


NOTE: SITE INSPECTION FORM FILLED OUT THRU  
FILE USE ONLY. FIT DID NOT PERFORM ON SITE INSPECTION.

 <b>POTENTIAL HAZARDOUS WASTE SITE SITE INSPECTION REPORT PART 1 - SITE LOCATION AND INSPECTION INFORMATION</b>			<b>I. IDENTIFICATION</b> 01 STATE: <u>WI</u>   02 SITE NUMBER:	
<b>II. SITE NAME AND LOCATION</b>				
01 SITE NAME (Legal, common, or descriptive name of site) <u>MSSS AMERICAN (KERR-MCGEE OIL CO.)</u>		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER <u>8716 GRANVILLE RD.</u>		
03 CITY <u>MILWAUKEE</u>		04 STATE <u>WI</u>	05 ZIP CODE <u>53224</u>	06 COUNTY <u>MILWAUKEE</u>
09 COORDINATES LATTITUDE: <u>43° 09' 20" N</u> LONGITUDE: <u>081° 10' 31.3" W</u>		10 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL <input type="checkbox"/> C. STATE <input checked="" type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER		
<b>III. INSPECTION INFORMATION</b>				
01 DATE OF INSPECTION ____/____/____ MONTH DAY YEAR		02 SITE STATUS <input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> INACTIVE		03 YEARS OF OPERATION BEGINNING YEAR: <u>1946</u> ENDING YEAR: <u>1976</u> UNKNOWN
04 AGENCY PERFORMING INSPECTION (Check all that apply)				
<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.
09 OTHER INSPECTORS		10 TITLE	11 ORGANIZATION	12 TELEPHONE NO.
13 SITE REPRESENTATIVES INTERVIEWED		14 TITLE	15 ADDRESS	16 TELEPHONE NO.
17 ACCESS GAINED BY (Check one) <input type="checkbox"/> PERMISSION <input type="checkbox"/> WARRANT		18 TIME OF INSPECTION	19 WEATHER CONDITIONS	
<b>IV. INFORMATION AVAILABLE FROM</b>				
01 CONTACT <u>GARY EDELSTEIN</u>		02 OF (Agency/Organization) <u>WISCONSIN DNR - MADISON</u>		03 TELEPHONE NO. <u>608 1266-2621</u>
04 PERSON RESPONSIBLE FOR SITE INSPECTION FORM		05 AGENCY	06 ORGANIZATION	07 TELEPHONE NO.
				08 DATE ____/____/____ MONTH DAY YEAR



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

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
WI	

#### II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

<b>01 PHYSICAL STATES</b> (Check all that apply) <input type="checkbox"/> A. SOLID <input type="checkbox"/> B. POWDER, FINES <input type="checkbox"/> C. SLUDGE <input type="checkbox"/> D. OTHER _____ <small>(Specify)</small>	<b>02 WASTE QUANTITY AT SITE</b> <small>(Measures of waste quantities must be independent)</small> TONS _____ CUBIC YARDS <u>4,25.86</u> NO. OF DRUMS _____	<b>03 WASTE CHARACTERISTICS</b> (Check all that apply) <input checked="" type="checkbox"/> A. TOXIC <input type="checkbox"/> B. CORROSIVE <input type="checkbox"/> C. RADIOACTIVE <input checked="" type="checkbox"/> D. PERSISTENT <input checked="" type="checkbox"/> E. SOLUBLE <input type="checkbox"/> F. INFECTIOUS <input checked="" type="checkbox"/> G. FLAMMABLE <input type="checkbox"/> H. IGNITABLE <input type="checkbox"/> I. HIGHLY VOLATILE <input type="checkbox"/> J. EXPLOSIVE <input type="checkbox"/> K. REACTIVE <input type="checkbox"/> L. INCOMPATIBLE <input type="checkbox"/> M. NOT APPLICABLE
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#### III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE	UK	UK	CRESOTE
SOL	SOLVENTS			
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS	UK	UK	INCLUDES: DIBENZOFURAN,
IOC	INORGANIC CHEMICALS			BENZOPHENANTHRENE, 2 BENZPH-
ACD	ACIDS			RENE ISOMERS. ALL ARE COMMON
BAS	BASES			TO COAL TAR DISTILLATES.
MES	HEAVY METALS			

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

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION

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

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

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

WISCONSIN DNR FILES - MADISON  
 FIT HRS REPORT - ECOLOGY & ENVIRONMENT, INC. CHICAGO



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

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
WI	

**II. HAZARDOUS CONDITIONS AND INCIDENTS**

01 <input checked="" type="checkbox"/> A. GROUNDWATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: <u>~9675</u>	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
SHALLOWEST (~20 FT) NOT USED FOR DRINKING. AQUIFER AT 56-70 FT. USED FOR DRINKING AND IS ASSUMED TO BE CONNECTED TO SHALLOW AQUIFER. AQUIFER AT ~500 FT. USED FOR DRINKING BUT NOT CONTAMINATED OR CONNECTED.		
01 <input checked="" type="checkbox"/> B. SURFACE WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: <u>&gt;1000</u>	02 <input checked="" type="checkbox"/> OBSERVED (DATE: <u>12/20/72</u> ) 04 NARRATIVE DESCRIPTION	<input checked="" type="checkbox"/> POTENTIAL <input checked="" type="checkbox"/> ALLEGED
CREOSOTE DETECTED IN LITTLE MENOMONEE RIVER SEDIMENTS AT SITE AND DOWNSTREAM BUT NOT UPSTREAM. MANY SETS OF DATA AVAILABLE. "SEE HRS REPORT FOR SOURCES."		
01 <input checked="" type="checkbox"/> C. CONTAMINATION OF AIR 03 POPULATION POTENTIALLY AFFECTED: <u>&gt;1000</u>	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
ODOR AND POSSIBLE CONTAMINATION FROM CREOSOTE. (PHENOLIC)		
01 <input checked="" type="checkbox"/> D. FIRE/EXPLOSIVE CONDITIONS 03 POPULATION POTENTIALLY AFFECTED: <u>&gt;100</u>	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
FIRE HAZARD: MOD, WHEN EXPOSED TO HEAT OR FLAME. EXPLOSION HAZARD: SLIGHT IN THE FORM OF VAPOR WHEN EXPOSED TO HEAT OR FLAME.		
01 <input type="checkbox"/> E. DIRECT CONTACT 03 POPULATION POTENTIALLY AFFECTED: _____	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
DEPENDS ON BARRIERS AND SECURITY AROUND SITE. (SEE POPULATION EXPOSURE/INJURY - H.)		
01 <input checked="" type="checkbox"/> F. CONTAMINATION OF SOIL 03 AREA POTENTIALLY AFFECTED: <u>&gt;30</u> <small>(Acres)</small>	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input checked="" type="checkbox"/> POTENTIAL <input checked="" type="checkbox"/> ALLEGED
SOIL IS PLASTIC TILL (CLAY SILTS WITH GRAVEL). CREOSOTE CONTAMINATION HAS BEE DOCUMENTED IN PLANT SOILS AND SEDIMENTS OF THE ADJACENT MENOMONEE RIVER. SITE CONTAMINATION DOWN 15 FT. IN PLACES.		
01 <input checked="" type="checkbox"/> G. DRINKING WATER CONTAMINATION 03 POPULATION POTENTIALLY AFFECTED: <u>&gt;9000</u>	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
~150 HOUSES WITH PRIVATE WELLS, 1 COMMUNITY WELL - ~25 HOUSES + 2 MUNICIPAL WELLS FOR MENOMONEE FALLS, OF WHICH THE SHALLOW ONE (#4) IS BELIEVED TO BE EFFECTED. (SEE GROUNDWATER A.) MAIN SOURCE OF DRINKING WATER IS LAKE MICHIGAN.		
01 <input checked="" type="checkbox"/> H. WORKER EXPOSURE/INJURY 03 WORKERS POTENTIALLY AFFECTED: <u>~35</u>	02 <input type="checkbox"/> OBSERVED (DATE: _____) 04 NARRATIVE DESCRIPTION	<input checked="" type="checkbox"/> POTENTIAL <input type="checkbox"/> ALLEGED
POSSIBLE EFFECT TO WORKERS WHO WERE INVOLVED IN THE WOOD TREATING PROCESS. ALSO CLEANUP WORKERS INVOLVED IN CREOSOTE CONTAINMENT.		
01 <input checked="" type="checkbox"/> I. POPULATION EXPOSURE/INJURY 03 POPULATION POTENTIALLY AFFECTED: <u>&gt;9000</u>	02 <input checked="" type="checkbox"/> OBSERVED (DATE: <u>SUMMER '71</u> ) 04 NARRATIVE DESCRIPTION <u>JUNE 5, 1971</u>	<input checked="" type="checkbox"/> POTENTIAL <input checked="" type="checkbox"/> ALLEGED
POSSIBLE EXPOSURE THRU GROUND AND SURFACE WATER, AIR AND SOILS. NINE YOUTHS WADING IN RIVER DOWNSTREAM FROM SITE WERE BURNED BY THE CREOSOTE. (MILWAUKEE SENTINEL - 7/1/72) 2) PEOPLE RECEIVED BURNS WHILE ATTEMPTING CLEANUP OF MENOMONEE. (SEE HRS FOR SOURCE)		



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

I. IDENTIFICATION

01 STATE WI 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01  J. DAMAGE TO FLORA 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
04 NARRATIVE DESCRIPTION  
*(SEE FOOD CHAIN - L.)*

01  K. DAMAGE TO FAUNA 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
04 NARRATIVE DESCRIPTION *(include names of species)*  
*(SEE FOOD CHAIN - L.)*

01  L. CONTAMINATION OF FOOD CHAIN 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
04 NARRATIVE DESCRIPTION  
*POSSIBLE EFFECT TO AQUATIC LIFE OF LITTLE MENOMONEE RIVER*

01  M. UNSTABLE CONTAINMENT OF WASTES 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
*(Spills/Runoff/Standing liquids, Leaking drums)*  
03 POPULATION POTENTIALLY AFFECTED: > 1000 04 NARRATIVE DESCRIPTION  
*SOIL AND SEDIMENT CONTAMINATION IN RIVER WOULD IMPLY A RELEASE.*

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

01  O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 02  OBSERVED (DATE: PRIOR TO 1971)  POTENTIAL  ALLEGED  
04 NARRATIVE DESCRIPTION  
*COMPANY DIVERTED PROCESS WASTE TO THE MILWAUKEE MET. SANITARY SYSTEM. THEY HAD NO WPD'S PERMIT BECAUSE THIS WAS DONE PRIOR TO THE ESTABLISHMENT OF THE PERMIT PROGRAM.*

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

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

III. TOTAL POPULATION POTENTIALLY AFFECTED: ~9675

IV. COMMENTS

*NO ACTION HAS TAKEN PLACE IN REGARDS TO THIS SITE SINCE 1978 WHEN AN EPA SUIT WAS DISMISSED. CURRENTLY THE SITE IS USED AS AN OUTDOOR AUTO STORAGE AREA WITH GRAVEL PAVING.*

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

*WISCONSIN DNR FILES - MADISON  
FIT HRS REPORT - E+E, CHICAGO  
MENOMONEE FALLS QUADRANGLE MAP*



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

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

**II. PERMIT INFORMATION**

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

**III. SITE DESCRIPTION**

01 STORAGE/DISPOSAL <i>(Check all that apply)</i>	02 AMOUNT	03 UNIT OF MEASURE	04 TREATMENT <i>(Check all that apply)</i>	05 OTHER
<input type="checkbox"/> A. SURFACE IMPOUNDMENT <input type="checkbox"/> B. PILES <input type="checkbox"/> C. DRUMS, ABOVE GROUND <input type="checkbox"/> D. TANK, ABOVE GROUND <input type="checkbox"/> E. TANK, BELOW GROUND <input type="checkbox"/> F. LANDFILL <input type="checkbox"/> G. LANDFARM <input type="checkbox"/> H. OPEN DUMP <input type="checkbox"/> I. OTHER <i>(Specify)</i>	_____	_____	<input type="checkbox"/> A. INCENERATION <input type="checkbox"/> B. UNDERGROUND INJECTION <input type="checkbox"/> C. CHEMICAL/PHYSICAL <input type="checkbox"/> D. BIOLOGICAL <input type="checkbox"/> E. WASTE OIL PROCESSING <input type="checkbox"/> F. SOLVENT RECOVERY <input type="checkbox"/> G. OTHER RECYCLING/RECOVERY <input checked="" type="checkbox"/> H. OTHER <u>WOOD TREATING FACILITY</u> <i>(Specify)</i>	<input checked="" type="checkbox"/> A. BUILDINGS ON SITE <u>NOW REMOVED</u> <hr/> 06 AREA OF SITE <u>90</u> (Acres)

**07 COMMENTS**

*SITE IS NOW CLOSED, CONTAMINATED SOIL IS ALL THAT REMAINS.*

**IV. CONTAINMENT**

01 CONTAINMENT OF WASTES *(Check one)*

A. ADEQUATE, SECURE     
  B. MODERATE     
  C. INADEQUATE, POOR     
  D. INSECURE, UNSOUND, DANGEROUS

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

*SOIL REMAINS - NO CONTAINMENT BARRIERS ARE KNOWN.  
CONTAMINATED MATERIAL FROM OLD WASTE WATER PONDS WAS REMOVED.*

**V. ACCESSIBILITY**

01 WASTE EASILY ACCESSIBLE:  YES  NO

**02 COMMENTS**

*NO FENCING OR SECURITY IS KNOWN AROUND ABANDONED SITE.*

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

*SAME AS EARLIER SECTIONS.*



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

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

**II. DRINKING WATER SUPPLY**

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

**III. GROUNDWATER**

01 GROUNDWATER USE IN VICINITY *(Check one)*

A. ONLY SOURCE FOR DRINKING      B. DRINKING  
*(Other sources available)*

C. COMMERCIAL, INDUSTRIAL, IRRIGATION  
*(Limited other sources available)*

D. NOT USED, UNUSEABLE  
*(No other water sources available)*

02 POPULATION SERVED BY GROUND WATER ~9,675

03 DISTANCE TO NEAREST DRINKING WATER WELL 1-2 (mi)

04 DEPTH TO GROUNDWATER <u>~20</u> <u>~50-75</u> <u>~500</u> (ft)	05 DIRECTION OF GROUNDWATER FLOW <u>E-SE</u>	06 DEPTH TO AQUIFER OF CONCERN <u>50-70</u> (ft)	07 POTENTIAL YIELD OF AQUIFER _____(gpd)	08 SOLE SOURCE AQUIFER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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09 DESCRIPTION OF WELLS *(Including usage, depth, and location relative to population and buildings)*

SEE GROUNDWATER (PART 3, II A.) AND DRINKING WATER (PART 3, II C.)

10 RECHARGE AREA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMMENTS	11 DISCHARGE AREA <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	COMMENTS
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**IV. SURFACE WATER**

01 SURFACE WATER USE *(Check one)*

A. RESERVOIR, RECREATION DRINKING WATER SOURCE      B. IRRIGATION, ECONOMICALLY IMPORTANT RESOURCES

C. COMMERCIAL; INDUSTRIAL + RECREATION      D. NOT CURRENTLY USED

02 AFFECTED/POTENTIALLY AFFECTED BODIES OF WATER

NAME:	AFFECTED	DISTANCE TO SITE
<u>LITTLE MENOMONEE RIVER</u>	<input checked="" type="checkbox"/>	<u>&lt;.25</u> (mi)
_____	<input type="checkbox"/>	_____ (mi)
_____	<input type="checkbox"/>	_____ (mi)

**V. DEMOGRAPHIC AND PROPERTY INFORMATION**

01 TOTAL POPULATION WITHIN			02 DISTANCE TO NEAREST POPULATION
ONE (1) MILE OF SITE A. <u>9,333.3</u> NO. OF PERSONS	TWO (2) MILES OF SITE B. <u>18,666.6</u> NO. OF PERSONS	THREE (3) MILES OF SITE C. <u>28,000</u> NO. OF PERSONS	<u>&lt; 1</u> (mi)

03 NUMBER OF BUILDINGS WITHIN TWO (2) MILES OF SITE <u>&gt;1000</u>	04 DISTANCE TO NEAREST OFF-SITE BUILDING <u>1/2</u> OF _____ (mi)
--	--

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

AREA RANGES FROM SOME INDUSTRIAL TO RESIDENTIAL, MORE POPULATED THAN RURAL. SOME AGRICULTURE EXISTS IN AREA.



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

I. IDENTIFICATION  
01 STATE WZ 02 SITE NUMBER

VI. ENVIRONMENTAL INFORMATION

01 PERMEABILITY OF UNSATURATED ZONE (Check one)

A.  $10^{-8}$  -  $10^{-6}$  cm/sec  B.  $10^{-4}$  -  $10^{-6}$  cm/sec  C.  $10^{-4}$  -  $10^{-3}$  cm/sec  D. GREATER THAN  $10^{-3}$  cm/sec

02 PERMEABILITY OF BEDROCK (Check one)

A. IMPERMEABLE (Less than  $10^{-6}$  cm/sec)  B. RELATIVELY IMPERMEABLE ( $10^{-4}$  -  $10^{-6}$  cm/sec)  C. RELATIVELY PERMEABLE ( $10^{-2}$  -  $10^{-4}$  cm/sec)  D. VERY PERMEABLE (Greater than  $10^{-2}$  cm/sec)

03 DEPTH TO BEDROCK

\_\_\_\_\_ (ft)

04 DEPTH OF CONTAMINATED SOIL ZONE

AS MUGH ~ 15 AS \_\_\_\_\_ (ft)

05 SOIL pH

\_\_\_\_\_

06 NET PRECIPITATION

~ 32 \_\_\_\_\_ (in)

07 ONE YEAR 24 HOUR RAINFALL

~ 3 \_\_\_\_\_ (in)

08 SLOPE

SITE SLOPE

\_\_\_\_\_ %

DIRECTION OF SITE SLOPE

E-NE

TERRAIN AVERAGE SLOPE

\_\_\_\_\_ %

09 FLOOD POTENTIAL

SITE IS IN \_\_\_\_\_ YEAR FLOODPLAIN

10

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

11 DISTANCE TO WETLANDS (5 acre minimum)

ESTUARINE

A. \_\_\_\_\_ (mi)

NONE

OTHER

B. \_\_\_\_\_ (mi)

12 DISTANCE TO CRITICAL HABITAT (of endangered species)

NONE

\_\_\_\_\_ (mi)

ENDANGERED SPECIES: \_\_\_\_\_

13 LAND USE IN VICINITY

DISTANCE TO:

COMMERCIAL/INDUSTRIAL

A. < 1/2 \_\_\_\_\_ (mi)

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

B. < 1/2 \_\_\_\_\_ (mi)

AGRICULTURAL LANDS  
PRIME AG LAND AG LAND

C. < 2 \_\_\_\_\_ (mi) D. < 1 \_\_\_\_\_ (mi)

14 DESCRIPTION OF SITE IN RELATION TO SURROUNDING TOPOGRAPHY

SITE IS RELATIVELY FLAT. IT SITS IN A INDUSTRIAL AREA WITH NUMEROUS RAILROAD TRACKS CROSSING THRU IT. THE LITTLE MEMOMONEE RIVER FLANKS IT TO THE NORTH AND EAST.

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

SAME AS PREVIOUS SECTIONS.

N. A.



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

I. IDENTIFICATION  
01 STATE 02 SITE NUMBER  
WZ

II. SAMPLES TAKEN

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

III. FIELD MEASUREMENTS TAKEN

01 TYPE	02 COMMENTS

IV. PHOTOGRAPHS AND MAPS

01 TYPE  GROUND  AERIAL

02 IN CUSTODY OF \_\_\_\_\_  
(Name of organization or individual)

03 MAPS  YES  NO

04 LOCATION OF MAPS \_\_\_\_\_

V. OTHER FIELD DATA COLLECTED (Provide narrative description)

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





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

I. IDENTIFICATION  
01 STATE WI 02 SITE NUMBER

II. CURRENT OWNER(S)							PARENT COMPANY (if applicable)						
01 NAME MILWAUKEE COUNTY PARK COMMISSION			02 D+B NUMBER		08 NAME			09 D+B NUMBER					
03 STREET ADDRESS (P.O. Box, RFD #, etc.) 901 NORTH 9TH STREET				04 SIC CODE		10 STREET ADDRESS (P.O. Box, RFD #, etc.)				11 SIC CODE			
05 CITY MILWAUKEE		06 STATE WI	07 ZIP CODE 53233		12 CITY			13 STATE	14 ZIP CODE				
01 NAME CHICAGO, MILWAUKEE, ILL. ST. PAUL & PACIFIC RAILROAD			02 D+B NUMBER		08 NAME			09 D+B NUMBER					
03 STREET ADDRESS (P.O. Box, RFD #, etc.) 809 UNION STATION				04 SIC CODE		10 STREET ADDRESS (P.O. Box, RFD #, etc.)				11 SIC CODE			
05 CITY CHICAGO		06 STATE IL	07 ZIP CODE 60606		12 CITY			13 STATE	14 ZIP CODE				
01 NAME			02 D+B NUMBER		08 NAME			09 D+B NUMBER					
03 STREET ADDRESS (P.O. Box, RFD #, etc.)				04 SIC CODE		10 STREET ADDRESS (P.O. Box, RFD #, etc.)				11 SIC CODE			
05 CITY		06 STATE	07 ZIP CODE		12 CITY			13 STATE	14 ZIP CODE				
01 NAME			02 D+B NUMBER		08 NAME			09 D+B NUMBER					
03 STREET ADDRESS (P.O. Box, RFD #, etc.)				04 SIC CODE		10 STREET ADDRESS (P.O. Box, RFD #, etc.)				11 SIC CODE			
05 CITY		06 STATE	07 ZIP CODE		12 CITY			13 STATE	14 ZIP CODE				
01 NAME			02 D+B NUMBER		08 NAME			09 D+B NUMBER					
03 STREET ADDRESS (P.O. Box, RFD #, etc.)				04 SIC CODE		10 STREET ADDRESS (P.O. Box, RFD #, etc.)				11 SIC CODE			
05 CITY		06 STATE	07 ZIP CODE		12 CITY			13 STATE	14 ZIP CODE				
III. PREVIOUS OWNER(S) (List most recent first)							IV. REALTY OWNER(S) (if applicable; list most recent first)						
01 NAME DIV. OF KERR MCGEE CORP. MOSS-AMERICAN, INC.			02 D+B NUMBER		01 NAME			02 D+B NUMBER					
03 STREET ADDRESS (P.O. Box, RFD #, etc.) P.O. BOX 25861				04 SIC CODE		03 STREET ADDRESS (P.O. Box, RFD #, etc.)				04 SIC CODE			
05 CITY OKLAHOMA CITY		06 STATE OK	07 ZIP CODE		05 CITY			06 STATE	07 ZIP CODE				
01 NAME			02 D+B NUMBER		01 NAME			02 D+B NUMBER					
03 STREET ADDRESS (P.O. Box, RFD #, etc.)				04 SIC CODE		03 STREET ADDRESS (P.O. Box, RFD #, etc.)				04 SIC CODE			
05 CITY		06 STATE	07 ZIP CODE		05 CITY			06 STATE	07 ZIP CODE				
01 NAME			02 D+B NUMBER		01 NAME			02 D+B NUMBER					
03 STREET ADDRESS (P.O. Box, RFD #, etc.)				04 SIC CODE		03 STREET ADDRESS (P.O. Box, RFD #, etc.)				04 SIC CODE			
05 CITY		06 STATE	07 ZIP CODE		05 CITY			06 STATE	07 ZIP CODE				
V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)													
WISCONSIN DNR FILES - MADISON													



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

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. CURRENT OPERATOR (Provide if different from owner)

OPERATOR'S PARENT COMPANY (If applicable)

01 NAME N.A.		02 D+B NUMBER		10 NAME N.A.		11 D+B NUMBER			
03 STREET ADDRESS (P.O. Box, RFD #, etc.)			04 SIC CODE		12 STREET ADDRESS (P.O. Box, RFD #, etc.)			13 SIC CODE	
05 CITY		08 STATE	07 ZIP CODE		14 CITY		15 STATE	16 ZIP CODE	
08 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 (If applicable)

01 NAME		02 D+B NUMBER		10 NAME		11 D+B NUMBER			
03 STREET ADDRESS (P.O. Box, RFD #, etc.)			04 SIC CODE		12 STREET ADDRESS (P.O. Box, RFD #, etc.)			13 SIC CODE	
05 CITY		08 STATE	07 ZIP CODE		14 CITY		15 STATE	16 ZIP CODE	
08 YEARS OF OPERATION		09 NAME OF OWNER DURING THIS PERIOD							

01 NAME		02 D+B NUMBER		10 NAME		11 D+B NUMBER			
03 STREET ADDRESS (P.O. Box, RFD #, etc.)			04 SIC CODE		12 STREET ADDRESS (P.O. Box, RFD #, etc.)			13 SIC CODE	
05 CITY		08 STATE	07 ZIP CODE		14 CITY		15 STATE	16 ZIP CODE	
08 YEARS OF OPERATION		09 NAME OF OWNER DURING THIS PERIOD							

01 NAME		02 D+B NUMBER		10 NAME		11 D+B NUMBER			
03 STREET ADDRESS (P.O. Box, RFD #, etc.)			04 SIC CODE		12 STREET ADDRESS (P.O. Box, RFD #, etc.)			13 SIC CODE	
05 CITY		08 STATE	07 ZIP CODE		14 CITY		15 STATE	16 ZIP CODE	
08 YEARS OF OPERATION		09 NAME OF OWNER DURING THIS PERIOD							

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

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U.A.



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

I. IDENTIFICATION

01 STATE | 02 SITE NUMBER

II. ON-SITE GENERATOR

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

III. OFF-SITE GENERATOR(S)

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

IV. TRANSPORTER(S)

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

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



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

I. IDENTIFICATION  
01 STATE WI 02 SITE NUMBER \_\_\_\_\_

II. PAST RESPONSE ACTIVITIES

01 <input type="checkbox"/> A. WATER SUPPLY CLOSED 04 DESCRIPTION _____	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> B. TEMPORARY WATER SUPPLY PROVIDED 04 DESCRIPTION _____	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> C. PERMANENT WATER SUPPLY PROVIDED 04 DESCRIPTION _____	02 DATE _____	03 AGENCY _____
01 <input checked="" type="checkbox"/> D. SPILLED MATERIAL REMOVED 04 DESCRIPTION <u>MEMO FROM KEN WIESNER (3/25/83) - SOME CREOSOTE OIL WAS RE-</u> <u>MOVED FROM THE LITTLE MENOMONEE. WIS. DNR 2 1/2 MILE SECTION OF RIVER</u>	02 DATE <u>1973</u>	03 AGENCY <u>CONTRACTOR</u>
01 <input type="checkbox"/> E. CONTAMINATED SOIL REMOVED 04 DESCRIPTION _____	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> F. WASTE REPACKAGED 04 DESCRIPTION _____	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> G. WASTE DISPOSED ELSEWHERE 04 DESCRIPTION _____	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> H. ON SITE BURIAL 04 DESCRIPTION _____	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> I. IN SITU CHEMICAL TREATMENT 04 DESCRIPTION _____	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> J. IN SITU BIOLOGICAL TREATMENT 04 DESCRIPTION _____	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> K. IN SITU PHYSICAL TREATMENT 04 DESCRIPTION _____	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> L. ENCAPSULATION 04 DESCRIPTION _____	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> M. EMERGENCY WASTE TREATMENT 04 DESCRIPTION _____	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> N. CUTOFF WALLS 04 DESCRIPTION _____	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> O. EMERGENCY DIKING/SURFACE WATER DIVERSION 04 DESCRIPTION _____	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> P. CUTOFF TRENCHES/SUMP 04 DESCRIPTION _____	02 DATE _____	03 AGENCY _____
01 <input type="checkbox"/> Q. SUBSURFACE CUTOFF WALL 04 DESCRIPTION _____	02 DATE _____	03 AGENCY _____



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

I. IDENTIFICATION  
01 STATE 02 SITE NUMBER  
WI

II PAST RESPONSE ACTIVITIES (Continued)

01  R. BARRIER WALLS CONSTRUCTED  
04 DESCRIPTION

02 DATE \_\_\_\_\_

03 AGENCY \_\_\_\_\_

01  S. CAPPING/COVERING  
04 DESCRIPTION

02 DATE \_\_\_\_\_

03 AGENCY \_\_\_\_\_

01  T. BULK TANKAGE REPAIRED  
04 DESCRIPTION

02 DATE \_\_\_\_\_

03 AGENCY \_\_\_\_\_

01  U. GROUT CURTAIN CONSTRUCTED  
04 DESCRIPTION

02 DATE \_\_\_\_\_

03 AGENCY \_\_\_\_\_

01  V. BOTTOM SEALED  
04 DESCRIPTION

02 DATE \_\_\_\_\_

03 AGENCY \_\_\_\_\_

01  W. GAS CONTROL  
04 DESCRIPTION

02 DATE \_\_\_\_\_

03 AGENCY \_\_\_\_\_

01  X. FIRE CONTROL  
04 DESCRIPTION

02 DATE \_\_\_\_\_

03 AGENCY \_\_\_\_\_

01  Y. LEACHATE TREATMENT  
04 DESCRIPTION

02 DATE \_\_\_\_\_

03 AGENCY \_\_\_\_\_

01  Z. AREA EVACUATED  
04 DESCRIPTION

02 DATE \_\_\_\_\_

03 AGENCY \_\_\_\_\_

01  1. ACCESS TO SITE RESTRICTED  
04 DESCRIPTION

02 DATE \_\_\_\_\_

03 AGENCY \_\_\_\_\_

01  2. POPULATION RELOCATED  
04 DESCRIPTION

02 DATE \_\_\_\_\_

03 AGENCY \_\_\_\_\_

01  3. OTHER REMEDIAL ACTIVITIES  
04 DESCRIPTION

02 DATE \_\_\_\_\_

03 AGENCY \_\_\_\_\_

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

MEMO FROM KEN WIESNER (3/25/83) TO CARL/LYMAN - WIS. DNR (MADISON)



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

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
WI.

II. ENFORCEMENT INFORMATION

01 PAST REGULATORY/ENFORCEMENT ACTION  YES  NO

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

No action has taken place in this matter since 1978 when an EPA suit was dismissed. The company ceased operations in 1976 and the inventory of railroad ties as well as the buildings were removed shortly thereafter. The company never had a WPDDES permit since they directed their process waste to the Milwaukee Metropolitan Sanitary system prior to the establishment of the permit program. The diversion was accomplished in 1971 pursuant to one of the states 144.025 orders. There is no record of any site restoration ever having been performed with the exception of removal of contaminated materials from some old wastewater ponds.

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

MEMO FROM KEN WIESNER - WIS. DNR (MADISON) [3/25/83]