



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

RECEIVED

JAN 29 1993

LMD SOLID WASTE

January 28, 1993

Mr. Dick Schwan
SCHWAN OIL COMPANY
157 E. Main Street
P. O. Box 69
Hortonville, WI 54944

2825 S. Webster Ave.
P.O. Box 2100
Green Bay, WI 54306-2100
414/336-6338
FAX 414/336-9141

RE: Tank Closure Assessment for Underground Storage Tanks Located at
Schwan Oil Company — Bulk Plant, Alley #2 & Lincoln Street, Hortonville, WI

Dear Mr. Schwan:

We have completed the laboratory analysis of the soil samples we collected on January 5, 1993 from the above mentioned property. These samples were taken to meet closure assessment requirements for the removal of two underground storage tanks.

Based upon the Diesel Range Organics (DRO) laboratory analysis on the soil samples we collected, there is indication of contamination of the soil due to petroleum products. The DRO analysis results are above the WDNR established policy standard of 10 ppm. For exact laboratory data per parameter, please see attachment.

Also enclosed is a Field Observation Data Sheet for additional removal information, a site map, photographs, chain of custody records, completed Tank Closure checklist, and the Underground Petroleum Product Tank Inventory form which was sent to DILHR to update their files.

This information has been sent to DILHR and the WDNR, thus notifying them of the tank removal and closure.

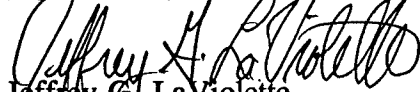
Under s. 144.76(3), Wis. Stats., any person who possesses or controls a hazardous substance which is discharged or who causes the discharge of a hazardous substance shall take the actions necessary to restore the environment to the extent practicable and minimize the harmful effects from the discharge to the air, lands, or waters of the state.

Based upon these results, the Wisconsin WDNR may require investigation and remediation of the site to remove the contamination. The WDNR will notify you of the required action you must take.

If you have any questions or comments, please call.

Sincerely,

ROBERT E. LEE & ASSOCIATES, INC.


Jeffrey G. LaViolette
Project Engineer

ENC.

cc: DILHR, Bureau of Petroleum Inspection and Fire Protection
Janis Debrock, WNDR—Lake Michigan District

ROBERT E. LEE AND ASSOCIATES, INC.

FIELD OBSERVATION OF THE UNDERGROUND TANK REMOVAL

DATE OF REPORT: January 20, 1993

TANK LOCATION: Schwan Oil Company - Bulk Plant
Alley #2 & Lincoln Street
Hortonville, WI 54944

OWNER REPRESENTATIVE: Dick Schwan

A. TANK INFORMATION

1. TANK ID NO.: not available
2. TANK INSTALLATION DATE: Tanks installed in 1960's.
3. NOTIFICATION OF STATE AGENCY: DILHR notified 1/93.
4. NOTIFICATION OF FIRE MARSHAL: Wisconsin State UST/AST Fire Inspector Carl Frisque, of Green Bay was notified.
5. TANK LOCATION: The tanks were located on the east side of the building. (See attached site map.)
6. TANK DIMENSIONS: #1, 5.5'x 23'; #2, 5.5'x 12'
7. TANK CAPACITY: #1, 4,000; #2, 2,000 gallons.
8. TANK MANUFACTURER AND MODEL NO.: N/A
9. TANK AND LINER MATERIAL: Steel tank without an interior lining.
10. TYPE OF CORROSION PROTECTION: Tar-like coating on the exterior of the tank.
11. MATERIAL STORED IN TANK: #1,2, #1 Fuel oil
12. DATE TANK REMOVED FROM SERVICE: Early 1980's.
13. DATE TANK REMOVED FROM GROUND: January 5, 1993
14. WEATHER CONDITIONS AT THE TIME OF REMOVAL:
Clear, Approx. 20°F

B. REMOVAL INFORMATION

1. CERTIFIED REMOVER/CLEANER CONTRACTOR: A & D Industries, Inc.
Al Heller # 00474

2. EXCAVATION CONTRACTOR: Don E. Parker Exc.
Hortonville, WI

3. DESCRIBE METHODS USED FOR DRAINING AND PURGING TANK:

A & D Industries, Wausau, WI was responsible for tank cleaning. Cleaning was accomplished shortly after the tanks were removed from the excavation. The tanks were purged with carbon dioxide to remove explosive vapors, a manway was cut in each end of the tank and excess product was pumped into barrels. The tanks were wiped down and additional holes were cut in each side for ventilation.

4. DESCRIBE METHOD USED FOR REMOVING TANK:

The tanks were removed with the use of a backhoe by excavating the soil adjacent to the tanks and lifting them out with the backhoe.

5. DESCRIBE TIME AND PROCEDURES USED FOR BACKFILLING:

Backfilling took place shortly after soil samples were gathered. The backfill consisted of clean sand and gravel soils.

C. INSPECTION INFORMATION

1. DESCRIBE CONDITION OF TANK AND PIPING:

Visual inspection of the tanks and piping indicated that the tanks were in fair condition with slight corrosion. The piping runs consisted of approximately 15 feet of piping leading to the bulk loading rack.

2. DESCRIBE NATIVE SOILS AND HYDROGEOLOGIC CONDITIONS;

The native soils consisted of silty clay.

3. DESCRIBE FIELD ANALYTICAL SAMPLING EQUIPMENT:

The field sampling equipment (where applicable) consists of either a Microtip photoionization detector (PID) with a 10.6 eV lamp or a Sensidyne Flame Ionization detector (FID), along with visual and odor observations. Sample jars consisted of glass jars with teflon lined caps.

4. DESCRIBE HOW, WHERE AND NUMBER OF SAMPLES COLLECTED:

Samples were collected from the base of the excavation at each end of each tank approximately 1 foot below the bottom of the tank. Depth to samples was approximately 6 feet. Depth to groundwater was also approximately 6 feet.

5. IDENTIFY LAB USED FOR SAMPLE ANALYSIS:

The soils were analyzed at the Robert E. Lee and Associates laboratory, State Certification # 405043870. Samples were analyzed on a Hewlett Packard Gas Chromatograph in accordance to the procedures under the June, 1992 Lust Analytical Guidance. (See attached Lab Results.)

D. DISPOSAL INFORMATION

1. INDICATE AMOUNT OF WASTE PRODUCT REMOVED AND IDENTIFY CONTRACTOR:

Remaining product was removed from the tanks by A & D Industries. Disposal of this waste will be conducted by A & D Industries.

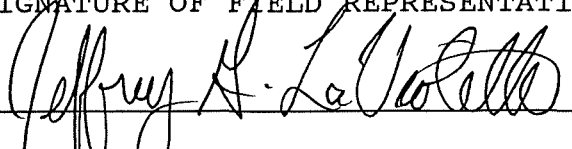
2. IDENTIFY CONTRACTOR RESPONSIBLE FOR TANK DISPOSAL:

After the tanks were cleaned and purged A & D Industries was responsible for shipping the tank to J.R. Larsen Company for recycling.

3. DESCRIBE METHODS USED TO EVALUATE, STORE, AND DISPOSE OF CONTAMINATED SOILS:

Contaminated soils not disposed of at this time.

SIGNATURE OF FIELD REPRESENTATIVE



CERTIFICATION # 00894

DATE: 1/20/93



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

Wisconsin Certification No: 405043870

2825 S. Webster Ave.
P.O. Box 2100
Green Bay, WI 54306-2100
414/336-6338
FAX 414/336-9141

REPORT DATE====> 01/12/93

JOB NUMBER====> 1013726

CUSTOMER=====> 100150

Internal Work-Jeff LaViolette

Schwan Oil Co.-Bulk Plant

CONTACT=====> Jeff LaViolette

PROJECT=====> Schwan Oil Co

RECEIVED=====> 01/05/93

SAMPLED=====> 01/05/93

COMMENTS:

ATTEST:

ROBERT E. LEE & ASSOCIATES, INC.

CLIENT: Internal Work-Jeff LaViolette
PROJECT: Schwan Oil Co.
REL JOB NUMBER: 1013726

NARRATIVE

This set consisted of 5 solid samples. The samples were collected and received on January 5, 1993. The samples were extracted on January 6, 1993.

The samples were analyzed for diesel range organics on January 7, 1993 following the Wisconsin Modified DRO Method. Samples S4 and S5 were diluted and re-analyzed on January 8, 1993.

The following is a summary of the Quality Control results accompanying this set of samples and a description of any problems encountered during analysis:

1. The method blank was free of contamination.
2. The duplicate was within method limits.
3. The water matrix spikes were within method limits.
4. The soil matrix spike was within method limits.
5. The initial calibration curve was within quality control limits for the DRO standard.
6. The check standards met the quality control criteria for the DRO standards.



Sheldon Stone
Laboratory Manager
01/08/93 rcg

ROBERT E. LEE & ASSOCIATES, INC.
 LABORATORY SERVICES
 P.O. BOX 2100, 2825 S. WEBSTER AVE.
 GREEN BAY, WI 54306-2100
 TEL NO: (414) 336-6338
 FAX NO: (414) 336-9141
 Wisconsin Certification No: 405043870

Client: Internal Work-Jeff LaViolette
 Date Received: 01/05/93
 Date of Samples: 01/05/93
 Report Date: 01/12/93
 Client Project: Schwan
 Client Project Number: Schwan Oil Co
 REL Job Number:1013726 Batch: 1

THE FOLLOWING DATA HAS BEEN REVIEWED AND MEETS THE QA/QC REQUIREMENTS FOR BLANKS, STANDARDS, DUPLICATE ANALYSES AND SPIKED SAMPLES.

TEST PARAMETER	MODIFIED DRO SOLIDS		TOTAL SOLIDS	
MDL	4.7 mg/kg		0.01 %	
WDR NUMBER	None		85207	
ANALYZED BY	R. Grahn		S. Wood	
ANALYTICAL METHOD	WDR MODIFIED		209E [3]	
EXTRACTED/DIGESTED	01/06/93			

SAMPLE NAME	RESULT mg/kg	DATE ANALYZED	RESULT %	DATE ANALYZED	RESULT	DATE ANALYZED	RESULT	DATE ANALYZED
S1	ND	01/07/93	83.6	01/06/93				
S2	ND	01/07/93	74.8	01/06/93				
S3	ND	01/07/93	81.8	01/06/93				
S4	520	01/08/93	89.7	01/06/93				
S5	360	01/08/93	86.8	01/06/93				

COMMENTS:

ND = COMPOUND NOT DETECTED
 MDL = METHOD DETECTION LIMIT WITH NO DILUTION
 D = DETECTED BUT BELOW MDL
 * = MDL CHANGED DUE TO DILUTION

ANALYTICAL METHODS

[1] TEST METHODS FOR EVALUATING SOLID WASTE, SW-846
 [2] METHODS OF CHEMICAL ANALYSIS OF WATER AND WASTES
 [3] STANDARD METHODS, FOR THE EXAMINATION OF WATER & WASTES, 16th Ed.

ATTEST





Robert E. Lee & Associates

Engineering, Surveying, Laboratory Services

2825 S. Webster Ave. • Box 2100 • Green Bay, WI 54306-2100
Office 414.336.6338 • FAX 414.336.9141

MAIL RESULTS TO:	NAME
	ADDRESS
	CITY

JGL

Special Handling Request

Rush Analysis
Date Required: _____

Normal Turn Around

Chain of Custody Record

Client Number: 10137269		Client Name: SCHWAN OIL CO.			Preservation	H = Hydrochloric Acid N = Nitric Acid S = Sulfuric Acid O = Sodium Hydroxide NA = None	Analysis Required	Comments
Project Number:		Sampled By: [Signature]						
Project Name: SCHWAN OIL CO. - BULK PLANT								
Sample I.D.	Date	Time	Bottle Total	Sample Type				
S1	1/5/93	11:30	3	Pool	NA	LUST DRO	N. end 4k tank / #1.	
S2	↓	↓	3	↓	↓		Center " "	
S3	↓	↓	3	↓	↓		S. " " "	
S4	↓	1:00	3	↓	↓		N. end 2k tank	
S5	↓	"	3	↓	↓		S. " " "	

	Relinquished By	Date	Time	Received By	Date	Time
1)	[Signature]	1/5/93	4:00			
2)						
3)						
4)						

Same [Signature]

Temperature of Contents: _____ °C

Condition of Seals: _____

Condition of Contents: _____

Received in Laboratory By: [Signature] 1/5/93 4:00

Please complete shaded areas and return top two copies with samples.

**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. 101.142, Wis. Stats.

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. Please see the reverse side for additional information on this program. An underground storage tank is defined as any tank with at least 10 percent of its total volume (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

This registration applies to a tank that is (check one):			Fire Department Providing Fire Coverage Where Tank Located:	
1A. <input type="checkbox"/> In Use or 1B. <input type="checkbox"/> Newly Installed	4. <input checked="" type="checkbox"/> Closed - Tank Removed	8. <input type="checkbox"/> Changed Ownership	VILLAGE OF HORTONVILLE	
2. <input 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: _____			

A. IDENTIFICATION: (Please Print)

1. Tank Site Name: SCHWAN OIL CO. - BULK PLANT Site Address: P.O. BOX 69 157 E. MAIN STREET Site Telephone No.: (414) 779-6111

City: HORTONVILLE Village Town of: State: WI Zip Code: 54944 County: OUTAGAMIE

2. Owner Name (mail sent here unless indicated otherwise in #3 below): DICK SCHWAN Owner Mailing Address (mail sent here unless indicated otherwise in #3): (SAME AS ABOVE)

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

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): 1960'S 5. Tank Capacity (gallons): 4,000 6. Tank Manufacturer's Name (if known): N/A

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): _____

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: N/A 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: N/A Double Walled: Yes No

E. TANK CONTENTS

1. Diesel 2. Leaded 3. Unleaded 4. Fuel Oil #1
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): 1/5/93 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. DILHR 3. Other (identify) _____

Name of Owner or Operator (please print): DICK SCHWAN Indicate Whether: Owner or Operator

Signature of Owner or Operator: [Signature] ROBERT E. LEE & ASSOC. Date Signed: 1/20/93

**UNDERGROUND
PETROLEUM PRODUCT
TANK INVENTORY**

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

#2

Information Required By Sec. 101.142, 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

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
6. Closed - Filled With Inert Material
7. Out of Service - Provide Date: _____

Fire Department Providing Fire Coverage
Where Tank Located:

VILLAGE OF
HORTONVILLE

A. IDENTIFICATION: (Please Print)

1. Tank Site Name: SCHWAN OIL CO. - BULK PLANT Site Address: P.O. BOX 69 157 E. MAIN STREET Site Telephone No.: (414) 779-6111
 City Village Town of: State WI Zip Code 54944 County COUTAGENIE
 2. Owner Name (mail sent here unless indicated otherwise in #3 below): DICK SCHWAN Owner Mailing Address (mail sent here unless indicated otherwise in #3): (SAME AS ABOVE)
 City Village Town of: State _____ Zip Code _____ County _____
 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): 1960'S 5. Tank Capacity (gallons): 2,000 6. Tank Manufacturer's Name (if known): N/A

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): _____

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: N/A 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: N/A Double Walled: Yes No

E. TANK CONTENTS

1. Diesel 2. Leaded 3. Unleaded 4. #1 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): 1/5/93 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. DILHR 3. Other (identify) _____

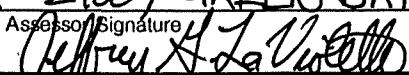
Name of Owner or Operator (please print): DICK SCHWAN Indicate Whether: Owner or Operator
 Signature of Owner or Operator: ROBERT E. LEE & ASSOC. Date Signed: 1/20/93

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.**

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

1. Site Name <u>Schwan Oil Co.</u>		2. Owner Name <u>Richard J. Schwan</u>	
Site Street Address (not P.O. Box) <u>Alley No 2</u>		Owner Street Address <u>157 E. Main St</u>	
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	
<u>Hortonville</u>		<u>Hortonville</u>	
State <u>WI</u>	Zip Code <u>54944</u>	County <u>outagamie</u>	Telephone No. (include area code) <u>(414) 779-6111</u>
3. Closure Company Name (Print) <u>A & D Industries Inc</u>		Closure Company Street Address <u>PO Box 1468</u>	
Closure Company Telephone No. (include area code) <u>(715) 845-8953</u>		Closure Company City, State, Zip Code <u>Wausau WI 54402</u>	
4. Name of Company Performing Closure Assessment <u>ROBERT E. LEE & ASSOCIATES</u>		Assessment Company Street Address, City, State, Zip Code <u>P.O. Box 2100, GREEN BAY, WI. 54306</u>	
Telephone # (include area code) <u>(414) 336-6338</u>	Certified Assessor Name (Print) <u>JEFFREY G. LAVIOLETTE</u>	Assessor Signature 	Assessor Certification No. <u>00894</u>

Tank ID #	Closure	Temp. Closure	Closure In Place	Tank Capacity	Contents *	Closure Assessment
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>4000</u>	<u>OH</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1500</u>	<u>OH</u>	<input checked="" 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

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

B. TEMPORARILY OUT OF SERVICE

Remove Inspector NA
Verified Verified

- Written inspector approval of temporary closure obtained, which is effective until (provide date) _____
- 1. Product Removed
 - a. Product lines drained into tank (or other container) and resulting liquid removed, AND
 - b. All product removed to bottom of suction line, OR
 - c. All product removed to within 1" of bottom.
 - 2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped.
 - 3. All product lines at the islands or pumps located elsewhere are removed and capped, OR
 - 4. Dispensers/pumps left in place but locked and power disconnected.
 - 5. Vent lines left open.
 - 6. Inventory form filed indicating temporary closure.

C. CLOSURE BY REMOVAL

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

C. CLOSURE BY REMOVAL (continued)

- | | Remover
Verified | Inspector
Verified | NA |
|--|--|--------------------------|-------------------------------------|
| 11. Tank labeled in 2" high letters after removal but before being moved from site. | <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; DATE. | | | |
| 12. Tank vent hole (1/8 th " in uppermost part of tank) installed prior to moving the tank from site. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Inventory form filed by owner with Safety and Buildings Division indicating closure by removal. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Site security is provided while the excavation is open. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |

D. CLOSURE IN PLACE

NOTE: CLOSURES IN PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF 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 checked="" type="checkbox"/> |
| 2. Piping disconnected from tank and removed. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> |
| NOTE: DROP TUBE SHOULD NOT BE REMOVED IF THE TANK IS TO BE PURGED THROUGH THE USE OF AN EDUCTOR - EDUCTOR OUTPUT 12 FT ABOVE GRADE. | | | |
| 6. Vent lines left connected until tanks purged. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Tank openings temporarily plugged so vapors exit through vent. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> |
| 9. Tank properly cleaned to remove all sludge and residue. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> |
| 11. Vent line disconnected or removed. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. 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 checked="" type="checkbox"/> |

E. CLOSURE ASSESSMENTS

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

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

F. METHOD OF ACHIEVING 10% LEVEL DESCRIPTION

- Educator Or Diffused Air Blower
 Educator driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground.
 Diffused air blower bonded and drop tube removed. Air pressure not exceeding 5 psig.
- Dry Ice
 Dry ice introduced at 1.5 pounds per 100 gallons of tank capacity. Dry ice crushed and distributed over the greatest possible tank area. Dry ice evaporated before proceeding.
- Inert Gas (CO₂ or N₂) **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. THE TANK MAY NOT BE ENTERED IN THIS STATE WITHOUT SPECIAL EQUIPMENT**
 Gas introduced through a single opening at a point near the bottom of the tank at the end of the tank opposite the vent.
 Gas introduced under low pressure not to exceed 5 psig to reduce static electricity. Gas introducing device grounded.
- Tank atmosphere monitored for flammable or combustible vapor levels.
 Calibrate combustible gas indicator. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank. Readings of 10% or less of the lower flammable range (LEL) obtained before removing tank from ground.

G. NOTE SPECIFIC PROBLEMS OR NONCOMPLIANCE ISSUES BELOW

H. REMOVER/CLEANER INFORMATION

<u>Al Heller</u> Remover Name (print)	<u>al Heller</u> Remover Signature	<u>00474</u> Remover Certification No.	<u>1-7-93</u> Date Signed
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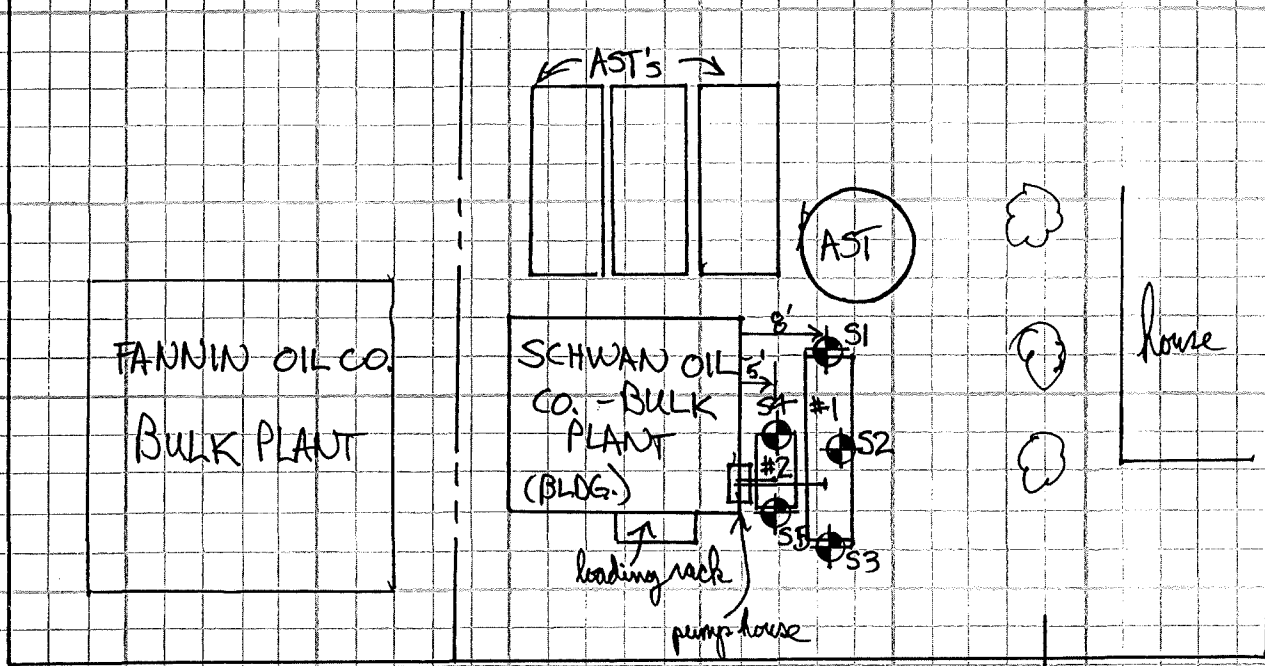
I. INSPECTOR INFORMATION

_____ Inspector Name (print)	_____ Inspector Signature	_____ Inspector Certification No.
_____ FDID # For Location Where Inspection Performed	_____ Inspector Telephone Number	_____ Date Signed

SCHWAN OIL CO. - BULK PLANT
ALLEY #2 & LINCOLN ST.
HORTONVILLE, WI



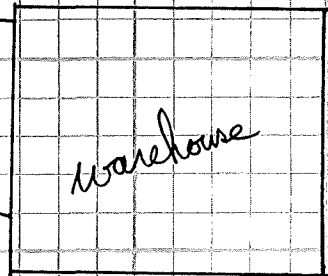
LINCOLN ST.



MILLS ST.

ALLEY #2

TANK #1 - 4,000 gallon fuel oil
TANK #2 - 2,000 gallon fuel oil



warehouse

- not to scale -

SCHWAN OIL COMPANY - BULK PLANT
P.O. BOX 69
157 E. MAIN STREET
HORTONVILLE, WI 54944
PHOTOGRAPHS TAKEN 1/1/93.





PHOTOGRAPH TAKEN 1/1/83
HONOLULU, HI 96844
125 E. WAIN STREET
P.O. BOX 88
SUNNY OIL COMPANY - WALK BRIDGE

855 95 11 4 4 2