

APPENDIX E
PRELIMINARY ASSESSMENT FORM

EPA Potential Hazardous Waste Site Preliminary Assessment Form		Identification			
		State: MN		Site Number:	
		Real Estate Parcel			
1. General Site Information/Description:					
Name: FORMER GOPHER ORDNANCE WORKS 1947 QUITCLAIM PROPERTY			Street Address		
City: ROSEMOUNT		State: MN	Zip Code:	County: DAKOTA	Co. Code: NA
Latitude: N44 ° 42 ' 30 "	Longitude: W 93 ° 04 ' 20 "	Approximate Area of Parcel: 4.687.20 Acres 204,174,432 Square Ft.		Status of Site: <input type="radio"/> Active <input type="radio"/> Not Specified <input checked="" type="radio"/> Inactive <input type="radio"/> NA (GW plume, etc.)	
2. Owner/Operator Information					
Owner: UNIVERSITY OF MINNESOTA			Operator: UNIVERSITY OF MINNESOTA / UMORE PARK		
Street Address: 15325 BABCOCK AVE			Street Address: 15325 BABCOCK AVE		
City: Rosemount			City: Rosemount		
State: MN	Zip Code: 55068	Telephone: (651) 423-1118	State: MN	Zip Code: 55068	Telephone: (651) 423-1118
Type of Ownership: <input checked="" type="radio"/> Private <input type="radio"/> County <input type="radio"/> Federal Agency <input type="radio"/> Municipal Name _____ <input type="radio"/> Not Specified <input type="radio"/> State <input type="radio"/> Other _____ <input type="radio"/> Indian			How Initially Identified: <input type="radio"/> Citizen Complaint <input checked="" type="radio"/> Federal Program <input type="radio"/> PA Petition <input type="radio"/> Incidental <input type="radio"/> State/Local Program <input type="radio"/> Not Specified <input type="radio"/> RCRA/CERCLA Notification <input type="radio"/> Other _____		
3. Site Evaluator Information					
Name of Evaluators: John Phelps and Patti Thomason		Agency/Organization: USACE-Omaha District		Date Prepared: August 2005	
Street Address: 106 South 15th Street		City: Omaha	State: NE		
Name of EPA or State Agency Contact: Minnesota Pollution Control Agency			Street Address: 520 Lafayette Road North		
City: St Paul		State: Minnesota	Telephone: 651-296-6139		
4. Site Disposition (for EPA use only)					
Emergency Response/Removal Assessment Recommendations: <input type="radio"/> Yes <input type="radio"/> No Date: _____		CERCLIS Recommendation: <input type="radio"/> Higher Priority SI <input type="radio"/> Lower Priority SI <input type="radio"/> NFRAP <input type="radio"/> RCRA <input type="radio"/> Other _____ Date: _____		Signature: Name (typed): Position:	

Types of Site Operations (check all that apply): <input type="checkbox"/> Manufacturing (must check subcategory): <input type="checkbox"/> Lumber & Wood Products <input type="checkbox"/> Inorganic Chemicals <input type="checkbox"/> Plastic and/or Rubber Products <input type="checkbox"/> Paints, Varnishes <input checked="" type="checkbox"/> Industrial Organic Chemicals (e.g., pesticides, fertilizers) <input checked="" type="checkbox"/> Miscellaneous Chemical Products (e.g., adhesives, explosives, ink) <input type="checkbox"/> Primary Metals <input type="checkbox"/> Metal Coating, Plating, Engraving <input type="checkbox"/> Metal Forging, Stamping <input type="checkbox"/> Fabricated Structural Metal Products <input type="checkbox"/> Electronic Equipment <input type="checkbox"/> Other Manufacturing <input type="checkbox"/> Mining <input type="checkbox"/> Metals <input type="checkbox"/> Coal <input type="checkbox"/> Oil and Gas <input type="checkbox"/> Non-metallic Minerals		<input type="checkbox"/> Retail <input type="checkbox"/> Recycling <input type="checkbox"/> Junk/Salvage Yard <input type="checkbox"/> Municipal Landfill <input checked="" type="checkbox"/> Other Landfill <input checked="" type="checkbox"/> DOD <input type="checkbox"/> DOE <input type="checkbox"/> DOI <input type="checkbox"/> Other Federal Facility _____ <input type="checkbox"/> RCRA <input type="checkbox"/> Treatment, Storage, or Disposal <input type="checkbox"/> Large Quantity Generator <input type="checkbox"/> Small Quantity Generator <input type="checkbox"/> Subtitle D <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> "Converter" <input type="checkbox"/> "Protective Filer" <input type="checkbox"/> "Non- or Late Filer" <input type="checkbox"/> Not Specified <input type="checkbox"/> Other _____	Waste Generated: <input type="checkbox"/> Onsite <input type="checkbox"/> Offsite <input checked="" type="checkbox"/> Onsite & Offsite <hr/> Waste Deposition Authorized By: <input type="checkbox"/> Present Owner <input type="checkbox"/> Former Owner <input type="checkbox"/> Present & Former Owner <input type="checkbox"/> Unauthorized <input checked="" type="checkbox"/> Unknown <hr/> Waste Accessible to the Public: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Distance to nearest Dwelling, School, or Workplace: _____ On-site _____ Feet
--	--	---	---

6. Waste Characteristic Information

Source Type: (Check all that apply) <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Drums <input type="checkbox"/> Tanks & Non-Drum Containers <input type="checkbox"/> Chemical Waste Pile <input type="checkbox"/> Scrap Metal or Junk Pile <input type="checkbox"/> Tailings Pile <input type="checkbox"/> Trash Pile (open dump) <input type="checkbox"/> Land Treatment <input type="checkbox"/> Contaminated Ground Water Plume (unidentified source) <input type="checkbox"/> Contaminated Surface Water/Sediment (unidentified source) <input type="checkbox"/> Contaminated Soil <input type="checkbox"/> Other _____ <input type="checkbox"/> No Sources	Source Waste Quantity: (includes Units) <u>construction debris</u> _____ _____ _____ _____ _____ _____ _____ _____ _____	Tier*: _____ _____ _____ _____ _____ _____ _____ _____	General Types of Waste (check all that apply): NA <input checked="" type="checkbox"/> Metals <input checked="" type="checkbox"/> Organics <input checked="" type="checkbox"/> Inorganics <input checked="" type="checkbox"/> Solvents <input type="checkbox"/> Paints/Pigments <input type="checkbox"/> Radioactive Waste <input type="checkbox"/> Laboratory/Hospital Waste <input checked="" type="checkbox"/> Construction/Demolition Waste <input type="checkbox"/> Other _____ <input type="checkbox"/> Pesticides/Herbicides <input checked="" type="checkbox"/> Acids/Bases <input type="checkbox"/> Oily Waste <input type="checkbox"/> Municipal Waste <input type="checkbox"/> Mining Waste <input type="checkbox"/> Explosives
* C= Constituent, W=Wastestream, V=Volume, A=Area			Physical State of Waste as Deposited (Check all that apply): NA <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Sludge <input type="checkbox"/> Gas <input type="checkbox"/> Powder

7. Ground Water Pathway

Is Ground Water Used for Drinking Water Within 4 miles: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Type of Drinking Water Wells Within 4 Miles (check all that apply): <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Private <input type="checkbox"/> None	Is There a Suspected Release to Ground Water: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Have Primary Target Drinking Water Wells Been Identified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Enter Primary Target Population: _____ People	List Secondary Target Population Served by Ground Water Withdrawn From: 0 - 1/4 Mile: <u> 0 </u> > 1/4 - 1/2 Mile <u> 0 </u> > 1/2 - 1 Mile <u> 7 </u> > 1 - 2 Miles <u> 46 </u> > 2 - 3 Miles <u> 170 </u> > 3 - 4 Miles <u>10,901</u> Total Within 4 Miles <u> 11,125 </u>
Depth to Shallowest Aquifer: <u> 50 </u> Feet Karst Terrain/Aquifer Present: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nearest Designated Wellhead Protection Area: <input type="checkbox"/> Underlies Site <input checked="" type="checkbox"/> > 0 - 4 Miles <input type="checkbox"/> None Within 4 Miles	

8. Surface Water Pathway

Type of Surface Water Draining Site & 15 Miles Downstream (Check all that apply): <input checked="" type="checkbox"/> Stream <input checked="" type="checkbox"/> River <input type="checkbox"/> Pond <input type="checkbox"/> Lake <input type="checkbox"/> Bay <input type="checkbox"/> Ocean <input type="checkbox"/> Other _____	Shortest Overland Distance From Any Source to Surface Water: <u> ~4,400 </u> Feet <u> ~0.8 </u> Miles
Is There a Suspected Release to Surface Water: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Site is Located in: UNDETERMINED <input checked="" type="checkbox"/> <input type="checkbox"/> Annual - 10 yr Floodplain <input type="checkbox"/> > 10 yr - 100 yr Floodplain <input type="checkbox"/> > 100 yr - 500 yr Floodplain <input type="checkbox"/> > 500 yr Floodplain
Drinking Water Intakes Located Along the Surface Water Migration Path: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Have Primary Target Drinking Water Intakes Been Identified: NA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Enter Population Served by Primary Target Intakes: _____ People	List All Secondary Target Drinking Water Intakes: <u>Name:</u> <u>Water Body:</u> <u>Flow (cfs):</u> <u>Population Served:</u> _____ _____ _____ Total Within 15 Miles: _____
Fisheries Located Along the Surface Water Migration Path: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Have Primary Target Fisheries Been Identified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	List All Secondary Target Fisheries: NA <u>Water Body/Fishery Name:</u> <u>Flow (cfs):</u> <u>Vermillion</u> _____ _____ _____ _____

<p>Have Primary Target Wetlands Been Identified:</p> <p style="margin-left: 20px;"><input type="radio"/> Yes</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> No</p> <p>List Secondary Target Wetlands: NOT APPLICABLE</p> <p style="margin-left: 20px;"><u>Water Body:</u> <u>Flow (cfs):</u> <u>Frontage Miles:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Have Primary Target Sensitive Environments Been Identified:</p> <p style="margin-left: 20px;"><input type="radio"/> Yes</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> No (none)</p> <p>Water Body: Flow (cfs): Sensitive Environment Type:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	---

9. Soil Exposure Pathway

<p>Are People Occupying Residences or Attending School or Daycare on or Within 200 Feet of Areas of Known or Suspected Contamination:</p> <p style="margin-left: 20px;"><input type="radio"/> Yes</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> No</p> <p>If Yes, Enter Total Resident Population: _____ People</p>	<p>Number of Workers on Site:</p> <p style="margin-left: 20px;"><input type="radio"/> None</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> 1 - 100</p> <p style="margin-left: 20px;"><input type="radio"/> 101 - 1000</p> <p style="margin-left: 20px;"><input type="radio"/> > 1000</p>	<p>Have Terrestrial Sensitive Environments Been Identified on or Within 200 Feet of Areas of Known or Suspected Contamination:</p> <p style="margin-left: 20px;"><input type="radio"/> Yes</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> No</p> <p>If Yes, List Each Terrestrial Sensitive Environment:</p> <p>_____</p> <p>_____</p>
--	--	--

10. Air Pathway

<p>Is There a Suspected Release to Air:</p> <p style="margin-left: 20px;"><input type="radio"/> Yes</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> No</p> <p>Enter Total Population on or Within:</p> <p style="margin-left: 20px;">Onsite: <u>70</u></p> <p style="margin-left: 40px;">0 - 1/4 Mile: <u>0</u></p> <p style="margin-left: 40px;">> 1/4 - 1/2 Mile <u>0</u></p> <p style="margin-left: 40px;">> 1/2 - 1 Mile <u>7</u></p> <p style="margin-left: 40px;">> 1 - 2 Miles <u>46</u></p> <p style="margin-left: 40px;">> 2 - 3 Miles <u>170</u></p> <p style="margin-left: 40px;">> 3 - 4 Miles <u>10,301</u></p> <p style="margin-left: 40px;">Total Within 4 Miles <u>11,125</u></p>	<p>Wetlands Located Within 4 Miles of the Site:</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> Yes</p> <p style="margin-left: 20px;"><input type="radio"/> No</p> <p>Other Sensitive Environments Located Within 4 Miles of the Site:</p> <p style="margin-left: 20px;"><input type="radio"/> Yes</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> No</p> <p>List All Sensitive Environments Within 1/2 Mile of the Site: N/A</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Distance:</th> <th style="text-align: left; border-bottom: 1px solid black;">Sensitive Environment Type/Wetlands Area (acres)</th> </tr> </thead> <tbody> <tr> <td>Onsite</td> <td>_____</td> </tr> <tr> <td>0 - 1/4 Mile</td> <td>_____</td> </tr> <tr> <td>> 1/4 - 1/2 Mile</td> <td>_____</td> </tr> </tbody> </table>	Distance:	Sensitive Environment Type/Wetlands Area (acres)	Onsite	_____	0 - 1/4 Mile	_____	> 1/4 - 1/2 Mile	_____
Distance:	Sensitive Environment Type/Wetlands Area (acres)								
Onsite	_____								
0 - 1/4 Mile	_____								
> 1/4 - 1/2 Mile	_____								