

November 6, 2002

Project Reference #6961

Ms. Victoria Stovall
Wisconsin Department of Natural Resources
2300 N. Dr. Martin Luther King Drive
Milwaukee, WI 53212

Subject: Site Assessment for Storage Tank Systems
Speedway SuperAmerica Store # 4130
704 75th Street
Kenosha, WI

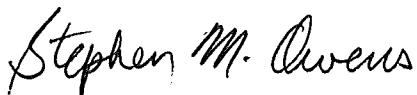
Dear Ms. Stovall:

Sigma Environmental Services, Inc. (Sigma), on behalf of Speedway SuperAmerica LLC (SSA), is submitting the attached report titled "A Site Assessment for Storage Tank Systems" for the removal of an underground 550-gallon fuel oil tank at the subject site. Petroleum impacts were not detected in the soil sample collected beneath the tank.

If you have any questions or comments about this project, please contact Sigma at (414) 768-7144.

Sincerely,

SIGMA ENVIRONMENTAL SERVICES, INC.



Stephen M. Owens, P.G.
Project Hydrogeologist

Attachment

cc: Mr. Keith Hughes - SSA



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Dear Ms. Stovall:

Sigma Environmental Services, Inc. (Sigma), on behalf of Speedway SuperAmerica LLC (SSA), is submitting the attached report titled "A Site Assessment for Storage Tank Systems" for the removal of an underground 550-gallon fuel oil tank at the subject site. Petroleum impacts were not detected in the soil sample collected beneath the tank.

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Stephen M. Owens

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cc: Mr. Keith Hughes - SSA



**A SITE ASSESSMENT
FOR
STORAGE TANK SYSTEMS**

I. SITE INFORMATION

Site Address: <u>Speedway SuperAmerica LLC Store # 4130</u> <u>704 75th Street</u> <u>Kenosha, WI</u> _____	Site Assessor: <u> Martin Nessman </u> Site Assessor Cert. # <u> 41794 </u> Site Assessor Address: <u>Sigma Environmental Services, Inc.</u> <u>220 East Ryan Road</u> <u>Oak Creek, WI 53154</u>
Mailing Address: <u>Speedway SuperAmerica LLC</u> <u>P.O. Box 1500</u> <u>Springfield, OH 45501</u>	Telephone #: <u> (414) 768-7144 </u> Sigma Project #: <u> 6961 </u> Date of Assessment: <u> 8-30-2001 </u>
Contact: <u> Keith Hughes </u>	
Telephone: <u> (937) 863-7642 </u>	

II. PURPOSE OF THE SITE ASSESSMENT

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

III. SITE BACKGROUND INFORMATION

The site assessment is being performed on:

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

A. Past and Present Property Use:

- Residential
 X Commercial
 Industrial
 Other (explain) _____

B. Surrounding Property Use:

- X Residential
 X Commercial
 Industrial
 Other (explain) _____

C. Site Features: Self-Service Gasoline Station, Dispensers and Storage Tanks

IV. INVENTORY OF TANK SYSTEMS TO BE ASSESSED

TANK #	CONTENTS IN TANK	STORAGE VOLUME (GALLONS)	LENGTH AND DIAMETER OF TANK	TANK CONSTRUCTION	PIPING LENGTH (FEET)	TANK CONDITION	DATE CLOSED
817141	Fuel Oil	550	6' x 4'	Steel	6'	Good	8-30-01

V. VISUAL INSPECTION

A. Weather Conditions: Hazy and ~80 degrees Farenheit

B. Site Conditions:

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

C. Excavation Inspection:

Excavation Depth 6 feet
 Backfill Type Medium Sand
 Native Soil Type Medium Sand
 Depth to Groundwater Not Encountered
 Backfill Type Used to Fill in Excavation Crushed Stone

Signs of a Release:

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

VI. SOIL SAMPLE LOCATIONS AND RESULTS

SOIL SAMPLE NUMBER	SAMPLE LOCATION	SAMPLE DEPTH (Feet)	SOIL TYPE	FIELD READING (i.u.)	ANALYTICAL PARAMETER TESTED	LABORATORY RESULT (MG/KG)
Base 6'	Excavation Base	6'	Sand	0	DRO	<4.1

VII. TANK SLUDGE MANAGEMENT

Types of Sludge Fuel Oil

Quantity of Sludge 1 - 55gallon drum

Hazardous Waste Manifested or Bill of Lading (See Attached)

Final Disposition of Sludge:

EOG Environmental, Inc.

5611 West Hemlock Street

Milwaukee, WI 53223

VIII. DISCUSSION

Based on the results of the closure assessment, there was no release from this storage tank.

IX. SUPPORTING DOCUMENTATION AND INFORMATION

Attached to Report:

- Copies of Underground Petroleum Product Tank Inventory Form(s) (SBD-7437)
- Copy of Checklist for Underground Tank Closure Form (SBD-8951)
- Field Notes
- Copies of Laboratory Reports and Chain-of-Custody Forms
- Waste Disposal Manifest or Bill of Lading
- Tank Disposal Information

X. LIMITATIONS

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

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

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

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

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

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

This document contains proprietary and confidential information which is the sole and exclusive property of Sigma Environmental Services, Inc. and Speedway SuperAmerica LLC. This document may not be used or duplicated in any manner without the express written consent of Sigma Environmental Services, Inc. and Speedway SuperAmerica.

© Copyright Sigma Environmental Services, Inc.

File #: _____
 Reg. Obj #: _____

UNDERGROUND FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION

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

Information Required By Section 101.142, Wis. Stats.

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

This registration applies to a tank status that is (check one):
 In Use Closed - Tank Removed Ownership Change (Indicate new owner name in block 2)
 Newly Installed Closed - Filled with Inert Materials
 Abandoned with Product Abandon with Water
 Abandoned without Product (empty) Temporarily Out of Service - Provide Date: _____
 Fire Department providing fire coverage where tank is located:
 City Village
 Town of: **KENOSHIA**

A. IDENTIFICATION (Please Print)

1. Tank Site Name: **SPEEDWAY #413D** Site Street Address: **704 75TH STREET** Site Telephone Number: **(262) 657-4840**
 City Village Town of: **KENOSHIA** State: **WISCONSIN** Zip Code: **53143** County: **KENOSHIA**

2. Tank Owner Name: **SPEEDWAY SUPERAMERICA LLC** Mailing Address: **PO BOX 1500** Telephone Number: **(937) 864-3000**
 City Village Town of: **SPRINGFIELD** State: **OH** Zip Code: **45501** County: _____

3. Previous Site Name: _____ Previous site address if different than #1: _____

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

C. Tank Capacity (gallons): **550** **Tank Age (age or date installed):** _____

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 (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 Inventory control and tightness testing Groundwater monitoring Vapor monitoring
 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 auto shutoff; B. alarm, or C. flow restrictor Unknown
 Suction piping with check valve at tank Suction piping with check valve at pump and inspectable Not needed if waste oil

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

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

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

* If chosen, this tank is NOT PECFA eligible. **Geo Latitude:** _____ **Geo Longitude:** _____

O. If Tank Closed, Abandoned or Out of Service
 Give date (mo./day/yr): **8-28-01** **Has a site assessment been completed? (see reverse side for details)** Yes No

Owner or Operator Name (please print): **Jerry Lovas** **Indicate if you are:** Owner or Operator

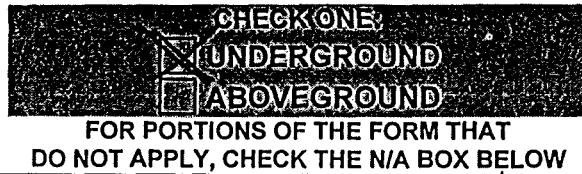
Owner or Operator Signature (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.)
 _____ **Date** **8-29-01**

Complete one form for each site closure.

CHECKLIST FOR TANK CLOSURE

RETURN COMPLETED CHECKLIST TO:

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



Wisconsin Department of Commerce
ERS Division
Bureau of Storage Tank Regulation
P.O. Box 7837
Madison, WI 53707-7837

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

1. Site Name SPEEDWAY #4130		2. Owner Name SPEEDWAY SUPERMARKETS LLC	
Site Street Address (not P.O. Box) 704 75TH STREET		Owner Street Address PO BOX 1500	
<input checked="" type="checkbox"/> City KENOSHA	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	
State WI	Zip Code 53143	County KENOSHA	Telephone No. (include area code) (937) 864-3000
3. Closure Company Name (print) BARBER OIL EQUIPMENT CO.		Closure Company Street Address 12030 W. ZIPLEY AVENUE	
Closure Company Telephone No. (include area code) (414) 253-2777		Closure Company City, State, Zip Code MILWAUKEE, WI 53226	
4. Name of Company Performing Closure Assessment Sigma Environmental Services		Assessment Company Street Address, City, State, Zip Code 220 E. Ryan Rd. Oak Creek, WI 53154	
Telephone No. (include area code) (414) 768-7144	Certified Assessor Name (print) Martin Nessiman	Assessor Signature <i>[Signature]</i>	Assessor Certification No. 41794

Tank ID #	Closure	Temp. Closure	Closure in Place	Tank Capacity	Contents*	Closure Assessment	
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SSO	FUEL OIL	<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y	<input type="checkbox"/> N
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y	<input type="checkbox"/> N
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y	<input type="checkbox"/> N

* Indicate which product: Diesel; Leaded; Unleaded; Fuel Oil; Gasohol; Aviation Fuel; Kerosene; Premix; Waste/Used Motor Oil; Flammable/Combustible Hazardous Waste; Chemical (indicate the chemical name(s) _____ and CAS number(s) _____; Other _____

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

Check applicable box at right in response to all statements in Sections B-E.

B. TEMPORARILY OUT OF SERVICE

Written inspector approval of temporary closure obtained, which is effective until (provide date) _____

	Remover Verified	Inspector Verified	NA
1. Product Removed	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/>
a. Product lines drained into tank (or other container) and resulting liquid removed, AND	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/>
b. All product removed to bottom of suction line, OR	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/>
c. All product removed to within 1" of bottom.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" 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"/>
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"/>
4. Dispensers/pumps left in place but locked and power disconnected.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/>
5. Vent lines left open.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/>
6. Inventory form filed indicating temporary closure.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input checked="" type="checkbox"/>

C. CLOSURE BY REMOVAL

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

C. CLOSURE BY REMOVAL (continued)

	Remover Verified	Inspector Verified	NA
11. Tank labeled in 2" high letters after removal but before being moved from site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input 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.			
12. Tank vent hole (1/8" in uppermost part of tank) installed prior to moving the tank from site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
13. Form ERS-7437 or ERS-8731 filed by owner with the Dept. of Commerce indicating closure by removal.....	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
14. 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"/>

D. CLOSURE IN PLACE

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

1. Product from piping drained into tank (or other container).	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Piping disconnected from tank and removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. All liquid and residue removed from tank using explosion proof pumps or hand pumps.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. All pump motors and suction hoses bonded to tank or otherwise grounded.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed. ...	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NOTE: DROP TUBE SHOULD NOT BE REMOVED IF THE TANK IS TO BE PURGED THROUGH THE USE OF AN EDUCTOR - EDUCTOR OUTPUT 12 FT. ABOVE GRADE.				
6. Vent lines left connected until tanks purged.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Tank openings temporarily plugged so vapors exit through vent.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Tank atmosphere reduced to 10% of the lower flammable range (LEL) see Section F.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Tank properly cleaned to remove all sludge and residue.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Solid inert material (sand, cyclone boiler slag, pea gravel recommended) introduced and tank filled.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Vent line disconnected or removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Inventory form filed by owner with the Department of Commerce indicating closure in place.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>

E. CLOSURE ASSESSMENTS

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

1. Individual conducting the assessment has a closure assessment plan (written) which is used as the basis for their work on the site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Do points of obvious contamination exist?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Are there strong odors in the soils?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Was a field screening instrument used to pre-screen soil sample locations?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Was a closure assessment omitted because of obvious contamination?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Was the DNR notified of suspected or obvious contamination?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Agency, office and person contacted: _____				
7. Contamination suspected because of: <input type="checkbox"/> Odor <input type="checkbox"/> Soil Staining <input type="checkbox"/> Free Product <input type="checkbox"/> Sheen on Groundwater <input type="checkbox"/> Field Instrument Test				

F. METHOD OF ACHIEVING 10% LEVEL DESCRIPTION

- Eductor Or Diffused Air Blower.
Eductor driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground. Diffused air blower bonded and drop tube removed. Air pressure not exceeding 5 psig.
- Dry Ice
Dry ice introduced at 1.5 pounds per 100 gallons of tank capacity. Dry ice crushed and distributed over the greatest possible tank area. Dry ice evaporated before proceeding.
- Inert Gas (CO₂ or N₂) **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. THE TANK MAY NOT BE ENTERED IN THIS STATE WITHOUT SPECIAL EQUIPMENT.**
Gas introduced through a single opening at a point near the bottom of the tank at the end of the tank opposite the vent. Gas introduced under low pressure not to exceed 5 psig to reduce static electricity. Gas introducing device grounded.
- Tank atmosphere monitored for flammable or combustible vapor levels.
Calibrate combustible gas indicator. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle, and upper portion of tank. Readings of 10% or less of the lower flammable range (LEL) obtained before removing tank from ground.

G. NOTE SPECIFIC PROBLEMS OR NONCOMPLIANCE ISSUES BELOW

H. REMOVER/CLEANER INFORMATION

Timothy Shaffer *Timothy Shaffer* 56307 8-30-01
 Remover Name (print) Remover Signature Remover Certification No. Date Signed

I. INSPECTOR INFORMATION

Patrick A. Ryan *Patrick A Ryan* 35195 8-30-01
 Inspector Name (print) Inspector Signature Inspector Certification No.

3002 262-653-4108
 FDID # For Location Where Inspection Performed Inspector Telephone Number Date Signed

TANK INVENTORY FORM ERS-7437 or ERS-8731 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH CLOSURE CHECKLIST REMOVER

8-30-01 man on-site for UST pre-site assessment for a
550 gal Heating oil UST removal.
Weather Hazy - 80°F

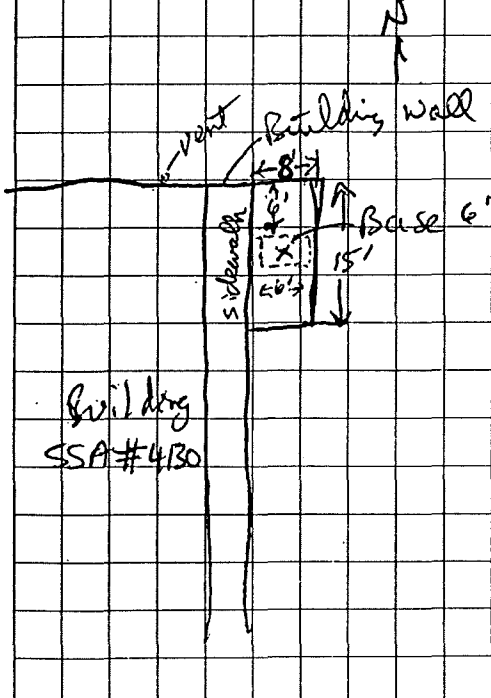
UST - Surrounding Soils are med. sand.

UST measures 6' long x 4' dia. UST is in generally good condition
with NO holes or pitting. No obvious signs of contamination.
Nat. Tank generated 1 drum of sludge while cleaning.

Badger Oil is remover. National Tank is cleaner.

City of Kenosha Fire Inspector Pat Murphy on-site, will
mail checklist & Tank Inventory.

collected one Soil Sample from beneath UST
at a depth of 6' below. sample: Base 6' PID=0



SITE IS ON NW CORNER OF INTERSECTION

Building
SSA#4130

Street

Street

Continued on Page

Read and Understood By

[Signature]
Signed

8-30-01
Date

Signed

Date

Corporate Office & Laboratory
1241 Bellevue Street
Green Bay, WI 54302
920-469-2436 • Fax: 920-469-8827
800-7-ENCHEM



Madison Office & Laboratory
525 Science Drive
Madison, WI 53711
608-232-3300 • Fax: 608-233-0502
888-5-ENCHEM

- Analytical Report -

Project Name : SPEEDWAY #4130

Project Number : 6961

Client: SIGMA ENVIRONMENTAL SERVICES

WI DNR LAB ID : 405132750

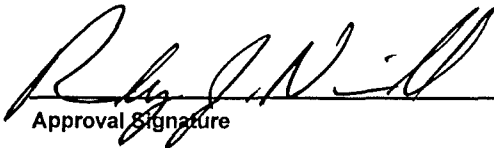
Sample No.	Field ID	Collection Date	Sample No.	Field ID	Collection Date
814178-001	BASE 6'	8/30/01			

Please visit our Internet homepage at: www.enchem.com

The "Q" flag is present when a parameter has been detected below the LOQ. This indicates the results are qualified due to the uncertainty of the parameter concentration between the LOD and the LOQ.

Soil VOC detects are corrected for the total solids, unless otherwise noted.

I certify that the data contained in this Final Report has been generated and reviewed in accordance with approved methods and Laboratory Standard Operating Procedure. Exceptions, if any, are discussed in the accompanying sample comments. Release of this final report is authorized by Laboratory management, as is verified by the following signature. Reported results shall not be reproduced, except in full, without the written approval of the lab. The sample results relate only to the analytes of interest tested.


Approval Signature


Date

EN CHEM - GREEN BAY COOLER RECEIPT LOG

Batch No. 814178 Project Name or ID 6961

No. of Coolers: 1

Temps: 1 1 1 °C WI only (circle): ROI

A. Receipt Phase: Date cooler was opened: 8-31-01 By: GD

- 1: Were temperature blanks present? ..(record temperatures above)YES NO
- 2: Were custody seals present? (Also record on COC).....YES NO
- 3: Are COC documents present?.....YES NO²
- 4: Were all sample containers for tests requested on the COC received?YES NO²
- 5: Do sample labels match the COC?YES NO²
- 6: Are there any short holdtime tests?.....YES¹ NO
- 7: Are sample volumes adequate for tests requested?YES NO²
- 8: Are VOC samples free of bubbles >6mmYES NO² NA
- 9: Are dissolved parameters field filtered?..... YES NO² NA
- 10: Check sample pH of preserved samples. (not VOCs) Completed.....YES NO NA
- 11: Are samples preserved properly?..... YES NO²
- 12: Started nonconformance/phone log record if applicable. Completed.....YES NO NA
- 13: Enter samples into Project Logbook. Completed.....YES NO
- 14: Place laboratory sample number on all containers CompletedYES NO
- 15: Check laboratory sample number on all containers and COC CompletedYES NO

Initials/Date

GD 8/31/01

B. Log-In Phase: Date samples were logged-in: 8-31-01 By: JS

- 1: Were samples received on ice? (Must be ≤ 4 C).....YES NO²
- 2: Is the COC signed as received by En Chem?.....YES NO
- 3: Is this Project a Quick Turn Project?.....YES NO
- 4: Is there any sub-work?.....YES NO
- 5: Are any samples nearing expiration of hold-time? (Within 2 days).....YES¹ NO
- 6: Initiate Subcontracting procedure, SOP 1-REC-4, if applicable. Completed.....YES NO NA

JS 8-31-01

Short Hold-time tests:

48 Hours or less	7 days	Footnotes
Coliform (6 hrs)	Flashpoint	1 Notify proper lab group immediately.
Hexavalent Chromium (24 Hrs)	TSS	2 Complete phone log.
BOD	Total Solids	
Nitrite	TDS	
Ortho Phosphorus	Sulfide	
Turbidity	Free Liquids	
Surfactants	Total Volatile Solids	
Sulfite	Aqueous Extractable Organics- ALL	
En Core Preservation	Unpreserved VOC's	
Color	Ash	

Rev. 12/15/99, Attachment to 1-REC-5. *Subject to QA Audit.

I have reviewed Log-in sheets, resolved all nonconformance issues, corrected and properly documented these actions

Project Mgmt reviewed by/date UW 9/5/01

- Analytical Report -

Project Name : SPEEDWAY #4130	Client : SIGMA ENVIRONMENTAL SERVICES
Project Number : 6961	Report Date : 9/6/01
Field ID : BASE 6'	Collection Date : 8/30/01
Lab Sample Number : 814178-001	Matrix Type : WATER
WI DNR LAB ID : 405132750	

Inorganic Results

Test	Result	LOD	LOQ	EQL	Units	Code	Analysis Date	Prep Method	Analysis Method	Analyst
Solids, percent	87.9				%		9/5/01	SM2540G	SM2540G	DJB

Organic Results

DIESEL RANGE ORGANICS - SOIL		Preservation Date : 9/1/01		Prep Method: Wi MOD DRO		Prep Date: 9/5/01		Analyst: DJB	
Analyte	Result	LOD	LOQ	EQL	Units	Code	Analysis Date	Analysis Method	
DIESEL RANGE ORGANICS	< 4.1			4.1	mg/kg		9/5/01	Wi MOD DRO	
Blank spike	73			50	%Recov		9/5/01	Wi MOD DRO	
Blank spike duplicate	70			50	%Recov		9/5/01	Wi MOD DRO	
Blank	< 5.0			5.0	mg/kg		9/5/01	Wi MOD DRO	

(Please Print Legibly)

Company Name: Symyx Environmental Lab

Branch or Location: Duck Creek

Project Contact: Steve Owens

Telephone: 202-763-7114

Project Number: 6961

Project Name: Secondary # 4130

Project State: VA

Sampled By (Print): Martin Neissman



1241 Bellevue St., Suite 9
Green Bay, WI 54302
920-469-2436
FAX 920-469-8827

525 Science Drive
Madison, WI 53711
608-232-3300
FAX: 608-233-0502

CHAIN OF CUSTODY

707-7

Page 1 of 1

P.O. # _____ Quote # _____

Mail Report To: Steve Owens

Company: Symyx

Address: 2125 New Rd
Duck Creek, VA 23035-1

Invoice To: Spektray Super America

Company: _____

Address: _____

Mail Invoice To: _____

- Data Package Options**
(please circle if requested)
- Results Only
 - EnChem Level III (Subject to Surcharge)
 - EnChem Level IV (Subject to Surcharge)

Regulatory Program

UST
RCRA
SDWA
NPDOS
CERCLA

Matrix Codes

W=Water
S=Soil
A=Air
C=Charcoal
B=Biota
Sl=Sludge

*Preservation Codes
A=None B=HCL C=H2SO4 D=HN03 E=EnCore F=Methanol G=NaOH
H= Sodium Bisulfate Solution I= Other

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

Line 9/10/01

ANALYSES REQUESTED

DPO

TOTAL # OF BOTTLES SENT

LABORATORY ID (Lab Use Only)	FIELD ID	COLLECTION		MATRIX							CLIENT COMMENTS	LAB COMMENTS (Lab Use Only)
		DATE	TIME									
001	Base 6'	1/30/01	130P	S	X						2	PI0=0 1-20-01

Rush Turnaround Time Requested (TAT) - Prelim
(Rush TAT subject to approval/surcharge)

Date Needed: _____

Transmit Prelim Rush Results by (circle):
Phone Fax E-Mail

Phone #: _____

Fax #: _____

E-Mail Address: _____

Relinquished By: [Signature] Date/Time: 8/1/01

Relinquished By: [Signature] Date/Time: 11/01/01 11:00

Relinquished By: _____ Date/Time: _____

Relinquished By: _____ Date/Time: _____

Relinquished By: _____ Date/Time: _____

Received By: [Signature] Date/Time: 8/1/01 11:00

Received By: [Signature] Date/Time: 11/01/01 11:00

Received By: _____ Date/Time: _____

Received By: _____ Date/Time: _____

Received By: _____ Date/Time: _____

En Chem Project No. 814178

Sample Receipt Temp. RT

Sample Receipt pH (Wet/Metal) N/A

Cooler Custody Seal

Present / Not Present Present

Intact / Not Intact

Samples on HOLD are subject to special pricing and release of liability

SEE INSTRUCTIONS ON REVERSE SIDE OF COPY 6.



STATE OF WISCONSIN
 Chapter 291, Wis. Stats.
 Form 4400-66P

Rev. 1-99

ALL COPIES MUST BE LEGIBLE,
 PLEASE TYPE

State of Wisconsin
 Department of Natural Resources
 Bureau of Waste Management
 Box 8094
 Madison, WI 53708

FOR DNR USE ONLY

Designed for use on elite (12-pitch) typewriter.

Form Approved. OMB No. 2050-0039.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. WID988630604	Manifest No. 39244	2. Page 1 of 1	Information in the shaded area is not required by Federal law
3. Generator's Name and Mailing Address Site Location If Different Speedway Superstation 704 75th Street Kenosha WI 53143					
4. Generator's Phone (937) 873-7602					
5. Transporter 1 Company Name EOG ENVIRONMENTAL, INC	8. US EPA ID Number WID988580058				
7. Transporter 2 Company Name	8. US EPA ID Number				
9. Designated Facility Name and Site Address EOG DISPOSAL, INC 5611 WEST HEMLOCK STREET MILWAUKEE, WI 53223	10. US EPA ID Number WID988580056				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No. Type	13. Total Quantity	14. Unit wt/vol		
a. RG, Waste Flammable Liquid, n.o.s. (benzene) 3 UN1007 PG II	001 DM	000.55 G			
b.					
c.					
d.					
15. Special Handling Instructions and Additional Information					
BILLY COMPANY: EOG 414-801-1474, 584-4746 BILL TO: EOG ENVIRONMENTAL, INC. 5611 W HEMLOCK ST MILWAUKEE WI 53223					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment;					
OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name & Position Title GINA MILLER		Signature <i>Gina Miller</i>		Date 1/21/2000	
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials		Printed/Typed Name & Position Title Paul Rinicke		Signature <i>Paul Rinicke</i>	
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials		Printed/Typed Name & Position Title		Signature	
19. Discrepancy Indication Space					
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name & Position Title Marlin W. Schmit Plant Mgr		Signature <i>Marlin W. Schmit</i>		Date 1/21/2000	

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

Copy Distribution:

- 1 - Generator send to Wis. DNR
- 2 - Generator retain
- 3 - Facility send to Wis. DNR

- 4 - Facility retain
- 5 - Facility send to Gener
- 6 - Transporter retain

Emergency 24 Hour Assistance
 and Spill Reporting

COPY 4 -

Copies 1 & 3 mail to Wis. DNR at above address.