

George E. Meyer  
Secretary

State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Dodgeville Area Headquarters  
3448 State Highway 23  
Dodgeville, Wisconsin 53533-9502  
TELEPHONE 608-935-3368  
TELEFAX 608-935-9652

April 28, 1995

File Ref: HW

Wayne Butz, Owner  
Reedsburg Cleaners  
349 Main St.  
Reedsburg, WI 53959

SUBJECT: Hazardous Waste Inspection, Reedsburg Cleaners, Sauk County

Dear Mr. Butz:

This letter is to document an inspection of Reedsburg Cleaners located at 349 Main Street in Reedsburg on April 26, 1995. The purpose of the inspection was to follow-up on groundwater test results that indicate tetrachloroethylene has been detected in a monitoring well in the vicinity of Reedsburg Cleaners, a dry cleaning business.

A summary of background information you provided on April 26, 1995 is as follows:

- The present location of your business was a gas station before you developed it as a dry cleaning business. The 3 underground gas tanks on site were filled with sand.
- An underground fuel oil tank was removed from the north-west corner of your property adjacent to Locust Street about 2 to 3 years ago.
- You presently utilize Safety Kleen to handle waste tetrachloroethylene and filters generated at Reedsburg Cleaners.
- The dry cleaning business has been located at the present site for about 18 years or so.
- You have used Safety Kleen for a long time (before the law required special treatment). Before that cleaning fluid was put out for City of Reedsburg trash pick-up.
- Tetrachloroethylene is presently stored in one above ground tank that holds about 75 to 100 gallons of product. As material is needed it's hauled inside in 5 gallon buckets. The valve handle on the tank has been removed and is stored inside because someone opened the valve about a year ago and allowed solvent to run on the concrete. You estimated that 10 to 15 gallons of tetrachloroethylene was lost. The area under the tank is concrete and the area where the material would have flowed is also concrete. Some cracks exist in the concrete in areas where solvent could have flowed.

The following information should be provided within 30 days of the date of this letter:

- Records from Safety Kleen regarding the quantity of waste hauled from your business over the last two years. This will provide the quantity of tetrachloroethylene that is generated per month so that your generator status can be determined.
- Records such as bills or statements covering the first year that you utilized Safety Kleens waste solvent pick-up service.

It appears that the present storage of tetrachloroethylene may need to be changed. Some kind of containment in case of spillage or container leaks should be provided. It would be better to locate the tank in a more secure area or inside the building. The Department maybe contacting you in the future regarding the detection of tetrachloroethylene in groundwater in the vicinity of your business. Your cooperation in this matter is appreciated. If any problems or questions arise, please feel free to contact me at the Dodgeville Area Headquarters. My telephone number is 608/935-3368.

Sincerely,

*Jim Bakken*

James Bakken  
Waste Management Specialist

cc: Jenny King SOD  
Ted Amman SOD

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VERY SMALL QUANTITY GENERATOR INSPECTION FORM  
HAZARDOUS WASTE MANAGEMENT PROGRAM  
WISCONSIN DEPARTMENT OF NATURAL RESOURCES

Complete this form only for entities which generate less than 100 kg. (220 lbs.) per month and never accumulate more than 1000 kg. of hazardous waste at any time.

I. GENERAL INFORMATION

DEPARTMENT INFORMATION

DNR District: Southern

Inspection date: 4-26-95

DNR Inspector(s): Jim Bakken

GENERATOR INFORMATION EPA ID: NONE FID: None

Corporate/Generator Name: Reedsburg Cleaners

Generator Location:

Street: 349 Main St

City: Reedsburg County: Sauk Zip: 53959

Site personnel: Wayne Butz Title: owner  
present

Generator Mailing Address:

Street: 349 Main St

City: Reedsburg County: Sauk Zip: 53959

Phone: 524-2212 mornings

Operator: Wayne Butz Title: owner

Phone: 1-800-894-0665

Legal Owner: B and B Inc Title: \_\_\_\_\_

Street: 140 Maine St

City: Mauston State: WI Zip: 53948

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

Company Product/Main Process: Dry Cleaner

- b. Has been issued an operating license as a hazardous waste facility or has an interim license, variance, waiver, or exemption from licensing.
- c. Is licensed as a solid waste disposal facility which has been approved by the Department to accept hazardous wastes from very small quantity generators.

Comments Waste solvent and filters picked up by Safety Kleen

D. Notification: NR 610.07(1)(e)

- 1. If the very small quantity generator chooses to initiate a uniform manifest form with off-site shipments of hazardous waste, has the generator submitted a notification form to the Department and obtained an identification number?  
NR 610.07(1)(e) Yes  No NA

E. Manifest System: NR 610.07(1)(d) and NR 615.08

- 1. Does the very small quantity generator initiate a uniform manifest form with off-site shipments of hazardous waste? Yes  No NA

*If the answer to 1 is Yes, then answer questions 2 through 6 below. If No or NA, go to section F. Manifesting is not required by Wisconsin or Federal law. If the state to which the shipment is manifested (consignment state) supplies the uniform manifest form and requires its use, then the generator shall use that manifest form. If the consignment state does not supply the uniform manifest form, then the generator shall use the Wisconsin uniform manifest form.*

- 2. Are the manifests properly completed? Yes No
- 3. Are copies of all manifests for the past 3 years retained at the facility and available for review? Yes No
- 4. Do manifest records verify hazardous waste shipments of less than 1000 kg (2,205 lbs.)? Yes No
- 5. Does the manifest specify a designated facility which is permitted, licensed, or exempt from permitting or licensing and approved to take the waste? NR 610.07(1)(c) Yes No
- 6. Does the facility properly route manifest copies to the department and the consignment state (if waste was shipped out of state)? Yes No
- 7. Are procedures for exception reporting followed properly, if an exception has occurred? Yes No NA

Comments: \_\_\_\_\_

F. Mixture Rule: NR 610.07(2)

II. REQUIREMENTS

A. Waste Determination: NR 610.07(1)(a) and 610.05

Note: The inspector should determine if the generator has made a hazardous waste determination on all solid waste generated, including compliance with the TCLP requirements of NR 605.08(5) and NR 675.07. 268.7.

- 1. Has an adequate determination been made to identify, and if necessary, test a representative sample of each waste in order to obtain enough information to treat, store or dispose of the waste properly off-site?  Yes  No  NA
- 2. Are records of any test results, waste analysis or other determinations retained for at least 3 years from the date that the waste was last sent to an off-site treatment, storage or disposal facility, and available for review? Yes   No  NA

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Waste Stream Information

Waste Type	Potential Hazardous Constituents/ Characteristics	Generation Rate	EPA Waste Code
1. Tetrachloroethylene			F002
2. Filters	Tetrachloroethylene		D039
3.			
4.			
5.			

Attach waste profile or analysis for each waste stream or indicate how the facility has complied with NR 610.05, Hazardous Waste Determination, for each waste stream.

C. Waste Handling: NR 610.07(b)and(c)

Indicate how the hazardous waste is handled.

- Treated, stored or disposed in an on-site facility.
- Recycled in an on-site recycling facility which has received an operating license, interim license, variance or waiver, or is exempt from licensing.
- Delivered to an off-site treatment, storage, disposal or recycling facility which:
  - a. For facilities located outside of Wisconsin, is permitted by the EPA under 40 CFR, part 270, is exempt from permitting or has interim status under RCRA or is permitted or approved by an authorized state.

IV. FACILITY STATUS EVALUATION

A. Facility Classification Based on District Verification: pending

Note: If the inspection-verified classification is different from the current notification status, a status change form (Form 4430-12) should be completed and attached.

Signature: Jim Bakken Date 4-26-95

This facility is also subject to regulation as a:

- treatment facility
- exempt treatment facility (specify) \_\_\_\_\_
- storage facility
- disposal facility
- transporter

1. Does the very small quantity generator mix hazardous waste exempt from full regulation under sub. (1) with non-hazardous solid waste and remain exempt under sub. (1), ~~even if the resultant mixture exceeds the 100 kilogram per month limit~~ as long as the resultant mixture does not meet any of the characteristics of a hazardous waste contained in s. NR 605.08. A very small quantity generator mixing a hazardous waste exempt from full regulation under sub. (1) with a non-hazardous solid waste is exempt from the hazardous waste treatment requirements of chs. NR 600 to 685 if the mixture meets the requirements of this subsection.

*Note: If any person mixes a hazardous waste not exempt from full regulation under sub. (1) with a solid waste the resultant mixture is subject to full regulation.*

*If a very small generator mixes hazardous waste with used oil, the resultant mixture is subject to 40 CFR 266, Subpart E, if the resultant mixture is destined to be burned for energy recovery.*

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. WASTE MINIMIZATION

Inspector: Discuss with facility personnel any attempts they have made or intend to make concerning waste minimization. Make appropriate suggestions for their consideration and provide them with Department literature and information sources.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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
Facility Name (As shown in a current EPA Notification Printout) <b>Reedsburg Cleaners</b>				EPA ID Number <b>WI</b>		FID Number	
Street/Location <b>349 Main St</b>				Notification Status (As shown in a current EPA Notification Printout) (Circle all that apply) <b>VSQG</b> LQG SQG TRANS TSD			
1/4 of		1/4 of Section		Town		Range	
City, Zip Code <b>Reedsburg 53959</b>				District/County <b>50/Sauk</b>			
Contact Name/Phone <b>Wayne Butz (608) 524-2212</b>				Type of Contact <input checked="" type="checkbox"/> Field Inspection <input type="checkbox"/> Other <input type="checkbox"/> Conference		Contact Date <b>4-26-95</b>	

**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 checked="" 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 checked="" type="checkbox"/> Compliance Evaluation Insp (1) | <input checked="" 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 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
		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):**

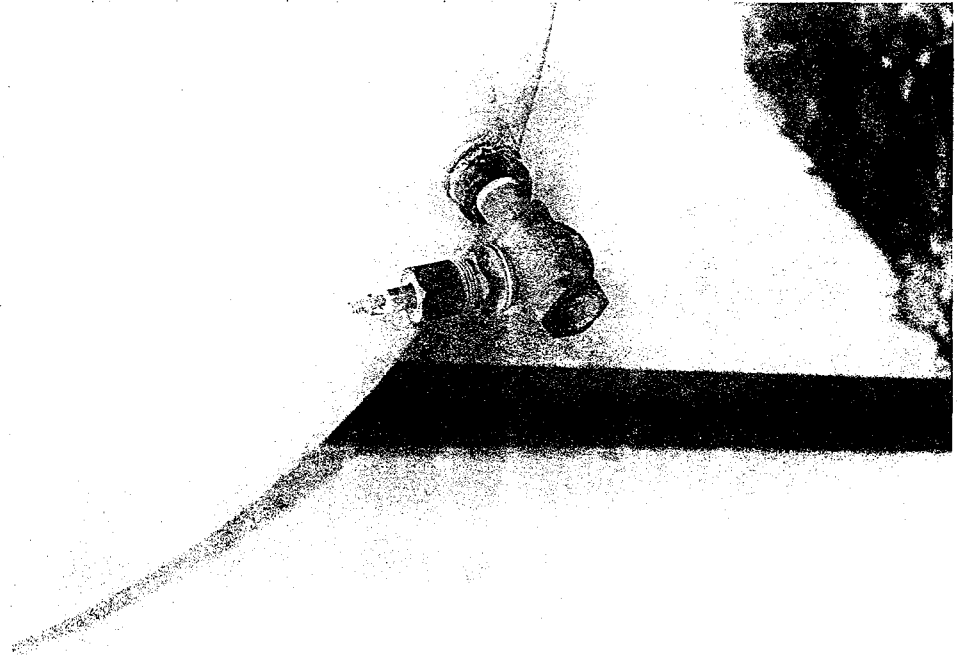
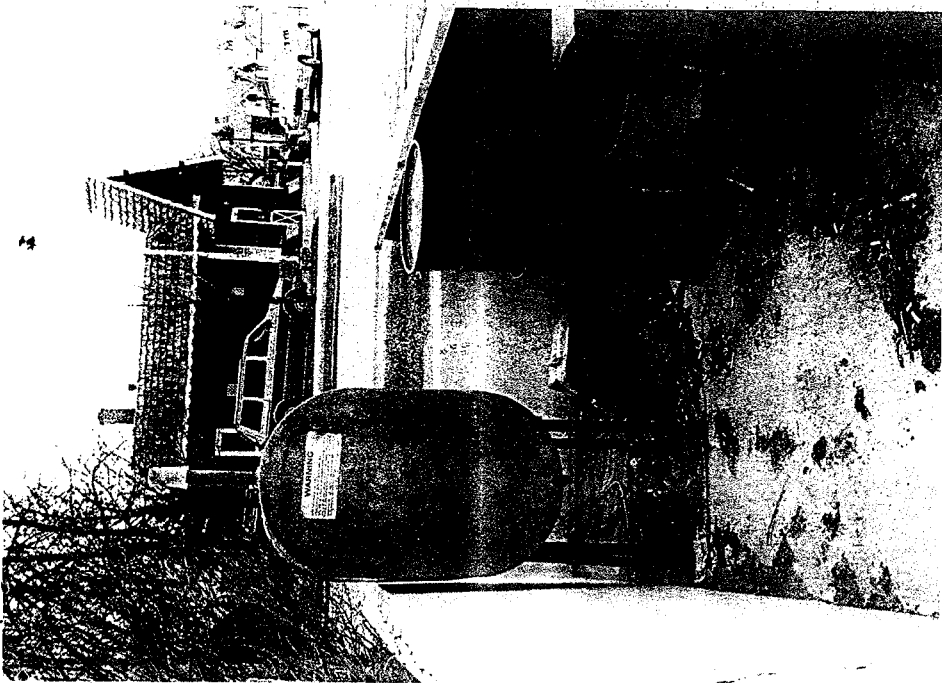
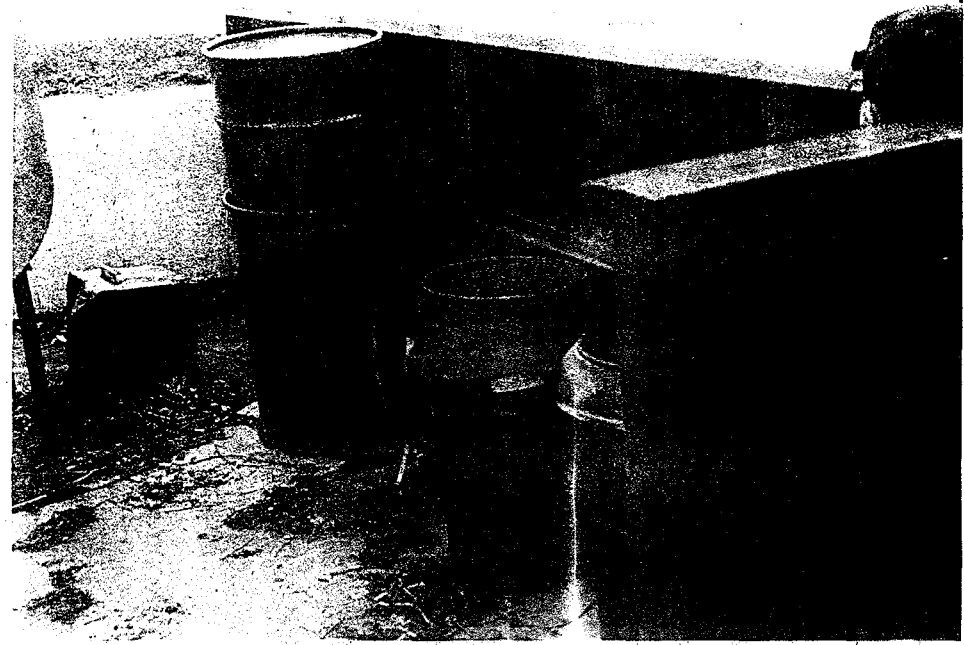
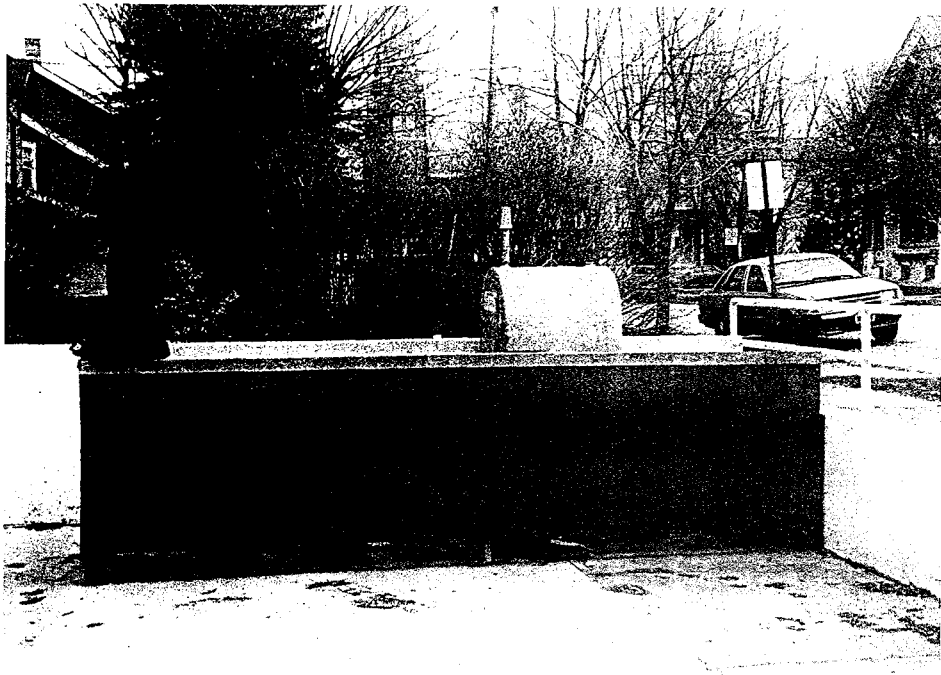
This facility is:  High Priority Violator (H)  Violating CA Schedule (C)  Violating Insurance/Liability Regs (I)

District/Area Comments: \_\_\_\_\_

HW-SW/3 Comments: \_\_\_\_\_

District/ Area Signature(s) <b>Jim Bakken</b>	Date <b>4-28-95</b>
Documentation <input type="checkbox"/> Inspection Form; Attachment # _____ <input type="checkbox"/> Letter/NON/NOV to Facility <input type="checkbox"/> Status Change Form <input type="checkbox"/> Other _____	District Review Date





4-26-95

4-26-95

