



Carroll D. Besadny
Secretary

SEB024
State of Wisconsin | DEPARTMENT OF NATURAL RESOURCES

101 South Webster Street

Box 7921

Madison, Wisconsin 53707

TELEPHONE 608-266-2621

TELEFAX 608-267-3579

TDD 608-267-6897

09-68-292712

4-27-92

Mr. Ron Kantor
Leather Rich
210 S Silver Lake St
Oconomowoc WI 53066

SUBJECT: Underground Storage Tank Closure Assessment for Leather Rich, 210
S Silver Lake St, Oconomowoc, WI 53066

Dear Mr. Kantor:

The Department has reviewed the closure assessment documentation for the underground storage tank system that was removed from the above-referenced property on May 30, 1991. The purpose of this letter is to inform you that you need to provide additional information.

On February 10, 1992 the Department received the closure documentation for the site. The documentation was not completed in accordance with the applicable DNR/DILHR guidance, "Closure Assessments for Underground Storage Tanks" (September 1990). Specifically the documentation lacked the following components:

1. A site sketch showing the layout of the tank, any associated pump and piping, and other features of the site such as buildings, driveways, etc;
2. A narrative describing the site background information and tank removal activities;
3. A description of the soil sample collection procedures used; and
4. Observations of the tank and excavation including degree of tank corrosion, visual appearance of soil, presence of odor, type of backfill, type of native soil, total depth of excavation, and presence of groundwater.

In order to address this matter, the Department requests that you submit additional information addressing these concerns. Please refer to the closure assessment guidance for specific details regarding these and other aspects of closure assessment documentation.

In summary, the purpose of the closure assessment is to determine whether the tanks leaked while they were in service and a proper closure assessment is required by state and federal law. This requirement is implemented by the Department in cooperation with the Department of Industry, Labor, and Human Relations (DILHR) and the United States Environmental Protection Agency (USEPA).

Failure to comply with this requirement may result in enforcement action by any or all of these agencies.

Please send the additional information within 45 days of your receipt of this letter to my attention at the above address. If you have any questions regarding this letter please call me at (608) 267-3859.

Sincerely,

Gregory Parker, Hydrogeologist
Tank Response Unit
Bureau of Solid and Hazardous Waste Management

cc: Sibyl Lapinski - SED
Terry Nolen - DILHR
Terry De Cicco - Terry's Excavating, contractor

a:\leather1.sed
6/22/92

**UNDERGROUND
PETROLEUM PRODUCT
TANK INVENTORY**

Send Completed Form To:
Safety & Buildings Division
P.O. Box 7969
Madison, WI 53707
Telephone (608) 267-5280

For Office Use Only:

Tank ID #

This form is to be completed pursuant to Section 101.142, Wis. Stats., to register all underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances. 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 (included 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.

This registration applies to a tank that is (check one):			Fire Department Providing Fire Coverage Where Tank is Located Is In:
1. <input type="checkbox"/> In Use	4. <input checked="" type="checkbox"/> Abandoned - Tank Removed	8. <input type="checkbox"/> Changed Ownership (Indicate new owner in section A. 4. below)	
2. <input type="checkbox"/> Abandoned With Product	6. <input type="checkbox"/> Abandoned - Filled With Inert Material	7. <input type="checkbox"/> Out of Service	

A. IDENTIFICATION: (Please Print)

1. Installation Name <u>Leather Rich</u>			2. Mailing Name if Different Than #1		
Installation Street Address <u>210 S. Silver Lake Street</u>			Mailing Address if Different Than #1		
<input checked="" type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:
<u>Oconomowoc</u>					
State <u>WI</u>	Zip Code <u>53066</u>	County <u>Waukesha</u>	State	Zip Code	County
3. Name of Contact Person <u>Ron Kantor</u>			4. Owner Name if Different Than #3		
Street Address <u>210 S. Silver Lake Street</u>			Street Address		
<input checked="" type="checkbox"/> City	<input type="checkbox"/> Town	State <u>WI</u>	<input type="checkbox"/> City	<input type="checkbox"/> Town	State
<input type="checkbox"/> Village of: <u>Oconomowoc</u>		Zip Code <u>53066</u>	<input type="checkbox"/> Village of:		Zip Code
County <u>Waukesha</u>	Telephone No. (include area code) <u>414-569-3119</u>	County	Telephone No. (include area code)		
5. Tank Age (date installed, if known: or years old)		6. Tank Capacity (gallons) <u>10,000</u>	7. Tank Manufacturer's Name (if known)		

B. TYPE OF USER (check one):

1. <input type="checkbox"/> Gas Station	2. <input type="checkbox"/> Bulk Storage	3. <input type="checkbox"/> Utility	4. <input checked="" type="checkbox"/> Mercantile
5. <input type="checkbox"/> Industrial	6. <input type="checkbox"/> Government	7. <input type="checkbox"/> School	8. <input type="checkbox"/> Residential
9. <input type="checkbox"/> Agricultural	10. <input type="checkbox"/> Other (specify): _____		

C. TANK CONSTRUCTION:

1. <input type="checkbox"/> Bare Steel	2. <input type="checkbox"/> Cathodically Protected and Coated Steel (a. <input type="checkbox"/> Sacrificial Anodes or b. <input type="checkbox"/> Impressed Current)
3. <input checked="" type="checkbox"/> Coated Steel	4. <input type="checkbox"/> Fiberglass
6. <input type="checkbox"/> Relined	7. <input type="checkbox"/> Steel - Fiberglass Reinforced Plastic Composite
	5. <input type="checkbox"/> Other (specify): _____
	9. <input type="checkbox"/> Unknown

Approval: 1. Nat'l Std. 2. UL 3. Other: _____

Is Tank Double Walled? Yes No

Overfill Protection Provided? Yes No If yes, identify type: _____

Spill Containment? Yes No

Tank leak detection method: 1. Automatic tank gauging 2. Vapor monitoring 3. Groundwater monitoring

4. Inventory control and tightness testing 5. Interstitial monitoring 6. Not required at present

D. PIPING CONSTRUCTION

1. <input type="checkbox"/> Bare Steel	2. <input type="checkbox"/> Cathodically Protected and Coated or Wrapped Steel (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

Piping System Type: 1. Pressurized piping with: a. auto shutoff; b. alarm; or c. flow restrictor 2. Suction piping with check valve at tank

3. Suction piping with check valve at pump and inspectable

Piping leak detection method: used if pressurized or check valve at tank: 1. Vapor monitoring 2. Interstitial monitoring

3. Groundwater monitoring 4. Tightness testing 5. Line Leak Detector 6. Not Required

Approval: 1. Nat'l Std 2. UL 3. Other: _____

Double Walled: Yes 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	7. <input type="checkbox"/> Empty	8. <input type="checkbox"/> Sand/Gravel/Slurry
9. <input checked="" type="checkbox"/> Unknown	10. <input type="checkbox"/> Premix	11. <input type="checkbox"/> Waste Oil	12. <input type="checkbox"/> Propane
13. <input type="checkbox"/> Chemical * _____		14. <input type="checkbox"/> Kerosene	15. <input type="checkbox"/> Aviation

* If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste.

If Tank Abandoned, Give Date (mo/day/yr): <u>5-30-92</u>	Has a site assessment been completed? (see reverse side for details) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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If installation of a new tank is being reported, indicate who performed the installation inspection:

1. <input type="checkbox"/> Fire Department	2. <input type="checkbox"/> DILHR	3. <input type="checkbox"/> Other (identify) _____
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Signature of Person Completing Report: <u>Tamberly Kopp</u>	Date Signed: <u>April 27, 92</u>
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tankowner

TANK REMOVAL
REPORTS AND PROCEDURES
LIST OF ITEMS TO SEND OWNER

1. Fire Chief Jerry Wenzelt Phone 567-6605
Address W 1155 Rd Oconomowoc Wisc
Letter sent _____ Follow up Call _____

2. Building Permits _____ Yes No _____ Number _____

3. Tank Closure Sheet, _____
Field Log, _____
Pumper Sheet, if there were any liquids _____

4. Pictures taken, _____
Developed (4 copies) _____

5. Soil Sample from under tank(2), every 20 LF of piping
and under pump island, with chain of custody sent to
NET in Watertown.

6. Received NET reports back.

7. Sludge removal paperwork included.

8. Copy of EPA Number

9. Sent three copies of all to Owner.
Owner to send forms to both;
Bureau of Petroleum Inspection and Fire Protection
P.O. Box 7969, Madison WI 53707

Bureau of Solid and Hazardous Waste Management
P.O. Box 7921, Madison WI 53737

JOB NAME Leather Rich NUMBER R3100

ADDRESS 210 Silver Lake Street Ocon. Wisc 53066

PHONE NUMBER 569-3100

BILLING NAME Leather Rich PHONE 569-3100

ADDRESS 210 Silver Lake Street Oconomowoc Wisc 53066

START DATE 5-22-91 FINISH DATE 10-18-91

PAPERWORK SENT TO OWNER 12-10-91

TERRY'S EXCAVATING
P.O. BOX 352
OCONOMOWOC, WISCONSIN 53066
(414) 567-9621
FAX (414) 567-6536

5/01/91

Fire Chief Jerry Wendt
W155 Allen Road
Oconomowoc, WI. 53066

Dear Sir,

As per DNR regulations we are sending this letter to let you know that we are removing a fuel storage tank at

Leather Rich
210 Silver Lake Street
Oconomowoc, WI. 53066

on or about May 22, 1991

We will also be contacting you by phone closer to the date of actual removal.

Sincerely,

Terry de Cicco

Terry de Cicco

Tank Closure Worksheet

Tank owner Leather Rich
 Address 210 S Silver Lake St
Oconomowoc WI
53066

Phone no. _____

Regulating agency(ies)

Notified

Permit issued

Contractor name(s)
Terry's Ex
37518 Valley Rd
Oconomowoc WI

Job
Excavation - tank disposal

(excavation, de-gassing, sludge disposal, tank disposal, cleanup, transport, other - describe)

Tank closure start date 5-22-91
 Tank closure completion date 5-28-91

Tank closure initial procedures:

Follow safety measures

- Obtain recommended safety equipment
- Avoid contact with product
- Bond or ground equipment
- Drain product from piping
- Disconnect, then cap or remove piping
- Remove product and residuals from tank
- Excavate to tank top
- Remove drop tube, fill pipe, gauge pipe, vapor recovery tank connections, submersible pumps and other tank fixtures
- Temporarily plug all other tank openings except the vent line
- Purge tank of flammable vapors

Site specific requirements:

- _____
- _____
- _____

Abandonment In-place

(see below if tank is removed)

- Cut holes in tank top if necessary
- Clean and inspect tank
- Fill tank as full as possible with inert mixture until filling overflows tank opening
- Plug or cap all openings
- Disconnect and cap or remove vent line

Site specific requirements:

- _____
- _____
- _____

Removal

- Create vent hole
- Clean and inspect tank (may be done following excavation)
- Excavate tank
- Clean up any contamination and notify authorities
- Label tank
- Transport tank for disposal.
- Dispose of tank in approved manner
- Disposal location SCRAP YARD

Site specific requirements:

- _____
- _____
- _____

Additional Requirements...





NATIONAL
ENVIRONMENTAL
TESTING, INC.

NET Midwest, Inc.
Watertown Division
602 Commerce Drive
P.O. Box 288
Watertown, WI 53094
Tel: (414) 261-1660
Fax: (414) 261-8120

ANALYTICAL REPORT

Mr. Terry deCicco
TERRY'S EXCAVATING, INC.
PO Box 352
37518 Valley Road
Oconomowoc, WI 53066

06/17/1991

Job No: 91.0829
Account No: 71400
Page 1

Project Description: Leather Rich

Date Taken: SEE BELOW

Date Received: 06/03/1991

26695 1A East End 2' Leather Rich

05/28/199

Solids, Total	96.5	%
TPH NONAQUEOUS		
Gasoline	<5.0	mg/kg
Diesel Fuel	<5.0	mg/kg

26696 2B West End 2' Leather Rich

05/28/199

Solids, Total	88.3	%
TPH NONAQUEOUS		
Gasoline	<5.0	mg/kg
Diesel Fuel	<5.0	mg/kg

David W. Havick, Manager
Watertown Division
Certification No. 128053530



NATIONAL ENVIRONMENTAL TESTING, INC.

NET Midwest, Inc.
Watertown Division
602 Commerce Drive
P.O. Box 288
Watertown, WI 53094
Tel: (414) 261-1660
Fax: (414) 261-8120

CHAIN OF CUSTODY

Client <i>Leather Rick</i>	Project Name <i>Leather Rick</i>
Send Report to: <i>Terry's Ex</i>	
Address <i>37518 Valley Rd Oconomowoc WI 53066</i>	Collected by: <i>Terry's Ex</i>
Telephone # <i>414-567-9621</i>	

Collection Information								Parameters														
Sample ID	Sampling Location	Date	Time	G R A B	C O M P	Sample Type	No. of Container															
<i>1A</i>	<i>2ft Below East END</i>	<i>5-28-01</i>					<i>1</i>															
<i>2B</i>	<i>2ft Below West END</i>	<i>5-28-01</i>					<i>1</i>															

Remarks: _____

Relinquished by:	Date Time	Received by:	Date Time
Shipping Notes/Lab Comments		Received for NET Midwest by:	
Samples Field Filtered:	___ Yes ___ No		
Seals Intact Upon Receipt:	___ Yes ___ No ___ N/A		



STATE OF WISCONSIN
Chapter 144, Wis. Stats.
Form 4400-66P 10-89

State of Wisconsin
Department of Natural Resources
Bureau of Solid Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

Please print or type. Form designed for use on elite (12-pitch) typewriter.

Form Approved. OMB No. 2050-0039. Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. WID 089 853 188		Manifest Document No. 20000	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address Leather Rich Company 210 S. Silver Lake Street Oconomowoc, WI 53066					A. State Manifest Document Number WI J192974				
4. Generator's Phone 414-567-0230					B. State Generator's ID				
5. Transporter 1 Company Name Waste Research & Reclamation Co. Inc.			6. US EPA ID Number WID 990 829 475		C. State Transporter's ID 10715				
7. Transporter 2 Company Name			8. US EPA ID Number		D. Transporter's Phone 715 834 9624				
9. Designated Facility Name and Site Address Waste Research & Reclamation Co. Inc. Route 7 Eau Claire, WI 54701			10. US EPA ID Number WID 990 829 475		E. State Transporter's ID				
					F. Transporter's Phone				
					G. State Facility's ID				
					H. Facility's Phone 715 834 9624				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)					12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Paint Related Material Flammable Liquid UN1263					001	DM	20600	P	F 0 0 15
b. Waste ORM-A, NOS (tetrachloroethylene/mineral spirits) NA1693					001	DH	20200	P	F 0 0 12
c. Waste Kerosene Combustible Liquid UN1223					205	DM	21500	P	D 0 0 1
d.									
J. Additional Descriptions for Materials Listed Above a. 9010101 c. WRR32 b. 9105229					K. Handling Codes for Wastes Listed Above a. F003/D001/D007/D008 b. D001				
15. Special Handling Instructions and Additional Information 24 HR. EMERGENCY PHONE 715-577-1237									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name & Position Title PETER A. KRUMER					Signature <i>[Signature]</i>			Date 082291	
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name & Position Title Terry Schuh, Driver					Signature <i>[Signature]</i>			Date 082291	
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name & Position Title					Signature			Date	
19. Discrepancy Indication Space									
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name & Position Title Robert L. Decker, Foreman					Signature <i>[Signature]</i>			Date 082291	

Please refer to the instructions on the front of this form. The information requested here is required under Section 3017 of the Resource Conservation and Recovery Act.



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark X in the appropriate box)

A. First Notification B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number
W I D 0 8 9 8 5 3 1 8 8

II. Name of Installation (Include company and specific site name)
L E A T H E R R I C H

III. Location of Installation (Physical address not P.O. Box or Route Number)
2 1 0 S S I L V E R L A K E S T R E E T

City or Town

O C C O N O M O W O C State ZIP Code
W I 5 3 0 6 6 -

County Name
W A U K E S H A

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
2 1 0 S S I L V E R L A K E S T

City or Town State ZIP Code
O C C O N O M O W O C W I 5 3 0 6 6 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last) (first)
K A N T O R R O N

Job Title Phone Number (area code and number)
O W N E R 4 1 4 - 5 6 9 - 3 1 0 0

VI. Installation Contact Address (See Instructions)

Contact Address (Street or P.O. Box)
 X 2 1 0 S O U T H S I L V E R L A K E S T

City or Town State ZIP Code
O C C O N O M O W O C W I 5 3 0 6 6 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner
R O N K A N T O R

Street, P.O. Box, or Route Number
2 1 0 S S I L V E R S T R E E T

City or Town State ZIP Code

B. Land Type C. Owner Type D. Change of Owner Indicator (Date Changed) Month Day Year
4 1 4 - 5 6 9 - 3 1 0 0 0 0 Yes No X

ID For Official Use Only									

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity		B. Used Oil/Fuel Activities
<input type="checkbox"/> 1. Generator (See Instructions) a. Greater than 1000 kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other, specify <input type="text"/>	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil/Fuel a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil/Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	8	9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Other Wastes. (State or other wastes requiring an I.D. number. See Instructions.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Ronald Kantor</i>	Name and Official Title (type or print) <i>Leather Rock Inc. Pres</i>	Date Signed <i>10/1/91</i>
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XI. Comments

waste Kerosene tank not in use

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)