

TR-WM-140 (7/18) Formerly ERS-8951



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

Wis. Admin. Code §ATCP 93.560

FOR OFFICE USE ONLY

Lic # 414145 (4301)

TANK SYSTEM SERVICE AND CLOSURE ASSESSMENT REPORT

Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m) Wis. Stats.).

Complete One Form for Each System Service Event

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

CHECK ONE: UNDERGROUND ABOVEGROUND

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

A. TYPE OF SERVICE CLOSURE REPAIR/UPGRADE CHANGE-IN-SERVICE

Indicate portion of system being serviced if a repair, upgrade or change-in-service is being performed

Remote fill Tank Piping Transition/containment sump Spill bucket Dispenser

B. IDENTIFICATION

OWNER INFORMATION

OWNER NAME Krist Oil Incorporated	CONTACT NAME General	TITLE General
MAILING ADDRESS 303 Selden Road	<input checked="" type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE Iron River	STATE ZIP MI 49935
TELEPHONE: (906) 265 - 6144	E-MAIL	

SITE INFORMATION

FACILITY NAME Krist Food Mart # 72		
SITE ADDRESS (Not PO Box) 724 Lincoln Street	<input checked="" type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE Rhinelander	STATE ZIP WI 54501

SERVICE CONTRACTOR INFORMATION

PRIMARY SERVICE CONTRACTOR Section A Above KSK Incorporated	TELEPHONE: (906) 285 -704	CELL: () -
STREET ADDRESS 316 Iris Street	<input checked="" type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE Iron River	STATE ZIP MI 49935

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

a	b	c	d	e	f	g	h
Tank ID #	Type of Closure ¹	Tank Material of Construction	Piping Material of Construction	Tank Capacity (gallons)	Contents ²	Release - System Integrity Compromised (e.g. holes, cracks, loose connection, etc)?	If "Yes" to "g", Then Specify Source and Cause of Release ⁵
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Source of Release ³ Cause of Release ⁴
103765	P	STI-P3	FRP	4K	DL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	203204 - Piping
109936	P			10K	UG	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	209329 - Piping
104142	P			4K	LG	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	203580 - Piping
109938	P			10K	UG	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	209331 - Piping
108462	P			10K	DL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	207860 - Piping
109939	P			10K	UG	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	209332 - Piping
109937	P			10K	UG	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	209330 - Piping

1. Indicate type of closure: P = Permanent, TOS = Temporarily Out-of-Service, CIP = Closure In-Place

2. Indicate type of product: DL = Diesel, LG = Leaded Gasoline, UG = Unleaded Gasoline, FO = Fuel Oil, GH = Gasohol, AF = Aviation Fuel, K = Kerosene, PX = Premix, WO = Waste/Used Motor Oil, FCHZW = Flammable/Combustible Hazardous Waste, OC = Other Chemical (indicate the chemical name(s):

3. CAS number(s):

4. Source of release: T = tank, P = piping, D = dispenser, STP = submersible turbine pump, DP = delivery problem, O = other, UNK = Unknown

5. Cause of release:

S = spill, O = overflow, POMD = physical or mechanical damage, C = corrosion, IP = installation problem, O = other, UNK = Unknown

6. Has release been reported to the Department of Natural Resources? Yes No Release not evident at this time

Part A Distribution: DATCP DNR Inspector Contractor Owner

TR-WM-140 (7/16) Formerly ERS-6951

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

Written notification was provided to the local agent 5 days in advance of closure date. Yes No

All local permits were obtained before beginning closure. Yes No NA

UST Form TR-WM-137 or AST Form TR-WM-118 filed by owner with the DATCP indicating closure. Yes No NA

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

D.1 TEMPORARILY OUT-OF-SERVICE

	Remover Verified	Inspector Verified	Inspector Not Present	NA
1. Product removed.				
a. Product lines drained into tank (or other container) and liquid removed, and	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. All product removed to bottom of suction line, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
c. All product removed to within 1" of bottom.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
3. All product lines at the islands or pumps located elsewhere are removed and capped, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
4. Dispensers/pumps left in place but locked and power disconnected.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
5. Vent lines left open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
6. Inventory form filed indicating temporarily out-of-service (TOS) closure.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

D.2 CLOSURE BY REMOVAL OR IN-PLACE

1. General Requirements				
a. Product from piping drained into tank (or other container).	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Piping disconnected from tank and removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. 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"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. All pump motors and suction hoses bonded to tank or otherwise grounded.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. 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 checked="" type="checkbox"/>	<input type="checkbox"/>
f. Vent lines left connected until tanks purged.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Tank openings temporarily plugged so vapors exit through vent.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section E.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Specific Closure-by-Removal Requirements				
a. 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"/>	<input checked="" type="checkbox"/>
b. Tank cleaned before being removed from site.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Tank labeled in full compliance with API 1604 after removal but before being moved from site.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; MONTH/DAY/YEAR OF REMOVAL

d. 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"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Site security is provided while the excavation is open.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
3. Specific Closure-In-Place Requirements				
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: CLOSURES IN-PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION (DATCP) OR LOCAL AGENT.

a. Tank properly cleaned to remove all sludge and residue.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. Solid inert material (sand, cyclone boiler slag, or pea gravel recommended) introduced and tank filled.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
c. Vent line disconnected or removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
d. Inventory form filed by owner with the DATCP indicating closure in-place.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

E. REPAIR, UPGRADE OR CHANGE-IN-SERVICE

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

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

Form TR-WM-137 or 0 TR-WM-118 filed by owner with the DATCP indicating change-in-service. Y N NA

F. METHOD OF VAPOR FREEING OF TANK

Displacement of vapors by eductor or diffused air blower.

Eductor driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground.

Inert gas using dry ice or liquid carbon dioxide.

Inert gas using CO2 or N2 **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. LEL METERS MAY NOT FUNCTION ACCURATELY. THE TANK MAY NOT BE ENTERED IN THIS STATE WITHOUT SPECIAL EQUIPMENT.**

Gas introduced through a single opening at a point near the bottom of the tank at the end of the tank opposite the vent.

Gas introduced under low pressure not to exceed 5 psig to reduce static electricity. Gas introducing device grounded.

Readings of 10% or less of the lower flammable range (LEL) or <5% oxygen obtained before removing tank from ground.

Tank atmosphere monitored for flammable or combustible vapor levels prior to and during cleaning and cutting.

Calibrate combustible gas indicator and/or oxygen meter prior to use. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank.

Distribution: DATCP DNR Inspector Contractor Owner

TR-WM-140 (7/18) Formerly ERS-8951

G. REMOVER/CLEANER INFORMATION

KC Atanasoff



12401603

7/12/19

REMOVER/CLEANER NAME (PRINT):

REMOVER/CLEANER SIGNATURE

CERTIFICATION NO

DATE SIGNED

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

Company expected to perform soil contamination assessment

H. INSPECTOR INFORMATION

Ryan Berghammer



401418

LPO AGENCY #

INSPECTOR NAME (PRINT):

INSPECTOR SIGNATURE

INSPECTOR CERTIFICATION NO

4301

(715)365-8606

8/2/19

FDID # FOR LOCATION WHERE INSPECTION PERFORMED

INSPECTOR TELEPHONE:NUMBER

DATE SIGNED

INSPECTOR NOTES: