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 <b>POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT</b> PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION	
		01 STATE	02 SITE NUMBER
<b>II. SITE NAME AND LOCATION</b>			
01 SITE NAME (Legal, common, or descriptive name of site)		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER	
City of Wausau water supply		River Drive (water dept)	
03 CITY	04 STATE	05 ZIP CODE	06 COUNTY
Wausau	WI.	54401	Marathon
09 COORDINATES	LATITUDE	LONGITUDE	
	44 51.00	89 38 30	Wausau West Quad
10 DIRECTIONS TO SITE (Starting from nearest public road)			
From Hwy 51 follow business 51 in to Wausau, business 51 intersects Bridge Street turn east on Bridge Street <del>follow</del> proceed east until 3rd Street turn north on 3rd + follow 3rd to east Wausau drive turn west on E. Wausau and follow to River Drive turn south and proceed until you reach the water Dept.			
<b>III. RESPONSIBLE PARTIES</b>			
01 OWNER (if known)		02 STREET (Business, mailing, residential)	
City of Wausau (water utilities)		407 Grant Street	
03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER
Wausau	WI	54401	715 845-5279
07 OPERATOR (if known and different from owner)		08 STREET (Business, mailing, residential)	
Utilities Director Joe Gehin		Wausau city hall 407 Grant	
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER
Wausau	WI	54401	715 845-5279
13 TYPE OF OWNERSHIP (Check one)			
<input type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input checked="" type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN			
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)			
<input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: _____ MONTH DAY YEAR <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103(c)) DATE RECEIVED: _____ MONTH DAY YEAR <input checked="" type="checkbox"/> C. NONE			
<b>IV. CHARACTERIZATION OF POTENTIAL HAZARD</b>			
01 ON SITE INSPECTION		BY (Check all that apply)	
<input checked="" type="checkbox"/> YES    DATE _____ MONTH DAY YEAR <input type="checkbox"/> NO		<input checked="" type="checkbox"/> A. EPA <input checked="" type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input checked="" type="checkbox"/> D. OTHER CONTRACTOR <input checked="" type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input checked="" type="checkbox"/> F. OTHER: City of Wausau officials (Specify)	
		CONTRACTOR NAME(S): Becker-Hoppe	
02 SITE STATUS (Check one)		03 YEARS OF OPERATION	
<input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		BEGINNING YEAR _____ ENDING YEAR _____ <input checked="" type="checkbox"/> UNKNOWN	
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED			
The city of Wausau water supply is contaminated with benzene, 1,2 dichloro ethylene, ethylbenzene, Tetra chloro ethylene, Toluene, Trichloroethane, Vinyl chloride and Xylene. These chemicals although present at one time or another are not all of concern due to fluctuations in results (See Narrative)			
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION			
The city of Wausau is utilizing well water that is contaminated with various organic chemicals. The concentration of these chemicals varies, however concentrations have been over EPA advisory limits on numerous occasions. These organic chemicals pose a potential health threat to city residents utilizing the water for drinking. (See Narrative)			
<b>V. PRIORITY ASSESSMENT</b>			
01 PRIORITY FOR INSPECTION (Check one if high or medium is checked complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)			
<input checked="" type="checkbox"/> A. HIGH (inspection required promptly) <input type="checkbox"/> B. MEDIUM (inspection required) <input type="checkbox"/> C. LOW (inspect on time available basis) <input type="checkbox"/> D. NONE (no further action needed complete current disposition form)			
<b>VI. INFORMATION AVAILABLE FROM</b>			
01 CONTACT		02 OF (Agency/Organization)	03 TELEPHONE NUMBER
Jack Salfes		WI. Dept. Nat. Res.	715-627-4317
04 PERSON RESPONSIBLE FOR ASSESSMENT		05 AGENCY	06 ORGANIZATION
Jim Anklam		WI DNR	State Agency
		07 TELEPHONE NUMBER	08 DATE
		715 627-4317	8, 7, 84 MONTH DAY YEAR

EPA FORM 2070-12 (7-81)

EPA Region 6 Records Ctr.



225470



### POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 2 - WASTE INFORMATION

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER

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

01 PHYSICAL STATES <small>(Check all that apply)</small>	02 WASTE QUANTITY AT SITE <small>(Measures of waste quantities must be independent)</small>	03 WASTE CHARACTERISTICS <small>(Check all that apply)</small>
<input type="checkbox"/> A. SOLID <input type="checkbox"/> B. POWDER, FINES <input type="checkbox"/> C. SLUDGE <input type="checkbox"/> D. OTHER <small>(Specify)</small>	<input checked="" type="checkbox"/> E. SLURRY <input checked="" type="checkbox"/> F. LIQUID <input type="checkbox"/> G. GAS TONS <u>Unknown</u> CUBIC YARDS _____ NO OF DRUMS _____	<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 type="checkbox"/> G. FLAMMABLE <input type="checkbox"/> H. IGNITABLE <input checked="" 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

#### III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS			See
PSD	PESTICIDES			Narrative
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

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

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
	Benzene	71-43-2			
	Ethyl Benzene	100-41-4			
	Trichloroethylene	71-01-6			
	Toluene	108-88-3			
	Xylene				
	Tetrachloroethylene				
	Trichloroethane	2533-89-1			
	Vinyl chloride				
	1,2 Dichloroethylene				

#### 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)

Wisc. Dept. Natural Resource Antigo Area file



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

M. HAZARDOUS CONDITIONS AND INCIDENTS

01  A GROUNDWATER CONTAMINATION 02  OBSERVED (DATE 3/82)  POTENTIAL  ALLEGED  
03 POPULATION POTENTIALLY AFFECTED 32,426 04 NARRATIVE DESCRIPTION

City of Wausau wells 3,4 & 6 are contaminated with various organic chemicals. The sources of the groundwater contamination are still being investigated.  
(See Narrative)

01  B SURFACE WATER CONTAMINATION 02  OBSERVED (DATE \_\_\_\_\_)  POTENTIAL  ALLEGED  
03 POPULATION POTENTIALLY AFFECTED \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

Surface water ~~may~~ potentially may be affected by the same ground water contamination source.

01  C CONTAMINATION OF AIR 02  OBSERVED (DATE \_\_\_\_\_)  POTENTIAL  ALLEGED  
03 POPULATION POTENTIALLY AFFECTED \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

None

01  D FIRE/EXPLOSIVE CONDITIONS 02  OBSERVED (DATE \_\_\_\_\_)  POTENTIAL  ALLEGED  
03 POPULATION POTENTIALLY AFFECTED \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

None

01  E DIRECT CONTACT 02  OBSERVED (DATE Since 1982)  POTENTIAL  ALLEGED  
03 POPULATION POTENTIALLY AFFECTED \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

The city of Wausau residents who utilize the water ~~supply~~

01  F CONTAMINATION OF SOIL 02  OBSERVED (DATE \_\_\_\_\_)  POTENTIAL  ALLEGED  
03 AREA POTENTIALLY AFFECTED \_\_\_\_\_ (Acres) 04 NARRATIVE DESCRIPTION

01  G DRINKING WATER CONTAMINATION 02  OBSERVED (DATE 3/82)  POTENTIAL  ALLEGED  
03 POPULATION POTENTIALLY AFFECTED: 32,426 04 NARRATIVE DESCRIPTION

The city of Wausau derives all of its drinking water from ground water wells. The ground water in selected wells is contaminated with organic chemicals.

01  H WORKER EXPOSURE/INJURY 02  OBSERVED (DATE \_\_\_\_\_)  POTENTIAL  ALLEGED  
03 WORKERS POTENTIALLY AFFECTED: \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

None

01  I POPULATION EXPOSURE/INJURY 02  OBSERVED (DATE \_\_\_\_\_)  POTENTIAL  ALLEGED  
03 POPULATION POTENTIALLY AFFECTED \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

City of Wausau residents utilizing water supply



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

L IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01  J. DAMAGE TO FLORA 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
04 NARRATIVE DESCRIPTION

None

01  K. DAMAGE TO FAUNA 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
04 NARRATIVE DESCRIPTION (include name(s) of species)

None

01  L. CONTAMINATION OF FOOD CHAIN 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
04 NARRATIVE DESCRIPTION

None

01  M. UNSTABLE CONTAINMENT OF WASTES 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
(Spills runoff, standing liquids, leaking drums)  
03 POPULATION POTENTIALLY AFFECTED \_\_\_\_\_ 04 NARRATIVE DESCRIPTION

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

None

01  O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 02  OBSERVED (DATE: \_\_\_\_\_)  POTENTIAL  ALLEGED  
04 NARRATIVE DESCRIPTION

01  P. ILLEGAL/UNAUTHORIZED DUMPING 02  OBSERVED (DATE: 12/6/83)  POTENTIAL  ALLEGED  
04 NARRATIVE DESCRIPTION

The specific cause of all the contamination is not known, however it is likely that unauthorized disposal of some chemicals is a potential source.  
One known source, a spill incident at Leikuser chemical corp.

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

III. TOTAL POPULATION POTENTIALLY AFFECTED: 32,426

IV. COMMENTS

This is a water supply contamination problem involving several wells on both sides of the river. Identification of the extent of contamination will be an important step in finding the possible sources of contamination. (See Attached Narrative)

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

Wisconsin Department of Natural Resources  
Antigo Area Files