



Robert E. Lee & Associates, Inc.
Engineering, Surveying, Laboratory Services

January 27, 1999

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Mr. Mark Coonen
COONEN OIL COMPANY
1043 Ivory Street
Seymour, WI 54165

RE: Tank Closure Site Assessment for an Underground Storage Tank
Coonen Oil Company
1043 Ivory Street
Seymour, Wisconsin

Dear Mr. Coonen:

We have completed the laboratory analysis of the soil samples collected on December 15 and 16 1998, from the above mentioned property. These samples were taken to meet closure assessment requirements for the removal of one 4,000 gallon and two 8,000 gallon unleaded gasoline tanks, and one 8,000 gallon diesel fuel tank.

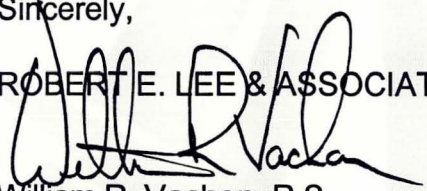
The laboratory results of the soil samples collected from the tank excavation and below the east dispenser, identified detections of gasoline range organics (GRO) and diesel range organics (DRO). Therefore, additional action will be required by the Wisconsin Department of Natural Resources.

Included in the report is the tank removal information, site map, laboratory results, Chain of Custody records, completed Tank Closure Checklist, and the Underground Petroleum Product Tank Inventory form which was sent to the Department of Commerce (DCOMM) to update their files.

This information has been sent to the DCOMM, thus notifying them of the tank removal and closure. If you have any questions or comments, please call.

Sincerely,

ROBERT E. LEE & ASSOCIATES, INC.


William R. Vachon, R.S.
Environmental Scientist III

WRV/cat

JN0000-006/env_comp/coonen1.doc

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A. SITE BACKGROUND INFORMATION

OWNER/OPERATOR: Coonen Oil Company
1043 Ivory Street
Seymour, WI 54165
Attn: Mr. Mark Coonen
Telephone: (920) 833-2391

SITE LOCATION: Coonen Oil Company
1043 Ivory Street
Seymour, WI 54165
Attn: Mr. Mark Coonen
Telephone: (920) 833-2391

CERTIFIED SITE ASSESSOR: Robert E. Lee & Associates, Inc.
2825 South Webster Avenue
P.O. Box 2100
Green Bay, WI 54306-2100
Attn: William R. Vachon
DCOMM Certification # 41841
Telephone: (920) 336-6338

TANK CLEANER/REMOVER: Tarlton Construction
5713 Finnegan Road
Gillett, WI 54124
Attn: Mr. Jerry Tarlton
Telephone: (920) 855-2757

EXCAVATION CONTRACTOR: Tarlton Construction
5713 Finnegan Road
Gillett, WI 54124
Attn: Mr. Jerry Tarlton
Telephone: (920) 855-2757

DCOMM INSPECTOR: Fire Prevention Inspection Service
919 Fairfax Street
Altoona, WI 54702
Attn: Inspector Mark Rannow
Telephone: (920) 833-7671

B. TANK ACTIVITIES AND EXCAVATION

Information about the tanks are found in Table 1.

Table 1
Tank Data

Tank #	Tank I.D. #	Capacity	Size	Contents	Age
1		4,000	7.0' x 14.0'	Gasoline	Unk.
2		8,000	7.0' x 28.0'	Gasoline	Unk.
3		8,000	7.0' x 28.0'	Gasoline	Unk.
4		8,000	7.0' x 28.0'	Diesel	Unk.

Tank #	Tank Construction	Tank Mfg.	Comments
1	Steel	Unk.	Tank in good condition, no obvious signs of leakage. Minimal pitting and scaling was observed.
2	Steel	Unk.	Tank in good condition, no obvious signs of leakage. Minimal pitting and scaling was observed.
3	Steel	Unk.	Tank in good condition, no obvious signs of leakage. Minimal pitting and scaling was observed.
4	Steel	Unk.	Tank in good condition, no obvious signs of leakage. Minimal pitting and scaling was observed.

C. TANK CLEANING AND DISPOSAL

Prior to the removal of the tanks, Tarlton Construction monitored the tanks for explosive vapors (LEL). Upon achieving acceptable levels, the tanks were removed from the excavation with a tracked backhoe and placed on the ground for final cleaning. Tarlton Construction was also responsible for disposal of the tanks.

D. VISUAL INSPECTION

1. SITE CONDITIONS

The tank system was located to the east of the convenience store in the asphalt parking area (Figure 1). The weather conditions at the time of the tank closures was sunny and 39°F.

2. EXCAVATION INFORMATION

The final excavation was 33 feet wide x 37 feet long x 12 feet deep. The tanks were installed in medium sand backfill within native clay soils. Bedrock was encountered at the base of the excavation.

Groundwater was not encountered within the excavation.

3. TANK AND PIPING CONDITIONS

Inspection of the 4,000 gallon and 8,000 gallon tanks after removal revealed that the tanks were in good condition. Pitting and scaling was observed on the tanks. Staining was observed on the sides of the 8,000 gallon diesel tank. No signs of leakage were detected.

4. TANK WASTE

Approximately 120 gallons of sludge material was removed from the tanks. The 55 gallon drums are labeled and are currently stored at the site pending disposal.

E. SOIL SAMPLING

To document the soil conditions at the site, three soil samples were collected from the tank excavation for DRO and GRO analysis and one soil sample was collected from below the east dispenser for GRO analysis. Table 2 reproduces the laboratory results. The complete laboratory data sheets and chain of custody can be found in Appendix C.

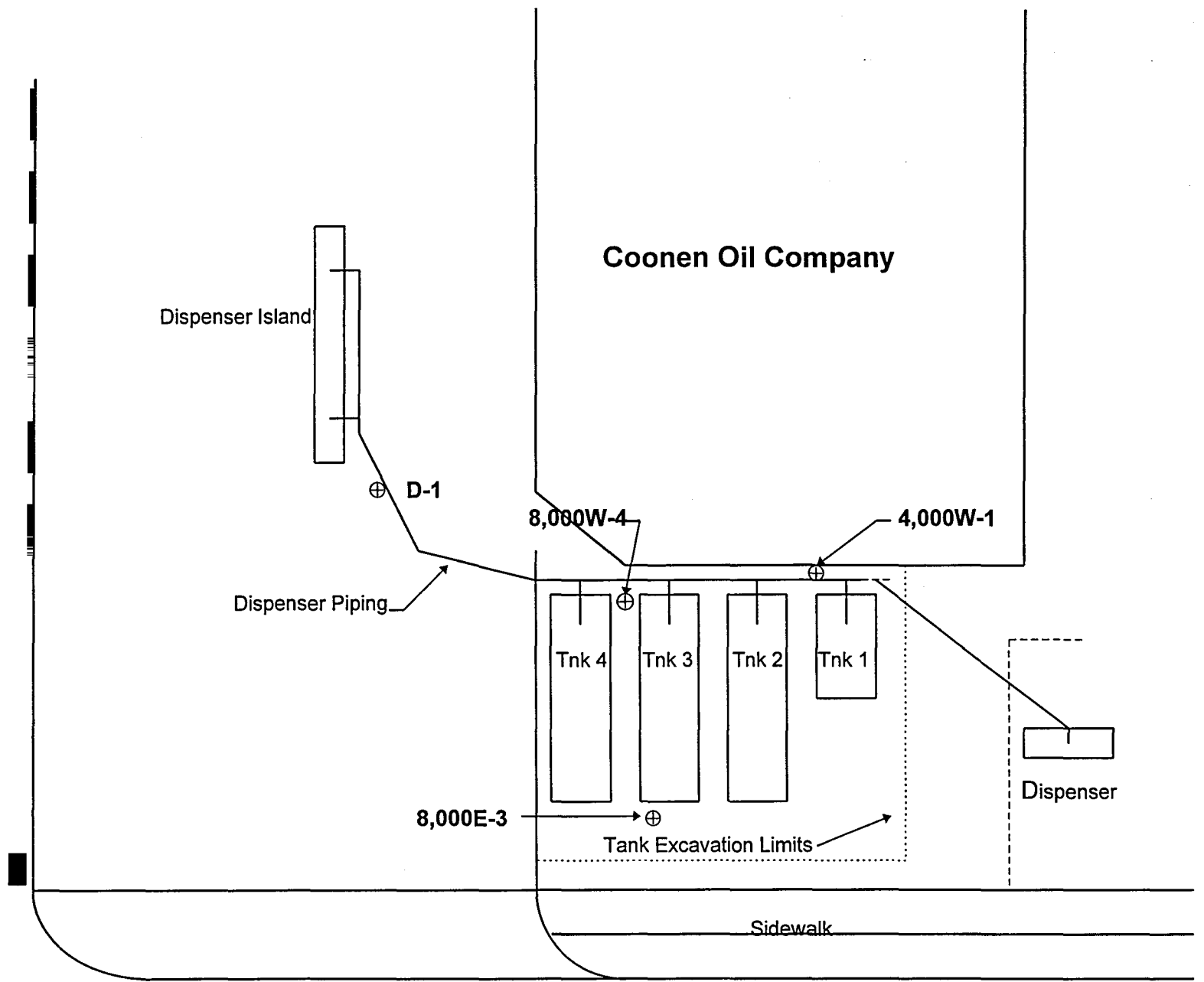
**Table 2
Soil Sample Locations and Laboratory Results**

Sample #	Date Collected	Time Collected	Sample Depth (feet)	Parameter Analyzed	Sample Result (mg/kg)
4,000W-1	12-15-98	10:25 a.m.	8.0	GRO	<0.65
				DRO	3.6
8,000W-4	12-15-98	2:05 p.m.	8.0	DRO	2.4
8,000E-3	12-15-98	1:10 p.m.	8.0	GRO	223
MEOH TRIP	12-15-98	12:30 p.m.	-	GRO	<0.65
D-1	12-16-98	1:50 p.m.	4.0	GRO	<0.65

F. NOTIFICATION

Tarlton Construction notified Fire Prevention Inspection Services on December 4, 1998, of the pending tank closures. The tank removals were scheduled for December 15, 1998.

Due to the detection of GRO compounds in exceedance of the NR 720 soil standards, the Wisconsin Department of Natural Resources was notified on December 15, 1998, of the release. A copy of the notification form can be found in Appendix E.



→
NORTH

Legend
⊕ = Sample Location

NOT TO SCALE

FIGURE 1
SITE LOCATION MAP

COONEN OIL COMPANY
1043 IVORY STREET
SEYMOUR, WI

A

APPENDIX A

ROBERT E. LEE & ASSOCIATES, INC. FIELD PROCEDURE PLAN

**ROBERT E. LEE & ASSOCIATES, INC.
UST CLOSURE ASSESSMENT PLAN**

FIELD PROCEDURE PLAN

A. SAMPLE COLLECTION REQUIREMENTS

1. Certified Site Assessors Verification

Robert E. Lee & Associates technicians will be certified as site assessors by Department of Commerce (DCOMM).

2. Reporting of Qualifications

- a) DCOMM certification will be carried by Robert E. Lee & Associates technicians at all times during an underground storage tank (UST) closure assessment.
- b) DCOMM certifications for Robert E. Lee & Associates technicians have been included as Attachment 1.

B. SOIL SAMPLE LOCATIONS

1. Collect samples in the native soil, not in the backfill material around the tank. Samples must be collected from all of the following locations.

- a) At points where strong odors or soil discoloration's indicate the present of contamination.
- b) In the native soil, 1 to 3 feet beneath the bottom of each end of each tank in the excavation.
- c) In the native soil, 1 to 3 feet beneath the ground surface underneath each island on the supply side.
- d) In the native soil, 1 to 3 feet beneath the surface every 20 feet, or segment thereof, along piping runs. In meeting this requirement, samples should preferentially be taken under swing joints, flex connectors, or pipe elbows.

NOTE: A minimum of two samples along the piping run are required; one at the island and one along the piping.

- e) If a remote fill pipe is present, in the native soils 5 feet beneath the fill opening.

- f) When tanks are to be closed in place, soil sampling must still be performed. This may be accomplished by:
- 1) Soil borings through the use of a drill rig. The borings must be located as close as possible (less than 3 feet) from each end of each tank. Soil borings along piping runs and pump island must be located immediately adjacent to these structures. The borings must be completed, documented, and abandoned in compliance with the requirements of NR 141.
 - 2) If the tank(s) can be safely entered, and holes can be cut in the bottom, the soil beneath the tank(s) may be sampled through the holes. The holes must be located near each end of each tank.

NOTE: Although the closure of tanks in place may be allowed under certain circumstances in accordance with s.ILHR 10.732, a closure assessment is more difficult. The closure in place may also present problems if a remediation is necessary, in future property sales or in future construction.

- g) If the water table is found within the tank or piping excavation, soil samples should be collected at the side walls of the excavation at the locations described in IV (C)(1)(a-e) above.
2. If no closure assessment is being completed because of obvious contamination, this fact must be noted on the tank inventory form (SBD-7437). Unless this is done, the owner may be identified as being in violation of the requirement to conduct an assessment at the time of tank closure.

If a closure assessment is not completed because of the identification of obvious contamination, all notifications and responsibilities, except for the submittal of the closure assessment, must be completed promptly.

C. VARIANCES TO SAMPLING REQUIREMENT

If free product; soils with petroleum product odor; or other conditions make it obvious that a site investigation and corrective action will be needed at the site, a closure assessment with soil sampling need not be completed. The contamination, however, must be immediately reported and a work plan, addressing the contamination, will be prepared and submitted to the Wisconsin Department of Natural Resources (WDNR).

D. FIELD INSTRUMENTS

1. Field instruments including photoionization detectors, flame ionization detectors and portable gas chromatographs may be used for field screening of soil samples and to choose samples to be tested at a laboratory, thus potentially reducing the number of samples which must be laboratory analyzed. Field instruments must be used in accordance with WDNR approved field instrument techniques.
2. If field instruments are used to screen soil samples, the Field Procedures Plan must describe all field screening procedures. Sample locations must be at least those specified in IV.C. When using field instruments, the following number of samples must still be sent to a laboratory:

Total Number of Samples Field Tested	Minimum Number of Samples to Lab
2-3	2 highest
4-7	3 highest
8 or more	5 highest

NOTE: Even if no field samples show "detects", the minimum number of samples must still be sent to the laboratory for analysis.

C. SAMPLE COLLECTION TECHNIQUES

Soil samples must be collected using techniques for sample collection which are approved by the WDNR. The most current versions of these methods are included as Attachment 2 and 3.

ATTACHMENT 2

ROBERT E. LEE & ASSOCIATES, INC. STANDARD OPERATING PROCEDURES FOR SOIL SAMPLE COLLECTION

Robert E. Lee & Associates soil sample collection procedures are in conformance to the Wisconsin Department of Natural Resources (WDNR) Site Assessment for Underground Storage Tank Technical Guidance, September 1992.

1.0 SAMPLE COLLECTION PROCEDURES

Soil samples collected at Leaking Underground Storage Tank (LUST) and non-LUST sites will be handled in a manner that is consistent with the analytical testing to be performed and that preserves the integrity of the sample. The samples will be handled in a manner that minimizes the loss of organic contaminants due to volatilization or biodegradation. Appropriate sampling devices will be capable of rapid sample collection with a minimum of atmospheric exposure. All soil samples for laboratory analysis will be obtained from a freshly exposed surface (at least 18 inches below initial surface). (i.e. soils for laboratory analysis will not be exposed to the atmosphere while screening is being performed). Separate soil samples are to be cooled to 4°C immediately after sampling and kept at 4°C until arrival at the laboratory.

Soil sample locations will be determined in accordance with the Wisconsin Department of Industry, Labor & Human Relations, ch. ILNR 10 Appendix B, "Closure Assessment for Underground Storage Tanks: Soil Sampling Requirements: (Attachment 3), and the (ERRP) Corrective Action Guidance.

Soil sample preservation, container type and number of containers per sampling location will conform to the WDNR LUST Analytical Guidance and Quality Assurance Plan 12/95, and the Analytical Laboratory Requirements.

2.0 SOIL SAMPLING AND PRESERVATION

2.1 Wisconsin Modified Gasoline Range Organics (GRO) Method

(1) Sample Collection

- (a) Soils identified for collection will be obtained using a disposable open ended 30 mL plastic syringe, calibrated to 25 grams or a stainless steel hand trowel. Add 25 grams of soil material to the appropriate tared sample container.

- (b) Clean sample container threads with a clean brush or other utensil to remove any residual soil off the rim. Secure the sample cap. Properly label each sample and record the tared jar number. Identify soil type (i.e. sand, clay, etc.). Record any obvious sample odor.

(2) Sample Preservation

Upon completion of field screening, identify the soil samples that will be submitted to the laboratory for analysis. The laboratory sample must be preserved within two hours of collection.

(3) Methanol Preservation--acceptable methods

- (a) Transfer 25 mL of laboratory supplied methanol from one septa vial to the sample vial with a common laboratory glass syringe and non coring type syringe needle. To avoid cross contamination, a new needle shall be used for each new methanol vial.
- (b) Transfer 25 mL of laboratory supplied methanol from the supplied vial by directly pouring the methanol into the sample container immersing soil. Seal cap and test for leakage.

(4) Sample Handling and Shipping

- (a) Upon soil sample preservation, immediately replace sample into cooler to maintain a 4°C temperature.
- (b) Sample containers are to be placed in separate disposable plastic bags (zip-lock) to contain the sample if a container should leak or break.
- (c) Samples are to be packed in an upright position. The sample containers are to be securely packed with a cushioning and surrounded by an absorbent material such as vermiculite. Packaging must be strong enough to hold-up to the intended use. The maximum package weight is 65 pounds. The package shall be labeled with the following statement: "This package conforms to conditions and limitations specified in 49 CFR 173.4". In addition, the packages will be marked with the words "This side up" and arrows in case the sample containers are improperly sealed. If methanol has leaked from the vials in transport to the laboratory, the WDNR will require resampling.

(5) **Sample Containers**

A sufficient number of sample containers will be collected to provide for back-up analysis in the event of breakage and to allow for field screening. One sample container will be collected for each sample location for dry weight determination. One duplicate sample must be collected for every 10 samples or less collected.

(6) **Methanol Trip Blank**

Methanol trip blanks are to be provided by the analytical laboratory receiving the samples.

2.2 Petroleum Volatile Organic Compounds (PVOC)

(1) **Sample Collection**

(a) Soils identified for collection will be obtained using a disposable open ended 30 mL plastic syringe, calibrated to 25 grams or a stainless steel hand trowel. Add 25 grams of soil material to the appropriate tared sample container.

(b) Clean sample container threads with a clean brush or other utensil to remove any residual soil off the rim. Secure the sample cap. Properly label each sample and record the tared jar number. Identify soil type (i.e. sand, clay, etc.). Record any obvious sample odor.

(2) **Sample Preservation**

Upon completion of field screening, identify the soil samples that will be submitted to the laboratory for analysis. The laboratory sample must be preserved within two hours of collection.

(3) **Methanol Preservation--acceptable methods**

(a) Transfer 25 mL of laboratory supplied methanol from one septa vial to the sample vial with a common laboratory glass syringe and non coring type syringe needle. To avoid cross contamination, a new needle shall be used for each new methanol vial.

(b) Transfer 25 mL of laboratory supplied methanol from the supplied vial by directly pouring the methanol into the sample container immersing soil. Seal cap and test for leakage.

(4) Sample Handling and Shipping

- (a)** Upon soil sample preservation, immediately replace sample into cooler to maintain a 4°C temperature.
- (b)** Sample containers are to be placed in separate disposable plastic bags (zip-lock) to contain the sample if a container should leak or break.
- (c)** Samples are to be packed in an upright position. The sample containers are to be securely packed with a cushioning and surrounded by an absorbent material such as vermiculite. Packaging must be strong enough to hold-up to the intended use. The maximum package weight is 65 pounds. The package shall be labeled with the following statement: "This package conforms to conditions and limitations specified in 49 CFR 173.4". In addition, the packages will be marked with the words "This side up" and arrows in case the sample containers are improperly sealed. If methanol has leaked from the vials in transport to the laboratory, the WDNR will require resampling.

(5) Sample Containers

A sufficient number of sample containers will be collected to provide for back-up analysis in the event of breakage and to allow for field screening. One sample container will be collected for each sample location for dry weight determination. One duplicate sample must be collected for every 10 samples or less collected.

(6) Methanol Trip Blank

Methanol trip blanks are to be provided by the analytical laboratory receiving the samples.

2.3 Wisconsin Modified Diesel Range Organics (DRO) Method

(1) Sample Collection

- (a)** Soils identified for collection will be obtained using a disposable open ended 30 mL plastic syringe, calibrated to 25 grams or a stainless steel hand trowel. Add 25 grams of soil material to the appropriate tared sample container.

(b) Clean sample container threads with a clean brush or other utensil to remove any residual soil off the rim. Secure the sample cap. Properly label each sample and record the tared jar number. Identify soil type (i.e. sand, clay, etc.). Record any obvious sample odor.

(2) Preservation

Field preservation is not required. Sample is to be preserved by the laboratory within 18 hours of sample receipt.

(3) Handling and Shipping

No special handling procedures required. Samples must be received by the laboratory within 4 days of collection and shipped on ice to maintain a temperature of 4°C.

(4) Sample containers

A sufficient number of sample containers will be collected to provide for back-up analysis in the event of breakage and to allow for field screening. One sample container will be collected for each sample location for dry weight determination. One duplicate sample must be collected for every 10 samples, or less, collected.

3.0 FIELD QUALITY ASSURANCE

All quality assurance samples will be collected in a manner identical to the method used for the actual samples. All analytical results from the duplicates, field blanks and trip blanks will be included in the closure report or Site Remedial Investigation Report and should be taken into account in the data assessment portion of the report. One duplicate sample will be taken for every 10 samples, or less, collected and analyzed for the same analytical parameters. One temperature blank is to be included per sampling site.

4.0 GENERAL SAMPLING CRITERIA

- (1) Soil samples to be collected in a manner which causes the least disturbance to the sample and which will minimize atmospheric exposure.
- (2) Samples are to be properly identified, sample number, location, and sample date.
- (3) Samples are to be properly cooled upon sampling.

5.0 SOIL SAMPLE EQUIPMENT

- (1) stainless steel trowel
- (2) nitrite disposal gloves
- (3) double distilled organic free water
- (4) tap water
- (5) liquidalconox detergent
- (6) 5-gallon bucket
- (7) nalgene safety wash bottle
- (8) assorted brushes
- (9) wash water containment drums
- (10) laboratory supplied sample containers
- (11) field book
- (12) camera
- (13) cooler with ice

WISCONSIN ADMINISTRATIVE CODE

102

ILHR 10 Appendix B

ATTACHMENT 3 SOIL SAMPLING REQUIREMENTS

Soil samples collected to comply with closure assessment requirements shall comply with the following requirements.

A. General Requirements

1. Soil samples must be collected in a manner which causes the least disturbance to the sample.
2. Composite samples are not to be collected for purposes of complying with the closure assessment requirements.
3. All soil samples shall be properly labeled with the sample number and collection date.

B. Soil Sampling Methods

1. If the UST system is closed by removal of the tank system from the ground, the following sample collection method must be used:
 - a. If the excavation, pipe trench or other sampling location can be entered in accordance with applicable OSHA regulations, samples may be collected using a hand auger or trowel.
 - b. If the excavation, pipe trench or other sampling location cannot be entered safely for sampling, a sample must be collected from the excavation using a hand auger extension or from a backhoe bucket.
2. If the UST system is closed in place, soil samples shall be collected through one of the following techniques:
 - a. If the tank is entered for cleaning and samples are collected through holes cut in the tank, they shall be collected using a hand-held auger or trowel.
 - b. If the samples are to be collected by drilling, then split spoon (barrel, tube) samplers or thin-walled (Shelby) samplers must be used when conditions permit. Grab samples from drill cuttings cannot be used unless undisturbed samples are impossible to collect.
3. Whenever hand-held tools are used to collect samples, the first 3 to 4 inches of soil must be scraped away immediately before sampling so that the sample is collected from a previously unexposed soil area.

4. All soil sampling tools must be thoroughly cleaned between all sampling points using water/detergent solutions, methanol, or other appropriate solvents.

C. Sample Containers for Laboratory Analysis

1. Samples shall be collected in glass or inert synthetic containers obtained from or approved by the certified laboratory which will analyze the samples. Polyethylene bags are not to be used for laboratory samples.
2. All sample containers shall have "Teflon" or equivalent lined caps.
3. Sample containers shall be filled to the top such that no headspace remains.
4. The use of "wide mouth" vials is highly recommended.

D. Sample Handling

1. Seal and label samples prior to collection or immediately following collection.
2. Chill samples immediately using adequate quantities of ice, "blue ice," or equivalent.

Closure assessment documentation requires analytical laboratories to report sample temperatures. Improper storage resulting in sample warming could result in rejection of report results.

3. Follow chain of custody procedures.
4. Ship samples to analytical laboratory as soon as possible. Do not allow samples to be held so long that the maximum holding time is violated.
5. Unless otherwise specified, the maximum holding time for soil samples collected for total petroleum hydrocarbons (TPH) analysis is 14 days.

NOTE: HEADSPACE ANALYSIS USING FIELD INSTRUMENTS SHOULD NOT BE PERFORMED ON SAMPLES COLLECTED FOR LAB ANALYSIS, DUPLICATE SAMPLES SHOULD BE COLLECTED FOR HEADSPACE AND ANALYSIS.

B

APPENDIX B

LABORATORY DATA



Robert E. Lee & Associates, Inc.

Engineering, Surveying, Laboratory Services

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BILL VACHON
ROBERT E LEE & ASSOCIATES, INC
2825 S WEBSTER AVE
PO BOX 2100(54306)
GREEN BAY WI 54301

Phone: (920)336-6338
Fax: (920)336-9141
Client ID: L14
Contact ID: 1877

Sample Information

Report Date: 12/29/1998
Chain Number: 63309
Project No: 006
Project Name: COONEN OIL
Receive Date: 12/16/1998
Sample Date: 12/15/1998

Attest: _____

Stu Hraf

ROBERT E. LEE & ASSOCIATES, INC.

CLIENT: ROBERT E. LEE & ASSOCIATES, INC
PROJECT: 006/COONEN OIL
CHAIN NUMBER: 63309

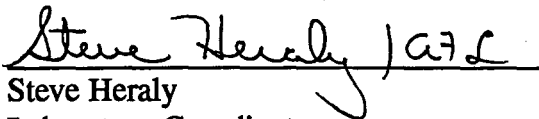
NARRATIVE

This narrative is relevant to samples 4000 W-1 and 8000 W-4.

The samples were analyzed for diesel range organics following the Wisconsin Modified DRO Method.

The following is a summary of the quality control results:

1. The reported range of compounds were not detected in the soil method blank.
2. The precision between the recoveries of the soil duplicate laboratory control spikes was within method limits.
3. The recovery for each soil laboratory control spike was within method limits.
4. The initial calibration check standard was above the calibration curve for DRO. The data was accepted because it is believed that the check standard failed high due to a matrix effect since it failed on two separate analysis dates.
5. The final calibration check standard verified the calibration curve for DRO.
6. Both samples had a rise in baseline after the DRO window.


Steve Heraly
Laboratory Coordinator
tms

ROBERT E. LEE & ASSOCIATES, INC.

CLIENT: ROBERT E LEE & ASSOCIATES, INC
PROJECT: 006/COONEN OIL
CHAIN NUMBER: 63309


NARRATIVE

This narrative is relevant to sample 4000 W-1.

The sample was analyzed for gasoline range organics following the Wisconsin Modified GRO Method.

The following is a summary of the quality control results:

1. The reported range of compounds was not detected in the soil method blank.
2. The precision between the recoveries of the soil duplicate laboratory control spikes was within method limits.
3. The recovery for each soil laboratory control spike was within method limits.
4. The surrogate recovery was within laboratory limits.
5. The initial and final calibration check standards verified the calibration curve for GRO.


Steve Heraly
Laboratory Coordinator
to

ROBERT E. LEE & ASSOCIATES, INC.

CLIENT: ROBERT E. LEE & ASSOCIATES, INC
PROJECT: 006/COONEN OIL
CHAIN NUMBER: 63309

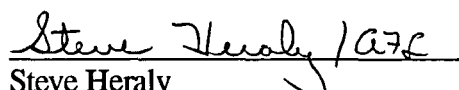
NARRATIVE

This narrative is relevant to samples MEOH TRIP and 8000 E-3.

The samples were analyzed for gasoline range organics following the Wisconsin Modified GRO Method.

The following is a summary of the quality control results:

1. Gasoline range organics were not detected in the soil method blank.
2. The precision between the recoveries of the soil duplicate laboratory control spikes was within method limits.
3. The recovery for each soil laboratory control spike was within method limits.
4. The surrogate recovery was within laboratory limits for all samples.
5. The initial and final calibration check standards verified the calibration curve for gasoline range organics.
6. Sample 8000 E-3 had peaks after the GRO window.


Steve Heraly
Laboratory Coordinator
to

Robert E. Lee & Associates, Inc.
 Wisconsin Certification Number: 405043870
 Certificate of Analysis Report

Robert E Lee & Associates, Inc
 2825 S Webster Ave
 PO Box 2100(54306)
 Green Bay WI 54301
 Project Number: 006
 Project Name: COONEN OIL

Attn.: Bill Vachon
 Phone: (920)336-6338
 Fax: (920)336-9141
 Client ID: L14
 Chain: 63309
 Report Date: 12/29/1998

Method	Parameter Name	Result	Units	Flag	MDL	PQL	Anls Date	Analyst
Lab No.	Collect Date	Sample ID						
<u>98REL024081 12/15/1998 4000 W-1</u>								
WI MOD DRO	Diesel Range Organics	3.6	mg/Kg	13	1.9	6.3	12/18/1998	TMS
WI MOD. GRO	Gasoline Range Organics	<0.65	mg/Kg		0.65	2.2	12/18/1998	TO
SM-2540G	Total Solids	90	%		0.010	0.033	12/16/1998	DJN
<u>98REL024082 12/15/1998 8000 W-4</u>								
WI MOD DRO	Diesel Range Organics	2.4	mg/Kg	13	1.9	6.3	12/18/1998	TMS
SM-2540G	Total Solids	91	%		0.010	0.033	12/16/1998	DJN
<u>98REL024083 12/15/1998 MEOH TRIP</u>								
WI MOD. GRO	Gasoline Range Organics	<0.65	mg/Kg		0.65	2.2	12/23/1998	TO
<u>98REL024084 12/15/1998 8000 E-3</u>								
WI MOD. GRO	Gasoline Range Organics	233	mg/Kg		6.5	22	12/23/1998	TO
SM-2540G	Total Solids	87	%		0.010	0.033	12/16/1998	DJN

Robert E. Lee & Associates. Inc.

Quality Control Report - Description of Flags

Flag	Section	Description
13	L	The reported result is less than the practical quantitation limit (PQL).



Robert E. Lee & Associates, Inc.

Engineering, Surveying, Laboratory Services
 2825 S. Webster Ave. • Box 2100 • Green Bay, WI 54306-2100
 Green Bay Office 920.336.6338 FAX 920.336.9141
 Milwaukee Office 414.569.8893 FAX 414.569.7995

To ensure the proper handling of samples,
 please see the back for instructions.

CHAIN OF CUSTODY RECORD

COC # 63309_R

Client: <u>TARLTON CONSTRUCTION</u>		Analyses Required: (Note special detection limits or methods)		Report To: <u>William R. Vachon</u>						
Project Name: <u>COONEN OIL</u> Project Number: <u>COG</u>		Sample Type (Matrix): DW, GW, WW, Soil, Oil, Sludge, Air, Other No. of Containers Preservation Type (see key below) <u>WI MOO GAO</u> <u>WI MOO DRO</u> 10		Company: <u>Robert E. Lee & Assoc</u>						
Project Address: <u>1043 IVORY ST. SEYMOUR</u>				Address: <u>2825 S. Webster</u>						
PO #: _____ BID #: _____				Green Bay WI <u>54301</u>						
Environmental Program: <input checked="" type="checkbox"/> LUST <input type="checkbox"/> SDWA <u>2</u> <input type="checkbox"/> WPDES <input type="checkbox"/> RCRA <input type="checkbox"/> OTHER _____				Telephone: <u>920-336-6338</u>						
Requested Turnaround Time: <input checked="" type="checkbox"/> Normal (10-15 DAYS) <input type="checkbox"/> Rush Date Needed: _____ Rushes accepted only w/prior notification		Check Delivery Method: <input checked="" type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Common Courier <input type="checkbox"/> Courier Service <input type="checkbox"/> Other _____		Fax: _____						
Sampler: <u>WILLIAM R. VACHON</u>		Invoice To: <u>INTERNAL</u>		Company: <u>Robert E. Lee</u>						
		Address: _____		Telephone: _____						
		Fax: _____		REL Sample No. Remarks:						
Sample ID	Date	Time	Comp	Grab	Filtered Y/N	Sample Description	No. of Containers	Preservation Type	REL Sample No.	Remarks:
4000 W - 1	12-15-98	10:25	(A) P	X	N	Soil @ 8.0'	3	X X	24081	11
8,000 W - 4	12-15-98	2:05	(A) P	X	N	Soil @ 8.0'	2	X	24082	
NEOH TRIP	12-15-98	12:30	(A) P	X	N	Soil @ 8.0'	1	X	24083	
8,000 E - 3	12-15-98	1:10	(A) P	X	N	Soil @ 8.0'	2	X	24084	
			A							
			P							
			A							
			P							
			A							
			P							
			A							
			P							
			A							
			P							
			A							
			P							
Relinquished By: <u>[Signature]</u> Date: <u>12-16-98</u> Time: <u>8:05</u> A/P		Received By: _____ Date: _____ Time: _____		A/P						
1) _____ Date: _____ Time: _____		_____ Date: _____ Time: _____		A/P						
2) _____ Date: _____ Time: _____		_____ Date: _____ Time: _____		A/P						
3) _____ Date: _____ Time: _____		_____ Date: _____ Time: _____		A/P						
Received by Lab: <u>[Signature]</u> Date: <u>12-16-98</u> Time: <u>0805A</u>				A = AM P = PM						

WISCONSIN DNR CERTIFICATION NUMBER 405043870

Preservation Key
 N = Nitric Acid O = Sodium Hydroxide
 H = Hydrochloric Acid U = Unpreserved
 M = Methanol S = Sulfuric Acid



Robert E. Lee & Associates, Inc.

Engineering, Surveying, Laboratory Services

2825 S. Webster Ave.

P.O. Box 2100

Green Bay, WI 54306-2100

Phone: (920) 336-6338

Fax: (920) 336-9141

E-Mail: rel@netnet.net

Milwaukee Area

830 Armour Rd.

Oconomowoc, WI 53066

Phone: (414)569-8893 1-800-775-8893

Fax: (414)569-7995

Wisconsin Certification Number: 405043870

BILL VACHON

ROBERT E LEE & ASSOCIATES, INC

2825 S WEBSTER AVE

PO BOX 2100(54306)

GREEN BAY WI 54301

Phone: (920)336-6338

Fax: (920)336-9141

Client ID: L14

Contact ID: 1877

Sample Information

Report Date: 12/31/1998

Chain Number: 63318

Project No: 006

Project Name: COONEN OIL-TARLTON

Receive Date: 12/17/1998

Sample Date: 12/16/1998

Attest: _____

Stu Herzog

ROBERT E. LEE & ASSOCIATES, INC.

CLIENT: ROBERT E. LEE & ASSOCIATES, INC
PROJECT: 006/COONEN OIL-TARLTON
CHAIN NUMBER: 63318

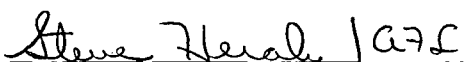
NARRATIVE

This narrative is relevant to sample D-1.

The sample was analyzed for gasoline range organics following the Wisconsin Modified GRO Method.

The following is a summary of the quality control results:

1. The reported range of compounds was not detected in the soil method blank.
2. The precision between the recoveries of the soil duplicate laboratory control spikes was within method limits.
3. The recovery for each soil laboratory control spike was within method limits.
4. The surrogate recovery was within laboratory limits.
5. The initial and final calibration check standards verified the calibration curve for GRO.


Steve Heraly
Laboratory Coordinator
to

Robert E. Lee & Associates, Inc.
Wisconsin Certification Number: 405043870
Certificate of Analysis Report

Robert E Lee & Associates, Inc.
2825 S Webster Ave
PO Box 2100(54306)
Green Bay WI 54301
Project Number: 006
Project Name: COONEN OIL-TARLTON

Attn.: Bill Vachon
Phone: (920)336-6338
Fax: (920)336-9141
Client ID: L14
Chain: 63318
Report Date: 12/31/1998

Method	Parameter Name	Result	Units	Flag	MDL	PQL	Anal. Date	Analyst
Lab No.	Collect Date	Sample ID						

98REL024258 12/16/1998 D-1

WI MOD. GRO	Gasoline Range Organics	<0.65	mg/Kg		0.65	2.2	12/29/1998	TO
SM-2540G	Total Solids	78	%		0.010	0.033	12/18/1998	DJN



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To ensure the proper handling of samples,
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CHAIN OF CUSTODY RECORD

COC # 63318 *pl*

Client: <u>TARLTON CONSTRUCTION</u>		Analyses Required: (Note special detection limits or methods)		Report To: <u>William R. Vachon</u>	
Project Name: <u>COONEN OIL</u>		Project Number: <u>006</u>		Company: <u>Robert E. Lee & Assoc.</u>	
Project Address: <u>1043 IVORY STREET SEYMOUR</u>				Address: <u>2825 S. Webster Ave.</u>	
PO #: _____		BID #: _____		Green Bay, WI 54301	
Environmental Program:				Telephone: <u>920-336-6338</u>	
<input type="checkbox"/> LUST <input type="checkbox"/> SDWA <input checked="" type="checkbox"/> WPDES <input type="checkbox"/> RCRA <input type="checkbox"/> OTHER				Fax: _____	
Requested Turnaround Time				Invoice To: _____	
<input checked="" type="checkbox"/> Normal (10-15 DAYS)				Company: _____	
<input type="checkbox"/> Rush				Address: _____	
Date Needed: _____				Telephone: _____	
Rushes accepted only w/prior notification				Fax: _____	
Check Delivery Method				7	
<input checked="" type="checkbox"/> In Person <input type="checkbox"/> Mail				10	
<input type="checkbox"/> Common Courier <input type="checkbox"/> Courier Service				11	
<input type="checkbox"/> Other _____					
Sampler: <u>WILLIAM R. VACHON</u>					

Sample ID	Date	Time	Comp	Grab	Filtered	Sample Description	Sample Type (Matrix): DW, GW, WW, Soil, Oil, Sludge, Air, Other	No. of Containers	Preservation Type (see key below)	REL Sample No.	Remarks:
<u>D-1</u>	<u>12-16-98</u>	<u>1:50</u>	<u>A</u>	<u>P</u>		<u>40' N Sid</u>	<u>S</u>	<u>2</u>	<u>M</u>	<u>24258</u>	<u>25.79g</u>
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							
			<u>A</u>	<u>P</u>							

Relinquished By	Date	Time	Received By	Date	Time	Temperature of Contents: <u>NICE</u> °C	Custody Seal Intact	Sample Condition	Sample pH
<u>William R. Vachon</u>	<u>12-17-98</u>	<u>1:25</u>	<u>Paul D. Knudt</u>	<u>12/17/98</u>	<u>1:25</u>	<u>NICE</u>			

WISCONSIN DNR CERTIFICATION NUMBER 405043870

Preservation Key

N = Nitric Acid O = Sodium Hydroxide
H = Hydrochloric Acid U = Unpreserved
M = Methanol S = Sulfuric Acid

C

APPENDIX C

**TANK INVENTORY FORM
TANK CLOSURE CHECKLIST**

UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK INVENTORY

Send Completed Form To:
Department of Commerce
Bureau of Storage Tank Regulation
P.O. Box 7837
Madison, WI 53707-7837

Reg. No. 442600 115

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. 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"/> In Use	<input checked="" type="checkbox"/> Closed - Tank Removed	<input checked="" type="checkbox"/> City <input type="checkbox"/> Village
<input type="checkbox"/> Newly Installed	<input type="checkbox"/> Closed - Filled with Inert Materials	<input type="checkbox"/> Town of <u>SEYMOUR</u>
<input type="checkbox"/> Abandoned with Product	<input type="checkbox"/> Temporary Out of Service - Provide Date: _____	
<input type="checkbox"/> Abandoned without Product (empty)	<input type="checkbox"/> Abandon with Water	

A. IDENTIFICATION (Please Print)

1. Tank Site Name <u>COONEN INC.</u>		Site Address <u>1043 IVORY ST.</u>	Site Telephone Number <u>(920) 833-2391</u>
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:	State <u>WI</u>	Zip Code <u>54165</u>	County <u>OUTAGAMIE</u>
2. Tank Owner Name <u>COONEN INC.</u>		Mailing Address <u>1043 IVORY ST.</u>	Telephone Number <u>(920) 833-2391</u>
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:	State <u>WI</u>	Zip Code <u>54165</u>	County <u>OUTAGAMIE</u>
3. Previous Name		Previous site address if different than #1	

Site ID #:	Facility ID #:	Customer ID #:
------------	----------------	----------------

C. 4. Tank Age (age or date installed): _____ **5. Tank Capacity (gallons):** 4000

D. LAND OWNER TYPE (check one)

<input type="checkbox"/> County	<input type="checkbox"/> Federal Leased	<input type="checkbox"/> Federal Owned	<input type="checkbox"/> Municipal	<input type="checkbox"/> Other Government
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> State	<input type="checkbox"/> Tribal Nation		

E. OCCUPANCY TYPE (check one)

<input checked="" type="checkbox"/> Gas/Retail Sales	<input type="checkbox"/> Bulk Storage	<input type="checkbox"/> Utility	<input type="checkbox"/> Mercantile/Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> School	<input type="checkbox"/> Residential
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Backup or Emergency Generator		<input type="checkbox"/> Other (Specify): _____			

F. Tank Construction:

<input type="checkbox"/> Bare Steel	<input checked="" type="checkbox"/> Coated Steel	<input type="checkbox"/> Unknown	Cathodic Protection	Overfill Protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Steel - Fiberglass Reinforced Plastic Composite		<input type="checkbox"/> Sacrificial Anodes	Spill Containment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lined (Date): _____	<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Impressed Current	Tank Double Walled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> N/A	

G. Primary Tank leak detection method:

<input type="checkbox"/> Inventory control and tightness testing	<input type="checkbox"/> Automatic tank gauging	<input type="checkbox"/> Groundwater monitoring
<input type="checkbox"/> Manual tank gauging (only for tanks of 1,000 gallons or less)	<input type="checkbox"/> Interstitial monitoring	<input type="checkbox"/> Vapor monitoring
	<input type="checkbox"/> Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/> Unknown

H. Piping Construction:

<input type="checkbox"/> Bare Steel	<input checked="" type="checkbox"/> Coated Steel	<input type="checkbox"/> Unknown	Cathodic Protection	Pipe Double Walled? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Flexible	<input type="checkbox"/> N/A	<input type="checkbox"/> Sacrificial Anodes	
<input type="checkbox"/> Other (specify): _____			<input type="checkbox"/> Impressed Current	
			<input type="checkbox"/> N/A	

I. Primary Piping System Type: Pressurized piping with _____ A auto shutoff; B alarm or C flow restrictor Unknown

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

J. Piping Leak Detection Method: (used if pressurized or check valve at tank) SIR Tightness testing Electronic line leak monitor

Groundwater monitoring Vapor monitoring Interstitial monitoring Not required Unknown

K. Vapor Recovery/Stage II CARB #: _____

Fiberglass Other (specify): _____ Flexible Operational - Provide Date (mo/day/yr): _____

L. TANK CONTENTS (Current, or previous product if tank now empty)

<input type="checkbox"/> Diesel	<input type="checkbox"/> Leaded	<input checked="" type="checkbox"/> Unleaded	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Gasohol
<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Empty	<input type="checkbox"/> Sand/Gravel/Slurry*	<input type="checkbox"/> Unknown*	<input type="checkbox"/> Premix
<input type="checkbox"/> Waste/Used Motor Oil	<input type="checkbox"/> Chemical _____	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Aviation	<input type="checkbox"/> Hazardous Waste*

(Indicate chemical name and number)

If chosen, this tank is NOT PECFA eligible.

Geo Latitude:	Geo Longitude:
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>Herbert R. Coonen</u>	Indicate whether: <input checked="" type="checkbox"/> Owner or <input type="checkbox"/> Operator
Owner or Operator Signature: <u>Herbert R. Coonen</u>	Date Signed: <u>12-18-98</u>

Reg. Obj #: 442800114

UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK INVENTORY

Information Required By Section 101.142, Wis. Stats.

Send Completed Form To:
Department of Commerce
Bureau of Storage Tank Regulation
P.O. Box 7837
Madison, WI 53707-7837

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 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)]

<input type="checkbox"/> In Use <input type="checkbox"/> Newly Installed <input type="checkbox"/> Abandoned with Product <input type="checkbox"/> Abandoned without Product (empty)		<input checked="" type="checkbox"/> Closed - Tank Removed <input type="checkbox"/> Closed - Filled with Inert Materials <input type="checkbox"/> Temporary Out of Service - Provide Date: _____ <input type="checkbox"/> Abandon with Water		<input type="checkbox"/> Ownership Change (Indicate new owner name in block 2) <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>SEYMOUR</u>	
--	--	--	--	--	--

A. IDENTIFICATION (Please Print)

1. Tank Site Name <u>COONEN INC.</u>		Site Address <u>1043 IVORY ST.</u>		Site Telephone Number <u>(920) 833-2391</u>	
<input checked="" type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	State <u>WI</u>	Zip Code <u>54165</u>	County <u>OUTAGAMIE</u>
2. Tank Owner Name <u>COONEN INC.</u>		Mailing Address <u>1043 IVORY ST.</u>		Telephone Number <u>(920) 833-2391</u>	
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	State <u>WI</u>	Zip Code <u>54165</u>	County <u>OUTAGAMIE</u>
3. Previous Name		Previous site address if different than #1			

Site ID #:	Facility ID #:	Customer ID #:
------------	----------------	----------------

C. 4. Tank Age (age or date installed): _____ **5. Tank Capacity (gallons):** 8000

LAND OWNER TYPE (check one)

<input checked="" type="checkbox"/> County Private	<input type="checkbox"/> Federal Leased	<input type="checkbox"/> Federal Owned	<input type="checkbox"/> Municipal	<input type="checkbox"/> Other Government
<input type="checkbox"/> State	<input type="checkbox"/> Tribal Nation			

E. OCCUPANCY TYPE (check one)

<input checked="" type="checkbox"/> Gas/Retail Sales	<input type="checkbox"/> Bulk Storage	<input type="checkbox"/> Utility	<input type="checkbox"/> Mercantile/Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> School	<input type="checkbox"/> Residential
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Backup or Emergency Generator	<input type="checkbox"/> Other (Specify):				

I. Tank Construction:

<input type="checkbox"/> Bare Steel	<input checked="" type="checkbox"/> Coated Steel	<input type="checkbox"/> Unknown	<input type="checkbox"/> Cathodic Protection	Overfill Protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Steel - Fiberglass Reinforced Plastic Composite	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Sacrificial Anodes	Spill Containment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lined (Date):			<input type="checkbox"/> Impressed Current	Tank Double Walled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> N/A	

Primary Tank leak detection method:

<input type="checkbox"/> Inventory control and tightness testing	<input type="checkbox"/> Automatic tank gauging	<input type="checkbox"/> Groundwater monitoring
<input type="checkbox"/> Manual tank gauging (only for tanks of 1,000 gallons or less)	<input type="checkbox"/> Interstitial monitoring	<input type="checkbox"/> Vapor monitoring
	<input type="checkbox"/> Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/> Unknown

P. Piping Construction:

<input type="checkbox"/> Bare Steel	<input checked="" type="checkbox"/> Coated Steel	<input type="checkbox"/> Unknown	<input type="checkbox"/> Cathodic Protection	Pipe Double Walled? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Flexible	<input type="checkbox"/> N/A	<input type="checkbox"/> Sacrificial Anodes	
<input type="checkbox"/> Other (specify):			<input type="checkbox"/> Impressed Current	
			<input type="checkbox"/> N/A	

Primary Piping System Type: Pressurized piping with _____ A auto shutoff, B. alarm or C. flow restrictor Unknown

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

J. Piping Leak Detection Method: (used if pressurized or check valve at tank) SIR Tightness testing Electronic line leak monitor

Groundwater monitoring Vapor monitoring Interstitial monitoring Not required Unknown

Vapor Recovery/Stage II CARB #: _____

Fiberglass Other (specify): _____ Flexible Operational - Provide Date (mo/day/yr): _____

L. TANK CONTENTS (Current, or previous product if tank now empty)

<input type="checkbox"/> Diesel	<input type="checkbox"/> Leaded	<input checked="" type="checkbox"/> Unleaded	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Gasohol
<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Empty	<input type="checkbox"/> Sand/Gravel/Slurry*	<input type="checkbox"/> Unknown*	<input type="checkbox"/> Premix
<input type="checkbox"/> Waste/Used Motor Oil	<input type="checkbox"/> Chemical _____	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Aviation	<input type="checkbox"/> Hazardous Waste*

(Indicate chemical name and number)

If chosen, this tank is NOT PECFA eligible.

Geo Latitude:	Geo Longitude:
---------------	----------------

If Tank Closed, Abandoned or Out of Service, give date (mo/day/yr): 12/17/98

Has a site assessment been completed (see reverse side for details) Yes No

Owner or Operator Name (please print): Derbert R. Coonen

Indicate whether: Owner or Operator

Owner or Operator Signature: Derbert R. Coonen

Date Signed: 12-18-98

Reg Obj #: 442500116

UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK INVENTORY

Send Completed Form To:
Department of Commerce
Bureau of Storage Tank Regulation
P.O. Box 7837
Madison, WI 53707-7837

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. 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): <input type="checkbox"/> In Use <input type="checkbox"/> Newly Installed <input type="checkbox"/> Abandoned with Product <input type="checkbox"/> Abandoned without Product (empty)		<input checked="" type="checkbox"/> Closed - Tank Removed <input type="checkbox"/> Closed - Filled with Inert Materials <input type="checkbox"/> Temporary Out of Service - Provide Date: _____ <input type="checkbox"/> Abandon with Water		<input type="checkbox"/> Ownership Change (Indicate new owner name in block 2) <input type="checkbox"/> Fire Department providing fire coverage where tank is located: <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>SEYMOUR</u>	
--	--	--	--	---	--

A. IDENTIFICATION (Please Print)

1. Tank Site Name <u>COONEN INC.</u>		Site Address <u>1043 IVORY ST.</u>		Site Telephone Number <u>(920) 833-2391</u>	
<input checked="" type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	State <u>WI</u>	Zip Code <u>54165</u>	County <u>OUTAGAMIE</u>
2. Tank Owner Name <u>COONEN INC.</u>		Mailing Address <u>1043 IVORY ST.</u>		Telephone Number <u>(920) 833-2391</u>	
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	State <u>WI</u>	Zip Code <u>54165</u>	County <u>OUTAGAMIE</u>
3. Previous Name		Previous site address if different than #1			
Site ID #:		Facility ID #:		Customer ID #:	

4. Tank Age (age or date installed):	5. Tank Capacity (gallons): <u>8000</u>
--------------------------------------	---

D. LAND OWNER TYPE (check one)

<input type="checkbox"/> County	<input type="checkbox"/> Federal Leased	<input type="checkbox"/> Federal Owned	<input type="checkbox"/> Municipal	<input type="checkbox"/> Other Government
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> State	<input type="checkbox"/> Tribal Nation		

E. OCCUPANCY TYPE (check one)

<input checked="" type="checkbox"/> Gas/Retail Sales	<input type="checkbox"/> Bulk Storage	<input type="checkbox"/> Utility	<input type="checkbox"/> Mercantile/Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> School	<input type="checkbox"/> Residential
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Backup or Emergency Generator	<input type="checkbox"/> Other (Specify):				

F. Tank Construction:

<input type="checkbox"/> Bare Steel	<input checked="" type="checkbox"/> Coated Steel	<input type="checkbox"/> Unknown	<input type="checkbox"/> Cathodic Protection	Overfill Protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Steel - Fiberglass Reinforced Plastic Composite	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Sacrificial Anodes	Spill Containment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Lined (Date):			<input type="checkbox"/> Impressed Current	Tank Double Walled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> N/A	

G. Primary Tank leak detection method:

<input type="checkbox"/> Inventory control and tightness testing	<input type="checkbox"/> Automatic tank gauging	<input type="checkbox"/> Groundwater monitoring
<input type="checkbox"/> Manual tank gauging (only for tanks of 1,000 gallons or less)	<input type="checkbox"/> Interstitial monitoring	<input type="checkbox"/> Vapor monitoring
	<input type="checkbox"/> Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/> Unknown

H. Piping Construction:

<input type="checkbox"/> Bare Steel	<input checked="" type="checkbox"/> Coated Steel	<input type="checkbox"/> Unknown	<input type="checkbox"/> Cathodic Protection	Pipe Double Walled? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Flexible	<input type="checkbox"/> N/A	<input type="checkbox"/> Sacrificial Anodes	
<input type="checkbox"/> Other (specify):			<input type="checkbox"/> Impressed Current	
			<input type="checkbox"/> N/A	

I. Primary Piping System Type: Pressurized piping with _____ A auto shutoff; B alarm or C flow restrictor Unknown

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

J. Piping Leak Detection Method: (used if pressurized or check valve at tank) SIR Tightness testing Electronic line leak monitor

Groundwater monitoring Vapor monitoring Interstitial monitoring Not required Unknown

K. Vapor Recovery/Stage II CARB #: _____

Fiberglass Other (specify): _____ Flexible Operational - Provide Date (mo/day/yr): _____

L. TANK CONTENTS (Current, or previous product if tank now empty)

<input checked="" type="checkbox"/> Diesel	<input type="checkbox"/> Leaded	<input checked="" type="checkbox"/> Unleaded	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Gasohol
<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Empty	<input type="checkbox"/> Sand/Gravel/Slurry*	<input type="checkbox"/> Unknown*	<input type="checkbox"/> Premix
<input type="checkbox"/> Waste/Used Motor Oil	<input type="checkbox"/> Chemical _____	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Aviation	<input type="checkbox"/> Hazardous Waste*

(Indicate chemical name and number)

If chosen, this tank is NOT PECFA eligible.

M. If Tank Closed, Abandoned or Out of Service, give date (mo/day/yr): 12/17/98

N. Has a site assessment been completed (see reverse side for details) Yes No

O. Owner or Operator Name (please print): Deebert R Coonen

P. Owner or Operator Signature: Deebert R Coonen

Indicate whether: Owner or Operator

Date Signed: 12-18-98

Note: Refer to comments on reverse side of form.

Reg # 442600.119

UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK INVENTORY

Send Completed Form To: Department of Commerce Bureau of Storage Tank Regulation P.O. Box 7837 Madison, WI 53707-7837

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. 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? [X] Yes [] No If yes, are you correcting/updating information only? [X] 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): [] In Use [X] Closed - Tank Removed [] Ownership Change (Indicate new owner name in block 2) [] Newly Installed [] Closed - Filled with Inert Materials [X] City [] Village [] Abandoned with Product [] Temporary Out of Service - Provide Date: [] Town of SEYMOUR [] Abandoned without Product (empty) [] Abandon with Water

IDENTIFICATION (Please Print) 1. Tank Site Name COONEN INC. Site Address 1043 IVORY ST. Site Telephone Number (920) 833-2391 2. Tank Owner Name COONEN INC. Mailing Address 1043 IVORY ST. Telephone Number (920) 833-2391 3. Previous Name

Site ID #: Facility ID #: Customer ID #:

C. 4. Tank Age (age or date installed): 5. Tank Capacity (gallons): 8000

LAND OWNER TYPE (check one) [X] Private [] County [] Federal Leased [] Federal Owned [] Municipal [] Other Government [] State [] Tribal Nation

OCCUPANCY TYPE (check one) [X] Gas/Retail Sales [] Bulk Storage [] Utility [] Mercantile/Commercial [] Industrial [] School [] Residential [] Agricultural [] Backup or Emergency Generator [] Other (Specify):

F. Tank Construction: [X] Bare Steel [X] Coated Steel [] Unknown [] Fiberglass [] Steel - Fiberglass Reinforced Plastic Composite [] Cathodic Protection [] Sacrificial Anodes [] Impressed Current [] N/A [] Overfill Protection? [X] Yes [] No [] Lined (Date): [] Other (specify): [] Spill Containment? [X] Yes [] No [] Tank Double Walled? [] Yes [X] No

G. Primary Tank leak detection method: [] Inventory control and tightness testing [] Automatic tank gauging [] Groundwater monitoring [] Manual tank gauging (only for tanks of 1,000 gallons or less) [] Interstitial monitoring [] Vapor monitoring [] Statistical Inventory Reconciliation (SIR) [] Unknown

Piping Construction: [] Bare Steel [X] Coated Steel [] Unknown [] Fiberglass [] Flexible [] N/A [] Cathodic Protection [] Sacrificial Anodes [] Impressed Current [] N/A [] Pipe Double Walled? [] Yes [] No [] Other (specify):

Primary Piping System Type: [] Pressurized piping with auto shutoff, B. alarm or C. flow restrictor [] Unknown [] Suction piping with check valve at tank [] Suction piping with check valve at pump and inspectable [] Not needed if waste oil

Piping Leak Detection Method: (used if pressurized or check valve at tank) [] SIR [] Tightness testing [] Electronic line leak monitor [] Groundwater monitoring [] Vapor monitoring [] Interstitial monitoring [] Not required [] Unknown

Vapor Recovery/Stage II CARB #: [] Fiberglass [] Other (specify): [] Flexible [] Operational - Provide Date (mo/day/yr):

TANK CONTENTS (Current or previous product if tank now empty) [X] Diesel [] Unleaded [] Fuel Oil [] Gasohol [] Other (Specify): [] Sand/Gravel/Slurry* [] Unknown* [] Premix [] Waste/Used Motor Oil [] Chemical [] Kerosene [] Aviation [] Hazardous Waste* (Indicate chemical name and number)

If chosen, this tank is NOT PECFA eligible. Geo. Latitude: Geo. Longitude:

If Tank Closed, Abandoned or Out of Service, give date (mo/day/yr): 12/17/98 Has a site assessment been completed (see reverse side for details) [X] Yes [] No

Owner or Operator Name (please print): Robert R. Coonen Indicate whether: [X] Owner or [] Operator Owner or Operator Signature: Robert R. Coonen Date Signed: 12-18-98

CLOSURE BY REMOVAL (continued)

Remover Verified	Inspector Verified	NA
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

- 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.
- Tank vent hole (1/8 th " in uppermost part of tank) installed prior to moving the tank from site.
- Inventory form filed by owner with Safety and Buildings Division indicating closure by removal.
- Site security is provided while the excavation is open.

CLOSURE IN PLACE

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

- Product from piping drained into tank (or other container).
- Piping disconnected from tank and removed.
- All liquid and residue removed from tank using explosion proof pumps or hand pumps.
- All pump motors and suction hoses bonded to tank or otherwise grounded.
- Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.
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.
- Vent lines left connected until tanks purged.
- Tank openings temporarily plugged so vapors exit through vent.
- Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section F.
- Tank properly cleaned to remove all sludge and residue.
- Solid inert material (sand, cyclone boiler slag, pea gravel recommended) introduced and tank filled.
- Vent line disconnected or removed.
- Inventory form filed by owner with Safety and Buildings Division indicating closure in place.

<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CLOSURE ASSESSMENTS

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

- Individual conducting the assessment has a closure assessment plan (written) which is used as the basis for their work on the site.
- Do points of obvious contamination exist?
- Are there strong odors in the soils?
- Was a field screening instrument used to pre-screen soil sample locations?
- Was a closure assessment omitted because of obvious contamination?
- Was the DNR notified of suspected or obvious contamination?
Agency, office and person contacted: JANIS DEBROCK LAKE MICHIGAN DISTRICT
- Contamination suspected because of: Odor Soil Staining Free Product Sheen On Groundwater Field Instrument Test

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

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 (CO/2 or N/2) NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. THE TANK MAY NOT BE ENTERED IN THIS STATE WITHOUT SPECIAL EQUIPMENT**
Gas introduced through a single opening at a point near the bottom of the tank at the end of the tank opposite the vent.
Gas introduced under low pressure not to exceed 5 psig to reduce static electricity. Gas introducing device grounded.
- Tank atmosphere monitored for flammable or combustible vapor levels.**
Calibrate combustible gas indicator. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank. Readings of 10% or less of the lower flammable range (LEL) obtained before removing tank from ground.

NOTE SPECIFIC PROBLEMS OR NONCOMPLIANCE ISSUES BELOW

REMOVER/CLEANER INFORMATION

Jerry Tauter Remover Name (print) [Signature] Remover Signature 42741 Remover Certification No. 12-17-98 Date Signed

INSPECTOR INFORMATION

Carol Schneider Inspector Name (print) [Signature] Inspector Signature 35256 Inspector Certification No. 12-22-98 Date Signed
1126 FDID# For Location Where Inspection Performed 92721628 Inspector Telephone Number

OWNER

CHECKLIST FOR UNDERGROUND TANK CLOSURE

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

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

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

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

1. Site Name <u>Cooven Inc</u>				2. Owner Name <u>Cooven Inc</u>			
Site Street Address (not P.O. Box) <u>1043 IVORY ST</u>				Owner Street Address <u>1043 IVORY ST</u>			
<input checked="" type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of	<input type="checkbox"/> State	<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of	Zip Code
<u>SEYMOUR</u>			<u>WI</u>	<u>SEYMOUR</u>			<u>54165</u>
State	Zip Code	County	Telephone No. (include area code)	State	Zip Code	County	Telephone No. (include area code)
<u>WI</u>	<u>54165</u>	<u>DURHAM</u>	<u>(920) 833 2391</u>	<u>WI</u>	<u>54165</u>	<u>DURHAM</u>	<u>(920) 833 2391</u>
3. Closure Company Name (Print) <u>TAYLOR CONST CO INC</u>				Closure Company Street Address <u>5719 Finnegan LK RD</u>			
Closure Company Telephone No. (include area code) <u>(920) 855-2257</u>				Closure Company City, State, Zip Code <u>Gullett WI 54124</u>			
4. Name of Company Performing Closure Assessment <u>ROBERT F LEF & ASSOC.</u>				Assessment Company Street Address, City, State, Zip Code <u>2825 S. WILFESTER AVE GREEN BAY WI 54301</u>			
Telephone # (include area code) <u>(920) 336 6338</u>		Certified Assessor Name (Print) <u>WILLIAM R VACHON</u>		Assessor Signature <u>[Signature]</u>		Assessor Certification No. <u>41841</u>	

Tank ID #	Closure	Temp. Closure	Closure In Place	Tank Capacity	Contents *	Closure Assessment
1. <u>442600117</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>8000</u>	<u>01</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. <u>442600116</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>8000</u>	<u>03</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
3. <u>442600114</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>8000</u>	<u>03</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4. <u>442600115</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>4000</u>	<u>03</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
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; 09-Unknown; 10-Premix; 11-Waste oil; 13-Chemical (indicate the chemical name(s) or numbers(s)); 14-Kerosene; 15-Aviation.

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

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

B. TEMPORARILY OUT OF SERVICE

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

1. Product Removed	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Product lines drained into tank (or other container) and resulting liquid removed, AND	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. All product removed to bottom of suction line, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. All product removed to within 1" of bottom.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. All product lines at the islands or pumps located elsewhere are removed and capped, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Dispensers/pumps left in place but locked and power disconnected.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Vent lines left open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Inventory form filed indicating temporary closure.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>

C. CLOSURE BY REMOVAL

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

D

APPENDIX D

PHOTOGRAPHS



PHOTO 1 View of the product and vent piping along the east side of the building.



PHOTO 2 View of the former dispenser island area. New island being installed.



PHOTO 3 View of the dispenser island to the south of the building.



PHOTO 4 View of the 4,000 gallon gasoline tank being removed Tank 1.



PHOTO 5 View of the 8,000 gallon gasoline tank being removed. Tank 2.



PHOTO 6 View of the excavation for the 8,000 gallon gasoline tank. Tank 3.



PHOTO 7 View of the 8,000 gallon diesel fuel tank prior to removal.

E

APPENDIX E

WDNR NOTIFICATION

WISCONSIN DEPARTMENT OF NATURAL RESOURCES

Notification of Petroleum Contamination from Underground/Aboveground Storage Tank Systems

Please complete this form and FAX it to the appropriate WDNR contact person (see list on second page) immediately upon discovery of a release from an UST/AST system.

To: WDNR, Attn: Janis DeBrock
FAX #: 494-5859
Date Submitted: 12-15-98

1. Name, company, mailing address and phone number of person reporting the discharge:

William R. Vachon
Robert E. Lee & Associates, Inc.
2825 South Webster Avenue, Green Bay, WI 54301
920-336-6338

2 Site Information:

Name of site at which discharge occurred (local name of site/business--not responsible party name, unless a residence):

Coonen Oil Company

Location (actual street address, not P.O. Box; if no street address, describe as precisely

1043 Ivory Street

Municipality (city, village, township in which the site is located--not mailing address):

Seymour

County:

Outagamie County

Legal Description: SW 1/4, SW 1/4, Section 33 Tn 24 Range 18 E

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

RP/Company Name: Coonen Oil Company-

Contact Person (if different): Mark Coonen

Mailing Address (include zip code): 1043 Ivory Street
Seymour, WI 54165

Telephone Number:

920-833-2391

4. Identity, physical state and quantity of the hazardous substance discharges (check all that apply):

X Unleaded gasoline
Leaded gasoline
X Diesel

Fuel oil
Waste oil
Other

5. Impacts to the environment (enter "K" for known or "P" for potential for all that apply):

<input type="checkbox"/>	Fire/explosion threat	<input checked="" type="checkbox"/>	Soil contamination
<input type="checkbox"/>	Contaminated private wells (# of wells)	<input type="checkbox"/>	Surface water impacts
<input type="checkbox"/>	Contaminated public wells	<input type="checkbox"/>	Floating product
<input checked="" type="checkbox"/>	Groundwater contamination	<input type="checkbox"/>	Other _____

6. Contamination was discovered as a result of:

Tank closure assessment Site assessment Other _____

On what date: December 15, 1998

Additional Comments:

Obvious soil contamination of both diesel and gasoline products. Laboratory sample submitted to REL lab on 12-15-98. REL will fax copies of completed data upon receipt.

FAX Numbers for Reporting Leaking Tank Sites in DNR's Five Regions:

Northeast Region: 920492-5859 **Attention: Janis DeBrock (underground tanks)**
Attention: Roxanne Chronert (aboveground tanks)
Brown, Calumet, Door, Fond du Lac (except City of Waupun-see South Central Region), Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menomonee, Oconto, Outagamie, Shawano, Waupaca, Waushara, Winnebago Counties

Northern Region: 715-365-8932 **Attention: Janet Kazda**
Ashland, Barron, Bayfield, Burnett, Douglas, Florence, Forest, Iron, Langlade, Lincoln, Polk, Price, Oneida, Rusk, Sawyer, Taylor, Vilas, Washburn Counties

South Central Region: 608-275-3338 **Attention: Marilyn Jahnke**
Columbia, Crawford, Dane, Dodge, Fond du Lac (City of Waupun only), Grant, Green, Iowa, Jefferson, Lafayette, Richland, Rock, Sauk Counties

Southeast Region: 414-229-0810 **Attention: Mike Farley**
Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha Counties

West Central Region: 715-839-6076 **Attention: John Grump**