



United Engineering Consultants, Inc.

February 13, 2006

F 10 241 170 270

Mr. Tim Temperly,
City of Milwaukee
Department of Building Inspection
841 N. Broadway, Room 1016
Milwaukee, Wisconsin 53202

Subject: In-Place Underground Storage Tank (UST)
Abandonment
Former Colony Dry Cleaners
10003 W. Carmen Avenue
Milwaukee, Wisconsin 53225

Dear Tim:

On behalf of the trustee of the above referenced property, Mr. Don Fritzke, United Engineering Consultants, Inc. (United) is requesting a variance to abandon an on-site UST in-place.

The UST is estimated to be five hundred (500) gallons in capacity, contains about twenty four (24) inches of water and is currently out of service. The tank is located beneath the floor slab and immediately adjacent to the footing of the southeastern wall of the former equipment room. It is our belief the removal of the tank will result in significant damage to the foundation. As per Section 10.732 (2)(b) of the Wisconsin Administrative Code, if the structural integrity of the building will be threatened by the removal of the tank, the tank may be abandoned in-place and filled with an inert solid material upon evacuation and proper cleaning. Therefore, we request a variance for abandonment in-place.

Sincerely,
United Engineering Consultants, Inc.

A handwritten signature in cursive script that reads "Timothy J. Anderson".

Timothy J. Anderson, P.E.
Principal

Send Completed Form To:
 Department of Commerce
 Bureau of Petroleum Products and
 Tanks
 P.O. Box 7837
 Madison, WI 53707-7837

UNDERGROUND
FLAMMABLE/COMBUSTIBLE/HAZARDOUS
LIQUID STORAGE TANK REGISTRATION
 Information Required By Section 101.142, Wis. Stats.

TDID#:
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 status that is (check one):

<input type="checkbox"/> In Use	<input type="checkbox"/> Closed - Tank Removed	<input type="checkbox"/> Ownership Change (Indicate new owner name in block 2)
<input type="checkbox"/> Newly Installed	<input checked="" type="checkbox"/> Closed - Filled with Inert Materials	
<input type="checkbox"/> Abandoned with Product	<input type="checkbox"/> Abandon with Water	
<input type="checkbox"/> Abandoned without Product (empty)	<input type="checkbox"/> Temporarily Out of Service - Provide Date: _____	

Fire Department providing fire coverage where tank is located:
 City Village
 Town of: **MILWAUKEE**

A. IDENTIFICATION (Please Print)

1. Tank Site Name FORMER COLONY DRY CLEANERS	Site Street Address 10003 W. CARMEN AVENUE	Site Telephone Number ()
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: MILWAUKEE	State WISCONSIN	Zip Code 53225
2. Tank Owner Name DONALD FRITZKE, TRUSTEE	Mailing Address N 161 W 20772 KAMI LANE	Telephone Number (414) 915-8270
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: JACKSON	State WISCONSIN	Zip Code 53037
3. Previous Site Name N/A	Previous site address if different than #1 N/A	County MILWAUKEE
		County WASHINGTON

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

C. Tank Capacity (gallons): **500** **Tank Age (age or date installed):** **UNKNOWN** **Vehicle fueling:** Yes No

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

E. OCCUPANCY TYPE (check one) Refer to back
 Retail Fuel Sales Bulk Storage Terminal Storage Mercantile/Commercial Industrial Residential School
 Agricultural (crop or livestock production) Backup or Emergency Generator Gov't Fleet Utility Other (specify): **DRY CLEANER**

F. Tank Construction:
 Bare Steel Coated Steel Stainless steel Steel - Fiberglass Reinforced Plastic Composite
 Fiberglass Unknown Other (specify): _____ Lined (date): _____
Overfill Protection? Yes No
Spill Containment? Yes No

G. Tank Cathodic Protection: Sacrificial Anodes Impressed Current N/A **Tank Double Walled?** Yes No

H. Primary Tank Leak Detection Method:
 Automatic tank gauging Interstitial monitoring Inventory control and tightness testing Groundwater monitoring Vapor monitoring
 Manual tank gauging (only for tanks of 1,000 gallons or less) Statistical Inventory Reconciliation (SIR) Unknown

I. Piping Construction:
 Bare Steel Coated Steel Stainless Steel Fiberglass Flexible Copper Unknown N/A Other _____

J. Piping Cathodic Protection: Sacrificial Anodes Impressed Current N/A **Pipe Double Walled?** Yes No

K. 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

L. 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

M. Vapor Recovery/Stage II Fiberglass Flexible Other: _____ **CARB #:** _____
 Operational - Provide Date (mo./day/yr.): **N/A** Non-Operational - Provide Date (mo./day/yr.): _____

N. TANK CONTENTS (Current, or previous product (if tank now empty))
 Leaded Unleaded Gasohol E85 Diesel Bio-diesel Aviation Premix Fuel Oil Kerosene
 Waste/Used Motor Oil New Motor Oil Hazardous Waste* Unknown Empty* Sand/Gravel/Slurry* Other (specify): **SOLVENT**
 Chemical* Name _____ **CAS #:** _____

* NOT PECFA eligible. **Geo Latitude:** _____ **Geo Longitude:** _____
O. If Tank Closed, Abandoned or Out of Service
 Give date (mo./day/yr): **6/16/06** **Has a site assessment been completed? (see reverse side for details)**
 Yes No

Tank Owner Name (please print):
DONALD M. FRITZKE, SR. REVOCABLE TRUST 1200 DONALD FRITZKE, TRUSTEE
Tank Owner Signature (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.)
Donald M. Fritzke **Date:** **2/5/09**

Complete one form for each site closure.

CHECKLIST FOR TANK CLOSURE

RETURN COMPLETED CHECKLIST TO:

The information you provide may be used for secondary purposes [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 BELOW

Wisconsin Department of Commerce
 ERS Division
 Bureau of Storage Tank Regulation
 P.O. Box 7837
 Madison, WI 53707-7837

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

1. Site Name: FORMER COLONY DRY CLEANERS
 2. Owner Name: DONALD FRITZKE (TRUSTEE)
 Site Street Address (not P.O. Box): 10003 W. CARMEN AVENUE
 Owner Street Address: N103W17108 WILDROSE LANE
 City MILWAUKEE Village Town of: City Village GERMANTOWN Town of: State WI Zip Code 53022
 State WISCONSIN Zip Code 53225 County MILWAUKEE County WASHINGTON Telephone No. (include area code) (414) 915-8270
 3. Closure Company Name (print): COREY OIL LTD Closure Company Street Address: W314 N7807 KILBOURNE ROAD
 Closure Company Telephone No. (include area code): (262) 966-0868 Closure Company City, State, Zip Code: NORTH LAKE, WISCONSIN 53064
 4. Name of Company Performing Closure Assessment: UNITED ENGINEERING CONSULTANTS INC. Assessment Company Street Address, City, State, Zip Code: 10617 W. OKLAHOMA AVENUE SUITE L2 WEST ALLIS, WI 53227
 Telephone No. (include area code): (414) 327-8790 Certified Assessor Name (print): SCOTT J. BROCKWAY Assessor Signature: [Signature] Assessor Certification No.: 44750 41346

Tank ID #	Closure	Temp. Closure	Closure in Place	Tank Capacity	Contents*	Closure Assessment
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	500	SOLVENT	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N

* Indicate which product: Diesel; Leaded; Unleaded; Fuel Oil; Gasohol; Aviation Fuel; Kerosene; Premix; Waste/Used Motor Oil; Flammable/Combustible Hazardous Waste; Chemical (indicate the chemical name(s) _____ and CAS number(s) _____); Other _____

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

Written inspector approval of temporary closure obtained, which is effective until (provide date) _____

	Remover Verified	Inspector Verified	NA
1. Product Removed	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Product lines drained into tank (or other container) and resulting liquid removed, AND	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. All product removed to bottom of suction line, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. All product removed to within 1" of bottom.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. All product lines at the islands or pumps located elsewhere are removed and capped, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Dispensers/pumps left in place but locked and power disconnected.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Vent lines left open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Inventory form filed indicating temporary closure.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>

C. CLOSURE BY REMOVAL

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.			
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 removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Tank cleaned before being removed from site.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 checked="" 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 checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Form ERS-7437 or ERS-8731 filed by owner with the Dept. of Commerce indicating closure by removal. | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Piping disconnected from tank and removed. | <input checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Tank atmosphere reduced to 10% of the lower flammable range (LEL) see Section F. | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Tank properly cleaned to remove all sludge and residue. | <input checked="" 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 checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Vent line disconnected or removed. | <input checked="" 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 checked="" 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 COMM 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 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 type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there strong odors in the soils? | <input 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? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was a closure assessment omitted because of obvious contamination? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was the DNR notified of suspected or obvious contamination? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency, office and person contacted: _____ | | | | |
| 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

- 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.

G. NOTE SPECIFIC PROBLEMS OR NONCOMPLIANCE ISSUES BELOW

H. REMOVER/CLEANER INFORMATION

<u>TIMOTHY J. ANDERSON</u>	<u>Timothy J. Anderson</u>	<u>41346</u>	<u>6/16/06</u>
Remover Name (print)	Remover Signature	Remover Certification No.	Date Signed

I. INSPECTOR INFORMATION

<u>T. Tempel</u>	<u>[Signature]</u>	<u>70716</u>
Inspector Name (print)	Inspector Signature	Inspector Certification No.
<u>4020</u>	<u>226-2590</u>	<u>3/3/08</u>
FDID # For Location Where Inspection Performed	Inspector Telephone Number	Date Signed

TANK INVENTORY FORM ERS-7437 or ERS-8731 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH CLOSURE CHECKLIST OWNER