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BRAUNSM
INTERTEC

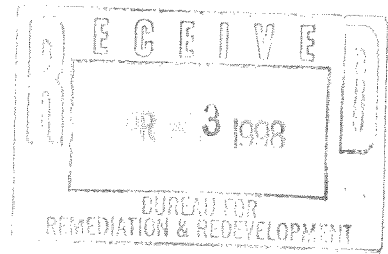
**Tank Closure Report
Ato Findley Inc.
Center Street Facility
2930 West Center Street
Milwaukee, Wisconsin**

Prepared for:
Ms. Lisa Strbik
Ato Findley Inc.

Project No.: LWXX-98-0270
April 1, 1998

*Engineers and Scientists
Serving the Built and
Natural Environments*

Braun Intertec Corporation



Fact Sheet

Client Contact: Ato Findley Inc.
11320 Watertown Plank Road
Wauwatosa, WI 53226-3434
(414) 607-1224

Ms. Lisa Strbik
Environmental Coordinator

Consultant: Braun Intertec Corporation
3315 North 124th Street, Unit N
Brookfield, WI 53005
(800) 277-9116

DILHR Certified Site Assessor:
Lynn Simonen #06714

Subcontractor: North Shore Environmental Construction Inc.
N117 W18493 Fulton Drive
Germantown, WI 53022

DILHR Certified Remover/Cleaner:
Steve Strande #01853

Laboratory: Robert E. Lee & Associates, Inc.
2825 S. Webster Avenue
P.O. Box 2100
Green Bay, WI 54306-2100
(920)336-6338

Certification Page

I, Lynn Simonen, hereby certify that I am a hydrogeologist as that term is defined in s. NR 712.03 (1), Wis. Adm. Code, and that, to the best of my knowledge, all of the information contained in this document is correct and the document is correct and the document was prepared in compliance with all applicable requirements in chs. NR 700 to 736, Wis. Adm. Code.

Lynn Simonen - M&F Hydrogeologist 3/31/98
Signature and Title Date

I, Wayne Hutchinson, hereby certify that I am a hydrogeologist as that term is defined in s. NR 712.03 (1), Wis. Adm. Code, and that, to the best of my knowledge, all of the information contained in this document is correct and the document is correct and the document was prepared in compliance with all applicable requirements in chs. NR 700 to 736, Wis. Adm. Code.

Wayne R. Hutchinson 31 March 1998
Signature and Title Date

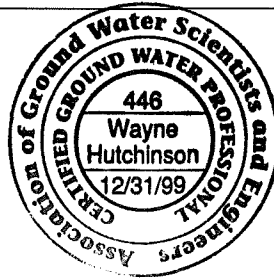
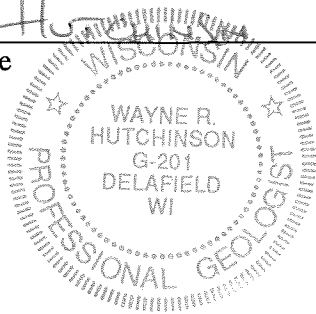


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I. Introduction

A. Purpose

Ato Findley Inc. (Ato Findley) authorized Braun Intertec Corporation (Braun Intertec) to conduct a closure assessment for the removal of one 550-gallon fuel oil underground storage tank (UST) adjacent to the 2930 West Center Street facility in Milwaukee, Wisconsin. This report documents the UST removal activities and findings.

B. Site Location and Description

The site, located in Milwaukee County, Wisconsin, occupies the northeast quarter of the southeast quarter of Section 31, Township 7 North, Range 21 East (Figure 1). In order to better accommodate the growing needs of Ato Findley's adhesives production activities, expansion of the Center Street building was planned. Residential properties to the east of the Center Street building were purchased and the houses were removed. During grading of the land, a fill pipe was found which was determined to be connected to one 550-gallon UST. The UST was located in the backyard of one of the demolished houses and was most likely used to store heating oil for the furnace.

C. Site Geology

Soil surrounding the excavation consisted of fine to medium sand fill with some medium to coarse gravel. Native soil in the area consists of silty clay loam glacial till. The till is brown in color and contains some fine gravel. The silty clay is very tight.

II. Underground Storage Tank Removal

On March 2, 1998, North Shore Environmental Construction, Inc. (North Shore), under the supervision of Braun Intertec, removed one 550-gallon fuel oil UST. There was no piping system attached to the UST when unearthed. The UST had been dry when it was discovered during grading activities one week earlier. However, the fill cap was not placed back on the UST, so rain during the week filled the UST. On the morning of March 2, 1998, approximately 500 gallons of water were pumped from the tank by Advanced Waste Services, Inc. and disposed of properly at Stabilization Systems, Inc. (Appendix A).

The UST was properly cleaned by a Department of Industry, Labor and Human Relations (DILHR) certified tank cleaner from North Shore on March 2, 1998. Fifteen gallons of sludge from the bottom of the UST were removed and contained in a 55-gallon Department of Transportation (DOT)-approved drum. The drum of sludge was disposed of properly at Stabilization Systems, Inc. (Appendix B). The tank was in good shape with surficial rust and no holes. Photographs of tank removal activities are located in Appendix D. The UST was transported to Kimmel Metals, Inc. of Milwaukee, Wisconsin where the metal was recycled (Appendix C).

Two soil samples, TB-N (8') and TB-S (8'), were collected approximately two feet beneath the base of the tank at each end of the tank, which was located approximately six feet below ground surface, as required by ILHR 10.734 and Appendix B, of the Wisconsin Administrative Code. There were no signs of soil discoloration, and there were no petroleum odors. A flame-ionization detector (FID) was used to field screen the soil samples, and no detects were noted. On the same day, Tim Temperly, the City of Milwaukee tank inspector, arrived and signed the tank closure and checklist forms (Appendix E).

III. Laboratory Results

All soil samples were collected and analyzed according to *LUST and Petroleum Analytical and Quality Assurance Guidance* (WDNR, 1993) and *Site Assessments for Underground Storage Tanks Technical Guidance* (WDNR, 1992). See Appendix F for sampling methodology. Necessary precautions were taken to avoid cross-contamination of samples and to preserve sample integrity. Soil samples were laboratory analyzed for diesel range organics (DRO). Table 1 summarizes the laboratory results for soil samples collected during the UST closure. There were no laboratory detects of DRO in either of the samples. Laboratory reports are located in Appendix G. Figure 2 depicts soil sample locations.

IV. Conclusions and Recommendations

On March 2, 1998, Braun Intertec supervised the removal of one 550-gallon fuel oil UST at the Ato Findley Center Street Facility in Milwaukee, Wisconsin. No petroleum odors and/or soil discoloration were noted. Soil samples were collected from beneath each end of the tank and laboratory analyzed for DRO, as required by Chapter ILHR 10.734 and Appendix B, of

the Wisconsin Administrative Code. There were no detects of DRO in either of the samples. Braun Intertec deems this a "clean" closure and recommends filing this report to the DNR Remediation and Redevelopment Program as such.

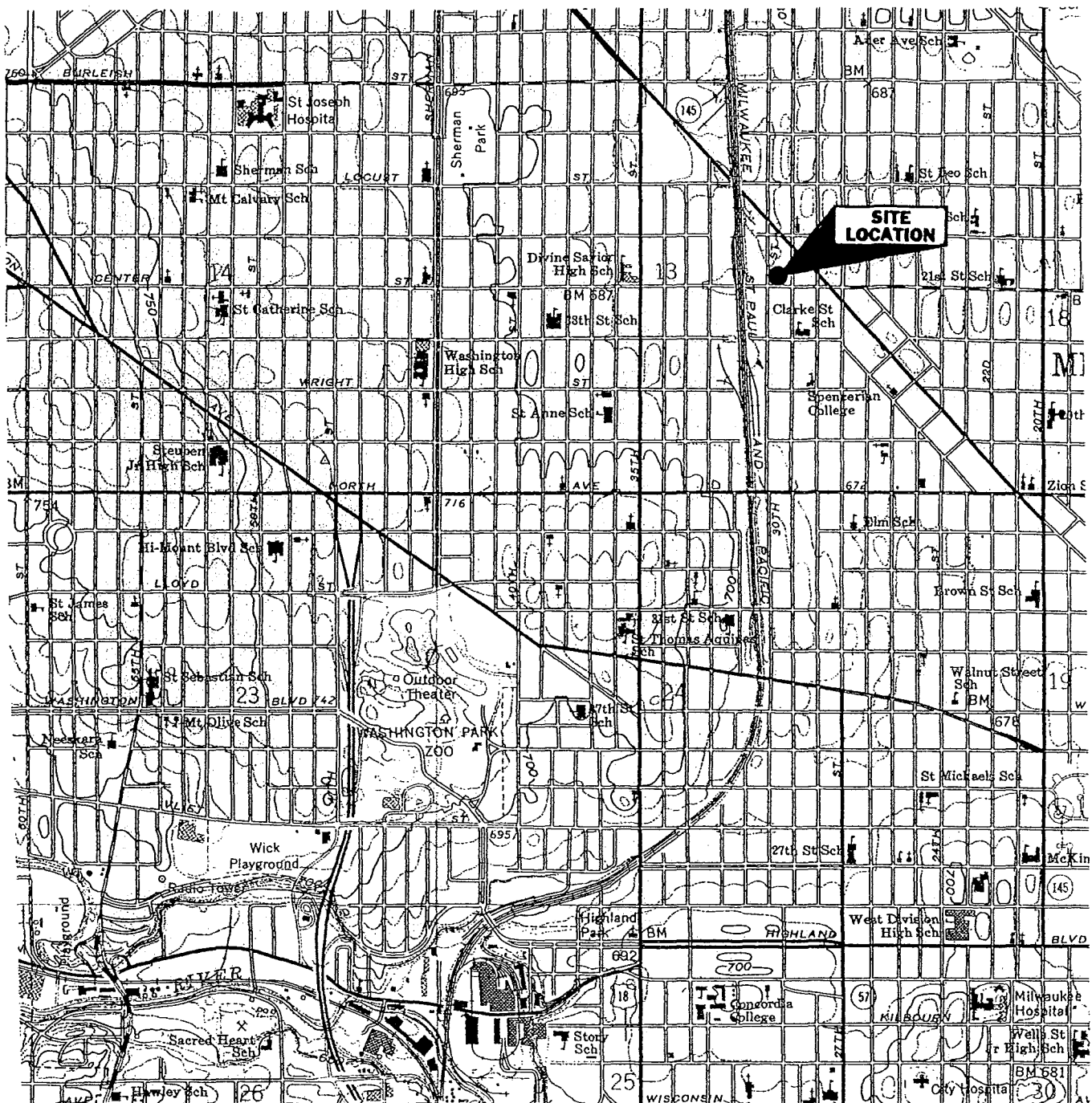
Table

Table 1
Ato Findley Inc.
2930 West Center Street
Closure Samples Laboratory Results

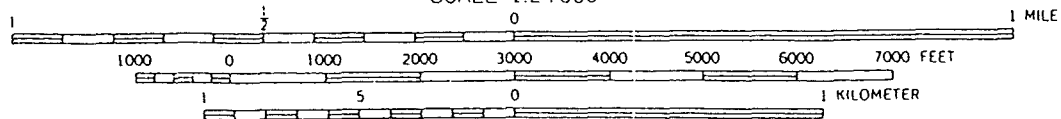
Sample Location	Sample Collection Date	Sample Depth bgs (ft)	DRO (mg/Kg)	FID (i.u.)
TB-N	03/02/98	8.0	< 1.8	nd
TB-S	03/02/98	8.0	< 1.8	nd
WDNR Site Investigation "Trigger Level"*	----	----	10	----

* WDNR Release News April 1994
mg/Kg - milligrams per kilogram (parts per million)
i.u. - instrument units
nd - no detect

Figures



SCALE 1:24 000



CONTOUR INTERVAL 10 FEET
 NATIONAL GEODETIC VERTICAL DATUM OF 1929
 DEPTH CURVES AND SOUNDINGS IN FEET—CATUM IS 578 FEET

MILWAUKEE QUADRANGLE
 WISCONSIN—MILWAUKEE CO.
 7.5 MINUTE SERIES (TOPOGRAPHIC)
 SW 1/4 MILWAUKEE 15' QUADRANGLE

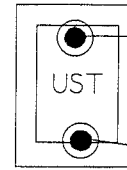


FIGURE 1
 SITE LOCATION MAP
 A TO FINDLEY INC.
 MILWAUKEE, WI

DATE: 03/18/98	DRAWN BY: LMS
PROJECT: LWXX98270	APPROVED: LMS
BRAUN INTERTEC	3315 N. 124th ST.; Unit N BROOKFIELD, WI 53005

A TO FINDLEY
BUILDING

TANK EXCAVATION



TB-N (8')

TB-S (8')



SIDEWALK

CENTER STREET

LEGEND

● SOIL SAMPLE LOCATION



SCALE



FIGURE 2
SITE LAYOUT MAP
A TO FINDLEY INC.
MILWAUKEE, WI

DATE: 03/18/98 DRAWN BY: LMS

JOB#: LWXX98270 APPROVED: WRH

BRAUN
INTERTEC

3315 N. 124th ST., Unit N
BROOKFIELD, WI 53005

Appendix A

Shipper No. 02561
 Carrier No. B 25793
 Date 3-2-78

ADVANCED WASTE SERVICES, INC.

(Name of Carrier)

TO: Consignee <u>J.S.I.</u>		FROM: Shipper <u>North Shore Env. Empty Lot</u>	
Street <u>3801 W McKinley Ave</u>		Street <u>2930 W Center St.</u>	
Destination <u>Milw, Wis 53208</u>		Origin <u>Milw, Wis</u>	
Route		Emergency Response Phone No.	Vehicle Number

No. Shipping Units	HM*	Kind of Packaging, Description of Articles, Special Marks and Exceptions	Weight (subject to correction)	Rate	CHARGES
<u>500</u>		<u>gals Non Haz UST Waste</u> <u>Not Regulated By D.O.T.</u>			
		<u>7:30 8:20</u>			
		<u>Thank you</u>			
		<u>Job # 98303</u>			
		<u>per MCK</u>			

When transporting hazardous materials include the technical or chemical name for H.O.S. (not otherwise specified) or generic description of material with appropriate UN or NA number as defined in US DOT Emergency Communication Standard (HHA-125C). Provide emergency response phone number in case of incident or accident in box above.

REMIT C.O.D. TO: ADDRESS:		COD Amt: \$		C.O.D. FEE: PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> \$	
NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____		This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.		Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
Signature _____		Signature of Consignor _____		TOTAL CHARGES: \$ FREIGHT CHARGES: FREIGHT PREPAID <input type="checkbox"/> Check box if charges are to be collect <input type="checkbox"/>	

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the Bill of Lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the Bill of Lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

NOTICE: Freight moving under this Bill of Lading is subject to the classifications and lawfully filed tariffs in effect on the date of this Bill of Lading. This notice supersedes and negates any claimed, alleged or asserted oral or written contract, promise, representation or understanding between the parties with respect to this freight, except to the extent of any written contract which establishes lawful contract carriage and is signed by authorized representatives of both parties to the contract.

SHIPPER <u>North Shore Env.</u>	CARRIER <u>ADVANCED WASTE SERVICES, INC.</u>
PER <u>[Signature]</u>	PER <u>[Signature]</u>
DATE <u>3-2-78</u>	<u>2</u>

HAZARDOUS MATERIALS MARK WITH 'X' TO DESIGNATE HAZARDOUS MATERIALS AS REFERENCED IN 49CFR § 172.202. Agent must detach and retain this Shipping Order and must sign the Original Bill of Lading.

**NON-HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifes.
Document No.
2561

2. Page 1
of 1

02561

3. Generator's Name and Mailing Address
Advanced Waste Services
1126 S. 70th St. SUite N508B
Milwaukee, WI 53214
4. Generator's Phone (414) 475-3100

North SHORE Env.-Empty
2930 W. Center St.
Milwaukee, WI
414 255-4468

5. Transporter 1 Company Name
Advanced Waste Carriers

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address
STABILIZATION SYSTEMS, INC.
3801K WEST MCKINLEY AVE.
MILWAUKEE, WI 53208

10. US EPA ID Number

A. Transporter's Phone **800 842-9799**

B. Transporter's Phone

C. Facility's Phone
414-342-1852

11. Waste Shipping Name and Description

a. **NON HAZARDOUS UST WASTE**
NOT REGULATED BY DOT

12. Containers		13. Total Quantity	14. Unit Wt/Vol
No.	Type		

001	TT		G
-----	----	--	---

00500

b.
c.
d.

D. Additional Descriptions for Materials Listed Above
SSI PROFILE # 96001

E. Handling Codes for Wastes Listed Above
G=Gallons

15. Special Handling Instructions and Additional Information
Bill To; North Shore Environmental Job # 98B03 Per Mark

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Printed/Typed Name <i>Steve M. ...</i>	Signature <i>[Signature]</i>	Month Day Year 03/02/98
---	---------------------------------	----------------------------

17. Transporter 1 Acknowledgement of Receipt of Materials	Printed/Typed Name Bandy Filter	Signature <i>[Signature]</i>	Month Day Year 10/31/02/98
---	---	---------------------------------	-------------------------------

18. Transporter 2 Acknowledgement of Receipt of Materials	Printed/Typed Name	Signature	Month Day Year
---	--------------------	-----------	----------------

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Month Day Year
--------------------	-----------	----------------

GENERATOR

TRANSPORTER

FACILITY

Appendix B

NON-HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No. 02-5-2-6

2. Page 1 of 1

02526

3. Generator's Name and Mailing Address

Ato Findley
11320 Watertown Plank Rd.
Wauwatosa, WI 53226-3434

4. Generator's Phone (414) 607-1224

5. Transporter 1 Company Name
North Shore Env. Const., Inc.

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

STABILIZATION SYSTEMS, INC.
3801K WEST MCKINLEY AVE.
MILWAUKEE, WI 53208

10. US EPA ID Number

A. Transporter's Phone 414-255-4468

B. Transporter's Phone

C. Facility's Phone
414-342-1852

11. Waste Shipping Name and Description

a. NON HAZARDOUS UST WASTE
NOT REGULATED BY DOT

12. Containers No.	13. Total Quantity	14. Unit w/ Vol
001	DM	0.015 G

D. Additional Descriptions for Materials Listed Above

SSI PROFILE #981479

E. Handling Codes for Wastes Listed Above.

G=Gallons

15. Special Handling Instructions and Additional Information

~~Bill to: North Shore Environmental Const., Inc.~~

Bill to: North Shore Environmental Const., Inc.

16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of hazardous waste.

Printed/Typed Name
CHET TADYCH

Signature
Chet Tadych

Month Day Year
10 31 09 1998

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

GENERATOR

TRANSPORTER

FACILITY

Appendix C

THIS MEMORANDUM

Is an acknowledgement that a bill of lading has been issued and is the Original Bill of Lading, not a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper's No. _____

CARRIER: *North Shore Environmental Constr SCAC*

Carrier's No. *WENR 1236* Date *3/2/98*

TO: *Kimball Metals, Inc*
Consignee *1160 West Brown Deer Place*
Street *Milwaukee, WI* Zip *53224*

FROM: *ATC Findlay*
Shipper *2930 West Chicago*
Street *Milwaukee, WI* Zip *53210*

Route: _____ Vehicle Number _____ U.S. DOT Hazmat Reg. No. _____

CONTAINS HAZARDOUS MATERIALS

CONTAINS HAZARDOUS MATERIALS

No. Shipping Units	HM	Kind of Packages, Description of Articles (IF HAZARDOUS MATERIALS - PROPER SHIPPING NAME)	HAZARD CLASS	I.D. Number	Packing Group	WEIGHT (subject to correction)	RATE	LABELS REQUIRED (or exemption)
1		550 gallon steel UST						

Remit C.O.D. to: _____ C.O.D. Amt: \$ _____ C. O. D. FEE: Prepaid Collect \$ _____

Address: _____ City: _____ State: _____ Zip: _____

FREIGHT CHARGES PREPAID COLLECT

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

PLACARDS REQUIRED **PLACARDS SUPPLIED** **DRIVERS SIGNATURE:** YES NO - FURNISHED BY CARRIER

SHIPPER: _____ CARRIER: _____
 PER: _____ PER: _____
 DATE: _____ DATE: *3/2/98*
 EMERGENCY RESPONSE _____
 TELEPHONE NUMBER: _____ Monitored at all times the Hazardous Material is in transportation including storage incidental to transportation (172.604).

Appendix D

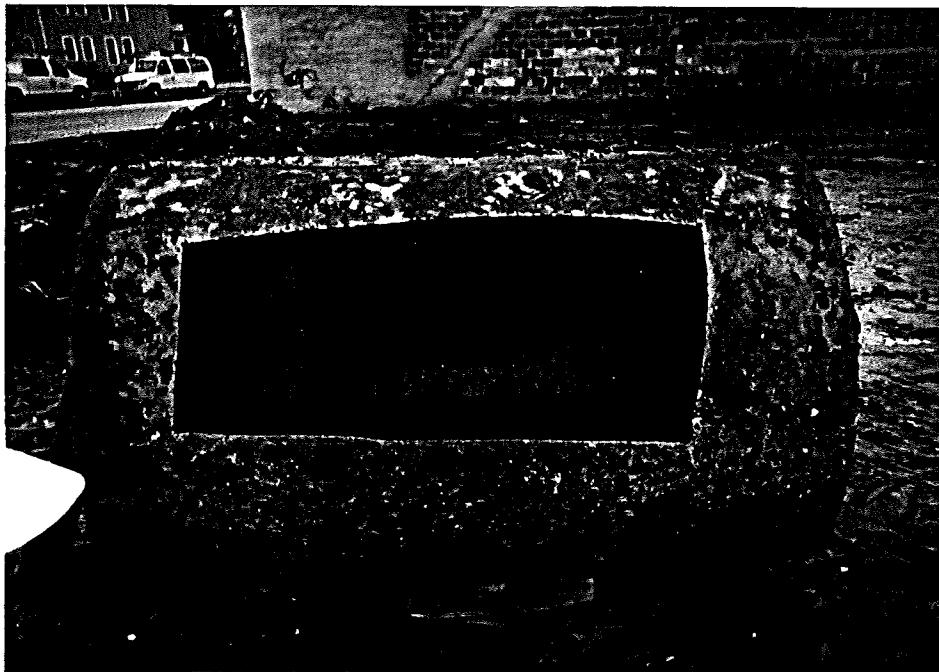


Photograph 1

Date: March 3, 1998

Location: Facing southeast on east side of Ato Findley building.

Subject: UST unearthened.



Photograph 2

Date: March 3, 1998

Location: Facing west on east side of Ato Findley building.

Subject: UST after cleaning in good condition - only surficial rusting.

Appendix E

CHECKLIST FOR UNDERGROUND TANK CLOSURE

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

Complete one form for
each site closure.

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

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

1. Site Name ATO Findley		2. Owner Name A to Findley	
Site Street Address (not P.O. Box) 2930 West Center Street		Owner Street Address 11320 Watertown Plank Rd	
<input checked="" type="checkbox"/> City Milwaukee	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	State WI
Zip Code 53210	County Milwaukee	County Milwaukee	Telephone No. (include area code)
3. Closure Company Name (Print) North Shore Environmental Constr		Closure Company Street Address 1117 W18493 Fulton Drive	
Closure Company Telephone No. (include area code) (414) 255-4468		Closure Company City, State, Zip Code German town, WI 53022	
4. Name of Company Performing Closure Assessment Braun Interfec Great Lakes		Assessment Company Street Address, City, State, Zip Code 3315 N. 124th, Wauwatosa, WI 53005	
Telephone # (include area code) (414) 783-0880	Certified Assessor Name (Print) Lynn Simonen	Assessor Signature <i>Lynn M. Simonen</i>	Assessor Certification No. 42326

Tank ID #	Closure	Temp. Closure	Closure In Place	Tank Capacity	Contents *	Closure Assessment
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	550	09	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N

* Indicate which product by numeric code: 01-Diesel; 02-Leaded; 03-Unleaded; 04-Fuel Oil; 05-Gasohol; 06-Other; 09-Unknown; 10-Premix; 11-Waste oil; 13-Chemical (indicate the chemical name(s) or numbers(s)); 14-Kerosene; 15-Aviation.

Written notification was provided to the local agent 15 days in advance of closure date. Y N NA
 All local permits were obtained before beginning closure. *City of Neesh* Y N NA

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

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

C. CLOSURE BY REMOVAL

1. Product from piping drained into tank (or other container).	<input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" 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.			
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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>
10. Tank cleaned before being removed from site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; DATE. | | | |
| 12. Tank vent hole (1/8 th" in uppermost part of tank) installed prior to moving the tank from site. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13. Inventory form filed by owner with Safety and Buildings Division indicating closure by removal. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> |

D. CLOSURE IN PLACE

NOTE: CLOSURES IN PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS OR LOCAL AGENT.

- | | | | |
|--|---|--------------------------|--------------------------|
| 1. Product from piping drained into tank (or other container). | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input 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) - see Section F. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Tank properly cleaned to remove all sludge and residue. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Solid inert material (sand, cyclone boiler slag, pea gravel recommended) introduced and tank filled. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 Safety and Buildings Division 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Do points of obvious contamination exist? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there strong odors in the soils? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Was a field screening instrument used to pre-screen soil sample locations? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Was a closure assessment omitted because of obvious contamination? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Was the DNR notified of suspected or obvious contamination? | <input type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Agency, office and person contacted: _____ | | | |
| 7. Contamination suspected because of: <input type="checkbox"/> Odor <input type="checkbox"/> Soil Staining <input type="checkbox"/> Free Product <input type="checkbox"/> Sheen On Groundwater <input type="checkbox"/> Field Instrument Test | | | |

F. METHOD OF ACHIEVING 10% LEVEL DESCRIPTION

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

G. NOTE SPECIFIC PROBLEMS OR NONCOMPLIANCE ISSUES BELOW

H. REMOVER/CLEANER INFORMATION

Remover Name (print) Steven M. Strickland Remover Signature [Signature] Remover Certification No. 01853 Date Signed 3-2-98

I. INSPECTOR INFORMATION

Inspector Name (print) T. Temperly Inspector Signature [Signature] Inspector Certification No. 60617
 City of Milwaukee FDID # For Location Where Inspection Performed Inspector Telephone Number 286-2500 Date Signed 3/2/98

UNDERGROUND PETROLEUM PRODUCT TANK INVENTORY

Send Completed Form To:
Department of Commerce
ERS Division
Bureau of Storage Tank Regulation
P.O. Box 7969, Madison, WI 53707

WI Tank ID#: _____

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. Please see the reverse side for additional information on this program. An underground storage tank is defined as any tank with at least 10 percent of its total volume (including piping) located below ground level. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? Yes No If yes, are you correcting/updating information only? Yes No

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 checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>Milwaukee</u>
1A. <input type="checkbox"/> In Use or	4. <input checked="" type="checkbox"/> Closed - Tank Removed	8. <input type="checkbox"/> Ownership Change (Indicate new owner name in block 2)	
1B. <input type="checkbox"/> Newly Installed	6. <input type="checkbox"/> Closed - Filled with Inert Materials		
2. <input type="checkbox"/> Abandoned with Product	7. <input type="checkbox"/> Out of Service - Provide Date: _____		
3. <input type="checkbox"/> Abandoned No Product (empty) or with Water			

A. IDENTIFICATION (Please Print)

1. Tank Site Name <u>Ato Findley</u>	Site Address <u>2930 West Center Street</u>	Site Telephone Number <u>(n/a)</u>
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: <u>Milwaukee</u>	State <u>WI</u>	County <u>Milwaukee</u>
2. Tank Owner Name <u>Ato Findley</u>	Mailing Address <u>11320 Watertown Plank Road</u>	Telephone Number
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: <u>Wauwatosa</u>	State <u>WI</u>	County
3. Previous Name	Previous site address if different than #1 <u>550</u>	
4. Tank Age (date installed, if known or years old)	5. Tank Capacity (gallons)	6. If more than one tank is located at facility, please provide tank #

B. TYPE OF USER (check one)

1. <input type="checkbox"/> Gas/Retail Sales	2. <input type="checkbox"/> Bulk Storage	3. <input type="checkbox"/> Utility	4. <input type="checkbox"/> Mercantile/Commercial	5. <input type="checkbox"/> Industrial
6. <input type="checkbox"/> Government	7. <input type="checkbox"/> School	8. <input checked="" type="checkbox"/> Residential	9. <input type="checkbox"/> Agricultural	10. <input type="checkbox"/> Other (specify):
11. <input type="checkbox"/> Tribal Nation	12. <input type="checkbox"/> Federal Property	13. <input type="checkbox"/> Backup Generator		

C. TANK CONSTRUCTION (check one)

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

Approval: 1. <input type="checkbox"/> Nat'l Std.	2. <input type="checkbox"/> UL	3. <input type="checkbox"/> Other:	Is tank double walled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Overfill Protection Provided? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, identify type:		Spill Containment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Tank leak detection method:	1. <input type="checkbox"/> Automatic tank gauging	2. <input type="checkbox"/> Vapor monitoring	3. <input type="checkbox"/> Groundwater monitoring
	4. <input type="checkbox"/> Inventory control and tightness testing	5. <input type="checkbox"/> Interstitial monitoring	
	6. <input checked="" type="checkbox"/> Manual tank gauging (only for tanks of 1,000 gallons or less)	7. <input type="checkbox"/> Statistical Inventory Reconciliation (SIR)	

D. PIPING CONSTRUCTION N/C N/E

1. <input type="checkbox"/> Bare Steel	2. <input type="checkbox"/> Cathodically Protected & Coated Steel (Check one: A. <input type="checkbox"/> Sacrificial Anodes or B. <input type="checkbox"/> Impressed Current)
3. <input type="checkbox"/> Coated Steel	4. <input type="checkbox"/> Fiberglass
5. <input type="checkbox"/> Other (Specify):	9. <input type="checkbox"/> Unknown

Vapor Recovery/Stage II

1. <input type="checkbox"/> Fiberglass	6. <input type="checkbox"/> Flexible	5. <input type="checkbox"/> Other (specify):	<input type="checkbox"/> CARB #: _____
Piping System Type:	1. <input type="checkbox"/> Pressurized piping with A. <input type="checkbox"/> auto shutoff; B. <input type="checkbox"/> alarm or C. <input type="checkbox"/> flow restrictor	<input type="checkbox"/> Operational - Provide Date (mo/day/yr):	
2. <input type="checkbox"/> Suction piping with check valve at tank	3. <input type="checkbox"/> Suction piping with check valve at pump and inspectable	4. <input type="checkbox"/> Not needed if waste oil	
Piping leak detection method: used if pressurized or check valve at tank:	1. <input type="checkbox"/> Vapor monitoring	2. <input type="checkbox"/> Interstitial monitoring	
3. <input type="checkbox"/> Groundwater monitoring	4. <input type="checkbox"/> Tightness testing	5. <input type="checkbox"/> Line leak detector	
6. <input type="checkbox"/> Not required	8. <input type="checkbox"/> SIR		
Approval: 1. <input type="checkbox"/> Nat'l Std.	2. <input type="checkbox"/> UL	3. <input type="checkbox"/> Other:	Is pipe double walled? <input type="checkbox"/> Yes <input type="checkbox"/> No

E. TANK CONTENTS

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

(Indicate chemical name and number)

* If 7, 8, 9, or 13 is chosen, this tank is NOT PECFA eligible.

If Tank Closed, Abandoned or Out of Service, give date (mo/day/yr): <u>3-2-98</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>Lisa Strbik - Rep</u>	Indicate whether: <input checked="" type="checkbox"/> Owner or <input type="checkbox"/> Operator
Owner or Operator Signature: <u>Lisa Strbik</u>	Date Signed: <u>3-2-98</u>

IMPORTANT: Failure to provide sufficient information may cause you to fall under additional regulations, and may delay PECFA eligibility determination. It is necessary to complete ALL shaded areas and as many other items as possible.

Appendix F

Soil Classification

The soil samples were lithologically characterized in the field by a Braun Intertec geologist or environmental scientist in accordance with ASTM D 2487 "Unified Soils Classification System" and ASTM D 2488 "Recommended Practice for Visual and Manual Description of Soils" and visually observed for evidence of staining or other signs of apparent contamination.

Vapor Monitoring

The soil samples were screened in the field for volatile organic vapors using a flame-ionization detector (FID), as indicated. The FID was a Century Organic Vapor Analyzer (OVA) 128. The instrument was calibrated to an isobutylene standard. Standard headspace procedure was used to conduct the analytical screening of the samples. The procedure consisted of filling an unused, 1 quart, zipper-seal type bag with soil leaving approximately 50 percent headspace. The sample was then placed in an area with an ambient temperature of 70°F or greater to allow volatilization of potential contaminants. After allowing a minimum of five minutes for the soil vapor to reach equilibrium, the FID probe was inserted through the seal to half the headspace depth and the highest stabilized reading was recorded.

Soil Sample Chemical Analyses

Soil samples were collected from the excavations by a Braun Intertec environmental scientist for chemical analyses. The samples were sealed in cleaned-screw-top, glass bottles with TeflonTM-lined caps or polyethylene bottles with screw-top caps, as appropriate, labeled and transported to Robert E. Lee & Associates, Inc., a State of Wisconsin Certified laboratory, under refrigerated conditions using U.S. EPA chain of custody procedures (Wisconsin Certification Number 405043870).

The laboratory analyses were performed by EPA, State of Wisconsin, ASTM or other recognized standard methods as of the date of this report. Analytical laboratory results were reviewed prior to release and all quality control guidelines were met. Specific information on standard operating procedures, detection limits and quality control measurements is available upon request.

Appendix G



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

Wisconsin Certification No: 405043870

2825 S. Webster Ave.
P.O. Box 2100
Green Bay, WI 54306-2100
920/336-6338
FAX 920/336-9141
E Mail rel@netnet.net

REPORT DATE=====> 03/09/1998

CHAIN OF CUSTODY #==> 48485

CUSTOMER=====> 002523

Braun Intertec-Great Lakes, Inc.
3315 N 124th Street, Unit N
Brookfield WI 53005

414-783-0880

CONTACT=====> Lynn Simonen

PROJECT NO.=====> LWXX-98-270

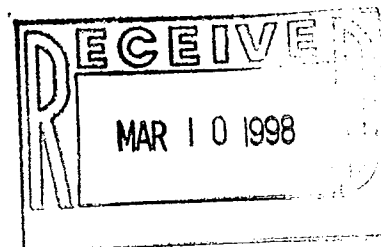
PROJECT NAME=====> ATO

RECEIVED=====> 03/04/1998

SAMPLED=====> 03/02/1998

COMMENTS:

ATTEST: Steve Herold /arl



ROBERT E. LEE & ASSOCIATES, INC.

CLIENT: BRAUN INTERTEC-GREAT LAKES, INC.
PROJECT: LWXX-98-270/ATO
CHAIN NUMBER: 48485

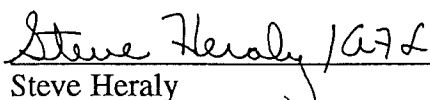
NARRATIVE

This narrative is relevant to samples TB-N (8') and TB-S (8').

The samples were analyzed for diesel range organics following the Wisconsin Modified DRO Method.

The following is a summary of the quality control results:

1. The reported range of compounds were not detected in the soil method blank.
2. The precision between the recoveries of the soil duplicate laboratory control spikes was within method limits.
3. The recovery for each soil laboratory control spike was within method limits.
4. The initial and final calibration check standards verified the calibration curve for DRO.



Steve Heraly
Laboratory Coordinator
tms

- CERTIFICATE OF ANALYSIS -

Braun Intertec-Great Lakes, Inc.
3315 N 124th Street, Unit N
Brookfield WI 53005

Attn: Lynn Simonen
Phone: 414-783-0880
Fax: 414-783-0890

Project Number: LWXX-98-270
Project Name : ATO

Customer Number: 002523
Chain Number : 48485
Report Date : 03/09/1998

SAMPLE_ID	LAB#	COLLECT DATE	MATRIX	ANALYZED		
PARAM NAME	RESULT	UNITS	MDL	METHOD	ANALYST	DATE
<u>IB-N (8')</u>	<u>98REL002843</u>	<u>03/02/1998</u>		<u>SOIL</u>		
TOTAL SOLIDS	87	%	0.01	SM-2540G	DJN	03/04/1998
DIESEL RANGE ORGANICS	<1.8	MG/KG	1.8	WI. MOD. DRO	TMS	03/04/1998
<u>IB-S (8')</u>	<u>98REL002844</u>	<u>03/02/1998</u>		<u>SOIL</u>		
TOTAL SOLIDS	85	%	0.01	SM-2540G	DJN	03/04/1998
DIESEL RANGE ORGANICS	<1.8	MG/KG	1.8	WI. MOD. DRO	TMS	03/04/1998

Letter of Transmittal

To: Wisconsin Department of Natural Resources
 Southeast Region - Headquarters Office
 P.O. Box 12436
 2300 N. Dr. Martin Luther King Jr. Drive
 Milwaukee, WI 53212
 Attn: Remediation and Redevelopment Program

From: Name Lynn Simonen
 Company Braun Intertec Corp.
 Address 3315 N. 124th, Unit A
Brookfield, WI 53005
 Phone 414/783-0880
 Date 3/17/98

Site Name Ato Findley Inc.
 Site Address 2930 West Center St
Milwaukee, WI
 FID # NA
 BRRTS # NA

Please check the type(s) of documents you have enclosed. Submittals will be tracked and filed based on the information you provide. Be sure to include the FID and BRRTS numbers which have been assigned to the site, and identify the intent of the document(s) you are submitting in order to speed processing.

LUST ERP Spill ACT 453 Purchaser Liability^ ACT 453 Municipal^
 Other (describe) _____

✓ CHECK	PURPOSE OF DOCUMENT/REPORT:	DNR CODE
	Notification of Release	01
	Tank Closure/Site Assessment <i>where release(s) have been detected</i> *	33
	Site Investigation Workplan	35
	Site Investigation Report <input type="checkbox"/> groundwater impacts <input type="checkbox"/> no groundwater impacts	37 76
	Off-Site Determination Request	90
	Remedial Action Plan	39
	Site Specific Clean-Up Goal Proposal	90
	NR 718 Landspreading Request	61
	Copy of Notification to Treat or Dispose of Contaminated Soil or Water	99
	Injection/Infiltration Request	63
	Quarterly Report or Update	43
	O & M Form 4400-194	92
	Remedial Action Report	41
	Closure Review Request	79
	Simple Site Closure Report <i>using NR700.11 process</i>	79
	Copy of Draft Deed Affidavit or Restriction required for close-out	15/152
	Well Abandonment Form	99
	PECFA Form 4-B (for completed remediation only)	44
	Other (please describe): _____	90/99

→ * "Clean" closures should be sent directly to the DNR Remediation and Redevelopment Program, P.O. Box 7921, Madison, WI 53707 attn: Julie Weber

Remarks: _____

