

Site Assessment Report
from the
Underground Storage Tank System Closure
at

Gobel Freight Lines, Inc.
926 Commercial Court
Onalaska, Wisconsin 54650

MAY 16 1994

WISCONSIN DEPARTMENT OF REVENUE
DIVISION OF TAX SERVICES

Prepared for:

Charles Smith, Owner
926 Commercial Court
Onalaska, Wisconsin 54650

Prepared by:

James R. Nelson
Wisc. Cert. R/C SA 00505
CTS, Ltd.

210 East Columbia Street
Chippewa Falls, Wisconsin 54729

715-720-0433

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Section One

COVER LETTER

CTS

210 E. Columbia Street
Chippewa Falls, WI 54729



Phone 715-720-0433
Toll Free 1-800-542-9392

March 22, 1994

Gobel Freight Lines, Inc.
Mr. Charles Smith
926 Commercial Court
Onalaska, Wisconsin 54650

Re: Underground Storage Tank Closure Assessment

Mr. Smith:

The following is a site closure assessment report required in conjunction with the closure of four (4) underground storage tanks removed from the Gobel Freight Lines facility located at 926 Commercial Court, City of Onalaska, La Crosse County, State of Wisconsin. Copies of this Site Assessment have been distributed to the following:

Mr. Charles Smith, Owner
Gobel Freight Lines, Inc.
926 Commercial Court
Onalaska, WI 54650

Bureau of Solid and Hazardous Waste Management
P.O. Box 7921
Madison, WI 53707

James R. Nelson, P.G., Site Assessor
CTS, Ltd.
210 E. Columbia St.
Chippewa Falls, WI 54729

Due to the lack of evidence of a petroleum release associated with these tanks no notification or submittals have been made to the local DNR District Office.

Sincerely,

James R. Nelson, P.G. R/C SA 00505

Section Two

SITE ASSESSMENT

1.0 SITE BACKGROUND INFORMATION

At the request of Mr. Charles Smith, owner of, Gobel Freight Lines, Inc., four(4) underground storage tanks were closed by removal from Gobel Freight Lines facility. This facility is a repair and storage facility serving the trucks and trailers of this business. Gobel Freight Lines, Inc. is located at 926 Commercial Court, City of Onalaska, LaCrosse County, Wisconsin 54650. It is also described as being within the northeast 1/4, of the northwest 1/4, of section 4, township 16 north, range 7 west as defined on the 7.5 minute series (topographic) Onalaska Quadrangle map (See Appendix A for Site Location Map).

Two of the UST's, one eight thousand (8000) and one six thousand (6000) gallon capacity, used for the storage of diesel fuel, were located adjacent to the southeast corner of the building on site and were served by a dispenser located directly above the west end of the 6000 gallon tank. These tanks were located in an unpaved area of the site and were buried at a depth of twenty four to thirty inches below local grade. The other two UST's on site were located to the south of the building, beneath the paved driveway area. Each of these tanks was of two thousand (2000) gallon capacity, with one being utilized for the storage of waste oil, and the other being used for the storage of heating oil to serve the needs of this building. The waste oil tank was accessed through direct fill and had no remote piping. The heating oil tank was equipped with direct fill and the supply lines were continuous run copper tubing (See Appendix B for Site Layout Plan).

These tanks were installed in 1980, at the time of the building construction. There is no information available that would indicate that there has been any known leakage, overfill, or system repairs performed on any of these tanks. There is one additional tank located to the north of the building which remains on the site at the time of this report.

The topography of the site is level, being located on the elevated terrace between the bluffs to the east and the present valley of the Mississippi River. Soils are described as being in the group of the Sparta loamy fine sands, having been formed from sandy Cambrian materials of the county.

This site assessment has been prepared by James R. Nelson, Central Testing Services, Ltd., 210 East Columbia Street, Chippewa Falls, WI 54729, (715) 720-0433, Wisconsin Certification Number R/C, SA 00505.

2.0 Tank Activities and Excavation

One 8,000 gallon capacity and one 6,000 gallon capacity underground diesel storage tanks were removed from the site on October 22, 1993, under the direction of Les Manske Excavating, a certified remover/cleaner and site assessor R/C SA 02613. Mr. Manske can be contacted at Route 1 Box 244, Stoddard, Wisconsin 54658, (608) 788-1674. All excavation and transportation services were performed by Les Manske. All appropriate notifications were made prior to the commencement of field activities.

Two additional underground storage tanks of 2,000 gallon capacity were removed on November 1, 1993. These tanks were used to store fuel oil and waste oil. This work was also completed by Les Manske Excavating.

There exists one additional UST on the subject site to the north of the building, currently in use for the collection of waste oil generated at this facility.

3.0 Tank Cleaning and Disposal

Before excavation began, all tanks were checked for remaining product/sludge. The tanks at the time of the excavation activities were empty. As tanks were being exposed, they were inerted with nitrogen gas to a level of approximately 2% LEL and 6% oxygen. Following removal the tanks were blocked on the surface, the end panels were cut to afford access for final cleaning and inspection. Following a final scraping the tanks were labeled in accordance with ILHR 10 regulations and loaded onto appropriate transport to Les Manske Excavating's yard for final scrapping.

4.0 Tank Sludge Management

There was no sludge found to be present in the tanks.

5.0 Visual Inspection and Soil Sampling

On October 22, 1993 the weather was partly cloudy with temperatures at approximately 42 degrees F. Surface conditions at the site were unpaved gravel and sand. Both the 6000 gallon and the 8000 gallon tanks were approximately 8.5 feet in diameter with a burial depth of 24 inches; total depth of excavation was approximately 10 feet below grade. There were no stained soils encountered in the excavation.

General condition of the tanks and associate piping was extremely good.

Soil present at the subject site within the tank basin is described as a poorly sorted silty sand. This would be an excessively drained, rapidly permeable soil that has formed on stream terraces adjacent to the Mississippi River. Unified Soil Classification System (USCS) symbol for the soil would be represented by "SM-SP".

At this site, groundwater is anticipated to occur at approximately 30 feet below grade.

Soil samples were collected for field headspace screening. Samples were collected below each end of each tank and one sample from each of the excavation sidewalls. As the dispenser serving these tanks was above the end of the 6000 gallon tank there were no required samples to be collected below piping. All samples were collected from native soil.

All sampling tools were decontaminated between sampling points. This cleaning was accomplished through the following procedures:

- * Washing in a solution of clean potable water from a known safe source, andalconox detergent.
- * Rinsing with clean potable water.
- * Spraying with methanol until dripping.
- * Rinsing completely with distilled water.
- * Sampling tools placed on clean aluminum foil held in preparation for the next sampling point.

Field headspace screening was accomplished through use of an HNu Systems DL-100, photoionization detector (PID). This unit was factory calibrated in October 1993. Field calibration was accomplished on the day of the closure using isobutylene span gas with a concentration of 53 ppm in air.

Samples for headspace screening were collected into clean eight ounce glass jars, filling to approximately one third volume, covering with clean aluminum foil and placing the retaining ring on the jar. The sample was then removed to a secure area, out of direct sunlight and allowed an appropriate amount of time for sample temperature equilibration. Following the lapse of an appropriate time period the sample was shaken and the probe of the PID was pushed through the foil.

Any resulting meter readings were recorded onto a log form, copies of which appear in the appendix to this report.

There were no erratic instrument readings, no quenching of the equipment and no cleaning or repairs to the instrument during its employment on site.

Samples collected for laboratory analysis were collected into clean, laboratory supplied, tared, 60ml, wide-mouth, borosilicate, glass jars, fitted with teflon lined screw caps.

The jars were filled with approximately 25 grams of soil, using decontaminated tools.

After filling the jars they were immediately sealed, each being assigned a distinct sample number corresponding to its location on the site plan, a custody seal emplaced, and the sample placed in a cooler on ice pending transportation to a Wisconsin State Certified Laboratory under chain of custody reporting. The samples were analyzed for Diesel Range Organics (DRO), following the Wisconsin Department of Natural Resources (WDNR) modified DRO method as described in the LUST Analytical Guidance.

Laboratory analytical reports appear in the appendix to this report.

Additional tank removal activities were also performed on November 1, 1993 under cloudy skies with temperatures at approximately 37 degrees F. The reason for the lapse of time between the two closure events was the result of limited access to the second tank basin. These tanks were located below a thin pavement of asphalt and a poorly sorted sand similar to that found in the first tank basin was encountered in the excavation. These tanks were both 2000 gallon capacity, one being used for the storage of waste oil (eastern tank) and the other for the storage of heating fuel (western tank). There were no remote fill pipes on either tank and only the fuel oil tank was equipped with product lines.

The condition of these tanks and the piping was good.

All procedures for sampling of the soil, both for field headspace screening and laboratory analysis, were similar to those as described above.

The two samples collected for laboratory analysis from below the heating oil tank had to be resampled because of questionable sample jar integrity. This was accomplished on April 4, 1994, the samples being collected from below the bottom of the tank basin through excavation. The samples were collected in the manner described above. These results also appear in the appendix section of this report.

6.0 Conclusions and Recommendations

As there were no indications of contamination resulting from these tanks at the time of the field activities and further confirmed through laboratory analytical results, we can foresee no reason to further investigate this site and recommend that it be submitted for the consideration of the closure committee.

Submitted:

James R. Nelson P.G.
Wisc. Cert. R/C SA 00505

Section Three

APPENDICES

GALESVILLE
HOLMEN 2.3 MI.

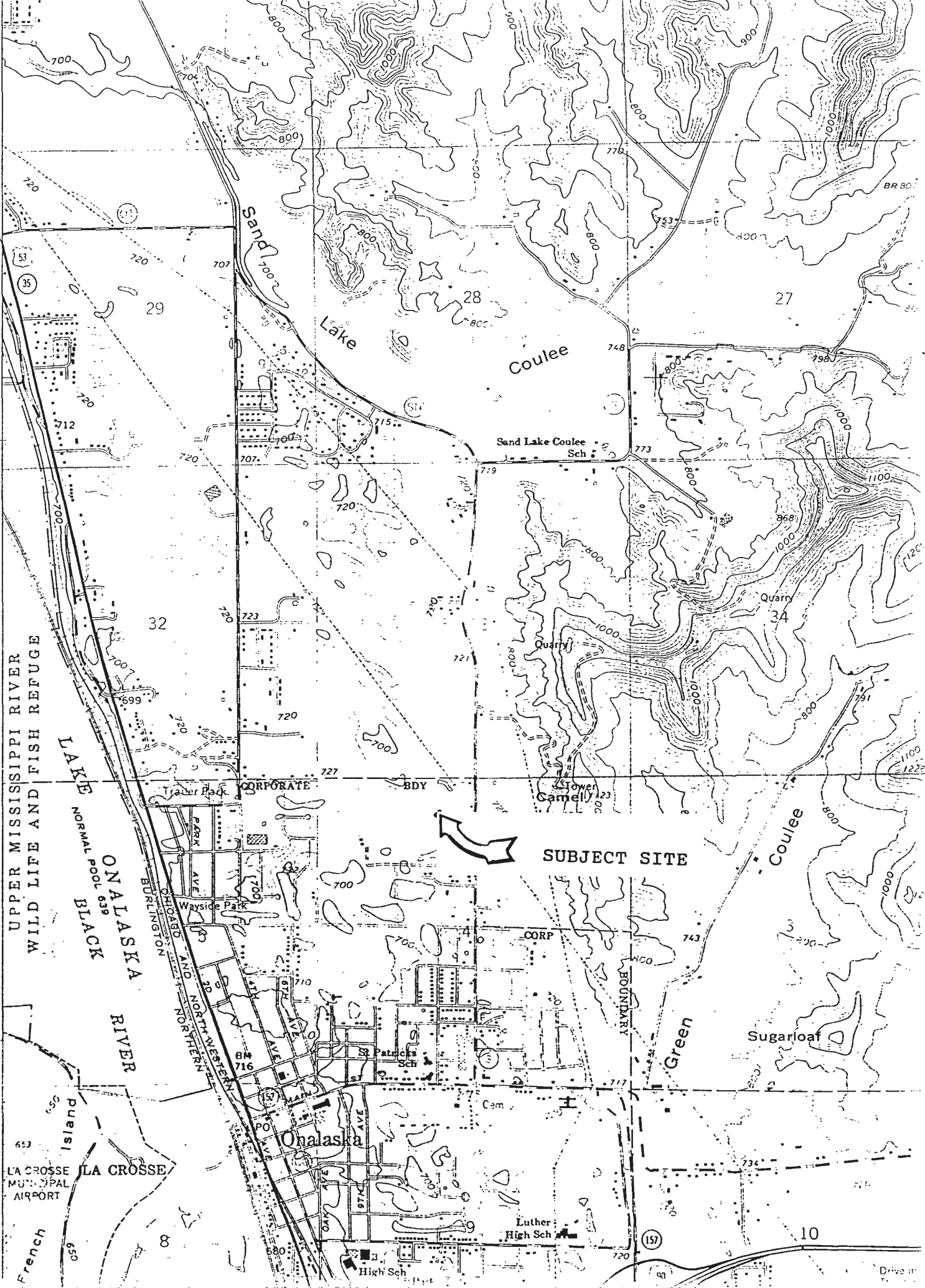
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FEET



UPPER MISSISSIPPI RIVER
WILD LIFE AND FISH REFUGE

LAKE NORMAL POOL 639
BLACK RIVER

ONALASKA RIVER

BURLINGTON
CHICAGO
AND NORTHERN

PARK AVE
WAYSIDE PARK

CORPORATE BDY

Onalaska



SUBJECT SITE

BOUNDARY

Green

Sugarloaf

Luther High Sch

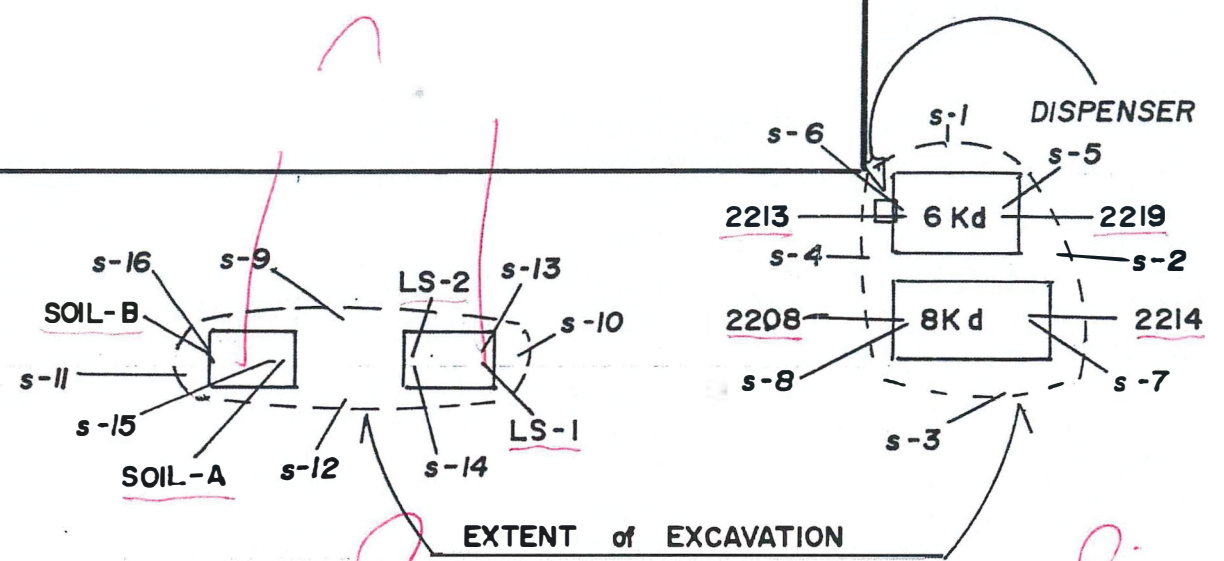
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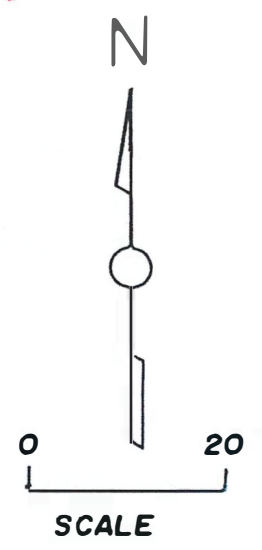
Drive in

GARAGE

COMMERCIAL
COURT



GOBEL FREIGHT LINES, INC.
 SITE LAYOUT PLAN
 SAMPLE LOCATION PLAN
 J.R. NELSON, P.G.



PHOTOIONIZATION DETECTOR
FIELD LOG INFORMATION

General Project Information

Project Name: GOBEL FREIGHT LINES Project Number: 93011
 Address: 920 COMMERCIAL CT City: OMALASKA
 State: WI County: LA CROSSE Date: OCT. 22 93

Equipment Information

Instrument Model Number: DL-100 Probe Lamp: 10.6 a✓
 Calibration Date: 10/22/93 Cal. Gas Conc.: 53 PPM
 Background Readings: (Pre) 0.1 (Post) 0.1 Level: -
 Temperature: 42° F Weather Conditions: P.C.
 Interferences: N/A Soil Boring Number: N/A

Samp. #	Sample Depth	Time Taken	Time Screen	Soil Type	Moisture Content	Field Units	Descrip.
S-1	4.5	08:50	09:10	SM-SP	SLIGHTLY M.	0.2	
S-2	6.0	09:07	09:25	SM-SP	SLIGHTLY M.	0.1	
S-3	5.5	09:14	09:30	SM-SP	SLIGHTLY M.	0.2	
S-4	6.5	09:21	09:35	SM-SP	SLIGHTLY M.	0.3	
S-5	11.5	13:06	13:30	SM-SP	SLIGHTLY M.	0.1	
S-6	11.0	13:12	13:30	SM-SP	SLIGHTLY M.	0.2	
S-7	11.0	14:00	14:20	SM-SP	SLIGHTLY M.	0.1	
S-8	11.5	14:02	14:20	SM-SP	SLIGHTLY M.	0.2	

Sampler Name: NELSON Project Manager: J. R. NELSON

PHOTOIONIZATION DETECTOR
FIELD LOG INFORMATION

General Project Information

Project Name: GOBEL FREIGHT LINES Project Number: 93011
 Address: 926 COMMERCIAL CT City: OSWALOSKA
 State: WI County: LA CROSSE Date: NOV. 1 '93

Equipment Information

Instrument Model Number: DL-106 Probe Lamp: 10.6 eV
 Calibration Date: 11/1/93 Cal. Gas Conc.: 53 PPM
 Background Readings: (Pre) 0.3 (Post) 0.3 Level: -
 Temperature: 37° F Weather Conditions: CLOUDY
 Interferences: N/A Soil Boring Number: N/A

Samp. #	Sample Depth	Time Taken	Time Screen	Soil Type	Moisture Content	Field Units	Descrip.
S-9	5.0	10:26	10:45	SM-SP	SLIGHT M.	.3	
S-10	5.5	10:37	11:00	SM-SP	SLIGHT	.4	
S-11	5.0	10:56	11:20	SM-SP		.3	
S-12	6.0	11:09	11:30	SM-SP		.4	
S-13	7.5	14:36	14:55	SM-SP		.3	
S-14	8.0	14:42	15:10	SM-SP		.3	
S-15	8.0	15:00	15:20	SM-SP		.3	
S-16	8.0	15:05	15:25	SM-SP		.3	

Sampler Name: NELSON Project Manager: J. R. NELSON

**UNDERGROUND
PETROLEUM PRODUCT
TANK INVENTORY**

Send Completed Form To:
Safety & Buildings Division
P.O. Box 7969
Madison, WI 53707
Telephone (608) 267-5280

Information Required By Sec. 101.142, Wis. Stats.

For Office Use Only:

Tank ID #

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. Please see the reverse side for additional information on this program. An underground storage tank is defined as any tank with at least 10 percent of its total volume (included piping) located below ground level. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? YES NO If yes, are you correcting/updating information only? Yes No

This registration applies to a tank that is (check one):

- 1A. In Use or 1B. Newly Installed
- 2. Abandoned With Product
- 3. Abandoned No Product (empty) or With Water
- 4. Closed - Tank Removed
- 6. Closed - Filled With Inert Material
- 7. Out of Service - Provide Date: _____
- 8. Changed Ownership (Indicate new owner below)

Fire Department Providing Fire Coverage
Where Tank Located:

ONAWASKA

A. IDENTIFICATION: (Please Print)

1. Tank Site Name: GOBEL FREIGHTLINES Site Address: 926 COMMERCIAL Site Telephone No.: (608) 783-6117

City ONAWASKA Village Town of: State WI Zip Code 54650 County LA CROSSE

2. Owner Name (mail sent here unless indicated otherwise in #3 below): CHARLES SMITH Owner Mailing Address (mail sent here unless indicated otherwise in #3): 926 COMMERCIAL CT

City ONAWASKA Village Town of: State WI Zip Code 54650 County LA CROSSE

3. Alternate Mailing Name If Different Than #2: _____ Alternate Mailing Street Address If Different From #2: _____

City Village Town of: State _____ Zip Code _____ County _____

4. Tank Age (date installed, if known: or years old) 1980 5. Tank Capacity (gallons) 8000 6. Tank Manufacturer's Name (if known) UNK

B. TYPE OF USER (check one):

- 1. Gas Station
- 2. Bulk Storage
- 3. Utility
- 4. Mercantile
- 5. Industrial
- 6. Government
- 7. School
- 8. Residential
- 9. Agricultural
- 10. Other (specify): _____

TANK CONSTRUCTION:

- 1. Bare Steel
- 2. Cathodically Protected and Coated Steel (A. Sacrificial Anodes or B. Impressed Current)
- 3. Coated Steel
- 4. Fiberglass
- 5. Other (specify): _____
- 6. Relined - Date _____
- 7. Steel - Fiberglass Reinforced Plastic Composite
- 9. Unknown

Approval: 1. Nat'l Std. 2. UL 3. Other: _____ Is Tank Double Walled? Yes No

Overfill Protection Provided? Yes No If yes, identify type: _____ Spill Containment? Yes No

Tank leak detection method: 1. Automatic tank gauging 2. Vapor monitoring 3. Groundwater monitoring 4. Inventory control and tightness testing 5. Interstitial monitoring 6. Not required at present 7. Manual Tank Gauging (only for tanks of 1,000 gallons or less)

D. PIPING CONSTRUCTION

- 1. Bare Steel
- 2. Cathodically Protected and Coated or Wrapped Steel (A. Sacrificial Anodes or B. Impressed Current)
- 3. Coated Steel
- 4. Fiberglass
- 5. Other (specify): _____
- 9. Unknown

Piping System Type: 1. Pressurized piping with: A. auto shutoff; B. alarm; or C. flow restrictor 2. Suction piping with check valve at tank 3. Suction piping with check valve at pump and inspectable

Piping leak detection method: used if pressurized or check valve at tank: 1. Vapor monitoring 2. Interstitial monitoring 3. Groundwater monitoring 4. Tightness testing 5. Line Leak Detector 6. Not Required

Approval: 1. Nat'l Std 2. UL 3. Other: _____ Double Walled: Yes No

E. TANK CONTENTS

- 1. Diesel
- 2. Leaded
- 3. Unleaded
- 4. Fuel Oil
- 5. Gasohol
- 6. Other
- 7. Empty
- 8. Sand/Gravel/Slurry
- 9. Unknown
- 10. Premix
- 11. Waste Oil
- 12. Propane
- 13. Chemical *
- 14. Kerosene
- 15. Aviation

* If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste.

If Tank Closed, Give Date (mo/day/yr): OCT. 22 1993 Has a site assessment been completed? (see reverse side for details) Yes No

If installation of a new tank is being reported, indicate who performed the installation inspection:
1. Fire Department 2. DILHR 3. Other (identify) _____

Name of Owner or Operator (Please print): Charles J. Smith Indicate Whether: Owner or Operator

Signature of Owner or Operator: [Signature] Date Signed: 10/22/93

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This registration applies to a tank that is (check one):
 1A. In Use or 1B. Newly Installed 4. Closed - Tank Removed 8. Changed Ownership
 2. Abandoned With Product 6. Closed - Filled With (Indicate new owner below)
 3. Abandoned No Product (empty) or With Water 7. Out of Service - Provide Date: _____
 Fire Department Providing Fire Coverage Where Tank Located: **ONALASKA**

A. IDENTIFICATION: (Please Print)
 1. Tank Site Name: **GOBEL FREIGHTLINES** Site Address: **926 COMMERCIAL CT** Site Telephone No.: **(608) 783-6117**
 City **ONALASKA** Village Town of: State: **WI** Zip Code: **54650** County: **LA CROSSE**
 2. Owner Name (mail sent here unless indicated otherwise in #3 below): **CHARLES SMITH** Owner Mailing Address (mail sent here unless indicated otherwise in #3): **926 COMMERCIAL CT**
 City **ONALASKA** Village Town of: State: **WI** Zip Code: **54650** County: **LA CROSSE**
 3. Alternate Mailing Name If Different Than #2: _____ Alternate Mailing Street Address If Different From #2: _____
 City Village Town of: State: Zip Code: County:
 4. Tank Age (date installed, if known: or years old): **1980** 5. Tank Capacity (gallons): **6000** 6. Tank Manufacturer's Name (if known): **UNK**

B. TYPE OF USER (check one):
 1. Gas Station 2. Bulk Storage 3. Utility 4. Mercantile
 5. Industrial 6. Government 7. School 8. Residential
 9. Agricultural 10. Other (specify): _____

TANK CONSTRUCTION:
 Bare Steel 2. Cathodically Protected and Coated Steel (A. Sacrificial Anodes or B. Impressed Current)
 3. Coated Steel 4. Fiberglass 5. Other (specify): _____
 6. Relined - Date: _____ 7. Steel - Fiberglass Reinforced Plastic Composite 9. Unknown
 Approval: 1. Nat'l Std. 2. UL 3. Other: _____ Is Tank Double Walled? Yes No
 Overfill Protection Provided? Yes No If yes, identify type: _____ Spill Containment? Yes No
 Tank leak detection method: 1. Automatic tank gauging 2. Vapor monitoring 3. Groundwater monitoring 4. Inventory control and tightness testing 5. Interstitial monitoring 6. Not required at present 7. Manual Tank Gauging (only for tanks of 1,000 gallons or less)

D. PIPING CONSTRUCTION
 1. Bare Steel 2. Cathodically Protected and Coated or Wrapped Steel (A. Sacrificial Anodes or B. Impressed Current) 3. Coated Steel
 4. Fiberglass 5. Other (specify): _____ 9. Unknown
 Piping System Type: 1. Pressurized piping with: A. auto shutoff; B. alarm; or C. flow restrictor 2. Suction piping with check valve at tank
 3. Suction piping with check valve at pump and inspectable
 Piping leak detection method: used if pressurized or check valve at tank: 1. Vapor monitoring 2. Interstitial monitoring
 3. Groundwater monitoring 4. Tightness testing 5. Line Leak Detector 6. Not Required
 Approval: 1. Nat'l Std 2. UL 3. Other: _____ Double Walled: Yes No

E. TANK CONTENTS
 1. Diesel 2. Leaded 3. Unleaded 4. Fuel Oil
 5. Gasohol 6. Other 7. Empty 8. Sand/Gravel/Slurry
 9. Unknown 10. Premix 11. Waste Oil 12. Propane
 13. Chemical * 14. Kerosene 15. Aviation
 * If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste.

If Tank Closed, Give Date (mo/day/yr): **OCT 22 1993** Has a site assessment been completed? (see reverse side for details) Yes No

If installation of a new tank is being reported, indicate who performed the installation inspection:
 1. Fire Department 2. DILHR 3. Other (identify): _____
 Name of Owner or Operator (please print): **CHARLES J. SMITH** Indicate Whether: Owner or Operator
 Signature of Owner or Operator: **Charles J. Smith** Date Signed: **10/22/93**

**UNDERGROUND
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TANK INVENTORY**

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Telephone (608) 267-5280

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For Office Use Only:

Tank ID #

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This registration applies to a tank that is (check one):

- 1A. In Use or 1B. Newly Installed
 2. Abandoned With Product
 3. Abandoned No Product (empty) or With Water
 4. Closed - Tank Removed
 6. Closed - Filled With Inert Material
 7. Out of Service - Provide Date: _____
 8. Changed Ownership (Indicate new owner below)

Fire Department Providing Fire Coverage Where Tank Located:

ONALASKA

A. IDENTIFICATION: (Please Print)

1. Tank Site Name: GOBEL FREIGHTLINE Site Address: 926 COMMERCIAL CT Site Telephone No.: (608) 783-1117
 City ONALASKA Village Town of: State WI Zip Code 54650 County LA CROSSE
 2. Owner Name (mail sent here unless indicated otherwise in #3 below): CHARLES SMITH Owner Mailing Address (mail sent here unless indicated otherwise in #3): 926 COMMERCIAL
 City ONALASKA Village Town of: State WI Zip Code 54650 County LA CROSSE
 3. Alternate Mailing Name If Different Than #2: _____ Alternate Mailing Street Address If Different From #2: _____
 City Village Town of: State _____ Zip Code _____ County _____
 4. Tank Age (date installed, if known: or years old) 1980 5. Tank Capacity (gallons) 2000 6. Tank Manufacturer's Name (if known) UNK

B. TYPE OF USER (check one):

1. Gas Station 2. Bulk Storage 3. Utility 4. Mercantile
 5. Industrial 6. Government 7. School 8. Residential
 9. Agricultural 10. Other (specify): _____

TANK CONSTRUCTION:

Bare Steel 2. Cathodically Protected and Coated Steel (A. Sacrificial Anodes or B. Impressed Current)
 3. Coated Steel 4. Fiberglass 5. Other (specify): _____
 6. Relined - Date _____ 7. Steel - Fiberglass Reinforced Plastic Composite 9. Unknown
 Approval: 1. Nat'l Std. 2. UL 3. Other: _____ Is Tank Double Walled? Yes No
 Overfill Protection Provided? Yes No If yes, identify type: _____ Spill Containment? Yes No
 Tank leak detection method: 1. Automatic tank gauging 2. Vapor monitoring 3. Groundwater monitoring 4. Inventory control and tightness testing 5. Interstitial monitoring 6. Not required at present 7. Manual Tank Gauging (only for tanks of 1,000 gallons or less)

D. PIPING CONSTRUCTION

1. Bare Steel 2. Cathodically Protected and Coated or Wrapped Steel (A. Sacrificial Anodes or B. Impressed Current) 3. Coated Steel
 4. Fiberglass 5. Other (specify): COPPER 9. Unknown
 Piping System Type: 1. Pressurized piping with: A. auto shutoff; B. alarm; or C. flow restrictor 2. Suction piping with check valve at tank
 3. Suction piping with check valve at pump and inspectable
 Piping leak detection method: used if pressurized or check valve at tank: 1. Vapor monitoring 2. Interstitial monitoring
 3. Groundwater monitoring 4. Tightness testing 5. Line Leak Detector 6. Not Required
 Approval: 1. Nat'l Std. 2. UL 3. Other: _____ Double Walled: Yes No

E. TANK CONTENTS

1. Diesel 2. Leaded 3. Unleaded 4. Fuel Oil
 5. Gasohol 6. Other 7. Empty 8. Sand/Gravel/Slurry
 9. Unknown 10. Premix 11. Waste Oil 12. Propane
 13. Chemical* 14. Kerosene 15. Aviation

* If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste.

If Tank Closed, Give Date (mo/day/yr): NOV 1 1993 Has a site assessment been completed? (see reverse side for details) Yes No

If installation of a new tank is being reported, indicate who performed the installation inspection:
 Fire Department 2. DILHR 3. Other (identify) _____
 Name of Owner or Operator (please print): Charles J. Smith Indicate Whether: Owner or Operator
 Signature of Owner or Operator: [Signature] Date Signed: 11/1/93

**UNDERGROUND
PETROLEUM PRODUCT
TANK INVENTORY**

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For Office Use Only:
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Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. Use the reverse side for additional information on this program. An underground storage tank is defined as any tank with at least 10 percent of its total volume (included piping) located below ground level. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? YES NO If yes, are you correcting/updating information only? Yes No

This registration applies to a tank that is (check one):			Fire Department Providing Fire Coverage Where Tank Located:	
1A. <input type="checkbox"/> In Use or 1B. <input type="checkbox"/> Newly Installed	4. <input checked="" type="checkbox"/> Closed - Tank Removed	8. <input type="checkbox"/> Changed Ownership	ONALASKA	
2. <input type="checkbox"/> Abandoned With Product	6. <input type="checkbox"/> Closed - Filled With Inert Material	(Indicate new owner below)		
3. <input type="checkbox"/> Abandoned No Product (empty) or With Water	7. <input type="checkbox"/> Out of Service - Provide Date: _____			

A. IDENTIFICATION: (Please Print)

1. Tank Site Name GOBEL FREIGHTLINES		Site Address 926 COMMERCIAL CT		Site Telephone No. (608) 783-6117	
<input checked="" type="checkbox"/> City ONALASKA	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	State WI	Zip Code 54650	County LA CROSSE
2. Owner Name (mail sent here unless indicated otherwise in #3 below) CHARLES SMITH			Owner Mailing Address (mail sent here unless indicated otherwise in #3) 926 COMMERCIAL CT		
<input checked="" type="checkbox"/> City ONALASKA	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	State WI	Zip Code 54650	County LA CROSSE
3. Alternate Mailing Name If Different Than #2			Alternate Mailing Street Address If Different From #2		
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	State	Zip Code	County
4. Tank Age (date installed, if known: or years old) 1980	5. Tank Capacity (gallons) 2000	6. Tank Manufacturer's Name (if known) UNK			

B. TYPE OF USER (check one):

1. <input type="checkbox"/> Gas Station	2. <input type="checkbox"/> Bulk Storage	3. <input type="checkbox"/> Utility	4. <input type="checkbox"/> Mercantile
5. <input checked="" type="checkbox"/> Industrial	6. <input type="checkbox"/> Government	7. <input type="checkbox"/> School	8. <input type="checkbox"/> Residential
9. <input type="checkbox"/> Agricultural	10. <input type="checkbox"/> Other (specify): _____		

TANK CONSTRUCTION:

<input type="checkbox"/> Bare Steel	2. <input type="checkbox"/> Cathodically Protected and Coated Steel (A. <input type="checkbox"/> Sacrificial Anodes or B. <input type="checkbox"/> Impressed Current)
3. <input checked="" type="checkbox"/> Coated Steel	4. <input type="checkbox"/> Fiberglass
5. <input type="checkbox"/> Other (specify): _____	6. <input type="checkbox"/> Relined - Date _____
7. <input type="checkbox"/> Steel - Fiberglass Reinforced Plastic Composite	9. <input type="checkbox"/> Unknown
Approval: 1. <input type="checkbox"/> Nat'l Std. 2. <input type="checkbox"/> UL 3. <input type="checkbox"/> Other: _____	Is Tank Double Walled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Overfill Protection Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify type: _____	Spill Containment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Tank leak detection method: 1. <input type="checkbox"/> Automatic tank gauging 2. <input type="checkbox"/> Vapor monitoring 3. <input type="checkbox"/> Groundwater monitoring 4. <input type="checkbox"/> Inventory control and tightness testing 5. <input type="checkbox"/> Interstitial monitoring 6. <input type="checkbox"/> Not required at present 7. <input type="checkbox"/> Manual Tank Gauging (only for tanks of 1,000 gallons or less)	

D. PIPING CONSTRUCTION

1. <input type="checkbox"/> Bare Steel	2. <input type="checkbox"/> Cathodically Protected and Coated or Wrapped Steel (A. <input type="checkbox"/> Sacrificial Anodes or B. <input type="checkbox"/> Impressed Current)	3. <input checked="" type="checkbox"/> Coated Steel
4. <input type="checkbox"/> Fiberglass	5. <input type="checkbox"/> Other (specify): _____	9. <input type="checkbox"/> Unknown
Piping System Type: 1. <input type="checkbox"/> Pressurized piping with: A. <input type="checkbox"/> autoshutoff; B. <input type="checkbox"/> alarm; or C. <input type="checkbox"/> flow restrictor 2. <input type="checkbox"/> Suction piping with check valve at tank 3. <input type="checkbox"/> Suction piping with check valve at pump and inspectable		
Piping leak detection method: used if pressurized or check valve at tank: 1. <input type="checkbox"/> Vapor monitoring 2. <input type="checkbox"/> Interstitial monitoring 3. <input type="checkbox"/> Groundwater monitoring 4. <input type="checkbox"/> Tightness testing 5. <input type="checkbox"/> Line Leak Detector 6. <input type="checkbox"/> Not Required		
Approval: 1. <input type="checkbox"/> Nat'l Std 2. <input type="checkbox"/> UL 3. <input type="checkbox"/> Other: _____	Double Walled: <input type="checkbox"/> Yes <input type="checkbox"/> No	

E. TANK CONTENTS

1. <input type="checkbox"/> Diesel	2. <input type="checkbox"/> Leaded	3. <input type="checkbox"/> Unleaded	4. <input type="checkbox"/> Fuel Oil
5. <input type="checkbox"/> Gasohol	6. <input type="checkbox"/> Other	7. <input type="checkbox"/> Empty	8. <input type="checkbox"/> Sand/Gravel/Slurry
9. <input type="checkbox"/> Unknown	10. <input type="checkbox"/> Premix	11. <input checked="" type="checkbox"/> Waste Oil	12. <input type="checkbox"/> Propane
13. <input type="checkbox"/> Chemical*	14. <input type="checkbox"/> Kerosene	15. <input type="checkbox"/> Aviation	

* If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste.

If Tank Closed, Give Date (mo/day/yr): NOV. 1 1993	Has a site assessment been completed? (see reverse side for details) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

If installation of a new tank is being reported, indicate who performed the installation inspection:		
1. <input type="checkbox"/> Fire Department	2. <input type="checkbox"/> DILHR	3. <input type="checkbox"/> Other (identify) _____
Name of Owner or Operator (please print): Charles J. Smith		Indicate Whether: <input checked="" type="checkbox"/> Owner or <input type="checkbox"/> Operator
Signature of Owner or Operator: <i>Charles J. Smith</i>		Date Signed: 11/1/93

CHECKLIST FOR UNDERGROUND TANK CLOSURE

RETURN COMPLETED CHECKLIST TO:
Safety & Buildings Division
Fire Prevention & Underground
Storage Tank Section
P. O. Box 7969, Madison, WI 53707

**Complete one form for
each site closure.**

A. IDENTIFICATION: (Please Print) Indicate whether closure is for: Tank System Tank Only Piping Only

1. Site Name GOBEL FREIGHTLINES			2. Owner Name GOBEL FREIGHTLINES		
Site Street Address (not P.O. Box) 926 COMMERCIAL CT			Owner Street Address 926 COMMERCIAL CT.		
<input checked="" type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	<input checked="" type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:
ONALASKA			ONALASKA		State WI
State WI	Zip Code 54650	County LA CROSSE	County LA CROSSE	Telephone No. (include area code) (608) 783-6117	

3. Closure Company Name (Print) LES MANSKE & SONS	Closure Company Street Address ROUTE 1
Closure Company Telephone No. (include area code) (608) 788-1674	Closure Company City, State, Zip Code STONARA, WI 54658

4. Name of Company Performing Closure Assessment CENTRAL TESTING SERVICES LTD	Assessment Company Street Address, City, State, Zip Code 210 E. COLUMBIA ST. WAIPAEWA FALLS WI 54729
Telephone # (include area code) (715) 720-0433	Certified Assessor Name (Print) JAMES R NELSON
	Assessor Signature <i>James R Nelson</i>
	Assessor Certification No. RL SA 00505

Tank ID #	Closure	Temp. Closure	Closure In Place	Tank Capacity	Contents *	Closure Assessment
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8000	01	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6000	01	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2000	04	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2000	11	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N

Indicate which product by numeric code: 01-Diesel; 02-Leaded; 03-Unleaded; 04-Fuel Oil; 05-Gasohol; 06-Other; 09-Unknown; 10-Premix; 11-Waste oil; 13-Chemical (indicate the chemical name(s) or numbers(s)); 14-Kerosene; 15-Aviation.

Written notification was provided to the local agent 15 days in advance of closure date. Y N NA
All local permits were obtained before beginning closure. Y N NA

Check applicable box at right in response to all statements in Sections B - E.

B. TEMPORARILY OUT OF SERVICE	Remover Verified	Inspector Verified	NA
Written inspector approval of temporary closure obtained, which is effective until (provide date) _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
1. Product Removed			
a. Product lines drained into tank (or other container) and resulting liquid removed, AND	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. All product removed to bottom of suction line, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
c. All product removed to within 1" of bottom.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
3. All product lines at the islands or pumps located elsewhere are removed and capped, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
4. Dispensers/pumps left in place but locked and power disconnected.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
5. Vent lines left open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
6. Inventory form filed indicating temporary closure.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

C. CLOSURE BY REMOVAL	Remover Verified	Inspector Verified	NA
1. Product from piping drained into tank (or other container).	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
2. Piping disconnected from tank and removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
3. All liquid and residue removed from tank using explosion proof pumps or hand pumps.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
4. All pump motors and suction hoses bonded to tank or otherwise grounded.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
5. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: DROP TUBE SHOULD NOT BE REMOVED IF THE TANK IS TO BE PURGED THROUGH THE USE OF AN EDUCTOR.			
Vent lines left connected until tanks purged.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
7. Tank openings temporarily plugged so vapors exit through vent.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
8. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section F.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
9. Tank removed from excavation after PURGING/INERTING ; placed on level ground and blocked to prevent movement.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
10. Tank cleaned before being removed from site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

C. CLOSURE BY REMOVAL (continued)

- | | Remover
Verified | Inspector
Verified | NA |
|--|--|--------------------------|--------------------------|
| 11. Tank labeled in 2" high letters after removal but before being moved from site. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; DATE. | | | |
| 12. Tank vent hole (1/8 th " in uppermost part of tank) installed prior to moving the tank from site. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Inventory form filed by owner with Safety and Buildings Division indicating closure by removal. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Site security is provided while the excavation is open. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |

D. CLOSURE IN PLACE

NOTE: CLOSURES IN PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS OR LOCAL AGENT.

- | | | | |
|--|---|--------------------------|--------------------------|
| 1. Product from piping drained into tank (or other container). | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Piping disconnected from tank and removed. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. All liquid and residue removed from tank using explosion proof pumps or hand pumps. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. All pump motors and suction hoses bonded to tank or otherwise grounded. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| NOTE: DROP TUBE SHOULD NOT BE REMOVED IF THE TANK IS TO BE PURGED THROUGH THE USE OF AN EDUCTOR - EDUCTOR OUTPUT 12 FT ABOVE GRADE. | | | |
| 6. Vent lines left connected until tanks purged. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Tank openings temporarily plugged so vapors exit through vent. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section F. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Tank properly cleaned to remove all sludge and residue. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Solid inert material (sand, cyclone boiler slag, pea gravel recommended) introduced and tank filled. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Vent line disconnected or removed. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Inventory form filed by owner with Safety and Buildings Division indicating closure in place. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |

E. CLOSURE ASSESSMENTS

NOTE: DETERMINE IF A CLOSURE ASSESSMENT IS REQUIRED BY REFERRING TO ILHR 10.

- | | | | |
|--|--|--------------------------|--------------------------|
| 1. Individual conducting the assessment has a closure assessment plan (written) which is used as the basis for their work on the site. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do points of obvious contamination exist? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there strong odors in the soils? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was a field screening instrument used to pre-screen soil sample locations? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was a closure assessment omitted because of obvious contamination? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was the DNR notified of suspected or obvious contamination? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency, office and person contacted: _____ | | | |
| 7. Contamination suspected because of: <input type="checkbox"/> Odor <input type="checkbox"/> Soil Staining <input type="checkbox"/> Free Product <input type="checkbox"/> Sheen On Groundwater <input type="checkbox"/> Field Instrument Test | | | |

F. METHOD OF ACHIEVING 10% LEVEL DESCRIPTION

- Educator Or Diffused Air Blower
 Educator driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground.
 Diffused air blower bonded and drop tube removed. Air pressure not exceeding 5 psig.
- Dry Ice
 Dry ice introduced at 1.5 pounds per 100 gallons of tank capacity. Dry ice crushed and distributed over the greatest possible tank area. Dry ice evaporated before proceeding.
- Inert Gas (CO/2 or N/2) **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. THE TANK MAY NOT BE ENTERED IN THIS STATE WITHOUT SPECIAL EQUIPMENT**
 Gas introduced through a single opening at a point near the bottom of the tank at the end of the tank opposite the vent.
 Gas introduced under low pressure not to exceed 5 psig to reduce static electricity. Gas introducing device grounded.
- Tank atmosphere monitored for flammable or combustible vapor levels.
 Calibrate combustible gas indicator. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank. Readings of 10% or less of the lower flammable range (LEL) obtained before removing tank from ground.

G. NOTE SPECIFIC PROBLEMS OR NONCOMPLIANCE ISSUES BELOW

H. REMOVER/CLEANER INFORMATION

LES MANSUK _____ R/C 02613 _____
 Remover Name (print) Remover Signature Remover Certification No. Date Signed

I. INSPECTOR INFORMATION

 Inspector Name (print) Inspector Signature Inspector Certification No.

 FDID # For Location Where Inspection Performed Inspector Telephone Number Date Signed

DAVY LABORATORIES

115 South 6th Street
P.O. Box 2076
La Crosse WI 54602-2076
(608) 782-3130
FAX: (608) 784-6611



ACG Environmental, Inc.
W6833 Industrial Blvd.
Onalaska, WI 54650

November 10, 1993

Client No. 16502/16574

Attn: Mr. Jim Nelson

Project: Fabco GCBEL

INTRODUCTION:

Four soil samples were received on October 26, 1993. The client requested that the samples be analyzed for Wisconsin method diesel range organics (WDRO).

SAMPLE IDENTIFICATION:

The samples were collected on October 22, 1993. The samples were delivered to the laboratory on October 26, 1993 by the client. Upon arrival at the laboratory, the samples were given the following identification numbers:

DAVY LAB NO.	SAMPLE SITE
33002	2219-East End Tank 1
33249	2213-West End Tank 1
33250	2214-East End Tank 2
33003	2208-West End Tank 2

METHODOLOGY:

WISCONSIN MODIFIED METHOD TPH ORGANIC ANALYSIS

The samples were analyzed according to the Wisconsin Department of Natural Resources modified DRO method.

WDRO ANALYSIS

Each sample for the determination of Wisconsin method diesel range organics (WDRO) was extracted two times with hexane. The extracts were then dried and concentrated to 1 mL with hexane.

A portion of each sample was injected in to a Perkin-Elmer Sigma 2B GC equipped with a FID detector. Commercially prepared standards are used to calibrate the system. A ten component mix is used to determine the range and quantitate the sample. Area response of the sample between the first and last eluting component of the ten component standard is quantified.

RESULTS:

The results of the analysis for WDRO in the samples are given on the next page:

DAVY LABORATORIES

115 South 6th Street
P.O. Box 2076
La Crosse WI 54602-2076
(608) 782-3130
FAX: (608) 784-6611



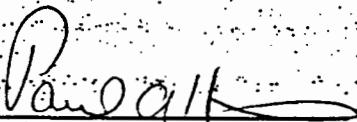
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Page 2

Sample No.	Sample Site	MDL	WDRO (mg/kg) ^a	Date Extracted	Date Analyzed
33002	2219	1.0	ND	102793	102893
33249	2213	1.0	ND	110293	110393
33250	2214	1.0	ND	110293	110393
33003	2208	1.0	ND	102793	102893

ND - means 'Not Detected'
MDL - Minimum Detection Limit
a - calculated on a 'dry weight' basis

Submitted by:

DAVY LABORATORIES


Paul A. Harris, Director

The laboratory analysis reported were determined in accordance with current methodology. The results are only representative of the samples received; conditions can be expected to vary at different times and under different sampling conditions.

DAVY LABORATORIES

115 South 6th Street
P.O. Box 2076
La Crosse WI 54602-2076
(608) 782-3130
FAX: (608) 784 6611



ACG Environmental, Inc.
W6833 Industrial Blvd.
Onalaska, WI 54650

November 11, 1993

Client No. 16567

Attn: Mr. Jim Nelson

Project: 0924 FAB

INTRODUCTION:

Two soil samples were received on November 2, 1993. The client requested that the samples be analyzed for Wisconsin method diesel range organics (WDRO).

SAMPLE IDENTIFICATION:

The samples were collected on November 1, 1993. The samples were delivered to the laboratory on November 2, 1993 by the client. Upon arrival at the laboratory, the samples were given the following identification numbers:

DAVY LAB NO.	SAMPLE SITE
33237	LS-1
33238	LS-2

METHODOLOGY:

WISCONSIN MODIFIED METHOD TPH ORGANIC ANALYSIS -

The samples were analyzed according to the Wisconsin Department of Natural Resources modified DRO method.

WDRO ANALYSIS -

Each sample for the determination of Wisconsin method diesel range organics (WDRO) was extracted two times with hexane. The extracts were then dried and concentrated to 1 mL with hexane.

A portion of each sample was injected into a Perkin-Elmer Sigma 2B GC equipped with a FID detector. Commercially prepared standards are used to calibrate the system. A ten component mix is used to determine the range and quantitate the sample. Area response of the sample between the first and last eluting component of the ten component standard is quantified.

RESULTS:

The results of the analysis for WDRO in the samples are given below:

Sample No.	Sample Site	MDL	WDRO (mg/kg) ^a	Date Extracted	Date Analyzed
33237	LS-1	1.0	ND	110293	110393
33238	LS-2	1.0	ND	110293	110393

ND - means Not Detected

MDL - Minimum Detection Limit

a - calculated on a 'dry weight' basis

DAVY LABORATORIES

115 South 6th Street
P.O. Box 2076
La Crosse WI 54602-2076
(608) 782-3130
FAX: (608) 784-6611



Division of Davy Engineering Co.

November 11, 1993
ACG-16567
Page 2

Submitted by:

DAVY LABORATORIES


Paul A. Harris, Director

The laboratory analysis reported were determined in accordance with current methodology. The results are only representative of the samples received; conditions can be expected to vary at different times and under different sampling conditions.

DAVY LABORATORIES

115 South 6th Street
P.O. Box 2076
La Crosse WI 54602-2076
(608) 782-3130
FAX: (608) 784-6611

Les Manske and Sons
Rt. 1
Stoddard, WI 54658



April 18, 1994

Client No. 18108

Attn: Les Manske

INTRODUCTION:

Two soil samples were received on April 4, 1994. The client requested that the samples be analyzed for Wisconsin method diesel range organics (WDRO).

SAMPLE IDENTIFICATION:

The samples were collected on April 4, 1994. The samples were collected by the client. The samples were delivered to the laboratory on April 4, 1994 by the client. Upon arrival at the laboratory, the samples were given the following identification numbers:

Sample No.	Sample Site
37541	Soil - A
37542	Soil - B

METHODOLOGY:

WISCONSIN MODIFIED METHOD TPH ORGANIC ANALYSIS -

The samples were analyzed according to Wisconsin Department of Natural Resources modified DRO method.

WDRO ANALYSIS -

Each sample for the determination of Wisconsin method diesel range organics (WDRO) was extracted two times with hexane. The extracts were then dried and concentrated to 1 mL with hexane.

A portion of each sample was injected into a Perkin-Elmer Sigma 2B GC equipped with a FID detector. Commercially prepared standards are used to calibrate the system. A ten component mix is used to determine the range and quantitate the sample. Area response of the sample between the first and last eluting component of the ten component standard is quantified.

RESULTS:

The result of the analysis for WDRO in the samples are given below:

Sample No.	Sample Site	MDL	WDRO (mg/kg) ^a	Date Extracted	Date Analyzed
37541	Soil - A	1.0	<1.0	040594	040894
37542	Soil - B	1.0	<1.0	040594	040894

< means 'less than'

a - calculated on a 'dry weight' basis

MDL - Minimum Detection Level

DAVY LABORATORIES

115 South 6th Street
P.O. Box 2076
La Crosse WI 54602-2076
(608) 782-3130
FAX: (608) 784-6611



April 18, 1994
Les Manske and Sons - 18108
Page 2

Submitted by:

DAVY LABORATORIES



Paul A. Harris, Director

The laboratory analysis reported were determined in accordance with current methodology. The results are only representative of the samples received; conditions can be expected to vary at different times and under different sampling conditions.

DAVY LABORATORIES

115 South 6th Street
P.O. Box 2076
La Crosse WI 54602-2076
(608) 782-3130
FAX: (608) 784-6611

Les Manske and Sons
Rt. 1
Stoddard, WI 54658

Attn: Les Manske



April 18, 1994

Client No. 18108

Revised: April 28, 1994

INTRODUCTION:

Two soil samples were received on April 4, 1994. The client requested that the samples be analyzed for Wisconsin method diesel range organics (WDRO).

SAMPLE IDENTIFICATION:

The samples were collected on April 4, 1994. The samples were collected by the client. The samples were delivered to the laboratory on April 4, 1994 by the client. Upon arrival at the laboratory, the samples were given the following identification numbers:

Sample No.	Sample Site
37541	Soil - A
37542	Soil - B

METHODOLOGY:

WISCONSIN MODIFIED METHOD TPH ORGANIC ANALYSIS -

The samples were analyzed according to Wisconsin Department of Natural Resources modified DRO method.

WDRO ANALYSIS -

Each sample for the determination of Wisconsin method diesel range organics (WDRO) was extracted two times with hexane. The extracts were then dried and concentrated to 1 mL with hexane.

A portion of each sample was injected into a Perkin-Elmer Sigma 2B GC equipped with a FID detector. Commercially prepared standards are used to calibrate the system. A ten component mix is used to determine the range and quantitate the sample. Area response of the sample between the first and last eluting component of the ten component standard is quantified.

RESULTS:

The result of the analysis for WDRO in the samples are given below:

Sample No.	Sample Site	MDL	WDRO (mg/kg) ^a	Date Extracted	Date Analyzed
37541	Soil - A	1.0	<1.0	040594	040894
37542	Soil - B	1.0	<1.0	040594	040894

< means 'less than'

a - calculated on a 'dry weight' basis

MDL - Minimum Detection Level

DAVY LABORATORIES

115 South 6th Street
P.O. Box 2076
La Crosse WI 54602-2076
(608) 782-3130
FAX: (608) 784-6611



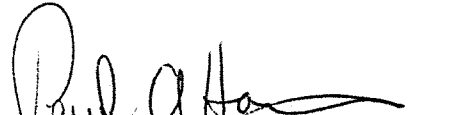
April 18, 1994
Les Manske and Sons - 18108
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Revised: April 28, 1994

DISCUSSION:

The samples were received at the laboratory within two hours of collection. Client made attempt to cool samples with cooler and ice packs. Sample temperature was determined by qualitative means. Surface of jar warmer than sample.

Submitted by:

DAVY LABORATORIES



Paul A. Harris, Director

The laboratory analysis reported were determined in accordance with current methodology. The results are only representative of the samples received; conditions can be expected to vary at different times and under different sampling conditions.

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CHAIN OF CUSTODY REPORT FORM



SAMPLE COLLECTOR(S) (Print) <i>Les Manske</i>	SAMPLE COLLECTOR(S) (Signature) <i>X Les Manske</i>	Telephone Number (include area code)
CLIENT <i>Les Manske + Sons</i>	CLIENT ADDRESS <i>Rt 1</i>	City, State, Zip Code <i>Stoddard WI 54658</i>

I hereby certify that I received, properly handled, and disposed of these samples as noted below:

Purchase Order Number: _____

NOTE: SHADED AREAS FOR LAB USE ONLY!

Relinquished By (signature)	Date/Time	Received by (Signature)
Relinquished By (signature)	Date/Time	Received by (Signature)

Temperature of Temperature Blank* *room temp*

*If Samples were received on ice, and there was ice remaining, you may report the temperature as "Received on ice". If all of the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Relinquished By (signature)					Date/Time	Received for Laboratory by (Signature)		DATE/TIME	SAMPLE CONDITION				
Field I.D. Number	Date Collected	Time Collected	Sample Type ¹	Preserv. Type ²	SAMPLE Description/Parameters (see footnote) ³			Lab ID Number	No./Type of Containers	Cracked/Broken?	Inproperly Sealed?	Good Condition?	Other Comments? ⁴
<i>X Les Manske</i>					<i>4-4-94 (1415)</i>	<i>D. B.</i>		<i>4-4-94 (1415)</i>					
	<i>4-4</i>	<i>1300</i>	<i>S</i>	<i>4</i>	<i>DRO Soil</i>	<i>A</i>	<i>Gobel</i>	<i>37541</i>	<i>2 2oz glass</i>			<input checked="" type="checkbox"/>	
	<i>4-4</i>	<i>1300</i>	<i>S</i>	<i>4</i>	<i>DRO Soil</i>	<i>B</i>	<i>Gobel</i>	<i>37542</i>	<i>"</i>			<input checked="" type="checkbox"/>	

¹Specify groundwater (GW), surface water (SW), soil (S), leachate (L), sludge (SL), Wastewater Effluent (WWE), Wastewater Influent (WWI), Drinking Water (DW), Other (O).
²Preservation Codes: (1)HNO₃, (2)H₂SO₄, (3)NaOH, (4) Refrigerated at 4°C, (5) Na₂S₂O₃+EDTA, (6)HCl, (7)None, (8)Other: _____
³Sample description must clearly correlate the sample ID to the sampling location. The types of analyses should be specified here.

IN *Del*
 OUT *Del*

Disposition of unused portion of sample
 Laboratory should: Dispose Retain for _____ days Return Other _____

⁴Laboratory codes:
 (A) _____ Duplicate out (D) _____ Matrix Interference
 (B) _____ Spike out (E) _____ Preservation Procedures
 (C) _____ Holding Time (F) _____ Other _____

JAH 4/5/93



Chain Of Custody Record

ACG Environmental, Inc.
W6833 Industrial Blvd.
Onalaska, WI 54650
608-781-2390

ROI?

General Project Information

Sample Collector: _____ Title: _____ Phone No.: _____
 Project Name: Fab-co Project No: --- Date Taken.: October 22, 1995
 Project Address: _____ Property Owner: _____ Phone No.: _____
 City: La Crosse County: La Crosse State: WI Zip: 54601

Sample Information:

Sample I.D. No.	Date	Time	Grab	Comp	Location	Depth	Analysis	Comments
2219					E. end Tank 1		3300.2	
2213					W. end Tank 1		3300.3	33249
2214					E. end Tank 2		3300.2	33250
2208					W. end Tank 2		3300.3	

Relinquished By: (Name)	Date:	Time:	Submitted To:	Submitted Via:	Date:
			<u>S.D.</u>		<u>10-26-95</u>

Relinquished By: (Signature)	Date:

Remarks: _____

