

09-68-292060

# A SITE ASSESSMENT FOR STORAGE TANK SYSTEMS

11-18-98

## I. SITE INFORMATION

<b>Site Address:</b> Ewald Chrysler-Plymouth 36833 E. Wisconsin Ave. Oconomowoc, WI	<b>Site Assessor:</b> Timothy E. Wimmer <b>Site Assessor Cert. #</b> <u>41669</u> <b>Site Assessor Address:</b> <u>Sigma Environmental Services, Inc.</u> 220 E. Ryan Road Oak Creek, WI 53154
<b>Mailing Address:</b> <u>Ewald Automotive Group</u> 2201 N. Mayfair Road Milwaukee, WI 53226	<b>Telephone #:</b> <u>414/768-7144</u> <b>Sigma Project #:</b> <u>5093</u> <b>Date of Assessment:</b> <u>November 18, 1998</u>
<b>Contact:</b> Tom Bonesho	
<b>Telephone:</b> 414/258-5000	

## II. PURPOSE OF THE SITE ASSESSMENT

The purpose of the site assessment is to determine if petroleum product has discharged into the environment from the tank system. The areas to be assessed may include beneath the tanks, piping and dispenser(s) to properly assess the site.

## III. SITE BACKGROUND INFORMATION

The site assessment is being performed on:

- Underground storage tank system(s)
- Aboveground storage tank system(s)

### A. Past and Present Property Use:

- Residential
- Commercial
- Industrial
- Other (explain) \_\_\_\_\_

### B. Surrounding Property Use:

- Residential
- Commercial
- Industrial
- Other (explain) \_\_\_\_\_

### C. Site Features:

Concrete block building

SES

IV. INVENTORY OF TANK SYSTEMS TO BE ASSESSED

TANK #	CONTENTS IN TANK	STORAGE VOLUME (GALLONS)	LENGTH AND DIAMETER OF TANK	TANK CONSTRUCTION	PIPING LENGTH (FEET)	TANK CONDITION	DATE CLOSED
1	waste motor oil	1,000	6' x 5'	Steel-STIP3	< 2'	very good	11/18/98

V. VISUAL INSPECTION

A. Weather Conditions: Cloudy with temperatures in the mid-50's °F

B. Site Conditions:

Surface Staining                       Stressed or Dead Vegetation  
 Unreported Tanks                       Other (Explain) \_\_\_\_\_  
 None of the Above (Explain) \_\_\_\_\_

C. Excavation Inspection:

Excavation Depth 8 feet  
 Backfill Type sand  
 Native Soil Type brown-med sand  
 Depth to Groundwater Not observed  
 Backfill Type Used to Fill in Excavation gravel

Signs of a Release:

Free Product                                       Soil Discoloration  
 Oil Sheen on Water                               Odors  
 Other (Explain) \_\_\_\_\_  
 None of the Above (Explain) \_\_\_\_\_

**VI. SOIL SAMPLE LOCATIONS AND RESULTS**

SOIL SAMPLE NUMBER	SAMPLE LOCATION	SAMPLE DEPTH (Feet)	SOIL TYPE	FIELD READING (i.u.)	ANALYTICAL PARAMETER TESTED	LABORATORY RESULT (MG/KG)
1	South Base	8	sand	---	DRO	14
2	North Base	8	sand	---	DRO	<1.8

**VII. TANK SLUDGE MANAGEMENT**

Types of Sludge Waste Oil

Quantity of Sludge (20 gallons) 1 - 55 gallon drum

Hazardous Waste Manifested or Bill of Lading (See Attached)

Final Disposition of Sludge:

Handled by Ewald Automotive Group

**VIII. DISCUSSION**

Laboratory results identified one soil sample (south base) with a DRO concentration of 14 mg/kg which is above the 10 mg/kg WDNR reporting level. Based on the low level of this DRO result and a north base soil sample DRO level of <1.8, it is recommended that no further action is warranted at this site.

## IX. SUPPORTING DOCUMENTATION AND INFORMATION

Attached to Report:

Copies of Underground Petroleum Product Tank Inventory Form(s) (SBD-7437)

Copy of Checklist for Underground Tank Closure Form (SBD-8951)

Field Notes

Copies of Laboratory Reports and Chain-of-Custody Forms

Waste Disposal Manifest or Bill of Lading

## X. LIMITATIONS

This report was prepared under constraints of cost, time, and scope, and reflects a limited assessment and evaluation rather than a full, total, complete or extensive assessment and evaluation.

Our assessment was performed using the degree of care and skill ordinarily exercised, under similar circumstances, by Professional Consultants practicing in this or similar localities. No other warranty or guarantee, expressed or implied, is made as to the conclusions and professional advice included in this report.

The findings of this report are valid as of the present date of the assessment. However, changes in the conditions of a property can occur with the passage of time, whether due to natural processes or the works of man on this or adjacent properties. In addition, changes in applicable or appropriate standards may occur, whether they result from legislation, from the broadening of knowledge, or from other reasons. Accordingly, the findings of this report may be invalidated wholly or partially by changes outside our control.

The interpretations and conclusions contained in this report are based upon the result of independent laboratory tests and analysis intended to detect the presence and/or concentrations of certain chemical constituents in samples taken from the subject property. Sigma Environmental Services, Inc. has no control over such testing and analysis and therefore, disclaims any responsibility for any errors and omissions arising therefrom.

A subsurface exploration was performed and presented in this report. However, subsurface exploration cannot reveal totally what is below the surface. Depending upon the sampling method and frequency, every soil condition may not be observed, and some materials or layers which are present in the subsurface may not be noted.

This report is issued with the understanding that it is the responsibility of the owner(s) to ensure that the information and recommendations contained herein are brought to the attention of the appropriate regulatory agency(ies).

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Reg Obj #: 67290 0001

# UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK INVENTORY

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

Information Required By Section 101.142, Wis. Stats.

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

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

1. Tank Site Name <u>EWALD CHRYSLER PLYMOUTH</u>		Site Address <u>36833 WIS.AVE.</u>		Site Telephone Number <u>(414) 567-2870</u>	
<input type="checkbox"/> City <u>OCONOMOWOC</u>	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	State <u>WISCONSIN</u>	Zip Code <u>53066</u>	County <u>WAUKESHA</u>
2. Tank Owner Name <u>EWALD AUTOMOTIVE GROUP</u>		Mailing Address <u>2201 N. MAYFAIR RD.</u>		Telephone Number <u>(414) 258-5000</u>	
<input type="checkbox"/> City <u>MILWAUKEE</u>	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	State <u>WIS.</u>	Zip Code <u>53226</u>	County <u>MILWAUKEE</u>
3. Previous Name		Previous site address if different than #1			

B. Site ID #:	Facility ID #:	Customer ID #:
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C. 4. Tank Age (age or date installed):	<u>10/18/85</u>	5. Tank Capacity (gallons):	<u>1000</u>
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D. LAND OWNER TYPE (check one)

<input type="checkbox"/> County	<input type="checkbox"/> Federal Leased	<input type="checkbox"/> Federal Owned	<input type="checkbox"/> Municipal	<input type="checkbox"/> Other Government
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> State	<input type="checkbox"/> Tribal Nation		

E. OCCUPANCY TYPE (check one)

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

F. Tank Construction:		Cathodic Protection		Overfill Protection?	
<input checked="" type="checkbox"/> Bare Steel	<input type="checkbox"/> Coated Steel	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Sacrificial Anodes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Steel - Fiberglass Reinforced Plastic Composite		<input type="checkbox"/> Impressed Current	Spill Containment?	
<input type="checkbox"/> Lined (Date):	<input type="checkbox"/> Other (specify):		<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
G. Primary Tank leak detection method:		<input type="checkbox"/> Automatic tank gauging		<input type="checkbox"/> Groundwater monitoring	
<input type="checkbox"/> Inventory control and tightness testing		<input type="checkbox"/> Interstitial monitoring		<input type="checkbox"/> Vapor monitoring	
<input checked="" type="checkbox"/> Manual tank gauging (only for tanks of 1,000 gallons or less)		<input type="checkbox"/> Statistical Inventory Reconciliation (SIR)		<input type="checkbox"/> Unknown	

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

I. Primary Piping System Type:		A. <input type="checkbox"/> auto shutoff; B. <input type="checkbox"/> alarm or C. <input type="checkbox"/> flow restrictor		<input type="checkbox"/> Unknown	
<input type="checkbox"/> Suction piping with check valve at tank		<input type="checkbox"/> Suction piping with check valve at pump and inspectable		<input checked="" type="checkbox"/> Not needed if waste oil	
J. Piping Leak Detection Method: (used if pressurized or check valve at tank):		<input type="checkbox"/> SIR		<input type="checkbox"/> Tightness testing	
<input type="checkbox"/> Groundwater monitoring		<input type="checkbox"/> Vapor monitoring		<input type="checkbox"/> Interstitial monitoring	
<input type="checkbox"/> Vapor monitoring		<input type="checkbox"/> Interstitial monitoring		<input checked="" type="checkbox"/> Not required	
<input type="checkbox"/> Groundwater monitoring		<input type="checkbox"/> Vapor monitoring		<input type="checkbox"/> Electronic line leak monitor	
<input type="checkbox"/> Groundwater monitoring		<input type="checkbox"/> Vapor monitoring		<input type="checkbox"/> Unknown	

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

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

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

Owner or Operator Name (please print): <u>Tom Bowesho</u>		Indicate whether:	
Owner or Operator Signature: <u>[Signature]</u>		<input type="checkbox"/> Owner or <input checked="" type="checkbox"/> Operator	
		Date Signed <u>11-18-98</u>	

Note: Refer to comments on reverse side of form.

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

**CHECKLIST FOR TANK CLOSURE**

**RETURN COMPLETED CHECKLIST TO:**

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

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

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

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

1. Site Name <b>EWALD CHRYSLER PLYMOUTH</b>		2. Owner Name <b>EWALD AUTOMOTIVE GROUP</b>	
Site Street Address (not P.O. Box) <b>36833 E. WISCONSIN AV.</b>		Owner Street Address <b>2201 N. MAYFAIR RD.</b>	
<input type="checkbox"/> City <b>OCONOMOWOC</b>	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	
State <b>WISCONSIN</b>	Zip Code <b>53066</b>	County <b>WAUKESHA</b>	Telephone No. (include area code) <b>(414) 258-5000</b>
3. Closure Company Name (print) <b>DIXON CONSTRUCTION SERVICES INC.</b>		Closure Company Street Address <b>4201 HWY 175</b>	
Closure Company Telephone No. (include area code) <b>(414) 644-5788</b>		Closure Company City, State, Zip Code <b>SLINGER, WI 53086</b>	
4. Name of Company Performing Closure Assessment <b>Sigma Env. Services, Inc.</b>		Assessment Company Street Address, City, State, Zip Code <b>220 E. Ryan Rd Oak Creek WI 53154</b>	
Telephone # (include area code) <b>(414) 768-7144</b>	Certified Assessor Name (print) <b>Timothy E. Wimmer</b>	Assessor Signature <i>[Signature]</i>	Assessor Certification No. <b>41669</b>

Tank ID #	Closure	Temp. Closure	Closure in Place	Tank Capacity	Contents*	Closure Assessment
1. 67290 0001	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1000	11	<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; \_\_\_\_\_; 10-Premix; 11-Waste Oil; 13-Chemical (indicate the chemical name(s) or number(s) \_\_\_\_\_; 14-Kerosene; 15-Aviation.

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

**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 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 checked="" type="checkbox"/>

**C. CLOSURE BY REMOVAL**

1. Product from piping drained into tank (or other container).	<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/>
2. Piping disconnected from tank and removed.	<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/>
3. All liquid and residue removed from tank using explosion proof pumps or hand pumps.	<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/>
4. All pump motors and suction hoses bonded to tank or otherwise grounded.	<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/>
5. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.	<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/>
<b>NOTE: DROP TUBE SHOULD NOT BE REMOVED IF THE TANK IS TO BE PURGED THROUGH THE USE OF AN EDUC OR.</b>			
6. Vent lines left connected until tanks purged.	<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/>
7. Tank openings temporarily plugged so vapors exit through vent.	<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/>
8. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section F.	<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/>
9. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement.	<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<input type="checkbox"/>
10. Tank cleaned before being removed from site.	<input checked="" type="checkbox"/>	<input type="checkbox"/> N	<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. .... <b>NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; DATE.</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
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 type="checkbox"/>
13. Inventory form ERS-7437 filed by owner with the Department of Commerce indicating closure by removal.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
14. Site security is provided while the excavation is open. ....	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

**D. CLOSURE IN PLACE**

**NOTE: CLOSURES IN PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF COMMERCE OR LOCAL AGENT.**

1. Product from piping drained into tank (or other container). ....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input 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. .. <b>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.</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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) <u>see Section F.</u> ....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Tank properly cleaned to remove all sludge and residue. ....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Solid inert material (sand, cyclone boiler slag, pea gravel recommended) introduced and tank filled. ....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Vent line disconnected or removed. ....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Inventory form filed by owner with the Department of Commerce indicating closure in place. ....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**E. CLOSURE ASSESSMENTS**

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

1. Individual conducting the assessment has a closure assessment plan (written) which is used as the basis for their work on the site. ....	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
2. Do points of obvious contamination exist? .....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
4. Was a field screening instrument used to pre-screen soil sample locations? .....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
5. Was a closure assessment omitted because of obvious contamination? .....	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" 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 checked="" 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<sub>2</sub> or N<sub>2</sub>) **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**

Melvin Wald Medets Wald      41261      11-18-98  
Remover Name (print)      Remover Signature      Remover Certification No.      Date Signed

**I. INSPECTOR INFORMATION**

Ronald Habermann      70270  
Inspector Name (print)      Inspector Signature      Inspector Certification No.

6724      1-800-427-5220      11/18/98  
FDID # For Location Where Inspection Performed      Inspector Telephone Number      Date Signed

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

REMOVER

Ewald Chrysler-Plymouth  
36833 Wisconsin Ave  
Oconomowoc, WI 53066

PR# 5093

mail: Ewald Automotive Group  
2201 N. Mayfair Rd  
Milwaukee, WI 53226

Tank ID# 67290 0001  
Installed 10/18/98

Objective: Remove 1-1,000 waste motor oil tank  
and conduct soil assessment to determine if  
waste motor oil has leaked into the subsurface.

Weather 12:05 PM  $\approx$  50°F slight wind out  
of the east southeast

Introduction: One 1,000 gallon waste motor oil  
tank was removed by Dixon Construction. The  
tank was removed to comply w/ Dec 27, 1998  
performance standards.

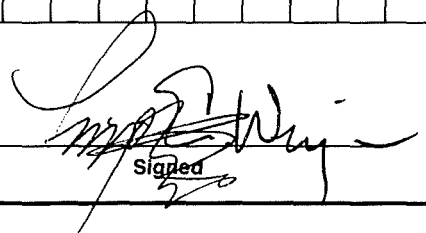
Tank Condition: The VST was in very good condition.  
Manufactured per ST<sub>1</sub> standards, the tank  
was coated but had no other cathodic protection.  
The tank was manufactured by Felton Brothers  
out of Marshfield.

Tank Cleaning: The tank was cleaned by National  
Tank. Approximately 20 gallons of sludge was generated  
and staged on site.

Geology/Hydro: Backfill consisted of a brown med  
sand. Soil beneath the fill was a brown med sand  
with rounded gravel and cobble. Soil was moist at 8' bgs.

Continued on Page

Read and Understood By

 11-18-98  
Signed Date

Signed

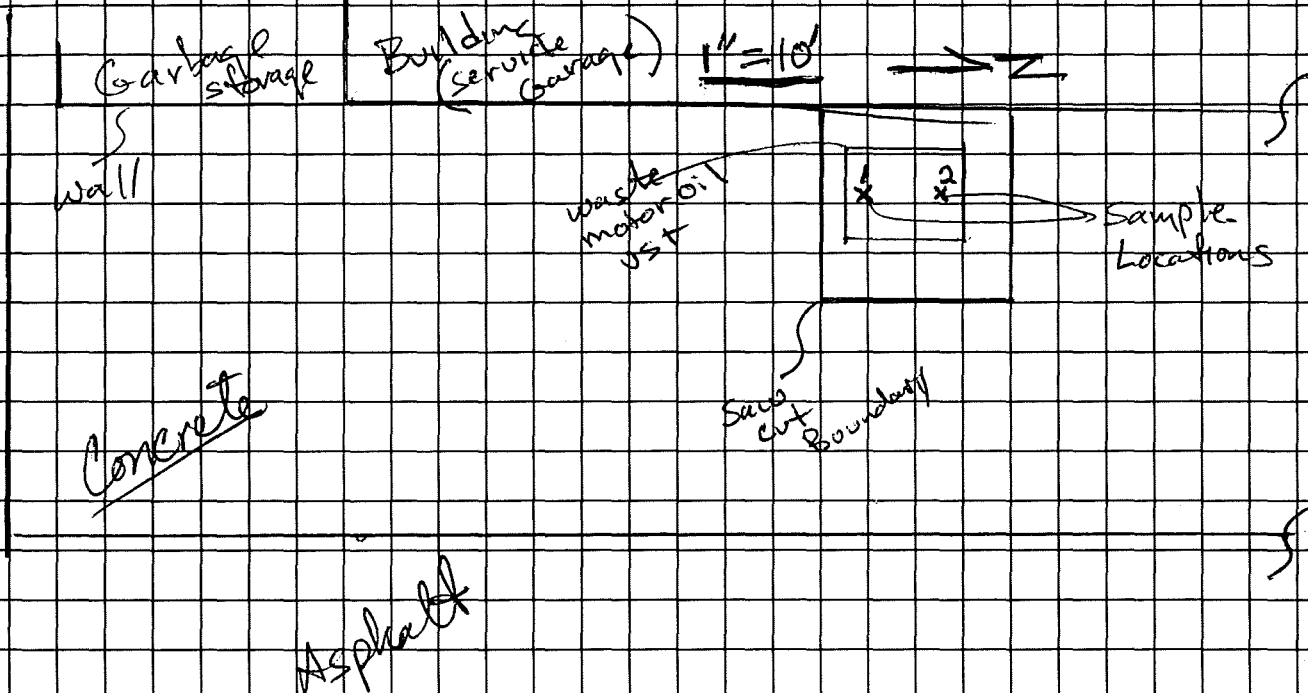
Date



PR# 5093

Tank ID# 67290 0001	Capacity 1,000 gal	Tank Contents Waste Motor Oil
------------------------	-----------------------	----------------------------------

Sample ID #1	Depth Collected 8'	Analyte DRO
#2	8'	DRO



Conclusion: Visual observation found no contamination evident.

Continued on Page

Read and Understood By

[Signature] 11-18-98  
Signed Date

Signed

Date



# LABORATORIES, Inc.

140 E. Ryan Road, Oak Creek, WI 53154-4599  
414-764-7005 • FAX 414-764-0486 • 1-800-422-2195

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**



WI DNR Lab Certification #241283020

FINAL REPORT

TIM WIMMER  
SIGMA ENVIRONMENTAL SERVICES  
220 EAST RYAN ROAD  
OAK CREEK WI 53154

Report Date: 24 Nov 1998  
Lab Number: 98-N2855  
Work Order #: 26-1271  
Lab Matrix: SL  
Account #: 029182  
Date Sampled: 18 Nov 1998 12:15  
Sampled By: TW  
Date Received: 18 Nov 1998 15:47

Temperature at Receipt: RECEIVED ON ICE  
Purchase Order Number: 5093  
Chain of Custody Number: 31047

Project Name: Ewald Chrysler  
Sample Desc: #1/Soil

Project Number: 5093

Container Integrity: Meets Standard, Sample Integrity: Meets Standard

	Wet Result	Dry Result	Unit	LOD	LOQ	Procedure	Test Date
DRO Extraction						WIMODDRO	19 Nov 1998
Percent Moisture	7.6	N/A	%	0.1	0.1	SW 5030	19 Nov 1998
Diesel Range Organics	13	14	mg/Kg	1.7	5.7	WIMODDRO	20 Nov 1998

The DRO GC chromatogram does not match the diesel standard pattern.

Approved by:

Signatory

All soil and water samples will be disposed of by MVTL 60 days following date of receipt.  
All waste samples (non-water, non-soil) will be returned 60 days following date of receipt.

N/T = Not Tested, N/A = Not Applicable, N/D = Not Detected  
D = Detected below the LOQ. J = Estimated below the LOQ.

Elevated Detection Limits:

@ = Due to matrix interference. # = Due to sample concentration.  
\$ = Due to sample quantity. + = Due to extract volume.

MVTL guarantees the accuracy of the analysis done on the sample submitted for testing. It is not possible for MVTL to guarantee that a test result obtained on a particular sample will be the same on any other sample unless all conditions affecting the sample are the same, including sampling by MVTL. As a mutual protection to clients, the public and ourselves, all reports are submitted as the confidential property of clients, and authorization for publication of statements, conclusions or extracts from or regarding our reports is reserved pending our written approval.



FINAL REPORT

# LABORATORIES, Inc.

140 E. Ryan Road, Oak Creek, WI 53154-4599  
414-764-7005 • FAX 414-764-0486 • 1-800-422-2195

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Page: 1



WI DNR Lab Certification #241283020

Report Date: 24 Nov 1998  
Lab Number: 98-N2856  
Work Order #: 26-1271  
Lab Matrix: SL  
Account #: 029182  
Date Sampled: 18 Nov 1998 12:20  
Sampled By: TW  
Date Received: 18 Nov 1998 15:47

TIM WIMMER  
SIGMA ENVIRONMENTAL SERVICES  
220 EAST RYAN ROAD  
OAK CREEK WI 53154

Temperature at Receipt: RECEIVED ON ICE  
Purchase Order Number: 5093  
Chain of Custody Number: 31047

Project Name: Ewald Chrysler  
Sample Desc: #2/Soil

Project Number: 5093

Container Integrity: Meets Standard, Sample Integrity: Meets Standard

	Wet Result	Dry Result	Unit	LOD	LOQ	Procedure	Test Date
DRO Extraction						WIMODDRO	19 Nov 1998
Percent Moisture	8.6	N/A	%	0.1	0.1	SW 5030	19 Nov 1998
Diesel Range Organics	< 1.6	< 1.8	mg/Kg	1.8	5.8	WIMODDRO	20 Nov 1998

Approved by:

  
T. Wimmer  
Signature

All soil and water samples will be disposed of by MVTL 60 days following date of receipt.  
All waste samples (non-water, non-soil) will be returned 60 days following date of receipt.  
N/T = Not Tested, N/A = Not Applicable, N/D = Not Detected  
D = Detected below the LOQ. J = Estimated below the LOQ.  
Elevated Detection Limits:  
@ = Due to matrix interference. # = Due to sample concentration.  
\$ = Due to sample quantity. + = Due to extract volume.

MVTL guarantees the accuracy of the analysis done on the sample submitted for testing. It is not possible for MVTL to guarantee that a test result obtained on a particular sample will be the same on any other sample. If conditions affecting the sample are the same, including sampling by MVTL. As a mutual protection to clients, the public and ourselves, all reports are submitted as the confidential property of MVTL. No part of our reports is reserved pending our written approval.



*The people we serve..care about the environment*

140 EAST RYAN ROAD • OAK CREEK • WISCONSIN • 53154 • 414-764-7005 • 1-800-422-2195 • FAX 414-764-0486

(1) CLIENT: <u>Sigma</u>		(3) UST STATE <u>WI</u> WPDES NPDES RCRA PECFA OTHER	(5) MATRIX							(6) ANALYSIS REQUESTED (METHODS & DETECTION LIMITS)				LAB USE ONLY WORK ORDER #: _____	
PROJECT NAME/#: <u>Ewald Chris # 5093</u>			(4) GRAB COMPOSITE # OF CONTAINERS SOIL GROUND WATER WASTE WASTEWATER OTHER PRESERVATION TYPE <u>DRO</u>												ACCT # <u>D29182</u>
PROJECT MANAGER: <u>T. Wimmer</u>		DATE <u>11/18/98</u>													TEMP <u>NR V RO</u>
SAMPLER: <u>T. Wimmer</u>															
P.O. # _____															

(2) SAMPLE IDENTIFICATION		DATE	TIME	GRAB COMPOSITE	# OF CONTAINERS	SOIL	GROUND WATER	WASTE	WASTEWATER	OTHER	PRESERVATION TYPE	(7) REMARKS	
(1)	<u>#1</u>	<u>11-18-98</u>	<u>12:15 AM</u> <u>1 PM</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/>					<u>-</u>	<input checked="" type="checkbox"/>	<u>98 N2855</u>
(2)	<u>#2</u>		<u>12:45 AM</u> <u>1 PM</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input checked="" type="checkbox"/>					<u>-</u>	<input checked="" type="checkbox"/>	<u>N2856</u>
(3)			AM / PM										
(4)			AM / PM										
(5)			AM / PM										
(6)			AM / PM										
(7)			AM / PM										
(8)			AM / PM										

(8) TURNAROUND TIME IN WORKING DAYS NORMAL *1 *2 *3 *4 *5 *6 *7 *8 *9 *10 * FOR EXPEDITED TURNAROUND TIME CALL CLIENT SERVICES TO CONFIRM AVAILABILITY AT 414-764-7005 EXPEDITED RESULTS TO BE TRANSMITTED VIA: FAX _____ PHONE _____ FAX # _____ PHONE # _____	(9) RELINQUISHED BY		DATE	TIME	RECEIVED BY	DATE	TIME
	<u>[Signature]</u>		<u>11-18-98</u>	<u>2:01</u>	<u>To Ann Seeger</u>	<u>11/18/98</u>	<u>2:00</u>
	<u>[Signature]</u>				<u>Return Seeger</u>		
					<u>To Lab</u>		

(10) DATA PACKAGE OPTIONS AVAILABLE FOR A FEE (PLEASE CIRCLE IF REQUIRED) PACKAGE A B SEE BACK FOR COMPLETE PACKAGE DESCRIPTIONS	AM / PM			
	AM / PM			

(12) OTHER SPECIAL INSTRUCTIONS: _____	(11) IN CASE WE HAVE QUESTIONS WHEN SAMPLES ARRIVE, MVTL LABORATORIES, INC. SHOULD CALL:	
	NAME: _____	PHONE # _____
	SEND REPORTS TO _____	

**THIS SHIPPING ORDER** must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

Shipper's No. \_\_\_\_\_

CARRIER: Dixon Construction

SCAC

Carrier's No. \_\_\_\_\_

Date 11/18/98

**TO:**  
Consignee National Tank Service  
Street 1813 S. 73rd St.  
Destination West Allis, Wi. Zip \_\_\_\_\_

**FROM:**  
Shipper Ewald Chrysler  
Street 36833 Wisconsin Ave.  
Origin Oconomowoc, Wi. Zip \_\_\_\_\_

Route: \_\_\_\_\_ Vehicle Number \_\_\_\_\_ U.S. DOT Hazmat Reg. No. \_\_\_\_\_

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		Empty 1,000 gallon tank for disposal						

*Received  
10/18/98  
Bruce James*

Remit C.O.D. to:  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**C. O. D. FEE:**  
Prepaid  Collect  \$ \_\_\_\_\_  
**COD Amt: \$** \_\_\_\_\_

**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 \_\_\_\_\_  
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 of Consignor)

Where the applicable tariff provisions specify a limitation of the carrier's liability NMFC Item 172, if there is no release or value declaration by the shipper, and the shipper does not declare a value or release the carrier's liability, that liability shall be limited to the extent provided by NMFC Item 172. California intrastate shipments must comply with NMFC Item 173.

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.  
Per \_\_\_\_\_ **PLACARDS REQUIRED** **PLACARDS SUPPLIED**  YES  NO - FURNISHED BY CARRIER  
DRIVERS SIGNATURE: \_\_\_\_\_

SHIPPER: \_\_\_\_\_  
PER: \_\_\_\_\_  
DATE: \_\_\_\_\_

CARRIER: \_\_\_\_\_  
PER: \_\_\_\_\_  
DATE: \_\_\_\_\_

**EMERGENCY RESPONSE**  
TELEPHONE NUMBER: ( ) \_\_\_\_\_  
Monitored at all times the Hazardous Material is in transportation including storage incidental to transportation (172.604).

CONTAINS HAZARDOUS MATERIALS

CONTAINS HAZARDOUS MATERIALS

Letter Of Transmittal

To: Program Assistant  
 Remediation & Redevelopment Program  
 Wisconsin Dept. of Natural Resources  
 2300 N. Dr. Martin Luther King Jr., Dr.  
 Milwaukee, WI 53212

RECEIVED  
 JAN 14 2000  
 By \_\_\_\_\_

From: Company Sigma Environmental  
 Name Timothy Wimmer  
 Address 220 E. Ryan Rd  
Oak Creek, WI 53154  
 Phone 414/768-7144  
 Date 1/13/00  
 Site Name Ewald Chrysler Plymouth  
 Address 36833 E. Wisconsin Ave  
Oconomowoc  
 FID# \_\_\_\_\_ BRRTS# 0368-24566

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 this site, and identify the intent of the document(s) you are submitting in order to speed processing.** Please attach any required fees to this form.

Type of Submittal:  
 LUST  ERP  VPLE  other \_\_\_\_\_

✓ CHECK	TYPE OF DOCUMENT/REPORT	FEE	DNR CODE (office use only)
<input checked="" type="checkbox"/>	Notification of Release	none	01
	Tank Closure/Site Assessment <i>where release(s) have been detected*</i>	none	33
	Site Investigation Workplan	\$500 if review is requested~	35, 135~
	Site Investigation Report ___ petroleum constituents detected ___ non-petroleum constituents detected ___ no groundwater impacts detected	\$750 if review is requested~ ___ groundwater impacted below ES ___ groundwater impacted above ES	37, 137~ 76, 96~
<input checked="" type="checkbox"/>	Request to Transfer Case to Department of Commerce	none	76
	Off-Site Determination Request	\$500 mandatory	638~
	Remedial Action Options Plan	\$750 if review is requested	39, 143~
	NR 720.19 Site Specific Clean-Up Goal Proposed	\$750 if review is requested	67, 68~
	NR 718 Landspreading Request	\$500 mandatory	61~
	Copy of Notification to Treat or Dispose of Contaminated Soil or Water	none	99
	Injection/Infiltration Request	\$500 mandatory	63~
	Quarterly Report or Update	\$500 if review is requested	43~
	O & M Form 4400-194	\$300 if review is requested	92, 192~
	Remedial Action Options Report	\$750 if review is requested	41, 41~
	Closure Review Request - Under NR726	\$750 mandatory	79~
	Request for No Further Action Letter, under ch. NR 708	\$250 mandatory	90
	Copy of Draft Deed Affidavit, Well Abandonment Form Restriction	none	99
	Simple Site Process Submittal Under NR700.11	none	90~
	Remedial Design Report	\$750 if review is requested	147, 148~
	Construction Documentation Reports	\$250 if review is requested	151, 152~
	Long Term Monitoring Plan	\$300 if review is requested	24, 25~
	Voluntary Party Liability Exemption (VPLE) Application	\$250 mandatory	662
	VPLE Phase I/II Assessments or Additional Reports	Computed hourly	99
	Tax Cancellation Agreement	\$500 mandatory	654
	Negotiated Agreement	\$1000 mandatory	630
	Lender Assessment	\$500 mandatory	688
	Negotiation and Cost Recovery (municipalities only)	Fee for each service -mandatory	90~
	General Liability Clarification Request	\$500 mandatory	684
	Lease Letter Request - Single Property	\$500 mandatory	646
	Lease Letter Request -Multiple Properties	\$1000 mandatory	646
	Request for Other Technical Assistance	\$500 mandatory	90~
	Other (please describe)		

• Closure reports for sites where no releases have been detected should be sent directly to "Clean Closures" c/o DNR Remediation & Redevelopment Program, P.O. Box 7921, Madison WI 53707

Remarks: Request for Closure