox"/>	WELL B. <input checked="" type="checkbox"/>	ENDANGERED A. <input type="checkbox"/>	AFFECTED B. <input type="checkbox"/>	MONITORED C. <input type="checkbox"/>
NON-COMMUNITY	C. <input type="checkbox"/>	D. <input checked="" type="checkbox"/>	D. <input type="checkbox"/>	E. <input type="checkbox"/>	F. <input type="checkbox"/>
					A. <i>~5000ft (limit)</i> B. <i>~1600ft (limit)</i>

III. GROUNDWATER

01 GROUNDWATER USE IN VICINITY *(Check one)*

A. ONLY SOURCE FOR DRINKING
 B. DRINKING *(Other sources available)*
 COMMERCIAL, INDUSTRIAL, IRRIGATION
(No other water sources available)
 C. COMMERCIAL, INDUSTRIAL, IRRIGATION *(Limited other sources available)*
 D. NOT USED, UNUSEABLE

02 POPULATION SERVED BY GROUND WATER *~8700 w/in 3mi*

03 DISTANCE TO NEAREST DRINKING WATER WELL *~1600ft (limit)*

04 DEPTH TO GROUNDWATER <i>6-20 (ft)</i>	05 DIRECTION OF GROUNDWATER FLOW <i>generally southeasterly</i>	06 DEPTH TO AQUIFER OF CONCERN <i>6-20 (ft)</i>	07 POTENTIAL YIELD OF AQUIFER <i>unknown (gpd)</i>	08 SOLE SOURCE AQUIFER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
---	--	--	---	---

09 DESCRIPTION OF WELLS *(Including usage, depth, and location relative to population and buildings)*

Residential wells outside Stoughton city limits are finished in both glacial drift (sands + gravels) and lower bedrock aquifers. The three city wells are located within 1/2 miles of the site though west of the Yahara River. They range in depth from 950 to 1113 feet deep. Wells are cased to drift-bedrock interface.

10 RECHARGE AREA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS <i>possible</i>	11 DISCHARGE AREA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	COMMENTS <i>more likely a discharge area than recharge area</i>
---	--------------------------	--	---

IV. SURFACE WATER

01 SURFACE WATER USE *(Check one)*

A. RESERVOIR, RECREATION DRINKING WATER SOURCE
 B. IRRIGATION, ECONOMICALLY IMPORTANT RESOURCES
 C. COMMERCIAL, INDUSTRIAL
 D. NOT CURRENTLY USED

02 AFFECTED/POTENTIALLY AFFECTED BODIES OF WATER

NAME:	AFFECTED	DISTANCE TO SITE
<i>Yahara River</i>	<input type="checkbox"/>	<i>~1500ft (limit)</i>
_____	<input type="checkbox"/>	_____ (mi)
_____	<input type="checkbox"/>	_____ (mi)

V. DEMOGRAPHIC AND PROPERTY INFORMATION

01 TOTAL POPULATION WITHIN			02 DISTANCE TO NEAREST POPULATION
ONE (1) MILE OF SITE A. <i>~4500</i> NO. OF PERSONS	TWO (2) MILES OF SITE B. <i>~8000</i> NO. OF PERSONS	THREE (3) MILES OF SITE C. <i>~10,000</i> NO. OF PERSONS	<i>~1500ft (limit)</i>

03 NUMBER OF BUILDINGS WITHIN TWO (2) MILES OF SITE <i>~2000</i>	04 DISTANCE TO NEAREST OFF-SITE BUILDING <i>~800ft (limit)</i>
---	---

05 POPULATION WITHIN VICINITY OF SITE *(Provide narrative description of nature of population within vicinity of site. e.g., rural, village, densely populated urban area)*

The site is located just northeast of the City of Stoughton. Much of the adjacent land is zoned agriculture and population is rural in nature. A hospital is located ~1000 ft south west of the site and residential areas just beyond that.



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 5 - WATER, DEMOGRAPHIC, AND ENVIRONMENTAL DATA

I. IDENTIFICATION
01 STATE WI 02 SITE NUMBER

VI. ENVIRONMENTAL INFORMATION

01 PERMEABILITY OF UNSATURATED ZONE (Check one) *highly variable but generally does range to 10⁻¹*
 A. 10⁻⁶ - 10⁻⁸ cm/sec B. 10⁻⁴ - 10⁻⁶ cm/sec C. 10⁻⁴ - 10⁻³ cm/sec D. GREATER THAN 10⁻³ cm/sec

02 PERMEABILITY OF BEDROCK (Check one)
 A. IMPERMEABLE (Less than 10⁻⁶ cm/sec) B. RELATIVELY IMPERMEABLE (10⁻⁴ - 10⁻⁶ cm/sec) C. RELATIVELY PERMEABLE (10⁻² - 10⁻⁴ cm/sec) D. VERY PERMEABLE (Greater than 10⁻² cm/sec)

03 DEPTH TO BEDROCK
as shallow as 60ft. avg. 100-200 (ft)

04 DEPTH OF CONTAMINATED SOIL ZONE
unknown (ft)

05 SOIL pH
unknown

06 NET PRECIPITATION
4 (in)

07 ONE YEAR 24 HOUR RAINFALL
2.5 (in)

08 SLOPE
SITE SLOPE
upto 9 %

DIRECTION OF SITE SLOPE
variable

TERRAIN AVERAGE SLOPE
3 %

09 FLOOD POTENTIAL
SITE IS IN *N/A* YEAR FLOODPLAIN

10 SITE IS ON BARRIER ISLAND, COASTAL HIGH HAZARD AREA, RIVERINE FLOODWAY

11 DISTANCE TO WETLANDS (5 acre minimum)

ESTUARINE
A. _____ (mi)

OTHER
B. *100ft* (mi)

12 DISTANCE TO CRITICAL HABITAT (of endangered species)

N/A _____ (mi)
ENDANGERED SPECIES: _____

13 LAND USE IN VICINITY

DISTANCE TO:
COMMERCIAL/INDUSTRIAL

RESIDENTIAL AREAS; NATIONAL/STATE PARKS, FORESTS, OR WILDLIFE RESERVES

AGRICULTURAL LANDS
PRIME AG LAND AG LAND

A. *< 1/2* (mi)

B. *< 500ft* (mi)

C. _____ (mi) D. *< 500ft* (mi)

14 DESCRIPTION OF SITE IN RELATION TO SURROUNDING TOPOGRAPHY

Much of the surrounding topography is generally level in association with the Yahara River. A marsh is located directly northeast of the site. The south portion of the site possesses the steepest slopes whereas center portions of the site are level with slopes again increasing to the east, north, and west as influenced by the fill area.

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

WDNR Files - Madison, WI



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 6 - SAMPLE AND FIELD INFORMATION

I. IDENTIFICATION
01 STATE | 02 SITE NUMBER
WI |

II. SAMPLES TAKEN

SAMPLE TYPE	01 NUMBER OF SAMPLES TAKEN	02 SAMPLES SENT TO	03 ESTIMATED DATE RESULTS AVAILABLE
GROUNDWATER			
SURFACE WATER			
WASTE			
AIR			
RUNOFF			
SPILL			
SOIL			
VEGETATION			
OTHER			

III. FIELD MEASUREMENTS TAKEN

01 TYPE	02 COMMENTS

IV. PHOTOGRAPHS AND MAPS

01 TYPE GROUND AERIAL

02 IN CUSTODY OF WDNR Madison, WI
(Name of organization or individual)

03 MAPS YES NO

04 LOCATION OF MAPS WDNR Madison, WI

V. OTHER FIELD DATA COLLECTED (Provide narrative description)

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

WDNR Files Madison, WI



**POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 7 - OWNER INFORMATION**

I. IDENTIFICATION	
01 STATE <i>WI</i>	02 SITE NUMBER

II. CURRENT OWNER(S)					PARENT COMPANY (If applicable)				
01 NAME <i>City of Stoughton</i>			02 D+B NUMBER		08 NAME			09 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.) <i>381 E. Main St.</i>			04 SIC CODE		10 STREET ADDRESS (P.O. Box, RFD #, etc.)			11 SIC CODE	
05 CITY <i>Stoughton</i>		06 STATE <i>WI</i>	07 ZIP CODE <i>53589</i>		12 CITY		13 STATE	14 ZIP CODE	
01 NAME			02 D+B NUMBER		08 NAME			09 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)			04 SIC CODE		10 STREET ADDRESS (P.O. Box, RFD #, etc.)			11 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE		12 CITY		13 STATE	14 ZIP CODE	
01 NAME			02 D+B NUMBER		08 NAME			09 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)			04 SIC CODE		10 STREET ADDRESS (P.O. Box, RFD #, etc.)			11 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE		12 CITY		13 STATE	14 ZIP CODE	
01 NAME			02 D+B NUMBER		08 NAME			09 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)			04 SIC CODE		10 STREET ADDRESS (P.O. Box, RFD #, etc.)			11 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE		12 CITY		13 STATE	14 ZIP CODE	
III. PREVIOUS OWNER(S) (List most recent first)					IV. REALTY OWNER(S) (If applicable; list most recent first)				
01 NAME			02 D+B NUMBER		01 NAME			02 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)			04 SIC CODE		03 STREET ADDRESS (P.O. Box, RFD #, etc.)			04 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE		05 CITY		06 STATE	07 ZIP CODE	
01 NAME			02 D+B NUMBER		01 NAME			02 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)			04 SIC CODE		03 STREET ADDRESS (P.O. Box, RFD #, etc.)			04 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE		05 CITY		06 STATE	07 ZIP CODE	
01 NAME			02 D+B NUMBER		01 NAME			02 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)			04 SIC CODE		03 STREET ADDRESS (P.O. Box, RFD #, etc.)			04 SIC CODE	
05 CITY		06 STATE	07 ZIP CODE		05 CITY		06 STATE	07 ZIP CODE	
V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)									



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 8 - OPERATOR INFORMATION

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
WI

II. CURRENT OPERATOR <i>(Provide if different from owner)</i>				OPERATOR'S PARENT COMPANY <i>(If applicable)</i>			
01 NAME <i>City of Stoughton</i>		02 D+B NUMBER		10 NAME		11 D+B NUMBER	
03 STREET ADDRESS <i>(P.O. Box, RFD #, etc.)</i>			04 SIC CODE	12 STREET ADDRESS <i>(P.O. Box, RFD #, etc.)</i>			13 SIC CODE
05 CITY		06 STATE	07 ZIP CODE	14 CITY		15 STATE	16 ZIP CODE
08 YEARS OF OPERATION	09 NAME OF OWNER						
III. PREVIOUS OPERATOR(S) <i>(List most recent first; provide only if different from owner)</i>				PREVIOUS OPERATORS' PARENT COMPANIES <i>(If applicable)</i>			
01 NAME		02 D+B NUMBER		10 NAME		11 D+B NUMBER	
03 STREET ADDRESS <i>(P.O. Box, RFD #, etc.)</i>			04 SIC CODE	12 STREET ADDRESS <i>(P.O. Box, RFD #, etc.)</i>			13 SIC CODE
05 CITY		06 STATE	07 ZIP CODE	14 CITY		15 STATE	16 ZIP CODE
08 YEARS OF OPERATION	09 NAME OF OWNER DURING THIS PERIOD						
01 NAME		02 D+B NUMBER		10 NAME		11 D+B NUMBER	
03 STREET ADDRESS <i>(P.O. Box, RFD #, etc.)</i>			04 SIC CODE	12 STREET ADDRESS <i>(P.O. Box, RFD #, etc.)</i>			13 SIC CODE
05 CITY		06 STATE	07 ZIP CODE	14 CITY		15 STATE	16 ZIP CODE
08 YEARS OF OPERATION	09 NAME OF OWNER DURING THIS PERIOD						
01 NAME		02 D+B NUMBER		10 NAME		11 D+B NUMBER	
03 STREET ADDRESS <i>(P.O. Box, RFD #, etc.)</i>			04 SIC CODE	12 STREET ADDRESS <i>(P.O. Box, RFD #, etc.)</i>			13 SIC CODE
05 CITY		06 STATE	07 ZIP CODE	14 CITY		15 STATE	16 ZIP CODE
08 YEARS OF OPERATION	09 NAME OF OWNER DURING THIS PERIOD						

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

WDNR Files - Madison WI



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 9 - GENERATOR/TRANSPORTER INFORMATION

I. IDENTIFICATION	
01 STATE WI	02 SITE NUMBER

II. ON-SITE GENERATOR

01 NAME	02 D+B NUMBER	
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	
05 CITY	06 STATE	07 ZIP CODE

III. OFF-SITE GENERATOR(S)

01 NAME <i>Uniroyal (Stoughton Branch of)</i>	02 D+B NUMBER	01 NAME	02 D+B NUMBER		
03 STREET ADDRESS (P.O. Box, RFD #, etc.) <i>(formerly U.S. Rubber)</i>	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE		
05 CITY	06 STATE	07 ZIP CODE	05 CITY	06 STATE	07 ZIP CODE
01 NAME	02 D+B NUMBER	01 NAME	02 D+B NUMBER		
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE		
05 CITY	06 STATE	07 ZIP CODE	05 CITY	06 STATE	07 ZIP CODE

IV. TRANSPORTER(S)

01 NAME <i>unknown but assumed to</i>	02 D+B NUMBER	01 NAME	02 D+B NUMBER		
03 STREET ADDRESS (P.O. Box, RFD #, etc.) <i>be Uniroyal</i>	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE		
05 CITY	06 STATE	07 ZIP CODE	05 CITY	06 STATE	07 ZIP CODE
01 NAME	02 D+B NUMBER	01 NAME	02 D+B NUMBER		
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE		
05 CITY	06 STATE	07 ZIP CODE	05 CITY	06 STATE	07 ZIP CODE

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



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 10 - PAST RESPONSE ACTIVITIES

I. IDENTIFICATION
01 STATE WI 02 SITE NUMBER _____

II. PAST RESPONSE ACTIVITIES

01 A. WATER SUPPLY CLOSED
04 DESCRIPTION _____

02 DATE _____

03 AGENCY _____

01 B. TEMPORARY WATER SUPPLY PROVIDED
04 DESCRIPTION _____

02 DATE _____

03 AGENCY _____

01 C. PERMANENT WATER SUPPLY PROVIDED
04 DESCRIPTION _____

02 DATE _____

03 AGENCY _____

01 D. SPILLED MATERIAL REMOVED
04 DESCRIPTION _____

02 DATE _____

03 AGENCY _____

01 E. CONTAMINATED SOIL REMOVED
04 DESCRIPTION _____

02 DATE _____

03 AGENCY _____

01 F. WASTE REPACKAGED
04 DESCRIPTION _____

02 DATE _____

03 AGENCY _____

01 G. WASTE DISPOSED ELSEWHERE
04 DESCRIPTION _____

02 DATE _____

03 AGENCY _____

01 H. ON SITE BURIAL
04 DESCRIPTION _____

02 DATE _____

03 AGENCY _____

01 I. IN SITU CHEMICAL TREATMENT
04 DESCRIPTION _____

02 DATE _____

03 AGENCY _____

01 J. IN SITU BIOLOGICAL TREATMENT
04 DESCRIPTION _____

02 DATE _____

03 AGENCY _____

01 K. IN SITU PHYSICAL TREATMENT
04 DESCRIPTION _____

02 DATE _____

03 AGENCY _____

01 L. ENCAPSULATION
04 DESCRIPTION _____

02 DATE _____

03 AGENCY _____

01 M. EMERGENCY WASTE TREATMENT
04 DESCRIPTION _____

02 DATE _____

03 AGENCY _____

01 N. CUTOFF WALLS
04 DESCRIPTION _____

02 DATE _____

03 AGENCY _____

01 O. EMERGENCY DIKING/SURFACE WATER DIVERSION
04 DESCRIPTION _____

02 DATE _____

03 AGENCY _____

01 P. CUTOFF TRENCHES/SUMP
04 DESCRIPTION _____

02 DATE _____

03 AGENCY _____

01 Q. SUBSURFACE CUTOFF WALL
04 DESCRIPTION _____

02 DATE _____

03 AGENCY _____



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 10 - PAST RESPONSE ACTIVITIES

I. IDENTIFICATION
01 STATE WI 02 SITE NUMBER _____

II PAST RESPONSE ACTIVITIES (Continued)

01 <input type="checkbox"/> R. BARRIER WALLS CONSTRUCTED 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
01 <input checked="" type="checkbox"/> S. CAPPING/COVERING 04 DESCRIPTION <i>Site has been closed since 1978 and covered per DNR Abandonment regulations</i>	02 DATE _____	03 AGENCY <i>under DNR supervision</i>
01 <input type="checkbox"/> T. BULK TANKAGE REPAIRED 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> U. GROUT CURTAIN CONSTRUCTED 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> V. BOTTOM SEALED 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> W. GAS CONTROL 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> X. FIRE CONTROL 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> Y. LEACHATE TREATMENT 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> Z. AREA EVACUATED 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> 1. ACCESS TO SITE RESTRICTED 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> 2. POPULATION RELOCATED 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> 3. OTHER REMEDIAL ACTIVITIES 04 DESCRIPTION	02 DATE _____	03 AGENCY _____

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

WDNR Files - Madison, WI



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 11 - ENFORCEMENT INFORMATION

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
WI	

II. ENFORCEMENT INFORMATION

01 PAST REGULATORY/ENFORCEMENT ACTION YES NO

02 DESCRIPTION OF FEDERAL, STATE, LOCAL REGULATORY/ENFORCEMENT ACTION

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

WDNR Files - Madison, WI