

## Wisconsin DNR Pre-CERCLIS Screening Worksheet

### Instructions

Information sources that can be used to fill out this worksheet include: BRRIS, SHWIMS, R&R files, WA files, regional geologic information resources, Waste Staff, County Solid Waste staff (if there is one for the county) and the EPA web site for CERCLIS. Other possible resources may include: city/town files, county files, aerial photos, readily available Sanborn Insurance maps and interviews with former employees or neighbors.

All comments should be referenced by section number on an attached sheet.

### 1. Site Name

Waste Disposal Site Name: ARLENE SAUER

Street or Route: CT HWY NN + FF

City/Town/Village: Ripon

State: WI Zip Code: 54971

County:

Fond Du Lac

Is the site known by another name(s)?  Yes  No  Unknown

If yes, name: Ripon City Landfill

### 2. Legal Description of Site

Attach a map with site location and limits of fill/waste disposal area.

a. Locational Information: GIS

Polygon complete  Date:

b. Locational Information: Other Sources

Latitude\*: 43.866806

Longitude\*: -88.870556

Township: 16N Range: 14E

Section: 7

1/4 - 1/4: SESE

\*Latitude and Longitude information is required on EPA screening checklist.

**3. Site Background Information**

Present Owner's Name: Arlene Sauer

Street or Route: 30 Lawndale

City/Town/Village: Ripon

State: WI

Zip Code: 54971

Telephone Number (include area code): (920) 748-7545

Previous Owner's Name: Lyle Sauer

Street or Route:

City/Town/Village: Ripon

State: WI

Zip Code: 54971

Telephone Number (include area code): ?

Operator's Name: City of Ripon Phil Hoopman

Street or Route: 100 Jackson St

City/Town/Village: Ripon

State: WI

Zip Code: 54971

Telephone Number (include area code): (920) 748-4912

**4. Waste Disposal Site's Regulatory ID Numbers**

DNR FID (9 digits): 431048200/420013660

Solid Waste Facility License ID# (4 digits): 0467

Hazardous Waste Facility License ID# (5 digits): —

USEPA ID# (used for both RCRA and CERCLIS #s) (WI+Alpha+9 digits): WID980610190

BRRTS ID# (2 digit program-2 digit county-6 digit site specific): 02-20-000915

BRRTS Activity Name:  LUST  ERP  SPILL  VPLE

SHWIMS Site ID# (8 Digits): 4414400/1613300

Other:

**5. Type of Site (Current and Historic)** Check all that apply.

a.  Landfill

- |  |  |
|--|--|
| <input type="checkbox"/> Approved                  | <input type="checkbox"/> Non-approved (see s.289.01(3) Wis. Stats) |
| <input type="checkbox"/> Engineered                | <input checked="" type="checkbox"/> Unengineered                   |
| <input checked="" type="checkbox"/> Licensed       | <input type="checkbox"/> Unlicensed                                |
| <input type="checkbox"/> Lined                     | <input checked="" type="checkbox"/> Unlined                        |
| <input type="checkbox"/> Construction / Demolition | <input type="checkbox"/> Exempted fill (NR500.08(1)+(2))           |

- Less than 50,000 cubic yards  
 50,000 to 500,000 cubic yards  
 Greater than 500,000 cubic yards

Does the landfill have a closure plan?  yes  no  unknown

Does the landfill have a groundwater monitoring plan?  yes  no  unknown

Have groundwater monitoring wells been installed?  yes  no  unknown

- Was a cover installed?  NR500 cap (NR504.07) (after July 1, 1996) (6" grading layer, 2' clay layer, geomembrane, 2 1/2" drainage rooting layer & 6" topsoil)  
 NR500 cap (NR504.07) (prior to July 1, 1996) (same as above without geomembrane)  
 NR180 cap (caps prior to 1986) (2' clay\* \* 6" topsoil)  
\*material may vary across state depending on available borrow sources  
 Other cover  
 Unknown

What is the thickness of the cover?  <6 in  6-12 in  12-24 in  
 >24 in  unknown

Present status of landfill site: Check all that apply.

- active  inactive  transitional (between active and closed)  
 monitoring  closed

- 
- b.  Agricultural co-op  Manufacturing - Type:  
 Brush pile  Old burn pit  
 Bulk plant  One-time disposal site  
 Coal gas manufacturer  Pipeline  
 Deer pit  RCRA generator  
 Demolition debris  Salvage yard  
 Dry cleaner  Service Station  
 Electroplater  Tannery  
 Lagoon  Unknown  
 Other: name

c. Date of Most Recent Status Report: June 23, 2000

Dates & Number of Years of Site Operations: 1968 to 1983 ; 15 years  unknown



**6. Waste Information & Geologic Environment**

a. Known or Suspected Sources/Wastes Check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Abandoned containers               | <input checked="" type="checkbox"/> Known or suspected hazardous materials                         |
| <input type="checkbox"/> Above ground pipeline or tank      | <input checked="" type="checkbox"/> Municipal waste  |
| <input type="checkbox"/> Animal carcasses                   | <input checked="" type="checkbox"/> <del>Paper</del> sludge <i>Wastewater</i>                      |
| <input checked="" type="checkbox"/> Buried drums            | <input type="checkbox"/> Surface impoundment/lagoons   |
| <input type="checkbox"/> Burning of materials               | <input type="checkbox"/> Surface spills  |
| <input checked="" type="checkbox"/> Demolition/Construction | <input type="checkbox"/> Transformer   |
| <input type="checkbox"/> Fly ash                            | <input checked="" type="checkbox"/> Trees/brush  |
| <input type="checkbox"/> Foundry sand                       | <input type="checkbox"/> Underground pipeline or tank  |
| <input type="checkbox"/> Industrial accident                | <input type="checkbox"/> Unknown   |
|   | <input checked="" type="checkbox"/> Other: name - <i>Speed Queen Waste Paint/Degreasers/sludge</i> |

b. Physical Characteristics of Sources/Wastes

- Liquid     Solid     Liquid & Solid     Unknown

c. Waste Containment

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Engineered cover                                   | <input type="checkbox"/> Functioning leachate collection & removal system |
| <input checked="" type="checkbox"/> <input type="checkbox"/> not maintained            | <input type="checkbox"/> Liner  |
| <input checked="" type="checkbox"/> maintained   |   |
| <input checked="" type="checkbox"/> Functioning & maintained run-off management system | <input type="checkbox"/> None   |
| <input checked="" type="checkbox"/> Functioning groundwater monitoring system          | <input type="checkbox"/> Unknown  |
|  | <input type="checkbox"/> Not applicable                                   |

d. Soil Type ( regional  site specific):

- Clay, silt or other fine grained soils present? (lacustrine, tills, etc.)  yes  no  
 At surface?  yes  no    At depth?  yes  no 0-2 feet  
*Cap only*
- Sand & gravel, coarse grained soils present?  yes  no  
 At surface?  yes  no    At depth?  yes  no 2-182 feet

*0-2 Cap  
 2-182 Sand  
 182-322 Sandstone  
 322-340 Granite*

e. Depth to groundwater ( regional  site specific): 50 feet

f. Direction of Groundwater Flow ( regional  site specific): SW

g. Depth to Bedrock ( regional  site specific): 182 feet

h. Bedrock Type ( regional  site specific): Sandstone/Granite

**7. Receptor Information**

a. Documentation of Site Visit

A site visit must be conducted to complete the site screening. If you do not have access to enter the property, the site visit should be conducted from the perimeter of the site with the use of

binoculars. The intent of the site visit is to determine general site conditions/on-site activities and adjacent land use encroachment issues.

Name of person(s) conducting site visit:

Date of site visit: 10-4-2000

On-site inspection conducted?:  yes  no

General site conditions: Document any observed releases and note whether you were able to walk the site. Some examples of things to be aware of include leachate seeps, or evidence of seeps such as stained soil/vegetation; stressed vegetation as a sign of gas migration to the surface, or of leachate seeps; quality and coverage of vegetation on the cap; odors which may indicate gas migration to the atmosphere; erosion of the cap; maintenance of positive drainage over the capped area; visual desiccation cracks in the cap.

Indicate comments on an attached sheet.

Please attach the following to the end of the worksheet:

photographs (required)  digital photographs (optional)  site sketch (optional)

b. Adjacent Land Uses (indicate all directions) Check all that apply.

- Agricultural:  N  S  E  W  NE  NW  SE  SW
- Industrial:  N  S  E  W  NE  NW  SE  SW
- Recreational:  N  S  E  W  NE  NW  SE  SW
- Residential:  N  S  E  W  NE  NW  SE  SW
- Undeveloped:  N  S  E  W  NE  NW  SE  SW
- Other: name - Sand & Gravel Quarry  N  S  E  W  NE  NW  SE  SW

c. Potential Groundwater Receptors

Distance to & direction of nearest municipal well: 1300 feet, direction- SW

Distance to & direction of nearest other-than-municipal well: \_\_\_\_\_ feet, direction- \_\_\_\_\_

Distance to & direction of nearest non-community well: 500 feet, direction- \_\_\_\_\_

Distance to & direction of nearest private well: 700 feet, direction- NW

Distance to & direction of nearest residence: 700 feet, direction- NW

- Homes within 300 feet of waste (gas migration potential); \_\_\_\_\_ # of homes
- Homes between 300 & 1,000 ft to waste (gas migration potential); 3 # of homes

Distance to & direction of nearest building: 500 feet, direction- S

Type of building:  on-site building  commercial  industrial  unknown

Indicate any other information on attached comment sheet.

d. Potential Surface Water Receptors

- Type:  Silver creek; 1500 ft  drainage ditch; \_\_\_\_\_ ft  intermittent stream; \_\_\_\_\_ ft
- Rush lake; 600 ft  river; \_\_\_\_\_ ft  wetland; 400 ft

### e. Observed Releases

Is there an observed release to a surface water body?  yes  no  unknown

Is there an observed leachate seep?  yes  no  unknown

Is there an observed release to soils?  yes  no  unknown

Are there any odors of concern?  yes  no  unknown

## 8. Database Selection & Screening Decision

A. Are there environmental data for the media of concern?

- |                           |   |  |                              |
|---------------------------|---|--|------------------------------|
| 1. Groundwater:           | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no            | <input type="checkbox"/> n/a |
| 2. Soil                   | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no            | <input type="checkbox"/> n/a |
| 3. Surface water/sediment | <input checked="" type="checkbox"/> yes | <input type="checkbox"/> no            | <input type="checkbox"/> n/a |
| 4. Air                    | <input type="checkbox"/> yes            | <input checked="" type="checkbox"/> no | <input type="checkbox"/> n/a |

If yes, go to B

If no, go to C

B. Based on data from A, is there a documented release to the environment?

- Yes:  Groundwater  Soil  Surface water/sediment  Air
- No

If yes, the site goes into BRRTS – go to F, do not fill out C, D & E

If no, go to C

~~C.~~ Based on answers to question 7e, did you observe a release to surface water, leachate seep, soil or air?

Yes – go to F

No – go to D

~~D.~~ Based on known or suspected sources/wastes, their physical characteristics, containment & geologic environment, do you suspect there has been or will be a release to the environment?

Yes  Groundwater  Soil  Surface water/sediment  Air

No

If yes, go to F

If no, go to E



E. If there is NOT a likelihood of a release or an observed release of concern, does the site fit any of the following archive criteria?

1. No documented waste disposal and no evidence on-site.  
 2. Documented waste removal and no evidence on-site.  
 3. Waste facility is no longer regulated and is not a threat to public health, safety, welfare or the environment. (See NR500.08(1)&(2))  
 4. Almost no site information and unable to locate site.

If yes to any of the criteria, the site is archived - update Registry

No, site does NOT fit archive criteria.

If archive criteria are not met, site goes to SHWIMS - skip F and G

F. Based on proximity to receptors, environmental data or observations, and other relevant factors, is there a need for immediate action? (Is there a known or high potential for an imminent threat to human health?)

Yes: Should state/local health departments be contacted?  yes  no

No

G. Based on known or suspected sources/wastes, their physical characteristics, containment & geologic environment at this site, is initial or further sampling recommended?

Yes:  soil  groundwater  surface water  air (landfill gas)

No

### 9. Sampling Explanation & Other Work Recommended

- a. Briefly explain on attached comment sheet the sampling recommendation. If sampling is recommended, please include an approximate number of samples and type of media.
- b. If you believe additional work is needed (addressing leachate problems, exposed waste, inadequate cover, etc.) please indicate on comment page.

### 10. CERCLIS Screening Decision

DO NOT add to CERCLIS - see attached EPA Checklist

Add to CERCLIS\* - see attached EPA Checklist

DNR Regional Office recommends that a Superfund Preliminary Assessment/Site Investigation be conducted by the Region, with potential for a Hazard Ranking Score and inclusion on the NPL.

Already on Cerclis

Signature of Team Supervisor

Date

\*Only sites that are being added to CERCLIS require the signature of the RR Team Supervisor.

**11. BRRTS & SHWIMS Information**

- Site is in BRRTS
- Site is in SHWIMS

- 
- Add site to BRRTS, follow regional procedure (If B is yes)
  - Add site to SHWIMS (If C is yes or if D is yes and if E is no)
  - Archive site (If E is yes)

- 
- Update information in BRRTS, follow regional procedure
  - Update information in SHWIMS, attach printout with changes highlighted

Print Name of Screener:

Jennie Pelczar

*Jennifer S Pelczar*

12-15-00

Signature of Screener

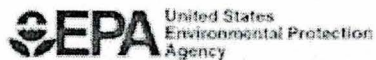
Date

Name of file reviewer, if different than screener:



Comments

- Site is currently on Cerclis listing.
- Consultant just finished 5yr sampling and will be submitting report to WDNR and EPA.
- After WDNR review, WDNR will need to determine what actions/if any/ need to be done.



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### RIPON CITY LANDFILL

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[Order Products](#)

**Site Name:** RIPON CITY LANDFILL

**Street:** S OF COUNTY HWY FF

[Site Info Home](#)

**City / State / Zip:** FOND DU LAC COUNTY, WI 54971

**EPA ID:** WID980610190

**EPA Region:** 05

**County:** FOND DU LAC

**Latitude:** 43.866806

**Longitude:** 88.870556

**NPL Status:** Currently on the Final NPL

**Federal Facility Flag:** Not a Federal Facility

**Incident Category:**

[\[Back to TOP\]](#)

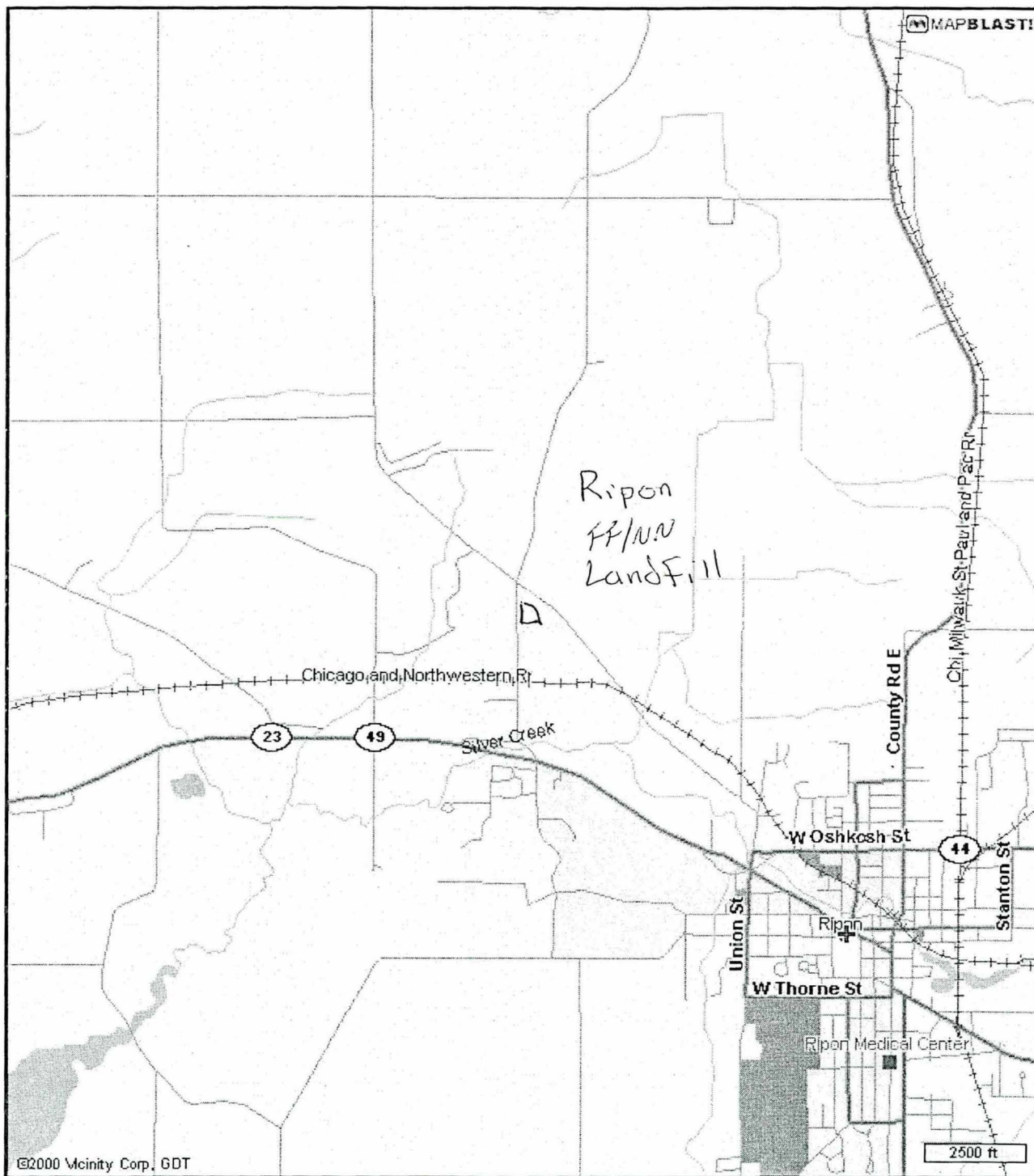
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URL: <http://www.epa.gov/superfund/sites/cursites/c3wi/s0505078.htm>  
 This page was last updated on: August 11, 2000  
 Site maintained by: Office of Emergency and Remedial Response  
[brown.margret@epa.gov](mailto:brown.margret@epa.gov)



Everyone needs a little direction in life

# Ripon, WI



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[ Icon Latitude: 43.845821, Longitude: -88.841576 ]



# FIELD PHOTOGRAPHY LOG SHEET

SITE NAME: Ripon FF/NN landfill

LOCATION: S1/2 of SE 1/4 of Sec.7, T16N, R14E

U.S. EPA ID: WID980610190

WDNR BRRTS ID #: 02-20-000915

SW LICENSE #: 467



DATE: 10-4-2000

TIME: 2:30pm

DIRECTION OF PHOTOGRAPH: Looking south from northwest corner of property along

Hwy NN. PHOTOGRAPHED BY: Jennie Pelczar

DESCRIPTION: Site is capped with much vegetation growing. Right hand side of photo is Hwy NN. Monitoring well in center of photo.



# FIELD PHOTOGRAPHY LOG SHEET

SITE NAME: Ripon FF/NN landfill

LOCATION: S1/2 of SE ¼ of Sec.7, T16N, R14E

U.S. EPA ID: WID980610190

WDNR BRRTS ID #: 02-20-000915

SW LICENSE #: 467

Old Quarry wall

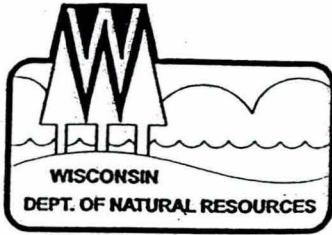


DATE: 10-4-2000 TIME: 2:30pm

DIRECTION OF PHOTOGRAPH: Looking east from Hwy NN.

PHOTOGRAPHED BY: Jennie Pelczar

DESCRIPTION: Site is capped with much vegetation growing. Old quarry wall in background



**State of Wisconsin | DEPARTMENT OF NATURAL RESOURCES**

Tommy G. Thompson, Governor  
George E. Meyer, Secretary  
Ronald W. Kazmierczak, Regional Director

625 E County Rd Y  
Suite 700  
Oshkosh, Wisconsin 54901-9731  
Telephone 920-424-3050  
FAX 920-424-4404

PLEASE DELIVER THE FOLLOWING PAGES:

To:

Name: Kathy Erdmann

Bureau/Agency: NER

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

From:

Name: Jennie Pelczar

Bureau/Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Number of Pages to Follow: 3



01/31/2001

Wisconsin Department of Natural Resources  
Bureau of Waste Management  
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NEW  
Keep

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**Facility:**

Name: RIPON TN RIPON CTY FID: 420013660 EPA ID: Site Id: 1613300  
 Facility Status: Closed Status Change Date: 01/06/1987 Owner Type: Private Operator Type: City  
 Loc Address: CAH UN+FF Mail Address: CTY BLDG 100 JACKSON  
 Loc City: RIPON TN Mail City: RIPON  
 Loc State: WI Loc Zip Code: 54971 Mail State: WI Mail Zip Code: 54971  
 County: Fond Du Lac Region: Northeast Region Area: Horicon  
 Start Date: Close Date: Report Medium Type:

**Comment:**

Last Update: 07/21/1993 Last User: OPS\$RINGQW

**Site:**

Acres: 7 Hndi Code: 20034 Initial Date:  
 Site Owner: LYLE SAUER (Arline) Ownership Type: Private  
 Loc Address: Loc City: RIPON, TOWN OF  
 PLSS: SE 1/4 of SE 1/4 of Section 7 , Township 16 Range 14E  
 Latitude Degree: Minute: Second:  
 Longitude Degree: Minute: Second:

**Activity:**

Activity Name	Act. Approved Code	Original Approval	Activity Status	Status Change	License Number	License Status	Original License	Fee Flag	Closure Flag	Plan Closure	Actual Closure Date
Landfill 50,000-500,000 Cu Yd	072	N	Inactive	01/06/1987	467			N			

**License:**

License Number	Activity Code	License Issue Date	Expiration Date	License Effective Date	License Cost	Late Cost	Renewal Sent Date	Truck Count	Licensee Type	Licensee Name
467	072	09/15/1982	09/30/1984	10/01/1984	\$500.00				City	RIPON, CITY OF

**Area Served:**

Activity Code	City	County	Other State Population
072	TN RIPON	Fond Du Lac	1270
072	CTY RIPON	Fond Du Lac	6933

**Wastes Handled:**

Activity Code	Waste Code	Name
072	W220	DEMOLITION
072	W340	GARBAGE
072	W530	NONCOMBUSTIBLE
072	W670	REFUSE
072	W790	WOOD MATTER

Wisconsin Department of Natural Resources  
Bureau of Waste Management  
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**Contact:**

Act Code: 072

Mail Name: STEPHEN T NENONER DPW

Address: CTY BLDG 100 JACKSON City: RIPON State: WI Zip: 54971

Phone: 920748777

Last Update: Last User: 1ST LOAD

---

**Owner:**

Name: LYLE SAUER

Start Date:

End Date:

Address: CTY BLDG 100 JACKSON

City: RIPON

State: WI

Zip: 54971

Phone: 9207487771

01/31/2001

Wisconsin Department of Natural Resources  
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*Remove? OLD Remove*

**Facility:**

Name: RIPON HWY NN LF FID: 431048200 EPA ID: Site Id: 4414400

Facility Status: Status Change Date: Owner Type: Operator Type:

Loc Address: CTH NN & FF Mail Address:

Loc City: RIPON Mail City:

Loc State: Loc Zip Code: Mail State: Mail Zip Code:

County: Fond Du Lac Region: Northeast Region Area:

Start Date: Close Date: Report Medium Type:

**Comment:**

Last Update: 04/30/1997 Last User: OPS\$REDD

**Site:**

Acres: Hndi Code: Initial Date:

Site Owner: Ownership Type:

Loc Address: Loc City:

PLSS: SE 1/4 of SE 1/4 of Section 7 , Township 16 Range 14E

Latitude Degree: Minute: Second:

Longitude Degree: Minute: Second:

**Activity:**

Activity Name	Act. Approved Code	Original Approval	Activity Status	Status Change	License Number	License Status	Original License	Fee Flag	Closure Flag	Plan Closure	Actual Closure Date
ERP	330							N			
Superfund	360							N			



*Transfer to Ripon TU Ripon CTY SHWIMS sheet*