C. 1 Site Investigation Documentation

TR-WM-137 (04/15)
Formerly ERS 7437 (R. 03/13)

Wisconsin Department of Agriculture, Trade and Consumer Protection
Bureau of Weights and Measures, Storage Tank Regulation
P.O. Box 7837
Madison, WI 53707-7837
(608) 224-4942

FOR OFFICE USE ONLY
TDID#:
Reg Obj #: 335447
Wis. Admin. Code §ATCP 93.140

UNDERGROUND FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION

Underground 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 above. 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 purposes other than that for which it was originally collected (s. 15.04 (1)(m) Wis. Stats.)

This registration applies to a tank status that is (check one):
☐ In Use
☐ Newly Installed
☐ Abandoned with Product
☐ Abandoned without Product (empty)
☒ Closed - Tank Removed
☐ Closed - Filled with Inert Materials
☐ Abandon with Water
☐ Temporarily Out of Service - Provide Date: _____
☐ Ownership Change (Indicate new owner name in block 2—attach deed)

Fire Department providing fire coverage where tank is located:
☒ City ☐ Village ☐ Town: Edgerton

A. IDENTIFICATION (Please Print)

1. Tank Site Name: Edgerton C Store LLC
☒ City ☐ Village ☐ Town: Edgerton
Site Street Address: 25 N Main Street
State: WISCONSIN Zip Code: 53534
Site Telephone Number: ( ) —
County: Rock

2. Tank Owner Legal Name: Robert + Peggy Cusick
☒ City ☐ Village ☐ Town: Egerton
Mailing Address: 15 N Main Street.
State: Wisconsin Zip Code: 53534
Telephone Number: ( )
County: Rock

3. Property Owner Name (if different than tank owner)
Property Owner Address if different than #1

4. Class A Operator Name — DOB — Training Method — Certification #

5. Class B Operator Name — DOB — Training Method — Certification #

B. Site ID #:
Facility ID #: 114613
Customer ID #: 1327724

C. Tank Capacity (gallons): 2000
Tank Age (age or date installed): 1987
Vehicle fueling: ☒ Yes ☐ No

D. LAND OWNER TYPE (check one) Refer to back
☐ County ☐ State ☐ Federal Leased ☐ Federal Owned ☐ Tribal Nation ☐ Municipal ☐ Other Government ☒ Private

E. OCCUPANCY TYPE (check one) Refer to back
☒ Retail Fuel Sales ☐ Bulk Storage ☐ Terminal Storage ☐ Mercantile/Commercial ☐ Industrial ☐ Residential ☐ School
☐ Agricultural (crop or livestock production) ☐ Backup or Emergency Generator ☐ Gov't Fleet ☐ Utility ☐ Other (specify:)

F. Tank Construction:
☐ Bare Steel ☒ Coated Steel ☐ Stainless steel ☐ Steel – Fiberglass Reinforced Plastic Composite
☐ Fiberglass ☐ Unknown ☐ Other (specify): _____ ☐ Lined (date): _____
Overfill Protection? ☐ Yes ☐ No
Spill Containment? ☐ Yes ☐ No

G. Tank Cathodic Protection: ☐ Sacrificial Anodes ☐ Impressed Current ☐ N/A
Tank Double Walled? ☐ Yes ☐ No

H. Primary Tank Leak Detection Method:
☐ Automatic tank gauging ☐ Interstitial monitoring ⇨ Electronic: ☐ Yes ☐ No ☐ Inventory control and tightness testing
☐ Manual tank gauging (only for tanks of 1,000 gallons or less) ☐ Statistical Inventory Reconciliation (SIR) ☐ Unknown

I. Piping Construction:
☐ Bare Steel ☐ Coated Steel ☐ Stainless Steel ☐ Fiberglass ☐ Flexible ☐ Copper ☐ Unknown ☐ NA ☐ Other _____

J. Piping Cathodic Protection: ☐ Sacrificial Anodes ☐ Impressed Current ☐ N/A
Pipe Double Walled? ☐ Yes ☐ No

K. Primary Piping System Type: ☐ Pressurized piping with ⇨ A. ☐ Pump auto shutoff - ELLD; B. ☐ flow restrictor – MLLD ☐ Unknown
☐ Suction piping with check valve at tank ☐ Suction piping with check valve at pump and inspectable

L. Piping Leak Detection Method: ☐ Not needed if waste oil
☐ Tightness testing ☐ Interstitial monitoring ⇨ Electronic: ☐ NO ☐ YES ⇨ Sump or cable sensor ☐ Yes ☐ No
☐ Electronic line monitor - ELLD ☐ SIR ☐ Not required ☐ Unknown

M. TANK CONTENTS (Current, or previous product (if tank now empty))
☐ Leaded ☐ Unleaded ☐ Gasohol ☐ E85 ☐ Diesel ☐ Bio-diesel ☐ Aviation ☐ Premix ☐ Fuel Oil ☒ Kerosene ☐ Unknown
☐ New Oil ☐ New oil – Low FP ☐ Waste/Used Motor Oil ☐ Hazardous Waste/Interface* ☐ Empty* ☐ Sand/Gravel/Slurry*
☐ Other (specify): _____ ☐ Chemical* Name _____ CAS #: _____
* NOT PECFA eligible.

N. If Tank Closed, Abandoned or Out of Service
Give date (mo/day/yr): 12-3-2015
Geo Latitude: Geo Longitude:
Has a site assessment been completed? (see reverse side for details) ☐ Yes ☐ No
Tank Owner Legal Name (please print): Robert Cusick
E-mail Address
Tank Owner Signature (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.)
Date: 12-4-2015

Note: Refer to comments on reverse side of form.

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UNDERGROUND FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION

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If yes, are you correcting/updating information only? ☐ Yes ☐ No
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☐ In Use
☐ Newly Installed
☐ Abandoned with Product
☐ Abandoned without Product (empty)
☑ Closed - Tank Removed
☐ Closed - Filled with Inert Materials
☐ Abandon with Water
☐ Temporarily Out of Service - Provide Date:
☐ Ownership Change (Indicate new owner name in block 2—attach deed)

Fire Department providing fire coverage where tank is located:
☑ City ☐ Village ☐ Town: Edgerton

A. IDENTIFICATION (Please Print)

1. Tank Site Name: Edgerton C Store LLC
☑ City ☐ Village ☐ Town: Edgerton
Site Street Address: 25 N Main Street
State: WISCONSIN Zip Code: 53534
Site Telephone Number: ( ) —
County: Rock

2. Tank Owner Legal Name: Robert + Peggy Cusick
☒ City ☐ Village ☐ Town: Edgerton
Mailing Address: 15 N Main Street.
State: Wisconsin Zip Code: 53534
Telephone Number: ( )
County: Rock

3. Property Owner Name (if different than tank owner)
Property Owner Address if different than #1

4. Class A Operator Name
DOB: Training Method: Certification #:

5. Class B Operator Name
DOB: Training Method: Certification #:

B. Site ID #:
Facility ID #: 114613
Customer ID #: 1327704

C. Tank Capacity (gallons): 10,000
Tank Age (age or date installed): 1987
Vehicle fueling: ☒ Yes ☐ No

D. LAND OWNER TYPE (check one) Refer to back
☐ County ☐ State ☐ Federal Leased ☐ Federal Owned ☐ Tribal Nation ☐ Municipal ☐ Other Government ☒ Private

E. OCCUPANCY TYPE (check one) Refer to back
☒ Retail Fuel Sales ☐ Bulk Storage ☐ Terminal Storage ☐ Mercantile/Commercial ☐ Industrial ☐ Residential ☐ School
☐ Agricultural (crop or livestock production) ☐ Backup or Emergency Generator ☐ Gov't Fleet ☐ Utility ☐ Other (specify:)

F. Tank Construction:
☐ Bare Steel ☒ Coated Steel ☐ Stainless steel ☐ Steel – Fiberglass Reinforced Plastic Composite
☐ Fiberglass ☐ Unknown ☐ Other (specify): ☐ Lined (date):
Overfill Protection? ☐ Yes ☐ No
Spill Containment? ☐ Yes ☐ No

G. Tank Cathodic Protection: ☐ Sacrificial Anodes ☐ Impressed Current ☐ N/A
Tank Double Walled? ☐ Yes ☐ No

H. Primary Tank Leak Detection Method:
☐ Automatic tank gauging ☐ Interstitial monitoring ⇨ Electronic: ☐ Yes ☐ No ☐ Inventory control and tightness testing
☐ Manual tank gauging (only for tanks of 1,000 gallons or less) ☐ Statistical Inventory Reconciliation (SIR) ☐ Unknown

I. Piping Construction:
☐ Bare Steel ☐ Coated Steel ☐ Stainless Steel ☐ Fiberglass ☐ Flexible ☐ Copper ☐ Unknown ☐ NA ☐ Other

J. Piping Cathodic Protection: ☐ Sacrificial Anodes ☐ Impressed Current ☐ N/A
Pipe Double Walled? ☐ Yes ☐ No

K. Primary Piping System Type: ☐ Pressurized piping with ⇨ A. ☐ Pump auto shutoff - ELLD; B. ☐ flow restrictor – MLLD
☐ Suction piping with check valve at tank ☐ Suction piping with check valve at pump and inspectable ☐ Unknown

L. Piping Leak Detection Method: ☐ Interstitial monitoring ⇨ Electronic: ☐ NO ☐ YES ⇨ Sump or cable sensor ☐ Yes ☐ No ☐ Not needed if waste oil
☐ Tightness testing ☐ Electronic line monitor - ELLD ☐ SIR ☐ Not required ☐ Unknown

M. TANK CONTENTS (Current, or previous product (if tank now empty))
☐ Leaded ☐ Unleaded ☐ Gasohol ☐ E85 ■ Diesel ☐ Bio-diesel ☐ Aviation ☐ Premix ☐ Fuel Oil ☐ Kerosene ☐ Unknown
☐ New Oil ☐ New oil – Low FP ☐ Waste/Used Motor Oil ☐ Hazardous Waste/Interface* ☐ Empty* ☐ Sand/Gravel/Slurry*
☐ Other (specify): ☐ Chemical* Name CAS #:
* NOT PECFA eligible.

N. If Tank Closed, Abandoned or Out of Service
Give date (mo/day/yr): 12-3-2015
Geo Latitude: Geo Longitude:
Has a site assessment been completed? (see reverse side for details) (Yes) ☐ No ☐
Tank Owner Legal Name (please print): Robert Cusick
E-mail Address
Tank Owner Signature (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.)
Date: 12-4-2015

Note: Refer to comments on reverse side of form.

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☑ Closed - Tank Removed
☐ Closed - Filled with Inert Materials
☐ Abandon with Water
☐ Temporarily Out of Service - Provide Date: _____
☐ Ownership Change (indicate new owner name in block 2—attach deed)

Fire Department providing fire coverage where tank is located:
☑ City ☐ Village ☐ Town: Edgerton

A. IDENTIFICATION (Please Print)

1. Tank Site Name: Edgerton C Store LLC
☑ City ☐ Village ☐ Town: Edgerton
Site Street Address: 25 N Main Street
State: WISCONSIN Zip Code: 53534
Site Telephone Number: ( ) _____
County: Rock

2. Tank Owner Legal Name: Robert & Peggy Cusick
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Mailing Address: 15 N Main Street.
State: Wisconsin Zip Code: 53534
Telephone Number: ( )
County: Rock

3. Property Owner Name (if different than tank owner)
Property Owner Address if different than #1

4. Class A Operator Name
DOB: Training Method: Certification #:

5. Class B Operator Name
DOB: Training Method: Certification #:

B. Site ID #:
Facility ID #: 114613
Customer ID #: 1327724

C. Tank Capacity (gallons): 10,000
Tank Age (age or date installed): 1987
Vehicle fueling: ■ Yes ☐ No

D. LAND OWNER TYPE (check one) Refer to back
☐ County ☐ State ☐ Federal Leased ☐ Federal Owned ☐ Tribal Nation ☐ Municipal ☐ Other Government ☒ Private

E. OCCUPANCY TYPE (check one) Refer to back
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F. Tank Construction:
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☐ Fiberglass ☐ Unknown ☐ Other (specify): _____ ☐ Lined (date): _____
Overfill Protection? ☐ Yes ☐ No
Spill Containment? ☐ Yes ☐ No

G. Tank Cathodic Protection: ☐ Sacrificial Anodes ☐ Impressed Current ☐ N/A
Tank Double Walled? ☐ Yes ☐ No

H. Primary Tank Leak Detection Method:
☐ Automatic tank gauging ☐ Interstitial monitoring ⇨ Electronic: ☐ Yes ☐ No ☐ Inventory control and tightness testing
☐ Manual tank gauging (only for tanks of 1,000 gallons or less) ☐ Statistical Inventory Reconciliation (SIR) ☐ Unknown

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☐ Other (specify): _____ ☐ Chemical* Name _____ CAS #: _____
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N. If Tank Closed, Abandoned or Out of Service
Give date (mo/day/yr): 12-3-2015
Geo Latitude: Geo Longitude:
Has a site assessment been completed? (see reverse side for details) ☐ Yes ☐ No ☐
Tank Owner Legal Name (please print): Robert Cusick
E-mail Address
Tank Owner Signature (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.)
Date: 12-4-2015

Note: Refer to comments on reverse side of form.

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Mailing Address: 15 N Main Street.
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Telephone Number: ( )
County: Rock

3. Property Owner Name (if different than tank owner)
Property Owner Address if different than #1

4. Class A Operator Name — DOB — Training Method — Certification #

5. Class B Operator Name — DOB — Training Method — Certification #

B. Site ID #: — Facility ID #: 114613 — Customer ID #: 1327724

C. Tank Capacity (gallons): 10,000 — Tank Age (age or date installed): 1987 — Vehicle fueling: ☒ Yes ☐ No

D. LAND OWNER TYPE (check one) Refer to back
☐ County ☐ State ☐ Federal Leased ☐ Federal Owned ☐ Tribal Nation ☐ Municipal ☐ Other Government ☒ Private

E. OCCUPANCY TYPE (check one) Refer to back
☒ Retail Fuel Sales ☐ Bulk Storage ☐ Terminal Storage ☐ Mercantile/Commercial ☐ Industrial ☐ Residential ☐ School
☐ Agricultural (crop or livestock production) ☐ Backup or Emergency Generator ☐ Gov't Fleet ☐ Utility ☐ Other (specify:)

F. Tank Construction:
☐ Bare Steel ☒ Coated Steel ☐ Stainless steel ☐ Steel – Fiberglass Reinforced Plastic Composite
☐ Fiberglass ☐ Unknown ☐ Other (specify): _____ ☐ Lined (date): _____
Overfill Protection? ☐ Yes ☐ No
Spill Containment? ☐ Yes ☐ No

G. Tank Cathodic Protection: ☐ Sacrificial Anodes ☐ Impressed Current ☐ N/A
Tank Double Walled? ☐ Yes ☐ No

H. Primary Tank Leak Detection Method:
☐ Automatic tank gauging ☐ Interstitial monitoring ⇨ Electronic: ☐ Yes ☐ No ☐ Inventory control and tightness testing
☐ Manual tank gauging (only for tanks of 1,000 gallons or less) ☐ Statistical Inventory Reconciliation (SIR) ☐ Unknown

I. Piping Construction:
☐ Bare Steel ☐ Coated Steel ☐ Stainless Steel ☐ Fiberglass ☐ Flexible ☐ Copper ☐ Unknown ☐ NA ☐ Other _____

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☐ Suction piping with check valve at tank ☐ Suction piping with check valve at pump and inspectable ☐ Not needed if waste oil

L. Piping Leak Detection Method: ☐ Interstitial monitoring ⇨ Electronic: ☐ NO ☐ YES ⇨ Sump or cable sensor ☐ Yes ☐ No
☐ Tightness testing ☐ Electronic line monitor - ELLD ☐ SIR ☐ Not required ☐ Unknown

M. TANK CONTENTS (Current, or previous product (if tank now empty))
☐ Leaded ☒ Unleaded ☐ Gasohol ☐ E85 ☐ Diesel ☐ Bio-diesel ☐ Aviation ☐ Premix ☐ Fuel Oil ☐ Kerosene ☐ Unknown
☐ New Oil ☐ New oil – Low FP ☐ Waste/Used Motor Oil ☐ Hazardous Waste/Interface* ☐ Empty* ☐ Sand/Gravel/Slurry*
☐ Other (specify): _____ ☐ Chemical* Name _____ CAS #: _____
* NOT PECFA eligible.

N. If Tank Closed, Abandoned or Out of Service
Give date (mo/day/yr): 12-3-2015
Geo Latitude: — Geo Longitude:
Has a site assessment been completed? (see reverse side for details) ☐ Yes ☐ No
Tank Owner Legal Name (please print): Robert Cusick
E-mail Address
Tank Owner Signature (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.)
Date: 12-4-2015

Note: Refer to comments on reverse side of form.

TR-WM-140 (04/15)
Formerly ERS-8951 (R. 07/13)

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FOR OFFICE USE ONLY

Wis. Admin. Code §ATCP 93.560

TANK SYSTEM SERVICE AND CLOSURE ASSESSMENT REPORT

CHECK ONE: ☒ UNDERGROUND ☐ ABOVEGROUND

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

Complete One Form for Each System Service Event

The information you provide may be used for purposes other than for which it was originally intended (s.15.04 (1) (m), Wis. Stats.).

Part A – To be completed by contractor performing repair or closure

A. TYPE OF SERVICE ☒ CLOSURE ☐ REPAIR/UPGRADE ☐ CHANGE-IN-SERVICE
Indicate portion of system being serviced if a repair, upgrade or change-in-service is being performed
☐ Remote fill ☐ Tank ☐ Piping ☐ Transition/containment sump ☐ Spill bucket ☐ Dispenser

B. IDENTIFICATION (Please Print)

1. Facility Name: Edgerton C Store LLC
Facility Street Address (not P.O. Box): 25 N Main Street.
Municipality: ☐ City ☐ Village ☐ Town of: Edgerton
Zip Code: 53534 County: Rock

2. Owner Name: Robert & Peggy Cusick
3. Contact Name: Owners. Job Title:
Mailing Address: 15 N. Main Street.
Post Office: Edgerton, WI State: WI Zip Code: 53534
County: Rock Telephone No. (include area code): ( )

4. Primary Service Contractor Section A above: Heller's Tank Removal
Service Contractor Telephone No. (include area code): (608) 242-8210
Service Contractor Street Address: 3918 State Rd 19 Unit 2
Service Contractor City, State, Zip Code: Deforest WI 53532

C. TANK SYSTEM DETAIL (Complete for all service activities)

a	b	c	d	e	f	g		h	
Tank ID #	Type of Closure[1]	Tank Material of Construction	Piping Material of Construction	Tank Capacity (gallons)	Contents[2]	Release - System Integrity Compromised (e.g. holes, cracks, loose connection, etc)?		If "Yes" to "g", Then Specify Source & Cause of Release[3]	
								Source of Release[3]	Cause of Release[4]
335444	P	Steel	Fiber	10,000	UG	☐ Y	☒ N		
335445	P	Steel	Fiber	10,000	UG	☐ Y	☒ N		
335446	P	Steel	Fiber	10,000	DL	☐ Y	☒ N		
335447	P	Steel	Fiber	2,000	K	☐ Y	☒ N		
						☐ Y	☐ N		
						☐ Y	☐ N		

1. Indicate type of closure: P = Permanent, TOS = Temporarily Out-of-Service, CIP = Closure In-Place
2. Indicate type of product: DL = Diesel, LG = Leaded Gasoline, UG = Unleaded Gasoline, FO = Fuel Oil, GH = Gasohol, AF = Aviation Fuel, K = Kerosene, PX = Premix, WO = Waste/Used Motor Oil, FCHZW = Flammable/Combustible Hazardous Waste, OC = Other Chemical (indicate the chemical name(s):

CAS number(s):

3. Source of release: T = tank, P = piping, D = dispenser, STP = submersible turbine pump, DP = delivery problem, O = other, UNK = Unknown
4. Cause of release: S = spill, O = overfill, POMD = physical or mechanical damage, C = corrosion, IP = installation problem, O = other, UNK = Unknown
5. Has release been reported to the Department of Natural Resources? ☐ Yes ☒ No ☒ Release not evident at this time

Part A Distribution: DATCP DNR Inspector Contractor Owner

TR-WM-140 (04/15)
Formerly ERS-8951 (R. 07/13)

D. CLOSURES (Check applicable box at right in response to all statements in section D)

Written notification was provided to the local agent 5 days in advance of closure date. ☒ Y ☐ N

All local permits were obtained before beginning closure. ☒ Y ☐ N ☐ NA

☒ UST Form TR-WM-137 or ☐ AST Form TR-WM-118 filed by owner with the DATCP indicating closure. ☒ Y ☐ N ☐ NA

NOTE: TANK INVENTORY FORM TR-WM-137 or TR-WM-118 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH CLOSURE or CHANGE-IN-SERVICE CHECKLIST

D.1 ☐ TEMPORARILY OUT-OF-SERVICE

1. Product removed.	Remover Verified	Inspector Verified	NA
a. Product lines drained into tank (or other container) and liquid removed, and	☐Y ☐N	☐Y ☐N	☐
b. All product removed to bottom of suction line, OR	☐Y ☐N	☐Y ☐N	☐
c. All product removed to within 1" of bottom.	☐Y ☐N	☐Y ☐N	☐
2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped.	☐Y ☐N	☐Y ☐N	☐
3. All product lines at the islands or pumps located elsewhere are removed and capped, OR	☐Y ☐N	☐Y ☐N	☐
4. Dispensers/pumps left in place but locked and power disconnected.	☐Y ☐N	☐Y ☐N	☐
5. Vent lines left open.	☐Y ☐N	☐Y ☐N	☐
6. Inventory form filed indicating temporarily out-of-service (TOS) closure.	☐Y ☐N	☐Y ☐N	☐

D.2. ☒ CLOSURE BY REMOVAL OR IN-PLACE

1. General Requirements			
a. Product from piping drained into tank (or other container).	☒Y ☐N	☐Y ☐N	☐
b. Piping disconnected from tank and removed.	☒Y ☐N	☐Y ☐N	☐
c. All liquid and residue removed from tank using explosion-proof pumps or hand pumps.	☒Y ☐N	☐Y ☐N	☐
d. All pump motors and suction hoses bonded to tank or otherwise grounded.	☒Y ☐N	☐Y ☐N	☐
e. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.	☒Y ☐N	☐Y ☐N	☐
f. Vent lines left connected until tanks purged.	☒Y ☐N	☐Y ☐N	☐
g. Tank openings temporarily plugged so vapors exit through vent.	☒Y ☐N	☐Y ☐N	☐
h. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section E.	☒Y ☐N	☐Y ☐N	☐
2. Specific Closure-by-Removal Requirements			
a. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement.	☒Y ☐N	☐Y ☐N	☐
b. Tank cleaned before being removed from site.	☒Y ☐N	☐Y ☐N	☐
c. Tank labeled in 2" high letters after removal but before being moved from site.	☐Y ☒N	☐Y ☐N	☐
NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; DATE.			
d. Tank vent hole (1/8" in uppermost part of tank) installed prior to moving the tank from site.	☐Y ☒N	☐Y ☐N	☐
e. Site security is provided while the excavation is open.	☒Y ☐N	☐Y ☐N	☐
3. Specific Closure-In-Place Requirements			
NOTE: CLOSURES IN-PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION (DATCP) OR LOCAL AGENT.			
a. Tank properly cleaned to remove all sludge and residue.	☐Y ☐N	☐Y ☐N	☐
b. Solid inert material (sand, cyclone boiler slag, or pea gravel recommended) introduced and tank filled.	☐Y ☐N	☐Y ☐N	☐
c. Vent line disconnected or removed.	☐Y ☐N	☐Y ☐N	☐
d. Inventory form filed by owner with the DATCP indicating closure in-place.	☐Y ☐N	☐Y ☐N	☐

E. ☐ REPAIR, UPGRADE OR CHANGE-IN-SERVICE

Written notification was provided to the local agent 5 days in advance of service date. ☐ Y ☐ N ☒ NA

All local permits were obtained before beginning service. ☐ Y ☐ N ☒ NA

Form TR-WM-137 or ☐ TR-WM-118 filed by owner with the DATCP indicating change-in-service. ☐ Y ☐ N ☒ NA

F. METHOD OF VAPOR FREEING OF 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.

☐ Inert gas using CO_2 or N_2 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.

G. REMOVER/CLEANER INFORMATION

Remover/Cleaner Name (print)	Remover/Cleaner Signature	Certification No.	Date Signed
Jon J. Heller		402888	12-4-2015

I attest that the procedures and information which I have provided as the tank closure contractor are correct and comply with ATCP 93.

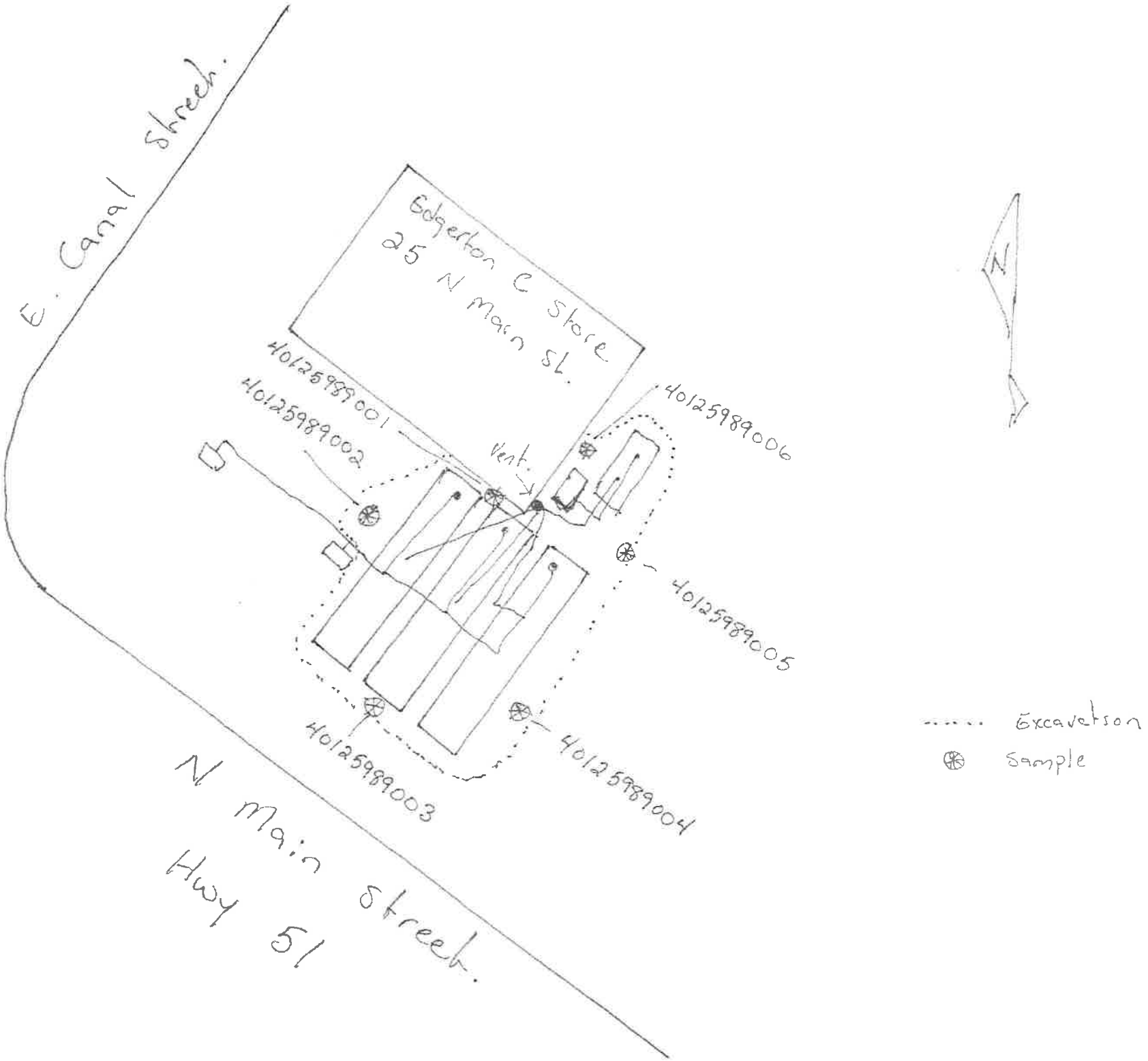
Company expected to perform soil contamination assessment Heller's - 402889

H. INSPECTOR INFORMATION

Inspector Name (print)	Inspector Signature	Inspector Cert #	LPO Agency #

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

Distribution: DATCP DNR Inspector Contractor Owner


E. Canal Street.
Edgerton C Store
25 N Main St.
401259890001
401259890002
Vent.
401259890006
401259890005
401259890004
401259890003
N Main Street.
Hwy 51
N
..... Excavation
Sample

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1241 Bellevue Street - Suite 9
Green Bay, WI 54302
(920)469-2436

December 22, 2015

Robyn Seymour
Seymour Environmental Services, INC.
2531 Dyreson Road
Mc Farland, WI 53558

RE: Project: 114613 CUSICK
Pace Project No.: 40125989

Dear Robyn Seymour:
Enclosed are the analytical results for sample(s) received by the laboratory on December 11, 2015. The results relate only to the samples included in this report. Results reported herein conform to the most current TNI standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Dan Milewsky

Dan Milewsky
dan.milewsky@pacelabs.com
Project Manager

Enclosures

Pace Analytical Services, Inc.
1241 Bellevue Street - Suite 9
Green Bay, WI 54302
(920)469-2436

CERTIFICATIONS

Project: 114613 CUSICK
Pace Project No.: 40125989

Green Bay Certification IDs
1241 Bellevue Street, Green Bay, WI 54302
Florida/NELAP Certification #: E87948
Illinois Certification #: 200050
Kentucky Certification #: 82
Louisiana Certification #: 04168
Minnesota Certification #: 055-999-334
Virginia VELAP ID: 460263
North Dakota Certification #: R-150
South Carolina Certification #: 83006001
Texas Certification #: T104704529-14-1
US Dept of Agriculture #: S-76505
Virginia VELAP Certification ID: 460263
Virginia VELAP ID: 460263
Wisconsin Certification #: 405132750

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, Inc.
1241 Bellevue Street - Suite 9
Green Bay, WI 54302
(920)469-2436

SAMPLE SUMMARY

Project: 114613 CUSICK
Pace Project No.: 40125989

Lab ID	Sample ID	Matrix	Date Collected	Date Received
40125989001	BUILDING WEST SDIE	Solid	12/03/15 10:00	12/11/15 07:15
40125989002	NORTH SIDE WALL	Solid	12/03/15 10:20	12/11/15 07:15
40125989003	WEST SIDE WALL	Solid	12/03/15 11:00	12/11/15 07:15
40125989004	SOUTH SIDE WALL WEST	Solid	12/03/15 11:30	12/11/15 07:15
40125989005	SOUTH SIDE WALL EAST	Solid	12/03/15 12:00	12/11/15 07:15
40125989006	BUILDING SOUTH	Solid	12/03/15 12:30	12/11/15 07:15

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SAMPLE ANALYTE COUNT

Project: 114613 CUSICK
Pace Project No.: 40125989

Lab ID	Sample ID	Method	Analysts	Analytes Reported
40125989001	BUILDING WEST SDIE	WI MOD GRO	PMS	10
		ASTM D2974-87	SKW	1
40125989002	NORTH SIDE WALL	WI MOD GRO	PMS	10
		ASTM D2974-87	SKW	1
40125989003	WEST SIDE WALL	WI MOD GRO	PMS	10
		ASTM D2974-87	SKW	1
40125989004	SOUTH SIDE WALL WEST	WI MOD GRO	PMS	10
		ASTM D2974-87	SKW	1
40125989005	SOUTH SIDE WALL EAST	WI MOD GRO	PMS	10
		ASTM D2974-87	SKW	1
40125989006	BUILDING SOUTH	WI MOD GRO	PMS	10
		ASTM D2974-87	SKW	1

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ANALYTICAL RESULTS

Project: 114613 CUSICK
Pace Project No.: 40125989

Sample: BUILDING WEST SDIE **Lab ID: 40125989001** Collected: 12/03/15 10:00 Received: 12/11/15 07:15 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV	Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.								
Benzene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 16:53	71-43-2	W
Ethylbenzene	**36.8J**	ug/kg	69.5	29.0	1	12/14/15 07:52	12/14/15 16:53	100-41-4	
Methyl-tert-butyl ether	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 16:53	1634-04-4	W
Naphthalene	**466**	ug/kg	69.5	29.0	1	12/14/15 07:52	12/14/15 16:53	91-20-3	
Toluene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 16:53	108-88-3	W
1,2,4-Trimethylbenzene	**578**	ug/kg	69.5	29.0	1	12/14/15 07:52	12/14/15 16:53	95-63-6	
1,3,5-Trimethylbenzene	**310**	ug/kg	69.5	29.0	1	12/14/15 07:52	12/14/15 16:53	108-67-8	
m&p-Xylene	**169**	ug/kg	139	57.9	1	12/14/15 07:52	12/14/15 16:53	179601-23-1	
o-Xylene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 16:53	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	104	%	80-120		1	12/14/15 07:52	12/14/15 16:53	98-08-8	
Percent Moisture	Analytical Method: ASTM D2974-87								
Percent Moisture	**13.6**	%	0.10	0.10	1		12/21/15 11:53		

Sample: NORTH SIDE WALL **Lab ID: 40125989002** Collected: 12/03/15 10:20 Received: 12/11/15 07:15 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV	Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.								
Benzene	**<50.0**	ug/kg	120	50.0	2	12/14/15 07:52	12/14/15 17:44	71-43-2	W
Ethylbenzene	**995**	ug/kg	143	59.5	2	12/14/15 07:52	12/14/15 17:44	100-41-4	
Methyl-tert-butyl ether	**<50.0**	ug/kg	120	50.0	2	12/14/15 07:52	12/14/15 17:44	1634-04-4	W
Naphthalene	**<50.0**	ug/kg	120	50.0	2	12/14/15 07:52	12/14/15 17:44	91-20-3	W
Toluene	**<50.0**	ug/kg	120	50.0	2	12/14/15 07:52	12/14/15 17:44	108-88-3	W
1,2,4-Trimethylbenzene	**1180**	ug/kg	143	59.5	2	12/14/15 07:52	12/14/15 17:44	95-63-6	
1,3,5-Trimethylbenzene	**941**	ug/kg	143	59.5	2	12/14/15 07:52	12/14/15 17:44	108-67-8	
m&p-Xylene	**686**	ug/kg	286	119	2	12/14/15 07:52	12/14/15 17:44	179601-23-1	
o-Xylene	**585**	ug/kg	143	59.5	2	12/14/15 07:52	12/14/15 17:44	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	122	%	80-120		2	12/14/15 07:52	12/14/15 17:44	98-08-8	D3,S7
Percent Moisture	Analytical Method: ASTM D2974-87								
Percent Moisture	**16.0**	%	0.10	0.10	1		12/21/15 11:53		

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 114613 CUSICK
Pace Project No.: 40125989

Sample: WEST SIDE WALL Lab ID: 40125989003 Collected: 12/03/15 11:00 Received: 12/11/15 07:15 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV	Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.								
Benzene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 11:44	71-43-2	W
Ethylbenzene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 11:44	100-41-4	W
Methyl-tert-butyl ether	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 11:44	1634-04-4	W
Naphthalene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 11:44	91-20-3	W
Toluene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 11:44	108-88-3	W
1,2,4-Trimethylbenzene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 11:44	95-63-6	W
1,3,5-Trimethylbenzene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 11:44	108-67-8	W
m&p-Xylene	**<50.0**	ug/kg	120	50.0	1	12/14/15 07:52	12/14/15 11:44	179601-23-1	W
o-Xylene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 11:44	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	102	%	80-120		1	12/14/15 07:52	12/14/15 11:44	98-08-8	
Percent Moisture	Analytical Method: ASTM D2974-87								
Percent Moisture	**17.4**	%	0.10	0.10	1		12/21/15 11:53		

Sample: SOUTH SIDE WALL WEST Lab ID: 40125989004 Collected: 12/03/15 11:30 Received: 12/11/15 07:15 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV	Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.								
Benzene	<25.0	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 12:10	71-43-2	W
Ethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 12:10	100-41-4	W
Methyl-tert-butyl ether	<25.0	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 12:10	1634-04-4	W
Naphthalene	<25.0	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 12:10	91-20-3	W
Toluene	<25.0	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 12:10	108-88-3	W
1,2,4-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 12:10	95-63-6	W
1,3,5-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 12:10	108-67-8	W
m&p-Xylene	<50.0	ug/kg	120	50.0	1	12/14/15 07:52	12/14/15 12:10	179601-23-1	W
o-Xylene	<25.0	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 12:10	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	103	%	80-120		1	12/14/15 07:52	12/14/15 12:10	98-08-8	
Percent Moisture	Analytical Method: ASTM D2974-87								
Percent Moisture	**23.0**	%	0.10	0.10	1		12/21/15 11:53		

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 114613 CUSICK
Pace Project No.: 40125989

Sample: SOUTH SIDE WALL EAST Lab ID: **40125989005** Collected: 12/03/15 12:00 Received: 12/11/15 07:15 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV	Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.								
Benzene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 12:36	71-43-2	W
Ethylbenzene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 12:36	100-41-4	W
Methyl-tert-butyl ether	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 12:36	1634-04-4	W
Naphthalene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 12:36	91-20-3	W
Toluene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 12:36	108-88-3	W
1,2,4-Trimethylbenzene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 12:36	95-63-6	W
1,3,5-Trimethylbenzene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 12:36	108-67-8	W
m&p-Xylene	**<50.0**	ug/kg	120	50.0	1	12/14/15 07:52	12/14/15 12:36	179601-23-1	W
o-Xylene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 12:36	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	102	%	80-120		1	12/14/15 07:52	12/14/15 12:36	98-08-8	
Percent Moisture	Analytical Method: ASTM D2974-87								
Percent Moisture	**24.3**	%	0.10	0.10	1		12/21/15 11:53		

Sample: BUILDING SOUTH Lab ID: **40125989006** Collected: 12/03/15 12:30 Received: 12/11/15 07:15 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV	Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.								
Benzene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 16:27	71-43-2	W
Ethylbenzene	**116**	ug/kg	68.8	28.7	1	12/14/15 07:52	12/14/15 16:27	100-41-4	
Methyl-tert-butyl ether	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 16:27	1634-04-4	W
Naphthalene	**635**	ug/kg	68.8	28.7	1	12/14/15 07:52	12/14/15 16:27	91-20-3	
Toluene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 16:27	108-88-3	W
1,2,4-Trimethylbenzene	**762**	ug/kg	68.8	28.7	1	12/14/15 07:52	12/14/15 16:27	95-63-6	
1,3,5-Trimethylbenzene	**283**	ug/kg	68.8	28.7	1	12/14/15 07:52	12/14/15 16:27	108-67-8	
m&p-Xylene	**588**	ug/kg	138	57.3	1	12/14/15 07:52	12/14/15 16:27	179601-23-1	
o-Xylene	**<25.0**	ug/kg	60.0	25.0	1	12/14/15 07:52	12/14/15 16:27	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	103	%	80-120		1	12/14/15 07:52	12/14/15 16:27	98-08-8	
Percent Moisture	Analytical Method: ASTM D2974-87								
Percent Moisture	**12.8**	%	0.10	0.10	1		12/21/15 11:53		

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, Inc.
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QUALITY CONTROL DATA

Project: 114613 CUSICK
Pace Project No.: 40125989

QC Batch: GCV/15477 Analysis Method: WI MOD GRO
QC Batch Method: TPH GRO/PVOC WI ext. Analysis Description: WIGRO Solid GCV
Associated Lab Samples: 40125989001, 40125989002, 40125989003, 40125989004, 40125989005, 40125989006

METHOD BLANK: 1273252 Matrix: Solid
Associated Lab Samples: 40125989001, 40125989002, 40125989003, 40125989004, 40125989005, 40125989006

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,2,4-Trimethylbenzene	ug/kg	<25.0	50.0	12/14/15 08:52	
1,3,5-Trimethylbenzene	ug/kg	<25.0	50.0	12/14/15 08:52	
Benzene	ug/kg	<25.0	50.0	12/14/15 08:52	
Ethylbenzene	ug/kg	<25.0	50.0	12/14/15 08:52	
m&p-Xylene	ug/kg	<50.0	100	12/14/15 08:52	
Methyl-tert-butyl ether	ug/kg	<25.0	50.0	12/14/15 08:52	
Naphthalene	ug/kg	<25.0	50.0	12/14/15 08:52	
o-Xylene	ug/kg	<25.0	50.0	12/14/15 08:52	
Toluene	ug/kg	<25.0	50.0	12/14/15 08:52	
a,a,a-Trifluorotoluene (S)	%	100	80-120	12/14/15 08:52	

LABORATORY CONTROL SAMPLE & LCSD: 1273253 1273254

Parameter	Units	Spike Conc.	LCS Result	LCSD Result	LCS % Rec	LCSD % Rec	% Rec Limits	RPD	Max RPD	Qualifiers
1,2,4-Trimethylbenzene	ug/kg	1000	966	1020	97	102	80-120	5	20	
1,3,5-Trimethylbenzene	ug/kg	1000	962	1000	96	100	80-120	4	20	
Benzene	ug/kg	1000	975	1010	98	101	80-120	4	20	
Ethylbenzene	ug/kg	1000	932	974	93	97	80-120	4	20	
m&p-Xylene	ug/kg	2000	1870	1940	93	97	80-120	4	20	
Methyl-tert-butyl ether	ug/kg	1000	975	1050	98	105	80-120	7	20	
Naphthalene	ug/kg	1000	985	1100	98	110	80-120	11	20	
o-Xylene	ug/kg	1000	927	965	93	97	80-120	4	20	
Toluene	ug/kg	1000	955	997	95	100	80-120	4	20	
a,a,a-Trifluorotoluene (S)	%				100	101	80-120			

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

Pace Analytical Services, Inc.
1241 Bellevue Street - Suite 9
Green Bay, WI 54302
(920)469-2436

QUALITY CONTROL DATA

Project: 114613 CUSICK
Pace Project No.: 40125989

QC Batch: PMST/12259
QC Batch Method: ASTM D2974-87
Analysis Method: ASTM D2974-87
Analysis Description: Dry Weight/Percent Moisture
Associated Lab Samples: 40125989001, 40125989002, 40125989003, 40125989004, 40125989005, 40125989006

SAMPLE DUPLICATE: 1276953

Parameter	Units	40125987002 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	16.9	16.3	4	10	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: 114613 CUSICK
Pace Project No.: 40125989

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above LOD.

J - Estimated concentration at or above the LOD and below the LOQ.

LOD - Limit of Detection adjusted for dilution factor and percent moisture.

LOQ - Limit of Quantitation adjusted for dilution factor and percent moisture.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected at or above the adjusted LOD.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

ANALYTE QUALIFIERS

D3	Sample was diluted due to the presence of high levels of non-target analytes or other matrix interference.
S7	Surrogate recovery outside control limits (not confirmed by re-analysis).
W	Non-detect results are reported on a wet weight basis.

Pace Analytical®
www.pacelabs.com

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(920)469-2436

QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 114613 CUSICK
Pace Project No.: 40125989

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
40125989001	BUILDING WEST SDIE	TPH GRO/PVOC WI ext.	GCV/15477	WI MOD GRO	GCV/15482
40125989002	NORTH SIDE WALL	TPH GRO/PVOC WI ext.	GCV/15477	WI MOD GRO	GCV/15482
40125989003	WEST SIDE WALL	TPH GRO/PVOC WI ext.	GCV/15477	WI MOD GRO	GCV/15482
40125989004	SOUTH SIDE WALL WEST	TPH GRO/PVOC WI ext.	GCV/15477	WI MOD GRO	GCV/15482
40125989005	SOUTH SIDE WALL EAST	TPH GRO/PVOC WI ext.	GCV/15477	WI MOD GRO	GCV/15482
40125989006	BUILDING SOUTH	TPH GRO/PVOC WI ext.	GCV/15477	WI MOD GRO	GCV/15482
40125989001	BUILDING WEST SDIE	ASTM D2974-87	PMST/12259		
40125989002	NORTH SIDE WALL	ASTM D2974-87	PMST/12259		
40125989003	WEST SIDE WALL	ASTM D2974-87	PMST/12259		
40125989004	SOUTH SIDE WALL WEST	ASTM D2974-87	PMST/12259		
40125989005	SOUTH SIDE WALL EAST	ASTM D2974-87	PMST/12259		
40125989006	BUILDING SOUTH	ASTM D2974-87	PMST/12259		

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UPPER MIDWEST REGION
MN: 612-607-1700 WI: 920-469-2436

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COC No. 40125989

CHAIN OF CUSTODY

*Preservation Codes
A=None B=HCL C=H2SO4 D=HNO3 E=DI Water F=Methanol G=NaOH
H=Sodium Bisulfate Solution I=Sodium Thiosulfate J=Other

(Please Print Clearly)	
Company Name:	Seymour Environmental Services
Branch/Location:	
Project Contact:	Robyn Seymour
Phone:	608-838-9120
Project Number:	114613
Project Name:	Cusick
Project State:	Wisconsin
Sampled By (Print):	Jon J Heller
Sampled By (Sign):	
PO #:	Regulatory Program:

Quote #:	
Mail To Contact:	Robyn Seymour
Mail To Company:	Seymour Environmental Services
Mail To Address:	2531 Dyreson Road McFarland, Wisconsin 53558
Invoice To Contact:	Robyn Seymour
Invoice To Company:	Seymour Environmental Services
Invoice To Address:	2531 Dyreson Road McFarland, Wisconsin 53558
Invoice To Phone:	

Data Package Options (billable)
☐ EPA Level III
☐ EPA Level IV

MS/MSD
☐ On your sample (billable)
☐ NOT needed on your sample

Matrix Codes
A = Air W = Water
B = Biota DW = Drinking Water
C = Charcoal GW = Ground Water
O = Oil SW = Surface Water
S = Soil WW = Waste Water
SI = Sludge WP = Wipe

FILTERED? (YES/NO)
PRESERVATION (CODE)*

PACE LAB #	CLIENT FIELD ID	COLLECTION DATE	COLLECTION TIME	MATRIX	Y/N	Pick Letter	Analyses Requested: PVOC+naphthalene	CLIENT COMMENTS	LAB COMMENTS (Lab Use Only)	Profile #
					N	A				
001	Building West Side	12-3	10:00	S			✓	1-40zp^A	1-40mlVF	
002	North Sidewall	12-3	10:20	S			✓			
003	West Sidewall	12-3	11:00	S			✓			
004	South Sidewall West	12-3	11:30	S			✓			
005	South Sidewall East	12-3	12:00	S			✓			
006	Building South	12-3	12:30	S			✓			

Rush Turnaround Time Requested - Prelims
(Rush TAT subject to approval/surcharge)
Date Needed:

Transmit Prelim Rush Results by (complete what you want):
Email #1:
Email #2:
Telephone:
Fax:

Samples on HOLD are subject to special pricing and release of liability

Relinquished By:	Date/Time:	Received By	Date/Time:
	12-10-15 5:00pm		
Dunham	12/11/15 0715	pace	12/11/15 0715

PACE Project No.: 40125989

Receipt Temp = ROI °C

Sample Receipt pH OK / Adjusted

Cooler Custody Seal: Present / Not Present; Intact / ~~Not Intact~~

C019a(27Jun2005)

Version 6.0 08/14/06

Pace Analytical

Sample Condition Upon Receipt

Pace Analytical Services, Inc.
1241 Bellevue Street, Suite 9
Green Bay, WI 54302

Project #: WO#: 40125989

40125989

Client Name: Seymour Environmental Services

Courier: ☐ Fed Ex ☐ UPS ☐ Client ☐ Pace Other: Dunham

Tracking #:

Custody Seal on Cooler/Box Present: ☐ yes ☒ no Seals intact: ☐ yes ☐ no

Custody Seal on Samples Present: ☐ yes ☒ no Seals intact: ☐ yes ☐ no

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other

Thermometer Used N/A Type of Ice: (Wet) Blue Dry None ☒ Samples on ice, cooling process has begun

Cooler Temperature Uncorr: ROI /Corr: Biological Tissue is Frozen: ☐ yes ☐ no

Temp Blank Present: ☐ yes ☒ no

Person examining contents:
Date: 12/11/15
Initials: BH

Temp should be above freezing to 6°C for all sample except Biota.
Frozen Biota Samples should be received ≤ 0°C.

		Comments:
Chain of Custody Present:	☒Yes ☐No ☐N/A	1.
Chain of Custody Filled Out:	☒Yes ☐No ☐N/A	2.
Chain of Custody Relinquished:	☒Yes ☐No ☐N/A	3.
Sampler Name & Signature on COC:	☒Yes ☐No ☐N/A	4.
Samples Arrived within Hold Time:	☒Yes ☐No ☐N/A	5.
- VOA Samples frozen upon receipt	☐Yes ☐No	Date/Time:
Short Hold Time Analysis (<72hr):	☐Yes ☒No ☐N/A	6.
Rush Turn Around Time Requested:	☐Yes ☒No ☐N/A	7.
Sufficient Volume:	☒Yes ☐No ☐N/A	8.
Correct Containers Used:	☒Yes ☐No ☐N/A	9.
-Pace Containers Used:	☒Yes ☐No ☐N/A	
-Pace IR Containers Used:	☐Yes ☒No ☐N/A	
Containers Intact:	☒Yes ☐No ☐N/A	10.
Filtered volume received for Dissolved tests	☐Yes ☒No ☐N/A	11.
Sample Labels match COC:	☐Yes ☒No ☐N/A	12. no time/dates on 4-ozp's BH 12/11/15
-Includes date/time/ID/Analysis Matrix: S		
All containers needing preservation have been checked. (Non-Compliance noted in 13.)	☐Yes ☐No ☒N/A	13. ☐ HNO3 ☐ H2SO4 ☐ NaOH ☐ NaOH +ZnAct
All containers needing preservation are found to be in compliance with EPA recommendation. (HNO3, H2SO4 ≤2; NaOH+ZnAct ≥9, NaOH ≥12)	☐Yes ☐No ☒N/A	
exceptions: VOA, coliform, TOC, TOX, TOH, O&G, WIDROW, Phenolics, OTHER:	☐Yes ☒No	Initial when completed / Lab Std #ID of preservative / Date/ Time:
Headspace in VOA Vials (>6mm):	☐Yes ☐No ☒N/A	14.
Trip Blank Present:	☐Yes ☐No ☒N/A	15.
Trip Blank Custody Seals Present	☐Yes ☐No ☒N/A	
Pace Trip Blank Lot # (if purchased):		

Client Notification/ Resolution: If checked, see attached form for additional comments ☐

Person Contacted: Date/Time:

Comments/ Resolution:

Project Manager Review: AMH for DM **Date:** 12/11/15