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ERS DIVISION

FAX COVER SHEET

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NORTH STAR ENVIRONMENTAL CONSTRUCTION

P.O. BOX 675

CHETEK, WISCONSIN 54728

(715) 237-3005

FAX (715) 237-3006

DATE:

TO: Kevin McKnight

COMPANY: ONE

FAX NO.: 920 424-4404

FROM: Kim R.

COMPANY: N.S.E. CONSTRUCTION

PHONE NO.: 715-237-3005

FAX NO.: 715-237-3006

NO. PAGES: 5

PCL. COVER PAGE

NOTES: Helen Kuchinski contacted me regarding some additional info that you needed. If this is what you need, call her & let her know that you received this otherwise call me thanks

Wisconsin Department of Industry
Labor and Human Relations

CHECKLIST FOR UNDERGROUND TANK CLOSURE

RETURN COMPLETED CHECKLIST TO:
Safety & Buildings Division
Fire Prevention & Underground
Storage Tank Section
P.O. Box 7959, Madison, WI 53707

**Complete one form for
each site closure.**

The information you provide may be used by other
government agency programs (Privacy Laws 5, 15, 04 (1) (m))

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

1. Site Name: Jerry's Union 76 2. Owner Name: Jerry's Union 76
 Site Street Address (not P.O. Box): 1200 Roosevelt Rd Owner's Street Address: 1200 Roosevelt Rd
 City Village Town of: Niagara City Village Town of: Niagara State: WI Zip Code: 53102
 State: WI Zip Code: 53102 County: Marquette County: Marquette Telephone No. (include area code): 715 831-8484
 3. Closure Company Name (Print): Advanced Tank Service Closure Company Street Address: 1200 Roosevelt Rd
 Closure Company Telephone No. (include area code): (715) 831-8484 Closure Company City, State, Zip Code: NIAGARA, WI, 53102
 4. Name of Company Performing Closure Assessment: COLEMAN ENGINEERING CO. Assessment Company Street Address, City, State, Zip Code: 1200 Roosevelt Rd, Niagara, WI, 53102
 Telephone # (include area code): (906) 774-3440 Certified Assessor Name (Print): JOHN H. ...

Tank ID #	Closure	Temp. Closure	Closure in place	Tank Capacity	Contents	Closure Assessment
1. 380700051	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. 380700052	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. 380700053	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4. 380700054	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5. 380700055	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

* Indicate which product by numeric code: 01-Diesel; 02-Leaded; 03-Unleaded; 04-Fuel Oil; 05-Gasoline; 06-Other; 07-Other; 08-Other; 09-Other; 10-Other; 11-Waste oil; 13-Chemical (indicate the chemical name(s) or number(s))

Written notification was provided to the local agent 15 days in advance of closure date: Yes No
All local permits were obtained before beginning closure: Yes No

B. TEMPORARILY OUT OF SERVICE Check applicable box at right in response to all statements in Sections B - E. **Removed** **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 EDUCATOR.

6. Vent lines left connected until tanks purged.

7. Tank openings temporarily plugged so vapor's exit through vents.

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.

Remover Verified: Y N Inspector Verified: Y N NA

D. CLOSURE BY REMOVAL (continued)

- 11. Tank labeled in 2" high letters after removal but before being moved from site.
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.
- 13. Inventory form filed by owner with Safety and Buildings Division indicating closure by removal.
- 14. Site security is provided while the excavation is open.

Remover Verified: Y N Inspector Verified: Y N NA

E. 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).
- 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 hoses removed.
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.
- 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 properly cleaned to remove all sludge and residue.
- 10. Solid inert material (sand, cyclone boiler slag, pea gravel recommended) introduced and tank filled.
- 11. Vent line disconnected or removed.
- 12. Inventory form filed by owner with Safety and Buildings Division indicating closure in place.

Remover Verified: Y N Inspector Verified: Y N NA

F. 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.
- 2. Do points of obvious contamination exist?
- 3. Are there strong odors in the soils?
- 4. Was a field screening instrument used to pre-screen soil sample locations?
- 5. Was a closure assessment omitted because of obvious contamination?
- 6. Was the DNR notified of suspected or obvious contamination?
Agency, office and person contacted:
- 7. Contamination suspected because of Odor Soil Staining Free Product Sheen On Groundwater Field Instrument Tests

Remover Verified: Y N Inspector Verified: Y N NA

G. METHOD OF ACHIEVING 10% LEVEL DESCRIPTION

- Educator Or Diffused Air Blower
Eductor driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground.
Diffused air blower bonded and drop tube removed. Air pressure not exceeding 5 psig.
- Dry Ice
Dry ice introduced at 1.5 pounds per 100 gallons of tank capacity. Dry ice crushed and distributed over the greatest possible 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.

H. NOTE SPECIFIC PROBLEMS OR NONCOMPLIANCE ISSUES BELOW

H. REMOVER/CLEANER INFORMATION

CHAD BARTLETT
Remover Name (print)

Chad Bartlett
Remover Signature

05897
Remover Certification No. Date Signed

I. INSPECTOR INFORMATION

KARL F. BEASTER
Inspector Name (print)

Karl F. Beaster
Inspector Signature

110007
Inspector Certification No.

38070
FDID # For Location Where Inspection Performed

1800 422-5220
Inspector Telephone Number

4/1/98
Date Signed

OWNER

Wisconsin Department of Industrial Labor and Human Relations

CHECKLIST FOR UNDERGROUND TANK CLOSURE

RETURN COMPLETED CHECKLIST TO: Safety & Buildings Division, Fire Prevention & Underground Storage Tank Section, P.O. Box 7969, Madison, WI 53707

Complete one form for each site closure.

The information you provide may be used by other government agency programs (Privacy Law, 53:04 (1)(m))

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

1. Site Name: Serry's Union 7.6 2. Owner Name: Serry's Union 7.6

Site Street Address (not P.O. Box): 1200 Roosevelt Rd Owner Street Address: 1200 Roosevelt Rd

City Niagara Village Town of City Niagara Village Town of State: WI Zip Code: 53116

State: WI Zip Code: County: Marquette County: Marquette Telephone No. (include area code): (715) 831-1629

3. Closure Company Name (Print): Advanced Tank Service Closure Company Street Address: P.O. Box 1172

Closure Company Telephone No. (include area code): (715) 831-8484 Closure Company City, State, Zip Code: EAU CLAIRE, WISCONSIN 54601

4. Name of Company Performing Closure Assessment: COLEMAN ENGINEERING CO. Assessment Company Street Address, City, State, Zip Code: 635 INDUSTRIAL DR PROSPER, WI 53156

Telephone # (include area code): (906) 774 3440 Certified Assessor Name (Print): JOHN HUNT Assessor Signature: [Signature] Assessor Certification No.: [Number]

Tank ID #	Closure	Temp. Closure	Closure In Place	Tank Capacity	Contents	Closure Category
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>2000</u>	<u>LOW</u>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>1000</u>	<u>WATER</u>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E

* Indicate which product by numeric code: 01-Diesel; 02-Leaded; 03-Unleaded; 04-Fuel Oil; 05-Gasohol; 06-Other; 09-Unknown; 11-Waste oil; 13-Chemical (indicate the chemical name(s) or number(s))

Written notification was provided to the local agent 15 days in advance of closure date. All local permits were obtained before beginning closure.

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) _____

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.

	Removed	Not Removed	Verified	Not Verified
1.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
6.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

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 EDUCATOR.

- 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.

	Removed	Not Removed	Verified	Not Verified
1.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
6.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
7.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
8.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
9.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

C. CLOSURE BY REMOVAL (continued)

- 11. Tank labeled in 2" high letters after removal but before being moved from site.
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.
- 13. Inventory form filed by owner with Safety and Buildings Division indicating closure by removal.
- 14. Site security is provided while the excavation is open.

Remover Verified	Inspector Verified	NA
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

D. CLOSURE IN PLACE *WASTE OIL ONLY*

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).
- 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 - EDUCTOR OUTPUT 12 FT ABOVE GRADE.
- 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 properly cleaned to remove all sludge and residue.
- 10. Solid inert material (sand, cyclone boiler slag, pea gravel recommended) introduced and tank filled.
- 11. Vent line disconnected or removed.
- 12. Inventory form filed by owner with Safety and Buildings Division indicating closure in place.

Remover Verified	Inspector Verified	NA
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<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.
- 2. Do points of obvious contamination exist?
- 3. Are there strong odors in the soils?
- 4. Was a field screening instrument used to pre-screen soil sample locations?
- 5. Was a closure assessment omitted because of obvious contamination?
- 6. Was the DNR notified of suspected or obvious contamination?
Agency, office and person contacted: _____
- 7. Contamination suspected because of: Odor Soil Staining Free Product Sheen On Groundwater Field Instrument Test

Remover Verified	Inspector Verified	NA
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

F. METHOD OF ACHIEVING 10% LEVEL DESCRIPTION

- Educator Or Diffused Air Blower
Eductor driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground.
Diffused air blower bonded and drop tube removed. Air pressure not exceeding 5 psig.
- Dry Ice
Dry ice introduced at 1.5 pounds per 100 gallons of tank capacity. Dry ice crushed and distributed over the greatest possible tank area. Dry ice evaporated before proceeding.
- Inert Gas (CO/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

Chad BARTLETT
Remover Name (print)

Chad Bartlett
Remover Signature

05897 4-1-97
Remover Certification No. Date Signed

I. INSPECTOR INFORMATION

KARL F. BEASTER
Inspector Name (print)

Karl F. Beaster
Inspector Signature

7100007
Inspector Certification No.

38070
FDID # For Location Where Inspection Performed

1800 422-5220
Inspector Telephone Number

4/1/97
Date Signed

OWNER