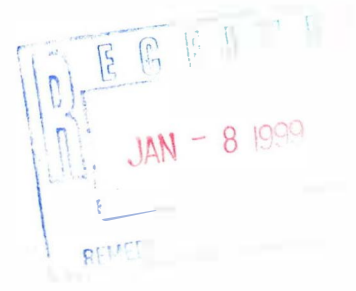


**UNDERGROUND STORAGE
TANK SITE ASSESSMENTS**

**BROWNTOWN OIL
303 NORTH MILL STREET
BROWNTOWN, WISCONSIN**

January 5, 1999

03 23 001503
Browntown Oil



RECEIVED
JUN 16 2000
ERS DIVISION

**UNDERGROUND STORAGE
TANK SITE ASSESSMENTS**

**BROWNTOWN OIL
303 NORTH MILL STREET
BROWNTOWN, WISCONSIN**

January 5, 1999

03-23-001503

January 5, 1999
(ATS08-1108-0345)

Mr. John Sigafus
Post Office Box 187
Browntown Wisconsin 53522

RE: Underground Storage Tank Site Assessments, Browntown Oil, 303 North Mill Street,
Browntown, Wisconsin

Dear Mr. Sigafus:

Northern Environmental Technologies, Incorporated (Northern Environmental) completed underground storage tank (UST) site assessments on December 12, 1998 for Advanced Tank Service (ATS). The UST site assessments conforms with Chapter ILHR 10, Wisconsin Administrative Code (ILHR 10, Wis. Adm. Code) and the Wisconsin Department of Natural Resources (WDNR) site assessment guidelines (WDNR, 1993). This report has been distributed to you and the WDNR tank response unit (SW12, Post Office Box 7921, Madison, Wisconsin 53707-7921).

Specific information regarding the site, UST systems, UST removals, and site assessments are attached. Information obtained from the Wisconsin Department of Workforce Development (DWD, November 30, 1998), tank owner (Sigafus, 1998), and tank removal contractor (ATS, 1998) about the UST systems are listed in Tables 1 and 2. UST and relevant site history are discussed in the Attachments. The UST systems layout is illustrated in Figure 2.

Laboratory analysis detected 1900 milligram per kilogram (mg/kg) gasoline range organics (GRO) and < 10 diesel range organics (DRO) in soil. The WDNR currently uses a concentration of 10 mg/kg GRO or DRO (WDNR, 1995) to require additional investigation. Based on information collected during the UST site assessments, gasoline was released to the environment at the site.

For discharges of hazardous substances into the environment from UST systems, NR 706, Wis. Adm. Code requires that the owner or operator of the UST system immediately notify the WDNR of the release. If required or necessary, the responsible party shall complete interim actions to halt, contain, and/or stabilize the discharged hazardous substance (NR 708, Wis. Adm. Code); complete a site investigation to define the nature, degree, and extent of the contamination (NR 716, Wis. Adm. Code); and remediate the released substance to restore the environment.

In accordance with WDNR requirements, the following actions have been taken:

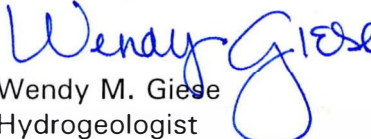
- ▲ The released petroleum was reported to the WDNR (Jahnke, 1998).
- ▲ The suspected source of the released petroleum was removed.
- ▲ Soil sample laboratory analysis confirmed that petroleum was released.

State law requires that the extent of the released petroleum be investigated, and information necessary to evaluate remedial options be gathered and examined. The investigative and remedial work may be eligible for reimbursement under the state of Wisconsin Petroleum Environmental Cleanup Fund Act (PECFA). Upon request, Northern Environmental will prepare a proposal to conduct the necessary investigative work. The proposal will also explain the responsible party's responsibilities and possible cost recovery under the PECFA program. The proposal will be forthcoming.

The findings and results of the UST site assessments are based upon interpretation of the information available to Northern Environmental given the time and budget constraints of this project. Northern Environmental does not warrant that this report represents an exhaustive study of all possible environmental concerns at the Property. The items investigated as part of this study represent likely sources of environmental concern associated with the described UST system, and are consequently believed to adequately address the needs of the Client at the present time.

We trust this information meets your needs. Please contact Northern Environmental at (920) 324-8600 if you have any questions.

Sincerely,
**Northern Environmental
Technologies, Incorporated**


Wendy M. Giese
Hydrogeologist


Marty L. Koopman, PG
District Director

WMG:smd
Attachments

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REFERENCES

Sigafus, John (Browntown Oil) interview with Wendy Giese (Northern Environmental Technologies, Incorporated), December 8, 1998.

Bartlett, Chad (Advanced Tank Service) interview with Wendy Giese (Northern Environmental Technologies, Incorporated), December 8, 1998.

Jahnke, Marilyn (Wisconsin Department of Natural Resources), facsimile with Wendy Giese (Northern Environmental Technologies, Incorporated), December 9, 1998.

United States Geological Survey, *7.5 Minute Quadrangle Map, Browntown, Wisconsin, Illinois Quadrangle*, 1962 (Photo revised 1981).

Wisconsin Department of Commerce, "Flammable and Combustible Liquids," *Wisconsin Administrative Code*, Chapter ILHR 10, October 1996.

Wisconsin Department of Natural Resources, "Site Assessments for Underground Storage Tanks Technical Guidance," June 1993.

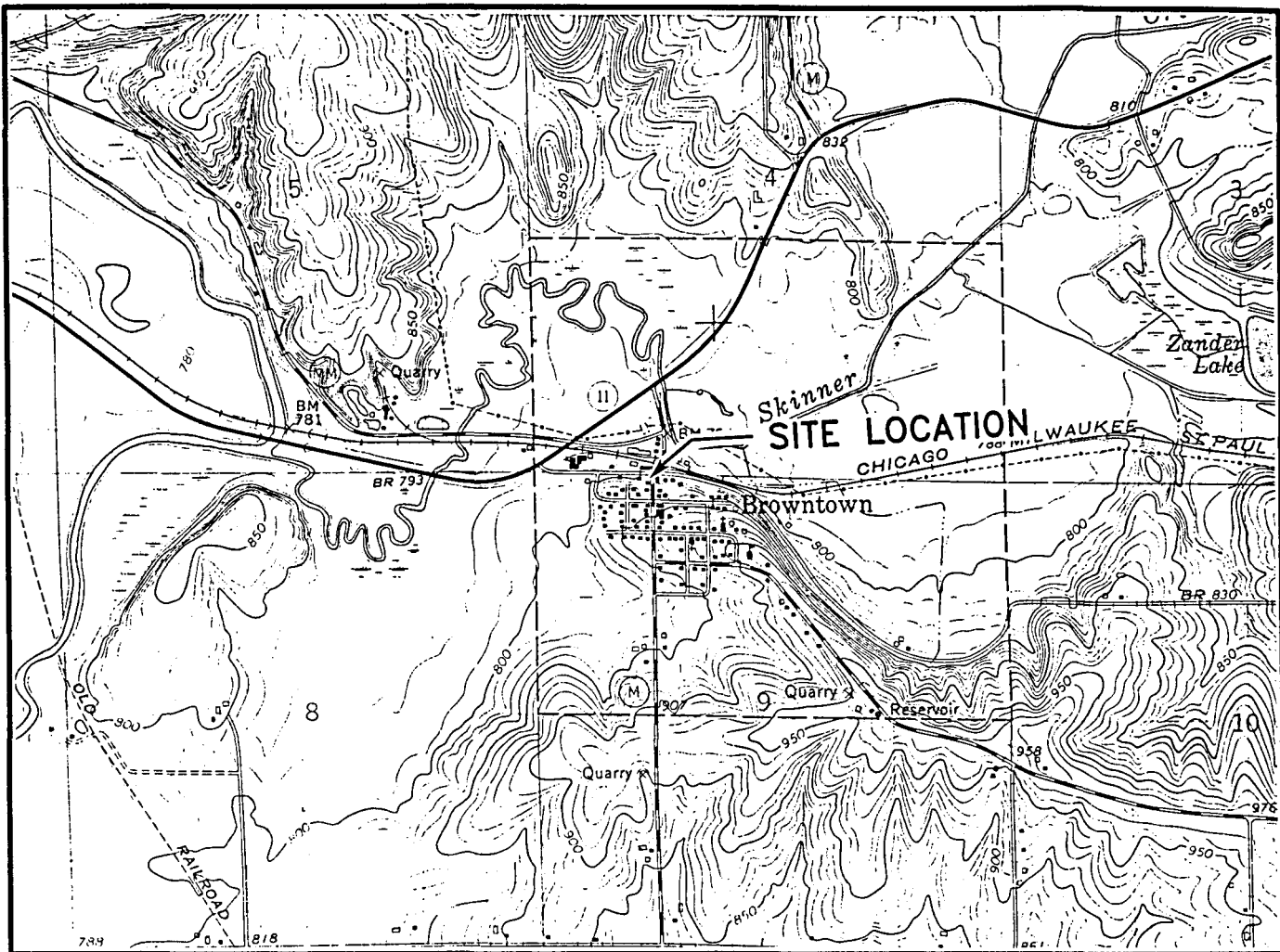
Wisconsin Department of Natural Resources, *Release News*, Volume 5, Number 1, January 1995.

Wisconsin Department of Natural Resources, "Hazardous Substance Discharge Notification and Source Confirmation Requirements," *Wisconsin Administrative Code*, Chapter NR 706, February 1997.

Wisconsin Department of Natural Resources, "Immediate and Interim Actions," *Wisconsin Administrative Code*, Chapter NR 708, February 1997.

Wisconsin Department of Natural Resources, "Site Investigations," *Wisconsin Administrative Code*, Chapter NR 716, February 1997.

Wisconsin Department of Workforce Development, *DWD On-Line Tanks Data Base*, November 30, 1998.



SCALE IN FEET

1" = 2000'



CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929



BASE MAP SOURCE: USGS BROWNTOWN, WIS.-ILL. QUADRANGLE, 7.5 MINUTE SERIES, 1962 (PHOTOINSPECTED 1981)

QUADRANGLE LOCATION

DRAWN BY: DMB | PROJECT: ATS08-1108-0345 | DATE: 12/16/98

REV. DATE

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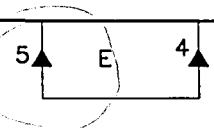
Northern Environmental
Hydrologists • Engineers • Geologists

SM

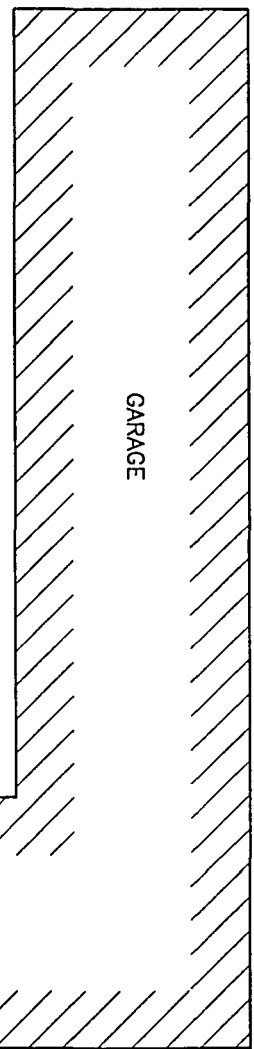
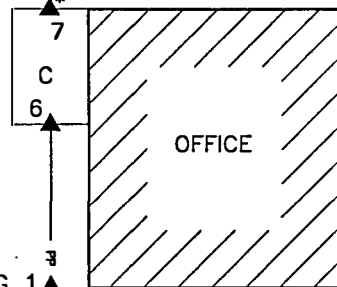
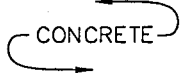
FIGURE 1
SITE LOCATION AND LOCAL TOPOGRAPHY
BROWNTOWN OIL
BROWNTOWN, WISCONSIN

FOR: CHAD BARTLETT

OLD HIGHWAY M

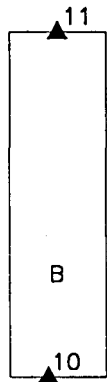
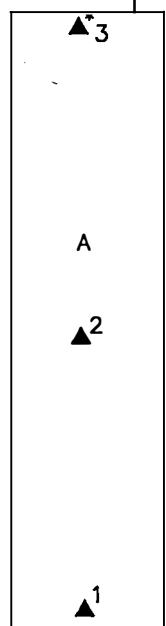


PIPING 2



COUNTY HIGHWAY M

PIPING 1



LEGEND



SOIL SAMPLE LOCATION



CONFIRMATION SOIL SAMPLE LOCATION



FORMER UST LOCATION

UST DESCRIPTIONS:

A = 12,000-GALLON LEADED

B = 3,000-GALLON UNLEADED

C = 500-GALLON FUEL OIL

D = 300-GALLON KEROSENE

E = 700-GALLON LEADED



PRODUCT PIPING

NOTES: 1. UST = UNDERGROUND STORAGE TANK
2. BUILDINGS NOT DRAWN TO SCALE



SCALE IN FEET



DRAWN BY: DMB | PROJECT: ATS08-1108-0345 | DATE: 12/14/98

REV. DATE THIS DRAWING AND ALL INFORMATION CONTAINED THEREON IS THE PROPERTY OF NORTHERN ENVIRONMENTAL INCORPORATED AND SHALL NOT BE COPIED OR USED EXCEPT FOR THE PURPOSE FOR WHICH IT IS EXPRESSLY FURNISHED.

FIGURE 2
SITE LAYOUT WITH UST AND SOIL SAMPLE LOCATIONS
BROWNTOWN OIL
BROWNTOWN, WISCONSIN

 **Northern Environmental**
Hydrologists • Engineers • Geologists

FOR: CHAD BARTLETT

Table 1 Summary of UST System Information, Browntown Oil, Browntown, Wisconsin

UST Number	Registration Number	UST Construction	Status	Date Installed	Type of Delivery System	Piping Construction	Location of Check Valves
300 gallon kerosene	230300031	coated steel	Removed	unknown	suction	coated steel	top of tank
700 gallon leaded gasoline	unknown	coated steel	Removed	unknown	suction	coated steel	top of tank
500 gallon fuel oil	unknown	coated steel	Removed	unknown	suction	coated steel	top of tank
3000 gallon unleaded gasoline	230300033	coated steel	Removed	unknown	suction	coated steel	top of tank
12000 gallon leaded gasoline	230300032	coated steel	Removed	unknown	suction	coated steel	top of tank

Table 2 Summary of UST System Inspection

UST Number	UST Condition	Piping Condition	Piping Joint Integrity	Dispenser Condition	Apparent Releases
300 gallon kerosene	rusted, holes in UST	no piping encountered	---	Dispenser was not encountered	No
700 gallon leaded gasoline	rusted, holes in UST	no piping encountered	---	Dispenser out of service since 1989	Yes
500 gallon fuel oil	tank very corroded, many holes	piping appeared in good condition	Good	Dispenser out of service since 1989	Yes
3000 gallon unleaded gasoline	UST in good condition	piping appeared in good condition	Good	Dispenser out of service since 1989	No
12000 gallon leaded gasoline	UST in good condition	piping appeared in good condition	Good	Dispenser out of service since 1989	No

UST = underground storage tank

Table 3: Soil Field Screening Results, Browtown Oil, Browtown, Wisconsin

UST Sample Associated with	Sample Label	Depth (feet)	Date Collected	PID Headspace Analysis			Sample Odor	Laboratory Analysis Results		Sample Description	
				Time Collected	Date Analyzed	Time Analyzed		PID Response (iui)	DRO (mg/kg)		GRO (mg/kg)
12000 gallon leaded gasoline	1	11	12/8/98	11:20	12/9/98	9:28	3	None	---	---	Silty sands
	2	11	12/8/98	11:27	12/9/98	9:29	15	None	---	---	Silty sands
	3	11	12/8/98	11:33	12/9/98	9:30	916	Strong	---	1900	Silty sands
700 gallon leaded gasoline	4	8.5	12/8/98	11:58	12/9/98	9:31	556	Strong	---	---	Silty sands
	5	8.5	12/8/98	11:59	12/9/98	9:32	5	None	---	---	Silty sands
500 gallon fuel oil	6	8.5	12/8/98	12:05	12/9/98	9:33	9	None	---	---	Silty sands
	7	8.5	12/8/98	12:06	12/9/98	9:50	27	Slight	<10	---	Silty sands
300 gallon kerosene	8	8.5	12/8/98	12:17	12/9/98	9:51	59	None	---	---	Silty sands
	9	8.5	12/8/98	12:19	12/9/98	9:52	33	Slight	---	---	Silty sands
3000 unleaded gasoline	10	9	12/8/98	12:37	12/9/98	9:53	59	Slight	---	---	Silty sands
	11	9	12/8/98	12:38	12/9/98	9:54	172	Strong	---	---	Silty sands
	Piping 1	2	12/8/98	12:27	12/9/98	9:54	636	Strong	---	---	Silty sands
	Piping 2	2	12/8/98	12:32	12/9/98	9:55	24	None	---	---	Silty clayey sands

Note:
 PID = photoionization detector
 iui = instrument units as isobutylene
 --- = Not analyzed
 UST = underground storage tank
 DRO = Diesel range organics
 GRO = Gasoline range organics
 mg/kg = milligrams per kilogram

ATTACHMENT A

**SITE ASSESSMENT QUESTIONNAIRE
AND TANK/WASTE DISPOSAL DOCUMENTATION**

BACKGROUND INFORMATION

Site Address

303 North Mill Street, Browntown, Wisconsin, 53522

Site Legal Description:

_____ 1/4, _____ 1/4, Section _____, Township _____, Range _____

County Green

UST System Owner

Name: Mr. John Sigafus

Address: Post Office Box 187, Browntown, Wisconsin 53522

Telephone No: (608) 966-3312

Site Owner (if different from above)

Name: Mr. John Sigafus

Address: Post Office Box 187, Browntown, Wisconsin 53522

Telephone No: (608) 966-3312

Past and Present Property Use

The Property has been a gasoline, Service Station since the 1940's. Mr. Sigafus purchased the Property in the late 1970's and operated the station as a gasoline station/repair shop until June 1989. Currently the Property is a mechanic/repair shop.

Description of Any USTs Previously Removed from the Site

None

Has the Current System Ever Been Lined or Repaired?

Yes _____

No X

Unknown _____

Information Source/Comment:

Are Other USTs or LUSTs Present on Adjacent Properties?

Yes _____
No _____
Unknown X

Describe: In 1991, a tanker truck collided with another tanker and released #3 fuel oil into the environment on the western edge of the Property. The WDNR visited the site and documented the release.

Are Any of the UST Systems Described in this UST Site Assessment Believed to Have Released Product?

Yes X
No _____
Unknown _____

Strong odors were documented in soil and air during the removal of the USTs. Field screening levels indicated the presence of petroleum volatile organic compounds.

Has the Party Responsible for the UST System Been Notified of the Release and of Their Responsibilities under Chapter NR 158, Wisconsin Administrative Code?

Yes X
No _____

TANK EXCAVATIONS AND REMOVALS AND CLEANING PROCEDURES

UST Closed By

Removal X
Abandonment In-Place

Date of Closure

December 8, 1998

Site Assessor

Company Name: Northern Environmental Technologies, Incorporated
Company Address: 1203 Storbeck Drive, Waupun, Wisconsin 53963
Company Telephone No: (920) 324-8600
Certified Individual: Wendy Giese
Certification Number: 06867

UST Removal Contractor

Company Name: Advanced Tank Service, Inc.
Company Address: Post Office Box 1072, Eau Claire, Wisconsin 54702
Company Telephone No: (715) 831-8484
Certified Individual: Chad Bartlett
Certification Number: 41269

Excavator Contractor (If same, state once)

Company Name: Browntown Plumbing Service
Company Address: Post Office Box 2, Browntown, Wisconsin
Company Telephone No: (608) 966-1010, Mr. Nate Norder

Descriptions of tank system(s) removed from and known tanks remaining on the site are provided in Tables 1 and 2.

TANK CLEANING AND DISPOSAL DOCUMENTATION

Location of Cleaning

On Site X
Off Site
Other

Method Used to Clean the Tank

The USTs were entered through access holes cut in the ends. Sludge was squeegeed off the walls of the USTs, sludge was then shoveled into buckets and dumped into 55 gallon drums.

Final Disposal (Include copies of disposal documents in Attachment A)

Recycled X Scrapped Disposed

Handling of Cleaning Waste Water (Include copies of disposal documents in Attachment A)

Drummed
Taken Off-Site
Volume (gallons)
Number of Drums

Method of Tank Transport

Flatbed (Assumed)

Documentation of Emergency Waiver to Transport Tank (Include copies of disposal documents in Attachment A, if applicable)

Contractor Cleaning Tanks

Company Name: Advanced Tank Service
Company Address: Post Office Box 1072, Eau Claire, Wisconsin 54702
Company Telephone No: (715) 831-8484

Contractor Dismantling Tank

Company Name: _____
Company Address: _____
Company Telephone No: _____

Contractor Transporting Tank

Company Name: _____
Company Address: _____
Company Telephone No: _____

Contractor Disposing of Tank Per Mr. John Sigafus, USTs would be disposed at:

Company Name: Green County Salvage and Recycling, Incorporated
Company Address: N2193 Clarno Road, Monroe, Wisconsin 53566
Company Telephone No: (608) 325-2410 Fax: (608) 329-6469

SURPLUS PRODUCT AND TANK SLUDGE MANAGEMENT

Approximately, 110 gallons of sludge were disposed/recycled at Waste Research & Reclamation of Eau Claire, 5200 State Road 93, Eau Claire, Wisconsin 54701

Contractor Storing Liquids/Sludges

Company Name: _____

Company Address: _____

Company Telephone No: _____

Contractor Transporting Liquids/Sludges

Company Name: Advanced Tank Service

Company Address: Post Office Box 1072, Eau Claire, Wisconsin 54702

Company Telephone No: (715) 831-8484

Copies of waste characterization data, Hazardous Waste Manifests, and USEPA Hazardous Waste Generator I.D. Numbers are attached if available.

Contractor Disposing or Recycling Liquids/Sludges

Company Name: Waste Research & Reclamation of Eau Claire

Company Address: 5200 State Road 93, Eau Claire, Wisconsin 54701

Company Telephone No: (715) 834-9624

WEATHER, SOIL, AND GROUND-WATER CONDITIONS

Weather Conditions

Temperature: 40's
Precipitation: None
Wind: Slight breeze

Surface Conditions

Material UST area overlain by (e.g., concrete) concrete, grass

Is the area around the fill pipe, pump, etc. visibly stained? If yes, describe

USTs were uncovered prior to site assessor arriving on site. Areas around fill pipe were not observed. Surface staining from automobiles was evident on concrete and around dispenser island.

Is stressed or dead vegetation evident? Hard to determine ground was covered with snow

Are there previously undiscovered or unregistered tanks? If yes, describe No

Excavation and Soil

Depth of Tank Excavation 5 to 12 feet below grade depending of UST size

Depth of Piping Excavation 2 feet below grade

Free Product Present: No

Obvious Odors: Yes

Soil Discoloration: Hard to determine soils were multi-colored

Oil Sheen on Water in Excavation: Not evident

Soil Description:

Native: Silty sands

Backfill: Silty sands

Free Standing Water: Yes

Type (runoff, perched, ground water): Ground water

Depth to Water (feet below grade): 4.5 feet

Depth to Ground-Water Level

4.5 feet below grade

Local Ground-Water Use

Unknown

Tank system components should be described in Tables 1 and 2.

ATTACHMENT B

**SOIL SAMPLE FIELD SCREENING
AND PREPARATION METHODS**

SOIL SAMPLE FIELD SCREENING AND PREPARATION METHODS

Soil samples were collected by or under the direction of a WDILHR-certified Northern Environmental Technologies, Incorporated site assessor in conformance with Wisconsin Department of Natural Resources (WDNR) guidelines (WDNR, 1993) and Chapter ILHR 10, Wisconsin Administrative Code.

Each sample was split into two representative portions: one for field screening, the other for laboratory analysis. Field screening consisted of classifying the soil according to the Unified Soil Classification System, identifying obvious odors and staining, and photoionization detector (PID) headspace analysis. The PID headspace sample was subjected to field headspace screening for volatile and semi-volatile organic compounds (VOCs and PVOCs) utilizing a PID. PID headspace screening consisted of transferring a sample to a clean plastic bag with a "zipper" type sealing feature. Care was taken to maintain a relative constant soil volume to headspace volume ratio. The plastic bag was carefully punctured with the PID probe and the highest stable response occurring in 10 to 20 seconds was recorded in minutes. The PID utilized was a Thermo Model 580B Organic Vapor Monitor (OVM) outfitted with a 10.6 electrovolt (eV) lamp. The PID is calibrated before field use for direct response to isobutylene.

A portion of the sample designated for laboratory analysis was immediately transferred into a 4-ounce plastic cup with no headspace for dry weight analysis. Samples collected for diesel range organics analysis and/or gasoline range organics (GRO), 13 grams of soil were immediately collected into a WDNR approved specially designed Easydraw disposable syringe, transferred into a 40 ml vial, and sealed with a Teflon-lined cap.

Soil samples collected for laboratory analysis were labeled and stored on ice in a cooler where they were maintained in a chilled condition for possible laboratory analysis. Soil samples selected for laboratory analysis were transported by courier under chain-of-custody to a WDNR-certified laboratory.

Wisconsin Department of Industry, Labor, and Human Relations, "Flammable and Combustible Liquids," *Wisconsin Administrative Code*, Chapter ILHR 10, October 1996.

Wisconsin Department of Natural Resources, "Site Assessments for Underground Storage Tanks Technical Guidance," June 1993.

Reg Obj #: _____

UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK INVENTORY

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

Information Required By Section 101.142, Wis. Stats.

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? Yes No If yes, are you correcting/updating information only? Yes No

Personal information you provide may be used for secondary purposes. [Privacy Law, s. 15.04 (1)(m)]

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

A. IDENTIFICATION (Please Print)

1. Tank Site Name <u>Browntown Oil</u>	Site Address <u>303 North Mill St.</u>	Site Telephone Number <u>(608) 966-3312</u>
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: _____	State <u>WI</u> Zip Code <u>53522</u>	County <u>Green</u>
2. Tank Name <u>John Sigafus</u>	Mailing Address <u>PO Box 187</u>	Telephone Number ()
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: _____	State <u>WI</u> Zip Code <u>53522</u>	County <u>Green</u>
3. Previous Name	Previous site address if different than #1	

B. Site ID #: _____ **Facility ID #:** _____ **Customer ID #:** _____

C. 4. Tank Age (age or date installed): _____ **5. Tank Capacity (gallons):** 700

D. LAND OWNER TYPE (check one)

County Federal Leased Federal Owned Municipal Other Government

Private State Tribal Nation

E. OCCUPANCY TYPE (check one)

Gas/Retail Sales Bulk Storage Utility Mercantile/Commercial Industrial School Residential

Agricultural Backup or Emergency Generator Other (Specify): _____

F. Tank Construction:

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

G. Primary Tank leak detection method:

Inventory control and tightness testing Automatic tank gauging Groundwater monitoring

Manual tank gauging (only for tanks of 1,000 gallons or less) Interstitial monitoring Vapor monitoring

Statistical Inventory Reconciliation (SIR) Unknown

H. Piping Construction:

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

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

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

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

Groundwater monitoring Vapor monitoring Interstitial monitoring Not required Unknown

K. Vapor Recovery/Stage II CARB #: _____

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

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

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

(Indicate chemical name and number)

* If chosen, this tank is NOT PECFA eligible.

M. If Tank Closed, Abandoned or Out of Service, give date (mo/day/yr): 12-8-98

Geo Latitude: _____ **Geo Longitude:** _____

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

Owner or Operator Name (please print): _____

Owner or Operator Signature: John Sigafus

Indicate whether: Owner or Operator

Date Signed: 12-8-98

Note: Refer to comments on reverse side of form.

Reg Obj #: 230300032

UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK INVENTORY

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

Information Required By Section 101.142, Wis. Stats.

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? Yes No If yes, are you correcting/updating information only? Yes No Personal information you provide may be used for secondary purposes. [Privacy Law, s. 15.04 (1)(m)]

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

- In Use
- Newly Installed
- Abandoned with Product
- Abandoned without Product (empty)
- Closed - Tank Removed
- Closed - Filled with Inert Materials
- Temporary Out of Service - Provide Date: _____
- Abandon with Water
- Ownership Change (Indicate new owner name in block 2)

Fire Department providing fire coverage where tank is located:

City Village Town of Browntown

A. IDENTIFICATION (Please Print)

1. Tank Site Name

Browntown Oil

City Village Town of:

Browntown

Site Address

303 North Mill St.

State

WI

Zip Code

53522

Site Telephone Number

(608) 966-3312

County

Green

2. Tank Owner Name

John Sigafus

City Village Town of:

Browntown

Mailing Address

PO Box 187

State

WI

Zip Code

53522

Telephone Number

()

County

Green

3. Previous Name

Previous site address if different than #1

B. Site ID #:

Facility ID #:

Customer ID #:

C. 4. Tank Age (age or date installed):

5. Tank Capacity (gallons): 12,000

D. LAND OWNER TYPE (check one)

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

E. OCCUPANCY TYPE (check one)

- Gas/Retail Sales
- Agricultural
- Bulk Storage
- Backup or Emergency Generator
- Utility
- Other (Specify):
- Mercantile/Commercial
- Industrial
- School
- Residential

F. Tank Construction:

- Bare Steel
- Fiberglass
- Lined (Date):
- Coated Steel
- Steel - Fiberglass Reinforced Plastic Composite
- Other (specify):
- Unknown
- N/A

Cathodic Protection

- Sacrificial Anodes
- Impressed Current
- N/A

Overfill Protection? Yes No

Spill Containment? Yes No

Tank Double Walled? Yes No

G. Primary Tank leak detection method:

- Inventory control and tightness testing
- Manual tank gauging (only for tanks of 1,000 gallons or less)
- Automatic tank gauging
- Interstitial monitoring
- Statistical Inventory Reconciliation (SIR)
- Groundwater monitoring
- Vapor monitoring
- Unknown

H. Piping Construction:

- Bare Steel
- Fiberglass
- Other (specify):
- Coated Steel
- Flexible
- N/A
- Unknown
- N/A

Cathodic Protection

- Sacrificial Anodes
- Impressed Current
- N/A

Pipe Double Walled? Yes No

I. Primary Piping System Type:

- Suction piping with check valve at tank
- Suction piping with check valve at pump and inspectable
- Not needed if waste oil
- Pressurized piping with: A. auto shutoff; B. alarm or C. flow restrictor
- Unknown

J. Piping Leak Detection Method: (used if pressurized or check valve at tank):

- Groundwater monitoring
- Vapor monitoring
- Interstitial monitoring
- Not required
- Unknown
- SIR
- Tightness testing
- Electronic line leak monitor

K. Vapor Recovery/Stage II CARB #:

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

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

- Diesel
- Other (Specify):
- Waste/Used Motor Oil
- Leaded
- Empty
- Chemical
- Unleaded
- Sand/Gravel/Slurry*
- Kerosene
- Fuel Oil
- Unknown*
- Aviation
- Gasohol
- Premix
- Hazardous Waste*

(Indicate chemical name and number)

* If chosen, this tank is NOT PECFA eligible.

Geo Latitude:

Geo Longitude:

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

12-8-98

Has a site assessment been completed (see reverse side for details)

Yes No

Owner or Operator Name (please print):

John Sigafus

Indicate whether:

Owner or Operator

Owner or Operator Signature:

John Sigafus

Date Signed

12-8-98

Note: Refer to comments on reverse side of form.

Reg Obj #: 230300033

UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK INVENTORY

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

Information Required By Section 101.142, Wis. Stats.

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? Yes No If yes, are you correcting/updating information only? Yes No Personal information you provide may be used for secondary purposes. [Privacy Law, s. 15.04 (1)(m)]

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

A. IDENTIFICATION (Please Print)		
1. Tank Site Name <u>Browntown Oil</u>	Site Address <u>303 North Mill Street</u>	Site Telephone Number <u>(608) 966-3312</u>
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: <u>Browntown</u>	State <u>WI</u>	Zip Code <u>53522</u>
2. Tank Owner Name <u>John Sigafus</u>	Mailing Address <u>Po box 187</u>	Telephone Number <u>()</u>
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: <u>Browntown</u>	State <u>WI</u>	Zip Code <u>53522</u>
3. Previous Name	Previous site address if different than #1	
B. Site ID #:	Facility ID #:	Customer ID #:

C. 4. Tank Age (age or date installed):	5. Tank Capacity (gallons): <u>3000</u>
---	---

D. LAND OWNER TYPE (check one)					
<input type="checkbox"/> County	<input type="checkbox"/> Federal Leased	<input type="checkbox"/> Federal Owned	<input type="checkbox"/> Municipal	<input type="checkbox"/> Other Government	
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> State	<input type="checkbox"/> Tribal Nation			

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

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

G. Primary Tank leak detection method:			<input type="checkbox"/> Automatic tank gauging		<input type="checkbox"/> Groundwater monitoring	
<input type="checkbox"/> Inventory control and tightness testing	<input type="checkbox"/> Interstitial monitoring		<input type="checkbox"/> Interstitial monitoring		<input type="checkbox"/> Vapor monitoring	
<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			

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

I. Primary Piping System Type:						
<input type="checkbox"/> Pressurized piping with <input type="checkbox"/> A. <input type="checkbox"/> auto shutoff; B. <input type="checkbox"/> alarm or C. <input type="checkbox"/> flow restrictor	<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			

J. Piping Leak Detection Method: (used if pressurized or check valve at tank):						
<input type="checkbox"/> SIR	<input type="checkbox"/> Tightness testing	<input type="checkbox"/> Electronic line leak monitor				
<input type="checkbox"/> Groundwater monitoring	<input type="checkbox"/> Vapor monitoring	<input type="checkbox"/> Interstitial monitoring	<input type="checkbox"/> Not required	<input type="checkbox"/> Unknown		

K. Vapor Recovery/Stage II CARB #:						
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Flexible	<input type="checkbox"/> Operational - Provide Date (mo/day/yr):			

L. TANK CONTENTS (Current, or previous product if tank now empty)						
<input type="checkbox"/> Diesel	<input type="checkbox"/> Leaded	<input checked="" type="checkbox"/> Unleaded	<input type="checkbox"/> Fuel Oil	<input type="checkbox"/> Gasohol		
<input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Empty	<input type="checkbox"/> Sand/Gravel/Slurry*	<input type="checkbox"/> Unknown*	<input type="checkbox"/> Premix		
<input type="checkbox"/> Waste/Used Motor Oil	<input type="checkbox"/> Chemical _____	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Aviation	<input type="checkbox"/> Hazardous Waste*		
(Indicate chemical name and number)						

* If chosen, this tank is NOT PECFA eligible.	Geo Latitude:	Geo Longitude:
M. If Tank Closed, Abandoned or Out of Service, give date (mo/day/yr): <u>12-8-98</u>	Has a site assessment been completed (see reverse side for details): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Owner or Operator Name (please print): <u>John Sigafus</u>	Indicate whether: <input checked="" type="checkbox"/> Owner or <input type="checkbox"/> Operator
Owner or Operator Signature: <u>John Sigafus</u>	Date Signed <u>12-8-98</u>

UNDERGROUND

FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK INVENTORY

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

Reg Obj #: 2303000 31

Information Required By Section 101.142, Wis. Stats.

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? [X] Yes [] No If yes, are you correcting/updating information only? [X] Yes [] No Personal information you provide may be used for secondary purposes. [Privacy Law, s. 15.04 (1)(m)]

This registration applies to a tank that is (check one):
[] In Use
[] Newly Installed
[] Abandoned with Product
[] Abandoned without Product (empty)
[X] Closed - Tank Removed
[] Closed - Filled with Inert Materials
[] Temporary Out of Service - Provide Date:
[] Abandon with Water
[] Ownership Change (Indicate new owner name in block 2)
Fire Department providing fire coverage where tank is located:
[] City [] Village
[] Town of BROWNTOWN

A. IDENTIFICATION (Please Print)
1. Tank Site Name: BROWNTOWN Oil
City: BROWNTOWN
State: WI Zip Code: 53522 County: GREEN
Site Address: 303 North Mill ST. Site Telephone Number: (608) 966-3312
2. Tank Owner Name: John Sigafus
Mailing Address: PO Box 187
State: WI Zip Code: 53522 County: GREEN
Telephone Number: ()
3. Previous Name: Previous site address if different than #1

B. Site ID #: Facility ID #: Customer ID #:

C. 4. Tank Age (age or date installed): 5. Tank Capacity (gallons): 300

D. LAND OWNER TYPE (check one)
[X] Private [] County [] Federal Leased [] Federal Owned [] Municipal [] Other Government
[] Agricultural [] State [] Tribal Nation [] Backup or Emergency Generator [] Utility [] Mercantile/Commercial [] Industrial [] School [] Residential

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

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

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

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

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

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

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

L. TANK CONTENTS (Current, or previous product if tank now empty)
[] Diesel [] Leaded [] Unleaded [] Fuel Oil [] Gasohol
[] Other (Specify): [] Empty [] Sand/Gravel/Slurry* [] Unknown* [] Premix
[] Waste/Used Motor Oil [] Chemical [] Kerosene [] Aviation [] Hazardous Waste*

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

M. If Tank Closed, Abandoned or Out of Service, give date (mo/day/yr): 12-8-98
Has a site assessment been completed (see reverse side for details)
[X] Yes [] No

Owner or Operator Name (please print): John Sigafus
Owner or Operator Signature: John Sigafus
Indicate whether: [X] Owner or [] Operator
Date Signed: 12-8-98

*Note: Refer to comments on reverse side of form.

UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK INVENTORY

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

Information Required By Section 101.142, Wis. Stats.

Reg Obj #: _____

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? Yes No If yes, are you correcting/updating information only? Yes No
Personal information you provide may be used for secondary purposes. [Privacy Law, s. 15.04 (1)(m)]

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

A. IDENTIFICATION (Please Print)		
1. Tank Site Name <u>Brauntown Oil</u>	Site Address <u>303 North Mill St.</u>	Site Telephone Number <u>(609) 966-3312</u>
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: <u>Brauntown</u>	State <u>WI</u>	County <u>Green</u>
2. Tank Owner Name <u>John Sigafus</u>	Mailing Address <u>Po Box 187</u>	Telephone Number ()
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: <u>Brauntown</u>	State <u>WI</u>	County <u>Green</u>
3. Previous Name	Previous site address if different than #1	

B. Site ID #:	Facility ID #:	Customer ID #:
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C. 4. Tank Age (age or date installed):	5. Tank Capacity (gallons): <u>500</u>
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D. LAND OWNER TYPE (check one)					
<input type="checkbox"/> County	<input type="checkbox"/> Federal Leased	<input type="checkbox"/> Federal Owned	<input type="checkbox"/> Municipal	<input type="checkbox"/> Other Government	
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> State	<input type="checkbox"/> Tribal Nation			

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

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

G. Primary Tank leak detection method:			<input type="checkbox"/> Automatic tank gauging		<input type="checkbox"/> Groundwater monitoring	
<input type="checkbox"/> Inventory control and tightness testing	<input type="checkbox"/> Interstitial monitoring		<input type="checkbox"/> Interstitial monitoring		<input type="checkbox"/> Vapor monitoring	
<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"/> Statistical Inventory Reconciliation (SIR)		<input type="checkbox"/> Unknown	

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

I. Primary Piping System Type: <input type="checkbox"/> Pressurized piping with <input type="checkbox"/> A. auto shutoff, B. alarm or C. flow restrictor <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		

J. Piping Leak Detection Method: (used if pressurized or check valve at tank): <input type="checkbox"/> SIR <input type="checkbox"/> Tightness testing <input type="checkbox"/> Electronic line leak monitor					
<input type="checkbox"/> Groundwater monitoring	<input type="checkbox"/> Vapor monitoring	<input type="checkbox"/> Interstitial monitoring	<input type="checkbox"/> Not required	<input type="checkbox"/> Unknown	

K. Vapor Recovery/Stage II CARB #:					
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Flexible	<input type="checkbox"/> Operational - Provide Date (mo/day/yr):		

L. TANK CONTENTS (Current, or previous product if tank now empty)					
<input type="checkbox"/> Diesel	<input type="checkbox"/> Leaded	<input type="checkbox"/> Unleaded	<input checked="" type="checkbox"/> Fuel Oil	<input type="checkbox"/> Gasohol	
<input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Empty	<input type="checkbox"/> Sand/Gravel/Slurry*	<input type="checkbox"/> Unknown*	<input type="checkbox"/> Premix	
<input type="checkbox"/> Waste/Used Motor Oil	<input type="checkbox"/> Chemical _____	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Aviation	<input type="checkbox"/> Hazardous Waste*	
(Indicate chemical name and number)					

* If chosen, this tank is NOT PECFA eligible.		Geo Latitude:	Geo Longitude:
M. If Tank Closed, Abandoned or Out of Service, give date (mo/day/yr): <u>12-8-98</u>		Has a site assessment been completed (see reverse side for details): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Owner or Operator Name (please print): <u>John Sigafus</u>		Indicate whether: <input checked="" type="checkbox"/> Owner or <input type="checkbox"/> Operator	
Owner or Operator Signature: <u>John Sigafus</u>		Date Signed: <u>12-8-98</u>	

Note: Refer to comments on reverse side of form.

Complete one form for each site closure.

CHECKLIST FOR TANK CLOSURE

RETURN COMPLETED CHECKLIST TO:

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

CHECK ONE:
 UNDERGROUND
 ABOVEGROUND
 FOR PORTIONS OF THE FORM THAT DO NOT APPLY, CHECK THE N/A BOX

Wisconsin Department of Commerce
 ERS Division
 Bureau of Storage Tank Regulation
 P.O. Box 7969
 Madison, WI 53707

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

1. Site Name <u>Browtown Oil</u>		2. Owner Name <u>John Sigafus</u>	
Site Street Address (not P.O. Box) <u>303 North Mill St.</u>		Owner Street Address <u>PO Box 187</u>	
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	
<u>Browtown</u>		<u>Browtown</u>	
State <u>WI</u>	Zip Code <u>53522</u>	County <u>Green</u>	Telephone No. (include area code) <u>(608) 966-3312</u>
3. Closure Company Name (print) <u>Advanced Tank Service</u>		Closure Company Street Address <u>PO Box 1072</u>	
Closure Company Telephone No. (include area code) <u>(715) 831-8484</u>		Closure Company City, State, Zip Code <u>EAU CLAIRE, WI 54702</u>	
4. Name of Company Performing Closure Assessment <u>Northern Environmental Tech.</u>		Assessment Company Street Address, City, State, Zip Code <u>1203 Storbeck Drive Waupun, WI 53962</u>	
Telephone # (include area code) <u>(920) 324-8600</u>	Certified Assessor Name (print) <u>Wendy Giese</u>	Assessor Signature <u>Wendy Giese</u>	Assessor Certification No. <u>06867</u>

Tank ID #	Closure	Temp. Closure	Closure in Place	Tank Capacity	Contents*	Closure Assessment	
1. <u>230300032</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>12,000</u>	<u>AW 02</u>	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
2. <u>230300033</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3,000</u>	<u>03</u>	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
3. <u>230300031</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>300</u>	<u>14</u>	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
4.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>500</u>	<u>04</u>	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
5.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>700</u>	<u>02</u>	<input checked="" 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; 10-Premix; 11-Waste Oil; 13-Chemical (indicate the chemical name(s) or number(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

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

	Remove Verified	Inspector Verified	NA
Written inspector approval of temporary closure obtained, which is effective until (provide date) _____	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
1. Product Removed			
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"/> NA
b. All product removed to bottom of suction line, OR	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
c. All product removed to within 1" of bottom.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
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"/> NA
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"/> NA
4. Dispensers/pumps left in place but locked and power disconnected.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
5. Vent lines left open.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
6. Inventory form filed indicating temporary closure.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA

C. CLOSURE BY REMOVAL

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

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" 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 ERS-7437 filed by owner with the Department of Commerce 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 COMMERCE 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"/>

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 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) <u>see Section F.</u>	<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"/>
11. Vent line disconnected or removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
12. Inventory form filed by owner with the Department of Commerce indicating closure in place.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
4. Was a field screening instrument used to pre-screen soil sample locations? <u>Sampled.. were</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
5. Was a closure assessment omitted because of obvious contamination? <u>not screened in field</u>	<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

Agency, office and person contacted: _____

7. Contamination suspected because of: Odor Soil Staining Free Product Sheen on Groundwater Field Instrument Test

METHOD OF ACHIEVING 10% LEVEL DESCRIPTION

Eductor Or Diffused Air Blower

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

Diffused air blower bonded and drop tube removed. Air pressure not exceeding 5 psig.

Dry Ice

Dry Ice introduced at 1.5 pounds per 100 gallons of tank capacity. Dry ice crushed and distributed over the greatest possible tank area.

Dry ice evaporated before proceeding.

Inert Gas (CO/2 or N/2) **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. THE TANK MAY NOT BE ENTERED IN THIS STATE WITHOUT SPECIAL EQUIPMENT.**

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

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

Tank atmosphere monitored for flammable or combustible vapor levels.

Calibrate combustible gas indicator. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank. Readings of 10% or less of the lower flammable range (LEL) obtained before removing tank from ground.

F. NOTE SPECIFIC PROBLEMS OR NONCOMPLIANCE ISSUES BELOW

H. REMOVER/CLEANER INFORMATION

CHAD BARTLETT
Remover Name (print)

Chad Bartlett
Remover Signature

41269
Remover Certification No.

12-8-98
Date Signed

I. INSPECTOR INFORMATION

Inspector Name (print)

Inspector Signature

Inspector Certification No.

DID # For Location Where Inspection Performed

Inspector Telephone Number

Date Signed

TANK INVENTORY FORM ERS-7437 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH CLOSURE CHECKLIST

DEPT OF COMMERCE/BUREAU OF STORAGE TANK REGULATION

ATTACHMENT C
UPDATED TANK INVENTORY FORMS
AND CLOSURE CHECKLIST

APPENDIX D

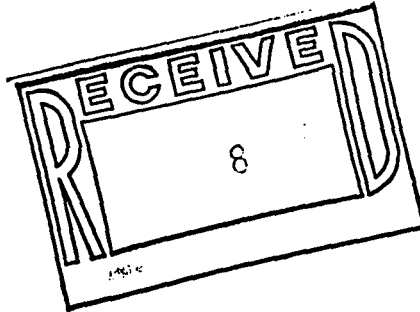
**LABORATORY ANALYSIS REPORTS
AND CHAIN-OF-CUSTODY RECORDS**



Analytical Laboratory

1090 Kennedy Ave. Kimberly, WI 54136
920-735-8295

WI DNR Certified Lab #445027660



WENDY GIESE
NORTHERN ENVIRONMENTAL
1203 STORBECK
WAUPUN WI 53963

Project #: ATS08-1108-0345
Project : BROWNTOWN
Sample ID: 3
Lab Code: 5023842A
Sample Type: Soil
Sample Date: 08-Dec-98

Report Date: 16-Dec-98

Test	Result	LOD	LOQ	Unit	Dilution Factor	Date Analyzed:	Analyzed By:	QC Code
TOTAL SOLIDS	78.3			%		11-Dec-98	RMB	1
MODIFIED GRO WDNR SEP 95	1900	6.1	22	MG/KG	20	11-Dec-98	CJR	1

LOD = Limit of Detection

"J" Flag: Analyte detected between LOD and LOQ.

LOQ = Limit of Quantitation

QC SUMMARY

CODE:

1

All laboratory QC requirements were met for this sample.

Authorized Signature



Analytical Laboratory

1090 Kennedy Ave. Kimberly, WI 54136
920-735-8295

WI DNR Certified Lab #445027660

WENDY GIESE
NORTHERN ENVIRONMENTAL
1203 STORBECK
WAUPUN WI 53963

Project #: ATS08-1108-0345
Project : BROWNTOWN
Sample ID: 7
Lab Code: 5023842B
Sample Type: Soil
Sample Date: 08-Dec-98

Report Date: 16-Dec-98

Test	Result	LOD	LOQ	Unit	Dilution Factor	Date Analyzed:	Analyzed By:	QC Code
TOTAL SOLIDS	78.1			%		11-Dec-98	RMB	1
MODIFIED DRO WDNR SEP 95	< 10	0.58	1.9	MG/KG	1	11-Dec-98	BNR	1

LOD = Limit of Detection

"J" Flag: Analyte detected between LOD and LOQ.

LOQ = Limit of Quantitation

QC SUMMARY

CODE:

1

All laboratory QC requirements were met for this sample.

Authorized Signature

CHAIN OF CUSTODY RECORD REQUEST FOR ANALYSIS

Page 1 of 2
No: 11742

▲ Northern Environmental™
Hydrologists • Engineers • Geologists

1214 W. Venture Ct.
Mequon, WI 53092
414-241-3133
FAX 414-241-8222

372 West County Road D
New Brighton, MN 55112
651-635-9100
FAX 651-635-0643

954 Circle Drive
Green Bay, WI 54304
920-592-8400
FAX 920-592-8444

330 South 4th Avenue
Park Falls, WI 54552
715-762-1544
FAX 715-762-1844

1203 Storbeck Drive
Waupun, WI 53963
920-324-8600
FAX 920-324-3023

217 S. 7th Street Suite 208
Brainerd, MN 56401
218-825-9001
FAX 218-825-9002

Check office originating request

5023842

Project No: <u>AT50811080345</u> Task No: <u>45</u>		Laboratory: <u>US Analytical</u>		Sample Integrity - To be completed by receiving lab Seal intact upon receipt <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
Project Location (city): <u>Browntown</u>		Wisconsin DNR Certification #: <u>44502766D</u>		Method of shipment: <u>Courier</u>	
Project Manager: <u>Wendy Giese</u>		Laboratory Contact: <u>Mike Ricker</u>		Contents Temperature: <u>ICE</u> °C Refrigerator No. <u>665</u>	
Sampler (name): <u>Wendy Giese</u>		Price Quote:		ANALYSES REQUESTED	
Sampler (Signature): <u>Wendy Giese</u>		TURNAROUND TIME REQUIRED <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Rush		DRO (WI Modified Method) <input type="checkbox"/>	
Sampling Date(s): <u>12/18/98</u>					
Reports to be Sent to: <u>Wendy Giese</u>		Date Needed: <u>12/21/98</u>		BETX (EPA Method 8020) <input type="checkbox"/>	
Lab ID No.		Description			
Sample No.		Preservative		VOC (EPA Method 8021) <input type="checkbox"/>	
Collection Date		Water			
Time		Soil		Pb (EPA Method) <input type="checkbox"/>	
No. of Containers, Size & Type		Other			
1		Ice			
2					
3					
4					
5					
6					
7					
8					
9					
10					

Packed for Shipping by: <u>[Signature]</u>		Comments:	
Shipment Date: <u>12/19/98</u>			

Relinquished By: <u>[Signature]</u> Date: <u>12/19/98</u>		Relinquished By: <u>[Signature]</u> Date: <u>12-9-98</u>		Relinquished By: _____ Date: _____	
Company: <u>NCIT</u> Time: <u>1:20</u>		Company: <u>US Oil</u> Time: <u>4:00</u>		Company: _____ Time: _____	
Received By: <u>[Signature]</u> Date: <u>12-9-98</u>		Received By: <u>[Signature]</u> Date: <u>12/9/98</u>		Received By: _____ Date: _____	
Company: <u>US Oil</u> Time: <u>1:20</u>		Company: <u>US Oil</u> Time: <u>400</u>		Company: _____ Time: _____	

CHAIN OF CUSTODY RECORD REQUEST FOR ANALYSIS

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No: 11743



- | | | | | | |
|--|---|--|---|--|--|
| <input type="checkbox"/> 1214 W. Venture Ct.
Mequon, WI 53092
414-241-3133
FAX 414-241-8222 | <input type="checkbox"/> 372 West County Road D
New Brighton, MN 55112
651-635-9100
FAX 651-635-0643 | <input type="checkbox"/> 954 Circle Drive
Green Bay, WI 54304
920-592-8400
FAX 920-592-8444 | <input type="checkbox"/> 330 South 4th Avenue
Park Falls, WI 54552
715-762-1544
FAX 715-762-1844 | <input checked="" type="checkbox"/> 203 Storbeck Drive
Waupun, WI 53963
920-324-8600
FAX 920-324-3023 | <input type="checkbox"/> 217 S. 7th Street Suite 208
Brainerd, MN 56401
218-825-9001
FAX 218-825-9002 |
|--|---|--|---|--|--|

Check office originating request

5023842

Project No: <u>A150811080345</u> Task No: _____		Laboratory: <u>US Analytical</u>		Sample Integrity - To be completed by receiving lab Seal intact upon receipt <input checked="" type="checkbox"/> yes <input type="checkbox"/> no													
Project Location (city): <u>Browntown</u>		Wisconsin DNR Certification #: <u>445027660</u>		Method of shipment: <u>Carrier</u>		Contents Temperature: <u>ICE</u> °C Refrigerator No. <u>LG5</u>											
Project Manager: <u>Wendy Giese</u>		Laboratory Contact: _____		ANALYSES REQUESTED													
Sampler (name): <u>Wendy Giese</u>		Price Quote: _____		DRO (WI Modified Method)	GRO (WI Modified Method)	BETX (EPA Method 8020)	PVOC (EPA Method 8020)	VOC (EPA Method 8021)	PAH (EPA Method)	Pb (EPA Method)	PID						
Sampler (Signature): <u>Wendy Giese</u>		TURNAROUND TIME REQUIRED															
Sampling Date(s): <u>12/18/98</u>		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Rush															
Reports to be Sent to: <u>Wendy Giese</u>		Date Needed: <u>12/21/98</u>															
Lab ID No.	Sample No.	Collection		No. of Containers, Size & Type	Description			Preservative	DRO	GRO	BETX	PVOC	VOC	PAH	Pb	PID	
		Date	Time		Water	Soil	Other										
	<u>11</u>	<u>12/18/98</u>		<u>2 - 40ml vial; 1 4oz cup</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<u>Ice</u>									<u>172</u>
	<u>Piping 1</u>			<u>1 40ml vial</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>											<u>1636</u>
	<u>Piping 2</u>			<u>1 4oz cup</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>											<u>24</u>

Packed for Shipping by: <u>[Signature]</u>	Comments: <u>Please dispose of samples 1, 2, 4, 5, 6, 8, 9, 10, 11 Piping 1; Piping 2</u>
Shipment Date: <u>12/9/98</u>	

Relinquished By: <u>[Signature]</u>	Date: <u>12/9/98</u>	Relinquished By: <u>[Signature]</u>	Date: <u>12-9-98</u>	Relinquished By: _____	Date: _____
Company: <u>NEI</u>	Time: <u>1:20</u>	Company: <u>US Oil</u>	Time: <u>4:00</u>	Company: _____	Time: _____
Received By: <u>[Signature]</u>	Date: <u>12-9-98</u>	Received By: <u>[Signature]</u>	Date: <u>12/9/98</u>	Received By: _____	Date: _____
Company: <u>US Oil</u>	Time: <u>1:20</u>	Company: <u>U.S. Oil</u>	Time: <u>400</u>	Company: _____	Time: _____