

Notification For Hazardous Substance Discharge
(Non-Emergency Only)

Form 4400-225 (01-10) Page 1 of 2

Emergency Discharges / Spills should be reported via the 24-Hour Hotline: 1-800-943-0003

Notice: Hazardous substance discharges must be reported immediately according to s. 292.11 Wis. Stats. Non-emergency hazardous substance discharges may be reported by telefaxing or e-mailing a completed report to the Department, or calling or visiting a Department office in person. If you choose to notify the Department by telefax or by email, you should use this form to be sure that all necessary information is included. However, use of this form is not mandatory. Under s. 292.99, Wis. Stats., the penalty for violating the reporting requirements of ch. 292 Wis. Stats., shall be no less than \$10 nor more than \$5000 for each violation. Each day of continued violation is a separate offense. It is not the Department's intention to use any personally identifiable information from this form for any purpose other than program administration. However, information submitted on this form may also be made available to requesters under Wisconsin's Open Records Law (ss. 19.31 – 19.39, Wis. Stats.).

Confirmatory laboratory data should be included with this form, to assist the DNR in processing this Hazardous Substance Release Notification.

Complete this form. **TYPE or PRINT LEGIBLY.** NOTIFY appropriate DNR region (see next page) **IMMEDIATELY** upon discovery of a potential release from (check one):

- ☒ Underground Petroleum Storage Tank System
☐ Aboveground Petroleum Storage Tank System
☐ Dry Cleaner Facility (DERP eligibility based on: ☐ Facility owner/operator ☐ Property owner of licensed facility)
☐ Other - Describe: _____

ATTN DNR: **R & R Program Associate**

Date DNR Notified: Feb 26, 2010

1. Discharge Reported By

Name Timothy E. Wimmer, P.G.	Firm Sigma Environmental Services, Inc.	(Area Code) Phone Number (414) 643-4139
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Mailing Address

1300 W. Canal Street, Milwaukee, WI 53233

E-mail Address

tzimmer@thesigmagroup.com

2. Site Information

Name of site at which discharge occurred. Include local name of site/business, not responsible party name, unless a residence/vacant property. Bergemann's Auto Care

Location: Include street address, not PO Box. If no street address, describe as precisely as possible, i.e., 1/4 mile NW of CTHs 60 & 123 on E side of CTH 60.

80 E. John Street

Municipality: (City, Village, Township) Specify municipality in which the site is located, not mailing address/city.

Markesan

County:

Green Lake

Legal Description:

1/4 1/4 Sec Tn Range

☐ E

☐ W

WTM:

X

Y

3. Responsible Party (RP) and/or RP Representative

Responsible Party Name: Business or owner name that is responsible for cleanup. If more than one, list all. Attach additional pages as necessary.

Condon Oil, Co.

- ☐ Reported in compliance with s. 292.11(2), Wis. Stats., by a local government exempt from liability under s. 292.11(9)(e), Wis. Stats.
☐ For more information see http://dnr.wi.gov/org/aw/rr/liability/muni_1.html.

Contact Person

Name (if different) Tom Reinsch

Phone Number

(920) 748-3186

E-mail Address

treinsch@condoncompanies.com

Mailing Address

126 East Jackson Street

City

Ripon

State

WI

ZIP Code

54971-0184

(continued)

Notification For Hazardous Substance Discharge
(Non-Emergency Only)

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4. Hazardous Substance Impact Information

Identify hazardous substance discharged (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> VOC's | <input type="checkbox"/> Diesel | <input type="checkbox"/> PERC (Dry Cleaners) |
| <input type="checkbox"/> PAH's | <input checked="" type="checkbox"/> Fuel Oil | <input type="checkbox"/> RCRA Hazardous Waste |
| | <input type="checkbox"/> Gasoline | <input type="checkbox"/> Leachate |
| <input type="checkbox"/> Metals (specify): _____ | <input type="checkbox"/> Hydraulic Oil | |
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Jet Fuel | <input type="checkbox"/> Fertilizer |
| <input type="checkbox"/> Chromium | <input type="checkbox"/> Mineral Oil | <input type="checkbox"/> Pesticide/Herbicide/Insecticide(s) |
| <input type="checkbox"/> Cyanide | <input type="checkbox"/> Waste Oil | |
| <input type="checkbox"/> Lead | | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> PCB's | <input type="checkbox"/> Petroleum-Unknown Type | <input type="checkbox"/> Unknown |

5. Impacts to the Environment Information

Enter "K" for known/confirmed or "P" for potential for all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Air Contamination | <input type="checkbox"/> Contamination in Right of Way | <input type="checkbox"/> Sanitary Sewer Contamination |
| <input type="checkbox"/> Co-Contamination | <input type="checkbox"/> Direct Contact | <input checked="" type="checkbox"/> Soil Contamination |
| <input type="checkbox"/> Concrete/Asphalt | <input type="checkbox"/> Expanding Plume | <input type="checkbox"/> Storm Sewer Contamination |
| <input type="checkbox"/> Contained/Recovered | <input type="checkbox"/> Fire Explosion Threat | <input type="checkbox"/> Surface Water Contamination |
| <input type="checkbox"/> Contamination Within 1 Meter of Bedrock | <input type="checkbox"/> Free Product | <input type="checkbox"/> Within 100 ft of Private Well |
| <input type="checkbox"/> Contaminated Private Well | <input type="checkbox"/> Groundwater Contamination | <input type="checkbox"/> Within 1000 ft of Public Well |
| <input type="checkbox"/> Contaminated Public Well | <input type="checkbox"/> Off-Site Contamination | |
| <input type="checkbox"/> Contamination in Fractured Bedrock | <input type="checkbox"/> Other (specify): _____ | |

Contamination was discovered as a result of:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Tank closure assessment | <input type="checkbox"/> Site assessment | <input type="checkbox"/> Other - Describe |
| Date <u>Oct 1, 2009</u> | Date _____ | Date _____ |

6. Federal Energy Act Requirements (Section 9002(d) of the Solid Waste Disposal Act (SWDA))

For all UST's please provide the following information:

Quantity	Source	Quantity	Cause
<u>5</u>	Tank	<u>0</u>	Spill
<u>0</u>	Piping	<u>5</u>	Overflow
<u>0</u>	Dispenser	<u>0</u>	Corrosion
<u>0</u>	Submersible Turbine Pump	<u>0</u>	Physical or Mechanical Damage
<u>0</u>	Delivery Problem	<u>0</u>	Installation Problem
<u>0</u>	Other (specify): _____	<u>0</u>	Other (does not fit any of above)
		<u>0</u>	Unknown

Lab results: ☐ Lab results will be faxed upon receipt ☒ Lab results are attached

Additional Comments: Include a brief description of immediate actions taken to halt the release and contain or cleanup hazardous substances that have been discharged.

Request the release be reviewed for "No Action Required" due to low level, insignificant impacts.

Contact information to report non-emergency releases in DNR's five regions are as follows:

Northeast Region (FAX: 920-662-5197); Attention -- R&R Program Associate: DNRRRNER@wisconsin.gov

Brown, Calumet, Door, Fond du Lac (except City of Waupun - see South Central Region), Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Shawano, Sheboygan, Waupaca, Waushara, Winnebago counties

Northern Region (FAX: 715-623-6773); Attention -- R&R Program Associate: DNRRRNOR@wisconsin.gov

Ashland, Barron, Bayfield, Burnett, Douglas, Forest, Florence, Iron, Langlade, Lincoln, Oneida, Polk, Price, Rusk, Sawyer, Taylor, Vilas, Washburn counties

South Central Region (FAX: 608-275-3338); Attention -- R&R Program Associate: DNRRRSCR@wisconsin.gov

Columbia, Dane, Dodge, Fond du Lac (City of Waupun only), Grant, Green, Iowa, Jefferson, Lafayette, Richland, Rock, Sauk, Walworth counties

Southeast Region (FAX: 414-263-8550); Attention -- R&R Program Associate: DNRRRSER@wisconsin.gov

Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha counties

West Central Region (FAX: 715-839-6076); Attention -- R&R Program Associate: DNRRRWCR@wisconsin.gov

Adams, Buffalo, Chippewa, Clark, Crawford, Dunn, Eau Claire, Jackson, Juneau, LaCrosse, Marathon, Monroe, Pepin, Pierce, Portage, St. Croix, Trempealeau, Vernon, Wood counties

February 26, 2010

Project Reference #11873

Ms. Diane Hansen
Environmental Program Associate
Wisconsin Department of Natural Resources
Northeast Region Office
2984 Shawano Avenue
Green Bay, WI 54313-6727

**RE: Notification of Release and Request for No Action Required
Bergemann's Auto Care, 80 E. John Street, Markesan, WI**

Dear Ms. Hansen:

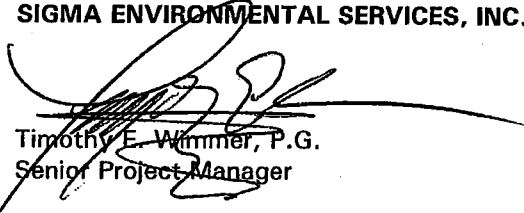
On behalf of Condon Oil Co., Inc, Sigma Environmental Services, Inc. (Sigma) is submitting to the Wisconsin Department of Natural Resources (WDNR), a request for "No Action Required" (NAR) status at the site referenced above. Sigma requests an NAR decision based on the low level detection of diesel range organics (DRO) compounds detected in soil samples collected during a tank soil site assessment. The assessment activities were performed as part of a closure of one - 1,000 gallon fuel oil underground storage tank. To aid in your evaluation, a copy of the tank closure report has been provided as an attachment for your review.

Please note that the site is a former LUST site (**BRRTS# 03-24-226450**) and was investigated and closed in September 2007 with a deed restriction on soil and a groundwater GIS. The site is currently used to store and distribute automobile parts.

Any effort to expedite the review by the WDNR Hydrogeologist and render a decision would be greatly appreciated. Following the review by the WDNR Hydrogeologist, please contact us at (414) 643-4139 with any questions or if the site has been granted the NAR. If an NAR decision is awarded, we would appreciate a copy of the memo to the file which can be faxed to us at 414.643.4210 or emailed to me at twimmer@thesigmagroup.com.

Sincerely,

SIGMA ENVIRONMENTAL SERVICES, INC.



Timothy E. Wimmer, P.G.
Senior Project Manager

Attachments

Cc: Tom Reinsch-Condon
Kevin McKnight-WDNR

**SITE ASSESSMENT FOR STORAGE TANK SYSTEMS
UNDERGROUND STORAGE TANK CLOSURE REPORT**

FOR

**BERGEMANN'S AUTOCARE, LLC
80 E. JOHN STREET
MARKESAN, WI 53946**

PREPARED FOR

**MR. TOM REINSCH
CONDON COMPANIES
126 EAST JACKSON
P.O. BOX 184
RIPON, WI 54971-0184**

PREPARED BY



www.thesigmagroup.com

**1300 West Canal Street
Milwaukee, WI 53233
414-643-4200**

FEBRUARY 2010

PROJECT REFERENCE #11873

**SITE ASSESSMENT FOR STORAGE TANK SYSTEM
UNDERGROUND STORAGE TANK CLOSURE REPORT**

1. SITE INFORMATION

Site Name: Bergemann's Autocare, LLC 80 E. John Street Markesan, WI	
Owner Name and Contact: Same	
Environmental Consultant: Sigma Environmental Services, Inc. 1300 W. Canal Street Milwaukee, WI 53233	
Site Assessor: Timothy E. Wimmer, P.G.	Certification Number: 41669
Tank Removal Contractor: Richard Troudt Condon Companies 126 East Jackson Street Ripon, WI 54971-0184	Certification Number: 41273

2. PURPOSE OF THE SITE ASSESSMENT

The purpose of the site assessment is to fulfill the Department of Commerce closure assessment requirements and to determine if petroleum product has discharged into the environment from the tank system. The area assessed included beneath the tank.

3. SITE BACKGROUND INFORMATION

The site assessment is being performed on:

- ☒ Underground storage tank system(s)
- ☐ Underground piping
- ☐ Dispenser area

A. Past and Present Property Use:

- ☐ Residential
- ☒ Commercial
- ☐ Industrial
- ☐ Other (explain) _____

B. Surrounding Property Use:

- ☒ Residential
- ☒ Commercial
- ☐ Industrial
- ☐ Other (explain) _____

C. Site Description:

Former service station and LUST site. LUST case closed in September 2007 with deed restriction on soil and groundwater GIS (BRRTS# 03-24-226450). The site is currently used to store and distribute automobile parts. The heating oil tank was used to store fuel to heat the building and was located on the west side of the building.

4. INVENTORY OF TANK SYSTEMS TO BE ASSESSED

TANK #	CONTENTS IN TANK	STORAGE VOLUME (GALLONS)	LENGTH AND DIAMETER OF TANK	TANK CONSTRUCTION	PIPING LENGTH (FEET)	TANK CONDITION	DATE CLOSED
397334	Fuel oil	1000	11x4	steel	n/a	good	10/01/2009

5. VISUAL INSPECTION

Weather Conditions: cloudy and cool, temperatures in the high 40's

Tank(s) Location: southwest side of building

Site Conditions:

<input type="checkbox"/>	Stressed or dead vegetation
<input type="checkbox"/>	Surface staining
<input type="checkbox"/>	Unreported tanks
X	None of the above
<input type="checkbox"/>	Other (explain) _____

Excavation Inspection:

Excavation depth: 5 feet

Backfill type: sand

Native soil type: 5 feet white fine sand over 2 feet brown sand.
Bedrock encountered at 6.5 feet.

Depth to groundwater: not encountered

Backfill type used to fill in excavation: sand and stone

Signs of a Release:

<input type="checkbox"/>	Free product
<input type="checkbox"/>	Odors
<input type="checkbox"/>	Oil sheen on water
<input type="checkbox"/>	Soil discoloration
X	None of the above
<input type="checkbox"/>	Other (explain) _____

6. SOIL SAMPLE LOCATIONS AND RESULTS

SOIL SAMPLE NUMBER	SAMPLE LOCATION	SAMPLE DEPTH (Feet)	SOIL TYPE	FIELD READING (i.u.)	ANALYTICAL PARAMETER TESTED	LABORATORY RESULT (MG/KG)
1	North Base	6	sand	-	DRO	12.2
2	South Base	6	sand	-	DRO	13.3

7. WASTE MANAGEMENT

TYPE OF WASTE	QUANTITY OF WASTE	WASTE TRANSPORTER/DISPOSAL
<input type="checkbox"/> Water	None	-
<input type="checkbox"/> Product	None	-
<input type="checkbox"/> Sludge	None	-

8. DISCUSSION AND RECOMMENDATIONS

Sigma's review of soil quality data available from the site identified low level diesel rang organics (DRO) in soil. Based on the subsurface impacts identified at this property, pursuant to s. 292.11 Wis. Stat., the owner or operator of a property is required to notify the WDNR of a hazardous substance discharge to the environment. The definition of a "discharge" means, but is not limited to, spilling, leaking, pumping, pouring, emitting, emptying or dumping.

Due to the limited and low level concentrations of DRO detected in the soil samples, it is Sigma's recommendation that a release of a Hazardous Substance notification for the site be submitted to the WDNR along with the existing data requesting a "No Action Required by the Remediation and Redevelopment Program" (NAR) decision. The WDNR would review the data and make a determination whether additional site investigation is warranted or if the impacts are regarded as insignificant and further action is not required. The WDNR typically has 60 days to respond to this type of request.

In consideration of the existing information regarding the detection of low level DRO in soil, the WDNR could require additional investigation activities to be completed to further define the degree and extent of contamination. Typically, investigation activities would likely consist of additional soil and possibly groundwater testing to confirm no significant risk to a receptor or to the environment is present.

9. SUPPORTING DOCUMENTATION AND INFORMATION

Figure 1 Tank Location and Soil Sample Locations

Appendices

- A. Copies of Underground Petroleum Product Tank Inventory Form(s) (SBD-7437)
- B. Copy of Checklist for Underground Tank Closure Form (SBD-8951)
- C. Copies of Laboratory Reports and Chain-of-Custody Forms

10. LIMITATIONS

This report was prepared under constraints of cost, time and scope, and reflects a limited assessment and evaluation rather than a full, total, complete or extensive assessment and evaluation.

Our assessment was performed using the degree of care and skill ordinarily exercised, under similar circumstances, by Professional Consultants practicing in this or similar localities. No other warranty or guarantee, expressed or implied, is made as to the conclusions and professional advice included in this report.

The findings of this report are valid as of the present date of the assessment. However, changes in the conditions of a property can occur with the passage of time, whether due to natural processes or the works of man on this or adjacent properties. In addition, changes in applicable or appropriate standards may occur, whether they result from legislation, from the broadening of knowledge, or from other reasons. Accordingly, the findings of this report may be invalidated wholly or partially by changes outside our control.

The interpretations and conclusions contained in this report are based upon the result of independent laboratory tests and analysis intended to detect the presence and/or concentrations of certain chemical constituents in samples taken from the subject property. Sigma Environmental Services, Inc. has no control over such testing and analysis and therefore, disclaims any responsibility for any errors and omissions arising therefrom.

A subsurface exploration was performed and presented in this report. However, subsurface exploration cannot reveal totally what is below the surface. Depending upon the sampling method and frequency, every soil condition may not be observed, and some materials or layers, which are present in the subsurface, may not be noted.

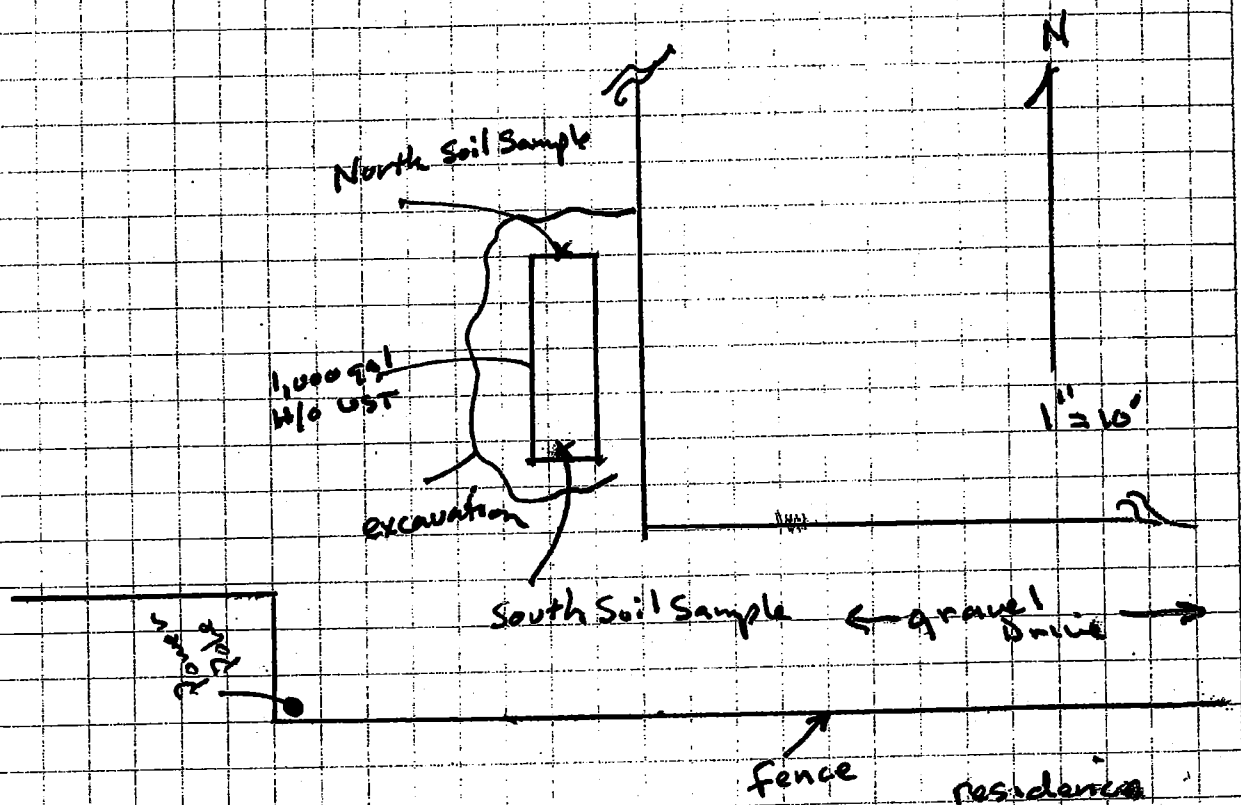
This report is issued with the understanding that it is the responsibility of the owner(s) to ensure that the information and recommendations contained herein are brought to the attention of the appropriate regulatory agency(ies).

This document contains proprietary and confidential information which is the sole and exclusive property of Sigma Environmental Services, Inc. and Condon Oil Co.. This document may not be used or duplicated in any manner without the express written consent of Sigma Environmental Services, Inc. and Condon Oil Co..

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FIGURE 1

Tank Location and Soil Sample Locations



UST/Soil Sample Location

Bergemann's AutoCare
 80 E. John St.
 Markesan, WI
 Continued on Page

Read and Understood By

Signed

Date

Signed

Date

APPENDIX A

**Copies of Underground Petroleum Product Tank
Inventory Form(s) (SBD-7437)**

Reg Obj #:

FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION Information Required By Section 101.142, Wis. Stats.

Department of Commerce
Bureau of Petroleum Products and
Tanks
P.O. Box 7837
Madison, WI 53707-7837

Aboveground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. 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
Personal information you provide may be used for secondary purposes (Privacy Law, s. 15.04 (1)(m)).

This registration applies to a tank status that is (check one): <input type="checkbox"/> In Use <input checked="" type="checkbox"/> Newly Installed <input type="checkbox"/> Abandoned With Product <input type="checkbox"/> Closed - Tank Removed <input type="checkbox"/> Ownership Change (Indicate new owner name in block 2)		Fire Department providing fire coverage where tank is located: <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:	
A. IDENTIFICATION (Please Print) 1. Tank Site Name <u>BERGEMAN'S AUTOCARE LLC</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>MARKESAN</u>		Site Telephone Number <u>(920) 398-2411</u> County <u>GREEN LAKE</u>	
2. Tank Owner Name <u>Couder Oil Co.</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>Reptol</u>		Site Address <u>80 E. JOHN ST.</u> State <u>WISCONSIN</u> Zip Code <u>54946</u>	
3. Previous Site Name:		Telephone Number <u>(920) 748-3181</u> County <u>POPLAR LAKE</u>	
B. Site ID #:		Facility ID #: <u>56340</u> Customer ID #: <u>290350</u>	
C. Tank Capacity (gallons): <u>275</u>		Tank Age (age or date installed): <u>10-5-09</u> Vehicle fueling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
D. LAND OWNER TYPE (check one) Refer to block 2: <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal Land <input type="checkbox"/> Private Owner <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Municipal <input type="checkbox"/> Other Government <input checked="" type="checkbox"/> Private			
E. OCCUPANCY TYPE (check one) Refer to block 2: <input type="checkbox"/> Retail Fuel Sales <input type="checkbox"/> Bulk Storage <input type="checkbox"/> Terminal Storage <input type="checkbox"/> Vehicle/Government <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Agricultural (crop or livestock production) <input type="checkbox"/> Laboratory/Emulsion <input type="checkbox"/> Gov (Fire) <input type="checkbox"/> Utility <input type="checkbox"/> Other (specify):			
F. Tank Construction: <input checked="" type="checkbox"/> Bare Steel <input type="checkbox"/> Coated Steel <input type="checkbox"/> Stainless steel <input type="checkbox"/> Steel - Fiberglass Reinforced Plastic Composite <input type="checkbox"/> Fiberglass or Polyethylene <input type="checkbox"/> Concrete <input type="checkbox"/> Other (specify): <input type="checkbox"/> If Upgraded by internal lining give date:			
Tank Double Walled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Overfill Protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Spill Containment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
G. Tank Corrosion Protection: <input type="checkbox"/> Sacrificial Anodes <input type="checkbox"/> Impressed Current <input checked="" type="checkbox"/> External coating <input type="checkbox"/> N/A <input type="checkbox"/> None			
H. Primary Tank Leak Detection Method: <input type="checkbox"/> Automatic tank gauging <input type="checkbox"/> Interstitial monitoring <input type="checkbox"/> Inventory control and tightness testing <input checked="" type="checkbox"/> Visual monitoring <input type="checkbox"/> Manual tank gauging <input type="checkbox"/> Statistical Inventory Reconciliation (SIR) <input type="checkbox"/> Groundwater monitoring <input type="checkbox"/> Vapor monitoring			
I. Aboveground Piping Construction: Type: <input type="checkbox"/> Pressurized (includes gravity feed) <input type="checkbox"/> Suction <input type="checkbox"/> Bare Steel <input type="checkbox"/> Coated Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Unknown <input type="checkbox"/> NA <input type="checkbox"/> Other			
J. Underground Piping Construction: Type: <input type="checkbox"/> Pressurized (includes gravity feed) <input type="checkbox"/> Suction <input type="checkbox"/> Bare Steel <input type="checkbox"/> Coated Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible <input type="checkbox"/> Copper <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> NA <input type="checkbox"/> Other			
K. Piping Cathodic Protection: <input type="checkbox"/> Sacrificial Anodes <input type="checkbox"/> Impressed Current <input checked="" type="checkbox"/> N/A Pipe Double Walled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
L. Underground Piping Leak Detection Method <input type="checkbox"/> Interstitial monitoring <input type="checkbox"/> Tightness testing <input type="checkbox"/> Electronic line leak monitor <input type="checkbox"/> Groundwater monitoring <input type="checkbox"/> Vapor monitoring <input type="checkbox"/> SIR <input type="checkbox"/> Other			
M. Vapor Recovery/Stage II (Not Applicable for non petroleum storage) <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible <input type="checkbox"/> Other (specify): <input type="checkbox"/> Operational - Provide Date (mo./day/yr.): CARB #:			
N. Containment: Side Material: <input type="checkbox"/> Earth <input type="checkbox"/> Concrete/block <input type="checkbox"/> Steel <input type="checkbox"/> Synthetic liner Base Material: <input type="checkbox"/> Earth <input type="checkbox"/> Concrete/block <input type="checkbox"/> Steel <input type="checkbox"/> Synthetic liner			
O. TANK CONTENTS (Current, or previous product if tank now empty) <input type="checkbox"/> Lead <input type="checkbox"/> Unleaded <input type="checkbox"/> Gasohol <input type="checkbox"/> E85 <input type="checkbox"/> Diesel <input type="checkbox"/> Bio-diesel <input type="checkbox"/> Aviation <input type="checkbox"/> Premix <input type="checkbox"/> Kerosene <input checked="" type="checkbox"/> Fuel Oil <input type="checkbox"/> New Motor Oil <input type="checkbox"/> Waste/Used Motor Oil <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Unknown <input type="checkbox"/> Empty <input type="checkbox"/> Chemical* Name: CAS #:			
* If chosen, this tank is NOT PECFA eligible.			
P. If Tank Closed, Abandoned or Out of Service Give date (mo./day/yr.):		Geo Latitude: Geo Longitude: Has a site assessment been completed? (see reverse side for details) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tank Owner Name (please print): <u>Couder Oil Co.</u> <u>Thomas R. Beresch</u>			
Tank Owner Signature (Note: By signing, owner is accepting legal and financial responsibility for the storage tank system.) <u>Couder Oil Co.</u>			Date: <u>10-6-09</u>

APPENDIX B

**Copy of Checklist for Underground Tank
Closure Form (SBD-8951)**

Complete one form for each site closure.

The information you provide may be used for secondary purposes (Privacy Law, s.15.04 (1)(m)).

CHECKLIST FOR TANK CLOSURE

CHECK ONE
☒ UNDERGROUND
☐ ABOVEGROUND

FOR PORTIONS OF THE FORM THAT DO NOT APPLY, CHECK THE 'N/A' BOX

RETURN COMPLETED CHECKLIST TO:

Wisconsin Department of Commerce
ERS Division
Bureau of Petroleum Products and Tanks
P.O. Box 7837
Madison, WI 53707-7837

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

1. Site Name BERGEMANS AUTOCARE LLC		2. Owner Name Condon Oil Co	
Site Street Address (not P.O. Box) 80 E. JOHN ST.		Owner Street Address 126 E. JACKSON ST.	
<input checked="" type="checkbox"/> City JACKSON	<input type="checkbox"/> Village	<input checked="" type="checkbox"/> City JACKSON	<input type="checkbox"/> Village
State WI		State WI	
Zip Code 54946	County FOREST	Zip Code 54971	County DAVENPORT
3. Closure Company Name (print) Condon Oil Co		Closure Company Street Address 126 E. JACKSON ST.	
Closure Company Telephone No. (include area code) (920) 744-3146		Closure Company City, State, Zip Code JACKSON, WI 54971	
4. Name of Company Performing Closure Assessment Signature: [Signature]		Assessment Company Street Address, City, State, Zip Code 1230 W. 2nd St. Milwaukee WI 53233	
Telephone No. (include area code) (414) 642-1300	Certified Assessor Name (print) Timothy J. [Signature]	Assessor Signature [Signature]	Assessor Certification No. 41669

Tank ID #	Closure	Temp. Closure	Closure in Place	Tank Capacity	Contents*	Closure Assessment
1. 397334	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1000	FUEL OIL	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N

* Indicate which product: Diesel; Leaded; Unleaded; Fuel Oil; Gasohol; Aviation Fuel; Kerosene; Premix; Waste/Used Motor Oil; Flammable/Combustible Hazardous Waste; Chemical (indicate the chemical name(s) and CAS number(s)) Other

Written notification was provided to the local agent 15 days in advance of closure date. ☒ Y ☐ N
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

- | | | | | |
|--|----------------------------|----------------------------|--------------------------|-------------------------------------|
| 1. Product Removed | | | | |
| a. Product lines drained into tank (or other container) and liquid removed, AND | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> | <input checked="" 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-Out-Of-Service (TOS) closure. | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

C. ☒ CLOSURE BY REMOVAL

- | | | | | |
|---|---------------------------------------|----------------------------|--------------------------|-------------------------------------|
| 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. | | | | |
| 6. 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 checked="" type="checkbox"/> |
| 8. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section E. | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> | <input checked="" 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"/> |

11. Tank labeled in 2" high letters after removal but before being moved from site. ☒ Y ☐ N ☐ ☐
NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; DATE.
 12. Tank vent hole (1/8" in uppermost part of tank) installed prior to moving the tank from site. ☐ Y ☐ N ☐ ☒
 13. Site security is provided while the excavation is open. ☒ Y ☐ N ☐ ☐

D. ☐ CLOSURE IN PLACE

NOTE: CLOSURES IN PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF COMMERCE OR LOCAL AGENT.

1. Product from piping drained into tank (or other container). ☐ Y ☐ N ☐ ☒
 2. Piping disconnected from tank and removed. ☐ Y ☐ N ☐ ☒
 3. All liquid and residue removed from tank using explosion proof pumps or hand pumps. ☐ Y ☐ N ☐ ☒
 4. All pump motors and suction hoses bonded to tank or otherwise grounded. ☐ Y ☐ N ☐ ☒
 5. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed. ☐ Y ☐ N ☐ ☒
NOTE: Refer to section E for method of vapor freeing the tank
 6. Vent lines left connected until tanks purged. ☐ Y ☐ N ☐ ☒
 7. Tank openings temporarily plugged so vapors exit through vent. ☐ Y ☐ N ☐ ☒
 8. Tank atmosphere reduced to 10% of the lower flammable range (LEL) see Section F. ☐ Y ☐ N ☐ ☒
 9. Tank properly cleaned to remove all sludge and residue. ☐ Y ☐ N ☐ ☒
 10. Solid inert material (sand, cyclone boiler slag, pea gravel recommended) introduced and tank filled. ☐ Y ☐ N ☐ ☒
 11. Vent line disconnected or removed. ☐ Y ☐ N ☐ ☒
 12. Inventory form filed by owner with the Department of Commerce indicating closure in place. ☐ Y ☐ N ☐ ☒

E. METHOD OF VAPOR FREEING TANK

- ☐ Displacement of vapors by Eductor or Diffused Air Blower
 Eductor 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.
☐ Inert Gas using Dry Ice or Liquid Carbon Dioxide.
 Dry ice introduced at 1.5 pounds per 100 gallons of tank capacity. Dry ice crushed and distributed over the greatest possible tank area.
☐ Inert Gas using CO₂ or N₂ **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. LEL METERS MAY NOT FUNCTION ACCURATELY. 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.
☒ Readings of 10% or less of the lower flammable range (LEL) or 0% oxygen obtained before removing tank from ground.
☐ Tank atmosphere monitored for flammable or combustible vapor levels prior to and during cleaning and cutting.
☐ Calibrate combustible gas indicator and/or oxygen meter prior to use. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank.

F. CLOSURE ASSESSMENTS

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

Remover Verified Inspector Verified

1. Individual conducting the assessment has a closure assessment plan (written) which is used as the basis for their work on the site. ☒ Y ☐ N ☐ Y ☐ N
 2. Do points of obvious contamination exist? Surface to tank top: ☐ Y ☒ N Within tank excavation: ☐ Y ☐ N Piping: ☐ Y ☐ N
 3. Was a field screening instrument used to pre-screen soil sample locations? ☐ Y ☒ N ☐ Y ☐ N
 4. Was the DNR notified of suspected or obvious contamination? ☐ Y ☒ N ☐ Y ☐ N
 Agency, office and person contacted: _____
 5. Contamination suspected because of: ☐ Odor ☐ Soil Staining ☐ Free Product ☐ Sheen on Groundwater ☐ Field Instrument Test

G. ☒ Form ERS-7437 or ☐ ERS-8731 filed by owner with the Dept. of Commerce indicating closure. ☐ Yes ☐ No

H. NOTE SPECIFIC CLOSURE PROBLEMS OR CONCERNS BELOW

I. REMOVER/CLEANER INFORMATION

Remover Name (print) RICHARD TROUD

Remover Signature [Signature]

Remover Certification No. 44273

Date Signed 10-1-09

I certify that the procedures and information that I have provided as the tank closure contractor are correct and comply with Comm 10.

J. INSPECTOR INFORMATION

Inspector Name (print) _____

Inspector Signature _____

Inspector Cert # _____

LPO Agency # _____

FDID # For Location Where Inspection Performed _____

Inspector Telephone Number _____

Date Signed _____

TANK INVENTORY FORM ERS-7437 or ERS-8731 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH CLOSURE CHECKLIST

Copy Distribution: White - Commerce Blue - Inspector Pink - Contractor Yellow - Owner

APPENDIX C

Copies of Laboratory Reports And Chain-of-Custody Forms

Synergy Environmental Lab, INC.

1990 Prospect Ct., Appleton, WI 54914 *P 920-830-2455 * F 920-733-0631

TIM WIMMER
SIGMA ENVIRONMMENTAL
1300 W. CANAL STREET
MILWAUKEE, WI 53233

Report Date 06-Jan-10

Project Name BERCEMANN'S AUTO CARE
Project # 11873

Invoice # E19688

Lab Code 5019688A
Sample ID NORTHBASE
Sample Matrix soil
Sample Date 10/1/2009

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
General										
General										
Solids Percent	93.9	%			1	5021		10/2/2009	MDK	1
Organic										
General										
Diesel Range Organics	12.2	mg/kg	1.35	4.31	1	DRO95		10/3/2009	MJR	143

Lab Code 5019688B
Sample ID SOUTHBASE
Sample Matrix soil
Sample Date 10/1/2009

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
General										
General										
Solids Percent	86.0	%			1	5021		10/2/2009	MDK	1
Organic										
General										
Diesel Range Organics	13.3	mg/kg	1.35	4.31	1	DRO95		10/3/2009	MJR	143

Project Name BERCEMANN'S AUTO CARE
Project # 11873

Invoice # E19688

"J" Flag: Analyte detected between LOD and LOQ

LOD Limit of Detection

LOQ Limit of Quantitation

Code **Comment**

1 Laboratory QC within limits.

43 Oil contamination indicated outside DRO window.

All solid sample results reported on a dry weight basis unless otherwise indicated. All LOD's and LOQ's are adjusted for dilutions but not dry weight. Subcontracted results are denoted by SUB in the analyst field.

Authorized Signature

Michael J. Ricker

Synergy

Chain # **N2** **886**

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Environmental Lab, Inc.

1990 Prospect Ct. • Appleton, WI 54914
920-830-2455 • FAX 920-733-0631

Sample Handling Request
Rush Analysis Date Required _____
 (Rushes accepted only with prior authorization)
☒ Normal Turn Around

Lab ID #		Account No. :		Quote No.:	
Project #: 11873		Sampler (signature): [Signature]			
Project (Name / Location): Bergemann's AutoCare		Reports To: T.W. [unclear]		Invoice To:	
Company: [unclear]		Address: [unclear]		City State Zip: [unclear]	
Phone: [unclear]		FAX: [unclear]			
Lab ID		Sample I.D.		Collection Date Time	
Comp		Grab		Filtered Y/N	
No. of Containers		Sample Type (Matrix)		Preservation	
DRO (Mod DRO Sep 95)		GRO (Mod GRO Sep 95)		IRON	
LEAD		NITRATE / NITRITE		PAH (EPA 8270)	
PVOC (EPA 8201)		PVOC + NAPHTHALENE		SULFATE	
VOC DW (EPA 524.2)		VOC (EPA 8260)		8-PCRA METALS	
Other Analysis Requested		Analysis Requested		Other Analysis	

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Environmental Lab, Inc.

1990 Prospect Ct. • Appleton, WI 54914
 920-830-2455 • FAX 920-733-0631

Sample Handling Request

Rush Analysis Date Required _____

(Rushes accepted only with prior authorization)

☒ Normal Turn Around

Comments/Special Instructions ("Specify groundwater "GW", Drinking Water "DW", Waste Water "WW", Soil "S", Air "A", Oil, Sludge etc.)

Sample message: To be completed by respondent

Methods of shipment

Term of Insurance

Coconut shell Inactivated ☒ Yes ☐ No

Relinquished By: (sign)

Time Date Received By: (sign)

Time Date

Received in Laboratory By

Time: 07:50

Date: 10/1/00