



**POTENTIAL HAZARDOUS WASTE SITE  
SITE INSPECTION REPORT**  
PART I: SITE LOCATION AND INSPECTION INFORMATION

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
WI	

II. SITE NAME AND LOCATION				
01 SITE NAME (Legal address, or alternate name if any)		02 STREET ROUTE (RD, DR, HWY) OR LOCATION NUMBER		
Delavan Municipal Well #4		S. Wright Street		
03 CITY	04 STATE	05 ZIP CODE	06 COUNTY	07 COUNTY CODE
Delavan	WI	53115		
08 COORDINATES LATITUDE	LONGITUDE	10 TYPE OF OWNERSHIP (Check one)		
		<input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER <input type="checkbox"/> G. UNKNOWN		

III. INSPECTION INFORMATION				
01 DATE OF INSPECTION		02 SITE STATUS	03 YEARS OF OPERATION	
--/--/-- MONTH DAY YEAR		<input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	1950'S   Unknown BEGINNING YEAR    ENDING YEAR    UNKNOWN	
04 AGENCY PERFORMING INSPECTION (Agency Name)				
<input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <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.
None			
09 OTHER INSPECTORS	10 TITLE	11 ORGANIZATION	12 TELEPHONE NO.
Inspection Report Form based on file information only.			

13 SITE REPRESENTATIVE(S) (Name)	14 TITLE	15 ADDRESS	16 TELEPHONE NO.

17 ACCESS UNDERWAY (Check one)	18 YEAR OF INSPECTION	19 WEATHER CONDITIONS
<input type="checkbox"/> PERMITS <input type="checkbox"/> WARRANT		

IV. INFORMATION AVAILABLE FROM				
01 CONTACT	02 OF (Agency/Organization)		03 TELEPHONE NO.	
Dan Wilson	Madison, Wisc. Dept. of Natl. Res.		608/266-7093	
Ted Beach	Milwaukee, Wisc. Dept. of Natural Resources		414/257-6939	
04 PERSON RESPONSIBLE FOR SITE INSPECTION FORM	05 AGENCY	06 ORGANIZATION	07 TELEPHONE NO.	08 DATE
Anne C. Sause	Ecology & Environment	USEPA/FIT Contract	312/663-9415	5 5 83



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

I. IDENTIFICATION  
STATE: WI  
SITE NUMBER:

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

<p>01 PHYSICAL STATES (Check all that apply)</p> <p><input type="checkbox"/> A. SOLID <input type="checkbox"/> B. POWDER, FINES <input type="checkbox"/> C. SLUDGE <input type="checkbox"/> D. OTHER _____ (Specify)</p>	<p>02 WASTE QUANTITY AT SITE (Measure in gross quantities found by inspectors)</p> <p>TONS _____ CUBIC YARDS _____ NO. OF DRUMS <u>Unknown</u> <sup>ⓐ</sup></p>	<p>03 WASTE CHARACTERISTICS</p> <p><input checked="" type="checkbox"/> A. TOXIC <input type="checkbox"/> B. CORROSIVE <input checked="" type="checkbox"/> C. FLAMMABLE <input type="checkbox"/> D. REACTIVE <input type="checkbox"/> E. OTHER _____</p>
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III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE
SLL	SLUDGE		
OLW	OLY WASTE		
SOL	SOLVENTS	Unknown	gallons
PSD	PESTICIDES		
OCC	OTHER ORGANIC CHEMICALS		
IOC	INORGANIC CHEMICALS		
ACD	ACIDS		
BAS	BASES		
MES	HEAVY METALS		

Trichloroethylene (TCE)

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE INFORMATION
<p>ⓐ Source of contamination is strongly suspected but not as yet proven. Possible source is leaking underground tank associated with Sta-Rite Industries, Inc.</p>			

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY
FDS			FDS
FDS			FDS
FDS			FDS
FDS			FDS

VI. SOURCES OF INFORMATION (See Appendix for references, e.g., MSDS files, sample analysis reports)

Phone Conversation between Ted Bosch (414/257-6939), Wisconsin Dept. of Natural Resources, Milwaukee, and Anne Sause (312/663-9415), Ecology & Environment, Inc., Chicago; 5-4-83.



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

IDENTIFICATION  
WI

II. HAZARDOUS CONDITIONS AND INCIDENTS

01  A. GROUNDWATER CONTAMINATION  
03 POPULATION POTENTIALLY AFFECTED: 20,000 \*

02  OBSERVED (DATE: 12-2-82)  
04 NARRATIVE DESCRIPTION:

*On the above date, samples were taken of Delavans Municipal Wells #4 and analyzed. Well #4 was found to be contaminated with Trichloroethylene (TCE) at 87ppb. \* within 3-mile radius.*

01  B. SURFACE WATER CONTAMINATION  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02  OBSERVED (DATE: \_\_\_\_\_)  
04 NARRATIVE DESCRIPTION:

01  C. CONTAMINATION OF AIR  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02  OBSERVED (DATE: \_\_\_\_\_)  
04 NARRATIVE DESCRIPTION:

01  D. FIRE/EXPLOSIVE CONDITIONS  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02  OBSERVED (DATE: \_\_\_\_\_)  
04 NARRATIVE DESCRIPTION:

01  E. DIRECT CONTACT  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02  OBSERVED (DATE: \_\_\_\_\_)  
04 NARRATIVE DESCRIPTION:

01  F. CONTAMINATION OF SOIL  
03 AREA POTENTIALLY AFFECTED: 1 site

02  OBSERVED (DATE: \_\_\_\_\_)  
04 NARRATIVE DESCRIPTION:

*One of the possible sources waste practices was to pour small amounts of TCE on the ground for evaporation. The potential for this area to be contaminated is high.*

01  G. DRINKING WATER CONTAMINATION  
03 POPULATION POTENTIALLY AFFECTED: 20,000 \*

02  OBSERVED (DATE: 12-2-82)  
04 NARRATIVE DESCRIPTION:

*Sampling of a nearby municipal well found 87ppb of TCE in the water. This well is one of four used by the city. All the wells are in the same aquifer. Over 10,000 persons obtain drinking water from this aquifer.*

01  H. WORKER EXPOSURE/INJURY  
03 WORKERS POTENTIALLY AFFECTED: \_\_\_\_\_

02  OBSERVED (DATE: \_\_\_\_\_)  
04 NARRATIVE DESCRIPTION:

01  I. POPULATION EXPOSURE/INJURY  
03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02  OBSERVED (DATE: \_\_\_\_\_)  
04 NARRATIVE DESCRIPTION:



POTENTIAL HAZARDOUS WASTE SITE  
SITE INSPECTION REPORT

PART 3 - IDENTIFICATION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION  
STATE: W.I. SITE NAME:

B. HAZARDOUS CONDITIONS AND INCIDENTS

01  J. DAMAGE TO FLORA 02  OBSERVED (DATE) X POTENTIAL  
04 NARRATIVE DESCRIPTION  
Deep-rooted trees and shrubs utilizing the contaminated groundwater could become damaged.

01  K. DAMAGE TO FAUNA 02  OBSERVED (DATE)  
04 NARRATIVE DESCRIPTION (include names of observed)

01  L. CONTAMINATION OF FOOD CHAIN 02  OBSERVED (DATE)  
04 NARRATIVE DESCRIPTION

01  M. UNSTABLE CONTAINMENT OR VENTING 02  OBSERVED (DATE) X POTENTIAL  
(Specify Name of Containing Material, Including Quantity)  
03 POPULATION POTENTIALLY AFFECTED: 210,000 # 04 NARRATIVE DESCRIPTION  
Source is strongly suspected, but not confirmed. Potential source allegedly poured TCE on the ground to evaporated, and some TCE went into an underground tank which collected spilled liquids from the plants' floors.

01  N. DAMAGE TO OFFSITE PROPERTY 02  OBSERVED (DATE)  
04 NARRATIVE DESCRIPTION

01  O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 02  OBSERVED (DATE) 12-82  
04 NARRATIVE DESCRIPTION  
Sampling of storm sewers near possible source found concentrations of TCE at 20 ppb.

01  P. ILLEGAL/UNAUTHORIZED DUMPING 02  OBSERVED (DATE)  
04 NARRATIVE DESCRIPTION

03 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: 210,000

IV. COMMENTS  
While the actual source is unknown, file information indicates and two contacts from Wise. Dept. of Natural Resources stated that strong evidence indicates Sta-Rite Industries as the source.

V. SOURCES OF INFORMATION (City specific references, e.g., 0200 Hwy. Bureau & City of Newark)  
Quinn, Kenneth, Wernyn Engineering; 2-16-83 letter to Lyle Smith, City of Delaware.  
A. Sause, Ecology & Environment; 5-4-83 phone conversations with Dan Wilson (608/266-7093) and Ted Bosch (414/257-6939), Wise. Dept. of Natural Resources



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

**I. IDENTIFICATION**  
 STATE: \_\_\_\_\_  
 COUNTY: \_\_\_\_\_  
 WASTE SITE NUMBER: **WI**

**II. PERMIT INFORMATION**

01 TYPE OF PERMIT ISSUED (Check all that apply)	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 (Specify)				
<input type="checkbox"/> H. LOCAL (Specify)				
<input type="checkbox"/> I. OTHER (Specify)				
<input checked="" type="checkbox"/> J. NONE				

**III. SITE DESCRIPTION**

01 STORAGE/DISPOSAL (Check all that apply)	02 AMOUNT	03 UNIT OF MEASURE	04 TREATMENT
<input type="checkbox"/> A. SURFACE IMPOUNDMENT			<input type="checkbox"/> A. INCINERATION
<input checked="" type="checkbox"/> B. PILES	<u>Unknown</u>	<u>0</u>	<input checked="" type="checkbox"/> B. UNDERGROUND STORAGE
<input type="checkbox"/> C. DRUMS, ABOVE GROUND			<input type="checkbox"/> C. CHEMICAL REACTION
<input type="checkbox"/> D. TANK, ABOVE GROUND			<input type="checkbox"/> D. BIOLOGICAL
<input checked="" type="checkbox"/> E. TANK, BELOW GROUND	<u>Unknown</u>	<u>0</u>	<input type="checkbox"/> E. WASTE OIL PROCESSING
<input type="checkbox"/> F. LANDFILL			<input type="checkbox"/> F. SOLVENT RECOVERY
<input type="checkbox"/> G. LANDFARM			<input type="checkbox"/> G. OTHER (Specify)
<input type="checkbox"/> H. OPEN DUMP			<input checked="" type="checkbox"/> H. OTHER <u>N/A</u>
<input type="checkbox"/> I. OTHER (Specify)			

**COMMENTS**

Site is a municipal well. Source is not confirmed, but strongly suspected. Approx. 1600 ft west of the well is a manufacturer who used Trichloroethylene (a. TCE). TCE was found in the well water. Manufacturer had an underground tank which collected spilled "liquids" from the mfg. plant area. In addition, Manufacturer stated that it would pour small amounts of TCE on the ground to evaporate.

**IV. CONTAINMENT**

CONTAINMENT OF WASTES (Check one)  
 A. ADEQUATE, SECURE     B. MODERATE     C. INADEQUATE (HIGH)     D. INADEQUATE (LOW)

**DESCRIPTION OF DRUMS, Diking, LINERS, BARRIERS ETC.**

Site is a municipal well which was found to have 87 ppb of TCE. Source is not confirmed but strongly suspected. Source is a manufacturer who used TCE. Manufacturer has old, underground tanks which collected spilled "liquids" from the plant area. Soil sampled near the tanks contained 13,000 ppb TCE. Additionally, TCE was poured on the ground to evaporate.

**V. ACCESSIBILITY**

01 WASTE EASILY ACCESSIBLE.  YES  NO

**02 COMMENTS**

Site municipal well which provides no accessibility to the wastes. Source is not confirmed but strongly suspected. Source has a fence and controlled entrances.

**VI. SOURCES OF INFORMATION (Cite specific references e.g. 40 CFR 261.20(a)(1), (2), (3))**

Source, Avne, Ecology & Environment, Inc (312/663-1415); two 5-4-83 phone conversations with Dan Wilson (608/266-7093) and Ted Boach (414/257-6959), Wisc. Dept. of Natural Resources; Quinn, Kenneth, Wargyn Engineering Inc; letter, 2/16/83, to Lyla Smith, City of Delavan; LaChapell, Dick, Sta-Rite Industries Inc; letter, Jan 11, 1983 to Francis Tucka, Dept. of Natural Resources, Milwaukee, Wisconsin.





POTENTIAL HAZARDOUS WASTE SITE  
SITE INSPECTION REPORT  
PART 6 - WATER, DEMOGRAPHIC, AND ENVIRONMENTAL DATA

IDENTIFICATION  
WI

VI. ENVIRONMENTAL INFORMATION

01 PERMEABILITY OF UNSATURATED ZONE (Check one)

A.  $10^{-8} - 10^{-9}$  cm/sec  B.  $10^{-4} - 10^{-6}$  cm/sec  C.  $10^{-4} - 10^{-7}$  cm/sec  D. GREATER THAN 10<sup>-4</sup> cm/sec

02 PERMEABILITY OF BEDROCK (Check one)

A. IMPERMEABLE (Less than  $10^{-8}$  cm/sec)  B. RELATIVELY IMPERMEABLE ( $10^{-8} - 10^{-6}$  cm/sec)  C. RELATIVELY PERMEABLE ( $10^{-6} - 10^{-4}$  cm/sec)

Unknown

03 DEPTH TO BEDROCK

04 DEPTH OF CONTAMINATED SOIL ZONE

05 SLOPE

Unknown (ft)

Unknown (ft)

Unknown

06 NET PRECIPITATION

07 ONE YEAR 24 HOUR RAINFALL

08 SLOPE

SITE SLOPE  
None

0.870

2 inches (in)

2.5 in. actn

09 FLOOD POTENTIAL

10

SITE IS IN No NEAR FLOODPLAIN

SITE IS ON BARRIER ISLAND, COASTAL BEACH, OR SIMILAR ENVIRONMENT  
No

11 DISTANCE TO WETLANDS (0 zero minimum)

12 DISTANCE TO COAST (0 zero minimum)

ESTUARINE

OTHER

None

A. NONE (mi)

B. 4900 FT (ft)

ENDANGERED SPECIES

13 LAND USE IN VICINITY

DISTANCE TO

COMMERCIAL/INDUSTRIAL

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

A. 500 ft (ft)

B. 1500 ft (ft)

Unknown

Unknown

14 DESCRIPTION OF SITE IN RELATION TO SURROUNDING TOPOGRAPHY

Site is in a very flat area. The slope from the site to the nearest water body, which is one (1) mile away, is less 1%.

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

Delavan, Elkhorn, Walworth, and Sharon Topographic Quadrangles, 7.5 min. Series  
Public Water Supply Section, Dept. of Natural Resources, Madison Wisconsin. Norm Hahn (608) 277-7661



POTENTIAL HAZARDOUS WASTE SITE  
SITE INSPECTION REPORT  
PART 2 - SAMPLE AND FIELD INFORMATION

I. IDENTIFICATION  
01 STATE: WI  
02 SITE NUMBER:

II. SAMPLES TAKEN

SAMPLE TYPE	01 NUMBER OF SAMPLES TAKEN	02 SAMPLES SENT TO	03 STATE WHERE SENT
GROUNDWATER	10, plus 9	Unknown - Samples taken by two contractors (Worzyn, & Donahue) and Wisc. DNR.	Wisconsin - Available W/DNR - Available Donahue - May 83
SURFACE WATER			
WASTE			
AIR			
RUNOFF			
SPILL			
SOIL	9	Unknown - Samples taken by Worzyn, a contractor	Available
VEGETATION			
OTHER			

III. FIELD MEASUREMENTS TAKEN

01 TYPE	02 COMMENTS
None	

IV. PHOTOGRAPHS AND MAPS

01 TYPE <input type="checkbox"/> GROUND <input type="checkbox"/> AERIAL	02 IN CUSTODY OF
03 MAPS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	04 LOCATION OF MAPS File; Wisconsin Dept. of Natural Resources, Madison.

V. OTHER FIELD DATA COLLECTED (Provide narrative description)

① Site is municipal well. Source is not confirmed, but is strongly suspected. The City of Delavan discovered their contaminated well when Wisc. DNR found 87 ppb TCE in the water. The City then hired a Contractor (Worzyn) to find the source. The suspected source (Sta-Rite Industries) also hired a consultant (Donahue) to find the source, and/or prove they weren't the source. Worzyn turned in a preliminary report which found a "hot spot" of TCE (13,000 ppb) near an abandoned tank on the source's property.

VI. SOURCES OF INFORMATION (Cite specific references, e.g., 2000 file, sample analysis 100-1)

Quinn, Kenneth, Worzyn Engineering; letter, 2/16/83, to Lyle Smith, City of Delavan  
Sause, Anne, Ecology & Environment; phone conversations, 5-4-83, with Dan Wilson (608/266-7093) and Ted Boach (414/257-6939), Wisc. Dept. of Natural Resources





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

I. IDENTIFICATION  
01 STATE: WI 02 SITE NUMBER:

II. CURRENT OWNERS				PARENT COMPANY			
01 NAME Lyle Smith City of Delavan	02 D+S NUMBER ①	03 STREET ADDRESS (P.O. Box, RFD #, etc.) 123 S. Second St.	04 SIC CODE -	08 NAME N/A	09 D+S NUMBER	10 STREET ADDRESS	11 ZIP CODE
05 CITY Delavan	06 STATE WI	07 ZIP CODE 53115		12 CITY	13 STATE	14 ZIP CODE	
01 NAME	02 D+S NUMBER	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	08 NAME	09 D+S NUMBER	10 STREET ADDRESS	11 ZIP CODE
05 CITY	06 STATE	07 ZIP CODE		12 CITY	13 STATE	14 ZIP CODE	
01 NAME	02 D+S NUMBER	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	08 NAME	09 D+S NUMBER	10 STREET ADDRESS	11 ZIP CODE
05 CITY	06 STATE	07 ZIP CODE		12 CITY	13 STATE	14 ZIP CODE	
01 NAME	02 D+S NUMBER	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	08 NAME	09 D+S NUMBER	10 STREET ADDRESS	11 ZIP CODE
05 CITY	06 STATE	07 ZIP CODE		12 CITY	13 STATE	14 ZIP CODE	
01 NAME	02 D+S NUMBER	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	08 NAME	09 D+S NUMBER	10 STREET ADDRESS	11 ZIP CODE
05 CITY	06 STATE	07 ZIP CODE		12 CITY	13 STATE	14 ZIP CODE	
III. PREVIOUS OWNERS (List most recent first)				IV. REALTY OWNERS (List most recent first)			
01 NAME N/A	02 D+S NUMBER	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	01 NAME - Same as owner -	02 D+S NUMBER	03 STREET ADDRESS	04 ZIP CODE
05 CITY	06 STATE	07 ZIP CODE		05 CITY	06 STATE	07 ZIP CODE	
01 NAME	02 D+S NUMBER	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	01 NAME	02 D+S NUMBER	03 STREET ADDRESS	04 ZIP CODE
05 CITY	06 STATE	07 ZIP CODE		05 CITY	06 STATE	07 ZIP CODE	
01 NAME	02 D+S NUMBER	03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE	01 NAME	02 D+S NUMBER	03 STREET ADDRESS	04 ZIP CODE
05 CITY	06 STATE	07 ZIP CODE		05 CITY	06 STATE	07 ZIP CODE	
V. SOURCES OF INFORMATION (See specific references, e.g., 40 CFR 116.6, 117.6, 118.6, 119.6)							
① See next page							



POTENTIAL HAZARDOUS WASTE SITE  
SITE INSPECTION REPORT  
PART 3 - OPERATOR INFORMATION

I. IDENTIFICATION  
 01 DATE: *W/I*  
 02 SITE NUMBER:

II. CURRENT OPERATOR (Provide full name and address)				OPERATOR'S PARENT COMPANY			
11 NAME <i>- Same as owner -</i>		08 D-I NUMBER		10 NAME <i>NIA</i>		11 D-I NUMBER	
13 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 ZIP CODE		12 STREET ADDRESS		13 ZIP CODE	
15 CITY		06 STATE OF ZIP CODE		14 CITY		15 STATE OF ZIP CODE	
16 YEARS OF OPERATION		09 NAME OF OWNER					
III. PREVIOUS OPERATOR(S) (List most recent first provide only if different from owner)				PREVIOUS OPERATORS' PARENT COMPANIES			
1 NAME <i>NIA</i>		08 D-I NUMBER		10 NAME <i>NIA</i>		11 D-I NUMBER	
13 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 ZIP CODE		12 STREET ADDRESS		13 ZIP CODE	
15 CITY		06 STATE OF ZIP CODE		14 CITY		15 STATE OF ZIP CODE	
16 YEARS OF OPERATION		09 NAME OF OWNER DURING THIS PERIOD					
21 NAME		08 D-I NUMBER		10 NAME		11 D-I NUMBER	
13 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 ZIP CODE		12 STREET ADDRESS		13 ZIP CODE	
15 CITY		06 STATE OF ZIP CODE		14 CITY		15 STATE OF ZIP CODE	
16 YEARS OF OPERATION		09 NAME OF OWNER DURING THIS PERIOD					
31 NAME		08 D-I NUMBER		10 NAME		11 D-I NUMBER	
13 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 ZIP CODE		12 STREET ADDRESS		13 ZIP CODE	
15 CITY		06 STATE OF ZIP CODE		14 CITY		15 STATE OF ZIP CODE	
16 YEARS OF OPERATION		09 NAME OF OWNER DURING THIS PERIOD					
41 NAME		08 D-I NUMBER		10 NAME		11 D-I NUMBER	
13 STREET ADDRESS (P.O. Box, RFD #, etc.)		04 ZIP CODE		12 STREET ADDRESS		13 ZIP CODE	
15 CITY		06 STATE OF ZIP CODE		14 CITY		15 STATE OF ZIP CODE	
16 YEARS OF OPERATION		09 NAME OF OWNER DURING THIS PERIOD					

IV. SOURCES OF INFORMATION (cite specific references, e.g., state files, company analysis, reports):  
*Owner and operator are listed as the City of Delavan. This applies to the municipal well. Owner/Operator information will change when source of contamination is confirmed.*



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

IDENTIFICATION  
STATE: WI

II. ON-SITE GENERATOR

01 NAME <i>None</i>	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>Unknown</i>	02 D+B NUMBER
03 STREET ADDRESS (P.O. Box, RFD #, etc.)	04 SIC CODE
05 CITY	06 STATE 07 ZIP CODE

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

IV. TRANSPORTER(S)

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

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

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

① Information for generators and transporters is relative to known site information. That is, a contaminated municipal well doesn't have a generator or transporter. When the source of contamination is determined and confirmed, the generator/transporter information will change.



POTENTIAL HAZARDOUS WASTE SITE  
SITE INSPECTION REPORT  
PART 18 - PAST RESPONSE ACTIVITIES

I. IDENTIFICATION  
01 STATE WI 02 SITE NUMBER

II. PAST RESPONSE ACTIVITIES

01 <input checked="" type="checkbox"/> A. WATER SUPPLY CLOSED 04 DESCRIPTION	02 DATE <u>Dec. 1982?</u>	03 AGENCY <u>Wis. DNR</u>
A municipal well was found to be contaminated in Dec. 1982. Closure of the well was proposed, and assumed done.		
01 <input checked="" type="checkbox"/> B. TEMPORARY WATER SUPPLY PROVIDED 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
No, city gets water from remaining wells		
01 <input checked="" type="checkbox"/> C. PERMANENT WATER SUPPLY PROVIDED 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
See "B. Temporary water supply provided"		
01 <input type="checkbox"/> D. SPILLED MATERIAL REMOVED 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
Unknown		
01 <input type="checkbox"/> E. CONTAMINATED SOIL REMOVED 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
No		
01 <input type="checkbox"/> F. WASTE REPACKAGED 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
N/A		
01 <input type="checkbox"/> G. WASTE DISPOSED ELSEWHERE 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
N/A		
01 <input type="checkbox"/> H. ON SITE BURIAL 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
N/A		
01 <input type="checkbox"/> I. IN SITU CHEMICAL TREATMENT 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
Unknown		
01 <input type="checkbox"/> J. IN SITU BIOLOGICAL TREATMENT 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
N/A		
01 <input type="checkbox"/> K. IN SITU PHYSICAL TREATMENT 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
N/A		
01 <input type="checkbox"/> L. ENCAPSULATION 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
N/A		
01 <input type="checkbox"/> M. EMERGENCY WASTE TREATMENT 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
N/A		
01 <input type="checkbox"/> N. CUTOFF WALLS 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
N/A		
01 <input type="checkbox"/> O. EMERGENCY DRIVING/SURFACE WATER DIVERSION 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
N/A		
01 <input type="checkbox"/> P. CUTOFF TRENCHES/BUMP 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
N/A		
01 <input type="checkbox"/> Q. SUBSURFACE CUTOFF WALL 04 DESCRIPTION	02 DATE _____	03 AGENCY _____
N/A		



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

I. IDENTIFICATION  
K/S

II. PAST RESPONSE ACTIVITIES <small>(Continued)</small>	
01 <input type="checkbox"/> R. BARRIER WALLS CONSTRUCTED 04 DESCRIPTION	02 DATE
N/A	
01 <input type="checkbox"/> S. CAPPING/COVERING 04 DESCRIPTION	02 DATE
N/A	
01 <input type="checkbox"/> T. BULK TANKAGE REPAIRED 04 DESCRIPTION	02 DATE
N/A	
01 <input type="checkbox"/> U. GROUT CURTAIN CONSTRUCTED 04 DESCRIPTION	02 DATE
N/A	
01 <input type="checkbox"/> V. BOTTOM SEALED 04 DESCRIPTION	02 DATE
N/A	
01 <input type="checkbox"/> W. GAS CONTROL 04 DESCRIPTION	02 DATE
N/A	
01 <input type="checkbox"/> X. FIRE CONTROL 04 DESCRIPTION	02 DATE
N/A	
01 <input type="checkbox"/> Y. LEACHATE TREATMENT 04 DESCRIPTION	02 DATE
N/A	
01 <input type="checkbox"/> Z. AREA EVACUATED 04 DESCRIPTION	02 DATE
N/A	
01 <input type="checkbox"/> 1. ACCESS TO SITE RESTRICTED 04 DESCRIPTION	02 DATE
N/A	
01 <input type="checkbox"/> 2. POPULATION RELOCATED 04 DESCRIPTION	02 DATE
N/A	
01 <input type="checkbox"/> 3. OTHER REMEDIAL ACTIVITIES 04 DESCRIPTION	02 DATE
Unknown	
III. SOURCES OF INFORMATION <small>(Cite specific references, e.g., State Archives, newspaper articles, etc.)</small>	



POTENTIAL HAZARDOUS WASTE SITE  
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PART 11 - ENFORCEMENT INFORMATION

IDENTIFICATION

WI

II. ENFORCEMENT INFORMATION

01 PAST REGULATORY/ENFORCEMENT ACTION  YES  NO

DESCRIPTION OF FEDERAL STATE LOCAL REGULATORY/ENFORCEMENT ACTION

III. SOURCES OF INFORMATION (See specific references e.g., state RRA, sampling analysis results)