

Complete One Form for Each System Service Event

The information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1) (m), Wis. Stats.]

TANK SYSTEM SERVICE AND CLOSURE ASSESSMENT REPORT

CHECK ONE:

- UNDERGROUND**
 ABOVEGROUND

FOR PORTIONS OF THE FORM THAT DO NOT APPLY, CHECK THE 'N/A' BOX

RETURN COMPLETED CHECKLIST TO:

Wisconsin Department of Safety and Professional Services
 Bureau of Petroleum Products and Tanks
 P.O. Box 7837
 Madison, WI 53707-7837

Part A – To be completed by contractor performing repair or closure

A. TYPE OF SERVICE CLOSURE REPAIR/UPGRADE CHANGE-IN-SERVICE

Indicate portion of system being serviced if a repair, upgrade or change-in-service is being performed

- Remote fill Tank Piping Transition/containment sump Spill bucket Dispenser

B. IDENTIFICATION (Please Print)

1. Facility Name CITGO #4296		2. Owner Name BULK PETROLEUM CORP	
Facility Street Address (not P.O. Box) 6512 N TEUTONIA AVE		3. Contact Name DEPT OF JUSTIC	
Municipality Milwaukee		ng Address 9653 N GRANDVILLE ROAD	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: MILWAUKEE		Post Office MEQUON, WI 53097	State Z ip Code
Zip Code	County MILWAUKEE	County	Telephone No. (include area code) ()
4. Primary Service Contractor Section A above HELLERS JUNK REMOVAL		Service Contractor Street Address 3948 STATE ROAD 19 UNIT 2	
Service Contractor Telephone No. (include area code) () 608-242-8210		Service Contractor City, State, Zip Code DEFOREST, WI 53532	

C. TANK SYSTEM DETAIL (Complete for all service activities)

a	b	c	d	e	f	g	h
Tank ID #	Type of Closure ¹	Tank Material of Construction	Piping Material of Construction	Tank Capacity (gallons)	Contents ²	Release - System Integrity Compromised (e.g. holes, cracks, loose connection, etc)?	If "Yes" to "g", Then Specify Source & Cause of Release ³
						<input type="checkbox"/> Y <input type="checkbox"/> N	Source of Release ³ Cause of Release ⁴
302061	P	LINED STE		12,000	UG	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Everything unknown
302062	P	LINED STE		8,000	UG	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
302063	P	LINED STE		12,000	UG	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
						<input type="checkbox"/> Y <input type="checkbox"/> N	
						<input type="checkbox"/> Y <input type="checkbox"/> N	

- Indicate type of closure: P = Permanent, TOS = Temporarily Out-of-Service, CIP = Closure In-Place
- Indicate type of product: DL = Diesel, LG = Leaded Gasoline, UG = Unleaded Gasoline, FO = Fuel Oil, GH = Gasohol, AF = Aviation Fuel, K = Kerosene, PX = Premix, WO = Waste/Used Motor Oil, FCHZW = Flammable/Combustible Hazardous Waste, OC = Other Chemical (indicate the chemical name(s))

- CAS number(s): _____
- Source of release: T = tank, P = piping, D = dispenser, STP = submersible turbine pump, DP = delivery problem, O = other, UNK = Unknown
 - Cause of release: S = spill, O = overflow, POMD = physical or mechanical damage, C = corrosion, IP = installation problem, O = other, UNK = Unknown
 - Has release been reported to the Department of Natural Resources? Yes No Release not evident at this time

D. CLOSURES (Check applicable box at right in response to all statements in section D)

- Written notification was provided to the local agent 5 days in advance of closure date. Y N
- All local permits were obtained before beginning closure. Y N NA
- UST Form ERS-7437 or AST Form ERS-8731 filed by owner with DSPS indicating closure. Y N NA
- NOTE:** TANK INVENTORY FORM ERS-7437 or ERS-8731 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH CLOSURE or CHANGE-IN-SERVICE CHECKLIST

D.1 TEMPORARILY OUT-OF-SERVICE

1. Product removed.	Remover Verified	Inspector Verified	NA
a. Product lines drained into tank (or other container) and liquid removed, and	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. All product removed to bottom of suction line, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. All product removed to within 1" of bottom.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

CB

4. Dispensers/pumps left in place but locked and power disconnected.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>
5. Vent lines left open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>
6. Inventory form filed indicating temporarily out-of-service (TOS) closure.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>

D.2. CLOSURE BY REMOVAL OR IN-PLACE

1. General Requirements

a. Product from piping drained into tank (or other container).	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>
b. Piping disconnected from tank and removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>
c. All liquid and residue removed from tank using explosion-proof pumps or hand pumps.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>
d. All pump motors and suction hoses bonded to tank or otherwise grounded.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>
e. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>
f. Vent lines left connected until tanks purged.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>
g. Tank openings temporarily plugged so vapors exit through vent.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>
h. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section E.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>

2. Specific Closure-by-Removal Requirements

a. Tank removed from excavation after PURGING/INERTING ; placed on level ground and blocked to prevent movement.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. Tank cleaned before being removed from site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. Tank labeled in 2" high letters after removal but before being moved from site.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>
NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; DATE.			
d. Tank vent hole (1/8" in uppermost part of tank) installed prior to moving the tank from site.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>
e. Site security is provided while the excavation is open.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

3. Specific Closure-In-Place Requirements

NOTE: CLOSURES IN-PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES (DSPS) OR LOCAL AGENT.

a. Tank properly cleaned to remove all sludge and residue.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. Solid inert material (sand, cyclone boiler slag, or pea gravel recommended) introduced and tank filled.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. Vent line disconnected or removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
d. Inventory form filed by owner with the DSPS indicating closure in-place.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

E. REPAIR, UPGRADE OR CHANGE-IN-SERVICE

Written notification was provided to the local agent 5 days in advance of service date.

All local permits were obtained before beginning service.

Form ERS-7437 or ERS-8731 filed by owner with the DSPS indicating change-in-service.

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA

F. METHOD OF VAPOR FREEING OF TANK

- Displacement of vapors by 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.
- Inert gas using dry ice or liquid carbon dioxide.
- Inert gas using CO₂ or N₂ **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. LEL METERS MAY NOT FUNCTION ACCURATELY. 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.
- Readings of 10% or less of the lower flammable range (LEL) or 0% oxygen obtained before removing tank from ground.
- Tank atmosphere monitored for flammable or combustible vapor levels prior to and during cleaning and cutting.
- Calibrate combustible gas indicator and/or oxygen meter prior to use. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank.

G. REMOVER/CLEANER INFORMATION

JON J HELLER

Jon J Heller
Remover/Cleaner Signature

42281

Certification No.

7-29-2014

Date Signed

Remover/Cleaner Name (print)

I attest that the procedures and information which I have provided as the tank closure contractor are correct and comply with Comm 10.

Company expected to perform soil contamination assessment HELLERS JUNK REMOVAL JON HELLER

H. INSPECTOR INFORMATION

Chris Buzzell
Inspector Name (print)

CHRIS BUZZELL
Inspector Signature

019812

Inspector Cert #

LPO Agency #:

414.286-2519

Inspector Telephone Number

7.31.14

Date Signed

FDID # For Location Where Inspection Performed

Part B – To be completed by environmental professional

Submit original Part B to the WDNR along with a copy of Part A

I. TANK-SYSTEM SITE ASSESSMENT (TSSA)

Site Name: CITGO #4296

Address: 6512 N TEUTONIA AVE, MILWAUKEE WI 53209

Note: Site name and address must match with Part A Section 1.

To determine if a TSSA is required, see Comm 10 and section II part B of ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RE EASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS.

If a TSSA is required, then follow the procedures detailed in ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS.

1. Site Information

a. Has there been a previously documented release at this site? Y N

If yes, provide the DSPS # _____, or DNR BRRT's # _____.

b. Number of active tanks¹ at facility prior to completion of current services USTs ³ _____ ASTs _____.

(NOTE 1: Do not include previously closed systems or system components.)

c. Excavation/trench dimensions (in feet). (Photos must be provided.)

EXCAVATION/TRENCH #	LENGTH	WIDTH	DEPTH
1	35	35	11
2	60	4	4

2. Visual Excavation/Trench Inspection (Photos must be provided for "Yes" responses, except item b.)

Do any of the following conditions exist in or about the excavation(s)?

a. Stained soils: Y N b. Petroleum odor: Y N c. Water In excavation/trench: Y N

d. Free product in the excavation/trench: Y N e. Sheen or free product on water: Y N

3. Geology/Hydrogeology

a. Depth to groundwater 8 FEET feet b. Indicate type of geology² C
(Note 2: Use these symbols individually or in combination as appropriate: C = Clay, SLT = Silt, S = Sand, Gr = Gravel)

4. Receptors

a. Water supply well(s) within 250 feet of the facility? Y N If yes, specify _____

b. Surface water(s) within 1000 feet of the facility? Y N If yes, specify _____

5. Sampling

a. Follow the procedures detailed in ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS.

b. Complete Tables 1 and 2 as appropriate. (Attach chain-of-custody and laboratory analytical reports.)

c. Attach a detailed map of site features and sample locations.

J. NOTE RELEVANT OBSERVATIONS, SPECIFIC PROBLEMS OR CONCERNS BELOW

WATER IN THE EXCAVATION AT 8 FEET BELOW GRADE. ODOR IN SOIL STARTING AT THE SURFACE

TWO SAMPLES FROM PUMP ISLAND TRENCH AT 8 FEET BELOW GRADE BOTH WERE CONTAMONATED

TABLE 1 SOIL FIELD SCREENING & GRO/DRO LABORATORY ANALYTICAL RESULTS-FOR PETROLEUM PRODUCTS

Sample ID #	Sample Location & Soil/Geologic Description	Sample Collection Method				Depth Below Tank/Piping (feet)	Field Screening Result (ppm)	GRO (mg/kg)	DRO (mg/kg)
		Grab	Shelby Tube	Direct Push	Split Spoon				
40101583001	TANK EXCAVATION NORTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8' BELOW GRADE	>500		
40101583002	TANK EXCAVATION EAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8' BELOW GRADE	>500		
40101583003	TANK EXCAVATION WEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8' BELOW GRADE	>500		
40101583004	TANK EXCAVATION SOUTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8' BELOW GRADE	>500		
40101583005	PUMP ISLAND NORTH END	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8' BELOW GRADE	>500		
40101583006	PUMP ISLAND SOUTH END	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8' BELOW GRADE	>500		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				


TABLE 2 SOIL LABORATORY ANALYTICAL RESULTS-FOR PETROLEUM PRODUCTS

Sample ID #	BENZENE	TOLUENE	ETHYLBENZENE	MTBE	TRIMETHYL - BENZENES (TOTAL)	XYLENES (TOTAL)	NAPHTHALENE
	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg
4010158300	<25	89.9	341	40.7	5710	1351	884
4010158300	<25	64.1	139	<25	2737	592	342
4010158300	<200	516	3570	262	49790	12050	8450
4010158300	<200	409	705	<200	25300	6510	7430
4010158300	<100	200	2640	<100	30220	6433	3570
4010583000	<50	64.8	1200	<50	15650	2228	1330

K. TANK-SYSTEM SITE ASSESSMENT INFORMATION

- As a tank-system site assessor certified under Wis. Admin. Code section Comm 5.83, it is my opinion that there is no indication of a release of a regulated substance to the environment.
- Sampling at the site indicates there has been a release to the environment. Pursuant to Wis. Admin. Code section Comm 10.585 (2) (a) and Wis. Stats. section 292.11 (2) (a), the owner or operator or contractor performing work under chapter Comm 10 shall immediately report any release of a regulated substance to the Wisconsin Department of Natural Resources. Failure to do so may result in forfeitures of a minimum of \$10 and a maximum of \$5000 for each violation under Wis. Stats. section 101.09 (5). Each day of continued violation and each tank are treated as separate offenses.

Jon J Heller
 Tank-System Site Assessor Name (print)
608-242-8210
 Tank-System Site Assessor Telephone Number


 Tank-System Site Assessor Signature
8-25-2014
 Date Signed

42281
 Certification Number #
Heller's Junk Removal
 Company Name



Wisconsin Department of Agriculture,
Trade & Consumer Protection
Bureau of Weights and Measures
P.O. Box 7837
Madison, WI 53707-7837
FAX: 608-223-6563

SPS 310 Notification Record

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m)].

TO: Cit of Milwaukee OFFICE LOCATION: drhode@milwaukee.gov

(Refer to the web site: >http://dsps.wi.gov/php/er-ipolists/lpo_agency_list.php < for the agency responsible for the specific jurisdiction.)

LOCATION / IDENTIFICATION (Please print or type)

Site Name B Petro Corp		Owner Name B Petro Corp		
Site Street Address 6512 Teutonia Ave		Owner Street or P.O. Address 6512 Teutonia Ave		
<input checked="" type="checkbox"/> City Milwaukee	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	<input checked="" type="checkbox"/> City Milwaukee	<input type="checkbox"/> Village
County Milwaukee	Zip Code 53209	State WI	Zip Code 53209	Telephone ()
Facility Number: 134954	Fire Department providing fire protection coverage: milwaukee			

Name of Contractor: Heller's Junk Removal

Address of Contractor: 3948 Stae Rd 19 unit 2

City/Town: DeForest, WI 53532

Telephone Number: (608) 242-8210 Fax Number: () hellersjunkremoval@yahoo

Date work is to begin: July 28th, tank extraction on July 29th this is a DOJ ordered removal

Comm. 10 certified project supervisor: Jon J Heller 42281 cell 608-242-8210

Project will involve: (Check all that apply)

	Check		Number of tanks	Plan Number	Approval Date
	UST	AST			
Tank Installation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Dispenser POS Conversion	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Piping Installation or Upgrade	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Leak Detection Upgrade	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Spill or Overfill Protection	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Cathodic Protection or Interior Lining	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
CERCLA Chemical Tank(s) Only	<input type="checkbox"/>	<input type="checkbox"/>	_____	Send notice to DSPS	_____
Tank Closure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3		

Site assessment conducted by: jon j heller

Comments: we will be removing concrete and pumps on monday the 28th and extracting the tanks on tuesday the 29th

809 N. Broadway
 1st Floor
 Milwaukee, Wisconsin
 53202-3617
www.mkedcd.org/build
 Phone: (414) 286-8210
 Fax: (414) 286-0251
 DCD 19 0601



Building Permit

No refund on minimum fee permits
 Work is not authorized unless permit is validated at right.

Location (Exact street address – please print)			Use of building		Cost of job	Code	CT	Class
6512 Teutonia Ave			gas station		10,750.00			
Please print Applicant		Contractor			Architect			
Name	Jon J Heller		Jon J Heller					
Firm name	B Petro Corp		Heller's Junk Removal					
Address	6512 Teutonia Ave		3948 State Rd 19 unit 2					
City/state/zip	Milwaukee, WI 53209		DeForest, WI 53532					
Phone			608-242-8210					
✓	Permit type	Fee	✓	Permit type	Fee	✓	Permit type	Fee
	Alteration (1200)			Gas furnace (5150)			Fireworks/explosives (7650)	
	Alteration-units lost (1220)			Oil furnace (5200)			Tank installation (7300)	
	Alteration-add units (1210)			Other heating (5250)			Tank removal (7350)	359.90
	Repairs (1400)			Boiler – new (5450)			Gas pump (7400)	
	Courtesy Inspection (1600)			Boiler – repair (5550)			Storage tank other (7360)	
	Shed (1100)			Air conditioning (5600)			Sign – on-premise (7260)	
	Fire repair condemn (7500)			Refrigeration (5700)			Sign – projecting (7200)	
	Footing/foundation (7550)			Spray booth (5250)			Billboard (7250)	
	Razing/demo (7450)			Kitchen exhaust (5250)			Miscellaneous (7800)	
	Erosion control (7700)			Fireplace/ stove (5300)			Subtotal permit fees	
	Stormwater (8900)	\$200.00		Ductwork (5290)			Plan review fee	
	Filling/Grading (7720)			Festival (7800)	\$50.00		IT/Training Surcharge 1.4%	
	Fence (7150)			Christmas tree lot (7800)	\$75.00		Process fee (\$5/permit type)	
	Siding (7100)			Tent/exhibit (7750)			Appraisal charge	
	Fire protection (6000)			Grandstand (7800)			TOTAL FEES	
Description of work (use additional paper if necessary)								
removing one 10,000 gallon and two 12,000 gallon gasoline tanks by order of the Department of Justice.								
site work to start on July 28th, tank removal to start on July 29th at 9AM								
When you provide a check as payment, you authorize us either to use information from your check or make a one-time electronic fund transfer from your account, or to process the payment as a check transaction.								
I attest that the above information accurately describes the property and the proposed work to be performed on it. I agree to comply with all City of Milwaukee and State of Wisconsin codes applicable to the occupancy and work stated above. No asbestos project, as defined in Ch. 66 of the Milwaukee Code of Ordinances, is included in the work performed under this permit. I understand that any falsification or misinformation may result in penalties prescribed in the Milwaukee Code of Ordinances.								
Signature of applicant <i>Jon J Heller</i>						Date <i>7-10-2014</i>		
Permit check				Approval conditions				
Taxkey:								
Zoning:		Historic code:						
<input type="checkbox"/> Work requires BOZA approval. Granted:								
<input type="checkbox"/> Work requires SAC approval. Granted:								
<input type="checkbox"/> Work requires historic COA. Granted:								
<input type="checkbox"/> Building is fire damaged.								
<input type="checkbox"/> Building is subject to condemnation order.				Permit issued by:				
<input type="checkbox"/> Right-of-way encroachment (ch. 245)				INSPECTOR:				

TANK DISPOSAL MANIFEST

HELLER'S JUNK REMOVAL

3948 STATE RD 19, UNIT 2

DEFOREST, WI 53532

608-242-8210 hellersjunkremoval@yahoo.com

Generator: CITGO #4296

6512 N TEUTONIA AVE

MILWAUKEE, WI 53209

Tank Description: one 8000 gallon diesel fuel and two 12000 gallon gasoline

Destination: Auto & Scrap Recyclers, Inc.

3800 W Mill Road

Milwaukee, WI 53209

Transporter: Heller's Junk Removal



WASTE DISPOSAL MANIFEST

HELLER'S JUNK REMOVAL

3948 STATE RD 19, UNIT 2

DEFOREST, WI 53532

608-242-8210 hellersjunkremoval@yahoo.com

Generator: CITGO #4296

6512 N TEUTONIA AVE

MILWAUKEE, WI 53209

Waste Description: PAVEMENT

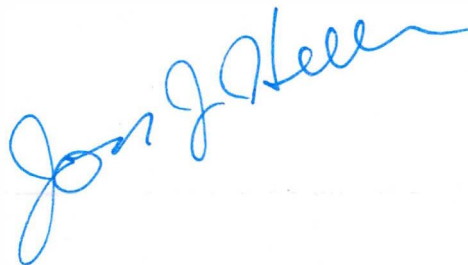
Quantity: 5 LOADS

Destination: Lannon Stone

19567 Good Hope Rd,

Lannon, WI 53046

Transporter: Lannon Stone

A handwritten signature in blue ink, appearing to read "Jon J. Heller", is written over a faint horizontal line.

WASTE DISPOSAL MANIFEST

HELLER'S JUNK REMOVAL

3948 STATE RD 19, UNIT 2

DEFOREST, WI 53532

608-242-8210 hellersjunkremoval@yahoo.com

Generator: CITGO #4296

6512 N TEUTONIA AVE

MILWAUKEE, WI 53209

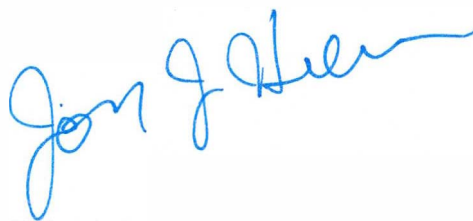
Waste Description: Water

Quantity: 400 gallons

Destination: Madison Metropolitan Sewerage District

1610 Moorland Rd, Madison WI 53713

Transporter: Heller's Junk Removal, DeForest WI 53532

A handwritten signature in blue ink, appearing to read "Jon J. Heller", is written over a faint rectangular stamp area.

TDID#:

Reg Obj #: 302061

UNDERGROUND FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION

Information Required by Section 101.142, Wis. Stats.

Send Completed Form To: Bureau of Weights & Measures Permit & Licensing Section 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? [X] 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 status that is (check one):

- Options for tank status: In Use, Newly Installed, Abandoned with Product, Abandoned without Product (empty), Closed - Tank Removed, Closed - Filled with Inert Materials, Abandon with Water, Temporarily Out of Service - Provide Date, Ownership Change (Indicate new owner name in block 2)

Fire Department providing fire coverage where tank is located:

- Options for fire coverage: City, Village, Town of, MILWAUKEE BUILDING IN

A. IDENTIFICATION (Please Print)

1. Tank Site Name: CITGO #4296; Site Street Address: 6512 N TEUTONIA AVE; Site Telephone Number: ()

City: MILWAUKEE; State: WISCONSIN; Zip Code: ; County: MILWAUKEE

2. Tank Owner Name: BULK PETROLEUM CORP; Mailing Address: 9653 N GRANVILLE ROAD; Telephone Number: ()

City: MEQUON; State: WISCONSIN; Zip Code: 53097; County:

3. Property Owner Name (if different than tank owner): ; Property Owner Address if different than #1:

B. Site ID #: ; Facility ID #: 134954; Customer ID #: 533077

C. Tank Capacity (gallons): 12,000; Tank Age (age or date installed): 6-1-1967; Vehicle fueling: [] Yes [] No

D. LAND OWNER TYPE (check one) Refer to back: [] County [] State [] Federal Leased [] Federal Owned [] Tribal Nation [] Municipal [] Other Government [X] Private

E. OCCUPANCY TYPE (check one) Refer to back: [X] Retail Fuel Sales [] Bulk Storage [] Terminal Storage [] Mercantile/Commercial [] Industrial [] Residential [] School [] Agricultural (crop or livestock production) [] Backup or Emergency Generator [] Gov't Fleet [] Utility [] Other (specify):

F. Tank Construction: [] Bare Steel [] Coated Steel [] Stainless Steel [] Steel - Fiberglass Reinforced Plastic Composite [] Fiberglass [] Unknown [] Other (specify): [X] Lined (date): ; Overfill Protection? [] Yes [] No; Spill Containment? [] Yes [] No

G. Tank Cathodic Protection: [] Sacrificial Anodes [] Impressed Current [] N/A; Tank Double Walled? [] Yes [] No

H. Primary Tank Leak Detection Method: [] Automatic tank gauging [] Interstitial monitoring [X] Electronic: [] Yes [] No [] Inventory control and tightness testing [] Manual tank gauging (only for tanks of 1,000 gallons or less) [] Statistical Inventory Reconciliation (SIR) [] Unknown

I. Piping Construction: [] Bare Steel [] Coated Steel [] Stainless Steel [] Fiberglass [] Flexible [] Copper [] Unknown [] NA [] Other

J. Piping Cathodic Protection: [] Sacrificial Anodes [] Impressed Current [] N/A; Pipe Double Walled? [] Yes [] No

K. Primary Piping System Type: [] Pressurized piping with [X] A. [] Pump auto shutoff - ELLD; B. [] flow restrictor - MLLD [] Unknown [] Suction piping with check valve at tank [] Suction piping with check valve at pump and inspectable [] Not needed if waste oil

L. Piping Leak Detection Method: [] Interstitial monitoring [X] Electronic: [] NO [] YES [X] Sump or cable sensor [] Yes [] No [] Tightness testing [] Electronic line monitor - ELLD [] SIR [] Not required [] Unknown

M. Vapor Recovery/Stage II [] Fiberglass [] Flexible [] Other: ; CARB #: ; [] Operational - Provide Date (mo./day/yr.): ; [] Non-Operational - Provide Date (mo./day/yr.):

N. TANK CONTENTS (Current, or previous product (if tank now empty)) [] Leaded [X] Unleaded [] Gasohol [] E85 [] Diesel [] Bio-diesel [] Aviation [] Premix [] Fuel Oil [] Kerosene [] Unknown [] New Oil [] New oil - Low FP [] Waste/Used Motor Oil [] Hazardous Waste/Interface* [] Empty* [] Sand/Gravel/Slurry* [] Other (specify): ; Chemical* Name ; CAS #:

* NOT PECFA eligible. Geo Latitude: ; Geo Longitude:

O. If Tank Closed, Abandoned or Out of Service Give date (mo/day/yr): 7-29-14; Has a site assessment been completed? (see reverse side for details) [X] Yes [] No

Tank Owner Name (please print): JON HELLER AGENT FOR OWNER

Tank Owner Signature (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.): [Signature]; Date: 7-29-14

TDID#:
Reg Obj#: 302062

**UNDERGROUND
 FLAMMABLE/COMBUSTIBLE/HAZARDOUS
 LIQUID STORAGE TANK REGISTRATION**

Send Completed Form To:
 Bureau of Weights & Measures
 Permit & Licensing Section
 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 status that is (check one):

- In Use
 Newly Installed
 Abandoned with Product
 Abandoned without Product (empty)
 Closed - Tank Removed
 Closed - Filled with Inert Materials
 Abandon with Water
 Temporarily Out of Service - Provide Date: _____
 Ownership Change (Indicate new owner name in block 2)

Fire Department providing fire coverage where tank is located:
 City Village
 Town of:
MILWAUKEE BUILDING IN:

A. IDENTIFICATION (Please Print)

1. Tank Site Name CITGO #4296		Site Street Address 6512 N TEUTONIA AVE		Site Telephone Number ()	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: MILWAUKEE		State WISCONSIN		Zip Code	
2. Tank Owner Name BULK PETROLEUM CORP		Mailing Address 9653 N GRANVILLE ROAD		Telephone Number ()	
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: MEQUON		State WISCONSIN		Zip Code 53097	
3. Property Owner Name (if different than tank owner)		Property Owner Address if different than #1			

B. Site ID #: _____ **Facility ID #: 134954** **Customer ID #: 533077**

C. Tank Capacity (gallons): 8,000 Tank Age (age or date installed): **6-1-1967** Vehicle fueling: Yes No

D. LAND OWNER TYPE (check one) Refer to back
 County State Federal Leased Federal Owned Tribal Nation Municipal Other Government Private

E. OCCUPANCY TYPE (check one) Refer to back
 Retail Fuel Sales Bulk Storage Tennial Storage Mercantile/Commercial Industrial Residential School
 Agricultural (crop or livestock production) Backup or Emergency Generator Gov't Fleet Utility Other (specify): _____

F. Tank Construction:
 Bare Steel Coated Steel Stainless steel Steel - Fiberglass Reinforced Plastic Composite
 Fiberglass Unknown Other (specify): _____ Lined (date): _____
Overfill Protection? Yes No
Spill Containment? Yes No

G. Tank Cathodic Protection: Sacrificial Anodes Impressed Current N/A **Tank Double Walled?** Yes No

H. Primary Tank Leak Detection Method:
 Automatic tank gauging Interstitial monitoring Electronic: Yes No Inventory control and tightness testing
 Manual tank gauging (only for tanks of 1,000 gallons or less) Statistical Inventory Reconciliation (SIR) Unknown

I. Piping Construction:
 Bare Steel Coated Steel Stainless Steel Fiberglass Flexible Copper Unknown NA Other _____

J. Piping Cathodic Protection: Sacrificial Anodes Impressed Current N/A **Pipe Double Walled?** Yes No

K. Primary Piping System Type: Pressurized piping with A. Pump auto shutoff - ELLD; B. flow restrictor - MLLD Unknown
 Suction piping with check valve at tank Suction piping with check valve at pump and inspectable Not needed if waste oil

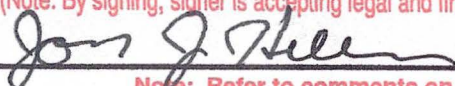
L. Piping Leak Detection Method: Interstitial monitoring Electronic: NO YES Sump or cable sensor Yes No
 Tightness testing Electronic line monitor - ELLD SIR Not required Unknown

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

N. TANK CONTENTS (Current, or previous product (if tank now empty))
 Leaded Unleaded Gasohol E85 Diesel Bio-diesel Aviation Premix Fuel Oil Kerosene Unknown
 New Oil New oil - Low FP Waste/Used Motor Oil Hazardous Waste/Interface* Empty* Sand/Gravel/Slurry*
 Other (specify): _____ Chemical* Name _____ CAS #: _____

* NOT PECFA eligible.

Geo Latitude: _____ **Geo Longitude:** _____
O. If Tank Closed, Abandoned or Out of Service Give date (mo./day/yr): **7-29-14** **Has a site assessment been completed? (see reverse side for details)**
 Yes No

Tank Owner Name (please print):
JON HELLER AGENT FOR OWNER
Tank Owner Signature (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.)
 **Date**
7-29-14

TDID#:

Reg Obj #: 302063

UNDERGROUND FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION

Information Required By Section 101.142, Wis. Stats.

Send Completed Form To: Bureau of Weights & Measures Permit & Licensing Section 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)].

This registration applies to a tank status that is (check one):

- In Use, Newly Installed, Abandoned with Product, Abandoned without Product (empty), Closed - Tank Removed, Closed - Filled with Inert Materials, Abandon with Water, Temporarily Out of Service - Provide Date, Ownership Change (Indicate new owner name in block 2)

Fire Department providing fire coverage where tank is located:

MILWAUKEE BUILDING IN:

A. IDENTIFICATION (Please Print)

1. Tank Site Name: CITGO #4296, Site Street Address: 6512 N TEUTONIA AVE, Site Telephone Number: ()
2. Tank Owner Name: BULK PETROLEUM CORP, Mailing Address: 9653 N GRANVILLE ROAD, Telephone Number: ()
3. Property Owner Name (if different than tank owner):, Property Owner Address if different than #1:

B. Site ID #: Facility ID #: 134954 Customer ID #: 533077

C. Tank Capacity (gallons): 12,000 Tank Age (age or date installed): 6-1-1967 Vehicle fueling: Yes No

D. LAND OWNER TYPE (check one) Refer to back: County State Federal Leased Federal Owned Tribal Nation Municipal Other Government Private

E. OCCUPANCY TYPE (check one) Refer to back: Retail Fuel Sales Bulk Storage Terminal Storage Mercantile/Commercial Industrial Residential School Agricultural Backup or Emergency Generator Gov't Fleet Utility Other (specify):

F. Tank Construction: Bare Steel Coated Steel Stainless steel Steel - Fiberglass Reinforced Plastic Composite Fiberglass Unknown Other (specify): Lined (date): Overfill Protection? Spill Containment?

G. Tank Cathodic Protection: Sacrificial Anodes Impressed Current N/A Tank Double Walled? Yes No

H. Primary Tank Leak Detection Method: Automatic tank gauging Interstitial monitoring Electronic: Yes No Inventory control and tightness testing Manual tank gauging Statistical Inventory Reconciliation (SIR) Unknown

I. Piping Construction: Bare Steel Coated Steel Stainless Steel Fiberglass Flexible Copper Unknown NA Other

J. Piping Cathodic Protection: Sacrificial Anodes Impressed Current N/A Pipe Double Walled? Yes No

K. Primary Piping System Type: Pressurized piping with Pump auto shutoff - ELLD; flow restrictor - MLLD Unknown Suction piping with check valve at tank Suction piping with check valve at pump and inspectable Not needed if waste oil

L. Piping Leak Detection Method: Interstitial monitoring Electronic: NO YES Sump or cable sensor Yes No Tightness testing Electronic line monitor - ELLD SIR Not required Unknown

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

N. TANK CONTENTS (Current, or previous product (if tank now empty)): Leaded Unleaded Gasohol E85 Diesel Bio-diesel Aviation Premix Fuel Oil Kerosene Unknown New Oil New oil - Low FP Waste/Used Motor Oil Hazardous Waste/Interface* Empty* Sand/Gravel/Slurry* Other (specify): Chemical* Name CAS #:

O. If Tank Closed, Abandoned or Out of Service Give date (mo./day/yr.): 7-29-14 Has a site assessment been completed? (see reverse side for details) Yes No

Tank Owner Name (please print): JON HELLER AGENT FOR OWNER

Tank Owner Signature (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.): Date: 7-29-14

Complete One Form for Each System Service Event

The information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1) (m), Wis. Stats.]

TANK SYSTEM SERVICE AND CLOSURE ASSESSMENT REPORT

CHECK ONE:
 UNDERGROUND
 ABOVEGROUND

FOR PORTIONS OF THE FORM THAT DO NOT APPLY, CHECK THE 'N/A' BOX

RETURN COMPLETED CHECKLIST TO:

Wisconsin Department of Safety and Professional Services
 Bureau of Petroleum Products and Tanks
 P.O. Box 7837
 Madison, WI 53707-7837

Part A – To be completed by contractor performing repair or closure

A. TYPE OF SERVICE CLOSURE REPAIR/UPGRADE CHANGE-IN-SERVICE

Indicate portion of system being serviced if a repair, upgrade or change-in-service is being performed

Remote fill Tank Piping Transition/containment sump Spill bucket Dispenser

B. IDENTIFICATION (Please Print)

1. Facility Name CITGO #4296		2. Owner Name BULK PETROLEUM CORP	
Facility Street Address (not P.O. Box) 6512 N TEUTONIA AVE		3. Contact Name DEPT OF JUSTIC Job Title	
Municipality Maili		ng Address 9653 N GRANDVILLE ROAD	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: MILWAUKEE		Post Office MEQUON, WI 53097 State Z ip Code	
Zip Code	County MILWAUKEE	County	Telephone No. (include area code) ()
4. Primary Service Contractor Section A above HELLERS JUNK REMOVAL		Service Contractor Street Address 3948 STATE ROAD 19 UNIT 2	
Service Contractor Telephone No. (include area code) () 608-242-8210		Service Contractor City, State, Zip Code DEFOREST, WI 53532	

C. TANK SYSTEM DETAIL (Complete for all service activities)

a Tank ID #	b Type of Closure ¹	c Tank Material of Construction	d Piping Material of Construction	e Tank Capacity (gallons)	f Contents ²	g Release - System Integrity Compromised (e.g. holes, cracks, loose connection, etc)?		h If "Yes" to "g", Then Specify Source & Cause of Release ⁵	
						<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	Source of Release ³	Cause of Release ⁴
302061	P	LINED STE		12,000	UG	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<i>Everything unknown</i>	
302062	P	LINED STE		8,000	UG	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N		
302063	P	LINED STE		12,000	UG	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N		
						<input type="checkbox"/> Y	<input type="checkbox"/> N		
						<input type="checkbox"/> Y	<input type="checkbox"/> N		
						<input type="checkbox"/> Y	<input type="checkbox"/> N		

1. Indicate type of closure: P = Permanent, TOS = Temporarily Out-of-Service, CIP = Closure In-Place

2. Indicate type of product: DL = Diesel, LG = Leaded Gasoline, UG = Unleaded Gasoline, FO = Fuel Oil, GH = Gasohol, AF = Aviation Fuel, K = Kerosene, PX = Premix, WO = Waste/Used Motor Oil, FCHZW = Flammable/Combustible Hazardous Waste, OC = Other Chemical (indicate the chemical name(s))

CAS number(s): _____

3. Source of release: T = tank, P = piping, D = dispenser, STP = submersible turbine pump, DP = delivery problem, O = other, UNK = Unknown

4. Cause of release: S = spill, O = overfill, POMD = physical or mechanical damage, C = corrosion, IP = installation problem, O = other, UNK = Unknown

5. Has release been reported to the Department of Natural Resources? Yes No Release not evident at this time

D. CLOSURES (Check applicable box at right in response to all statements in section D)

Written notification was provided to the local agent 5 days in advance of closure date. Y N

All local permits were obtained before beginning closure. Y N NA

UST Form ERS-7437 or AST Form ERS-8731 filed by owner with DSPS indicating closure. Y N NA

NOTE: TANK INVENTORY FORM ERS-7437 or ERS-8731 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH CLOSURE or CHANGE-IN-SERVICE CHECKLIST

D.1 TEMPORARILY OUT-OF-SERVICE

	Remover Verified	Inspector Verified	NA
1. Product removed.			
a. Product lines drained into tank (or other container) and liquid removed, and	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. All product removed to bottom of suction line, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. All product removed to within 1" of bottom.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

CB

4. Dispensers/pumps left in place but locked and power disconnected.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
5. Vent lines left open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
6. Inventory form filed indicating temporarily out-of-service (TOS) closure.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

D.2. [X] CLOSURE BY REMOVAL OR IN-PLACE

1. General Requirements

a. Product from piping drained into tank (or other container).	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. Piping disconnected from tank and removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. All liquid and residue removed from tank using explosion-proof pumps or hand pumps.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
d. All pump motors and suction hoses bonded to tank or otherwise grounded.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
e. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
f. Vent lines left connected until tanks purged.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
g. Tank openings temporarily plugged so vapors exit through vent.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
h. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section E.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

2. Specific Closure-by-Removal Requirements

a. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. Tank cleaned before being removed from site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. Tank labeled in 2" high letters after removal but before being moved from site.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; DATE.			
d. Tank vent hole (1/8" in uppermost part of tank) installed prior to moving the tank from site.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>
e. Site security is provided while the excavation is open.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

3. Specific Closure-in-Place Requirements

NOTE: CLOSURES IN-PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES (DPS) OR LOCAL AGENT.

a. Tank properly cleaned to remove all sludge and residue.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. Solid inert material (sand, cyclone boiler slag, or pea gravel recommended) introduced and tank filled.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. Vent line disconnected or removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
d. Inventory form filed by owner with the DPS indicating closure in-place.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

E. [] REPAIR, UPGRADE OR CHANGE-IN-SERVICE

Written notification was provided to the local agent 5 days in advance of service date. Y N NA

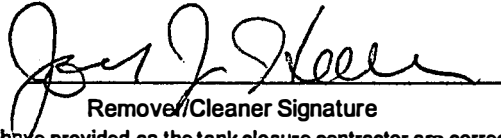
All local permits were obtained before beginning service. Y N NA

Form ERS-7437 or ERS-8731 filed by owner with the DPS indicating change-in-service. Y N NA

F. METHOD OF VAPOR FREEING OF TANK

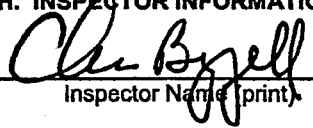
- Displacement of vapors by eductor or diffused air blower.
Eductor driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground. Diffused air blower bonded and drop tube removed. Air pressure not exceeding 5 psig.
- Inert gas using dry ice or liquid carbon dioxide.
- Inert gas using CO₂ or N₂ **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. LEL METERS MAY NOT FUNCTION ACCURATELY. 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.
- Readings of 10% or less of the lower flammable range (LEL) or 0% oxygen obtained before removing tank from ground.
- Tank atmosphere monitored for flammable or combustible vapor levels prior to and during cleaning and cutting.
- Calibrate combustible gas indicator and/or oxygen meter prior to use. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank.

G. REMOVER/CLEANER INFORMATION

JON J HELLER  42281 7-29-2014
Remover/Cleaner Name (print) Remover/Cleaner Signature Certification No. Date Signed

I attest that the procedures and information which I have provided as the tank closure contractor are correct and comply with Comm 10.
Company expected to perform soil contamination assessment HELLERS JUNK REMOVAL JON HELLER

H. INSPECTOR INFORMATION

 CHRIS BUZZELL 019812 7.31.14
Inspector Name (print) Inspector Signature Inspector Cert # LPO Agency #

FDID # For Location Where Inspection Performed 414.286-2519 7.31.14
Inspector Telephone Number Date Signed

Part B – To be completed by environmental professional

Submit original Part B to the WDNR along with a copy of Part A

I. TANK-SYSTEM SITE ASSESSMENT (TSSA)

Site Name: CITGO #4296

Address: 6512 N TEUTONIA AVE, MILWAUKEE WI 53209

Note: Site name and address must match with Part A Section 1.

To determine if a TSSA is required, see Comm 10 and section II part B of ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS.

If a TSSA is required, then follow the procedures detailed in ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS.

1. Site Information

a. Has there been a previously documented release at this site? Y N

If yes, provide the DSPS # _____, or DNR BRRT's # _____.

b. Number of active tanks¹ at facility prior to completion of current services USTs 3 ASTs _____.

(NOTE 1: Do not include previously closed systems or system components.)

c. Excavation/trench dimensions (in feet). (Photos must be provided.)

EXCAVATION/TRENCH #	LENGTH	WIDTH	DEPTH
1	35	35	11
2	60	4	4

2. Visual Excavation/Trench Inspection (Photos must be provided for "Yes" responses, except item b.)

Do any of the following conditions exist in or about the excavation(s)?

a. Stained soils: Y N b. Petroleum odor: Y N c. Water in excavation/trench: Y N

d. Free product in the excavation/trench: Y N e. Sheen or free product on water: Y N

3. Geology/Hydrogeology

a. Depth to groundwater 8 FEET feet b. Indicate type of geology² C

(Note 2: Use these symbols individually or in combination as appropriate: C = Clay, SLT = Silt, S = Sand, Gr = Gravel)

4. Receptors

a. Water supply well(s) within 250 feet of the facility? Y N If yes, specify _____

b. Surface water(s) within 1000 feet of the facility? Y N If yes, specify _____

5. Sampling

a. Follow the procedures detailed in ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS.

b. Complete Tables 1 and 2 as appropriate. (Attach chain-of-custody and laboratory analytical reports.)

c. Attach a detailed map of site features and sample locations.

J. NOTE RELEVANT OBSERVATIONS, SPECIFIC PROBLEMS OR CONCERNS BELOW

WATER IN THE EXCAVATION AT 8 FEET BELOW GRADE. ODOR IN SOIL STARTING AT THE SURFACE

TWO SAMPLES FROM PUMP ISLAND TRENCH AT 8 FEET BELOW GRADE BOTH WERE CONTAMONATED

TABLE 1 SOIL FIELD SCREENING & GRO/DRO LABORATORY ANALYTICAL RESULTS-FOR PETROLEUM PRODUCTS

Sample ID #	Sample Location & Soil/Geologic Description	Sample Collection Method				Depth Below Tank/Piping (feet)	Field Screening Result (ppm)	GRO (mg/kg)	DRO (mg/kg)
		Grab	Shelby Tube	Direct Push	Split Spoon				
40101583001	TANK EXCAVATION NORTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8' BELOW GRADE	>500		
40101583002	TANK EXCAVATION EAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8' BELOW GRADE	>500		
40101583003	TANK EXCAVATION WEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8' BELOW GRADE	>500		
40101583004	TANK EXCAVATION SOUTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8' BELOW GRADE	>500		
40101583005	PUMP ISLAND NORTH END	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8' BELOW GRADE	>500		
40101583006	PUMP ISLAND SOUTH END	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8' BELOW GRADE	>500		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

TABLE 2 SOIL LABORATORY ANALYTICAL RESULTS-FOR PETROLEUM PRODUCTS

Sample ID #	BENZENE	TOLUENE	ETHYLBENZENE	MTBE	TRIMETHYL - BENZENES (TOTAL)	XYLENES (TOTAL)	NAPHTHALENE
	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg
4010158300	<25	89.9	341	40.7	5710	1351	884
4010158300	<25	64.1	139	<25	2737	592	342
4010158300	<200	516	3570	262	49790	12050	8450
4010158300	<200	409	705	<200	25300	6510	7430
4010158300	<100	200	2640	<100	30220	6433	3570
4010583000	<50	64.8	1200	<50	15650	2228	1330

K. TANK-SYSTEM SITE ASSESSMENT INFORMATION

As a tank-system site assessor certified under Wis. Admin. Code section Comm 5.83, it is my opinion that there is no indication of a release of a regulated substance to the environment.

Sampling at the site indicates there has been a release to the environment. Pursuant to Wis. Admin. Code section Comm 10.585 (2) (a) and Wis. Stats. section 292.11 (2) (a), the owner or operator or contractor performing work under chapter Comm 10 shall immediately report any release of a regulated substance to the Wisconsin Department of Natural Resources. Failure to do so may result in forfeitures of a minimum of \$10 and a maximum of \$5000 for each violation under Wis. Stats. section 101.09 (5). Each day of continued violation and each tank are treated as separate offenses.

Jon J Heller

Tank-System Site Assessor Name (print)

608-242-8210

Tank-System Site Assessor Telephone Number



Tank-System Site Assessor Signature

8-25-2014

Date Signed

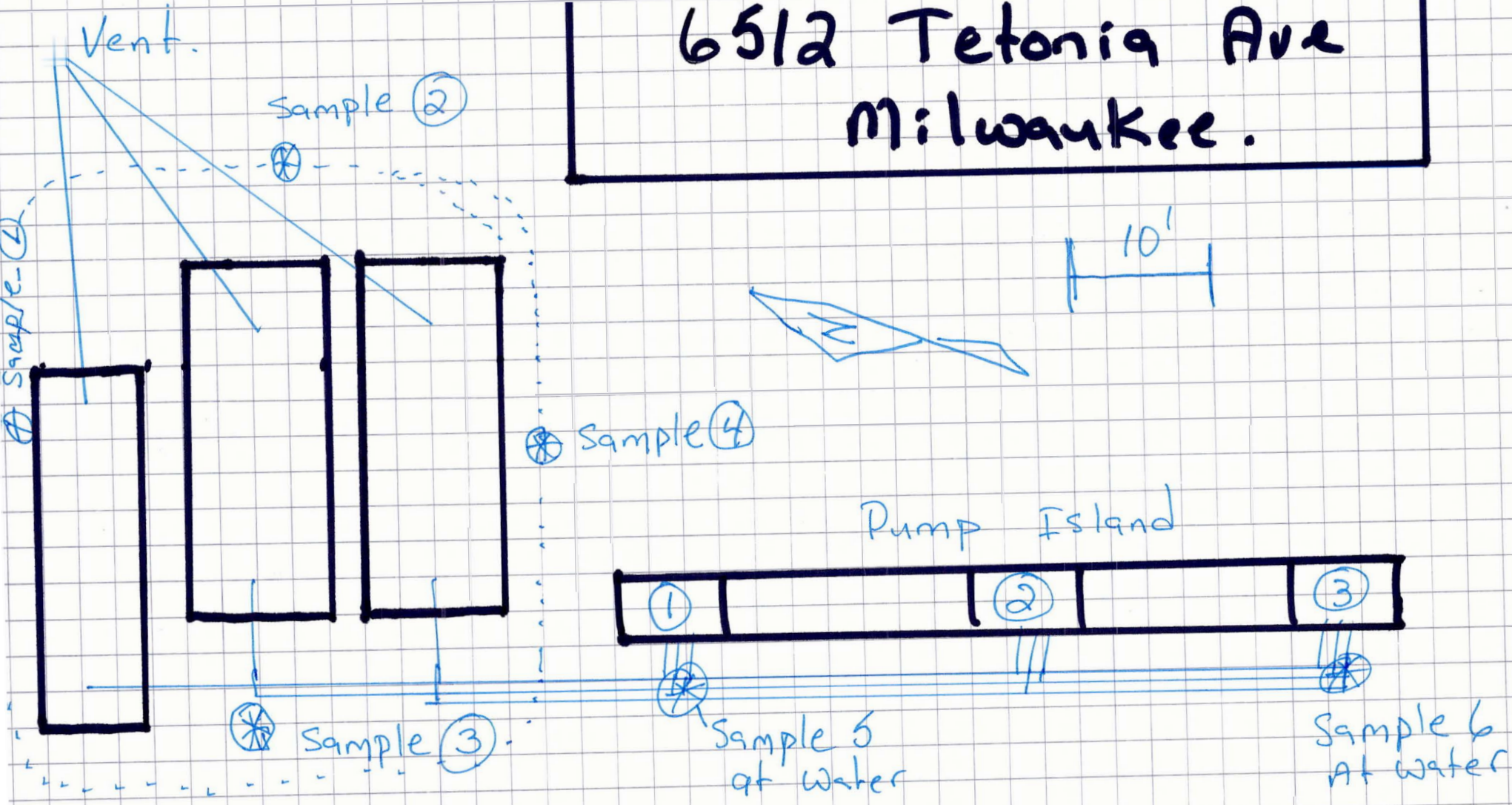
42281

Certification Number #

Heller's Junk Removal

Company Name

B Petro Corp.
6512 Tetonia Ave
Milwaukee.



N. Tetonia Ave.

August 18, 2014

Robyn Seymour
Seymour Environmental Services, INC.
2531 Dyreson Road
Mc Farland, WI 53558

RE: Project: BULK PETRO
Pace Project No.: 40101583

Dear Robyn Seymour:

Enclosed are the analytical results for sample(s) received by the laboratory on August 14, 2014. The results relate only to the samples included in this report. Results reported herein conform to the most current TNI standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Dan Milewsky
dan.milewsky@pacelabs.com
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

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CERTIFICATIONS

Project: BULK PETRO
Pace Project No.: 40101583

Green Bay Certification IDs

1241 Bellevue Street, Green Bay, WI 54302
Florida/NELAP Certification #: E87948
Illinois Certification #: 200050
Kentucky Certification #: 82
Louisiana Certification #: 04168
Minnesota Certification #: 055-999-334

New York Certification #: 11888
North Dakota Certification #: R-150
South Carolina Certification #: 83006001
Texas Certification #: T104704529-14-1
US Dept of Agriculture #: S-76505
Wisconsin Certification #: 405132750

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SAMPLE SUMMARY

Project: BULK PETRO
Pace Project No.: 40101583

Lab ID	Sample ID	Matrix	Date Collected	Date Received
40101583001	TANK NORTH	Solid	08/06/14 09:30	08/14/14 07:25
40101583002	TANK EAST	Solid	08/06/14 09:45	08/14/14 07:25
40101583003	TANK WEST	Solid	08/06/14 10:00	08/14/14 07:25
40101583004	TANK SOUTH	Solid	08/06/14 10:15	08/14/14 07:25
40101583005	PUMP NORTH	Solid	08/06/14 10:30	08/14/14 07:25
40101583006	PUMP SOUTH	Solid	08/06/14 11:00	08/14/14 07:25

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SAMPLE ANALYTE COUNT

Project: BULK PETRO
Pace Project No.: 40101583

Lab ID	Sample ID	Method	Analysts	Analytes Reported
40101583001	TANK NORTH	WI MOD GRO	PMS	10
		ASTM D2974-87	SDW	1
40101583002	TANK EAST	WI MOD GRO	PMS	10
		ASTM D2974-87	SDW	1
40101583003	TANK WEST	WI MOD GRO	PMS	10
		ASTM D2974-87	SDW	1
40101583004	TANK SOUTH	WI MOD GRO	PMS	10
		ASTM D2974-87	SDW	1
40101583005	PUMP NORTH	WI MOD GRO	PMS	10
		ASTM D2974-87	SDW	1
40101583006	PUMP SOUTH	WI MOD GRO	PMS	10
		ASTM D2974-87	SDW	1

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: BULK PETRO
Pace Project No.: 40101583

Sample: TANK NORTH Lab ID: 40101583001 Collected: 08/06/14 09:30 Received: 08/14/14 07:25 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0	ug/kg	60.0	25.0	1	08/15/14 08:44	08/15/14 18:26	71-43-2	W
Ethylbenzene	341	ug/kg	72.6	30.2	1	08/15/14 08:44	08/15/14 18:26	100-41-4	
Methyl-tert-butyl ether	40.7J	ug/kg	72.6	30.2	1	08/15/14 08:44	08/15/14 18:26	1634-04-4	
Naphthalene	884	ug/kg	72.6	30.2	1	08/15/14 08:44	08/15/14 18:26	91-20-3	
Toluene	89.9	ug/kg	72.6	30.2	1	08/15/14 08:44	08/15/14 18:26	108-88-3	
1,2,4-Trimethylbenzene	4360	ug/kg	72.6	30.2	1	08/15/14 08:44	08/15/14 18:26	95-63-6	
1,3,5-Trimethylbenzene	1350	ug/kg	72.6	30.2	1	08/15/14 08:44	08/15/14 18:26	108-67-8	
m&p-Xylene	943	ug/kg	145	60.5	1	08/15/14 08:44	08/15/14 18:26	179601-23-1	
o-Xylene	408	ug/kg	72.6	30.2	1	08/15/14 08:44	08/15/14 18:26	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	124 %		80-120		1	08/15/14 08:44	08/15/14 18:26	98-08-8	S7
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	17.3 %		0.10	0.10	1		08/16/14 08:45		

Sample: TANK EAST Lab ID: 40101583002 Collected: 08/06/14 09:45 Received: 08/14/14 07:25 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0	ug/kg	60.0	25.0	1	08/15/14 08:44	08/15/14 16:02	71-43-2	W
Ethylbenzene	139	ug/kg	73.0	30.4	1	08/15/14 08:44	08/15/14 16:02	100-41-4	
Methyl-tert-butyl ether	<25.0	ug/kg	60.0	25.0	1	08/15/14 08:44	08/15/14 16:02	1634-04-4	W
Naphthalene	342	ug/kg	73.0	30.4	1	08/15/14 08:44	08/15/14 16:02	91-20-3	
Toluene	64.1J	ug/kg	73.0	30.4	1	08/15/14 08:44	08/15/14 16:02	108-88-3	
1,2,4-Trimethylbenzene	1800	ug/kg	73.0	30.4	1	08/15/14 08:44	08/15/14 16:02	95-63-6	
1,3,5-Trimethylbenzene	937	ug/kg	73.0	30.4	1	08/15/14 08:44	08/15/14 16:02	108-67-8	
m&p-Xylene	370	ug/kg	146	60.9	1	08/15/14 08:44	08/15/14 16:02	179601-23-1	
o-Xylene	222	ug/kg	73.0	30.4	1	08/15/14 08:44	08/15/14 16:02	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	116 %		80-120		1	08/15/14 08:44	08/15/14 16:02	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	17.9 %		0.10	0.10	1		08/16/14 08:45		

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: BULK PETRO
Pace Project No.: 40101583

Sample: TANK WEST Lab ID: 40101583003 Collected: 08/06/14 10:00 Received: 08/14/14 07:25 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<200	ug/kg	480	200	8	08/15/14 08:44	08/15/14 17:00	71-43-2	W
Ethylbenzene	3570	ug/kg	628	262	8	08/15/14 08:44	08/15/14 17:00	100-41-4	
Methyl-tert-butyl ether	262J	ug/kg	628	262	8	08/15/14 08:44	08/15/14 17:00	1634-04-4	
Naphthalene	8450	ug/kg	628	262	8	08/15/14 08:44	08/15/14 17:00	91-20-3	
Toluene	516J	ug/kg	628	262	8	08/15/14 08:44	08/15/14 17:00	108-88-3	
1,2,4-Trimethylbenzene	42600	ug/kg	628	262	8	08/15/14 08:44	08/15/14 17:00	95-63-6	
1,3,5-Trimethylbenzene	7190	ug/kg	628	262	8	08/15/14 08:44	08/15/14 17:00	108-67-8	
m&p-Xylene	9920	ug/kg	1260	524	8	08/15/14 08:44	08/15/14 17:00	179601-23-1	
o-Xylene	2130	ug/kg	628	262	8	08/15/14 08:44	08/15/14 17:00	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	116 %		80-120		8	08/15/14 08:44	08/15/14 17:00	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	23.6 %		0.10	0.10	1		08/16/14 08:45		

Sample: TANK SOUTH Lab ID: 40101583004 Collected: 08/06/14 10:15 Received: 08/14/14 07:25 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<200	ug/kg	480	200	8	08/15/14 08:44	08/15/14 16:31	71-43-2	W
Ethylbenzene	705	ug/kg	556	232	8	08/15/14 08:44	08/15/14 16:31	100-41-4	
Methyl-tert-butyl ether	<200	ug/kg	480	200	8	08/15/14 08:44	08/15/14 16:31	1634-04-4	W
Naphthalene	7430	ug/kg	556	232	8	08/15/14 08:44	08/15/14 16:31	91-20-3	
Toluene	409J	ug/kg	556	232	8	08/15/14 08:44	08/15/14 16:31	108-88-3	
1,2,4-Trimethylbenzene	17800	ug/kg	556	232	8	08/15/14 08:44	08/15/14 16:31	95-63-6	
1,3,5-Trimethylbenzene	7500	ug/kg	556	232	8	08/15/14 08:44	08/15/14 16:31	108-67-8	
m&p-Xylene	4300	ug/kg	1110	464	8	08/15/14 08:44	08/15/14 16:31	179601-23-1	
o-Xylene	2210	ug/kg	556	232	8	08/15/14 08:44	08/15/14 16:31	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	111 %		80-120		8	08/15/14 08:44	08/15/14 16:31	98-08-8	D3
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	13.7 %		0.10	0.10	1		08/16/14 08:45		

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: BULK PETRO
Pace Project No.: 40101583

Sample: PUMP NORTH Lab ID: 40101583005 Collected: 08/06/14 10:30 Received: 08/14/14 07:25 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<100	ug/kg	240	100	4	08/15/14 08:44	08/15/14 17:28	71-43-2	W
Ethylbenzene	2640	ug/kg	297	124	4	08/15/14 08:44	08/15/14 17:28	100-41-4	
Methyl-tert-butyl ether	<100	ug/kg	240	100	4	08/15/14 08:44	08/15/14 17:28	1634-04-4	W
Naphthalene	3570	ug/kg	297	124	4	08/15/14 08:44	08/15/14 17:28	91-20-3	
Toluene	200J	ug/kg	297	124	4	08/15/14 08:44	08/15/14 17:28	108-88-3	
1,2,4-Trimethylbenzene	22800	ug/kg	297	124	4	08/15/14 08:44	08/15/14 17:28	95-63-6	
1,3,5-Trimethylbenzene	7320	ug/kg	297	124	4	08/15/14 08:44	08/15/14 17:28	108-67-8	
m&p-Xylene	5680	ug/kg	594	247	4	08/15/14 08:44	08/15/14 17:28	179601-23-1	
o-Xylene	753	ug/kg	297	124	4	08/15/14 08:44	08/15/14 17:28	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	113 %		80-120		4	08/15/14 08:44	08/15/14 17:28	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	19.2 %		0.10	0.10	1		08/16/14 08:45		

Sample: PUMP SOUTH Lab ID: 40101583006 Collected: 08/06/14 11:00 Received: 08/14/14 07:25 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<50.0	ug/kg	120	50.0	2	08/15/14 08:44	08/15/14 18:54	71-43-2	W
Ethylbenzene	1200	ug/kg	144	59.9	2	08/15/14 08:44	08/15/14 18:54	100-41-4	
Methyl-tert-butyl ether	<50.0	ug/kg	120	50.0	2	08/15/14 08:44	08/15/14 18:54	1634-04-4	W
Naphthalene	1330	ug/kg	144	59.9	2	08/15/14 08:44	08/15/14 18:54	91-20-3	
Toluene	64.8J	ug/kg	144	59.9	2	08/15/14 08:44	08/15/14 18:54	108-88-3	
1,2,4-Trimethylbenzene	14400	ug/kg	144	59.9	2	08/15/14 08:44	08/15/14 18:54	95-63-6	
1,3,5-Trimethylbenzene	1250	ug/kg	144	59.9	2	08/15/14 08:44	08/15/14 18:54	108-67-8	
m&p-Xylene	1740	ug/kg	287	120	2	08/15/14 08:44	08/15/14 18:54	179601-23-1	
o-Xylene	488	ug/kg	144	59.9	2	08/15/14 08:44	08/15/14 18:54	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	130 %		80-120		2	08/15/14 08:44	08/15/14 18:54	98-08-8	S7
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	16.5 %		0.10	0.10	1		08/16/14 08:46		

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: BULK PETRO
Pace Project No.: 40101583

QC Batch: GCV/12990 Analysis Method: WI MOD GRO
QC Batch Method: TPH GRO/PVOC WI ext. Analysis Description: WIGRO Solid GCV
Associated Lab Samples: 40101583001, 40101583002, 40101583003, 40101583004, 40101583005, 40101583006

METHOD BLANK: 1026030 Matrix: Solid
Associated Lab Samples: 40101583001, 40101583002, 40101583003, 40101583004, 40101583005, 40101583006

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,2,4-Trimethylbenzene	ug/kg	<25.0	50.0	08/15/14 08:48	
1,3,5-Trimethylbenzene	ug/kg	<25.0	50.0	08/15/14 08:48	
Benzene	ug/kg	<25.0	50.0	08/15/14 08:48	
Ethylbenzene	ug/kg	<25.0	50.0	08/15/14 08:48	
m&p-Xylene	ug/kg	<50.0	100	08/15/14 08:48	
Methyl-tert-butyl ether	ug/kg	<25.0	50.0	08/15/14 08:48	
Naphthalene	ug/kg	<25.0	50.0	08/15/14 08:48	
o-Xylene	ug/kg	<25.0	50.0	08/15/14 08:48	
Toluene	ug/kg	<25.0	50.0	08/15/14 08:48	
a,a,a-Trifluorotoluene (S)	%	103	80-120	08/15/14 08:48	

Parameter	Units	1026031		1026032		% Rec Limits	RPD	Max RPD	Qualifiers
		Spike Conc.	LCS Result	LCS Result	LCSD % Rec				
1,2,4-Trimethylbenzene	ug/kg	1000	1040	1080	104	108	80-120	4	20
1,3,5-Trimethylbenzene	ug/kg	1000	1020	1060	102	106	80-120	4	20
Benzene	ug/kg	1000	1060	1090	106	109	80-120	3	20
Ethylbenzene	ug/kg	1000	1030	1070	103	107	80-120	4	20
m&p-Xylene	ug/kg	2000	2060	2140	103	107	80-120	3	20
Methyl-tert-butyl ether	ug/kg	1000	1010	1070	101	107	80-120	5	20
Naphthalene	ug/kg	1000	996	1060	100	106	80-120	7	20
o-Xylene	ug/kg	1000	1030	1070	103	107	80-120	4	20
Toluene	ug/kg	1000	1030	1060	103	106	80-120	3	20
a,a,a-Trifluorotoluene (S)	%				101	102	80-120		

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: BULK PETRO
Pace Project No.: 40101583

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit.

S - Surrogate

1,2-Diphenylhydrazine (8270 listed analyte) decomposes to Azobenzene.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

LOD - Limit of Detection.

LOQ - Limit of Quantitation.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

ANALYTE QUALIFIERS

D3 Sample was diluted due to the presence of high levels of non-target analytes or other matrix interference.

S7 Surrogate recovery outside control limits (not confirmed by re-analysis).

W Non-detect results are reported on a wet weight basis.

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: BULK PETRO

Pace Project No.: 40101583

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
40101583001	TANK NORTH	TPH GRO/PVOC WI ext.	GCV/12990	WI MOD GRO	GCV/12995
40101583002	TANK EAST	TPH GRO/PVOC WI ext.	GCV/12990	WI MOD GRO	GCV/12995
40101583003	TANK WEST	TPH GRO/PVOC WI ext.	GCV/12990	WI MOD GRO	GCV/12995
40101583004	TANK SOUTH	TPH GRO/PVOC WI ext.	GCV/12990	WI MOD GRO	GCV/12995
40101583005	PUMP NORTH	TPH GRO/PVOC WI ext.	GCV/12990	WI MOD GRO	GCV/12995
40101583006	PUMP SOUTH	TPH GRO/PVOC WI ext.	GCV/12990	WI MOD GRO	GCV/12995
40101583001	TANK NORTH	ASTM D2974-87	PMST/10108		
40101583002	TANK EAST	ASTM D2974-87	PMST/10108		
40101583003	TANK WEST	ASTM D2974-87	PMST/10108		
40101583004	TANK SOUTH	ASTM D2974-87	PMST/10108		
40101583005	PUMP NORTH	ASTM D2974-87	PMST/10108		
40101583006	PUMP SOUTH	ASTM D2974-87	PMST/10108		

REPORT OF LABORATORY ANALYSIS

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(Please Print Clearly)

UPPER MIDWEST REGION

Page 1 of

MN: 612-607-1700 WI: 920-469-2436

JKW 40101583

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CHAIN OF CUSTODY

***Preservation Codes**
 A=None B=HCL C=H2SO4 D=HNO3 E=DI Water F=Methanol G=NaOH
 H=Sodium Bisulfate Solution I=Sodium Thiosulfate J=Other

Company Name: Seymour
 Branch/Location: McFarland
 Project Contact: Jon Heller
 Phone: 608-242-8810
 Project Number:
 Project Name: Bulk Petro
 Project State: WI
 Sampled By (Print): Jon Heller
 Sampled By (Sign): [Signature]
 PO #:
 Regulatory Program:

FILTERED?
(YES/NO)
 PRESERVATION
(CODE)*

Analyses Requested	Y/N	Pick Letter	Matrix	Date	Time	Matrix
PDOC Naph						

Data Package Options (billable)
 EPA Level III
 EPA Level IV

MS/MSD (billable)
 On your sample
 NOT needed on your sample

Matrix Codes
 A = Air W = Water
 B = Biota DW = Drinking Water
 C = Charcoal GW = Ground Water
 O = Oil SW = Surface Water
 S = Soil WW = Waste Water
 SI = Sludge WP = Wipe

PACE LAB #	CLIENT FIELD ID	COLLECTION		MATRIX
		DATE	TIME	
001	Tank North	8-6	9:30	S
002	Tank East	8-6	9:45	S
003	Tank West	8-6	10:00	S
004	Tank South	8-6	10:15	S
005	Pump North	8-6	10:30	S
006	Pump South	8-6	11:00	S

Quote #:
 Mail To Contact:
 Mail To Company:
 Mail To Address:
 Invoice To Contact:
 Invoice To Company:
 Invoice To Address:
 Invoice To Phone:

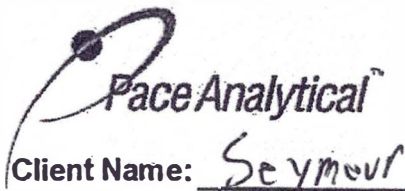
CLIENT COMMENTS	LAB COMMENTS (Lab Use Only)	Profile #
1-4-21 ¹		
↓		
1-21/01 ¹		
↓		
↓		

Rush Turnaround Time Requested - Prelims
 (Rush TAT subject to approval/surcharge)
 Date Needed:
 Transmit Prelim Rush Results by (complete what you want):
 Email #1:
 Email #2:
 Telephone:
 Fax:
 Samples on HOLD are subject to special pricing and release of liability

Relinquished By: [Signature] Date/Time: 8-13-14 9:40
 Relinquished By: Dunham Date/Time: 8/14/14 0725
 Relinquished By: Date/Time:
 Relinquished By: Date/Time:

Received By: Date/Time:
 Received By: [Signature] Date/Time: 8/14/14 0725
 Received By: Date/Time:
 Received By: Date/Time:

PACE Project No.
40101583
 Receipt Temp = R-7 °C
 Sample Receipt pH
 OK / Adjusted
 Cooler Custody Seal
 Present (Not Present)
 Intact (Not Intact)



Sample Condition Upon Receipt

Pace Analytical Services, Inc.
1241 Bellevue Street, Suite 9
Green Bay, WI 54302

Client Name: Seymour

Project #: **WO# : 40101583**

Courier: Fed Ex UPS Client Pace Other: Dubham



Tracking #: 629490

Custody Seal on Cooler/Box Present: yes no Seals intact: yes no

Custody Seal on Samples Present: yes no Seals intact: yes no

Packing Material: Bubble Wrap Bubble Bags None Other

Thermometer Used N/A Type of Ice: Wet Blue Dry None Samples on ice, cooling process has begun

Cooler Temperature Uncorr: REF / Corr: _____ Biological Tissue is Frozen: yes

Temp Blank Present: yes no no

Person examining contents:
Date: 8/14/14
Initials: SB

Temp should be above freezing to 6°C for all sample except Biota.
Frozen Biota Samples should be received ≤ 0°C.

Comments:

Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
- VOA Samples frozen upon receipt	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
-Pace IR Containers Used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	11.
Sample Labels match COC:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	12. <i>No times on any 4oz P, no dates on any ziploc. OCG-106-1 not readable; marked by elimination</i>
-Includes date/time/ID/Analysis Matrix: <u>S</u>		
All containers needing preservation have been checked. (Non-Compliance noted in 13.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13. <input type="checkbox"/> HNO3 <input type="checkbox"/> H2SO4 <input type="checkbox"/> NaOH <input type="checkbox"/> NaOH + ZnAct <u>SB</u>
All containers needing preservation are found to be in compliance with EPA recommendation. (HNO3, H2SO4 ≤ 2; NaOH+ZnAct ≥ 9, NaOH ≥ 12)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
exceptions: VOA, coliform, TOC, TOX, TOH, O&G, WIDROW, Phenolics, OTHER:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	initial when completed
		Lab Std #/ID of preservative
		Date/Time:
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

Client Notification/ Resolution: _____ If checked, see attached form for additional comments

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: ATT for DM Date: 8/14/14