

SEYMOUR ENVIRONMENTAL SERVICES, INC.

P.O. Box 398, 2531 Dyreson Road, McFarland, Wisconsin 53558
Telephone: 608-838-9120 Fax: 608-838-9121

May 23, 2019

Mr. Jeff Ackerman
Wisconsin Department of Natural Resources
3911 Fish Hatchery Road
Madison, Wisconsin 53711



**Re: Tank Closure Documentation
McGlynn Property
Highway 80
Hub City/Richland Center, Wisconsin**

Dear Mr. Ackerman:

Seymour Environmental Services, Inc. is pleased to provide you with this documentation of the removal of four underground storage tanks from the McGlynn property in Hub City, Wisconsin.

When we uncovered the tank bed, we found that four tanks were present. The smallest tank was 300-gallons and was placed above two of the other tanks. Groundwater was shallow and all of the tanks were full of water. We had a septic hauler come to the site and remove the water from the tanks before cutting and cleaning them. Since the groundwater was very shallow and there did not appear to be any soil contamination, we collected a few extra samples from the sidewalls. We did this to better document that no contamination was present. The soil beneath the water table did not appear to be stained or exhibit any odor.

Please call me at 608-838-9120, if you have any questions or would like additional information.

Sincerely,

Seymour Environmental Services, Inc.



Robyn Seymour, P.G.
Hydrogeologist



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

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 Thaddeus Mcglynn	CONTACT NAME Jeff Ackerman	TITLE DNR
MAILING ADDRESS Rt 3 Box 236	<input checked="" type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE Richland Center	STATE ZIP WI 53581
TELEPHONE: () - 608-275-3323	E-MAIL	

SITE INFORMATION

FACILITY NAME Thaddeus Mcglynn		
SITE ADDRESS (Not PO Box) Hwy. 80	<input type="checkbox"/> CITY <input checked="" type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE Henrietta	STATE ZIP WI 53581

SERVICE CONTRACTOR INFORMATION

PRIMARY SERVICE CONTRACTOR Section A Above Heller's Junk Removal	TELEPHONE: 608-242-8210	CELL: () -
STREET ADDRESS 3948 State Road 19 unit 2	<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE Deforest	STATE ZIP WI 53532

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

a Tank ID #	b Type of Closure ¹	c Tank Material of Construction	d Piping Material of Construction	e Tank Capacity (gallons)	f Contents ²	g Release - System Integrity Compromised (e.g. holes, cracks, loose connection, etc)?		h If "Yes" to "g", Then Specify Source and Cause of Release ³	
						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Source of Release ³	Cause of Release ⁴
34999	P	steel	steel	300	LG	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	T	C
	P	steel	steel	1000	LG	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	T	C
	P	steel	steel	2000	LG	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	T	C
	P	steel	steel	2000	LG	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	T	C

- Indicate type of closure: P = Permanent, TOS = Temporarily Out-of-Service, CIP = Closure In-Place
- Indicate type of product: DL = Diesel, LG = Leaded Gasoline, UG = Unleaded Gasoline, FO = Fuel Oil, GH = Gasohol, AF = Aviation Fuel, K = Kerosene, PX = Premix, WO = Waste/Used Motor Oil, FCHZW = Flammable/Combustible Hazardous Waste, OC = Other Chemical (indicate the chemical name(s))
- CAS number(s):
- Source of release: T = tank, P = piping, D = dispenser, STP = submersible turbine pump, DP = delivery problem, O = other, UNK = Unknown
- Cause of release: S = spill, O = overfill, POMD = physical or mechanical damage, C = corrosion, IP = installation problem, O = other, UNK = Unknown
- 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

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	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
a. Product from piping drained into tank (or other container).	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. Piping disconnected from tank and removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. Tank cleaned before being removed from site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
c. Tank labeled in full compliance with API 1604 after removal but before being moved from site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>	<input 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

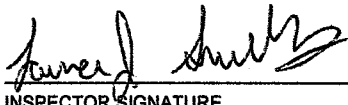
G. REMOVER/CLEANER INFORMATION

<u>Jon J Heller</u>		<u>402888</u>	<u>1-28-2019</u>
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 **Seymour Environmental**

H. INSPECTOR INFORMATION

<u>Lance Smithey</u>		<u>474914</u>	<u>DATCP</u>
INSPECTOR NAME (PRINT):	INSPECTOR SIGNATURE	INSPECTOR CERTIFICATION NO	LPO AGENCY #

<u>5201</u>	<u>(608) 417 -0229</u>	<u>4-1-2019</u>
FDID # FOR LOCATION WHERE INSPECTION PERFORMED	INSPECTOR TELEPHONE:NUMBER	DATE SIGNED

INSPECTOR NOTES:



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TDID#:	
Reg Obj #:	
Wis. Admin. Code §ATCP 93.140	

UNDERGROUND FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION

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.).

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated above. Have you previously registered this tank by submitting a form? Yes No

If yes, are you correcting/updating information only? Yes No

This registration applies to a tank status that is (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> In Use | <input type="checkbox"/> Abandoned with Product (empty) | <input type="checkbox"/> Closed - Filled with Inert Materials |
| <input type="checkbox"/> Newly Installed | <input type="checkbox"/> Abandon with Water | <input type="checkbox"/> Ownership Change (Indicate new owner name in block 2 - attach deed) |
| <input type="checkbox"/> Abandoned with Product | <input checked="" type="checkbox"/> Closed - Tank Removed | <input type="checkbox"/> Temporarily Out of Service - Provide Date: |

Fire Dept. providing fire coverage where tank is located: CITY TOWN VILLAGE **Richland Center**

IDENTIFICATION (Please Print)			
1. TANK SITE NAME Thaddeus Mcglynn		COUNTY Richland	PHONE () -
SITE STREET ADDRESS Hwy 80		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWN OF: Henrietta	STATE ZIP WI 53581
2. TANK OWNER LEGAL NAME Thaddeus Mcglynn		COUNTY Richland	PHONE: Check <input type="checkbox"/> CELL or <input type="checkbox"/> LAND () -
MAILING ADDRESS Rt 3 Box 236		<input type="checkbox"/> CITY <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: Richland Center	STATE ZIP WI 53581
3. PROPERTY OWNER NAME (if different from Tank Owner Legal Name #2)		COUNTY (if different from County #2)	
PROPERTY OWNER ADDRESS (if different from Site Street Address #1)		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:	STATE ZIP
4. CLASS A NAME	DOB	CERTIFICATION: (Attach certificate)	
5. CLASS B NAME	DOB	CERTIFICATION: (Attach certificate)	

SITE ID:	FACILITY ID # 430453	CUSTOMER ID #
Tank Capacity (gallons): 2,000	Tank Age (age or date installed):	Vehicle fueling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

LAND OWNER TYPE (check one) Refer to back

County State Federal Leased Federal Owned Tribal Nation Municipal Other Government Private

OCCUPANCY TYPE (check one) Refer to back

Retail Fuel Sales Mercantile/Commercial Industrial Residential School Utility Government Fleet

Agricultural (crop or livestock production) Backup or Emergency Generator Other (specify):

TANK CONSTRUCTION:

Bare Steel Coated Steel Steel - Fiberglass Reinforced Plastic Composite

Fiberglass Unknown Other (specify): Lined (date):

Overfill Protection? Yes No
 Spill Containment? Yes No
 Tank Double Walled? Yes No

TANK CATHODIC PROTECTION: Sacrificial Anodes Impressed Current N/A

PRIMARY TANK LEAK DETECTION METHOD: Automatic tank gauging Interstitial monitoring ⇒ Electronic Yes No Inventory control and tightness testing

Manual tank gauging (only for tanks of 1,000 gallons or less) Statistical Inventory Reconciliation (SIR) Unknown

PIPING CONSTRUCTION: Single Wall Double Wall:

Bare Steel Coated Steel Fiberglass Flexible Copper Unknown N/A Other:

PIPING CATHODIC PROTECTION: Sacrificial Anodes Impressed Current N/A

PRIMARY PIPING SYSTEM TYPE: Pressurized piping with ⇒ A. Pump auto shutoff - ELLD B. Flow restrictor - MLLD Unknown

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

PIPING LEAK DETECTION METHOD: Interstitial monitoring ⇒ Electronic Yes No ⇒ Sump or cable sensor Yes No

Tightness testing Electronic line monitor - ELLD SIR Not required Unknown

TANK CONTENTS (Current, or previous product (if tank now empty)) Leaded Unleaded Gas-ethanol blend: ___ % Diesel

Bio-Diesel: ___ % Aviation Premix Fuel Oil Kerosene New Oil New oil - Flash point less than 200°F

Waste/Used Motor Oil ⇒ Used for Heating Hazardous Waste/Interface* Empty* Sand/Grave/Slurry* Unknown

Other (specify): Chemical* Name CAS#

* NOT PECFA eligible. Geo Latitude: Geo Longitude:

If Tank Closed, Abandoned or Out of Service: **3-28-2019** Has a site assessment been completed? (see reverse side for details) Yes No

TANK OWNER LEGAL NAME (please print) **OWNER NOT AVAILABLE** TANK OWNER E-MAIL

TANK OWNER SIGNATURE (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.) **Jon Heller** *Jon Heller* DATE: **3-28-2019**

Note: Refer to comments on reverse side of form.



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Wis. Admin. Code §ATCP 93.140	

UNDERGROUND FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION

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Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated above. Have you previously registered this tank by submitting a form? Yes No

If yes, are you correcting/updating information only? Yes No

This registration applies to a tank status that is (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> In Use | <input type="checkbox"/> Abandoned with Product (empty) | <input type="checkbox"/> Closed - Filled with Inert Materials |
| <input type="checkbox"/> Newly Installed | <input type="checkbox"/> Abandon with Water | <input type="checkbox"/> Ownership Change (Indicate new owner name in block 2 - attach deed) |
| <input type="checkbox"/> Abandoned with Product | <input checked="" type="checkbox"/> Closed - Tank Removed | <input type="checkbox"/> Temporarily Out of Service - Provide Date: |

Fire Dept. providing fire coverage where tank is located: CITY TOWN VILLAGE **Richland Center**

IDENTIFICATION (Please Print)			
1. TANK SITE NAME Thaddeus Mcglynn		COUNTY Richland	PHONE () -
SITE STREET ADDRESS Hwy 80		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWN OF: Henrietta	STATE ZIP WI 53581
2. TANK OWNER LEGAL NAME Thaddeus Mcglynn		COUNTY Richland	PHONE: Check <input type="checkbox"/> CELL or <input type="checkbox"/> LAND () -
MAILING ADDRESS Rt 3 Box 236		<input type="checkbox"/> CITY <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: Richland Center	STATE ZIP WI 53581
3. PROPERTY OWNER NAME (if different from Tank Owner Legal Name #2)		COUNTY (if different from County #2)	
PROPERTY OWNER ADDRESS (if different from Site Street Address #1)		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:	STATE ZIP

4. CLASS A NAME	DOB	CERTIFICATION: (Attach certificate)
6. CLASS B NAME	DOB	CERTIFICATION: (Attach certificate)

SITE ID:	FACILITY ID # 430453	CUSTOMER ID #
----------	----------------------	---------------

Tank Capacity (gallons): **2,000** Tank Age (age or date installed): Vehicle fueling: Yes No

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

OCCUPANCY TYPE (check one) Refer to back
 Retail Fuel Sales Mercantile/Commercial Industrial Residential School Utility Government Fleet
 Agricultural (crop or livestock production) Backup or Emergency Generator Other (specify):

TANK CONSTRUCTION:
 Bare Steel Coated Steel Steel - Fiberglass Reinforced Plastic Composite
 Fiberglass Unknown Other (specify): Lined (date):

Overfill Protection? Yes No
 Spill Containment? Yes No
 Tank Double Walled? Yes No

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Note: Refer to comments on reverse side of form.



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- | | | |
|---|---|--|
| <input type="checkbox"/> In Use | <input type="checkbox"/> Abandoned with Product (empty) | <input type="checkbox"/> Closed - Filled with Inert Materials |
| <input type="checkbox"/> Newly installed | <input type="checkbox"/> Abandon with Water | <input type="checkbox"/> Ownership Change (Indicate new owner name in block 2 - attach deed) |
| <input type="checkbox"/> Abandoned with Product | <input checked="" type="checkbox"/> Closed - Tank Removed | <input type="checkbox"/> Temporarily Out of Service - Provide Date: |
- Fire Dept. providing fire coverage where tank is located: CITY TOWN VILLAGE **Richland Center**

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MAILING ADDRESS Rt 3 Box 236		<input type="checkbox"/> CITY <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: Richland Center	STATE WI ZIP 53581
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PROPERTY OWNER ADDRESS (if different from Site Street Address #1)		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:	STATE ZIP
4. CLASS A NAME	DOB	CERTIFICATION: (Attach certificate)	
5. CLASS B NAME	DOB	CERTIFICATION: (Attach certificate)	
SITE ID:	FACILITY ID #430453	CUSTOMER ID #	
Tank Capacity (gallons): 1,000	Tank Age (age or date installed):	Vehicle fueling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
LAND OWNER TYPE (check one) Refer to back			
<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal Leased <input type="checkbox"/> Federal Owned <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Municipal <input type="checkbox"/> Other Government <input checked="" type="checkbox"/> Private			
OCCUPANCY TYPE (check one) Refer to back			
<input checked="" type="checkbox"/> Retail Fuel Sales <input type="checkbox"/> Mercantile/Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Utility <input type="checkbox"/> Government Fleet <input type="checkbox"/> Agricultural (crop or livestock production) <input type="checkbox"/> Backup or Emergency Generator <input type="checkbox"/> Other (specify):			
TANK CONSTRUCTION:			Overfill Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Bare Steel <input type="checkbox"/> Coated Steel <input type="checkbox"/> Steel - Fiberglass Reinforced Plastic Composite <input type="checkbox"/> Fiberglass <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): <input type="checkbox"/> Lined (date):			Spill Containment? <input type="checkbox"/> Yes <input type="checkbox"/> No
TANK CATHODIC PROTECTION: <input type="checkbox"/> Sacrificial Anodes <input type="checkbox"/> Impressed Current <input type="checkbox"/> N/A			Tank Double Walled? <input type="checkbox"/> Yes <input type="checkbox"/> No
PRIMARY TANK LEAK DETECTION METHOD: <input type="checkbox"/> Automatic tank gauging <input type="checkbox"/> Interstitial monitoring ⇒ Electronic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inventory control and tightness testing			
<input type="checkbox"/> Manual tank gauging (only for tanks of 1,000 gallons or less) <input type="checkbox"/> Statistical Inventory Reconciliation (SIR) <input type="checkbox"/> Unknown			
PIPING CONSTRUCTION: <input checked="" type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall:			
<input checked="" type="checkbox"/> Bare Steel <input type="checkbox"/> Coated Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible <input type="checkbox"/> Copper <input type="checkbox"/> Unknown <input type="checkbox"/> N/A <input type="checkbox"/> Other.			
PIPING CATHODIC PROTECTION: <input type="checkbox"/> Sacrificial Anodes <input type="checkbox"/> Impressed Current <input type="checkbox"/> N/A			
PRIMARY PIPING SYSTEM TYPE: <input type="checkbox"/> Pressurized piping with ⇒ <input type="checkbox"/> A. Pump auto shutoff - ELLD <input type="checkbox"/> B. Flow restrictor - MLLD <input type="checkbox"/> Unknown			
<input type="checkbox"/> Suction piping with check valve at tank <input type="checkbox"/> Suction piping with check valve at pump and inspectable <input type="checkbox"/> Not needed if waste oil			
PIPING LEAK DETECTION METHOD: <input type="checkbox"/> Interstitial monitoring ⇒ Electronic <input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ Sump or cable sensor <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Tightness testing <input type="checkbox"/> Electronic line monitor - ELLD <input type="checkbox"/> SIR <input type="checkbox"/> Not required <input type="checkbox"/> Unknown			
TANK CONTENTS (Current, or previous product (if tank now empty)) <input checked="" type="checkbox"/> Leaded <input type="checkbox"/> Unleaded <input type="checkbox"/> Gas-ethanol blend: ___ % <input type="checkbox"/> Diesel			
<input type="checkbox"/> Bio-Diesel: ___ % <input type="checkbox"/> Aviation <input type="checkbox"/> Premix <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> New Oil <input type="checkbox"/> New oil - Flash point less than 200°F <input type="checkbox"/> Waste/Used Motor Oil ⇒ <input type="checkbox"/> Used for Heating <input type="checkbox"/> Hazardous Waste/Interface* <input type="checkbox"/> Empty* <input type="checkbox"/> Sand/Grave/Slurry* <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): <input type="checkbox"/> Chemical* Name CAS#			
* NOT PECFA eligible.		Geo Latitude:	Geo Longitude:

If Tank Closed, Abandoned or Out of Service: 3-28-2019	Has a site assessment been completed? (see reverse side for details) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
TANK OWNER LEGAL NAME (please print) OWNER NOT AVAILABLE	TANK OWNER E-MAIL
TANK OWNER SIGNATURE (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.) Jon Heller	DATE: 3-28-2019

Note: Refer to comments on reverse side of form.



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

FOR OFFICE USE ONLY
 TDID#: _____
 Reg Obj #: **34999**
 Wis. Admin. Code *§ATCP 93.140*

UNDERGROUND FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION

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.).

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated above. Have you previously registered this tank by submitting a form? Yes No

If yes, are you correcting/updating information only? Yes No

This registration applies to a tank status that is (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> In Use | <input type="checkbox"/> Abandoned with Product (empty) | <input type="checkbox"/> Closed - Filled with Inert Materials |
| <input type="checkbox"/> Newly Installed | <input type="checkbox"/> Abandon with Water | <input type="checkbox"/> Ownership Change (Indicate new owner name in block 2 - attach deed) |
| <input type="checkbox"/> Abandoned with Product | <input checked="" type="checkbox"/> Closed - Tank Removed | <input type="checkbox"/> Temporarily Out of Service - Provide Date: |

Fire Dept. providing fire coverage where tank is located: CITY TOWN VILLAGE **Richland Center**

IDENTIFICATION (Please Print)

1. TANK SITE NAME Thaddeus Mcglynn		COUNTY Richland	PHONE () -
SITE STREET ADDRESS Hwy 80 (15713 possible address)		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWN OF: Henrietta	STATE WI ZIP 53581
2. TANK OWNER LEGAL NAME Thaddeus Mcglynn		COUNTY Richland	PHONE: Check <input type="checkbox"/> CELL or <input type="checkbox"/> LAND () -
MAILING ADDRESS Rt 3 Box 236		<input type="checkbox"/> CITY <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: Richland Center	STATE WI ZIP 53581
3. PROPERTY OWNER NAME (if different from Tank Owner Legal Name #2)		COUNTY (if different from County #2)	
PROPERTY OWNER ADDRESS (if different from Site Street Address #1)		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:	STATE ZIP
4. CLASS A NAME	DOB	CERTIFICATION: (Attach certificate)	
5. CLASS B NAME	DOB	CERTIFICATION: (Attach certificate)	

SITE ID: _____ FACILITY ID # **430453** CUSTOMER ID # _____
 Tank Capacity (gallons): **300** Tank Age (age or date installed): _____ Vehicle fueling: Yes No

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

OCCUPANCY TYPE (check one) Refer to back
 Retail Fuel Sales Mercantile/Commercial Industrial Residential School Utility Government Fleet
 Agricultural (crop or livestock production) Backup or Emergency Generator Other (specify): _____

TANK CONSTRUCTION:
 Bare Steel Coated Steel Steel - Fiberglass Reinforced Plastic Composite
 Fiberglass Unknown Other (specify): _____ Lined (date): _____
 Overfill Protection? Yes No
 Spill Containment? Yes No
 Tank Double Walled? Yes No

TANK CATHODIC PROTECTION: Sacrificial Anodes Impressed Current N/A

PRIMARY TANK LEAK DETECTION METHOD: Automatic tank gauging Interstitial monitoring ⇒ Electronic Yes No Inventory control and tightness testing
 Manual tank gauging (only for tanks of 1,000 gallons or less) Statistical Inventory Reconciliation (SIR) Unknown

PIPING CONSTRUCTION: Single Wall Double Wall:
 Bare Steel Coated Steel Fiberglass Flexible Copper Unknown N/A Other:

PIPING CATHODIC PROTECTION: Sacrificial Anodes Impressed Current N/A

PRIMARY PIPING SYSTEM TYPE: Pressurized piping with ⇒ A. Pump auto shutoff - ELLD B. Flow restrictor - MLLD Unknown
 Suction piping with check valve at tank Suction piping with check valve at pump and inspectable Not needed if waste oil

PIPING LEAK DETECTION METHOD: Interstitial monitoring ⇒ Electronic Yes No ⇒ Sump or cable sensor Yes No
 Tightness testing Electronic line monitor - ELLD SIR Not required Unknown

TANK CONTENTS (Current, or previous product (if tank now empty)) Leaded Unleaded Gas-ethanol blend: ___ % Diesel
 Bio-Diesel: ___ % Aviation Premix Fuel Oil Kerosene New Oil New oil - Flash point less than 200°F
 Waste/Used Motor Oil ⇒ Used for Heating Hazardous Waste/Interface* Empty* Sand/Grave/Slurry* Unknown
 Other (specify): _____ CAS# _____
 Chemical* Name _____

* NOT PECFA eligible. Geo Latitude: _____ Geo Longitude: _____

If Tank Closed, Abandoned or Out of Service: **3-28-2019** Has a site assessment been completed? (see reverse side for details) Yes No

TANK OWNER LEGAL NAME (please print) **OWNER NOT AVAILABLE** TANK OWNER E-MAIL _____

TANK OWNER SIGNATURE (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.)
Jon Heller *Jon Heller* DATE: **3-28-2019**

Note: Refer to comments on reverse side of form.

Part B – To be completed by environmental professional Submit original Part B to the WDNR along with a copy of Part A

I. TANK-SYSTEM SITE ASSESSMENT (TSSA)

Site Name: McGlynn Property

Address: STH 80, Hub City, Wisconsin

Note: Site name and address must match with Part A Section 1.

To determine if a TSSA is required, see Comm 10 and section II part B of *ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS*.

If a TSSA is required, then follow the procedures detailed in *ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS*.

1. Site Information

a. Has there been a previously documented release at this site? Yes

If yes, provide the Commerce # 53581-9557-03, or DNR BRRT's # 03-53-000613.

b. Number of active tanks¹ at facility prior to completion of current services USTs: 1

(NOTE 1: Do not include previously closed systems or system components.)

c. Excavation/trench dimensions (in feet). (Photos must be provided.)

EXCAVATION/TRENCH #	LENGTH	WIDTH	DEPTH
1	20	20	8
2	20	10	4

2. Visual Excavation/Trench Inspection (Photos must be provided for "Yes" responses, except item b.) Do any of the following conditions exist in or about the excavation(s)?

a. Stained soils: Y N b. Petroleum odor: Y N c. Water In excavation/trench: Y N

d. Free product in the excavation/trench: Y N e. Sheen or free product on water: Y N

3. Geology/Hydrogeology

a. Depth to groundwater ~ 4-5 feet b. Indicate type of geology²
SLT/S

(Note 2: Use these symbols individually or in combination as appropriate: C = Clay, SLT = Silt, S = Sand, Gr = Gravel)

4. Receptors

a. Water supply well(s) within 250 feet of the facility? N If yes, specify No

b. Surface water(s) within 1000 feet of the facility? If yes, specify No

5. Sampling

a. Follow the procedures detailed in *ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS*.

b. Complete Tables 1 and 2 as appropriate. (Attach chain-of-custody and laboratory analytical reports.)

c. Attach a detailed map of site features and sample locations.

J. NOTE RELEVANT OBSERVATIONS, SPECIFIC PROBLEMS OR CONCERNS BELOW

The tanks were all full of water, no odor or sheen. Had a septic truck haul the water to a WWTP.

Samples from tank excavation were collected from sidewalls above the groundwater which was ~4-5 feet deep.

There were two excavations, one for the tanks and another under the former dispensers. The piping was removed.

TABLE 1 SOIL FIELD SCREENING & GRO/DRO LABORATORY ANALYTICAL RESULTS-FOR PETROLEUM PRODUCTS

Sample ID #	Sample Location & Soil/Geologic Description	Sample Collection Method				Depth Below Tank/Piping (feet)	Field Screening Result (ppm)	GRO (mg/kg)	DRO (mg/kg)
		Grab	Shelby Tube	Direct Push	Split Spoon				
NW Corner	Just above water-4 ft	X				na	0		
East Wall	Just above water-4 ft	X				na	0		
N Center Wall	Just above water-4 ft	X				na	0		
W Wall	Just above water-4 ft	X				na	0		
NE Corner	Just above water-4 ft	X				na	0		
South Wall	Just above water-4 ft	X				na	0		
SE Corner	Just above water-4 ft	X				na	0		
Center Dispenser	Beneath piping	X				2	0		
South Dispenser	Beneath piping	X				2	0		
North Dispenser	Beneath piping	X				2	0		
SW Center	Just above water-4 ft	X				na	0		

TABLE 2 SOIL LABORATORY ANALYTICAL RESULTS-FOR PETROLEUM PRODUCTS

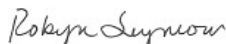
Sample ID #	BENZENE	TOLUENE	ETHYLBENZE NE	MTBE	TRIMETHYL -BENZENES (TOTAL)	XYLENES (TOTAL)	NAPHTHALE NE
	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg
NW Corner	<25.0	<25.0	<25.0	<25.0	<50.0	<75.0	<40.0
East Wall	<25.0	<25.0	<25.0	<25.0	<50.0	<75.0	<40.0
N Center Wall	<25.0	<25.0	<25.0	<25.0	<50.0	<75.0	<40.0
W Wall	<25.0	<25.0	<25.0	<25.0	<50.0	<75.0	<40.0
NE Corner	<28.4	<28.4	<28.4	<28.4	<56.8	<85.2	<45.5
South Wall	<25.0	<25.0	<25.0	<25.0	<50.0	<75.0	<40.0
SE Corner	<32.1	<32.1	<32.1	<32.1	<64.2	<96.2	<51.3
Center Dispenser	<25.0	<25.0	<25.0	<25.0	<50.0	<75.0	<40.0
South Dispenser	<25.3	<25.3	<25.3	<25.3	<50.6	<75.8	<40.4
North Dispenser	<25.0	<25.0	<25.0	<25.0	<50.0	<75.0	<40.0
SW Center	<25.0	<25.0	<25.0	<25.0	<50.0	<75.0	<40.0

K. TANK-SYSTEM SITE ASSESSMENT INFORMATION

As a tank-system site assessor certified under Wis. Admin. Code section Comm 5.83, it is my opinion that there is no indication of a release of a regulated substance to the environment.

Sampling at the site indicates there has been a release to the environment. Pursuant to Wis. Admin. Code section Comm 10.585 (2) (a) and Wis. Stats. section 292.11 (2) (a), the owner or operator or contractor performing work under chapter Comm 10 shall immediately report any release of a regulated substance to the Wisconsin Department of Natural Resources. Failure to do so may result in forfeitures of a minimum of \$10 and a maximum of \$5000 for each violation under Wis. Stats. section 101.09 (5). Each day of continued violation and each tank are treated as separate offenses.

Robyn Seymour



401165

Tank-System Site Assessor Name (print
608-225-9407

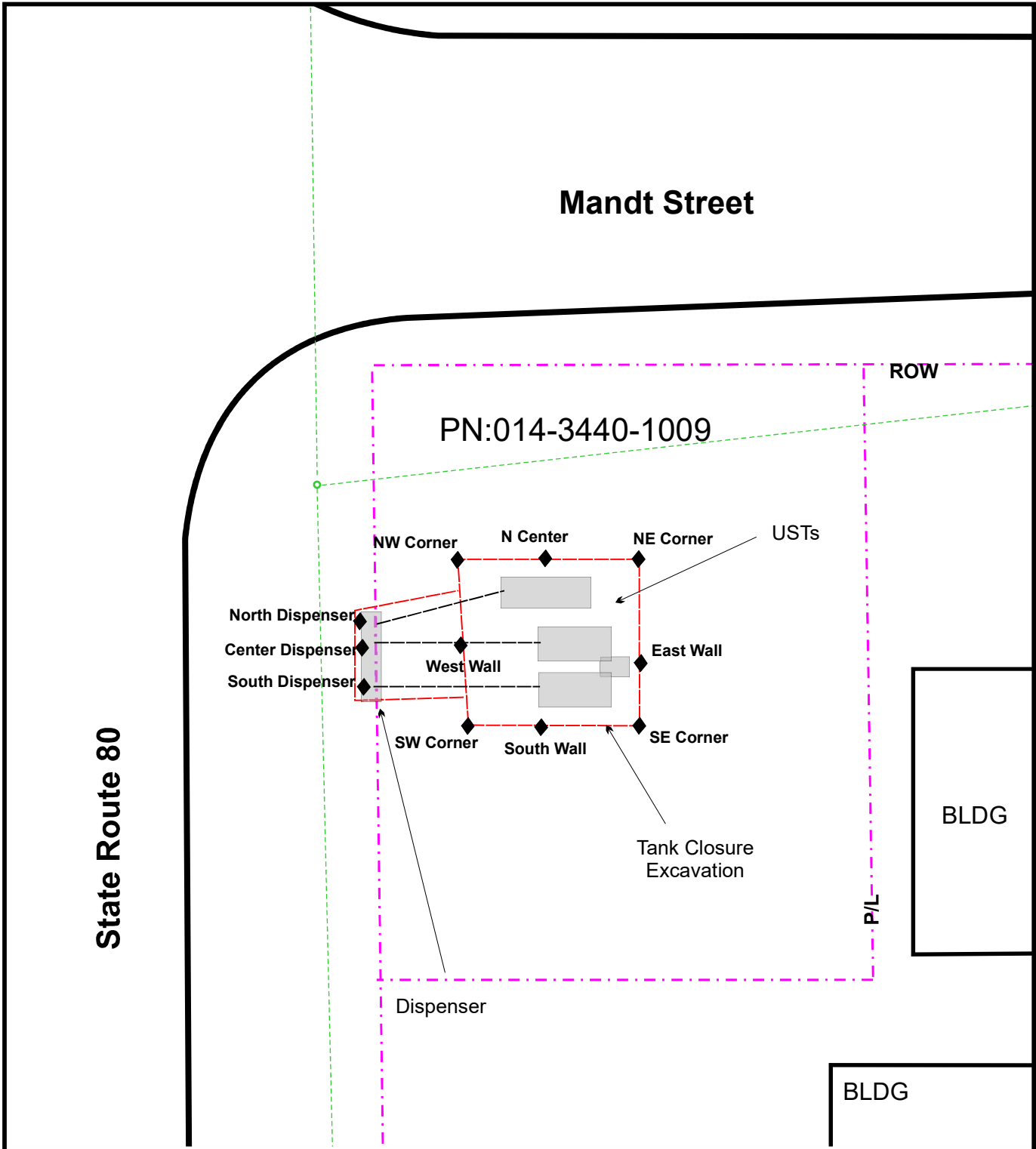
Tank-System Site Assessor Signature
April 24, 2019

Certification Number #
Seymour Environmental Services

Tank-System Site Assessor Telephone Number

Date Signed

Company Name



FILE/PATH: D:\PROJECTS\IDNR\HubCity\
 DATE: 04/19/2019
 PREPARED: MDF APPROVED:
 SOURCE:
 Richland County Public Mapping
 Field Measurements

SEYMOUR
 ENVIRONMENTAL
 SERVICES, INC.

TANK CLOSURE DETAILS
 McGlynn Property
 State Route 80
 Hub City, Wisconsin

FIGURE
1



PHOTO 1 - Uncovering of Tanks



PHOTO 2 - Shallow Groundwater Accumulating in Excavation



PHOTO 3 - Hole in Tank



PHOTO 4 - Tanks by Excavation - looking east

April 14, 2019

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

RE: Project: HUB CITY
Pace Project No.: 40185147

Dear Robyn Seymour:

Enclosed are the analytical results for sample(s) received by the laboratory on April 03, 2019. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

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

Sincerely,



Dan Milewsky
dan.milewsky@pacelabs.com
(920)469-2436
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

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without the written consent of Pace Analytical Services, LLC.

CERTIFICATIONS

Project: HUB CITY

Pace Project No.: 40185147

Green Bay Certification IDs

1241 Bellevue Street, Green Bay, WI 54302

Florida/NELAP Certification #: E87948

Illinois Certification #: 200050

Kentucky UST Certification #: 82

Louisiana Certification #: 04168

Minnesota Certification #: 055-999-334

New York Certification #: 12064

North Dakota Certification #: R-150

Virginia VELAP ID: 460263

South Carolina Certification #: 83006001

Texas Certification #: T104704529-14-1

Wisconsin Certification #: 405132750

Wisconsin DATCP Certification #: 105-444

USDA Soil Permit #: P330-16-00157

Federal Fish & Wildlife Permit #: LE51774A-0

REPORT OF LABORATORY ANALYSIS

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SAMPLE SUMMARY

Project: HUB CITY
Pace Project No.: 40185147

Lab ID	Sample ID	Matrix	Date Collected	Date Received
40185147001	NW CORNER	Solid	03/28/19 12:40	04/03/19 08:55
40185147002	EAST WALL	Solid	03/28/19 12:45	04/03/19 08:55
40185147003	N CENTER WALL	Solid	03/28/19 12:55	04/03/19 08:55
40185147004	W WALL	Solid	03/28/19 12:50	04/03/19 08:55
40185147005	NE CORNER	Solid	03/28/19 13:00	04/03/19 08:55
40185147006	SOUTH WALL	Solid	03/28/19 13:05	04/03/19 08:55
40185147007	SE COURNER	Solid	03/28/19 13:15	04/03/19 08:55
40185147008	CENTER DISPENSER	Solid	03/28/19 13:45	04/03/19 08:55
40185147009	SOUTH DISPENSER	Solid	03/28/19 13:50	04/03/19 08:55
40185147010	NORTH DISPENSER	Solid	03/28/19 14:00	04/03/19 08:55
40185147012	SW CENTER	Solid	03/28/19 13:10	04/03/19 08:55

REPORT OF LABORATORY ANALYSIS

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SAMPLE ANALYTE COUNT

Project: HUB CITY

Pace Project No.: 40185147

Lab ID	Sample ID	Method	Analysts	Analytes Reported
40185147001	NW CORNER	EPA 8260	ALD	12
		ASTM D2974-87	JAK	1
40185147002	EAST WALL	EPA 8260	ALD	12
		ASTM D2974-87	JAK	1
40185147003	N CENTER WALL	EPA 8260	ALD	12
		ASTM D2974-87	JAK	1
40185147004	W WALL	EPA 8260	ALD	12
		ASTM D2974-87	JAK	1
40185147005	NE CORNER	EPA 8260	ALD	12
		ASTM D2974-87	JAK	1
40185147006	SOUTH WALL	EPA 8260	ALD	12
		ASTM D2974-87	JAK	1
40185147007	SE COURNER	EPA 8260	ALD	12
		ASTM D2974-87	JAK	1
40185147008	CENTER DISPENSER	EPA 8260	ALD	12
		ASTM D2974-87	JAK	1
40185147009	SOUTH DISPENSER	EPA 8260	ALD	12
		ASTM D2974-87	JAK	1
40185147010	NORTH DISPENSER	EPA 8260	ALD	12
		ASTM D2974-87	JAK	1
40185147012	SW CENTER	EPA 8260	ALD	12
		ASTM D2974-87	JAK	1

REPORT OF LABORATORY ANALYSIS

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SUMMARY OF DETECTION

Project: HUB CITY
Pace Project No.: 40185147

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
40185147001	NW CORNER					
ASTM D2974-87	Percent Moisture	12.9	%	0.10	04/13/19 13:05	
40185147002	EAST WALL					
ASTM D2974-87	Percent Moisture	12.3	%	0.10	04/13/19 13:05	
40185147003	N CENTER WALL					
ASTM D2974-87	Percent Moisture	20.9	%	0.10	04/13/19 13:05	
40185147004	W WALL					
ASTM D2974-87	Percent Moisture	16.1	%	0.10	04/13/19 13:05	
40185147005	NE CORNER					
ASTM D2974-87	Percent Moisture	21.7	%	0.10	04/13/19 13:05	
40185147006	SOUTH WALL					
ASTM D2974-87	Percent Moisture	13.1	%	0.10	04/13/19 13:05	
40185147007	SE COURNER					
ASTM D2974-87	Percent Moisture	17.7	%	0.10	04/13/19 13:06	
40185147008	CENTER DISPENSER					
ASTM D2974-87	Percent Moisture	19.9	%	0.10	04/13/19 13:06	
40185147009	SOUTH DISPENSER					
ASTM D2974-87	Percent Moisture	19.4	%	0.10	04/13/19 13:06	
40185147010	NORTH DISPENSER					
ASTM D2974-87	Percent Moisture	23.7	%	0.10	04/13/19 13:06	
40185147012	SW CENTER					
ASTM D2974-87	Percent Moisture	17.3	%	0.10	04/13/19 13:06	

REPORT OF LABORATORY ANALYSIS

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without the written consent of Pace Analytical Services, LLC.

ANALYTICAL RESULTS

Project: HUB CITY

Pace Project No.: 40185147

Sample: NW CORNER **Lab ID: 40185147001** Collected: 03/28/19 12:40 Received: 04/03/19 08:55 Matrix: Solid

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

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV Med Level Short List									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Benzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 16:55	71-43-2	W
Ethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 16:55	100-41-4	W
Methyl-tert-butyl ether	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 16:55	1634-04-4	W
Naphthalene	<40.0	ug/kg	250	40.0	1	04/04/19 07:30	04/04/19 16:55	91-20-3	W
Toluene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 16:55	108-88-3	W
1,2,4-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 16:55	95-63-6	W
1,3,5-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 16:55	108-67-8	W
m&p-Xylene	<50.0	ug/kg	120	50.0	1	04/04/19 07:30	04/04/19 16:55	179601-23-1	W
o-Xylene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 16:55	95-47-6	W
Surrogates									
Dibromofluoromethane (S)	110	%	57-148		1	04/04/19 07:30	04/04/19 16:55	1868-53-7	
4-Bromofluorobenzene (S)	91	%	48-130		1	04/04/19 07:30	04/04/19 16:55	460-00-4	
Toluene-d8 (S)	112	%	58-142		1	04/04/19 07:30	04/04/19 16:55	2037-26-5	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	12.9	%	0.10	0.10	1		04/13/19 13:05		

Sample: EAST WALL **Lab ID: 40185147002** Collected: 03/28/19 12:45 Received: 04/03/19 08:55 Matrix: Solid

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

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV Med Level Short List									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Benzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 17:17	71-43-2	W
Ethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 17:17	100-41-4	W
Methyl-tert-butyl ether	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 17:17	1634-04-4	W
Naphthalene	<40.0	ug/kg	250	40.0	1	04/04/19 07:30	04/04/19 17:17	91-20-3	W
Toluene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 17:17	108-88-3	W
1,2,4-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 17:17	95-63-6	W
1,3,5-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 17:17	108-67-8	W
m&p-Xylene	<50.0	ug/kg	120	50.0	1	04/04/19 07:30	04/04/19 17:17	179601-23-1	W
o-Xylene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 17:17	95-47-6	W
Surrogates									
Dibromofluoromethane (S)	101	%	57-148		1	04/04/19 07:30	04/04/19 17:17	1868-53-7	
4-Bromofluorobenzene (S)	83	%	48-130		1	04/04/19 07:30	04/04/19 17:17	460-00-4	
Toluene-d8 (S)	101	%	58-142		1	04/04/19 07:30	04/04/19 17:17	2037-26-5	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	12.3	%	0.10	0.10	1		04/13/19 13:05		

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: HUB CITY
Pace Project No.: 40185147

Sample: N CENTER WALL **Lab ID: 40185147003** Collected: 03/28/19 12:55 Received: 04/03/19 08:55 Matrix: Solid

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

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV Med Level Short List									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Benzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 23:41	71-43-2	W
Ethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 23:41	100-41-4	W
Methyl-tert-butyl ether	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 23:41	1634-04-4	W
Naphthalene	<40.0	ug/kg	250	40.0	1	04/04/19 07:30	04/04/19 23:41	91-20-3	W
Toluene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 23:41	108-88-3	W
1,2,4-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 23:41	95-63-6	W
1,3,5-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 23:41	108-67-8	W
m&p-Xylene	<50.0	ug/kg	120	50.0	1	04/04/19 07:30	04/04/19 23:41	179601-23-1	W
o-Xylene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 23:41	95-47-6	W
Surrogates									
Dibromofluoromethane (S)	101	%	57-148		1	04/04/19 07:30	04/04/19 23:41	1868-53-7	
4-Bromofluorobenzene (S)	81	%	48-130		1	04/04/19 07:30	04/04/19 23:41	460-00-4	
Toluene-d8 (S)	102	%	58-142		1	04/04/19 07:30	04/04/19 23:41	2037-26-5	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	20.9	%	0.10	0.10	1		04/13/19 13:05		

Sample: W WALL **Lab ID: 40185147004** Collected: 03/28/19 12:50 Received: 04/03/19 08:55 Matrix: Solid

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

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV Med Level Short List									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Benzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 20:40	71-43-2	W
Ethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 20:40	100-41-4	W
Methyl-tert-butyl ether	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 20:40	1634-04-4	W
Naphthalene	<40.0	ug/kg	250	40.0	1	04/04/19 07:30	04/04/19 20:40	91-20-3	W
Toluene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 20:40	108-88-3	W
1,2,4-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 20:40	95-63-6	W
1,3,5-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 20:40	108-67-8	W
m&p-Xylene	<50.0	ug/kg	120	50.0	1	04/04/19 07:30	04/04/19 20:40	179601-23-1	W
o-Xylene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 20:40	95-47-6	W
Surrogates									
Dibromofluoromethane (S)	118	%	57-148		1	04/04/19 07:30	04/04/19 20:40	1868-53-7	
4-Bromofluorobenzene (S)	88	%	48-130		1	04/04/19 07:30	04/04/19 20:40	460-00-4	
Toluene-d8 (S)	109	%	58-142		1	04/04/19 07:30	04/04/19 20:40	2037-26-5	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	16.1	%	0.10	0.10	1		04/13/19 13:05		

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ANALYTICAL RESULTS

Project: HUB CITY
Pace Project No.: 40185147

Sample: NE CORNER **Lab ID: 40185147005** Collected: 03/28/19 13:00 Received: 04/03/19 08:55 Matrix: Solid

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

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV Med Level Short List									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Benzene	<28.4	ug/kg	68.2	28.4	1	04/04/19 07:30	04/04/19 21:03	71-43-2	W
Ethylbenzene	<28.4	ug/kg	68.2	28.4	1	04/04/19 07:30	04/04/19 21:03	100-41-4	W
Methyl-tert-butyl ether	<28.4	ug/kg	68.2	28.4	1	04/04/19 07:30	04/04/19 21:03	1634-04-4	W
Naphthalene	<45.5	ug/kg	284	45.5	1	04/04/19 07:30	04/04/19 21:03	91-20-3	W
Toluene	<28.4	ug/kg	68.2	28.4	1	04/04/19 07:30	04/04/19 21:03	108-88-3	W
1,2,4-Trimethylbenzene	<28.4	ug/kg	68.2	28.4	1	04/04/19 07:30	04/04/19 21:03	95-63-6	W
1,3,5-Trimethylbenzene	<28.4	ug/kg	68.2	28.4	1	04/04/19 07:30	04/04/19 21:03	108-67-8	W
m&p-Xylene	<56.8	ug/kg	136	56.8	1	04/04/19 07:30	04/04/19 21:03	179601-23-1	W
o-Xylene	<28.4	ug/kg	68.2	28.4	1	04/04/19 07:30	04/04/19 21:03	95-47-6	W
Surrogates									
Dibromofluoromethane (S)	109	%	57-148		1	04/04/19 07:30	04/04/19 21:03	1868-53-7	
4-Bromofluorobenzene (S)	89	%	48-130		1	04/04/19 07:30	04/04/19 21:03	460-00-4	
Toluene-d8 (S)	111	%	58-142		1	04/04/19 07:30	04/04/19 21:03	2037-26-5	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	21.7	%	0.10	0.10	1		04/13/19 13:05		

Sample: SOUTH WALL **Lab ID: 40185147006** Collected: 03/28/19 13:05 Received: 04/03/19 08:55 Matrix: Solid

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

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV Med Level Short List									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Benzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 21:25	71-43-2	W
Ethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 21:25	100-41-4	W
Methyl-tert-butyl ether	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 21:25	1634-04-4	W
Naphthalene	<40.0	ug/kg	250	40.0	1	04/04/19 07:30	04/04/19 21:25	91-20-3	W
Toluene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 21:25	108-88-3	W
1,2,4-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 21:25	95-63-6	W
1,3,5-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 21:25	108-67-8	W
m&p-Xylene	<50.0	ug/kg	120	50.0	1	04/04/19 07:30	04/04/19 21:25	179601-23-1	W
o-Xylene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 21:25	95-47-6	W
Surrogates									
Dibromofluoromethane (S)	108	%	57-148		1	04/04/19 07:30	04/04/19 21:25	1868-53-7	
4-Bromofluorobenzene (S)	85	%	48-130		1	04/04/19 07:30	04/04/19 21:25	460-00-4	
Toluene-d8 (S)	104	%	58-142		1	04/04/19 07:30	04/04/19 21:25	2037-26-5	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	13.1	%	0.10	0.10	1		04/13/19 13:05		

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ANALYTICAL RESULTS

Project: HUB CITY
Pace Project No.: 40185147

Sample: SE COURNER **Lab ID: 40185147007** Collected: 03/28/19 13:15 Received: 04/03/19 08:55 Matrix: Solid

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

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV Med Level Short List									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Benzene	<32.1	ug/kg	76.9	32.1	1	04/04/19 07:30	04/04/19 21:48	71-43-2	W
Ethylbenzene	<32.1	ug/kg	76.9	32.1	1	04/04/19 07:30	04/04/19 21:48	100-41-4	W
Methyl-tert-butyl ether	<32.1	ug/kg	76.9	32.1	1	04/04/19 07:30	04/04/19 21:48	1634-04-4	W
Naphthalene	<51.3	ug/kg	321	51.3	1	04/04/19 07:30	04/04/19 21:48	91-20-3	W
Toluene	<32.1	ug/kg	76.9	32.1	1	04/04/19 07:30	04/04/19 21:48	108-88-3	W
1,2,4-Trimethylbenzene	<32.1	ug/kg	76.9	32.1	1	04/04/19 07:30	04/04/19 21:48	95-63-6	W
1,3,5-Trimethylbenzene	<32.1	ug/kg	76.9	32.1	1	04/04/19 07:30	04/04/19 21:48	108-67-8	W
m&p-Xylene	<64.1	ug/kg	154	64.1	1	04/04/19 07:30	04/04/19 21:48	179601-23-1	W
o-Xylene	<32.1	ug/kg	76.9	32.1	1	04/04/19 07:30	04/04/19 21:48	95-47-6	W
Surrogates									
Dibromofluoromethane (S)	110	%	57-148		1	04/04/19 07:30	04/04/19 21:48	1868-53-7	
4-Bromofluorobenzene (S)	85	%	48-130		1	04/04/19 07:30	04/04/19 21:48	460-00-4	
Toluene-d8 (S)	105	%	58-142		1	04/04/19 07:30	04/04/19 21:48	2037-26-5	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	17.7	%	0.10	0.10	1		04/13/19 13:06		

Sample: CENTER DISPENSER **Lab ID: 40185147008** Collected: 03/28/19 13:45 Received: 04/03/19 08:55 Matrix: Solid

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

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV Med Level Short List									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Benzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 22:11	71-43-2	W
Ethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 22:11	100-41-4	W
Methyl-tert-butyl ether	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 22:11	1634-04-4	W
Naphthalene	<40.0	ug/kg	250	40.0	1	04/04/19 07:30	04/04/19 22:11	91-20-3	W
Toluene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 22:11	108-88-3	W
1,2,4-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 22:11	95-63-6	W
1,3,5-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 22:11	108-67-8	W
m&p-Xylene	<50.0	ug/kg	120	50.0	1	04/04/19 07:30	04/04/19 22:11	179601-23-1	W
o-Xylene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 22:11	95-47-6	W
Surrogates									
Dibromofluoromethane (S)	118	%	57-148		1	04/04/19 07:30	04/04/19 22:11	1868-53-7	
4-Bromofluorobenzene (S)	87	%	48-130		1	04/04/19 07:30	04/04/19 22:11	460-00-4	
Toluene-d8 (S)	110	%	58-142		1	04/04/19 07:30	04/04/19 22:11	2037-26-5	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	19.9	%	0.10	0.10	1		04/13/19 13:06		

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ANALYTICAL RESULTS

Project: HUB CITY
Pace Project No.: 40185147

Sample: SOUTH DISPENSER **Lab ID: 40185147009** Collected: 03/28/19 13:50 Received: 04/03/19 08:55 Matrix: Solid

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

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV Med Level Short List		Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B							
Benzene	<25.3	ug/kg	60.6	25.3	1	04/04/19 07:30	04/04/19 22:33	71-43-2	W
Ethylbenzene	<25.3	ug/kg	60.6	25.3	1	04/04/19 07:30	04/04/19 22:33	100-41-4	W
Methyl-tert-butyl ether	<25.3	ug/kg	60.6	25.3	1	04/04/19 07:30	04/04/19 22:33	1634-04-4	W
Naphthalene	<40.4	ug/kg	253	40.4	1	04/04/19 07:30	04/04/19 22:33	91-20-3	W
Toluene	<25.3	ug/kg	60.6	25.3	1	04/04/19 07:30	04/04/19 22:33	108-88-3	W
1,2,4-Trimethylbenzene	<25.3	ug/kg	60.6	25.3	1	04/04/19 07:30	04/04/19 22:33	95-63-6	W
1,3,5-Trimethylbenzene	<25.3	ug/kg	60.6	25.3	1	04/04/19 07:30	04/04/19 22:33	108-67-8	W
m&p-Xylene	<50.5	ug/kg	121	50.5	1	04/04/19 07:30	04/04/19 22:33	179601-23-1	W
o-Xylene	<25.3	ug/kg	60.6	25.3	1	04/04/19 07:30	04/04/19 22:33	95-47-6	W
Surrogates									
Dibromofluoromethane (S)	112	%	57-148		1	04/04/19 07:30	04/04/19 22:33	1868-53-7	
4-Bromofluorobenzene (S)	90	%	48-130		1	04/04/19 07:30	04/04/19 22:33	460-00-4	
Toluene-d8 (S)	109	%	58-142		1	04/04/19 07:30	04/04/19 22:33	2037-26-5	
Percent Moisture		Analytical Method: ASTM D2974-87							
Percent Moisture	19.4	%	0.10	0.10	1		04/13/19 13:06		

Sample: NORTH DISPENSER **Lab ID: 40185147010** Collected: 03/28/19 14:00 Received: 04/03/19 08:55 Matrix: Solid

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

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV Med Level Short List		Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B							
Benzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 22:56	71-43-2	W
Ethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 22:56	100-41-4	W
Methyl-tert-butyl ether	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 22:56	1634-04-4	W
Naphthalene	<40.0	ug/kg	250	40.0	1	04/04/19 07:30	04/04/19 22:56	91-20-3	W
Toluene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 22:56	108-88-3	W
1,2,4-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 22:56	95-63-6	W
1,3,5-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 22:56	108-67-8	W
m&p-Xylene	<50.0	ug/kg	120	50.0	1	04/04/19 07:30	04/04/19 22:56	179601-23-1	W
o-Xylene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 22:56	95-47-6	W
Surrogates									
Dibromofluoromethane (S)	105	%	57-148		1	04/04/19 07:30	04/04/19 22:56	1868-53-7	
4-Bromofluorobenzene (S)	83	%	48-130		1	04/04/19 07:30	04/04/19 22:56	460-00-4	
Toluene-d8 (S)	102	%	58-142		1	04/04/19 07:30	04/04/19 22:56	2037-26-5	
Percent Moisture		Analytical Method: ASTM D2974-87							
Percent Moisture	23.7	%	0.10	0.10	1		04/13/19 13:06		

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ANALYTICAL RESULTS

Project: HUB CITY

Pace Project No.: 40185147

Sample: SW CENTER **Lab ID: 40185147012** Collected: 03/28/19 13:10 Received: 04/03/19 08:55 Matrix: Solid

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

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV Med Level Short List									
Analytical Method: EPA 8260 Preparation Method: EPA 5035/5030B									
Benzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 23:18	71-43-2	W
Ethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 23:18	100-41-4	W
Methyl-tert-butyl ether	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 23:18	1634-04-4	W
Naphthalene	<40.0	ug/kg	250	40.0	1	04/04/19 07:30	04/04/19 23:18	91-20-3	W
Toluene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 23:18	108-88-3	W
1,2,4-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 23:18	95-63-6	W
1,3,5-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 23:18	108-67-8	W
m&p-Xylene	<50.0	ug/kg	120	50.0	1	04/04/19 07:30	04/04/19 23:18	179601-23-1	W
o-Xylene	<25.0	ug/kg	60.0	25.0	1	04/04/19 07:30	04/04/19 23:18	95-47-6	W
Surrogates									
Dibromofluoromethane (S)	107	%	57-148		1	04/04/19 07:30	04/04/19 23:18	1868-53-7	
4-Bromofluorobenzene (S)	86	%	48-130		1	04/04/19 07:30	04/04/19 23:18	460-00-4	
Toluene-d8 (S)	104	%	58-142		1	04/04/19 07:30	04/04/19 23:18	2037-26-5	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	17.3	%	0.10	0.10	1		04/13/19 13:06		

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QUALITY CONTROL DATA

Project: HUB CITY
Pace Project No.: 40185147

QC Batch: 317351 Analysis Method: EPA 8260
QC Batch Method: EPA 5035/5030B Analysis Description: 8260 MSV Med Level Short List
Associated Lab Samples: 40185147001, 40185147002, 40185147003, 40185147004, 40185147005, 40185147006, 40185147007, 40185147008, 40185147009, 40185147010, 40185147012

METHOD BLANK: 1845247 Matrix: Solid
Associated Lab Samples: 40185147001, 40185147002, 40185147003, 40185147004, 40185147005, 40185147006, 40185147007, 40185147008, 40185147009, 40185147010, 40185147012

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,2,4-Trimethylbenzene	ug/kg	<12.2	50.0	04/04/19 15:02	
1,3,5-Trimethylbenzene	ug/kg	<14.5	50.0	04/04/19 15:02	
Benzene	ug/kg	<9.2	20.0	04/04/19 15:02	
Ethylbenzene	ug/kg	<12.4	50.0	04/04/19 15:02	
m&p-Xylene	ug/kg	<34.4	100	04/04/19 15:02	
Methyl-tert-butyl ether	ug/kg	<12.7	50.0	04/04/19 15:02	
Naphthalene	ug/kg	<40.0	250	04/04/19 15:02	
o-Xylene	ug/kg	<14.0	50.0	04/04/19 15:02	
Toluene	ug/kg	<11.2	50.0	04/04/19 15:02	
4-Bromofluorobenzene (S)	%	84	48-130	04/04/19 15:02	
Dibromofluoromethane (S)	%	101	57-148	04/04/19 15:02	
Toluene-d8 (S)	%	97	58-142	04/04/19 15:02	

LABORATORY CONTROL SAMPLE: 1845248

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Benzene	ug/kg	2500	2470	99	70-130	
Ethylbenzene	ug/kg	2500	2570	103	79-121	
m&p-Xylene	ug/kg	5000	5290	106	70-130	
Methyl-tert-butyl ether	ug/kg	2500	2310	92	66-129	
o-Xylene	ug/kg	2500	2510	101	70-130	
Toluene	ug/kg	2500	2570	103	80-123	
4-Bromofluorobenzene (S)	%			94	48-130	
Dibromofluoromethane (S)	%			97	57-148	
Toluene-d8 (S)	%			101	58-142	

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

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: HUB CITY

Pace Project No.: 40185147

QC Batch:	318261	Analysis Method:	ASTM D2974-87
QC Batch Method:	ASTM D2974-87	Analysis Description:	Dry Weight/Percent Moisture
Associated Lab Samples:	40185147001, 40185147002, 40185147003, 40185147004, 40185147005, 40185147006, 40185147007, 40185147008, 40185147009, 40185147010, 40185147012		

SAMPLE DUPLICATE: 1850432

Parameter	Units	40185553007 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	18.9	18.8	1	10	

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

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QUALIFIERS

Project: HUB CITY
Pace Project No.: 40185147

DEFINITIONS

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

ND - Not Detected at or above LOD.

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

LOD - Limit of Detection adjusted for dilution factor, percent moisture, initial weight and final volume.

LOQ - Limit of Quantitation adjusted for dilution factor, percent moisture, initial weight and final volume.

S - Surrogate

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

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

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

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

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

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

TNI - The NELAC Institute.

ANALYTE QUALIFIERS

W Non-detect results are reported on a wet weight basis.

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: HUB CITY
Pace Project No.: 40185147

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
40185147001	NW CORNER	EPA 5035/5030B	317351	EPA 8260	317352
40185147002	EAST WALL	EPA 5035/5030B	317351	EPA 8260	317352
40185147003	N CENTER WALL	EPA 5035/5030B	317351	EPA 8260	317352
40185147004	W WALL	EPA 5035/5030B	317351	EPA 8260	317352
40185147005	NE CORNER	EPA 5035/5030B	317351	EPA 8260	317352
40185147006	SOUTH WALL	EPA 5035/5030B	317351	EPA 8260	317352
40185147007	SE COURNER	EPA 5035/5030B	317351	EPA 8260	317352
40185147008	CENTER DISPENSER	EPA 5035/5030B	317351	EPA 8260	317352
40185147009	SOUTH DISPENSER	EPA 5035/5030B	317351	EPA 8260	317352
40185147010	NORTH DISPENSER	EPA 5035/5030B	317351	EPA 8260	317352
40185147012	SW CENTER	EPA 5035/5030B	317351	EPA 8260	317352
40185147001	NW CORNER	ASTM D2974-87	318261		
40185147002	EAST WALL	ASTM D2974-87	318261		
40185147003	N CENTER WALL	ASTM D2974-87	318261		
40185147004	W WALL	ASTM D2974-87	318261		
40185147005	NE CORNER	ASTM D2974-87	318261		
40185147006	SOUTH WALL	ASTM D2974-87	318261		
40185147007	SE COURNER	ASTM D2974-87	318261		
40185147008	CENTER DISPENSER	ASTM D2974-87	318261		
40185147009	SOUTH DISPENSER	ASTM D2974-87	318261		
40185147010	NORTH DISPENSER	ASTM D2974-87	318261		
40185147012	SW CENTER	ASTM D2974-87	318261		

REPORT OF LABORATORY ANALYSIS

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(Please Print Clearly)

Company Name: Seymour Env

Branch/Location: Seymour Env

Project Contact: Robyn Seymour

Phone:

Project Number:

Project Name: Hub City

Project State: Wisconsin

Sampled By (Print): RAS

Sampled By (Sign): Robyn Seymour

PO #:

Regulatory Program:

Data Package Options (billable)

EPA Level III

EPA Level IV

MS/MSD (billable)

On your sample

NOT needed on your sample

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

PAGE LAB #

CLIENT FIELD ID

COLLECTION DATE

TIME

MATRIX

Analyses Requested

PVOCTmapn

CHAIN OF CUSTODY



www.faceanals.com

A=Name B=HCL C=H2SO4 D=HNO3 E=DI Water F=Methanol G=NaOH H=Sodium Bisulfate Solution I=Sodium Thiosulfate J=Other

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

Quote #:

Mail To Contact:

Mail To Company:

Mail To Address:

Invoice To Contact:

Invoice To Company:

Invoice To Address:

Invoice To Phone:

CLIENT COMMENTS

LAB COMMENTS (Lab Use Only) Profile #

Robyn Seymour

Seymour Env

25311 Dywerson Road

McFarland, WI

Robyn Seymour

40195147

PAGE LAB #	CLIENT FIELD ID	COLLECTION DATE	TIME	MATRIX	Y/N	Pick Letter
501	NW corner	3/28	1240	S	X	
502	East wall		1245		X	
503	N center wall		1255		X	
504	W wall		1250		X	
505	NE corner		1300		X	
506	south wall		1305		X	
507	SE corner		1315		X	
508	Center Dispenser		1345		X	
509	South Dispenser		1350		X	
510	North Dispenser		1400			
511	Disp Center		-		S	
512	SW Center		1310	S		

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

Date Needed:

Transmit Prelim Rush Results by (complete what you want):

Email #1:

Email #2:

Telephone:

Fax:

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

Relinquished By:

Robyn Seymour

Date/Time:

4/1 1200

Relinquished By:

CS Logistics

Date/Time:

4.3.19 0855

Relinquished By:

Date/Time:

Received By:

Robyn Seymour

Date/Time:

4/1 1200

Received By:

Robyn Seymour

Date/Time:

4.3.19 0855

Received By:

Date/Time:

Received By:

Robyn Seymour

Date/Time:

4/1 1200

Received By:

Robyn Seymour

Date/Time:

4.3.19 0855

Received By:

Date/Time:

PACE Project No.

40195147

Receipt Temp =

60.1 °C

Sample Receipt pH

OK / Adjusted

Cooler Custody Seal

Present / Not Present

Intact / Not Intact

*Client added cooler
*Just added cooler
*I added to COC
4-3-19 RAS

