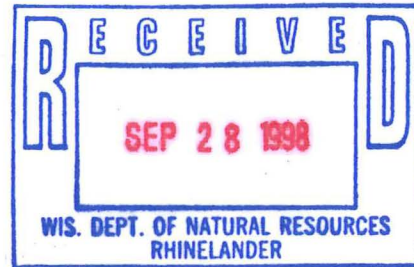




September 3, 1998

Janet Kazda
WDNR Northern Region
107 Sutliff Ave. P.O. Box 818
Rhineland, WI 54501



Dears Ms. Kazda:

Underground Storage Tank Closure Site Assessment Report

**Steve's Corner Bar
200 Main St. Butternut, Wisconsin.**

**500-gallon gasoline UST ID#020200005
1,100-gallon diesel UST ID#020200006**

In accordance with DNR requirements , please find enclosed a copy of the above-mentioned report.

If you have any questions, please call me at your convenience.

Sincerely,

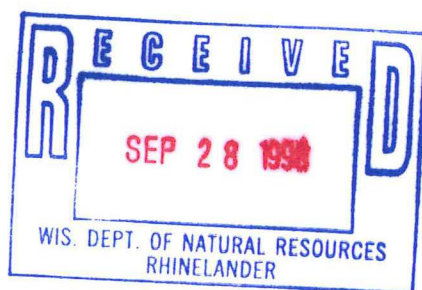
Travis Peterson
Environmental Scientist

enclosure

Site Assessment
and
Tank Closure Report

for

Steve's Corner Bar
200 Main Street
Butternut, WI 54514



September 3, 1998

INTRODUCTION

This Site Assessment and Tank Closure Report presents the results of an underground storage tank (UST) removal project which was conducted for Steve's Corner Bar at 200 Main Street, Butternut, WI 54514.

The assessment was conducted in accordance with the requirements of ILHR 10 and the Wisconsin Department of Natural Resources (WDNR) Publication PUBL-SW-175-93, "Site Assessment for Underground Storage Tanks, Technical Guidance."

Petroleum contamination was discovered during the assessment from visual observations, smell and sample results. In accordance with Site Assessment requirements, any collected soil samples were analyzed for Gasoline Range Organics (GRO) or Diesel Range Organics (DRO). The sampling locations, parameters and results are shown below. The release was reported by fax to the WDNR in accordance with 144.76, Wisconsin Statutes. Additional investigation will be required by the WDNR to determine the extent of soil and, if necessary, groundwater contamination.

A. SITE BACKGROUND INFORMATION

A.1 UST System Owner/Operator

The owner/operator of the UST system was Steve's Corner Bar. Gasoline and diesel was stored in the tank system. The tank system was used in conjunction with a tavern operation.

A.2 Landowner

The property is owned by the UST owner/operator.

A.3 Address of Tank Site

Steve's Corner Bar
200 Main Street
Butternut, WI 54514

B. TANK CLOSURE ACTIVITIES

B.1 Certified Site Assessor

Travis Peterson
Agenda International Inc.
2130 South 17th Street
Sheboygan, WI 53081
Phone: (920) 451-9141

Assessor Certification Number 264264

B.2 Method of Tank Closure
The UST was abandoned by excavation.

B.3 Date of Abandonment
August 20th, 1998

B.4 Certified Remover and Cleaner
Travis Peterson
Agenda International Inc.
Sheboygan, WI 53081
Phone: (414) 451-9141

Remover Certification Number 264264

B.5 Description of the Tank Removed
The tank system age and manufacturer are unknown. The tank system was registered by Department of Commerce before the removal. A copy of the "Underground Petroleum Product Tank Inventory" form is attached as Appendix B.

C TANK CLEANING AND DISPOSAL

The tank system was cleaned on-site for accumulated sludges and removed from the site for destruction.

D SURPLUS PRODUCT MANAGEMENT

Surplus product was containerized on-site in 55-gallon drums pending proper off-site disposal.

E TANK SLUDGE MANAGEMENT

Sludge was containerized on-site in 55-gallon drums pending proper off-site disposal.

F SITE LAYOUT PLAN

The former location of the UST system is shown on the Site Plan, Figure 1.

G VISUAL INSPECTION

G.1 Weather

During the removal, the temperature was approximately 80°F, and, in general, the conditions could be described as sunny and calm.

G.2 Site Conditions

No visual evidence of contamination was present at the surface.

G.3 Excavation

The excavation was backfilled with the excavated soil after sampling.

Table 1

| | |
|-----------------------|--|
| Excavation depth: | 7 feet |
| Soils Strata: | 0.0 - 1.5 feet bls: Topsoil 1.5 - 3.0 feet bls: SILTY SAND / SILT 3.0 - Bottom: CLAY |
| Depth to groundwater: | 7-8 feet |
| Remarks: | None |

G.4 Tank System Components

The system components consisted of one UST, a fill pipe, a vent pipe, and pump connections.

G.5 Observed Problems

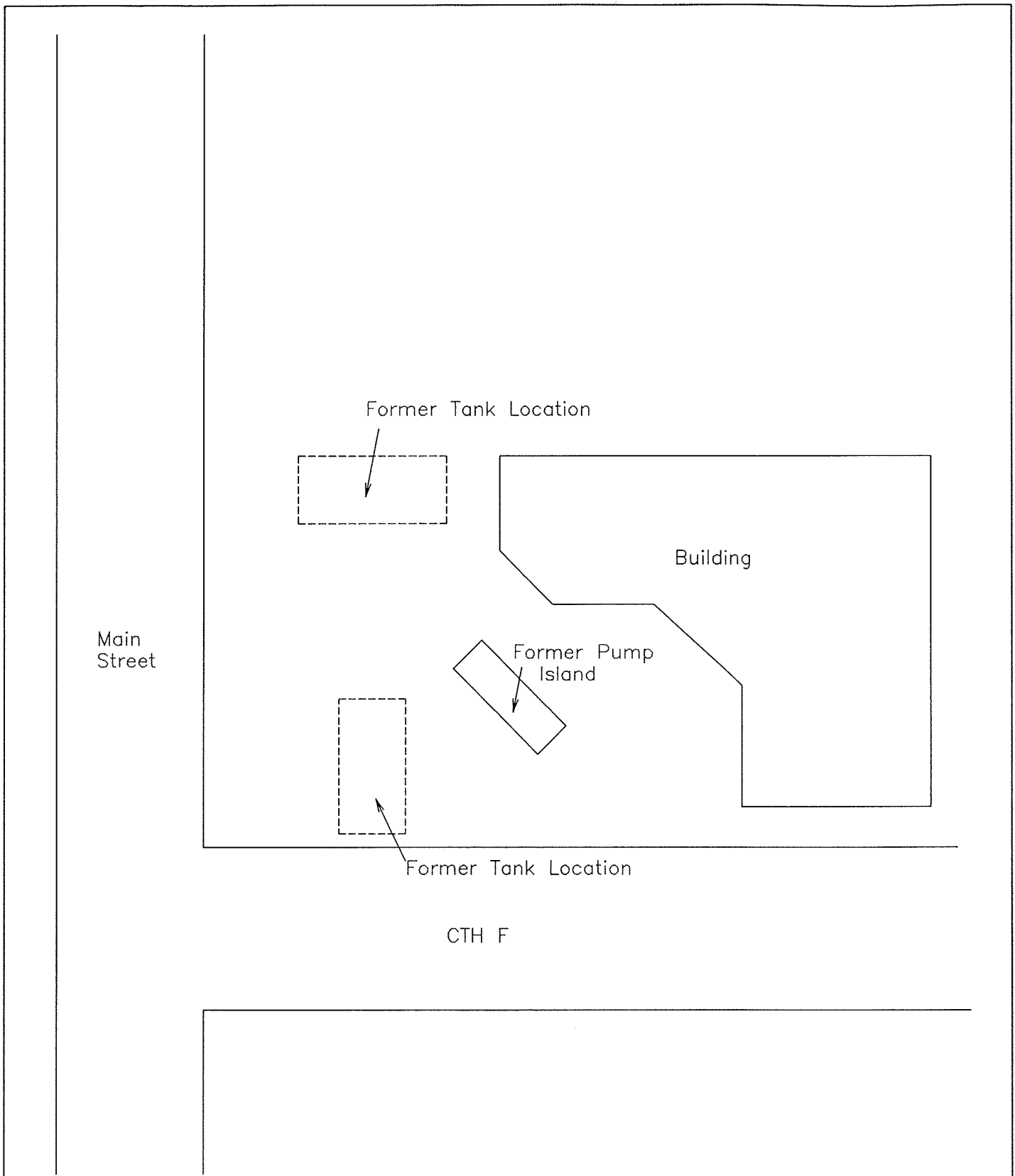
There was pitting on the tank walls and evidence of surface spills or overfills.

I SOIL SAMPLING

Six soil samples were collected for laboratory analysis and were handled and shipped in accordance with WDNR guidance and methods. Chain-of-custody forms were maintained throughout sample collection, handling, transportation and analysis to document sample integrity. The samples were analyzed by EN CHEM, Inc. of Green Bay, Wisconsin. The complete laboratory report and chain-of-custody form is included in Appendix A.

Table 2 - Soil Samples

| Analysis | Units | Sample |
|----------|-------|------------|
| GRO-S | mg/kg | (PI-G) 4.3 |
| GRO-S | mg/kg | (PI-D) 700 |
| GRO-S | mg/kg | (N1) <4.1 |
| DRO-s | mg/kg | (N2) 36 |
| DRO-S | mg/kg | (S1) 490 |
| DRO-S | mg/kg | (S2) 180 |



| | | | | | |
|--------|--|--------------------|------|------------------------------|----|
| LEGEND | | Steve's Corner Bar | | agenda International Inc. | |
| | | | | Date: 2-Sep-98 | |
| | | | | By: a krier | |
| | | | | File: sitemap | |
| | | | | Scale: not to scale | |
| | | Rev | Date | Description | By |
| | | | | | |
| | | | | | |
| | | | | | |

Appendix A: Laboratory Report

Company Name: Agenda Int - Inc
 Branch or Location: Sheboygan
 Project Contact: Travis
 Telephone: (920) 451-9141
 Project Number: _____
 Project Name: Steve's Corner Bar
 Project Location: Butternut
 Sampled By (Print): Travis Peterson
 Regulatory Program (circle): UST RCRA CLP SDWA
 NPDES/WPDES CAA NR _____
 Other _____
 NR720 Confirmation Analysis Required? (circle): Y N
 (En Chem will not confirm unless otherwise instructed.)



1241 Bellevue St., Suite 9
 Green Bay, WI 54302
 920-469-2436 • 1-800-736-2436
 FAX 920-469-8827

525 Science Drive
 Madison, WI 53711
 608-232-3300 • 1-888-536-2436
 FAX: 608-233-0502

1423 N. 8th Street, Suite 122
 Superior, WI 54880
 715-392-5844 • 1-800-837-8238
 FAX 715-392-5843

CHAIN OF CUSTODY

29946

Page _____ of _____

P.O. # _____ Quote # _____

Mail Report To: Travis

Company: Agenda Int. Inc

Address: Sheboygan

Invoice To: _____

Company: _____

Address: _____

Mail Invoice To: _____

FILTERED? (YES/NO) _____
 PRESERVATION (CODE)* F A

ANALYSES REQUESTED
ORO DRO

| FIELD ID | | SAMPLE DESCRIPTION | COLLECTION | | FIELD SCREEN | MATRIX | SHADED AREA FOR LABORATORY USE ONLY | | LABORATORY NUMBER |
|----------------------|-------------|--------------------|------------|---------------|--------------|----------|-------------------------------------|--------------------|-------------------|
| DATE | TIME | | GOOD COND. | TOTAL BOTTLES | | | COMMENTS | | |
| <u>PTG</u> | <u>8/20</u> | <u>8:30</u> | <u>X</u> | | | <u>S</u> | <u>Y</u> | <u>1-500-2021W</u> | <u>001</u> |
| <u>PID</u> | <u>8/20</u> | <u>8:45</u> | | <u>X</u> | | <u>S</u> | | <u>1-500-202</u> | <u>002</u> |
| <u>N₁</u> | <u>8/20</u> | <u>9:00</u> | | <u>X</u> | | <u>S</u> | | | <u>003</u> |
| <u>N₂</u> | <u>8/20</u> | <u>9:15</u> | | <u>X</u> | | <u>S</u> | | | <u>004</u> |
| <u>S₁</u> | <u>8/20</u> | <u>9:20</u> | <u>X</u> | | | <u>S</u> | | <u>1-500-2021W</u> | <u>005</u> |
| <u>S₂</u> | <u>8/20</u> | <u>9:45</u> | <u>X</u> | | | <u>S</u> | | | <u>006</u> |
| <u>Trip</u> | <u>8/20</u> | | <u>X</u> | <u>X</u> | | | | <u>1-40ml/m</u> | <u>007</u> |

| | | | |
|---|--|--|---------------------------------------|
| <p>*Preservation Code A=None B=HCL C=H2SO4 D=HNO3 E=EnCore F=Methanol** G=NaOH O=Other (Indicate)</p> <p>**If not using En Chem's methanol, indicate volume of methanol added and mark the appropriate samples.</p> | Relinquished By: <u>Travis Peterson</u> Date/Time: <u>8/24 10:15</u> | Received By: <u>Arnold Schirke</u> Date/Time: <u>8/24/98 10:15</u> | En Chem Project No. <u>ROT 885019</u> |
| | Relinquished By: <u>Arnold Schirke</u> Date/Time: <u>8/24/98 15:30</u> | Received By: _____ Date/Time: _____ | Sample Receipt Temp. <u>ROT</u> |
| | Relinquished By: _____ Date/Time: _____ | Received By: _____ Date/Time: _____ | Sample Receipt pH (Wat/Metals) _____ |
| | Relinquished By: _____ Date/Time: _____ | Received By: (En Chem) _____ Date/Time: _____ | |



1795 Industrial Drive
Green Bay, WI 54302
920-469-2436
800-7-ENCHEM
Fax: 920-469-8827

- Analytical Report -

Project Name : STEVE'S CORNER BAR

Project Number :

Client: AGENDA INTERNATIONAL

WI DNR LAB ID : 405132750

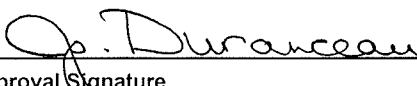
Report Date : 8/28/98

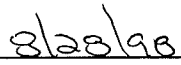
| Sample No. | Field ID | Collection Date | Sample No. | Field ID | Collection Date |
|------------|------------|-----------------|------------|----------|-----------------|
| 885019-001 | SCB PIG | 8/20/98 | | | |
| 885019-002 | SCB PID | 8/20/98 | | | |
| 885019-003 | SCB N1 | 8/20/98 | | | |
| 885019-004 | SCB N2 | 8/20/98 | | | |
| 885019-005 | SCB S1 | 8/20/98 | | | |
| 885019-006 | SCB S2 | 8/20/98 | | | |
| 885019-007 | TRIP BLANK | 8/20/98 | | | |

The "Q" flag is present when a parameter has been detected below the LOQ. This indicates the results are qualified due to the uncertainty of the parameter concentration between the LOD and the LOQ.

Soil VOC detects are corrected for the total solids, unless otherwise noted.

I certify that the data contained in this Final Report has been generated and reviewed in accordance with approved methods and Laboratory Standard Operating Procedure. Exceptions, if any, are discussed in the accompanying sample narrative. Release of this final report is authorized by Laboratory management, as is verified by the following signature.


Approval Signature


Date



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FAX: 920-469-8827

| Lab#: | TestGroupID: | Comment: |
|-----------------------|--------------|---|
| 885019-001 SCB PIG | GRO-S-ME | Sample exhibits hydrocarbon pattern resembling diesel fuel or extremely weathered gasoline. |
| 885019-004 SCB N2 | DRO-S | Front peaks present along with diesel peaks. |
| 885019-005 SCB S1 | GRO-S-ME | Sample exhibits hydrocarbon pattern resembling diesel fuel or extremely weathered gasoline. |
| 885019-006 SCB S2 | GRO-S-ME | Sample exhibits hydrocarbon pattern resembling diesel fuel or extremely weathered gasoline. |



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- Analytical Report -

Project Name : STEVE'S CORNER BAR

Project Number :

Client : AGENDA INTERNATIONAL

Field ID : SCB PIG

Report Date : 8/27/98

Lab Sample Number : 885019-001

Collection Date : 8/20/98

WI DNR LAB ID : 405132750

Matrix Type : SOIL

Inorganic Results

| Test | Result | LOD | LOQ | EQL | Units | Code | Analysis Date | Prep Method | Analysis Method | Analyst |
|-----------------|--------|-----|-----|-----|-------|------|---------------|-------------|-----------------|---------|
| Solids, percent | 94.4 | | | | % | | 8/25/98 | SM2540G | SM2540G | DJB |

Organic Results

GASOLINE RANGE ORGANICS - SOIL/METHANOL

Prep Method: WI MOD.GRO

Prep Date: 8/26/98

Analyst: PMS

| Analyte | Result | LOD | LOQ | EQL | Units | Code | Analysis Date | Analysis Method |
|-------------------------|--------|-----|-----|-----|--------|------|---------------|-----------------|
| Gasoline Range Organics | 4.3 | | | 2.6 | mg/kg | | 8/26/98 | Wi MOD GRO |
| Blank Spike | 99 | | | 1.0 | %Recov | | 8/26/98 | Wi MOD GRO |
| Blank Spike Duplicate | 93 | | | 1.0 | %Recov | | 8/26/98 | Wi MOD GRO |
| Blank | < 2.5 | | | 2.5 | mg/kg | | 8/26/98 | Wi MOD GRO |

All soil results are reported on a dry weight basis unless otherwise noted.



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- Analytical Report -

Project Name : STEVE'S CORNER BAR

Project Number :

Client : AGENDA INTERNATIONAL

Field ID : SCB PID

Report Date : 8/26/98

Lab Sample Number : 885019-002

Collection Date : 8/20/98

WI DNR LAB ID : 405132750

Matrix Type : SOIL

Inorganic Results

| Test | Result | LOD | LOQ | EQL | Units | Code | Analysis Date | Prep Method | Analysis Method | Analyst |
|-----------------|--------|-----|-----|-----|-------|------|---------------|-------------|-----------------|---------|
| Solids, percent | 92.1 | | | | % | | 8/25/98 | SM2540G | SM2540G | DJB |

Organic Results

| Analyte | Result | LOD | LOQ | EQL | Units | Code | Preservation Date : 8/25/98 | | Analyst: DJB |
|------------------------------|--------|-----|-----|-----|--------|------|-----------------------------|--------------------|--------------|
| | | | | | | | Prep Method: Wi MOD DRO | Prep Date: 8/25/98 | |
| DIESEL RANGE ORGANICS - SOIL | | | | | | | | | |
| Analyte | Result | LOD | LOQ | EQL | Units | Code | Analysis Date | Analysis Method | |
| DIESEL RANGE ORGANICS | 700 | | | 23 | mg/kg | | 8/25/98 | Wi MOD DRO | |
| Blank spike | 76 | | | 50 | %Recov | | 8/25/98 | Wi MOD DRO | |
| Blank spike duplicate | 72 | | | 50 | %Recov | | 8/25/98 | Wi MOD DRO | |
| Blank | < 5.0 | | | 5.0 | mg/kg | | 8/25/98 | Wi MOD DRO | |

All soil results are reported on a dry weight basis unless otherwise noted.



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- Analytical Report -

Project Name : STEVE'S CORNER BAR
 Project Number : Client : AGENDA INTERNATIONAL
 Field ID : SCB N1 Report Date : 8/26/98
 Lab Sample Number : 885019-003 Collection Date : 8/20/98
 WI DNR LAB ID : 405132750 Matrix Type : SOIL

Inorganic Results

| Test | Result | LOD | LOQ | EQL | Units | Code | Analysis Date | Prep Method | Analysis Method | Analyst |
|-----------------|--------|-----|-----|-----|-------|------|---------------|-------------|-----------------|---------|
| Solids, percent | 95.2 | | | | % | | 8/25/98 | SM2540G | SM2540G | DJB |

Organic Results

Preservation Date : 8/25/98

DIESEL RANGE ORGANICS - SOIL Prep Method: Wi MOD DRO Prep Date: 8/25/98 Analyst: DJB

| Analyte | Result | LOD | LOQ | EQL | Units | Code | Analysis Date | Analysis Method |
|-----------------------|--------|-----|-----|-----|--------|------|---------------|-----------------|
| DIESEL RANGE ORGANICS | < 4.1 | | | 4.1 | mg/kg | | 8/25/98 | Wi MOD DRO |
| Blank spike | 76 | | | 50 | %Recov | | 8/25/98 | Wi MOD DRO |
| Blank spike duplicate | 72 | | | 50 | %Recov | | 8/25/98 | Wi MOD DRO |
| Blank | < 5.0 | | | 5.0 | mg/kg | | 8/25/98 | Wi MOD DRO |

All soil results are reported on a dry weight basis unless otherwise noted.



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- Analytical Report -

Project Name : STEVE'S CORNER BAR

Project Number :

Client : AGENDA INTERNATIONAL

Field ID : SCB N2

Report Date : 8/26/98

Lab Sample Number : 885019-004

Collection Date : 8/20/98

WI DNR LAB ID : 405132750

Matrix Type : SOIL

Inorganic Results

| Test | Result | LOD | LOQ | EQL | Units | Code | Analysis Date | Prep Method | Analysis Method | Analyst |
|-----------------|--------|-----|-----|-----|-------|------|---------------|-------------|-----------------|---------|
| Solids, percent | 93.5 | | | | % | | 8/25/98 | SM2540G | SM2540G | DJB |

Organic Results

Preservation Date : 8/25/98

DIESEL RANGE ORGANICS - SOIL

Prep Method: Wi MOD DRO

Prep Date: 8/25/98

Analyst: DJB

| Analyte | Result | LOD | LOQ | EQL | Units | Code | Analysis Date | Analysis Method |
|-----------------------|--------|-----|-----|-----|--------|------|---------------|-----------------|
| DIESEL RANGE ORGANICS | 36 | | | 4.1 | mg/kg | | 8/25/98 | Wi MOD DRO |
| Blank spike | 76 | | | 50 | %Recov | | 8/25/98 | Wi MOD DRO |
| Blank spike duplicate | 72 | | | 50 | %Recov | | 8/25/98 | Wi MOD DRO |
| Blank | < 5.0 | | | 5.0 | mg/kg | | 8/25/98 | Wi MOD DRO |

All soil results are reported on a dry weight basis unless otherwise noted.



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- Analytical Report -

Project Name : STEVE'S CORNER BAR

Project Number :

Client : AGENDA INTERNATIONAL

Field ID : SCB S1

Report Date : 8/27/98

Lab Sample Number : 885019-005

Collection Date : 8/20/98

WI DNR LAB ID : 405132750

Matrix Type : SOIL

Inorganic Results

| Test | Result | LOD | LOQ | EQL | Units | Code | Analysis Date | Prep Method | Analysis Method | Analyst |
|-----------------|--------|-----|-----|-----|-------|------|---------------|-------------|-----------------|---------|
| Solids, percent | 93.4 | | | | % | | 8/25/98 | SM2540G | SM2540G | DJB |

Organic Results

GASOLINE RANGE ORGANICS - SOIL/METHANOL

Prep Method: WI MOD.GRO

Prep Date: 8/26/98

Analyst: PMS

| Analyte | Result | LOD | LOQ | EQL | Units | Code | Analysis Date | Analysis Method |
|-------------------------|--------|-----|-----|-----|--------|------|---------------|-----------------|
| Gasoline Range Organics | 490 | | | 21 | mg/kg | | 8/26/98 | Wi MOD GRO |
| Blank Spike | 99 | | | 1.0 | %Recov | | 8/26/98 | Wi MOD GRO |
| Blank Spike Duplicate | 93 | | | 1.0 | %Recov | | 8/26/98 | Wi MOD GRO |
| Blank | < 2.5 | | | 2.5 | mg/kg | | 8/26/98 | Wi MOD GRO |

All soil results are reported on a dry weight basis unless otherwise noted.



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- Analytical Report -

Project Name : STEVE'S CORNER BAR
 Project Number : Client : AGENDA INTERNATIONAL
 Field ID : SCB S2 Report Date : 8/27/98
 Lab Sample Number : 885019-006 Collection Date : 8/20/98
 WI DNR LAB ID : 405132750 Matrix Type : SOIL

Inorganic Results

| Test | Result | LOD | LOQ | EQL | Units | Code | Analysis Date | Prep Method | Analysis Method | Analyst |
|-----------------|--------|-----|-----|-----|-------|------|---------------|-------------|-----------------|---------|
| Solids, percent | 87.2 | | | | % | | 8/25/98 | SM2540G | SM2540G | DJB |

Organic Results

GASOLINE RANGE ORGANICS - SOIL/METHANOL Prep Method: WI MOD.GRO Prep Date: 8/26/98 Analyst: PMS

| Analyte | Result | LOD | LOQ | EQL | Units | Code | Analysis Date | Analysis Method |
|-------------------------|--------|-----|-----|-----|--------|------|---------------|-----------------|
| Gasoline Range Organics | 180 | | | 5.7 | mg/kg | | 8/26/98 | Wi MOD GRO |
| Blank Spike | 99 | | | 1.0 | %Recov | | 8/26/98 | Wi MOD GRO |
| Blank Spike Duplicate | 93 | | | 1.0 | %Recov | | 8/26/98 | Wi MOD GRO |
| Blank | < 2.5 | | | 2.5 | mg/kg | | 8/26/98 | Wi MOD GRO |

All soil results are reported on a dry weight basis unless otherwise noted.



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- Analytical Report -

Project Name : STEVE'S CORNER BAR

Project Number :

Client : AGENDA INTERNATIONAL

Field ID : TRIP BLANK

Report Date : 8/27/98

Lab Sample Number : 885019-007

Collection Date : 8/20/98

WI DNR LAB ID : 405132750

Matrix Type : METHANOL

Organic Results

GASOLINE RANGE ORGANICS - METHANOL

Prep Method: WI MOD.GRO

Prep Date: 8/26/98

Analyst: PMS

| Analyte | Result | LOD | LOQ | EQL | Units | Code | Analysis Date | Analysis Method |
|-------------------------|--------|-----|-----|------|--------|------|---------------|-----------------|
| Gasoline Range Organics | < 2500 | | | 2500 | ug/L | | 8/26/98 | Wi MOD GRO |
| Blank Spike | 99 | | | 1.0 | %Recov | | 8/26/98 | Wi MOD GRO |
| Blank Spike Duplicate | 93 | | | 1.0 | %Recov | | 8/26/98 | Wi MOD GRO |
| Blank | < 50 | | | 50 | ug/L | | 8/26/98 | Wi MOD GRO |

Appendix B: Tank Closure Forms

Complete one form for each site closure.

CHECKLIST FOR TANK CLOSURE

RETURN COMPLETED CHECKLIST TO:

The information you provide may be used by other government agency programs [Privacy Law, s.15.04 (1)(m)].

CHECK ONE:
 UNDERGROUND
 ABOVEGROUND
 FOR PORTIONS OF THE FORM THAT DO NOT APPLY, CHECK THE N/A BOX

Wisconsin Department of Commerce
 ERS Division
 Bureau of Storage Tank Regulation
 P.O. Box 7969
 Madison, WI 53707

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

| | | | |
|---|---|--|---|
| 1. Site Name <i>Stevens Corner Bar</i> | | 2. Owner Name <i>Steve Ruznik</i> | |
| Site Street Address (not P.O. Box) <i>200 Main St</i> | | Owner Street Address <i>200 Main St</i> | |
| <input type="checkbox"/> City <i>Butternut</i> | <input checked="" type="checkbox"/> Village | <input type="checkbox"/> City <i>Butternut</i> | <input checked="" type="checkbox"/> Village |
| State <i>Wi</i> | | State <i>Wi</i> | |
| Zip Code <i>54512</i> | County <i>Ashland</i> | Zip Code <i>54512</i> | County <i>Ashland</i> |
| 3. Closure Company Name (print) <i>Agenda International Inc</i> | | Closure Company Street Address <i>2130 S. 17th St</i> | |
| Closure Company Telephone No. (include area code) <i>(920) 451-9191</i> | | Closure Company City, State, Zip Code <i>Sheboygan, WI 53081</i> | |
| 4. Name of Company Performing Closure Assessment <i>Agenda International Inc</i> | | Assessment Company Street Address, City, State, Zip Code <i>2130 S 17th St Sheboygan WI 53081</i> | |
| Telephone # (include area code) <i>(920) 451-9191</i> | Certified Assessor Name (print) <i>Travis Peterson</i> | Assessor Signature <i>Travis Peterson</i> | Assessor Certification No. <i>26A264</i> |

| Tank ID # | Closure | Temp. Closure | Closure in Place | Tank Capacity | Contents* | Closure Assessment |
|---------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------|-------------------------|---|
| 1. <i>020200005</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <i>500</i> | <i>02</i> | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. <i>020200006</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 600 <i>1,100</i> | 02 <i>01</i> | <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 |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6. | <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; 10-Premix; 11-Waste Oil; 13-Chemical (indicate the chemical name(s) or number(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

Written inspector approval of temporary closure obtained, which is effective until (provide date) _____

| | Remover Verified | Inspector Verified | NA |
|--|---|---|-----------------------------|
| 1. Product Removed | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 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"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |
| b. All product removed to bottom of suction line, OR | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |
| c. All product removed to within 1" of bottom | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 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"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 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"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 4. Dispensers/pumps left in place but locked and power disconnected. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 5. Vent lines left open. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 6. Inventory form filed indicating temporary closure. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |

C. CLOSURE BY REMOVAL

| | | | |
|---|--|--|-----------------------------|
| 1. Product from piping drained into tank (or other container). | <input type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 2. Piping disconnected from tank and removed. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 4. All pump motors and suction hoses bonded to tank or otherwise grounded. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 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"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 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 type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 7. Tank openings temporarily plugged so vapors exit through vent. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 9. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |
| 10. Tank cleaned before being removed from site. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> NA |

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. NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; DATE. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Tank vent hole (1/8" in uppermost part of tank) installed prior to moving the tank from site. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Inventory form ERS-7437 filed by owner with the Department of Commerce indicating closure by removal. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" 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 checked="" 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 COMMERCE 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) <i>see Section F.</i> | <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 the Department of Commerce 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Do points of obvious contamination exist? | <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there strong odors in the soils? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was a field screening instrument used to pre-screen soil sample locations? | <input type="checkbox"/> Y <input checked="" 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? Agency, office and person contacted: _____ | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Contamination suspected because of: <input checked="" type="checkbox"/> Odor <input checked="" 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

- 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.
- 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 (CO₂ or N₂) **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

1. REMOVER/CLEANER INFORMATION

Travis Peterson Travis Peterson 264254 08/20/00
Remover Name (print) Remover Signature Remover Certification No. Date Signed

INSPECTOR INFORMATION

RANDY BARNES Randy Barnes 71-00218
Inspector Name (print) Inspector Signature Inspector Certification No.
0202 715-479-8328 8-31-98
DID # For Location Where Inspection Performed Inspector Telephone Number Date Signed

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

OWNER

UNDERGROUND PETROLEUM PRODUCT TANK INVENTORY

Send Completed Form To:
Department of Commerce
ERS Division
Bureau of Storage Tank Regulation
P.O. Box 7969, Madison, WI 53707

WI Tank ID#: 020200006

Information Required By Section 101.142, Wis. Stats.

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 (including 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

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

| | | | |
|--|--|---|---|
| This registration applies to a tank that is (check one): | | | Fire Department providing fire coverage where tank is located: |
| 1A. <input type="checkbox"/> In Use or | 4. <input checked="" type="checkbox"/> Closed - Tank Removed | 8. <input type="checkbox"/> Ownership Change (Indicate new owner name in block 2) | <input type="checkbox"/> City <input checked="" type="checkbox"/> Village |
| 1B. <input type="checkbox"/> Newly Installed | 6. <input type="checkbox"/> Closed - Filled with Inert Materials | | <input type="checkbox"/> Town of <u>Butternut</u> |
| 2. <input type="checkbox"/> Abandoned with Product | 7. <input type="checkbox"/> Out of Service - Provide Date: _____ | | |
| 3. <input type="checkbox"/> Abandoned No Product (empty) or with Water | | | |

| | | |
|---|--|--|
| A. IDENTIFICATION (Please Print) | | |
| 1. Tank Site Name <u>Steves Corner Bar</u> | Site Address <u>200 Main St</u> | Site Telephone Number <u>(715) 769-3907</u> |
| <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <u>Butternut</u> | Town of: _____ State: <u>Wi</u> Zip Code: <u>54514</u> | County: <u>Ashland</u> |
| 2. Tank Owner Name <u>Steve Rusnak</u> | Mailing Address <u>200 Main St</u> | Telephone Number <u>(715) 769-3907</u> |
| <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <u>Butternut</u> | Town of: _____ State: <u>Wi</u> Zip Code: <u>54514</u> | County: <u>Ashland</u> |
| 3. Previous Name | Previous site address if different than #1 | |
| 4. Tank Age (date installed, if known or years old) | 5. Tank Capacity (gallons) <u>680 / 1100</u> | 6. If more than one tank is located at facility, please provide tank # <u>020200005</u> |

| | | | | | | | | | |
|---|---|---|---|---|--|--|--|--|--|
| B. TYPE OF USER (check one) | | | | | | | | | |
| 1. <input checked="" type="checkbox"/> Gas/Retail Sales | 2. <input type="checkbox"/> Bulk Storage | 3. <input type="checkbox"/> Utility | 4. <input type="checkbox"/> Mercantile/Commercial | 5. <input type="checkbox"/> Industrial | | | | | |
| 6. <input checked="" type="checkbox"/> Government | 7. <input type="checkbox"/> School | 8. <input type="checkbox"/> Residential | 9. <input type="checkbox"/> Agricultural | 10. <input type="checkbox"/> Other (specify): | | | | | |
| 11. <input checked="" type="checkbox"/> Tribal Nation | 12. <input type="checkbox"/> Federal Property | 13. <input type="checkbox"/> Backup Generator | | | | | | | |

| | | | | | | | | | |
|--|--|--|--|--|-------------------------------------|--|--|--|--|
| C. TANK CONSTRUCTION (check one) | | | | | | | | | |
| 1. <input type="checkbox"/> Bare Steel | 2. <input type="checkbox"/> Cathodically Protected & Coated Steel (Check one: 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"/> Lined - 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 checked="" 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 | | | | | | | |
| | 7. <input type="checkbox"/> Manual tank gauging (only for tanks of 1,000 gallons or less) | 8. <input type="checkbox"/> Statistical Inventory Reconciliation (SIR) | | | | | | | |

| | | | | | | | | | |
|---|--|--|---|---|---|---|--|--|--|
| D. PIPING CONSTRUCTION | | | | | | | | | |
| 1. <input checked="" type="checkbox"/> Bare Steel | 2. <input type="checkbox"/> Cathodically Protected & Coated Steel (Check one: A. <input type="checkbox"/> Sacrificial Anodes or B. <input type="checkbox"/> Impressed Current) | | | | | | | | |
| 3. <input type="checkbox"/> Coated Steel | 4. <input type="checkbox"/> Fiberglass | 5. <input type="checkbox"/> Other (Specify): _____ | | | 9. <input type="checkbox"/> Unknown | | | | |
| Vapor Recovery/Stage II | 4. <input type="checkbox"/> Fiberglass | | | | 5. <input type="checkbox"/> Other (specify): _____ | 6. <input type="checkbox"/> CARB #: _____ | | | |
| | 6. <input type="checkbox"/> Flexible | | | | 7. <input type="checkbox"/> Operational - Provide Date (mo/day/yr): _____ | | | | |
| Piping System Type: | 1. <input type="checkbox"/> Pressurized piping with A. <input type="checkbox"/> auto shutoff; 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 | | | 4. <input type="checkbox"/> Not needed if waste oil | | | | | |
| 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 | | 8. <input type="checkbox"/> SIR | | | | |
| Approval: 1. <input type="checkbox"/> Nat'l Std. | 2. <input type="checkbox"/> UL | 3. <input type="checkbox"/> Other: | Is pipe double walled? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |

| | | | | | | | | | |
|--|---|---|---------------------------------------|-------------------------------------|--|--|--|--|--|
| E. TANK CONTENTS | | | | | | | | | |
| 1. <input checked="" type="checkbox"/> Diesel | 2. <input checked="" type="checkbox"/> Leaded | 3. <input type="checkbox"/> Unleaded | 4. <input type="checkbox"/> Fuel Oil | 5. <input type="checkbox"/> Gasohol | | | | | |
| 6. <input type="checkbox"/> Other (Specify): _____ | 7. <input type="checkbox"/> Empty* | 8. <input type="checkbox"/> Sand/Gravel/Slurry* | 9. <input type="checkbox"/> Unknown* | 10. <input type="checkbox"/> Premix | | | | | |
| 11. <input type="checkbox"/> Waste/Used Motor Oil | 13. <input type="checkbox"/> Chemical _____ | 14. <input type="checkbox"/> Kerosene | 15. <input type="checkbox"/> Aviation | | | | | | |
| (Indicate chemical name and number) | | | | | | | | | |

* If 7, 8, 9, or 13 is chosen, this tank is NOT PECFA eligible.

| | |
|--|--|
| If Tank Closed, Abandoned or Out of Service, give date (mo/day/yr): <u>08/20/98</u> | Has a site assessment been completed (see reverse side for details) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

| | |
|---|---|
| Owner or Operator Name (please print): <u>Steve Rusnak</u> | Indicate whether: <input checked="" type="checkbox"/> Owner or <input type="checkbox"/> Operator |
| Owner or Operator Signature: <u>Steve Rusnak</u> | Date Signed: <u>8-20-98</u> |

IMPORTANT: Failure to provide sufficient information may cause you to fall under additional regulations, and may delay PECFA eligibility determination. It is necessary to complete ALL shaded areas and as many other items as possible.

UNDERGROUND PETROLEUM PRODUCT TANK INVENTORY

Send Completed Form To:
Department of Commerce
ERS Division
Bureau of Storage Tank Regulation
P.O. Box 7969, Madison, WI 53707

WI Tank ID#: 0202000005

Information Required By Section 101.142, Wis. Stats.

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 (including 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

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

| | | | |
|--|--|---|--|
| This registration applies to a tank that is (check one): | | | Fire Department providing fire coverage where tank is located: <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <u>Butternut</u> |
| 1A. <input type="checkbox"/> In Use or | 4. <input checked="" type="checkbox"/> Closed - Tank Removed | 8. <input type="checkbox"/> Ownership Change (Indicate new owner name in block 2) | |
| 1B. <input type="checkbox"/> Newly Installed | 6. <input type="checkbox"/> Closed - Filled with Inert Materials | | |
| 2. <input type="checkbox"/> Abandoned with Product | 7. <input type="checkbox"/> Out of Service - Provide Date: _____ | | |
| 3. <input type="checkbox"/> Abandoned No Product (empty) or with Water | | | |

A. IDENTIFICATION (Please Print)

| | | |
|---|--|---|
| 1. Tank Site Name <u>Steves Corner Bar</u> | Site Address <u>200 Main St</u> | Site Telephone Number <u>(715) 769-3907</u> |
| <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <u>Butternut</u> | Town of: _____ State: <u>Wi</u> Zip Code: <u>54514</u> | County: <u>Ashland</u> |
| 2. Tank Owner Name <u>Steve Rustnik</u> | Mailing Address <u>200 Main St</u> | Telephone Number <u>(715) 769-3907</u> |
| <input type="checkbox"/> City <input checked="" type="checkbox"/> Village <u>Butternut</u> | Town of: _____ State: <u>Wi</u> Zip Code: <u>54514</u> | County: <u>Ashland</u> |
| 3. Previous Name | Previous site address if different than #1 | |
| 4. Tank Age (date installed, if known or years old) | 5. Tank Capacity (gallons) <u>500 gal</u> | 6. If more than one tank is located at facility, please provide tank ID: <u>0202000005</u> |

B. TYPE OF USER (check one)

| | | | | |
|---|---|---|---|---|
| 1. <input checked="" type="checkbox"/> Gas/Retail Sales | 2. <input type="checkbox"/> Bulk Storage | 3. <input type="checkbox"/> Utility | 4. <input type="checkbox"/> Mercantile/Commercial | 5. <input 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): |
| 11. <input type="checkbox"/> Tribal Nation | 12. <input type="checkbox"/> Federal Property | 13. <input type="checkbox"/> Backup Generator | | |

C. TANK CONSTRUCTION (check one)

| | | | | | | | |
|---|--|---|--|--|---|---|-------------------------------------|
| 1. <input type="checkbox"/> Bare Steel | 2. <input type="checkbox"/> Cathodically Protected & Coated Steel (Check one: 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"/> Steel - Fiberglass Reinforced Plastic Composite | 7. <input type="checkbox"/> Lined - Date: _____ | 8. <input type="checkbox"/> Unknown |
| Approval: 1. <input type="checkbox"/> Nat'l Std. 2. <input checked="" 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 7. <input type="checkbox"/> Manual tank gauging (only for tanks of 1,000 gallons or less) 8. <input type="checkbox"/> Statistical Inventory Reconciliation (SIR) | | | | | | | |

D. PIPING CONSTRUCTION

| | | | | | |
|--|--|--|---|--|-------------------------------------|
| 1. <input checked="" type="checkbox"/> Bare Steel | 2. <input type="checkbox"/> Cathodically Protected & Coated Steel (Check one: A. <input type="checkbox"/> Sacrificial Anodes or B. <input type="checkbox"/> Impressed Current) | 3. <input type="checkbox"/> Coated Steel | 4. <input type="checkbox"/> Fiberglass | 5. <input type="checkbox"/> Other (Specify): _____ | 6. <input type="checkbox"/> Unknown |
| Vapor Recovery/Stage II | | | CARB #: _____ | | |
| 4. <input type="checkbox"/> Fiberglass | 6. <input type="checkbox"/> Flexible | 5. <input type="checkbox"/> Other (specify): _____ | Operational - Provide Date (mo/day/yr): _____ | | |
| Piping System Type: 1. <input type="checkbox"/> Pressurized piping with A. <input type="checkbox"/> auto shutoff; 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 4. <input type="checkbox"/> Not needed if waste oil | | | | | |
| 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 8. <input type="checkbox"/> SIR | | | | | |
| Approval: 1. <input type="checkbox"/> Nat'l Std. 2. <input type="checkbox"/> UL 3. <input type="checkbox"/> Other: _____ | | | Is pipe double walled? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

E. TANK CONTENTS

| | | | | |
|--|---|---|---------------------------------------|-------------------------------------|
| 1. <input type="checkbox"/> Diesel | 2. <input checked="" type="checkbox"/> Leaded | 3. <input type="checkbox"/> Unleaded | 4. <input type="checkbox"/> Fuel Oil | 5. <input type="checkbox"/> Gasohol |
| 6. <input type="checkbox"/> Other (Specify): _____ | 7. <input type="checkbox"/> Empty* | 8. <input type="checkbox"/> Sand/Gravel/Slurry* | 9. <input type="checkbox"/> Unknown* | 10. <input type="checkbox"/> Premix |
| 11. <input type="checkbox"/> Waste/Used Motor Oil | 13. <input type="checkbox"/> Chemical (Indicate chemical name and number) | 14. <input type="checkbox"/> Kerosene | 15. <input type="checkbox"/> Aviation | |

* If 7, 8, 9, or 13 is chosen, this tank is NOT PECFA eligible.

| | |
|---|---|
| If Tank Closed, Abandoned or Out of Service, give date (mo/day/yr): <u>08/20/98</u> | Has a site assessment been completed (see reverse side for details) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

| | |
|--|--|
| Owner or Operator Name (please print): <u>Steve Rustnik</u> | Indicate whether: <input type="checkbox"/> Owner or <input type="checkbox"/> Operator |
| Owner or Operator Signature: <u>Steve Rustnik</u> | Date Signed: <u>8-20-98</u> |

IMPORTANT: Failure to provide sufficient information may cause you to fall under additional regulations, and may delay PECFA eligibility determination. It is necessary to complete ALL shaded areas and as many other items as possible.