

Spill ID Number
93111604
Y Y M M D D 0-99

0408-049117

04-08-040535

Date of Incident <u>11/16/93</u>	Day of Week <u>Tues.</u>	Time of Incident <u>11:00 approx</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Reported By (Name) <u>Jim McTeely</u>	Telephone Number <u>(414) 849-9355</u>
Date Reported <u>11/16/93</u>	Day of Week <u>Tues</u>	Time Reported <u>11:00</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Agency or Firm Reporting <u>Chilton Plating</u>	Reported thru Div. Emergen. Gov't. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Substance Involved <u>secondary plating solnt.</u>		Quantity <u>5 gallons approx.</u>	Units <u>approx.</u>	Person or Firm Responsible <u>same</u>	
Substance Involved		Quantity	Units	Contact Name <u>same</u>	Telephone Number ()

Physical Characteristics

Solid Liquid Semisolid Gas

Color _____ Odor _____

Address - Street or Route
420 E Main Street

City, State, Zip Code
Chilton, WI 53014

Cause of Incident
Spillage/Leaking

Exact Location Description (intersection, mileage, etc.)
(420 E Main Street, Chilton)

County Location
Calumet

DNR Dist LMD DNR Area OSK60A Groundwaters Affected
 Yes No Potential

Surface Waters Affected
 Yes No Potential

Name of Surface Water _____

Action Taken By Spiller

No Action Taken Notification Investigate

Containment; Type pick up soils, over excavate in drainage area

Cleanup; Method _____

Amount Recovered _____

Monitor _____

Contractor Hired; Name _____

Other Action _____

Spill Location

Industrial Facility/Paper Mill/Chem. Co. Electroplater

Gas/Service Station/Garage, Auto Dealer, Repair Shop

Ag Coop/Facility/Cheese Factory/Creamery

Other Small Business (bank, grocery, insurance co., etc.)

Public Property (city, county, state, church, school, etc.)

Utility Co., Power Generating/Transfer Facility

Private Property (home/farm)

Pipeline, Terminal, Tank Farm, Oil Jobber/Wholesaler

Transportation Accident, Fuel Supply Tank Spill

Transportation Accident, Load Spill

Construction, Excavation, Wrecking, Quarry, Mine

Other _____

Action Taken By DNR

No Action Taken Investigation Supervise/Conduct Cleanup

Spiller Required To Take Action; Type pickup soils, analyze run off water

Contractor Hired By DNR; Name _____

Amount Recovered _____

29.29 Enforcement

Other Agencies on Scene _____

Local _____

State _____

Federal _____

Spilled Substance Destination

Air Soil Groundwater Surface Water Storm Sewer Sanitary Sewer Contained/Recovered Other _____

Person Filing This Report (print name)
Annette Weissbach

Signature
A Weissbach

Date Signed
11/18/93

Additional Comments:
See attached correspondence and Chilton plating file @ LMD-ERP 08-0040

CHEMISTS
ENGINEERS

BADGER LABORATORIES & ENGINEERING

CO.
INC.

1110 S. ONEIDA STREET • APPLETON, WISCONSIN 54915-1392 • EST. 1966

[414] 739-9213 • FAX [414] 739-5399 • 1-800-776-7196

CHILTON PLATING, INC.
420 EAST MAIN STREET
P.O. BOX 27
CHILTON, WI 53014

REPORT NUMBER: 94004728
REPORT DATE: 09/01/94
SAMPLED BY: BL&E

ATTN: MR. JAMES McNEELY

1 SOIL

SAMPLE NUMBER: 24012185
DESCRIPTION: NORTH RINSE WATER SPILL
SAMPLE DATE: 08/09/94
DATE RECEIVED: 08/09/94

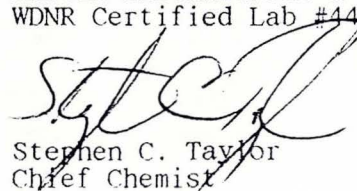
<u>TEST</u>	<u>RESULT</u>	<u>UNITS</u>	<u>REGULATORY LEVEL</u>
CHLORINE	0.05	%	1.0
CYANIDE, TOTAL	9.0	ppm	-
FLASH POINT	>200	°F.	140
FREE LIQUIDS	0	%	-
pH-LAB	7.8	S.U.	2.0 - 12.5
PHENOL, TOTAL	2.78	ppm	-
SPECIFIC GRAVITY	1.42	g/cc	-
SULFIDE	<50	ppm	-
TCLP ARSENIC	<0.030	mg/l	5.0
TCLP BARIUM	0.6	mg/l	100.0
TCLP CADMIUM	0.31	mg/l	1.0
TCLP CHROMIUM	0.09	mg/l	5.0
TCLP COPPER	0.22	mg/l	-
TCLP LEAD	<0.07	mg/l	5.0
TCLP MERCURY	<0.0003	mg/l	0.2
TCLP NICKEL	2.7	mg/l	-
TCLP SELENIUM	<0.003	mg/l	1.0
TCLP SILVER	<0.02	mg/l	5.0
TCLP ZINC	21	mg/l	-
TOTAL SOLIDS	95.4	%	-

TCLP ORGANICS:

TCLP Volatile Organics --See Enclosed LNS Report--
TCLP Base Neutrals --See Enclosed LNS Report--
TCLP Pest/Herbicides --See Enclosed LNS Report--

All tests run by regulatory agency approved procedures.

BADGER LABORATORIES & ENGINEERING
WDNR Certified Lab #445023150


Stephen C. Taylor
Chief Chemist

SCT:mw

Enclosures

LNS ENVIRONMENTAL SERVICES, INC.

903 North Bowser, Suite 230
 Richardson, Texas 75081
 (214) 699-3772

Environmental
 Specialist

Toll Free: 1-800-929-1276

Fax: 214-669-3575

BADGER LABS & ENG. CO., INC.
 1110 SOUTH ONEIDA STREET
 APPLETON, WI 54915
 ATTN: STEPHEN TAYLOR

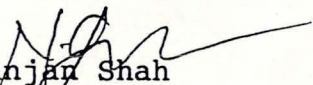
DATE RECEIVED: 08/12/94
 DATE REPORTED: 08/19/94
 REPORT NUMBER: 1372-4
 DATE ANALYZED: 08/17/94
 ANALYST: GK

SAMPLE ID: #12185 - Chilton Plating - North Rinse Water Spill

TCLP EXTRACT VOA LIST

PARAMETERS	EPA HW NUM	PREPARA -TION METHOD	METHOD	REGULATORY LEVEL mg/l	DETECTION LIMIT mg/l	RESULTS mg/l
Benzene	D018	8240	8240	0.5	0.005	<0.005
Carbon Tetrachloride	D019	8240	8240	0.5	0.005	<0.005
Chlorobenzene	D021	8240	8240	100.0	0.005	<0.005
Chloroform	D022	8240	8240	6.0	0.005	<0.005
1,2-Dichloroethane	D028	8240	8240	0.5	0.005	<0.005
1,1-Dichloroethylene	D029	8240	8240	0.7	0.005	<0.005
Methyl ethyl ketone	D035	8240	8240	200.0	0.005	<0.005
Pyridine	D038	8240	8240	5.0	0.005	<0.005
Trichloroethylene	D040	8240	8240	0.5	0.005	<0.005
Tetrachloroethylene	D039	8240	8240	0.7	0.005	<0.005
Vinyl chloride	D043	8240	8240	0.2	0.005	<0.005

EXTRACTION METHOD: 1311


 Niranjan Shah
 LNS ENVIRONMENTAL SERVICES, INC

LNS ENVIRONMENTAL SERVICES, INC.

903 North Bowser, Suite 230
 Richardson, Texas 75081
 (214) 699-3772

Toll Free: 1-800-929-1276

Environmental
 Specialist
 Fax: 214-669-3575


BADGER LABS & ENG. CO., INC.
 1110 SOUTH ONEIDA STREET
 APPLETON, WI 54915
 ATTN: STEPHEN TAYLOR

DATE RECEIVED: 08/12/94
 DATE REPORTED: 08/19/94
 REPORT NUMBER: 1372-4
 DATE ANALYZED: 08/17/94
 ANALYST: GK

SAMPLE ID: #12185 - Chilton Plating - North Rinse Water Spill
 TCLP EXTRACT BNA LIST

PARAMETERS	EPA HW NUM	PREPARA-TION METHOD	METHOD	REGULATORY LEVEL mg/l	P.Q.L. mg/l	RESULTS mg/l
2-Methylphenol(o-Cresol)	D023	3510	8270	200.0	0.010	<0.010
3 & 4-Methylphenol (meta & para Cresol)	D024 D025	3510	8270	200.0	0.010	<0.010
Cresol	D026	3510	8270	200.0	0.010	<0.010
1,4-Dichlorobenzene	D027	3510	8270	7.5	0.010	<0.010
2,4-Dinitrotoluene	D030	3510	8270	0.13	0.010	<0.010
Hexachlorobenzene	D032	3510	8270	0.13	0.010	<0.010
Hexachloro-1,3 butadiene	D033	3510	8270	0.5	0.010	<0.010
Hexachloroethane	D034	3510	8270	3.0	0.010	<0.010
Nitrobenzene	D036	3510	8240	2.0	0.005	<0.005
Pentachlorophenol	D037	3510	8270	100.0	0.050	<0.050
2,4,5-Trichlorophenol	D041	3510	8270	400.0	0.010	<0.010
2,4,6-Trichlorophenol	D042	3510	8270	2.0	0.010	<0.010

EXTRACTION METHOD: 1311


 Niranjan Shah
 LNS ENVIRONMENTAL SERVICES, INC

LNS ENVIRONMENTAL SERVICES, INC.

903 North Bowser, Suite 230
Richardson, Texas 75081
(214) 699-3772

Toll Free: 1-800-929-1276

Environmental
Specialist
Fax: 214-669-3575

BADGER LABS & ENG. CO., INC.
1110 SOUTH ONEIDA STREET
APPLETON, WI 54915
ATTN: STEPHEN TAYLOR

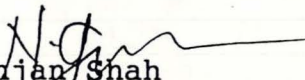
DATE RECEIVED: 08/12/94
DATE REPORTED: 08/19/94
REPORT NUMBER: 1372-4
DATE ANALYZED: 08/17/94
ANALYST: JSP

SAMPLE ID: #12185 - Chilton Plating - North Rinse Water Spill

TCLP EXTRACT PEST/HERB LIST

PARAMETERS	EPA HW NUM	PREPARATION METHOD	METHOD	REGULATORY LEVEL mg/l	DETECTION LIMIT mg/l	RESULTS mg/l
Chlordane	D020	3510	8080	0.03	0.0005	<0.0005
2,4-D	D016	8150	8150	10.0	0.0001	<0.0001
Endrin	D012	3510	8080	0.02	0.001	<0.001
Heptachlor (& its hydroxide)	D031	3510	8080	0.008	0.00005	<0.00005
Lindane	D013	3510	8080	0.4	0.0001	<0.0001
Methoxychlor	D014	3510	8080	10.0	0.00005	<0.00005
Toxaphene	D015	3510	8080	0.5	0.001	<0.001
2,4,5-TP (Silvex)	D017	8150	8150	1.0	0.0001	<0.0001

EXTRACTION METHOD: 1311


Niranjan Shah
LNS ENVIRONMENTAL SERVICES, INC

Note: This form is required by the Department of Natural Resources for leaking underground storage tank sites in compliance with ch. NR 500-540, NR 158 and NR 419, Wis. Adm. Code.

Sample Collector(s) Red Hamilton	Title/Work Station/Company BL&E	Telephone Number (include area code) 414-739-9213
Property Owner Chilton Plating	Property Address	Telephone Number (include area code)

I hereby certify that I received, properly handled, and disposed of these samples as noted below:

Relinquished By (Signature) <i>[Signature]</i>	Date/Time 8/9/94 4:30	Received By (Signature) <i>[Signature]</i>
Relinquished By (Signature)	Date/Time	Received By (Signature)
Relinquished By (Signature)	Date/Time	Received for Laboratory By (Signature)

Temperature of temperature blank: _____

If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all of the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Field ID Number	Date Collected	Time Collected	Sample		Preserv. Type	Location/Description (see footnote 2)	Analysis Type	Lab ID Number	No./Type of Containers	Sample Condition			
			Type	Device						Cracked /Broken	Improperly Sealed	Good Condition	Other Comments
	8/9/94	3:40	Soil	Grab	ICE	North Rinse Water zinc Spill	see Below						

Note: Waste Management Protocol A

¹ Specify groundwater, surface water, soil, leachate, sludge, etc.
² Sample description must clearly correlate the sample ID to the sampling location.

DEPARTMENT USE/OPTIONAL FOR SOIL SAMPLERS	DEPARTMENT USE ONLY
Disposition of unused portion of sample Laboratory should:	Split samples: Offered? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
<input type="checkbox"/> Dispose	Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
<input type="checkbox"/> Retain for _____ days	Accepted By: _____
<input type="checkbox"/> Return	Signature
<input type="checkbox"/> Other	

SAMPLE RECEIPT FORM

Client Information

Name: Chilton Plating
 Company: _____
 Address: _____
 Phone: _____
 P.O.#: _____
 Project/Site: _____
 Report & Bill To: _____
 Additional Reports To: _____

Turnaround Time
 Normal
 Rush
 Date Needed _____
 (Preapproved by Lab)

Sample Type
 Groundwater Lab Filtered
 Field Filtered
 Wastewater Grab
 Composite
 Flow Proportional
 Time Proportional
 Solid Waste
 Other Soil

DATE RECEIVED	BL&E REPORT #	BL&E SAMPLE #	Temperature upon receipt *	Number of containers	COOLING METHOD				DELIVERY METHOD				PRESERVATION								ANALYTICAL REQUESTS (Use back if necessary)					
					Cooler	Ice	Cool Paks	None	BL&E	Client	UPS	Other	BL&E-field	BL&E-lab	Client	BL&E w/Preserv.	Non-Preserved	H2SO4	HNO3	NaOH		Other				
8-9	4728	12185	-	4	X	X			X					X				4								Pro. A (68)

CHAIN OF CUSTODY RECORD

Sampled By: _____ Date/Time: _____
 Relinquished By: _____ Date/Time: _____
 Received By: LSB

ADDITIONAL COMMENTS:

* TEMPERATURES OVER 4°C ARE ABOVE EPA/DNR PROTOCOL UNLESS RECEIVED ON ICE.



BADGER LABORATORIES & ENGINEERING CO. INC.

1110 S. ONEIDA STREET • APPLETON, WISCONSIN 54915 • EST. 1966
(414) 739-9213 • FAX (414) 739-5399 • 1-800-776-7196

October 5, 1994

RECEIVED
OCT 10 1994
LMD SOLID WASTE

Annette Weissbach
WISCONSIN DEPT. OF NATURAL RESOURCES
--Lake Michigan District Headquarters
1125 N. Military Avenue; P.O. Box 10448
Green Bay, WI 54307-0448

SUBJECT: Chilton Plating Inc. - East Rinse Solution Spill

Dear Ms. Weissbach,

A soil sample was collected from the bottom of an excavation on the east side of Chilton Plating Inc., Chilton Wisconsin. The excavation was conducted to attempt to remove soil contaminated from a recent spill from a zinc plating line. A summary of the analysis is as follows:

Chilton Plating Zinc Results		
Sample Location	Sample Date	Zinc Concentration
Bottom of excavation east of plant	7/14/94	1396 mg/l

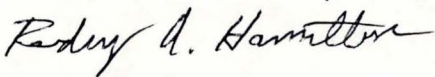
Additional excavation will be conducted at this spill site to attempt to reach the extent of contamination. Soil excavated from the east spill site will be disposed with excavated soil from the north spill site at Ridgeview Landfill; Whitelaw, Wisconsin. A "Generator's Waste Profile Sheet" has been submitted to Ridgeview Landfill. I believe approval for disposal will be granted by the week of October 17, 1994. After approval documentation is received addition excavation will be conducted at the east and north spill sites. A soil sample will be collected from the bottom of each excavation after additional soil is removed and analyzed for zinc.

Annette Weissbach
Wisconsin Department of Natural Resources

March 10, 1994
Page 2

If you have any questions, feel free to call.

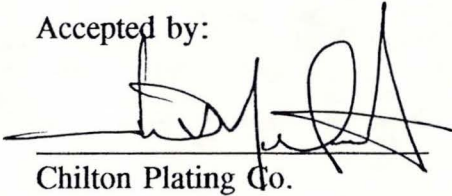
Very truly yours,
Badger Laboratories & Engineering
WDNR Certification No. 445023150



Rodney A. Hamilton, P.E.
Environmental Engineer

RAH/sg

Accepted by:



Chilton Plating Co.

cc: Mr. Jim McNeely; Chilton Plating Co., Inc;

CHEMISTS
ENGINEERS

BADGER LABORATORIES & ENGINEERING CO. INC.

1110 S. ONEIDA STREET • APPLETON, WISCONSIN 54915-1392 • EST. 1966
[414] 739-9213 • FAX [414] 739-5399 • 1-800-776-7196

CHILTON PLATING, INC.
420 EAST MAIN STREET
P.O. BOX 27
CHILTON, WI 53014

REPORT NUMBER: 94004216
REPORT DATE: 08/05/94
SAMPLED BY: BL&E

ATTN: MR. JAMES McNEELY

1 SOIL

SAMPLE NUMBER: 24010956
DESCRIPTION: EAST ZINC SPILL EXCAVATION
SAMPLE DATE: 07/14/94
DATE RECEIVED: 07/15/94

<u>TEST</u>	<u>RESULT</u>	<u>UNIT</u>
ZINC, TOTAL	1396	ppm

All tests run by regulatory agency approved procedures.

BADGER LABORATORIES & ENGINEERING
WDNR Certified Lab #445023150

Stephen C. Taylor

Stephen C. Taylor
Chief Chemist

SCT:cb

Note: This form is required by the Department of Natural Resources for leaking underground storage tank sites in compliance with ch. NR 500-540, NR 158 and NR 419, Wis. Adm. Code.

Sample Collector(s) <i>Rod Hamilton</i>	Title/Work Station/Company <i>Budger Labs & Eng</i>	Telephone Number (include area code) <i>914-735-9359</i>
Property Owner <i>Chilton Planting</i>	Property Address	Telephone Number (include area code)

I hereby certify that I received, properly handled, and disposed of these samples as noted below:

Relinquished By (Signature) <i>[Signature]</i>	Date/Time <i>7/15/04 12:30</i>	Received By (Signature)
Relinquished By (Signature)	Date/Time	Received By (Signature)
Relinquished By (Signature)	Date/Time	Received for Laboratory By (Signature) <i>Jenna Kapske</i>

Temperature of temperature blank: _____

If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all of the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Field ID Number	Date Collected	Time Collected	Sample		Preserv. Type	Location/Description (see footnote 2)	Analysis Type	Lab ID Number	No./Type of Containers	Sample Condition			
			Type ¹	Device						Cracked /Broken	Improperly Sealed	Good Condition	Other Comments
	<i>7/4</i>	<i>3:00</i>	<i>Soil</i>	<i>Core</i>		<i>East Zinc spill excavation</i>	<i>Zinc</i>						

¹Specify groundwater, surface water, soil, leachate, sludge, etc.

²Sample description must clearly correlate the sample ID to the sampling location.

NOTE: Report also to Rod

DEPARTMENT USE/OPTIONAL FOR SOIL SAMPLERS	DEPARTMENT USE ONLY
Disposition of unused portion of sample Laboratory should:	Split samples: Offered? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
<input type="checkbox"/> Dispose	Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
<input type="checkbox"/> Retain for ___ days	Accepted By: _____
<input type="checkbox"/> Return	Signature
<input type="checkbox"/> Other	

BADGER LABORATORIES & ENGINEERING CO., INC.

SAMPLE RECEIPT FORM

Client Information

Name: _____
 Company: Chilton Plating
 Address: _____
 Phone: _____
 P.O.#: _____
 Project/Site: _____
 Report & Bill To: _____
 Additional Reports To: Rod
copy of

Turnaround Time
 Normal
 Rush
 Date Needed _____
 (Preapproved by Lab)

Sample Type
 Groundwater Lab Filtered
 Field Filtered
 Wastewater Grab
 Composite
 Flow Proportional
 Time Proportional
 Solid Waste *sw*
 Other _____

DATE RECEIVED	BL&E REPORT #	BL&E SAMPLE #	Temperature upon receipt *	Number of containers	COOLING METHOD				DELIVERY METHOD				PRESERVATION								ANALYTICAL REQUESTS (Use back if necessary)			
					Cooler	Ice	Cool Paks	None	BL&E	Client	UPS	Other	BL&E-field	BL&E-lab	Client	BL&E w/Preserv.	Non-Preserved	H2SO4	HNO3	NaOH		Other		
7-15	4216	10956	—	1				X	X															Zn

CHAIN OF CUSTODY RECORD

Sampled By: _____		Date/Time: _____	
Relinquished By: _____	Date/Time: _____	Received By: <u>JK</u>	

ADDITIONAL COMMENTS:

* TEMPERATURES OVER 4°C ARE ABOVE EPA/DNR PROTOCOL UNLESS RECEIVED ON ICE.

file



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Lake Michigan District Headquarters
Solid Waste Office
1125 N. Military Avenue
P.O. Box 10448
Green Bay, WI 54307-0448
Telephone #: (414)492-5916
Telefax #: (414)492-5859

George E. Meyer, Secretary
William R. Selbig, District Director

November 17, 1993

Jim McNeely
Vice President
Chilton Plating Co., Inc.
420 E. Main Street
Chilton, WI 53014

SUBJECT: 11/16/93 plating solution spill

Dear Mr. McNeely:

In response to your report of plating solution spill, please provide a written summary addressing the following:

1. How and why the spill occurred
2. The quantity and type of material
3. The point of discharge and the media (ie. soil) affected
4. Containment measures used
5. Quantity of media excavated
6. Results of analyses performed (ie.. rinse waters, soils below lower limit of excavation)
7. Ultimate disposal of the affected media

Thank you for your timely report of the spill and your continued cooperation with other environmental matters at Chilton Plating. I've enclosed a copy of the spill report for your records. Please provide the response within 7 days of receipt of the analytical reports.

Sincerely,

Annette E. Weissbach
Project Manager, Emergency
and Remedial Response Program

attach.



BADGER LABORATORIES & ENGINEERING

CO.
INC.

1110 S. ONEIDA STREET • APPLETON, WISCONSIN 54915-1392 • EST. 1966

[414] 739-9213 • FAX [414] 739-5399 • 1-800-776-7196

April 26, 1995

Annette E. Weissbach
Wisconsin Department of Natural Resources
Lake Michigan District Headquarters
1125 N. Military Avenue
P.O. Box 10448
Green Bay, WI 54307-0448

RECEIVED DNR
MAY 03 1995
LAKE MICH. DIST.

Subject: Chilton Plating Solution Spill Excavation Summary

Dear Annette:

Attached are laboratory analysis and disposal documentation for soil excavated at Chilton Plating in Chilton, Wisconsin on November 7, 1994. The following table summarizes laboratory results and each excavation dimensions:

EXCAVATION SUMMARY			
EXCAVATION	ZINC ANALYSIS (ppm)	SAMPLE DEPTH (feet)	EXCAVATION DIMENSIONS (LxWxD, feet)
NORTH	666	4.75	11 x 6 x 4.75
EAST	24	4.25	9 x 6 x 4.25
See Attachment A, Badger Laboratories & Engineering Report #94006574.			

Each soil sample was a composite of soils sampled from the bottom of each excavation. Soil excavated was stored on site pending disposal approval by Ridgeview Recycling and Disposal Facility in Whitelaw, Wisconsin.

A composite sample was collected from soil excavated and sampled from the north excavation on August 8, 1994. The sample was analyzed for Waste Management Protocol B parameters. See Attachment B, BL&E Report #94004728 for Protocol B parameters. See Attachment C for Ridgeview Recycling and Disposal Facility approval documentation. All excavated soils were ultimately disposed of at the Ridgeview Facility.

If you have any questions feel free to call.

Sincerely yours,

Rodney A. Hamilton, P.E.

cc: Jim McNeely, Chilton Plating

ATTACHMENT A

CHEMISTS
ENGINEERS

BADGER LABORATORIES & ENGINEERING

CO.
INC.

1110 S. ONEIDA STREET • APPLETON, WISCONSIN 54915-1392 • EST. 1966

[414] 739-9213 • FAX [414] 739-5399 • 1-800-776-7196

CHILTON PLATING, INC.
420 EAST MAIN STREET
P.O. BOX 27
CHILTON, WI 53014

REPORT NUMBER: 94006574
REPORT DATE: 11/25/94
SAMPLED BY: BL&E

ATTN: MR. JAMES McNEELY

2 SOILS

SAMPLE NUMBER: 24016932
DESCRIPTION: NORTH EXCAVATION
SAMPLE DATE: 11/07/94
DATE RECEIVED: 11/07/94


<u>TEST</u>	<u>RESULT/Q.A. FLAG</u>	<u>UNIT</u>
ZINC, TOTAL	666	ppm

SAMPLE NUMBER: 24016933
DESCRIPTION: EAST EXCAVATION
SAMPLE DATE: 11/07/94
DATE RECEIVED: 11/07/94

<u>TEST</u>	<u>RESULT/Q.A. FLAG</u>	<u>UNIT</u>
ZINC, TOTAL	24	ppm

All tests run by regulatory agency approved procedures.

BADGER LABORATORIES & ENGINEERING
WDNR Certified Lab #445023150


Stephen C. Taylor
Chief Chemist

SCT:cb

DADGER LABORATORIES & ENGINEERING CO., INC.
SAMPLE RECEIPT FORM

Client Information

Name: _____
 Company: Chilton Plating
 Address: _____
 Phone: _____
 P.O.#: _____
 Project/Site: _____
 Report & Bill To: _____
 Additional Reports To: _____

Turnaround Time _____
 Normal
 Rush
 Date Needed _____
 (Preapproved by Lab)

Sample Type
 Groundwater Lab Filtered
 Field Filtered
 Wastewater Grab
 Composite
 Flow Proportional
 Time Proportional
 Solid Waste
 Other Soil

DATE RECEIVED	BL&E REPORT #	BL&E SAMPLE #	Temperature upon receipt*	Number of containers	COOLING METHOD				DELIVERY METHOD				PRESERVATION							ANALYTICAL REQUESTS (Use back if necessary)		
					Cooler	Ice	Cool Paks	None	BL&E	Client	UPS	Other	BL&E-field	BL&E-lab	Client	BL&E w/Preserv.	Non-Preserved	H2SO4	HNO3		NaOH	Other
11-7	6574	16932-33	-	2	X	Y			X								2					Form 138B

CHAIN OF CUSTODY RECORD		
Sampled By:	Date/Time:	
Relinquished By:	Date/Time:	Received By: <u>BBB</u>

ADDITIONAL COMMENTS:

* TEMPERATURES OVER 4°C ARE ABOVE EPA/DNR PROTOCOL UNLESS RECEIVED ON ICE.



Note: Use of this form is voluntary but is requested by the Department pursuant to ch. NR 149, NR 500-540, NR 158 and NR 419, Wis. Adm. Code. Personally identifiable information will be used for no other purpose.

Sample Collector(s) <i>Rad Hamilton</i>	Title/Work Station/Company <i>Env. Engineer Balger Lab & Eng</i>	Telephone Number (include area code) <i>(414)-735-9359</i>
Property Owner <i>Chilton Platiny</i>	Property Address	Telephone Number (include area code)

I hereby certify that I received, properly handled, and disposed of these samples as noted below:

Relinquished By (Signature) <i>[Signature]</i>	Date/Time <i>11/7/94 3:45</i>	Received By (Signature) <i>B. Benbrook</i>
Relinquished By (Signature)	Date/Time	Received By (Signature)
Relinquished By (Signature)	Date/Time	Received for Laboratory By (Signature)

Sample Condition on Receipt by Laboratory
LABORATORY USE ONLY

Temperature of temperature blank: _____

If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all of the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Field ID Number ¹	Date Collected	Time Collected	Sample		Preserv. Type	Field Screening	Description	Analysis Type	Lab ID Number	No./Type of Containers	Cracked /Broken	Improperly Sealed	Good Condition	Other Comments
			Type ²	Device ³										
	<i>11/7/94</i>	<i>10:45</i>	<i>Soil</i>		<i>None</i>	<i>None</i>	<i>North</i>	<i>Zinc</i>						
	<i>4</i>	<i>1:45</i>	<i>↓</i>		<i>↓</i>	<i>↓</i>	<i>East</i>	<i>ZINC</i>						

¹ Sample description must clearly correlate the sample ID to the sampling location shown on a map. ³ Type of sampling device; split spoon, hand auger, metal spatula, soil syringe, etc.
² Specify groundwater, surface water, soil, leachate, sludge, etc.

DEPARTMENT USE/OPTIONAL FOR SOIL SAMPLERS	DEPARTMENT USE ONLY
Disposition of unused portion of sample	Split samples: Offered? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
Laboratory should: <input type="checkbox"/> Dispose <input type="checkbox"/> Retain for ____ days	Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
<input type="checkbox"/> Return <input type="checkbox"/> Other	Accepted By: _____

ATTACHMENT B

CHEMISTS

ENGINEERS

BADGER LABORATORIES & ENGINEERING CO. INC.

1110 S. ONEIDA STREET • APPLETON, WISCONSIN 54915-1392 • EST. 1966

[414] 739-9213 • FAX [414] 739-5399 • 1-800-776-7196

CHILTON PLATING, INC.
420 EAST MAIN STREET
P.O. BOX 27
CHILTON, WI 53014

REPORT NUMBER: 94004728
REPORT DATE: 09/01/94
SAMPLED BY: BL&E

ATTN: MR. JAMES McNEELY

1 SOIL

SAMPLE NUMBER: 24012185
DESCRIPTION: NORTH RINSE WATER SPILL
SAMPLE DATE: 08/09/94
DATE RECEIVED: 08/09/94

<u>TEST</u>	<u>RESULT</u>	<u>UNITS</u>	<u>REGULATORY LEVEL</u>
CHLORINE	0.05	%	1.0
CYANIDE, TOTAL	9.0	ppm	-
FLASH POINT	>200	°F.	140
FREE LIQUIDS	0	%	-
pH-LAB	7.8	S.U.	2.0 - 12.5
PHENOL, TOTAL	2.78	ppm	-
SPECIFIC GRAVITY	1.42	g/cc	-
SULFIDE	<50	ppm	-
TCLP ARSENIC	<0.030	mg/l	5.0
TCLP BARIUM	0.6	mg/l	100.0
TCLP CADMIUM	0.31	mg/l	1.0
TCLP CHROMIUM	0.09	mg/l	5.0
TCLP COPPER	0.22	mg/l	-
TCLP LEAD	<0.07	mg/l	5.0
TCLP MERCURY	<0.0003	mg/l	0.2
TCLP NICKEL	2.7	mg/l	-
TCLP SELENIUM	<0.003	mg/l	1.0
TCLP SILVER	<0.02	mg/l	5.0
TCLP ZINC	21	mg/l	-
TOTAL SOLIDS	95.4	%	-

TCLP ORGANICS:

TCLP Volatile Organics --See Enclosed LNS Report--
TCLP Base Neutrals --See Enclosed LNS Report--
TCLP Pest/Herbicides --See Enclosed LNS Report--

All tests run by regulatory agency approved procedures.

BADGER LABORATORIES & ENGINEERING
WDR Certified Lab #445023150

Stephen C. Taylor
Chief Chemist

SCT:mw

Enclosures

LNS ENVIRONMENTAL SERVICES, INC.

903 North Bowser, Suite 230
Richardson, Texas 75081
(214) 699-3772

Toll Free: 1-800-929-1276

Environmental
Specialist
Fax: 214-669-3575

BADGER LABS & ENG. CO., INC.
1110 SOUTH ONEIDA STREET
APPLETON, WI 54915
ATTN: STEPHEN TAYLOR

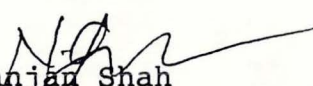
DATE RECEIVED: 08/12/94
DATE REPORTED: 08/19/94
REPORT NUMBER: 1372-4
DATE ANALYZED: 08/17/94
ANALYST: GK

SAMPLE ID: #12185 - Chilton Plating - North Rinse Water Spill

TCLP EXTRACT VOA LIST

PARAMETERS	EPA HW NUM	PREPARATION METHOD	METHOD	REGULATORY LEVEL mg/l	DETECTION LIMIT mg/l	RESULTS mg/l
Benzene	D018	8240	8240	0.5	0.005	<0.005
Carbon Tetrachloride	D019	8240	8240	0.5	0.005	<0.005
Chlorobenzene	D021	8240	8240	100.0	0.005	<0.005
Chloroform	D022	8240	8240	6.0	0.005	<0.005
1,2-Dichloroethane	D028	8240	8240	0.5	0.005	<0.005
1,1-Dichloroethylene	D029	8240	8240	0.7	0.005	<0.005
Methyl ethyl ketone	D035	8240	8240	200.0	0.005	<0.005
Pyridine	D038	8240	8240	5.0	0.005	<0.005
Trichloroethylene	D040	8240	8240	0.5	0.005	<0.005
Tetrachloroethylene	D039	8240	8240	0.7	0.005	<0.005
Vinyl chloride	D043	8240	8240	0.2	0.005	<0.005

EXTRACTION METHOD: 1311


Niranjana Shah
LNS ENVIRONMENTAL SERVICES, INC

LNS ENVIRONMENTAL SERVICES, INC.

903 North Bowser, Suite 230
Richardson, Texas 75081
(214) 699-3772

Toll Free: 1-800-929-1276

Environmental
Specialist
Fax: 214-669-3575

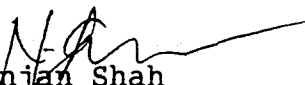
BADGER LABS & ENG. CO., INC.
1110 SOUTH ONEIDA STREET
APPLETON, WI 54915
ATTN: STEPHEN TAYLOR

DATE RECEIVED: 08/12/94
DATE REPORTED: 08/19/94
REPORT NUMBER: 1372-4
DATE ANALYZED: 08/17/94
ANALYST: GK

SAMPLE ID: #12185 - Chilton Plating - North Rinse Water Spill
TCLP EXTRACT BNA LIST

PARAMETERS	EPA HW NUM	PREPARA -TION METHOD	METHOD	REGULATORY LEVEL mg/l	P.Q.L. mg/l	RESULTS mg/l
2-Methylphenol(o-Cresol)	D023	3510	8270	200.0	0.010	<0.010
3 & 4-Methylphenol (meta & para Cresol)	D024 D025	3510	8270	200.0	0.010	<0.010
Cresol	D026	3510	8270	200.0	0.010	<0.010
1,4-Dichlorobenzene	D027	3510	8270	7.5	0.010	<0.010
2,4-Dinitrotoluene	D030	3510	8270	0.13	0.010	<0.010
Hexachlorobenzene	D032	3510	8270	0.13	0.010	<0.010
Hexachloro-1,3 butadiene	D033	3510	8270	0.5	0.010	<0.010
Hexachloroethane	D034	3510	8270	3.0	0.010	<0.010
Nitrobenzene	D036	3510	8240	2.0	0.005	<0.005
Pentachlorophenol	D037	3510	8270	100.0	0.050	<0.050
2,4,5-Trichlorophenol	D041	3510	8270	400.0	0.010	<0.010
2,4,6-Trichlorophenol	D042	3510	8270	2.0	0.010	<0.010

EXTRACTION METHOD: 1311


Niranjani Shah
LNS ENVIRONMENTAL SERVICES, INC

LNS ENVIRONMENTAL SERVICES, INC.

903 North Bowser, Suite 230
Richardson, Texas 75081
(214) 699-3772

Toll Free: 1-800-929-1276

Environmental
Specialist
Fax: 214-669-3575

BADGER LABS & ENG. CO., INC.
1110 SOUTH ONEIDA STREET
APPLETON, WI 54915
ATTN: STEPHEN TAYLOR

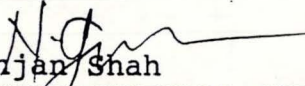
DATE RECEIVED: 08/12/94
DATE REPORTED: 08/19/94
REPORT NUMBER: 1372-4
DATE ANALYZED: 08/17/94
ANALYST: JSP

SAMPLE ID: #12185 - Chilton Plating - North Rinse Water Spill

TCLP EXTRACT PEST/HERB LIST

PARAMETERS	EPA HW NUM	PREPARATION METHOD	METHOD	REGULATORY LEVEL mg/l	DETECTION LIMIT mg/l	RESULTS mg/l
Chlordane	D020	3510	8080	0.03	0.0005	<0.0005
2,4-D	D016	8150	8150	10.0	0.0001	<0.0001
Endrin	D012	3510	8080	0.02	0.001	<0.001
Heptachlor (& its hydroxide)	D031	3510	8080	0.008	0.00005	<0.00005
Lindane	D013	3510	8080	0.4	0.0001	<0.0001
Methoxychlor	D014	3510	8080	10.0	0.00005	<0.00005
Toxaphene	D015	3510	8080	0.5	0.001	<0.001
2,4,5-TP (Silvex)	D017	8150	8150	1.0	0.0001	<0.0001

EXTRACTION METHOD: 1311


Niranjan Shah
LNS ENVIRONMENTAL SERVICES, INC

Note: This form is required by the Department of Natural Resources for leaking underground storage tank sites in compliance with ch. NR 500-540, NR 158 and NR 419, Wis. Adm. Code.

Sample Collector(s) <i>Rod Hamilton</i>	Title/Work Station/Company <i>BL&E</i>	Telephone Number (include area code) <i>414-239-9213</i>
Property Owner <i>Chilton Plating</i>	Property Address	Telephone Number (include area code)

I hereby certify that I received, properly handled, and disposed of these samples as noted below:

Relinquished By (Signature) <i>[Signature]</i>	Date/Time <i>8/9/94 4:30</i>	Received By (Signature) <i>Dwenda Benbow</i>
Relinquished By (Signature)	Date/Time	Received By (Signature)
Relinquished By (Signature)	Date/Time	Received for Laboratory By (Signature)

Temperature of temperature blank: _____

If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all of the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Field ID Number	Date Collected	Time Collected	Sample		Preserv. Type	Location/Description (see footnote 2)	Analysis Type	Lab ID Number	No./Type of Containers	Sample Condition			
			Type ¹	Device						Cracked /Broken	Improperly Sealed	Good Condition	Other Comments
	<i>8/9/94</i>	<i>3:00</i>	<i>Soil</i>	<i>grab</i>	<i>ice</i>	<i>North Rinse Water zinc spill</i>	<i>sep Below</i>						

¹Specify groundwater, surface water, soil, leachate, sludge, etc.
²Sample description must clearly correlate the sample ID to the sampling location.

Note: Waste Management Protocol A

DEPARTMENT USE, OPTIONAL FOR SOIL SAMPLERS	DEPARTMENT USE ONLY
Disposition of unused portion of sample Laboratory should:	Split samples: Offered? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
<input type="checkbox"/> Dispose	Accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check one)
<input type="checkbox"/> Retain for ____ days	Accepted By: _____
<input type="checkbox"/> Return	Signature
<input type="checkbox"/> Other	

DADGER LABORATORIES & ENGINEERING CO., INC.
SAMPLE RECEIPT FORM

Client Information

Name: _____
 Company: Chilton Plating
 Address: _____
 Phone: _____
 P.O.#: _____
 Project/Site: _____
 Report & Bill To: _____
 Additional Reports To: _____

Turnaround Time _____
 Normal
 Rush
 Date Needed _____
 (Preapproved by Lab)

Sample Type
 Groundwater Lab Filtered
 Field Filtered
 Wastewater Grab
 Composite
 Flow Proportional
 Time Proportional
 Solid Waste
 Other Soil

DATE RECEIVED	BL&E REPORT #	BL&E SAMPLE #	Temperature upon receipt *	Number of containers	COOLING METHOD				DELIVERY METHOD				PRESERVATION							ANALYTICAL REQUESTS (Use back if necessary)					
					Cooler	Ice	Cool Paks	None	BL&E	Client	UPS	Other	BL&E-field	BL&E-lab	Client	BL&E w/Preserv.	Non-Preserved	H2SO4	HNO3		NaOH	Other			
8-9	4728	12185	-	4	X	X			X					X				4							Pro. A (B)

CHAIN OF CUSTODY RECORD			ADDITIONAL COMMENTS:
Sampled By:	Date/Time:		
Relinquished By:	Date/Time:	Received By: <u>LSB</u>	

* TEMPERATURES OVER 4°C ARE ABOVE EPA/DNR PROTOCOL UNLESS RECEIVED ON ICE.

ATTACHMENT C

Ridgeview Recycling and Disposal Facility
6207 Hempton Lake Road
P.O. Box 227
Whitelaw, Wisconsin 54247-0227
414/732-4473 • FAX: 414/732-3758



A Waste Management Company

October 19, 1994

Mr. James McNeely
Chilton Plating, Inc.
420 East Main Street
Chilton, WI 53014

RE: RVW MW 28727- Zinc Rinse Water and Drilling Tailings Contaminated Soil

Dear Mr. McNeely:

The above mentioned soil is now approved for disposal at Ridgeview Recycling and Disposal Facility. Rodney Hamilton of Badger Laboratories & Engineering had instructed me to forward this letter to you regarding the contaminated soil located at 420 East Main Street of Appleton, Wisconsin.

Ridgeview Recycling and Disposal Facility requires prepayment or an 'irrevocable letter of credit, net 10 days' for disposal of contaminated soil. If you prepay, the prepayment check should be in the amount of \$103.78 calculated as follows:

$$3 \text{ yards} = 3.9 \text{ tons at } \$26.61 \text{ per ton} = \$103.78$$

You can send the check by mail prior to hauling, or send with the hauler.

If you have any questions, or if I can be of further assistance, please do not hesitate to contact me. Thank you for doing business with Ridgeview RDF. We appreciate having you as one of our customers!

Sincerely,
Ridgeview Recycling and Disposal Facility
A WMI BioSiteSM
A Division of Waste Management of Wisconsin, Inc.

Sara Bashaw
Special Waste Coordinator

Enclosures

cc: Rodney Hamilton- Badger Laboratories & Engineering Co., Inc.



MIDWEST REGION SPECIAL WASTE MANAGEMENT DECISION

RECEIVED

RW MW 28727
Waste Profile Sheet Code

I. Request For Decision: Initial Renewal OCT 13 1994

GENERATOR NAME: CHILTON PLATING ADDRESS: 420 E. MAW ST.
 CITY, STATE/PROVINCE: CHILTON, WI 53014 RIDGEVIEW R.D.F.

WASTE NAME(S): ZINC RINSE WATER SPILL SOIL AND DRAINING TANKING SOILS

PROPOSED MANAGEMENT FACILITY: RIDGEVIEW ROF

PROPOSED INTERMEDIATE TRANSFER FACILITY: — TRANSPORTER: TO BE DETERMINED

WMA REQUESTOR: SARA S. BASHAW SIGNATURE: S. S. Bashaw

II. TECHNICAL MANAGER DECISION: (circle one) APPROVED DISAPPROVED — Check if additional information is attached.

If Disapproved, Explain: _____

If Approved, Complete A, B, C and D Below:

A. Management Method(s): LANDFILL (CODISPOSAL)

B. Precautions, Conditions, or Limitations on Approval: Per the Requirements of the site's special waste plan Waste must be greater than 40% solids and contain 0% free liquids

C. Decision Expiration Date: 10/3/97

D. For Type A Wastes, Laboratory Analysis of a Representative Sample Was: (Check only one)

Waived Supplied By Generator From a WMI-Approved Lab From Both Generator and WMI-Approved Lab

TECH. MGR. SIGNATURE: Lee Bosch NAME: (Print) LEE BOSCH DATE: 10/10/94

III. WMI MANAGEMENT FACILITY GENERAL MANAGER DECISION: (circle one) APPROVED DISAPPROVED

If Approved, State any Additional Precautions, Conditions or Limitations: _____

GENERAL MGR SIGNATURE: [Signature] NAME: (Print) CAROL ANN JOHNSON DATE: 10.11.94

IV. WMI INTERMEDIATE TRANSFER FACILITY GENERAL MANAGER DECISION: (circle one) APPROVED DISAPPROVED

If Approved, State any Additional Precautions, Conditions or Limitations: _____

GENERAL MGR SIGNATURE: _____ NAME: (Print) _____ DATE: _____

94-683

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