

**APPENDIX E**  
**PRELIMINARY ASSESSMENT FORM**

<b>EPA Potential Hazardous Waste Site Preliminary Assessment Form</b>		<b>Identification</b>			
		State: MN		Site Number:	
		Real Estate Parcel			
<b>1. General Site Information/Description:</b>					
Name: FORMER GOPHER ORDNANCE WORKS 1947 QUITCLAIM PROPERTY			Street Address		
City: ROSEMOUNT			State: MN	Zip Code:	County: DAKOTA
			Co. Code: NA	Cong. Dist.:	
Latitude: <u>  N44 ° 42 ' 30 "</u>	Longitude: <u>  W 93 ° 04 ' 20 "</u>	Approximate Area of Parcel: <u>  4,687.20</u> 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.)	
<b>2. Owner/Operator Information</b>					
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 _____		
<b>3. Site Evaluator Information</b>					
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	
<b>4. Site Disposition (for EPA use only)</b>					
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"/> Retail                          |
| <input type="checkbox"/> Lumber & Wood Products   | <input type="checkbox"/> Recycling                       |
| <input type="checkbox"/> Inorganic Chemicals  | <input type="checkbox"/> Junk/Salvage Yard               |
| <input type="checkbox"/> Plastic and/or Rubber Products   | <input type="checkbox"/> Municipal Landfill              |
| <input type="checkbox"/> Paints, Varnishes  | <input checked="" type="checkbox"/> Other Landfill       |
| <input checked="" type="checkbox"/> Industrial Organic Chemicals  | <input checked="" type="checkbox"/> DOD                  |
| <input type="checkbox"/> Agricultural Chemicals<br>(e.g., pesticides, fertilizers)                        | <input type="checkbox"/> DOE                             |
| <input checked="" type="checkbox"/> Miscellaneous Chemical Products<br>(e.g., adhesives, explosives, ink) | <input type="checkbox"/> DOI                             |
| <input type="checkbox"/> Primary Metals   | <input type="checkbox"/> Other Federal Facility _____    |
| <input type="checkbox"/> Metal Coating, Plating, Engraving  | <input type="checkbox"/> RCRA                            |
| <input type="checkbox"/> Metal Forging, Stamping  | <input type="checkbox"/> Treatment, Storage, or Disposal |
| <input type="checkbox"/> Fabricated Structural Metal Products   | <input type="checkbox"/> Large Quantity Generator        |
| <input type="checkbox"/> Electronic Equipment   | <input type="checkbox"/> Small Quantity Generator        |
| <input type="checkbox"/> Other Manufacturing  | <input type="checkbox"/> Subtitle D                      |
|   | <input type="checkbox"/> Municipal                       |
|   | <input type="checkbox"/> Industrial                      |
| <input type="checkbox"/> Mining   | <input type="checkbox"/> "Converter"                     |
| <input type="checkbox"/> Metals   | <input type="checkbox"/> "Protective Filer"              |
| <input type="checkbox"/> Coal   | <input type="checkbox"/> "Non- or Late Filer"            |
| <input type="checkbox"/> Oil and Gas  | <input type="checkbox"/> Not Specified                   |
| <input type="checkbox"/> Non-metallic Minerals  | <input type="checkbox"/> Other _____                     |

Waste Generated:

- Onsite
- Offsite
- Onsite & Offsite

Waste Deposition Authorized By:

- Present Owner
- Former Owner
- Present & Former Owner
- Unauthorized
- Unknown

Waste Accessible to the Public:

- Yes
- No

Distance to nearest Dwelling,  
School, or Workplace:

\_\_\_\_\_ On-site \_\_\_\_\_ Feet

### 6. Waste Characteristic Information

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

**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: <b>UNDETERMINED</b> <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: Name: <u>  </u> Water Body: <u>  </u> Flow (cfs): <u>  </u> Population Served: <u>  </u> _____ _____ _____ Total Within 15 Miles: <u>  </u>
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>  </u> Water Body/Fishery Name: <u>  </u> Flow (cfs): <u>  </u> Vermillion _____ _____ _____

<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><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><u>Water Body:</u>      <u>Flow (cfs):</u>      <u>Sensitive Environment Type:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**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"/> &gt; 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>
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**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;">&gt; 1/4 - 1/2 Mile      <u>0</u></p> <p style="margin-left: 40px;">&gt; 1/2 - 1 Mile      <u>7</u></p> <p style="margin-left: 40px;">&gt; 1 - 2 Miles      <u>46</u></p> <p style="margin-left: 40px;">&gt; 2 - 3 Miles      <u>170</u></p> <p style="margin-left: 40px;">&gt; 3 - 4 Miles      <u>10,301</u></p> <p style="margin-left: 20px;">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;"><u>Distance:</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Sensitive Environment Type/Wetlands Area (acres)</u></th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Onsite</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 5px;">0 - 1/4 Mile</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 5px;">&gt; 1/4 - 1/2 Mile</td> <td style="border-bottom: 1px solid black;"></td> </tr> </tbody> </table>	<u>Distance:</u>	<u>Sensitive Environment Type/Wetlands Area (acres)</u>	Onsite		0 - 1/4 Mile		> 1/4 - 1/2 Mile	
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