



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Brule Area Headquarters  
6250 South Ranger Road  
P.O. Box 125  
Brule, WI 54820-0125  
TELEPHONE 715-372-4866  
TELEFAX 715-372-4836

George E. Meyer  
Secretary

November 28, 1995

MR JERRY LEWIS  
1707 DODGE AVENUE  
DULUTH MN 55811

FILE COPY

MR WILLIAM LEMAY  
SPORTSMAN'S CHOICE ARCHERY & FISHING  
721 BELKNAP STREET  
SUPERIOR WI 54880

Re: Site Closure - Sportsman's Choice Archery & Fishing Store (NWD LUST Case #16-00942)  
721 Belknap Street, Superior, Wisconsin

Dear Sirs:

On August 31, 1995, the Department of Natural Resources was notified by an employee of Northwest Petroleum of Brule of suspected petroleum contamination encountered during the removal of a 500 gallon underground waste oil tank from the above named property on August 21, 1995. The notification indicated that a hole was observed in the bottom of the tank, and that possible soil staining was also observed.

On November 14, 1995, the Department received the Site Assessment Report from Northwest Petroleum of Brule, which indicates that contamination was not detected above laboratory quantitation limits in a soil sample collected from beneath the former tank. Based on this report, the Department has determined that no further investigative or remedial actions are necessary at this site. This determination is based on the information available to the Department at this time, using the criteria of ch. NR 708, Wis. Adm. Code, and pertains only to the 500 gallon waste oil tank which was removed from the site on August 21, 1995.

You should note that this letter does not constitute Department "certification" under s. 144.765 (2) (a) 3, Wis. Stats., as created by 1993 Wisconsin Act 453 (May 12, 1994). Persons who meet the definition of "purchaser" in s. 144.765 (1) (c), must receive Department pre-approval prior to conducting a site investigation in order to be eligible for the liability exemption under s. 144.765, Wis. Stats.

If you have any questions concerning this letter, please do not hesitate to write or call me at 715/372-4866.

Sincerely,

Christopher A. Saari  
Hydrogeologist

cc: Ron Tahtinen - Northwest Petroleum of Brule, Inc., 13905 E. Park Rd., Brule, WI 54820

<b>UID Number:</b> 942 <b>FID Number:</b> <b>PMN Number:</b>	
<b>County:</b> Douglas (16) <b>Site Name:</b> Sportsman's Choice Archery & Fishing <b>Address:</b> 721 Belknap St <b>Municipality:</b> Superior, City of <b>Legal Descript:</b> <b>Lat.:</b> <b>Long.:</b>	<b>Initial Contact Date:</b> 08/31/95 <b>Date RP Letter Sent:</b> 11/28/95 <b>Date Closure Approved:</b> 11/28/95 <b>Person/Firm Reporting:</b> Ron Tahtinen/NW Petroleum <b>Phone Number:</b> 715/372-5000
<b>Priority Screening</b> <input type="checkbox"/> 1 = High <input type="checkbox"/> 2 = Medium <input checked="" type="checkbox"/> 3 = Low <input type="checkbox"/> 4 = Unknown	<b>Scoring Criteria</b> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/> 4. <input type="checkbox"/> 5. <input type="checkbox"/>
<b>Funding Source</b> <input checked="" type="checkbox"/> 1 = RP <input type="checkbox"/> 2 = LTF <input type="checkbox"/> 3 = EF <input type="checkbox"/> 4 = Other	<b>Effective Date</b> 08/21/95
<b>LUST Trust Elig</b> <input type="checkbox"/> 1 = Federal <input checked="" type="checkbox"/> 2 = Non-Fed	<b>Score:</b> <b>Init.:</b> <b>Date:</b>
<b>Case Status</b>	
<input type="checkbox"/> (F) Free Product Removal <input type="checkbox"/> (E) RP Emergency Response <input type="checkbox"/> (R) LTF Emergency Response <input type="checkbox"/> (L) Long Term Monitoring	
<b>Responsible Party</b> <b>Contact Person:</b> Bill & Jane LeMay <b>Company Name:</b> Sportsman's Choice Archery & Fishing <b>Address:</b> 721 Belknap St. Superior, WI 54880 <b>Phone Number:</b> 715/394-6077	<b>Impacts</b> <b>Enter "P" for potential and "K" for known</b> <input type="checkbox"/> (1) Fire/Explosion Threat <input type="checkbox"/> (2) Contaminated Private Well(s)    # of Wells <input type="checkbox"/> (3) Contaminated Public Wells <input type="checkbox"/> (4) Groundwater Contamination <input checked="" type="checkbox"/> (5) Soil Contamination <input type="checkbox"/> (6) Other: <input type="checkbox"/> (7) Surface Water Impacts <input type="checkbox"/> (9) Floating Product
<b>2nd RP:</b> Jerry Lewis, 1707 Dodge Ave., Duluth, MN 55811 Phone: 218/728-2006	
<b>Consultant</b> <b>Contact Name:</b> <b>Company Name:</b> <b>Address:</b> <b>Telephone:</b>	<b>Substances</b> <b># Tank(s)</b> <b>Size</b> <input type="checkbox"/> (1) Leaded Gas <input type="checkbox"/> (2) Unleaded Gas <input type="checkbox"/> (3) Diesel <input type="checkbox"/> (4) Fuel Oil <input type="checkbox"/> (5) Unkwn Hydrocrbn <input type="checkbox"/> (8) Other <input checked="" type="checkbox"/> (12) Waste Oil                    one                    500

# PHONE CONVERSATION RECORD

DATE: 8/31/95  
TIME: 0945 hrs

CONVERSED WITH: Ron Tahminen  
NW Petroleum of Brule  
715/372-5000

SUBJECT/PROJECT: ~~State~~ Sportsman's Choice Archery & Fishing  
721 Belknap St

UNIQUE ID#.: New site

Bill & Jane LeMay	Terry Lewis
Sportsman's Choice Archery & Fishing	1707 Dodge Ave
721 Belknap St	Duluth MN 55811
Superior WI 54880	218/728-2006
715/394-6077	(owns site, selling to LeMays)
(purchasing on land contract)	

500 gal waste oil tank, 4 "big" holes in bottom. Tank was removed on 8/21/95

Signature: Christopher A. Sassi  
(please write legibly)

Reald 11/14/95  
Brule

SITE ASSESSMENT REPORT

SPORTS MANS CHOICE ARCHERY & FISHING  
JERRY LEWIS  
SUPERIOR, WI

NORTHWEST PETROLEUM OF BRULE, INC.

RON TAHTINEN SR.  
STATE CERT: # 00099

SITE ASSESSMENT REPORT FOR  
UNDERGROUND STORAGE TANK

SPORT MANS CHOICE ARCHERY & FISHING  
SUPERIOR, WI

SECTION:	PAGE:
I. INTRODUCTION	1
A. BACKGROUND.....	1
B. SITE LOCATION.....	2
C. SITE DESCRIPTION.....	2
II. PROCEDURES	
A. UNDERGROUND STORAGE TANK CLOSURE.....	2
B. FIELD MEASUREMENT PROCEDURES.....	2 & 3
C. SOIL SAMPLES.....	3
III. RESULTS	3
A. UNDERGROUND STORAGE TANK CONDITION.....	3
B. EXCAVATION RESULTS.....	3 & 4
C. HEAD SPACE RESULTS.....	4
D. SOIL CHEMISTRY RESULTS.....	4
E. UNDERGROUND STORAGE TANK DISPOSAL.....	4
IV. CONCLUSIONS AND RECOMMENDATIONS.....	4
V. GENERAL CONDITIONS.....	5

APPENDIX:

FIGURE  
TABLES I & II  
ILHR 10 NOTIFICATION  
DILHR UNDERGROUND PETROLEUM PRODUCT TANK INVENTORY FORM  
DILHR CHECKLIST FOR UNDERGROUND TANK CLOSURE  
ACCURATE ENVIRONMENTAL TESTING  
MANIFEST

## I. INTRODUCTION

### A. BACKGROUND:

THIS REPORT SUMMARIZES THE SITE ASSESSMENT ACTIVITIES CONDUCTED AT SPORTS MANS CHOICE ARCHERY & FISHING LOCATED IN SUPERIOR, WI.

INFORMATION REGARDING THE SITE, SITE OWNER, SITE OPERATOR, TANK REMOVER, SITE ASSESSOR AND TANK DISPOSAL SITE.

#### SITE:

SPORTS MANS CHOICE ARCHERY & FISHING  
721 BELKNAP ST.  
SUPERIOR, WI 54880

#### OWNER:

JERRY LEWIS  
DULUTH, MN

#### OPERATOR:

JANE LEMAY  
721 BELKNAP ST.  
SUPERIOR, WI 54880

#### TANK REMOVER:

NORTHWEST PETROLEUM OF BRULE, INC.  
13905 E. PARK RD  
BRULE, WI 54820-9115

#### SITE ASSESSOR:

NORTHWEST PETROLEUM OF BRULE, INC.  
13905 E. PARK RD.  
BRULE, WI 54820-9115

#### TANK DISPOSAL SITE:

AZCON CORP.  
DULUTH, MN

B. SITE LOCATION:

THE SITE IS LOCATED IN THE BUSINESS DISTRICT IN THE CITY OF SUPERIOR ON THE NORTH SIDE OF BELKNAP STREET, ADDRESS IS 721 BELKNAP ST. SUPERIOR, WI 54880

C. SITE DESCRIPTION:

CURRENTLY OCCUPYING THE SITE IS A BUSINESS CALLED SPORTS MANS CHOICE ARCHERY & FISHING. BUT ABOUT 20 YEARS AGO IT USED AS A GAS STATION.

ALL THE TANKS WERE REMOVED ABOUT 10 YEARS AGO EXCEPT THEY FORGOT TO REMOVE A 500 GAL WASTE OIL TANK IN WHICH NORTHWEST PETROLEUM REMOVED ON AUG 21, 1995. A SITE DIAGRAM IS PRESENTED IN THE APPENDIX.

THE SURROUNDING AREA ON THIS SITE IS OTHER BUSINESS. THE PARKING LOT IS PAVED WITH CONCRETE.

II. PROCEDURES

A. UNDERGROUND STORAGE TANK CLOSURE:

NORTHWEST PETROLEUM OF BRULE, INC. NOTIFIED DILHR OF THE PLANNED U.S.T. CLOSURE ON AUG 21, 1995. THE ILHR 10 NOTIFICATION RECORD IS INCLUDED IN THE APPENDIX.

NORTHWEST PETROLEUM PURGED THE TANK WITH NITROGEN PRIOR TO CLOSURE. THE U.S.T. WAS EXCAVATED AND REMOVED WITH A BACK HOE. AFTER REMOVAL THE ENDS OF THE TANK WERE CUT OPEN AND LOADED UP ON A TRAILER READY FOR TRANSPORTING. THE DILHR UNDERGROUND PETROLEUM PRODUCT TANK INVENTORY FORM AND CHECKLIST FOR UNDERGROUND TANK CLOSURE FORM ARE INCLUDED IN THE APPENDIX.

B. FIELD MEASUREMENT PROCEDURE:

JAR HEAD SPACE ANALYSIS WERE PERFORMED ON SOIL SAMPLES COLLECTED FROM WITHIN THE EXCAVATION.

THE SAMPLE WAS COLLECTED IN CLEAN, NEW 16 OZ MASON JARS. THE JAR WAS FILLED APPROXIMATELY 1/2 FULL WITH SOIL, SEALED WITH ALUMINUM FOIL AND CAPPED.

THE SAMPLE THEN WAS ALLOWED TO EQUILIBRATE FOR A MINIMUM OF 20 MINUTES. THE WEATHER AT THE TIME OF THE TANK CLOSURE WAS WARM AND ABOUT 70 DEGREES F.

B. FIELD MEASUREMENT PROCEDURES CONT:

THE ANALYSES WAS CONDUCTED USING A MICRO-TIP MP-100 PHOTIONIZATION DETECTOR (PID) WITH A 10.6 eV LAMP. THE PID WAS CHARGED PRIOR TO MOBILIZATION TO THE SITE.

AFTER EQUILIBRATION THE PID TIP WAS INSERTED INTO THE SAMPLE JAR THROUGH A SINGLE SMALL HOLE IN THE FOIL SEAL. THE HEAD SPACE RESULT WAS MEASURED IN INSTRUMENTS UNITS (iu) AS ISOBUTYLENE. THE SAMPLE READING WAS RECORDED.

C. SOIL SAMPLE PROCEDURES:

SOIL SAMPLES FOR LAB. ANALYSIS WERE COLLECTED FROM FRESHLY EXPOSE SOIL IN THE EXCAVATION USING CLEAN DISPOSABLE SURGICAL GLOVES. DUPLICATE SAMPLES FOR LAB ANALYSIS WERE COLLECTED WERE NOT PERFORMED ON ANALYTICAL SAMPLES. GRAB SAMPLES WERE COLLECTED AND PLACED IN GLASS JARS WITH TEFLON-LINED LIDS AS SUPPLIED BY THE LAB. THE SAMPLE CONTAINERS WERE LABELED AND PLACED IN A COOLER WITH ICE PACKS AND TRANSPORTED TO ACCURATE ENVIRONMENTAL TESTING LAB. (A.E.T.) FOR CHEMICAL ANALYSIS.

SAMPLES COLLECTED FROM THE EXCAVATION WERE ANALYZED FOR DIESEL RANGE ORGANIC (DRO) AND PETROLEUM VOLATILE ORGANIC (PVOC'S).

SAMPLE CHAIN-OF-CUSTODY WAS MAINTAINED DURING ALL HANDLING A COPY OF THE CHAIN-OF-CUSTODY FORM IS INCLUDED WITH THE LAB. REPORT IN THE APPENDIX.

### III. RESULTS

A. UNDERGROUND STORAGE TANK CONDITION:

THE TANK WAS CONSTRUCTED OF STEEL AND WAS IN POOR SHAPE. THEIR WAS A HOLE IN THE BOTTOM OF IT. FOR PIPING ALL THEIR WAS, WAS A 2" FILLER PIPE ABOUT 20" LONG AND WAS IN FAIR SHAPE. THE TANK WAS BURIED IN SOLID CLAY FOR BACK FILL.

B. EXCAVATION RESULTS:

THE FINAL EXCAVATION WAS IRREGULAR IN SHAPE WITH MAXIMUM DIMENSIONS OF APPROXIMATELY 9' BY 12' BY 8' DEEP. THE EXCAVATION CONSISTED OF SOLID RED CLAY. GROUND WATER WAS NOT ENCOUNTERED DURING THE EXCAVATION. THEIR WAS NO PETROLEUM ODORS OR SOIL STAINING EXCEPT WERE THE HOLE IN THE TANK WAS. THE HOLE WAS ABOUT THE SIZE OF A DIME.



B. EXCAVATION RESULTS CONT:

NORTHWEST PETROLEUM TOOK A ABSORBENT AND WIPE UP ABOUT 1" OF CLAY OUT OF THAT AREA. HEAD SPACE AND LAB SAMPLES WERE TAKEN AT THEIR.

C. HEAD SPACE RESULTS:

ONE SOIL SAMPLE WAS COLLECTED FOR HEAD SPACE ANALYSIS. THE HEAD SPACE RESULTS ARE SUMMARIZED IN THE APPENDIX. ALSO THE SAMPLE LOCATION ARE INCLUDED IN APPENDIX.

D. SOIL CHEMISTRY RESULTS:

TWO SAMPLES COLLECTED FROM THE EXCAVATION WERE SUBMITTED FOR CHEMICAL ANALYSIS. RESULTS OF LAB ANALYSIS INDICATE NO DETECTION ON THE DRO AND ALSO NO DETECTION ON THE PVOC.

THE LAB RESULTS ARE SUMMARIZED IN TABLE II AND SAMPLE LOCATION ARE INCLUDED IN THE APPENDIX. THE (A.E.T.) LAB REPORT IS ALSO INCLUDED IN THE APPENDIX.

E. UNDERGROUND STORAGE TANK:

NORTHWEST PETROLEUM OF BRULE, INC. TRANSPORTED THE U.S.T. TO AZCON CORP. IN DULUTH, MN WHERE IT WAS CUT INTO SCRAP. THE WASTE MANIFEST IS INCLUDED IN THE APPENDIX.

IV. CONCLUSION AND RECOMMENDATION

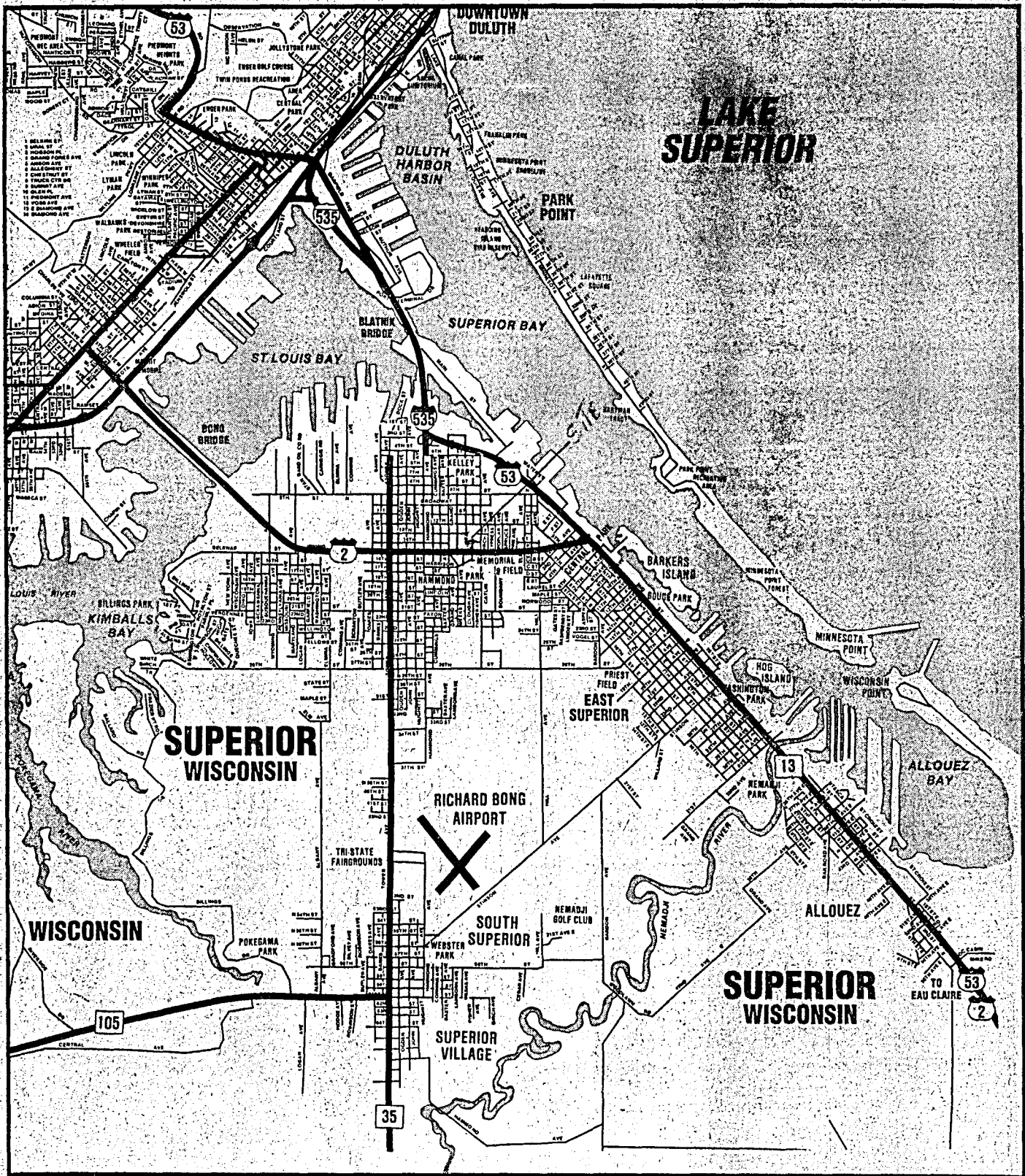
BASED ON THE RESULTS DESCRIBED ABOVE IT APPEARS THAT THERE WAS A SMALL RELEASE FROM THE WASTE OIL U.S.T. TANK. BUT THE RED CLAY SO IMPERVIOUS THAT NOTHING WAS RELEASED INTO THE SOIL.

NORTHWEST PETROLEUM RECOMMENDS THAT SINCE THE SAMPLES WERE TAKEN FROM UNDER THE U.S.T. WHERE THE HOLE WAS AND LAB SAMPLES SHOWED NO DETECTION OF CONTAMINATION WE RECOMMEND THAT THIS SITE BE CLOSED AND NO FURTHER INVESTIGATION NEEDED.

## V. GENERAL CONDITIONS

THE ENVIRONMENTAL ASSESSMENT AND RECOMMENDATION SUBMITTED IN THIS REPORT ARE BASED ON DATA PRODUCED DURING THIS STUDY AT THE SITE. ANY INTERPRETATION MADE IN THIS REPORT ARE BASED ON THE ASSUMPTION THAT WORK DONE BY SUB-CONTRACTORS LAB WAS COMPLETE CORRECTLY. THE SCOPE OF THIS REPORT IS LIMITED TO THIS SPECIFIC PROJECT AND LOCATION DESCRIBED HERE IN. WE DID NOT EXPLORE OUTSIDE OF THE STUDY AREA BOUNDARIES.

# Duluth/Superior

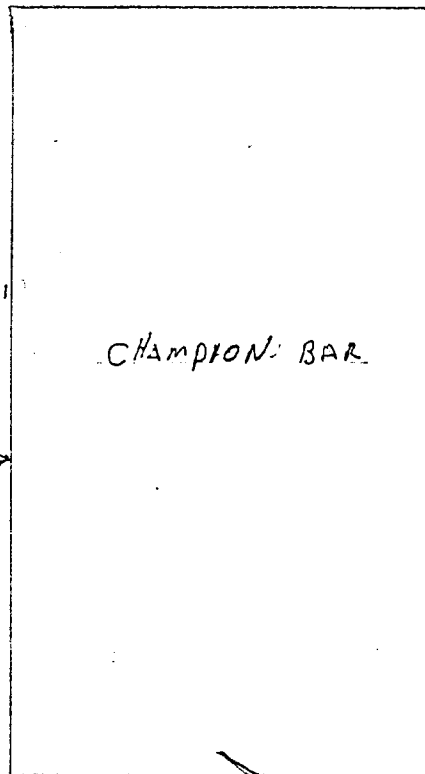
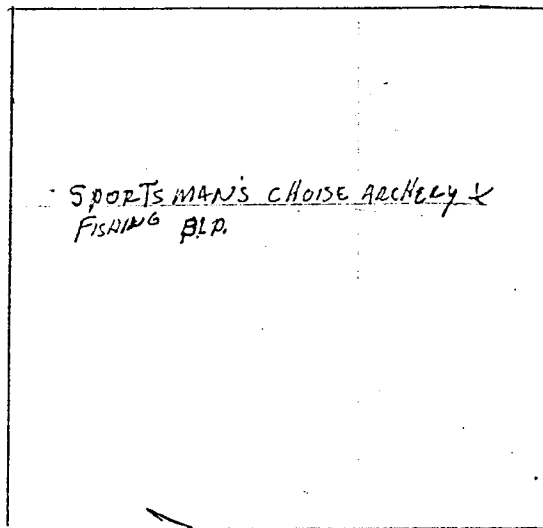


ALLEY

N  
↑  
↓  
S

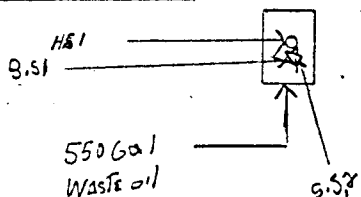
FISHER AVE

PARKING LOT  
BLACK TOP



18' ← →

10' ← →



○ - HEADSPACE SAMPLE  
▽ - LAB. SAMPLE

PARKING LOT  
HOT CONCRETE

DRIVE-WAY

DRIVE-WAY

DRIVE-WAY

BEIKNA P ST.

DRAWN BY: RSWT

PLOT MAP SHOWING SAMPLE

SCALE: N/A PAGE 1 OF 1

LOCATIONS AT

PROPERTY #K: N.W. P-B

SPORTSMAN'S CHOICE ARCHERY & FISHING SITE DATE: 9-10-95

**TABLE I**  
*FIELD HEAD SPACE MEASUREMENTS*  
*SPORTS MAN CHOICE ARCHERY & FISHING*  
*SUPERIOR, WI*

<i>SAMPLE</i>	<i>DEPTH FEET</i>	<i>SOIL TYPE</i>	<i>LOCATION</i>	<i>HEAD SPACE in</i>
<i>HS-1</i>	<i>9'</i>	<i>CLAY</i>	<i>UNDER CENTER OF TANK</i>	<i>0.0</i>

**TABLE II**  
**SOIL CHEMISTRY RESULTS**  
**SPORTS MAN CHOICE ARCHERY & FISHING**  
**SUPERIOR, WI**

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<i>SOIL SAMPLE</i>	<i>SAMPLE LOCATION</i>	<i>SAMPLE DEPTH FEET</i>	<i>SOIL TYPE</i>	<i>DATE COLLECTED</i>	<i>FIELD READING <i>iu</i></i>	<i>LAB RESULTS PPM</i>	<i>ANALYSIS PERFORM</i>
<i>S.S.-1</i>	<i>UNDER CENTER OF TANK</i>	<i>9'</i>	<i>CLAY</i>	<i>8-21-95</i>	<i>-----</i>	<i>N/A</i>	<i>PVOC</i>
<i>S.S.-2</i>	<i>UNDER CENTER OF TANK</i>	<i>9'</i>	<i>CLAY</i>	<i>8-21-95</i>	<i>0.0</i>	<i>LLOQ</i>	<i>DRO</i>

---

*iu*-INSTRUMENT UNITS AS ISOBUTYLENE

*PPM*-PARTS PER MILLION

# ILHR 10 Notification Record

TO: BRAD BURN

OFFICE LOCATION: SUPERIOR WI

LOCATION / IDENTIFICATION (Please Print or Type)				
Site Name <u>SPORTS MAN CHOISE ARCHERY &amp; FISHING</u>		Owner Name <u>JANE LAMAY</u>		
Site Street Address <u>721 BELKNAP</u>		Owner Street or PO Address <u>721 BELKNAP</u>		
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>SUPERIOR</u>		<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>SUPERIOR</u>		
County <u>DOUGLAS</u>	Zip Code <u>54880</u>	State <u>WI</u>	Zip Code <u>54880</u>	Telephone <u>(715) 394-6077</u>
Fire Department Providing Fire Protection Coverage:				

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

Name of Contractor: NORTH WEST PETROLEUM OF BRULE

Address of Contractor: 13905 E. PK. RD.

City/Town: BRULE WI

Telephone Number: 715) 372-5000 FAX Number: 715) 372-5011

Date work is to begin: 8-21-95

ILHR 10 Certified project supervisor: RON TANTIKEN SA-00099

Project will involve:

	Number of tanks		Plan Approval No.	Appr. Date
	UST	AST		
Tank Installation	<input type="checkbox"/>	<input type="checkbox"/>		
Piping Installation	<input type="checkbox"/>	<input type="checkbox"/>		
Piping Upgrade	<input type="checkbox"/>	<input type="checkbox"/>		
Leak Detection Upgrade	<input type="checkbox"/>	<input type="checkbox"/>		
Spill/Overfill Protection	<input type="checkbox"/>	<input type="checkbox"/>		
Stage II Vapor Recovery	<input type="checkbox"/>	<input type="checkbox"/>		
Tank Closure	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Remarks: REMOVE ONE 500 GAL UST WASTE OIL

# SUPERIOR FIRE DEPARTMENT

## TANK CLOSURE

3326 Tower Ave.  
Superior WI 54880  
715-394-0227

Inspectors:  
Brad Buhr  
Ed Lynch

**A. IDENTIFICATION: (Please Print)**

1. Installation Name <i>Sports Man CHOISE Anchovy &amp; Fishing</i>			2. Owner Name <i>JANE LAMBY</i>		
Installation Street Address <i>701 BELKNOP</i>			Owner Street Address <i>701 BELKNOP</i>		
<input checked="" type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	<input checked="" type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:
<i>SUPERIOR</i>		<i>SUPERIOR</i>	State <i>WI</i>		Zip Code <i>54880</i>
State <i>WI</i>	Zip Code <i>54880</i>	County <i>DOUGHS</i>	County <i>DOUGHS</i>	Telephone No. (include area code) <i>(715) 394-6077</i>	
3. Closure Company Name <i>WESTERN PETROLEUM OF BRUKE</i>			Closure Company Street Address, City, State, Zip Code <i>13905 E. PK. RD. BRUKE WI 54880</i>		
Company Telephone No. (include area code) <i>(715) 378-5000</i>			Certified Remover Name <i>RON T. HTINEN SR.</i>		Remover Certification No. <i>00099</i>
4. Name of Company Performing Closure Assessment <i>WESTERN PETROLEUM OF BRUKE</i>			Assessment Company Street Address, City, State, Zip Code <i>13905 E. PK. RD. BRUKE WI. 54880</i>		
Company Telephone No. (include area code) <i>(715) 378-5000</i>			Certified Assessor Name <i>RON T. HTINEN SR.</i>		Assessor Certification No. <i>00099</i>

**FEES-ILHR 10, City of Superior**

Site Inspection 1st Tank system  \$140.00

Each additional Tank system \_\_\_\_\_ \$ 20.00

*HOME HEATING* *75.00*

There will be an additional charge of \$45.00 for a return inspection due to delays caused by the contractor which requires the inspector to return to the site.

FEES PAID \$ 140.00

Fire Department Inspector \_\_\_\_\_

Date \_\_\_\_\_



**UNDERGROUND  
PETROLEUM PRODUCT  
TANK INVENTORY**

Send Completed Form To:  
Safety & Buildings Division  
P.O. Box 7969  
Madison, WI 53707  
Telephone: (608) 267-5280

For Office Use Only:  
Tank ID #

Information Required By Sec. 102.142, Wis. Stats.

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. Please see the reverse side for additional information on this program. An underground storage tank is defined as any tank with at least 10 percent of its total volume (included piping) located below ground level. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form?  YES  NO If yes, are you correcting/updating information only?  Yes  No The information you provide may be used by other government agency programs (Privacy Law, s. 15.04 (1) (m)).

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

A. <input type="checkbox"/> In Use or 1D. <input type="checkbox"/> Newly Installed	4. <input type="checkbox"/> Closed - Tank Removed	B. <input type="checkbox"/> Changed Ownership	Fire Department Providing Fire Coverage Where Tank Located:  <b>SUPERIOR</b>
2. <input checked="" type="checkbox"/> Abandoned With Product	6. <input type="checkbox"/> Closed - Filled With Inert Material	(Indicate new owner below)	
3. <input type="checkbox"/> Abandoned No Product (Empty) or With Water	7. <input type="checkbox"/> Out of Service - Provide Date: _____		

**IDENTIFICATION: (Please Print)**

1. Tank Site Name: **S. DON'S MAN'S CHOICE ANCHER ESTABLISHMENT** Site Address: **721 BELKNAP** Site Telephone No.: **( )**

City  Village  Town of: **SCUDERIA** State: **WI** Zip Code: **54880** County: **DOUGLAS**

2. Owner Name (mail sent here unless indicated otherwise in #3 below): **TANEECE L. MAY** Owner Mailing Address (mail sent here unless indicated otherwise in #3): **721 BELKNAP**

City  Village  Town of: **SCUDERIA** State: **WI** Zip Code: **54880** County: **DOUGLAS**

3. Alternate Mailing Name if Different Than #2: \_\_\_\_\_ Alternate Mailing Street Address if Different From #2: \_\_\_\_\_

City  Village  Town of: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

4. Tank Age (date installed, if known: or years old): **UNKNOWN** 5. Tank Capacity (gallons): **500** 6. Tank Manufacturer's Name (if known): **UNKNOWN**

**B. TYPE OF USER (check one):**

1. <input type="checkbox"/> Gas Station	2. <input type="checkbox"/> Bulk Storage	3. <input type="checkbox"/> Utility	4. <input type="checkbox"/> Mercantile
5. <input type="checkbox"/> Industrial	6. <input type="checkbox"/> Government	7. <input type="checkbox"/> School	8. <input type="checkbox"/> Residential
9. <input type="checkbox"/> Agricultural	10. <input checked="" type="checkbox"/> Other (specify): <b>SPORT SHOP</b>		

**C. TANK CONSTRUCTION:**

1. <input type="checkbox"/> Bare Steel	2. <input type="checkbox"/> Cathodically Protected and Coated Steel (A. <input type="checkbox"/> Sacrificial Anodes or B. <input type="checkbox"/> Impressed Current)
3. <input type="checkbox"/> Coated Steel	4. <input type="checkbox"/> Fiberglass
5. <input type="checkbox"/> Relined - Date: _____	6. <input type="checkbox"/> Steel - Fiberglass Reinforced Plastic Composite
	7. <input type="checkbox"/> Other (specify): _____
	8. <input type="checkbox"/> Unknown

Approval: 1.  Nat'l Std. 2.  UL 3.  Other: \_\_\_\_\_

Is Tank Double Walled?  Yes  No

Overfill Protection Provided?  Yes  No If yes, identify type: \_\_\_\_\_

Spill Containment?  Yes  No

Tank leak detection method: 1.  Automatic tank gauging 2.  Vapor monitoring 3.  Groundwater monitoring 4.  Inventory control and tightness testing 5.  Interstitial monitoring 6.  Not required at present 7.  Manual Tank Gauging (only for tanks of 1,000 gallons or less)

**D. PIPING CONSTRUCTION**

1. <input type="checkbox"/> Bare Steel	2. <input type="checkbox"/> Cathodically Protected and Coated or Wrapped Steel (A. <input type="checkbox"/> Sacrificial Anodes or B. <input type="checkbox"/> Impressed Current)	3. <input type="checkbox"/> Coated Steel
4. <input type="checkbox"/> Fiberglass	5. <input type="checkbox"/> Other (specify): _____	6. <input type="checkbox"/> Unknown

Piping System Type: 1.  Pressurized piping with: A.  auto shutoff; B.  alarm; or C.  flow restrictor 2.  Suction piping with check valve at tank 3.  Suction piping with check valve at pump and inspectable

Piping leak detection method: used if pressurized or check valve at tank: 1.  Vapor monitoring 2.  Interstitial monitoring 3.  Groundwater monitoring 4.  Tightness testing 5.  Line Leak Detector 6.  Not Required

Approval: 1.  Nat'l Std 2.  UL 3.  Other: \_\_\_\_\_

Double Walled:  Yes  No

**E. TANK CONTENTS**

1. <input type="checkbox"/> Diesel	2. <input type="checkbox"/> Leaded	3. <input type="checkbox"/> Unleaded	4. <input type="checkbox"/> Fuel Oil
5. <input type="checkbox"/> Gasohol	6. <input type="checkbox"/> Other	7. <input type="checkbox"/> Empty	8. <input type="checkbox"/> Sand/Gravel/Slurry
9. <input type="checkbox"/> Unknown	10. <input type="checkbox"/> Premix	11. <input checked="" type="checkbox"/> Waste Oil	12. <input type="checkbox"/> Propane
13. <input type="checkbox"/> Chemical*		14. <input type="checkbox"/> Kerosene	15. <input type="checkbox"/> Aviation

\* If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste.

If Tank Closed, Give Date (mo/day/yr): \_\_\_\_\_

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

If installation of a new tank is being reported, indicate who performed the installation inspection:

1. <input type="checkbox"/> Fire Department	2. <input type="checkbox"/> DILHR	3. <input type="checkbox"/> Other (identify): _____
---	-----------------------------------	---

Name of Owner or Operator (please print): **X TANECE L. MAY** Indicate Whether:  Owner or  Operator

Signature of Owner or Operator: **X Tanece L. May** Date Signed: **8-20-95**

UNDERGROUND  
PETROLEUM PRODUCT  
TANK INVENTORY

Send Completed Form To:  
Safety & Buildings Division  
P.O. Box 7969  
Madison, WI 53707  
Telephone: (608) 267-5280

Information Required By Sec. 102.142, Wis. Stats.

For Office Use Only:

Tank ID #

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. Please see the reverse side for additional information on this program. An underground storage tank is defined as any tank with at least 10 percent of its total volume (included piping) located below ground level. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form?  YES  NO If yes, are you correcting/updating information only?  Yes  No The information you provide may be used by other government agency programs [Privacy Law, s. 15.04 (1) (m)].

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

- 1A.  In Use or 1B.  Newly Installed  
 2.  Abandoned With Product  
 3.  Abandoned No Product (empty) or With Water  
 4.  Closed - Tank Removed  
 5.  Changed Ownership (Indicate new owner below)  
 6.  Closed - Filled With Inert Material  
 7.  Out of Service - Provide Date: \_\_\_\_\_

Fire Department Providing Fire Coverage Where Tank Located:

SUPERIOR

A. IDENTIFICATION: (Please Print)

1. Tank Site Name: SPORTS MANS CHOICE ARCHERY & FISHING Site Address: 721 BELKNAP Site Telephone No.: \_\_\_\_\_

City SUPERIOR  Village  Town of: \_\_\_\_\_ State: WI Zip Code: 54580 County: DOUGLAS

2. Owner Name (mail sent here unless indicated otherwise in #3 below): JANICE LEMAY Owner Mailing Address (mail sent here unless indicated otherwise in #3): 721 BELKNAP

City SUPERIOR  Village  Town of: \_\_\_\_\_ State: WI Zip Code: 54580 County: DOUGLAS

3. Alternate Mailing Name If Different Than #2: \_\_\_\_\_ Alternate Mailing Street Address If Different From #2: \_\_\_\_\_

City  Village  Town of: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

4. Tank Age (date installed, if known; or years old): UNKNOWN 5. Tank Capacity (gallons): 500 6. Tank Manufacturer's Name (if known): UNKNOWN

B. TYPE OF USER (check one):

1.  Gas Station 2.  Bulk Storage 3.  Utility 4.  Mercantile  
 5.  Industrial 6.  Government 7.  School 8.  Residential  
 9.  Agricultural 10.  Other (specify): SPORTS HOP

C. TANK CONSTRUCTION:

1.  Bare Steel 2.  Cathodically Protected and Coated Steel (A.  Sacrificial Anodes or B.  Impressed Current)  
 3.  Coated Steel 4.  Fiberglass 5.  Other (specify): \_\_\_\_\_  
 6.  Relined - Date: \_\_\_\_\_ 7.  Steel-Fiberglass Reinforced Plastic Composite 9.  Unknown

Approval: 1.  Nat'l Std. 2.  UL 3.  Other: \_\_\_\_\_

Is Tank Double Walled?  Yes  No  
 Overfill Protection Provided?  Yes  No If yes, identify type: \_\_\_\_\_  
 Spill Containment?  Yes  No

Tank leak detection method: 1.  Automatic tank gauging 2.  Vapor monitoring 3.  Groundwater monitoring 4.  Inventory control and tightness testing 5.  Interstitial monitoring 6.  Not required at present 7.  Manual Tank Gauging (only for tanks of 1,000 gallons or less)

D. PIPING CONSTRUCTION

1.  Bare Steel 2.  Cathodically Protected and Coated or Wrapped Steel (A.  Sacrificial Anodes or B.  Impressed Current) 3.  Coated Steel  
 4.  Fiberglass 5.  Other (specify): \_\_\_\_\_ 9.  Unknown

Piping System Type: 1.  Pressurized piping with: A.  auto shutoff; B.  alarm; or C.  flow restrictor 2.  Suction piping with check valve at tank  
 3.  Suction piping with check valve at pump and inspectable

Piping leak detection method; used if pressurized or check valve at tank: 1.  Vapor monitoring 2.  Interstitial monitoring  
 3.  Groundwater monitoring 4.  Tightness testing 5.  Line Leak Detector 6.  Not Required

Approval: 1.  Nat'l Std. 2.  UL 3.  Other: \_\_\_\_\_ Double Walled:  Yes  No

E. TANK CONTENTS

1.  Diesel 2.  Leaded 3.  Unleaded 4.  Fuel Oil  
 5.  Gasohol 6.  Other 7.  Empty 8.  Sand/Gravel/Slurry  
 9.  Unknown 10.  Premix 11.  Waste Oil 12.  Propane  
 13.  Chemical \* 14.  Kerosene 15.  Aviation
- \* If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste.

If Tank Closed, Give Date (mo/day/yr): \_\_\_\_\_ Has a site assessment been completed? (see reverse side for details)  
 Yes  No

If installation of a new tank is being reported, indicate who performed the installation inspection:  
 1.  Fire Department 2.  DILIR 3.  Other (identify) \_\_\_\_\_

Name of Owner or Operator (please print): William A. Lemay Indicate Whether:  Owner or  Operator  
 Signature of Owner or Operator: William A. Lemay Date Signed: 8-20-95

# 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 <i>SPORTSMAN C HOISE, ARCHERY &amp; FISHING</i>				2. Owner Name <i>JANE LEMAY</i>			
Site Street Address (not P.O. Box) <i>221 BELKNAP</i>				Owner Street Address <i>221 BELKNAP</i>			
<input checked="" type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of	<input checked="" type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of	State <i>WI</i>	Zip Code <i>54880</i>
State <i>WI</i>		Zip Code <i>54880</i>	County <i>Douglas</i>		County <i>Douglas</i>	Telephone No. (include area code) <i>(715) 394-6077</i>	
3. Closure Company Name (Print) <i>NORTH WEST Petroleum of BAILE</i>				Closure Company Street Address <i>13905 E. PK. RD.</i>			
Closure Company Telephone No. (include area code) <i>(715) 372-5000</i>				Closure Company City, State, Zip Code <i>BAILE WI 4880</i>			
4. Name of Company Performing Closure Assessment <i>NORTH WEST Petroleum of BAILE</i>				Assessment Company Street Address, City, State, Zip Code <i>13905 E. PK. RD. BAILE WI</i>			
Telephone # (include area code) <i>(715) 372-5000</i>		Certified Assessor Name (Print) <i>RON TARTINEN SR</i>		Assessor Signature <i>Ron Tartinen Sr</i>		Assessor Certification No. <i>00099</i>	

Tank ID #	Closure	Temp. Closure	Closure In Place	Tank Capacity	Contents *	Closure Assessment
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>500</i>	<i>11</i>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N

\* Indicate which product by numeric code: 01-Diesel; 02-Leaded; 03-Unleaded; 04-Fuel Oil; 05-Gasohol; 06-Other; 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

**B. TEMPORARILY OUT OF SERVICE**

Written inspector approval of temporary closure obtained, which is effective until (provide date) _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
1. Product Removed	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
a. Product lines drained into tank (or other container) and resulting liquid removed, AND	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. All product removed to bottom of suction line, OR	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
5. Vent lines left open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
6. Inventory form filed indicating temporary closure.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/> B	<input type="checkbox"/>
2. Piping disconnected from tank and removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> B	<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 checked="" type="checkbox"/> B	<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 checked="" type="checkbox"/> B	<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 checked="" type="checkbox"/> B	<input type="checkbox"/>
<b>NOTE: DROP TUBE SHOULD NOT BE REMOVED IF THE TANK IS TO BE PURGED THROUGH THE USE OF AN EDUCTOR.</b>			
6. Vent lines left connected until tanks purged.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> B	<input type="checkbox"/>
7. Tank openings temporarily plugged so vapors exit through vent.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> B	<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 checked="" type="checkbox"/> B	<input type="checkbox"/>
9. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> B	<input type="checkbox"/>
10. Tank cleaned before being removed being removed from site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> B	<input type="checkbox"/>

**CLOSURE BY REMOVAL (continued)**

- |  | Remover Verified   | Inspector Verified                     | NA                       |
|--|--|--|--------------------------|
| 1. Tank labeled in 2" high letters after removal but before being moved from site. ....  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> AB | <input type="checkbox"/> |
| <b>NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; DATE.</b> |  |  |                          |
| 2. Tank vent hole (1/8 th " in uppermost part of tank) installed prior to moving the tank from site. ....                              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> AB | <input type="checkbox"/> |
| 3. Inventory form filed by owner with Safety and Buildings Division indicating closure by removal. ....                                | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> AB | <input type="checkbox"/> |
| 4. Site security is provided while the excavation is open. ....  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> AB | <input type="checkbox"/> |

**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.**

- |  |   |                          |                          |
|--|---|--------------------------|--------------------------|
| 1. Product from piping drained into tank (or other container).....   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Piping disconnected from tank and removed. ....   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. All liquid and residue removed from tank using explosion proof pumps or hand pumps. ....  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. All pump motors and suction hoses bonded to tank or otherwise grounded. ....  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed. ....                                 | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>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.</b> |   |                          |                          |
| 6. Vent lines left connected until tanks purged. ....  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Tank openings temporarily plugged so vapors exit through vent. ....   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section F. ....   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Tank properly cleaned to remove all sludge and residue. ....  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Solid inert material (sand, cyclone boiler slag, pea gravel recommended) introduced and tank filled. ....                              | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Vent line disconnected or removed. ....   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. 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"/> | <input type="checkbox"/> |

**CLOSURE ASSESSMENTS**

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

- |  |  |  |                          |
|--|--|--|--------------------------|
| 1. Individual conducting the assessment has a closure assessment plan (written) which is used as the basis for their work on the site. ....  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> AB | <input type="checkbox"/> |
| 2. Do points of obvious contamination exist? ....  | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> AB | <input type="checkbox"/> |
| 3. Are there strong odors in the soils? ....   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> AB | <input type="checkbox"/> |
| 4. Was a field screening instrument used to pre-screen soil sample locations? ....   | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> AB | <input type="checkbox"/> |
| 5. Was a closure assessment omitted because of obvious contamination? ....   | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> AB | <input type="checkbox"/> |
| 6. Was the DNR notified of suspected or obvious contamination? ....  | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/>               | <input type="checkbox"/> |
| Agency, office and person contacted: <u>CHRIS SWAN, DIVISION OF ENVIRONMENTAL RESTORATION</u>  |  |  |                          |
| 7. Contamination suspected because of: <input type="checkbox"/> Odor <input checked="" type="checkbox"/> Soil Staining <input type="checkbox"/> Free Product <input type="checkbox"/> Sheen On Groundwater <input checked="" type="checkbox"/> Field Instrument Test |  |  |                          |

**METHOD OF ACHIEVING 10% LEVEL DESCRIPTION**

- Educator 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<sub>2</sub> or N<sub>2</sub>) **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**

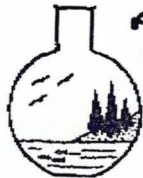
**REMOVER/CLEANER INFORMATION**

Ronald J. Matthews Ron J. Matthews Sr. 00099 8-21-95  
 Remover Name (print) Remover Signature Remover Certification No. Date Signed

**INSPECTOR INFORMATION**

BRADLEY RUHR Bradley Ruhr T.100113  
 Inspector Name (print) Inspector Signature Inspector Certification No.  
166 (715) 384-0280 8-21-95  
 FDID # For Location Where Inspection Performed Inspector Telephone Number Date Signed

**OWNER**



**ACCURATE ENVIRONMENTAL TESTING**

2231 CATLIN SUITE 420  
SUPERIOR, WI 54880

**CHAIN OF CUSTODY RECORD AND REQUEST FOR ANALYSIS**

No. **95264**

TOLL FREE (800) TEST-AET  
LAB (715) 392-5844  
FAX (715) 394-7414

CLIENT: <i>Jane Lamay</i>				SAMPLE NAME: <i>Don Tahtinen</i>				BILLING ADDRESS: <i>13905 KIPKRD. BAYVIEW NE 54826</i>																			
PROJECT I.D.: <i>SPORTSMAN</i>				SAMPLER SIGNATURE: <i>Don Tahtinen</i>																							
REPORTS TO BE SENT TO: <i>N.N.P.-B</i>				REMARKS:																							
NO. OF CONTAINERS	COMP.	GRAB	DATE	TIME	MATRIX			SAMPLE IDENTIFICATION			GRO (Includes BTEX)	DRO	BTEX	VOC (465-D)	PH	Pb (Diss. or Total)	RCRA 8 METALS	BOD or CBOD	TSS	FOOL OR TCOOL	PRESERVATIVE						
					WATER	SOIL	OTHER	SAMPLE	SAMPLE NO.	LABORATORY I.D. NO.											HCl	HNO <sub>3</sub>	MeOH	ICE	OTHER		
1			8-21	11:00			F	UNDER BANK #1	SS1	-01	X											X	X				
			8-21				X	UNDER BANK #2	SS2	-02	X															X	
1	X		8-21				X	DAY WEIGHT																			
1			8-21					TRIP B/WK		-03																X	X

Relinquished by: (Signature) <i>Don Tahtinen</i>	Date / Time 8-21 3:00	Received by: (Signature) <i>Jane Lamay</i>	Relinquished by: (Signature)	Date / Time	Received by: (Signature)	CHECK HERE FOR DRINKING WATER DETECTION LIMITS <input type="checkbox"/>
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)	TURNAROUND TIME REQUIRED: <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> RUSH
Contents Temperature: <i>on ice</i>			Comments on Sample Condition: DATE REQUIRED:			



Ron Tahtinen, Sr.  
Northwest Petroleum of Brule  
Route 1, Box 84  
Brule, WI 54820

Chain of Custody # 95264  
Project Name: Sports' man  
Client: Jane Lamey  
Sampler Name: Ron Tahtinen, Sr.

Collected on  
Received on  
DRO Preserved on  
DRO Extracted on  
DRO Analyzed on  
PVOC Analyzed on  
Sample Description  
Sample I.D.  
Lab I.D.

8/21/95	8/21/95	8/21/95	
8/21/95	8/21/95	8/21/95	
NA	8/21/95	NA	
NA	8/28/95	NA	
NA	9/7/95	NA	
9/1/95	NA	9/1/95	
Under Tank #1	Under Tank #1	Trip Blank	
SS-1	SS-2	NA	
95264-01	95264-02	95264-03	

Parameter	LOQ	SOIL	SOIL	MeOH
% Moisture	NA	25%	25%	NA
Temperature	NA	on ice	on ice	on ice
Diesel Range Organics	10 mg/kg	NA	< LOQ	NA
MTBE	0.025 mg/kg	< LOQ	NA	< LOQ
Benzene	0.025 mg/kg	< LOQ	NA	< LOQ
Toluene	0.025 mg/kg	< LOQ	NA	< LOQ
Ethylbenzene	0.025 mg/kg	< LOQ	NA	< LOQ
Total Xylenes	0.025 mg/kg	< LOQ	NA	< LOQ
1,3,5-Trimethylbenzene	0.025 mg/kg	< LOQ	NA	< LOQ
1,2,4-Trimethylbenzene	0.025 mg/kg	< LOQ	NA	< LOQ
Surrogate	NA	84%	NA	86%
Comments	none	none	none	none

LOQ indicates that the limit of quantitation was not met in analysis.

NA implies that the parameter was not analyzed or not applicable to test run.

Filled out by: Cynthia Cooney Date: 9-12-95

Reviewed by: Dawn Peterson Date: 9-12-95

The following tests were performed according to the WI DRN specification listed in ch. NR 149 of the WI Adm. Code. WI DNR Certification # 816079330



**Accurate Environmental Testing** 2231 Catlin Avenue #420 ♦ Superior WI 54880

PHONE: (715) 392-5844 ♦ FAX: (715) 394-7414 ♦ (800)TEST-AET

Ron Tahtinen, Sr.  
Northwest Petroleum of Brule  
Route 1, Box 84  
Brule, WI 54820

Chain of Custody # 95264  
Project Name: Sports' man  
Client: Jane Lamey  
Sampler Name: Ron Tahtinen, Sr.

Collected on  
Received on  
DRO Preserved on  
DRO Extracted on  
DRO Analyzed on  
PVOC Analyzed on  
Sample Description  
Sample I.D.  
Lab I.D.

NA	NA	NA	NA
NA	NA	NA	NA
NA	NA	9/7/95	9/7/95
NA	NA	9/7/95	9/7/95
NA	NA	9/7/95	9/8/95
9/1/95	9/1/95	NA	NA
Soil Spike	Soil Spike	Duplicate Spike	Duplicate Spike
NA	NA	NA	NA
9558-04	9558-05	245DQC	246DQC

Parameter	LOQ	SOIL	SOIL	SOIL	SOIL
Diesel Range Organics	10 mg/kg	NA	NA	82%	76%
MTBE	0.025 mg/kg	82%	93%	NA	NA
Benzene	0.025 mg/kg	90%	86%	NA	NA
Toluene	0.025 mg/kg	92%	88%	NA	NA
Ethylbenzene	0.025 mg/kg	93%	88%	NA	NA
Total Xylenes	0.025 mg/kg	94%	90%	NA	NA
1,3,5-Trimethylbenzene	0.025 mg/kg	93%	89%	NA	NA
1,2,4-Trimethylbenzene	0.025 mg/kg	92%	89%	NA	NA
Surrogate	NA	94%	88%	NA	NA
Comments	none	none	none	none	none

LOQ indicates that the limit of quantitation was not met in analysis.

NA implies that the parameter was not analyzed or not applicable to test run.

Filled out by:

*Gyndria Coody*

Date: 9-12-95

Reviewed by:

*Dawn Peterson*

Date: 9-12-95

The following tests were performed according to the WI DRN specification listed in ch. NR 149 of the WI Adm. Code. WI DNR Certification # 816079330

**NORTHWEST PETROLEUM**

~~5010 East 3rd St. 13905 E. RK RD~~  
Superior, WI 54880 715 398-6904  
DRIK WI 54820 715 372-5000

EPA ID WID 988590907  
DNR Lic. 12447/16005  
12450

**WASTE MANIFEST FORM**

Non-Hazardous Materials\* 120

**GENERATOR**

Generator's Name: SPORTSMAN CHOICE GOLF & FISHING

Mailing Address: 721 BRIND  
SUPERIOR WI 54880

Phone Number: (715) 394-6077

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described, labeled are in all respects in proper condition for transport by highway or rail according to applicable international and national government regulations.

Print or Type

Name: JAVICE LEMAY Signature: [Signature] Date: [Date]

MATERIAL DESCRIPTION	Containers No. Type	Total Quantity	Unit Wt/Vol	Inspected Condition
WASTE OIL 1-UST	1 MD	1	500	Vapor

Include additional information on separate page

**TRANSPORTER**

Transporter: N.W.D.B.  
Mailing Address: 13905 E. RK RD  
DRIK WI 54820  
Phone Number: (715) 372-5000

TRANSPORTER CERTIFICATION: I hereby declare that the above specified waste materials have not been tampered changed or altered in any way while in transport from the generator to this facility.

Print or Type

Name: RON JATHANSEN Signature: [Signature] Date: 2/28/15

**FACILITY OPERATOR**

I certify that I received the above described materials on \_\_\_\_\_ 19\_\_ at \_\_\_\_\_ am/pm, except as noted.

Print or Type

Name \_\_\_\_\_ Signature: [Signature] Date \_\_\_\_\_

\* Contact the WDNR, Bureau of Solid Waste Management, P.O. Box 7921, Madison, WI 53707, (608) 266-2699 or WDNR Hazardous Waste Department, P.O. Box 309 Highway 70 West, Spooner, WI 54801, (715) 635-2101.



# AZCON CORPORATION

630 ARTHUR AVENUE  
DULUTH, MINNESOTA 55802  
Phone (218) 722-7703

MODEL 8132 Readout  
MODEL 8805 Printer

Weight Recorded By  
Toledo Electric

<p>ID 5 8220 1b (1) INBOUND 2:03 PM 08 21 95</p> <p style="text-align: center;">8220 1b (1)</p> <p style="text-align: center;">7300</p> <div style="border: 1px solid black; border-radius: 50%; width: fit-content; margin: 0 auto; padding: 5px;"> <p style="text-align: center;">020 5001</p> </div> <p>ID 5 2:08 PM 08 21 95 OUTBOUND</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Car/Truck No:</td> <td>Date: 21 AUG 95</td> </tr> <tr> <td colspan="2">Marked Tare: 4 AXLE</td> <td>Driver: <input checked="" type="checkbox"/> OFF <input type="checkbox"/> ON</td> </tr> <tr> <td colspan="2">Commodity: #2 UNPRIP</td> <td>Mat'l Code: 5001</td> </tr> <tr> <td colspan="3">To (From): NORTHWEST PETROLEUM</td> </tr> <tr> <td colspan="3">Address:</td> </tr> <tr> <td colspan="2">City: BRULI</td> <td>State: WI ZIP:</td> </tr> <tr> <td>Our Order No:</td> <td colspan="2">Customer Order No:</td> </tr> <tr> <td colspan="3">Price:</td> </tr> <tr> <td colspan="3">Remarks:</td> </tr> <tr> <td>Received By:</td> <td colspan="2">Weighed By: </td> </tr> </table>	Car/Truck No:		Date: 21 AUG 95	Marked Tare: 4 AXLE		Driver: <input checked="" type="checkbox"/> OFF <input type="checkbox"/> ON	Commodity: #2 UNPRIP		Mat'l Code: 5001	To (From): NORTHWEST PETROLEUM			Address:			City: BRULI		State: WI ZIP:	Our Order No:	Customer Order No:		Price:			Remarks:			Received By:	Weighed By:	
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