



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Bureau of Weights and Measures
 PO Box 7837 Madison, WI 53707-7837
 (608) 224-4942

FOR OFFICE USE ONLY	
TDID#:	
Reg Obj#:	
Wis. Admin. Code §ATCP 93.140	

UNDERGROUND FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION

Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m) 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 above. Have you previously registered this tank by submitting a form? Yes No

If yes, are you correcting/updating information only? Yes No

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

- | | | |
|---|---|--|
| <input type="checkbox"/> In Use | <input type="checkbox"/> Abandoned with Product (empty) | <input type="checkbox"/> Closed - Filled with Inert Materials |
| <input type="checkbox"/> Newly Installed | <input type="checkbox"/> Abandon with Water | <input type="checkbox"/> Ownership Change (Indicate new owner name in block 2 - attach deed) |
| <input type="checkbox"/> Abandoned with Product | <input checked="" type="checkbox"/> Closed - Tank Removed | <input type="checkbox"/> Temporarily Out of Service - Provide Date: |
- Fire Dept. providing fire coverage where tank is located: CITY TOWN VILLAGE Hales Corners 4016

IDENTIFICATION (Please Print)			
1. TANK SITE NAME Hales Corners Service Center		COUNTY Milwaukee	PHONE (414) 425 - 9995
SITE STREET ADDRESS 5403 S 108 th St		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: Hales Corners	STATE ZIP WI 53130
2. TANK OWNER LEGAL NAME Steve Heiman		COUNTY Milwaukee	PHONE: Check <input type="checkbox"/> CELL or <input checked="" type="checkbox"/> LAND (414) 425 - 9995
MAILING ADDRESS 5403 S 108 th St		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: Hales Corners	STATE ZIP WI 53130
3. PROPERTY OWNER NAME (if different from Tank Owner Legal Name #2)		COUNTY (if different from County #2)	
PROPERTY OWNER ADDRESS (if different from Site Street Address #1)		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:	STATE ZIP WI
4. CLASS A NAME	DOB	CERTIFICATION: (Attach certificate)	
5. CLASS B NAME	DOB	CERTIFICATION: (Attach certificate)	

SITE ID: 298664 FACILITY ID # 85393 CUSTOMER ID # 369834
 Tank Capacity (gallons): 8000 Tank Age (age or date installed): 1/1/1979 Vehicle fueling: Yes No

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

OCCUPANCY TYPE (check one) Refer to back
 Retail Fuel Sales Mercantile/Commercial Industrial Residential School Utility Government Fleet
 Agricultural (crop or livestock production) Backup or Emergency Generator Other (specify):

TANK CONSTRUCTION:
 Bare Steel Coated Steel Steel - Fiberglass Reinforced Plastic Composite
 Fiberglass Unknown Other (specify): Lined (date):
 Overfill Protection? Yes No
 Spill Containment? Yes No
 Tank Double Walled? Yes No

TANK CATHODIC PROTECTION: Sacrificial Anodes Impressed Current N/A
 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

PIPING CONSTRUCTION: Single Wall Double Wall:
 Bare Steel Coated Steel Fiberglass Flexible Copper Unknown N/A Other:

PIPING CATHODIC PROTECTION: Sacrificial Anodes Impressed Current N/A

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

PIPING LEAK DETECTION METHOD: Interstitial monitoring ⇌ Electronic Yes No ⇌ Sump or cable sensor Yes No
 Tightness testing Electronic line monitor - ELLD SIR Not required Unknown

TANK CONTENTS (Current, or previous product (if tank now empty))
 Bio-Diesel: ___ % Aviation Premix Fuel Oil Kerosene Unleaded Gas-ethanol blend: ___ % Diesel
 Waste/Used Motor Oil ⇌ Used for Heating Hazardous Waste/Interface* Empty* New Oil New oil - Flash point less than 200°F
 Other (specify): Chemical* Name Sand/Grave/Slurry* Unknown
 CAS#

* NOT PECFA eligible. Geo Latitude: Geo Longitude:

If Tank Closed, Abandoned or Out of Service: 9/20/2017 Has a site assessment been completed? (see reverse side for details) Yes No

TANK OWNER LEGAL NAME (please print) TANK OWNER E-MAIL
 Steve Heiman

TANK OWNER SIGNATURE (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.) DATE:
 9/20/2017

Note: Refer to comments on reverse side of form.



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UNDERGROUND FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION

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If yes, are you correcting/updating information only? Yes No

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

- | | | |
|---|---|--|
| <input type="checkbox"/> In Use | <input type="checkbox"/> Abandoned with Product (empty) | <input type="checkbox"/> Closed - Filled with Inert Materials |
| <input type="checkbox"/> Newly Installed | <input type="checkbox"/> Abandoned with Water | <input type="checkbox"/> Ownership Change (Indicate new owner name in block 2 - attach deed) |
| <input type="checkbox"/> Abandoned with Product | <input checked="" type="checkbox"/> Closed - Tank Removed | <input type="checkbox"/> Temporarily Out of Service - Provide Date: |
- Fire Dept. providing fire coverage where tank is located: CITY TOWN VILLAGE Hales Corners 4016

IDENTIFICATION (Please Print)			
1. TANK SITE NAME Hales Corners Service Center		COUNTY Milwaukee	PHONE (414) 425 - 9995
SITE STREET ADDRESS 5403 S 108 th St		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: Hales Corners	STATE ZIP WI 53130
2. TANK OWNER LEGAL NAME Steve Heiman		COUNTY Milwaukee	PHONE: Check <input type="checkbox"/> CELL or <input checked="" type="checkbox"/> LAND (414) 425 - 9995
MAILING ADDRESS 5403 S 108 th St		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: Hales Corners	STATE ZIP WI 53130
3. PROPERTY OWNER NAME (if different from Tank Owner Legal Name #2)		COUNTY (if different from County #2)	
PROPERTY OWNER ADDRESS (if different from Site Street Address #1)		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:	STATE ZIP WI
4. CLASS A NAME	DOB	CERTIFICATION: (Attach certificate)	
5. CLASS B NAME	DOB	CERTIFICATION: (Attach certificate)	

SITE ID: 298665 **FACILITY ID #** 85393 **CUSTOMER ID #** 369834

Tank Capacity (gallons): 10000 **Tank Age (age or date installed):** 1/1/1979 **Vehicle fueling:** Yes No

LAND OWNER TYPE (check one) Refer to back

County State Federal Leased Federal Owned Tribal Nation Municipal Other Government Private

OCCUPANCY TYPE (check one) Refer to back

Retail Fuel Sales Mercantile/Commercial Industrial Residential School Utility Government Fleet

Agricultural (crop or livestock production) Backup or Emergency Generator Other (specify):

TANK CONSTRUCTION:

Bare Steel Coated Steel Steel - Fiberglass Reinforced Plastic Composite

Fiberglass Unknown Other (specify): Lined (date):

Overfill Protection? Yes No
Spill Containment? Yes No
Tank Double Walled? Yes No

TANK CATHODIC PROTECTION: Sacrificial Anodes Impressed Current N/A

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

PIPING CONSTRUCTION: Single Wall Double Wall:

Bare Steel Coated Steel Fiberglass Flexible Copper Unknown N/A Other:

PIPING CATHODIC PROTECTION: Sacrificial Anodes Impressed Current N/A

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

PIPING LEAK DETECTION METHOD: Interstitial monitoring ⇒ Electronic Yes No ⇒ Sump or cable sensor Yes No

Tightness testing Electronic line monitor - ELLD SIR Not required Unknown

TANK CONTENTS (Current, or previous product (if tank now empty))

Bio-Diesel: ___ % Aviation Premix Fuel Oil Kerosene New Oil Gas-ethanol blend: ___ % Diesel

Waste/Used Motor Oil ⇒ Used for Heating Hazardous Waste/Interface* Empty* Sand/Grave/Slurry* Unknown

Other (specify): Chemical* Name **CAS#**

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

If Tank Closed, Abandoned or Out of Service: 9/20/2017 Has a site assessment been completed? (see reverse side for details) Yes No

TANK OWNER LEGAL NAME (please print) **TANK OWNER E-MAIL**

Steve Heiman

TANK OWNER SIGNATURE (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.) **DATE:**

[Signature] 9/20/2017

Note: Refer to comments on reverse side of form.



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| <input type="checkbox"/> Newly Installed | <input type="checkbox"/> Abandon with Water | <input type="checkbox"/> Ownership Change (Indicate new owner name in block 2 - attach deed) |
| <input type="checkbox"/> Abandoned with Product | <input checked="" type="checkbox"/> Closed - Tank Removed | <input type="checkbox"/> Temporarily Out of Service - Provide Date: |
- Fire Dept. providing fire coverage where tank is located: CITY TOWN VILLAGE Hales Corners 4018

IDENTIFICATION (Please Print)

1. TANK SITE NAME Hales Corners Service Center		COUNTY Milwaukee	PHONE (414) 425 - 9995	
SITE STREET ADDRESS 5403 S 108 th St		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: Hales Corners	STATE WI	ZIP 53130
2. TANK OWNER LEGAL NAME Steve Heiman		COUNTY Milwaukee	PHONE: Check <input type="checkbox"/> CELL or <input checked="" type="checkbox"/> LAND (414) 425 - 9995	
MAILING ADDRESS 5403 S 108 th St		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: Hales Corners	STATE WI	ZIP 53130
3. PROPERTY OWNER NAME (if different from Tank Owner Legal Name #2)		COUNTY (if different from County #2)		
PROPERTY OWNER ADDRESS (if different from Site Street Address #1)		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:	STATE WI	ZIP
4. CLASS A NAME	DOB	CERTIFICATION: (Attach certificate)		
5. CLASS B NAME	DOB	CERTIFICATION: (Attach certificate)		

SITE ID: 298666 FACILITY ID # 85393 CUSTOMER ID # 369834

Tank Capacity (gallons): 10000 Tank Age (age or date installed): 1/1/1979 Vehicle fueling: Yes No

LAND OWNER TYPE (check one) Refer to back

County State Federal Leased Federal Owned Tribal Nation Municipal Other Government Private

OCCUPANCY TYPE (check one) Refer to back

Retail Fuel Sales Mercantile/Commercial Industrial Residential School Utility Government Fleet

Agricultural (crop or livestock production) Backup or Emergency Generator Other (specify):

TANK CONSTRUCTION:

Bare Steel Coated Steel Steel - Fiberglass Reinforced Plastic Composite

Fiberglass Unknown Other (specify): Lined (date):

Overfill Protection? Yes No
 Spill Containment? Yes No
 Tank Double Walled? Yes No

TANK CATHODIC PROTECTION: Sacrificial Anodes Impressed Current N/A

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

PIPING CONSTRUCTION: Single Wall Double Wall:

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PIPING LEAK DETECTION METHOD: Interstitial monitoring ⇒ Electronic Yes No ⇒ Sump or cable sensor Yes No

Tightness testing Electronic line monitor - ELLD SIR Not required Unknown

TANK CONTENTS (Current, or previous product (if tank now empty))

Bio-Diesel: ___% Aviation Premix Fuel Oil Kerosene New Oil Gas-ethanol blend: ___% Diesel

Waste/Used Motor Oil ⇒ Used for Heating Hazardous Waste/Interface* Empty* Sand/Grave/Slurry* Unknown

Other (specify): Chemical* Name CAS#

* NOT PECFA eligible.

Geo Latitude: Geo Longitude:

If Tank Closed, Abandoned or Out of Service: 9/20/2017 Has a site assessment been completed? (see reverse side for details) Yes No


TANK OWNER LEGAL NAME (please print) TANK OWNER E-MAIL

Steve Heiman

TANK OWNER SIGNATURE (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.) DATE:

[Signature] 9/20/2017

Note: Refer to comments on reverse side of form.

	Wisconsin Department of Agriculture, Trade and Consumer Protection Bureau of Weights and Measures, Permits and Licensing P.O. Box 7837 Madison, WI 53707-7837 (608) 224-4942	FOR OFFICE USE ONLY Wis. Admin. Code §ATCP 93.560
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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

Complete One Form for Each System Service Event

The information you provide may be used for purposes other than for which it was originally intended (s.15.04 (1) (m), Wis. Stats.).

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 <i>Hales Corners Service Center</i>		2. Owner Name <i>Steve Heiman</i>	
Facility Street Address (not P.O. Box) <i>5403 S 108th ST</i>		3. Contact Name <i>Steve Heiman</i>	
Municipality <i>Hales Corners</i>		Mailing Address <i>5403 S 108th ST</i>	
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:		Post Office <i>Hales Corners</i>	State Zip Code <i>WI 53103</i>
Zip Code <i>53103</i>	County <i>Milwaukee</i>	County <i>Milwaukee</i>	Telephone No. (include area code) ()
4. Primary Service Contractor Section A above <i>Schlager Exc + Petro LLC</i>		Service Contractor Street Address <i>W4396 Cty E</i>	
Service Contractor Telephone No. (include area code) <i>(608) 429-7300</i>		Service Contractor City, State, Zip Code <i>Pardeeville WI 53954</i>	

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 type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Source of Release ³	Cause of Release ⁴
<i>298664</i>	<i>P</i>	<i>FG</i>	<i>FG</i>	<i>5000</i>	<i>UG</i>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
<i>298665</i>	<i>P</i>	<i>FG</i>	<i>FG</i>	<i>10000</i>	<i>UG</i>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
<i>298666</i>	<i>P</i>	<i>FG</i>	<i>FG</i>	<i>10000</i>	<i>UG</i>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" 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	<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 = overflow, 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.

All local permits were obtained before beginning closure.

AST Form TR-WM-137 or **AST Form TR-WM-118** filed by owner with the DATCP indicating closure.

NOTE: TANK INVENTORY FORM TR-WM-137 or TR-WM-118 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 type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA
b. All product removed to bottom of suction line, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA
c. All product removed to within 1" of bottom.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA
2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA
3. All product lines at the islands or pumps located elsewhere are removed and capped, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA
4. Dispensers/pumps left in place but locked and power disconnected.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA
5. Vent lines left open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA
6. Inventory form filed indicating temporarily out-of-service (TOS) closure.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA

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 type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA
b. Piping disconnected from tank and removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA
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 type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA
d. All pump motors and suction hoses bonded to tank or otherwise grounded.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA
e. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA
f. Vent lines left connected until tanks purged.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA
g. Tank openings temporarily plugged so vapors exit through vent.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA
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 type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA

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"/> NA
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"/> NA
c. Tank labeled in 2" high letters after removal but before being moved from site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA
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 type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> NA
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"/> NA

3. Specific Closure-In-Place Requirements

NOTE: CLOSURES IN-PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF AGRICULTURE, TRADE AND CONSUMER PROTECTION (DATCP) OR LOCAL AGENT.

a. Tank properly cleaned to remove all sludge and residue.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> NA
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"/> NA
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"/> NA
d. Inventory form filed by owner with the DATCP indicating closure in-place.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> NA

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 TR-WM-137 or TR-WM-118 filed by owner with the DATCP indicating change-in-service.

Y N NA
 Y N NA
 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

Richard Schaper Richard Schaper 401583 9/20/2017
 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 ATCP 93.

Company expected to perform soil contamination assessment

General Engineering / Portage WI

H. INSPECTOR INFORMATION

MARTIN FREIBERGS Martin 401333 4016
 Inspector Name (print) Inspector Signature Inspector Cert # LPO Agency #

4016
 FDID # For Location Where Inspection Performed

414-529-6168
 Inspector Telephone Number

9/21/2017
 Date Signed



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Bureau of Weights and Measures
 Storage Tank Regulation, PO Box 7837, Madison, WI 53707-7837
 Phone: (608) 224-4942

FOR OFFICE USE ONLY

Wis. Admin. Code §ATCP 93.115
 §ATCP 93.350

ATCP 93 NOTIFICATION RECORD

Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.).

TO: Hales Corners FD

OFFICE LOCATION:

(Refer to https://datcp.wi.gov/Pages/Programs_Services/StorageTankContacts.aspx for a jurisdiction's authorized agent/department.)

Note: Only the notification form is required for non-flammable, non-combustible, hazardous liquid, or CERCLA tanks greater than or equal to 5,000 gallon capacity that are under the direct supervision of a qualified engineer. A plan review is not required. (ATCP 93.350(2)(b)).

LOCATION / IDENTIFICATION

SITE NAME Hales Corners Service Center		FACILITY NUMBER 85393	FIRE DEPT. Providing fire protection coverage 4016			
SITE STREET ADDRESS 5403 S 108 th St		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE	STATE WI	ZIP 53130	COUNTY Milwaukee	
OWNER NAME Steve Heiman		PHONE NUMBER (414) 425 - 9995	TANK OWNER EMAIL			
OWNER STREET ADDRESS 5406 S 108 th St		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE	STATE WI	ZIP 53130		
CONTRACTOR NAME Schaper Excavating & Petro LLC		PHONE NUMBER (608) 429 - 2300	CELL NUMBER (608) 617 - 4612	EMAIL murf@schaperexcavating.com		
STREET ADDRESS W4396 Cty E		<input type="checkbox"/> CITY <input checked="" type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE	STATE WI	ZIP 53954		
Date work is to begin: 9/20/2017	Date/Time Requested for tank inspection: 9-2 9/21/2017	ATCP 93 certified installer supervisor or qualified engineer: 401583 Murf				

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 DATCP(use address above)	
Tank Closure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3		

Site assessment conducted by: General Engineering / Portage WI

Comments: Will call when on site and stay in touch. Thanks Murf

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 - Note: SITE NAME and address MUST MATCH with Part A Section 1.

Hales Corner Service Center

SITE ADDRESS (Not PO Box)

5403 S 108th St

CITY TOWN VILLAGE

Hales Corner

STATE ZIP

WI 53130

To determine if a TSSA is required, see ATCP 93 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? [X] Y [] N

If yes, provide the DATCP # _____ or DNR BRRT's # 03-41005080

b. Number of active tanks 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. 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: [X] Yes [] No b. Petroleum odor: [X] Yes [] No c. Water in excavation/trench: [X] Yes [] No

d. Free product in the excavation/trench: [] Yes [X] No e. Sheen or free product on water: [X] Yes [] No

3. Geology/Hydrogeology

a. Depth to groundwater 8' feet b. Indicate type of geology? silt clay

4. Receptors

a. Water supply well(s) within 250 feet of the facility? [] Yes [X] No If yes, specify: _____

b. Surface water(s) within 1000 feet of the facility? [] Yes [X] No 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

The petroleum affected soils appear to be residual contamination from the previous release. A report will be prepared to compare the release.

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				
1	SE Corner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	1033	-	-
2	E Dispenser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	0	-	-
3	W Dispenser	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	0	-	-
4	E Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	78	-	-
5	S Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	-	-
6	SW Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	-	-
7	NW Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	-	-
8	NINE Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	163	-	-
9	North Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	-	-
		<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

K. TANK-SYSTEM SITE ASSESSMENT INFORMATION

- As a tank-system site assessor certified under Wis. Admin. Code section SPS 305.83, 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 ATPC 93.585 (2) (a) and Wis. Stats. section 292.11 (2) (a), the owner or operator or contractor performing work under chapter ATPC 93 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 168.26 (5). Each day of continued violation and each tank are treated as separate offenses.

Lynn Bradley TANK-SYSTEM SITE ASSESSOR NAME (PRINT):
 Lynn Bradley TANK-SYSTEM SITE ASSESSOR SIGNATURE
 401232 CERTIFICATION NO.
408 742 2169 TANK-SYSTEM SITE ASSESSOR TELEPHONE NUMBER
 11/10/17 DATE SIGNED
 General Engineering Company COMPANY NAME

**TABLE 1
SOIL ANALYTICAL RESULTS TABLE
HALES CORNER SERVICE CENTER
GEC PROJECT # 2-0117-47M**

Sample No.	WDNR Industrial Direct Contact RCL	WDNR Non- Industrial Direct Contact RCL	WDNR Soil to Ground water RCL	SS-1	SS-2	SS-3	SS-4	SS-5	SS-6	SS-7	SS-8	SS-9
Sample Description				SE CORNER	E DISP	W DISP	EAST WALL	S WALL	SW WALL	NW WALL	N/NE WALL	NORTH WALL
Sampling Date				9/20/17	9/20/17	9/20/17	9/20/17	9/20/17	9/20/17	9/20/17	9/20/17	9/20/17
Sample Depth (feet)				7	3	3	7	7	7	7	7	7
Saturated/Unsaturated					U	U	U	U	U	U	U	U
PETROLEUM VOLATILE ORGANIC COMPOUNDS (PVOCS) (µg/kg)												
Benzene	7070	1600	5.1	16300	<25	<25	36J	<25	<25	<25	1170	<25
Ethylbenzene	35400	8020	1570	11900	<25	<25	<25	<25	<25	<25	350	<25
Methyl tert-butyl ether	282000	63800	27	<250	<25	<25	<25	<25	<25	<25	<25	<25
Naphthalene	24100	5520	658	18200	<25	<25	66J	<25	<25	<25	1090	<25
Toluene	818000	818000	1107	1330	<25	<25	<25	<25	<25	<25	101	<25
1,2,4-Trimethylbenzene	219000	219000	1382	156000	<25	<25	25.6J	<25	<25	<25	11700	<25
1,3,5-Trimethylbenzene	NE	182000		7000	<25	<25	165	<25	<25	<25	3600	<25
Xylenes, -m, -p	260000	260000	3960	31470	<75	<75	<75	<75	<75	<75	3018	<75
Xylenes, -o												

J = Analyte detected above laboratory limit of detection but below limit of quantitation.

Bold indicates analytical results exceed NR 720 RCL

RCL = Residual Contaminant Level

DCL = Direct-Contact Levels

NA = Parameter not analyzed

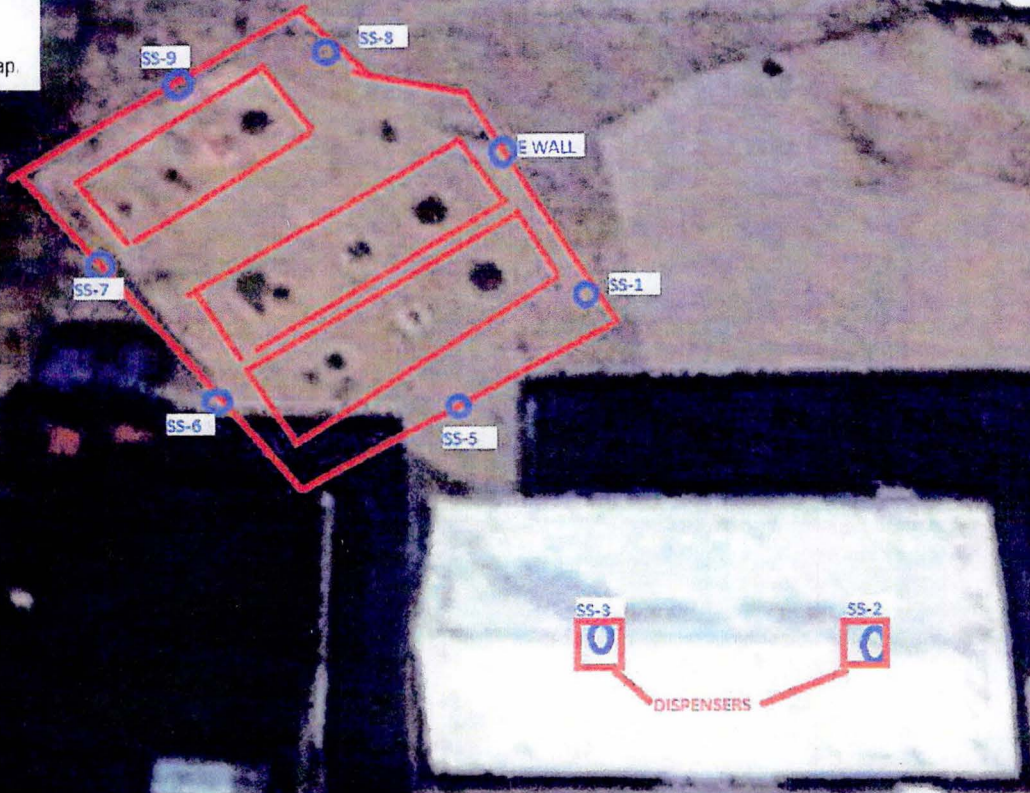
NE = NR 720 RCL not established

Untitled Map

Write a description for your map.

Legend

📍 5403 S 108th St



📍
5403 S 108th St



