



790 Marvelle Lane
Green Bay, WI 54304

Tel: 920/497-8910
Fax: 920/497-8065
www.envirogen.com

March 7, 2000

Mr. Ruben Schwartz
Schwartz Sales & Service
N5693 Leopolis Road
Shawano, Wisconsin 54166

RE: UST Site Assessment Report
Schwartz Sales & Service, N5693 Leopolis Road, Shawano, Wisconsin

Dear Mr. Ruben Schwartz:

Enclosed is a copy of Envirogen's "Site Assessment Report" for the removal of the underground storage tank system that was removed from the Schwartz Sales & Service site in Shawano, Wisconsin on January 7, 2000. No concentrations of DRO and GRO were detected, above the site investigation trigger level, in soil samples collected during the site assessment. Soil sample S-1 and S-2 contained a GRO concentration of <5.9 ppm and DRO concentration of <6.1 ppm, which is below the 10 ppm site investigation trigger level. The results of the field and laboratory analysis are summarized in Table 1. Base on field observations and laboratory results of the soil samples collected during the site assessment, it does not appear that a release of petroleum products has occurred at the site. Therefore, Envirogen recommends that this site be considered a "clean closure".

We appreciate the opportunity to conduct the site assessment. If you have any questions about the report, please call Joseph Ramcheck at (920) 497-8910.

Sincerely,
ENVIROGEN, INC.

A handwritten signature in black ink that reads "Jason M. Simons".

Jason M. Simons
Environmental Technician

c: WDNR, Underground Storage Tank Assessments, Bureau for Remediation and Redevelopment,
101 South Webster Street, PO Box 7921, Madison, Wisconsin 53707

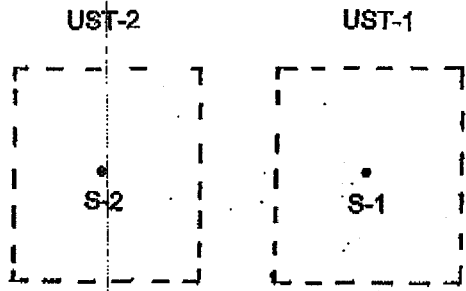
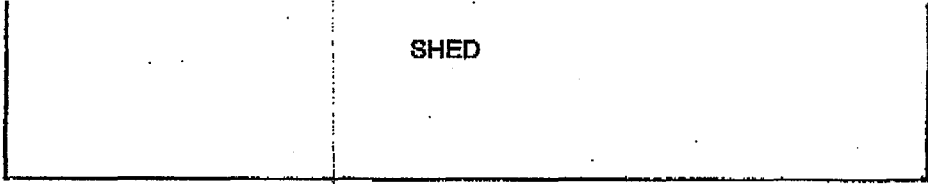
**Schwartz Sales & Service Site
Shawano, Wisconsin**

SITE AND REMEDIATION INFORMATION				
Site Name Envirogen Project Number		Schwartz Sales & Service 990424		
Location		N5693 Leopolis Road Shawano, Wisconsin 54166 NE 1/4 of the NE 1/4, Sec 30, T27N, R14E, Shawano County		
Property Owner Representative		Schwartz Sales & Service N5693 Leopolis Road Shawano, Wisconsin 54166 Attn: Mr. Ruben Schwartz 715-787-3838		
Tank System Owner/Operator		Schwartz Sales & Service N5693 Leopolis Road Shawano, Wisconsin 54166		
Tank System Owner/Operator Contact		Mr. Ruben Schwartz 715-787-3838		
UST ID:	Dimensions: (d x l)	Size:	Contents:	Construction:
1) 344534 2) 344664	1) 64in. x 6ft. 2) 64in. x 6ft.	1) 1,000-gallon 2) 1,000-gallon	1) diesel 2) unleaded gasoline	1) coated steel 2) coated steel
Certified Site Assessor		Envirogen, Inc. Mark Love (COMM Certification # 46896)		
Certified Remover/Cleaner		American Remediation & Supply, LLC. Arnold Koller (COMM Certification # 421423)		
Excavator		American Remediation & Supply, LLC. N6431 County H, Luxemburg, WI 920-845-2815		
Method of Tank Removal and Cleaning		Tanks were blown down, excavated, and removed. Tanks were cleaned on-site.		
Tank Disposal Location		American Remediation & Supply, LLC.		
Sludge Disposal Location		Wausau Chemical, Inc.		
Date of Removal		January 7, 2000		
Date of Site Assessment		January 7, 2000		
Weather		cloudy		
Excavation <i>(length x width x depth)</i>		Approximately 9' x 20' x 6'		
Tank Age/ Date of Installation		unknown		

Sampling	Table 1 contains the sampling locations, depths, and analytical results. Figure 1 provides a site plan view and sampling locations.
Field Instrument	Photoionization Detector
Analytical Laboratory	Great Lakes Analytical, Inc. Wisconsin Certified Laboratory Number #999917160
Site History:	<p>The Schwartz Sales & Service Site is used as a service garage where unleaded gasoline and diesel fuel were used for commercial sales. July 24, 1991, Advent Environmental Services, Inc. conducted a Phase II Environmental Assessment. Soil samples were collected and submitted to a state certified laboratory for analysis. The returned analytical reports concluded that GRO and DRO concentrations were below the WDNR Investigative Trigger Level of 10ppm for methanol preserved soil samples. January 7, 2000, Envirogen conducted a UST Closure Assessment. Soil samples were collected and submitted to a state certified laboratory for analysis. The returned analytical reports concluded that GRO and DRO concentrations were below the WDNR Investigative Trigger Level of 10ppm.</p>

LEGEND

• Soil Sample



SCALE
1" = 5'



ENVIROGEN

BEST EFFECTIVE LEADER FOR A CLEANER ENVIRONMENT

790 Marvella Lane
Green Bay, Wisconsin 54304

DATE	
ENGINEER	
DATE	
ENGINEER	
REVISIONS:	
APPROVED BY:	
CHECKED BY:	
JMS 03/02/00	
DRAWN BY:	
990424	
DRAWING NO.	

SITE PLAN VIEW

SCHWARTZ SALES & SERVICE SITE
SHAWANO, WISCONSIN

Figure No.
1

TABLE 1

SOIL ANALYTICAL RESULTS
Schwartz Sales & Service Site
Shawano, Wisconsin

Sample	Date	Sample location	Depth (feet bgs)	PID (ppmv)	GRO (ppm)	DRO (ppm)
S-1	1/7/00	beneath unleaded gasoline UST-1	6	<5	<5.9	NA
S-2	1/7/00	beneath diesel UST-2	6	<5	NA	<6.1
WDNR Site Investigation Trigger Level					10	10

Notes: GRO - Gasoline range organics

DRO - Diesel range organics

PID - Photoionization detector

bgs - below ground surface

ppm - parts per million (mg/kg)

ppmv - parts per million volume

WDNR - Wisconsin Department of Natural Resources

APPENDIX A

CLOSURE DOCUMENTATION

Multiple Use 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: Schwartz Sales and Service; 2. Owner Name: Ruben Schwartz; Site Street Address: N 5693 Leopold Road; City: HERMAN; State: WI; Zip Code: 54166; County: SHAWANO; Telephone No.: (715) 787-3828

3. Closure Company Name (print): American Remediation & Supply, LLC; Closure Company Street Address: N6431 City H; Closure Company Telephone No.: (920) 845-2815; Closure Company City, State, Zip Code: LUXEMBURG WI 54217

4. Name of Company Performing Closure Assessment: ENVIRONMENTAL INC; Assessment Company Street Address, City, State, Zip Code: 790 Marvelle Lane Green Bay, WI 54304; Telephone #: (920) 497-8910; Certified Assessor Name (print): Mark Loye; Assessor Signature: Mark Loye; Assessor Certification No.: 46896

Table with 7 columns: Tank ID #, Closure, Temp. Closure, Closure in Place, Tank Capacity, Contents*, Closure Assessment. Rows 1-6 with data for tanks 344534 and 344604.

* 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. OK'd by Inspector: 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. Remover Verified Inspector Verified NA

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

C. CLOSURE BY REMOVAL. 1. Product from piping drained into tank (or other container)... 2. Piping disconnected from tank and removed... 3. All liquid and residue removed from tank using explosion proof pumps or hand pumps... 4. All pump motors and suction hoses bonded to tank or otherwise grounded... 5. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed... NOTE: DROP TUBE SHOULD NOT BE REMOVED IF THE TANK IS TO BE PURGED THROUGH THE USE OF AN EDUCTOR. 6. Vent lines left connected until tanks purged... 7. Tank openings temporarily plugged so vapors exit through vent... 8. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section F... 9. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement... 10. Tank cleaned before being removed from site...

- 11. Tank labeled in 2" high letters after removal but before being moved from site.
NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; DATE.

<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/>	<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"/>
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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 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 the Department of Commerce 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 type="checkbox"/>	<input type="checkbox"/>
---------------------------------------	----------------------------	--------------------------	--------------------------
- 2. Do points of obvious contamination exist?

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------	---------------------------------------	--------------------------	--------------------------
- 3. Are there strong odors in the soils?

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input 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 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 type="checkbox"/>	<input type="checkbox"/>
----------------------------	---------------------------------------	--------------------------	--------------------------
- 6. Was the DNR notified of suspected or obvious contamination?

<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------	---------------------------------------	--------------------------	--------------------------
- Agency, office and person contacted: _____
- 7. Contamination suspected because of: Odor Soil Staining Free Product Sheen on Groundwater 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 (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

Arnold Koller Arnold Koller 421423 1-7-20
 Remover Name (print) Remover Signature Remover Certification No. Date Signed

I. INSPECTOR INFORMATION

 Inspector Name (print) Inspector Signature Inspector Certification No.

 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

DEPT OF COMMERCE/BUREAU OF STORAGE TANK REGULATION

File by: _____
 Reg Obj #: **344664**

UNDERGROUND FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK INVENTORY

Information Required By Section 101.142, Wis. Stats.

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

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)).

A. TANK IDENTIFICATION (PLEASE PRINT) Tank Name: _____ Tank Number: _____ Tank Capacity (gallons): _____ Tank Material: _____ Tank Location: _____ Tank Status: _____ Tank Owner: _____ Tank Operator: _____ Tank Inspector: _____	B. SITE INFORMATION Site Name: _____ Site Address: _____ Site City: _____ Site State: _____ Site Zip: _____ Site Phone: _____ Site Fax: _____ Site E-mail: _____ Site Website: _____	C. CONTACT INFORMATION Contact Name: _____ Contact Title: _____ Contact Address: _____ Contact City: _____ Contact State: _____ Contact Zip: _____ Contact Phone: _____ Contact Fax: _____ Contact E-mail: _____
---	---	---

B. Site ID #: **130658** Facility ID #: _____ Customer ID #: **365445**

D. TANK CONSTRUCTION <input type="checkbox"/> Bare Steel <input checked="" type="checkbox"/> Coated Steel <input type="checkbox"/> Unknown <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel - Fiberglass Reinforced Plastic Composite <input type="checkbox"/> Lined (date): _____ <input type="checkbox"/> Other (specify): _____	E. CATHODIC PROTECTION <input type="checkbox"/> Sacrificial Anodes <input type="checkbox"/> Impressed Current <input checked="" type="checkbox"/> N/A	F. OVERFILL PROTECTION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spill Containment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tank Double Walled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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G. Primary Tank Leak Detection Method:
 Inventory control and tightness testing
 Manual tank gauging (only for tanks of 1,000 gallons or less)
 Automatic tank gauging
 Interstitial monitoring
 Statistical Inventory Reconciliation (SIR)
 Groundwater monitoring
 Vapor monitoring
 Unknown

H. Piping Construction:
 Bare Steel Coated Steel Unknown
 Fiberglass Flexible N/A
 Copper Other (specify): _____
 Cathodic Protection:
 Sacrificial Anodes
 Impressed Current
 N/A
 Pipe Double Walled? Yes No

I. Primary Piping System Type: Pressurized piping with _____ A. auto shutoff; B. alarm, or C. flow restrictor Unknown
 Suction piping with check valve at tank Suction piping with check valve at pump and inspectable Not needed if waste oil

J. Piping Leak Detection Method: (used if pressurized or check valve at tank): SIR Tightness testing Electronic line leak monitor
 Groundwater monitoring Vapor monitoring Interstitial monitoring Not required Unknown

K. Vapor Recovery/Stage II CARB #:
 Fiberglass Other (specify): _____ Flexible Operational - Provide Date (mo/day/yr): _____

L. TANK LOCATION Tank Location: _____ Tank Orientation: _____ Tank Depth: _____ Tank Diameter: _____ Tank Volume: _____	M. TANK CONDITION Tank Condition: _____ Tank Status: _____ Tank Inspection Date: _____ Tank Inspection By: _____	N. TANK IDENTIFICATION Tank Name: _____ Tank Number: _____ Tank Capacity: _____ Tank Material: _____ Tank Location: _____ Tank Status: _____ Tank Owner: _____ Tank Operator: _____ Tank Inspector: _____
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* If chosen; this tank is NOT PECFA eligible. Geo Latitude: _____ Geo Longitude: _____

O. TANK IDENTIFICATION Tank Name: _____ Tank Number: _____ Tank Capacity: _____ Tank Material: _____ Tank Location: _____ Tank Status: _____ Tank Owner: _____ Tank Operator: _____ Tank Inspector: _____	P. TANK CONDITION Tank Condition: _____ Tank Status: _____ Tank Inspection Date: _____ Tank Inspection By: _____	Q. TANK IDENTIFICATION Tank Name: _____ Tank Number: _____ Tank Capacity: _____ Tank Material: _____ Tank Location: _____ Tank Status: _____ Tank Owner: _____ Tank Operator: _____ Tank Inspector: _____
--	--	--

Note: Refer to comments on reverse side of form.
 ERS-7437 (R. 5/99)

File by: _____
 Reg Obj #: **344534**

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)].

IDENTIFICATION (BULK STORAGE TANK REGISTRATION) Tank ID #: _____ Facility ID #: _____ State: _____ City: _____	Site Address _____ _____ _____ State: _____ City: _____	Facility Name _____ _____ State: _____ City: _____
--	--	--

B. Site ID #: **130658** **Facility ID #:** _____ **Customer ID #:** **365445**

Tank Capacity (gallons) _____	Tank Age (years) _____	Tank and Owner Information <input type="checkbox"/> Publicly Owned <input type="checkbox"/> Municipal <input type="checkbox"/> Other Governmental <input type="checkbox"/> Other
----------------------------------	---------------------------	--

F. Tank Construction:

<input type="checkbox"/> Bare Steel	<input checked="" type="checkbox"/> Coated Steel	<input type="checkbox"/> Unknown	Cathodic Protection	Overfill Protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Steel - Fiberglass Reinforced Plastic Composite		<input type="checkbox"/> Sacrificial Anodes	Spill Containment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Lined (date): _____	<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Impressed Current	Tank Double Walled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input checked="" type="checkbox"/> N/A	

G. Primary Tank Leak Detection Method:

<input type="checkbox"/> Inventory control and tightness testing	<input type="checkbox"/> Automatic tank gauging	<input type="checkbox"/> Groundwater monitoring
<input checked="" type="checkbox"/> Manual tank gauging (only for tanks of 1,000 gallons or less)	<input type="checkbox"/> Interstitial monitoring	<input type="checkbox"/> Vapor monitoring
	<input type="checkbox"/> Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/> Unknown

H. Piping Construction:

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

I. Primary Piping System Type: Pressurized piping with _____ A. auto shutoff; B. alarm, or C. flow restrictor Unknown

Suction piping with check valve at tank Suction piping with check valve at pump and inspectable Not needed if waste oil

J. Piping Leak Detection Method: (used if pressurized or check valve at tank): SIR Tightness testing Electronic line leak monitor

Groundwater monitoring Vapor monitoring Interstitial monitoring Not required Unknown

K. Vapor Recovery/Stage II CARB #:

Fiberglass Other (specify): _____ Flexible Operational - Provide Date (mo/day/yr): _____

Tank Construction (continued) _____	Tank Age (continued) _____	Tank and Owner Information (continued) _____
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* If chosen, this tank is NOT PECFA eligible. **Geo Latitude:** _____ **Geo Longitude:** _____

Tank Capacity (continued) _____	Tank Age (continued) _____	Tank and Owner Information (continued) _____
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Note: Refer to comments on reverse side of form.
 ERS-7437 (R. 5/99)

APPENDIX B

LABORATORY ANALYSIS REPORT



1380 Busch Parkway
Buffalo Grove, Illinois 60089

Email: info@glalabs.com
(847) 808-7766 FAX (847) 808-7772

Envirogen Mosinee 750 Marvella Lane. Green Bay, WI 54304	Project: 990424 Project Number: N/A Project Manager: K. Baran	Sampled: 1/7/00 Received: 1/11/00 Reported: 1/18/00 16:55
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ANALYTICAL REPORT FOR SAMPLES:

Sample Description	Laboratory Sample Number	Sample Matrix	Date Sampled
UST-1	B001154-01	Soil (WI)	1/7/00
UST-2	B001154-02	Soil (WI)	1/7/00
Trip Blank	B001154-03	Methanol	1/7/00

Great Lakes Analytical

*The results in this report apply to the samples analyzed in accordance with the chain of custody document.
This analytical report must be reproduced in its entirety.*

Natal Patel, Project Manager

Accreditations/Certifications: Illinois EPA-100261; New Jersey DEP 54001.
Wisconsin DNR-98891/160

Page 1 of 5



1380 Busch Parkway
Buffalo Grove, Illinois 60089

Email: info@glalabs.com
(847) 808-7766 FAX (847) 808-7777

Envirogen Mosinee 750 Marvella Lane. Green Bay, WI 54304	Project: 990424 Project Number: N/A Project Manager: K. Bran	Sampled: 1/7/00 Received: 1/11/00 Reported: 1/18/00 10:55
--	--	---

Diesel Range Organics (DRO) by WDNR DRO
Great Lakes Analytical

Analyte	Batch Number	Date Prepared	Date Analyzed	Surrogate Limits	Reporting Limit	Result	Units	No
UST-2 Diesel Range Organics (DRO)	0010256	1/12/00	1/14/00	B001154-02	6.1	ND	Soil (W) mg/kg dry	G4

Great Lakes Analytical

*Refer to end of report for text of notes and definitions

Satul Patel, Project Manager

Accreditation/Certification: Illinois EPA 100261; New Jersey DEP 54601,
Wisconsin Dept 99897160

Page 2

01/11/2008 14:00 7155269683



1380 Busch Parkway
Buffalo Grove, Illinois 60089

Email: info@glalabs.com
(847) 808-7768 FAX (847) 808-7772

Envirogen Mosinee 750 Marvella Lane Green Bay, WI 54304	Project: 990424 Project Number: N/A Project Manager: K. Barin	Sampled: 1/7/00 Received: 1/11/00 Reported: 1/18/00 16:55
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Gasoline Range Organics (GRO) by WDNR GRO
Great Lakes Analytical

Analyte	Batch Number	Date Prepared	Date Analyzed	Specific Method	Reporting Limit	Result	Units	Notes*
<u>UST-1</u> Gasoline Range Organics (GRO)	0010244	1/12/00	1/14/00	<u>B001154-01</u> WDNR GRO	5.9	ND	Soil (WJ) mg/kg dry	
<u>Triol Blank</u> Gasoline Range Organics (GRO)	0010240	1/12/00	1/15/00	<u>B001154-03</u> WDNR GRO	5.0	ND	Methanol mg/l	

at Lakes Analytical

*Refer to end of report for text of notes and definitions.

[Signature]
J. Patel, Project Manager

Accredited to: Illinois/Certifications: Illinois EPA-100201; New Jersey DEP-54001;
Wisconsin DNR-99981/150

ANALYTICAL

FAX (847) 648-1114

FORM 1001 (REV. 11/01)

Client: **Emmerson, Inc** Bill To: **K. Brown**

Address: **790 Menzelle Lane** Address: **790 Menzelle Lane**

Project: **990424** State & Program: **Green Bay, WI, UST** Phone #: **54301** Fax #: **54801**

Sampler: **M. Low** Report for: **K. Brown** Date Collected: **1/10/08** Time Collected: **3:45 PM**

PO/Quote #: Date Collected: Time Collected: Sample Matrix: Preservatives: No. Containers: Type Containers: Geo. Dwg. Dyweight

FIELD ID	LOCATION	DATE COLLECTED	TIME COLLECTED	SAMPLE MATRIX	PRESERVATIVES	NO. CONTAINERS	TYPE CONTAINERS	Geo. Dwg.	Dyweight	CRACKED BROKEN	LABORATORY ID NUMBER
1	UST-1	1/10/08	11:00	Soil	None	2	1-4oz	X	X		Boo154-1
2	UST-2	1/10/08	11:30	Soil	None	2	1-4oz	X	X		2
3	TRAP/BINK	1/10/08	11:00	Water	None	1	1-2oz	X			3
4											
5											
6											
7											
8											
9											
10											

RECEIVED: **1-10-08 3:45 PM** RECEIVED: **1/10/08 12:00** RECEIVED: **01/10/08**

RECEIVED: **1-10-08 3:45 PM** RECEIVED: **1/10/08 12:00** RECEIVED: **01/10/08**

COMMENTS: PAGE: OF