

State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Southeast District

2300 N. Dr. Martin Luther King Jr. Dr.
Post Office Box 12436
Milwaukee, Wisconsin 53212

Telephone: 414-263-8500 Telefax: 414-263-8483

File Ref: *

Carroll D. Besadny Secretary

February 19, 1992

Tews Company Vincent Maniscalco 12005 West Hampton Avenue Milwaukee, WI 53225

Dear Mr. Maniscalco:

RE: Petroleum contamination at above address

I have reviewed your application for reimbursement from the Petroleum Storage Remedial Action Fund. I am sending a signed Form 4 to the Department of Industry, Labor and Human Relations. I am sorry for the long delay.

In accordance with the provisions of PSRAF, evidence of a hazardous substance release was reported to the Department of Natural Resources (DNR) as required in s. 144.76(2), Wisconsin Statutes. The investigation and remedial work at the site were not performed by DNR using federal LUST Trust funding (42 USC 6991). Work done included excavation and disposal of about 266 tons of soil and laboratory testing of soil samples.

The Department agrees with Fox Environmental Inc., in that no additional work is needed. Should environmental problems occur in the future that may be related to the former tank system, the Department has the right to ask for additional work.

Please call me at 414-263-8654 or write to the above letterhead address if you have any questions.

Sincerely.

John Feeney,

Hydrogeologist Environmental Repair Section

cc: Larry Fox

DILHR

SED Case File

Wiscossin Department of Industry, a abor and Human Relations

FORM 4

DNR SITE INVESTIGATION AND REMEDIAL ACTION PLAN REVIEW

Safety and Buildings Division Bureau of Petroleum Inspection and Fire Protection P.O. Box 7969 Madison, WI 53707 (608) 267-4545 (608) 267-7538

Section 101.143 (3) (c) 4, Wis. Stats., requires that a claimant obtain written approval from the Department of Natural Resources (DNR) when requesting reimbursement for activities in response to a discharge from a commercial petroleum product storage system or home oil tank. The DNR approval must indicate that the site investigation and remedial action plan is adequate to meet requirements of s. 144.76, Wis. Stats. The DNR approval is created for the purpose of meeting the requirements of s. 101.143 (3), Wis. Stats., only and does not bar the DNR from requiring that additional investigation and/or remediation activities be performed by persons responsible under s. 144.76, Wis. Stats.

| Office Use Only Application Case # | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------|--|
| Tank ID # Ins | tallation Date | | |
| | tallation Date | | |
| Tank ID # | tallation Date | | |
| Claimant's Name | Remedial Action Site Name (if business) | | |
| TENS CO (VINCENT MANISCAICO) | TEWS CO | - | |
| Street Address | Remedial Action Site Address, | TILL MIE | |
| City, State, Zip Code | City, State, Zip Code | TUN AVE | |
| MILW, WI 53225 | MILW, W1 532 | 225 | |
| Claimant's Telephone Number (4/4) 466 -6300 | Telephone Number of Site | 20 | |
| Claimant is | 414 466-630 | | |
| Owner Operator Other - please sp | ecify: | . *** | |
| Approval requested for: Petroleum Product Storage S | ystem Home Oil Tank System | n Aboveground | |
| FOR DNR USE ONLY (Indicate Whether Complete | ad Remedial Action or Other | Action(s)) | |
| A copy of this completed document must be submitted to DNR | | | |
| investigation and remediation) in accordance with s. 101.143 (| | ,, | |
| Completed Remedial Action (complete cleanup and sir | ngle claim for reimbursement) (Ste | os 1 through 3) | |
| Progress Payments For: | | | |
| ☐ Emergency Action (Step 1 - check only if emergency ac | tion was performed) | | |
| | | | |
| Completion of Site Investigation (Step 1) and Proposed | Remedial Action Plan (Step 2) | | |
| Remedial Action (Step 3) | | Check Appropriate | |
| | | | |
| Operation/Maintenance and Environmental Monitoring remedial action activities) (Step 4) | g (annual claim for | Box(es) | |
| Temedial action activities, (Step 4) | | | |
| Site Investigation By Order of DNR And/Or DILHR - No Remedial Action | | | |
| The DNR received a request for approval of the above identifie | d activities for the site listed on thi | s document on the | |
| following date 14/90 | | | |
| | | | |
| The DNR response for purposes of s. 101.143 (3), Wis. Stats., is attached. | | | |
| Remedial action activities conducted by owners/operators are not eligible for funding under 42 USC 6991 (L.U.S.T. Funding). (See s. 101.143 (3) (a) 2., Wis. Stats.) | | | |
| Send one copy of this completed form to the address shown in | the upper right corner and one co | py to the claimant. | |
| Reviewer's Signature Towney | Date Signed | 9/92 | |
| Ostala a se Col | 2 | | |
| Reviewer's Title | | | |

January 29, 1992

Department of Natural Resources
2300 N. Martin Luther King, Jr. Dr.
Box 12436
Milwaukee, Wis. 53212
Attn: Jim Schmidt
L.U.S.T. Coordinator

Dear Mr. Schmidt:

Enclosed please find a Wisconsin DILHR Form 4 for PECFA application from the 1989 removal of a U.S.T. as indicated. Also enclosed is a complete copy of our application to DILHR which was filed in February of 1991 via certified mail.

Please complete Form 4 and return to Miles Mikkelson in Madison. If you have any questions, please call me at 442-8000.

Sincerely,

TEWS COMPANY

LNSKU.
120° Humpen

David R. Ferron Vice President

Operations & Administration

466-6300

Enclosures DRF/js Wisconsin Department of Industry, Labor and Human Relations

FORM 1 REMEDIAL ACTION FUND APPLICATION

Safety and Buildings Division Bureau of Petroleum Inspection

| Office Use Only | : Application Case # | | | P.O. Box 7969 |
|-----------------|----------------------|-------------------|-------------------|-------------------------------------|
| Tank !D | | Registered Y / N | Installation Date | Madison, WI 53707 (608) 267-4545 |
| Tank ID | | Y/N | | (608) 267-7538 |
| Tank ID | | Y / N | | FER OS 1999 |

| TOTIK ID | | · / N | | | ENO 2 1880 | |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|---------------------------------------|---------------------------------------------|--------------------------------------------|
| This application is to an award under s. 1 owner or operator reimbursement of e below as explained | 01.143, Wis. Stats., or a person owning eligible costs incurre | the Petroleum ng a home oil ed because of | Storage Remed | tachments to the | address in the ab | iduct sforage system |
| Application is subm | itted for: .M | Petroleum Pro | duct Storage Sys | tem 🗌 | Home Oil Tank | System |
| I. CLAIMANTIDEN | ITIFICATION (Claim | will be made p | ayable to this p | erson or organiza | tion) | |
| Claimant's Name | /7 | | Remed | al Action Site Name (| if business) | |
| ノビル)(Street Address | Company. | | Remed | ial Action Site Addres | | |
| | V. CENTER | 6 | | 05 W H. | · 1 | fre |
| City, State, Zip Code | | | City, St | ate, Zip Code | 7 | 53225 |
| Claimant's Telephone Nu | Kee, Wi. | 53210 | Teleph | one Number of Site | | 12557 |
| | 12-8000 | | | 1414 466 | -6300 | |
| Claimant is. | ☐ Operator | C Othor | | | | , |
| Claimant's Tax Identifica | | | please specify: al Employer Identifi | cation Number: if ind | ividual , provide Socia | al Security Number |
| | | | | | , , | |
| Tanks were initially regis | | | Address | | ار ا | |
| Initial Contact Name | LIME & LE | MENT C | lnitial O | wner's Name | CENTER | |
| | MANISCAL | CO | 1 / | BUTLER O | Line & Ce | EMENT CO. |
| II. EXPENSES CLA | IMED FOR (DNR ap | proval form SBI | | | | |
| Completed Rer | medial Action (comp | olete cleanup ar | nd single claim f | or reimbursemen | t) (Step 1 through | n Step 3) |
| Progress Payments | For | | - | | | |
| - • | tion(Recovery of fr | ee product, tre | atment or remo | val of excessively | contaminated so | il or |
| abatement of a | an imminent hazard | .) (Step 1) | | , | | |
| | Site Investigation (S edial Action Plan (St | | Remedial Ac (Step 3) | | | ance (Annual claim activities) (Step 4) |
| | was submitted, indi | | | | | Also, identify the |
| | tivity reported in the | · · · · · · · · · · · · · · · · · · · | • | | | |
| Site Investigati | on By Order of DNR | Or DILHR - No I | Remedial Action | | | |
| Total dollar expens | ses reported on this | claim: \$ _/S. | 418.46 | • | | |
| | rage Remedial Actio | | | nt (form SBD-807 | 6) must be accom | npanied by a |
| CPA Affidavit veri | fving the costs (form | SBD-8068). Fe | urthermore, if a | claim is being sul | mitted by any in | dividual other |
| than the owner or | by an individual who nust also be filed with | o does not hav | e 100% owners | nip, a Current Ow | ner Assignment | Certification |
| corporate officer i | may sign the applic | ation. In case | of a municipal | ity, the form mu | st be signed by | the mayor or chief |
| financial officer. | 11 11 P APP 1 | | | | 2 | - |
| their authorized a | nsiblity for notifying gent provide a comp | i all current owi | ners about this c ste Current Own | iaim and for ensu er Assignment Ce | iring that all curre ertification (form. | ent owners or SBD-8070). |
| Claimant Signature | · /) · | 181 | - - | Date Sign | / | i |
| Claimant Signature | | | | Date 3/gi | ieu //// | 13/9/ |
| Office Use Only Amount Claimed | Amount Authorized | Authorized By | | Date Pard | I Chash No | T Vouchas Va |
| Amount Claimed | Amount Authorized | Authorized by | | Date Paid | Check No. | Voucher No. |
| Cost Center | Obj/Sub | Project | Function | % | \$ Amount | FYO |
| | | | | 100 ¦ | | |

Wisconsin Department of Industry, Labor and Human Relations

UNDERGROUND PETROLEUM PRODUCT TANK INVENTORY



Send Completed Form To: Safety & Buildings Div. Fire Prevention Section P.O. Box 7969 Madison, WI 53707 Telephone (608) 266-7874

For Office Use Only: Tank ID

Instructions

This form is to be completed pursuant to Section 101.142, Wis. Stats., to register all underground tanks in Wisconsin that have stored, currently store or will store petroleum or regulated substances. Please see the reverse side for additional information on this program. An underground storage tank is defined as any tank with at least 10 percent of its total volume (including piping) located below ground level. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner.

| To (check one): 3. 4. | | | | |
|----------------------------------------------------------|---------------------------------------------|------------------------------------------|-----------------------|------------------------------|
| A. IDENTIFICATION 1. Name of Installation | MENT CO | 2. Name for Mailing if Different | | |
| Street Address of Installation 2005 W HARUPTO | v Ave | Mailing Address if Different TO | | 1.57 |
| City MILL Village Town | | Øcix M/J/ | | wn of: |
| State W/ Zip Code 53225 | M12W | State W/o | Zio Code 53210 | County MILLE |
| 3. Name of Contact Person INC.ENT MIANISCA | 1/00 | 4. Name of Owner if Different in | om#3 IMEL C | EMENTCO |
| Street Address 12005 W. HAMDE | TON AVE | Street Address 62-00 W. | Center | .57 |
| City Mills Village WA J W Town | of: 50 SA | City MILLO VII | lage 🔲 To | wn of: |
| State (U) Zip Code 5325 | County | State W1 | Zip Code 5.3.2/0 | County |
| Telephone Number (include area code) | 6300 | Telephone Number (include a | rea code) 142 – 80 | 000 |
| 5. Fire Department Name and ID# 4011 / CITY OF MALLER | 6. Tank Age (date ins | stalled, if known; or years old) | 7. If Tank Abandone | d, Cive Date (mo / day / yr) |
| 8. Tank Capacity (in gallons) 2,000 | 9. Tank Manufacturer's Nam | ne, if known: | | |
| | thodically Protected Stee her (specify): | el | 3. Coate | d Steel |
| | ided Gasoline sohol | 3. Unleaded Gasoline 6. Other (specify): | 3 | |
| 5. 🔼 Industrial 6. 🔲 Co | k Storage vernment her (specify): | 3. Utility 7. School | 4. Merca 8. Reside | |
| Signature of Person Completing Form: WWW. A. M. (14/85) | ler | Date Completed: | 5 | |

Wisconsin Department of Industry, Labor and Human Relations

FORM 1 REMEDIAL ACTION FUND APPLICATION

Safety and Buildings Division Bureau of Petroleum Inspection and Fire Protection

| Office Use Only: | Application Case # | | | | P.O. Box 7969 | |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------|
| | | Registered | Installa | tion Date | Madison, WI | - |
| Tank ID | | (Y) / N | | 56 | (608) 267-454 | |
| Tank ID | . Justice +Nhamman | Y/N | | 3.0 | (608) 267-753 | 38 |
| Tank ID | | Y / N | | | | • |
| | | | | *************************************** | | |
| This application is to an award under s. 1 owner or operator reimbursement of obelow as explained Application is subm | in the attached insti | ructions. | h all required at Storage Remed I tank system a petroleum pr duct Storage Sys | | address in the abo A petroleum prod laim to the Depo Complete the Home Oil Tank S | |
| I. CLAIMANT IDEN | ITIFICATION (Claim | will be made p | ayable to this p | erson or organiza | ation) | - |
| Claimant's Name | ^ | | Remed | ial Action Site Name | (if business) | |
| Tews (| Company | | | | | |
| | | | 1 | ial Action Site Addres | . 1 . | • |
| 6200 City, State, Zip Code | N. CENTER | 17. | 120 | <i>الحال الحال الحال</i> ate, Zip Code | and on A | <i>t e.</i> |
| City, state, zip Code | Kee, Wi. | 53210 | 2 City, 30 | ate.zip.code | - Wi | 5377C |
| Claimant's Telephone Nu | imber | 332/3 | Teleph | one Number of Site | | |
| 14/1/1 49 | 12-8000 | | | W/1 466 | -6300 | and the second |
| Claimant is Owner | ☐ Operator | □ Other- | please specify: | | | W1.2 |
| Claimant's Tax Identifica | | | | cation Number: if inc | dividual , provide Socia | Security Number |
| | | | | | | |
| Tanks were initially regis | tered (inventoried) unde | r the name: | Address | 1200 1 | 1 0 | (7 |
| Initial Contact Name | LIME & PE | ment c | -0. | wner's Name | 1. CENTER | |
| Vincent | MANISCAL | | l / | Platifie | LIME O CE | MENT CO. |
| | | , , , , , , , , , , , , , , , , , , , | | | | |
| | IMED FOR (DNR ap | - | | - | | |
| Completed Rer | medial Action (comp | olete cleanup a | nd single claim f | or reimbursemer | nt) (Step 1 through | Step 3) |
| Progress Payments | For: | | | | | |
| | tion(Recovery of fr | | atment or remo | val of excessively | contaminated soil | or |
| | an imminent hazard | | | | | |
| Completion of | Site Investigation (S edial Action Plan (St | itep 1) and | Remedial Ac (Step 3) | tion Dp | eration/Maintena r remedial action a | nce (Annual clain |
| | was submitted, indi | | | | | ictivities) (Step 4) Iso, identify the |
| • | tivity reported in the | • | • | | • | |
| | ion By Order of DNR | - | | 1 | | |
| Total dollar expens | ses reported on this | رز \$ claim: | 418.46 | | | ************************************** |
| The Detrolouse Ste | .co.a.o Domodial Actic | | | | 76\ | maniad bu a |
| | rage Remedial Action from the costs (form the | | | | | |
| than the owner or | by an individual wh | io does not hav | e 100% owners | hip, a Current Ov | vner Assianment C | ertification |
| (form SBD-8070) m | nust also be filed wit may sign the applic | th this applicati | ion. In the case | of a corporation, | , a chief financial o | fficer or other |
| financial officer. | may sign the applic | ation. In case | or a municipal | ity, the form mu | ist be signed by t | ne mayor or chie |
| I assume the respon | nsiblity for notifying | | | | | |
| | gent provide a comp | | | | | |
| Claimant Signature | · Sam | <u>ed 1(4,</u> | inm | Date Sig | ned <u>/2//</u> | 3/98 |
| Office Use Only | | | | | | |
| Amount Claimed | Amount Authorized | Authorized By | | Date Paid | Check No. | Voucher No. |
| Cost Center | Obj/Sub | Project | Function | % | \$ Amount | FYO |
| | | | | | | |

100

Wisconsin Department of Industry,

Labor and Human Relations

Safety and Buildings Division

FORM 2 PETROLEUM STORAGE REMEDIAL ACTION FUND COST SUMMARY

Bureau of Petroleum Inspection and Fire Protection P.O. Box 7969 Madison, WI 53707 (608) 267-4545 (608) 267-7538

Provide all applicable identifying claimant, site and preparer information below. All detail cost information is to be entered by type of cost on applicable pages 3 through 13. Then enter, as directed, the total from each detail page onto the appropriate line of page 2, entitled Summary of All Costs.

| Claimant's Name: | Tews Company | | |
|----------------------------|----------------------------|--|--|
| Street Address: | 6200 W. Center St. | | |
| City, State, Zip Code: | Milwaukee, Wis. 53210 | | |
| Telephone Number: | 414-442-8000 | | |
| | | | |
| Remedial Action Site Name: | Butler Yard - Tews Company | | |
| Site Address: | 12005 W. Hampton Ave. | | |
| City, State, Zip Code: | Milwaukee, Wis. 53225 | | |
| Telephone Number: | 414-466-6300 | | |
| | | | |
| Preparer's Name: | David R. Ferron | | |
| Firm Name (if applicable): | Tews Company | | |
| Business Address: | 6200 W. Center St. | | |
| City, State, Zip Code: | Milwaukee, Wis. 53210 | | |
| Telephone Number: | 414-442-8000 | | |

Wisconsin Department of Industry, Labor and Human Relations Safety and Buildings Division

FORM 3 CERTIFIED PUBLIC ACCOUNTANT AFFIDAVIT

Bureau of Petroleum Inspection and Fire Protection P.O. Box 7969 Madison, WI 53707 (608) 267-4545 (608) 267-7538

This affidavit must be submitted with the Petroleum Storage Remedial Action Fund Cost Detail. Please provide all information requested below, and sign this document in the presence of a Notary Public.

| I, Paul C. McDonald , certify the following information: (Certified Public Accountant's Name - please type or print) | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| (Certified Public Accountant's Name - please type or print) The costs submitted on the accompanying Petroleum Storage Remedial Action Fund Cost Detail, form SBD-8076, are a true and correct representation of cleanup costs actually incurred and paid by the claimant or the claimant's agent referenced below. The person responsible for conducting the site rehabilitation has adequate documentation | | | | | |
| to support these costs. | | | | | |
| Claimant's Name: Tews Company | | | | | |
| Agent's Name (if applicable) | | | | | |
| | | | | | |
| Remedial Action Site Street Address: 12005 W. Hampton Ave. | | | | | |
| Remedial Action Site City, Zip Code: Milwaukee, Wis. 53225 | | | | | |
| Business name if a commercial system: Tews Company | | | | | |
| | | | | | |
| Certified Public Accountant's Signature: Paul C.M. Double, CPA + CFO of Tews Company Date Signed: 1-3-91 | | | | | |
| Date Signed: /-3-9/ | | | | | |
| License Number 3/13 State Licensed In Wisconsin | | | | | |
| | | | | | |
| Subscribed and sworn to before me this date: January 3.1.991 | | | | | |
| Notary Public, State of Wescensin: Ama L. Battiola | | | | | |
| My Commission expires: //- 22-92 | | | | | |
| | | | | | |

Wisconsin Department of Industry, Labor and Human Relations

FORM 5 **CURRENT OWNER ASSIGNMENT CERTIFICATION**

Safety and Buildings Division Bureau of Petroleum Inspection and Fire Protection P.O. Box 7969 Madison, WI 53707 (608) 267-4545

| Office Use Only Application Case # | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Tank ID # | | | | |
| | Installation Date | | | |
| | nstallation Date | | | |
| | ************************************** | | | |
| PART I BACKGROUND INFORMATION | | | | |
| Claimant's Name | Remedial Action Site Name (if business) | | | |
| Tews Company | | | | |
| Street Address | Remedial Action Site Address | | | |
| 6200 W. Center St. | 12005 W. Hampton Ave. | | | |
| City, State, Zip Code Milwaukee, Wis. 53210 | City, State, Zip Code Milwaukee, Wis. 53225 | | | |
| Claimant's Telephone Number | Telephone Number of Site | | | |
| (414) 442–8000 | (414) 466–6300 | | | |
| Claimant is | 1414 400-0300 | | | |
| ☐ Operator ☐ Other - please | specify: | | | |
| Current Owner's Name(s) | Current Owner's Street Address | | | |
| Tews Company and | 6200 W. Center St. | | | |
| Current Owner's City, State, Zip Code | Current Owner's Telephone Number | | | |
| Milwaukee, Wis. 53210 | 414-442-8000 | | | |
| PART II ASSIGNMENT CERTIFICATION | | | | |
| I(we),andand | (current owner(s)) *, | | | |
| assign to Tews Company | (the claimant) | | | |
| my right to submit a claim, for the purposes of a petroleum | storage remedial action award under s. 101.143, Wis. Stats., | | | |
| for eligible costs of remedial action activities at <u>12005</u> | W. Hampton Ave., Milwaukee, Wis. | | | |
| (remedial action site) in response to the petroleum product | | | | |
| (3) (a) 5 and 144.76, Wis. Stats., to Dest of A | latural Resources by (agency | | | |
| name) on $12/6/99$ (date | reported). Critiquip. | | | |
| NOTE: Assignment of a right to a claim for a remedial action award under s. 101.143, Wis. Stats. does not constitute an assignment of an owner's liability under s. 144.76, Wis. Stats. or liability under any other local, state or federal law. | | | | |
| local, state or federal law. | y under s. 144.76, wis. Stats. or Hability under any other | | | |
| * For a valid assignment of a right to a claim, all currer | nt owners or the authorized agent of the current owners form SBD-8070). A maximum of two current owners may | | | |
| * For a valid assignment of a right to a claim, all currer must sign a Current Owner Assignment Certification (1 sign this form. Additional current owners must comp | or the authorized agent of the current owners form SBD-8070). A maximum of two current owners may lete separate forms. Subscribed and sworn to before me this date | | | |
| * For a valid assignment of a right to a claim, all currer must sign a Current Owner Assignment Certification (1 sign this form. Additional current owners must comp | nt owners or the authorized agent of the current owners form SBD-8070). A maximum of two current owners may lete separate forms. | | | |
| * For a valid assignment of a right to a claim, all currer must sign a Current Owner Assignment Certification (facility sign this form. Additional current owners must composite the Current Owner's Name (Print or Type) Tews Company | ont owners or the authorized agent of the current owners form SBD-8070). A maximum of two current owners may lete separate forms. Subscribed and sworn to before me this date (2-13-90 Notary Public, State of Wisconsin | | | |
| * For a valid assignment of a right to a claim, all currer must sign a Current Owner Assignment Certification (find sign this form. Additional current owners must composite the Current Owner's Name (Print or Type) Tews Company Current Owner's Sign ture(s) X | ont owners or the authorized agent of the current owners form SBD-8070). A maximum of two current owners may lete separate forms. Subscribed and sworn to before me this date (2-13-90) | | | |
| * For a valid assignment of a right to a claim, all currer must sign a Current Owner Assignment Certification (facility sign this form. Additional current owners must composite the Current Owner's Name (Print or Type) Tews Company | ont owners or the authorized agent of the current owners form SBD-8070). A maximum of two current owners may lete separate forms. Subscribed and sworn to before me this date (2-13-90 Notary Public, State of Wisconsin | | | |

Wisconsin Department of Industry, Labor and Human Relations

. FORM 6 AGENT ASSIGNMENT CERTIFICATION

All assignments are subject to the approval of the Department of Industry, Labor and Human Relations

Safety and Buildings Division Bureau of Petroleum Inspection and Fire Protection P.O. Box 7969 Madison, WI 53707 (608) 267-4545

| Office Use Only Application Case # | | | |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--|--|
| Tank ID # | Installation Date | | |
| ************************************** | Installation Date | | |
| | Installation Date | | |
| | | | |
| PART I BACKGROUND INFORMATION | | | |
| Claimant's Name | Remedial Action Site Name (if business) | | |
| Tews Company Street Address | Remedial Action Site Address | | |
| 6200 W. Center St. | 12005 W. Hampton Ave. | | |
| City, State, Zip Code | City, State, Zip Code | | |
| Milwaukee, Wis. 53210 | Milwaukee, Wis. 53225 | | |
| Claimant's Telephone Number | Telephone Number of Site | | |
| (414) 442–8000 | (414) 466–6300 | | |
| Claimant is | | | |
| ☐ Operator ☐ Other - please | specify: | | |
| Agent's Name | Agent's Company Name (if any) | | |
| None | | | |
| Street Address | Street Address | | |
| | | | |
| City, State, Zip Code | City, State, Zip Code | | |
| Agent's Telephone Number | Agent's Company's Telephone Number | | |
| () | () | | |
| PART II ASSIGNMENT CERTIFICATION | | | |
| i,TEws Company | (claimant), assign to Tews Company | | |
| (agent) | the right to act as my agent and to submit a claim on my | | |
| - | | | |
| behalf, for the purposes of a petroleum storage remedial ac | tion award under s. 101.143, Wis. Stats., for eligible costs of | | |
| remedial action activities at 12005 W. Hampton Ave., | Milwaukee, WI 53225 (remedial action site) | | |
| in response to the petroleum product discharge that was rep | ported in accordance with s.101.143 (3) (a) 5 and 144.76, Wis. | | |
| Stats., to Dept. of Natural Resources (age | ncy name) on 12/6/89 (date reported). | | |
| | both the claimant's name and the agent's name. Therefore, | | |
| | mitting a claim under s. 101.143, Wis. Stats., does not under s. 144.76 Wis. Stats., or of a claimant's liability under | | |
| Claimant's Name (Print or Type) | Subscribed and sworn to before me this date | | |
| Tage Company Tews Company | /2-13-90 | | |
| Claimant's Signature(s) | Notary Public, State of Wisconsin | | |
| Daniel Leur | Paul C. M. Dmild | | |
| Date signed | My Commission expires | | |
| 12/15/30 12/13/90 | 12-13-92 | | |

Wisconsin Department of Industry, Labor and Human Relations

FORM 6

AGENT ASSIGNMENT CERTIFICATION

All assignments are subject to the approval of the Department of Industry, Labor and Human Relations

Safety and Buildings Division Bureau of Petroleum Inspection and Fire Protection P.O. Box 7969 Madison, WI 53707 (608) 267-4545

| Office Use Only Application Case # | |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Installation Date |
| | |
| | Installation Date Installation Date |
| Tank ID # | Installation Date |
| | |
| PART I BACKGROUND INFORMATION | |
| Claimant's Name | Remedial Action Site Name (if business) |
| Tews Company | Consideration of the second se |
| Street Address 6200 W. Center St. | Remedial Action Site Address 12005 W. Hampton Ave. |
| City, State, Zip Code | City, State, Zip Code |
| Milwaukee, Wis. 53210 | Milwaukee, Wis. 53225 |
| Claimant's Telephone Number | Telephone Number of Site |
| (414) 442–8000 | (414) 466-6300 |
| Claimant is | |
| Owner Operator Other - please | |
| Agent's Name None | Agent's Company Name (if any) |
| Street Address | Street Address |
| | |
| City, State, Zip Code | City, State, Zip Code |
| Apont's Tolophone Number | Apont's Company's Tologham Mills |
| Agent's Telephone Number | Agent's Company's Telephone Number |
| | |
| PART II ASSIGNMENT CERTIFICATION | |
| TE | |
| i, TEws Company | (claimant), assign to Tews Company |
| | |
| (agent |) the right to act as my agent and to submit a claim on my |
| behalf, for the purposes of a petroleum storage remedial ac | ction award under s. 101.143, Wis. Stats., for eligible costs of |
| | |
| remedial action activities at 12005 W. Hampton Ave., | , Milwaukee, WI 53225 (remedial action site) |
| | |
| in response to the petroleum product discharge that was re | eported in accordance with s.101.143 (3) (a) 5 and 144.76, Wis. |
| Stats., to Dept. of Natural Resources (age | ency name) on12/6/89 (date reported). |
| 7.05.7.0 | n both the claimant's name and the agent's name. Therefore, |
| the claimant must cosign an endorsement on a ch | |
| | omitting a claim under s. 101.143, Wis. Stats., does not |
| constitute an assignment of a claimant's liability (| under s. 144.76 Wis. Stats., or of a claimant's liability under |
| any other local, state or federal law. | acidelles better files |
| Claimant's Name (Print or Type) | Subscribed and sworn to before me this date |
| Tews Company Tews Company | |
| Claimant's Signature(s) | Notary Public, State of Wisconsin |
| $\langle \cdot \rangle = 0.01$ | 1 2 2 2 2 N |
| Jawel terron | 1 1/4 // // 4/2/ ADTON /: 1 |
| Date signed | My Commission expires |
| 12/13/90 12/13/90 | 1 2/2/2 |

Wisconsin Department of Industry, Labor and Human Relations Safety and Buildings Division

Form 7 ASSIGNMENT OF PECFA PROCEEDS

Bureau of Petroleum Inspection and Fire Protection P.O. Box 7969 Madison, WI 53707 (608) 267-4545 (608) 267-7538

| PART 1: BACK | GROUND INFORMATION |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Claimant's Name | Remedial Action Site |
| Tews Company | |
| Claimant's Street Address | Remedial Action Site Address |
| 6200 W. Center St. | 12005 W. Hampton Ave. |
| City, State, Zip Code | City, State, Zip Code |
| Milwaukee, Wis. 53210 | Milwaukee, Wis. 53225 |
| Claimant's Telephone Number | Site Telephone Number |
| (414) 442-8000 | (414) 466-6300 |
| Claimant is: | |
| | Other - please specify: |
| Assignee's Name | |
| None | Note: Our files indicate that you are an assignee of the |
| Assignee's Company Name (if any) | proceeds of this contract and no other assignments |
| | are shown to exist against this site. Sign below to |
| Assignee's Address | - |
| | verify this statement. |
| City, State, Zip Code | |
| A. T. T. I. a. L. M. | Claimant's Signature Claimant's Signature |
| Assignee's Telephone Number | Tews Company |
| to | (claimant), assigns all rights, title and interest in proceeds (name of financial institution), located at for site |
| | t 1) from the Wisconsin Department of Industry, Labor and Human |
| Relations, Petroleum Environmental Cleanup Fund Prog | gram. |
| - | er s. 101.143, Wis. Stats., does not constitute ability under s. 101.143 Wis. Stats., or of a |
| claimant's liability under any oth | ner local, state or federal law. |
| Claimant's Name (print or type) | Subscribed And Sworn To Before Me On This Date |
| | Notary Public, State of |
| Claimant's Signature(s) | Notary Public's Signature |
| Date Signed | My Commission Expires |
| | I |

Copy Distribution: White - DILHR; Green - Claimant; Pink - Assignee's Company

SUMMARY OF ALL COSTS

Write in totals for each item below from the applicable Cost Detail Worksheet page (3 through 13).

COSTS CLAIMED (Attach detail worksheets, logs and copies of paid invoices provided by service providers.)

| <u>CO</u> : | STS CLAIMED (A | ttach detail worksheets, logs and | copies of paid invoices provided by service provide | ers.) | |
|-------------|------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------|----------------------------|--|
| | | | FOR DILHR USE ONLY | | |
| Cost | | COSTS INCURRED | APPROVED ELIGIBLE COSTS | | |
| Category | | ON OR AFTER 8-1-87 | Exclusions and Explanations | Total \$ Amour Approved | |
| A. | Labor Costs | | | | |
| | | 473.98 | | | |
| В. | Mileage, Travel Meals, Lodging, Telephone Calls | | | | |
| C. | Excavation Charges | | | | |
| | Charges | 6529.00 | | · | |
| D. | Landfill | | | | |
| | Charges | 5792.48 | | | |
| E. | Equipment Rental / Leasing / Purchases | | | | |
| F. | Shipping/ Trucking | , | | | |
| G. | Monitoring And Potable Well Drilling | | | · | |
| н. | Soil Treatment Or Clean Topsoil | | | | |
| I. | Laboratory Tests And Analysis | 873.00 | | | |
| J. | Cleanup Consultation Services | 1750.00 | | | |
| к. | Other Costs - CPA Fees, Interest, Permits, Fire Dept. Charges | | | | |
| 1 | OTALS | \$15,418.46 | | | |

Labor costs include, but are not limited to, salary and fringe benefits. Enter the total at the bottom onto line A of page 2. When a company/municipality uses their <u>own staff</u> for remedial actions, ONLY ACTUAL wage and fringe benefits may be submitted.

Costs incurred on or after 8-1-87:

| Name | Job Title | Hours X Cost Per Hour | Subtotal |
|------------|------------------|------------------------------------|----------|
| Wendorff | Driver | 14 x \$18.23 | \$255.22 |
| Kulbeck | Driver | 8 x \$18.23 | 145.84 |
| Bartolotta | Driver | 4 x \$18.23 | 72.92 |
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| | TOTAL LABOR COST | S (also enter on line A of page 2) | \$473.98 |

Vehicle miles refers to the cost per mile to drive your own vehicle. Fares refer to the cost for someone else to transport you. Enter the total at the bottom onto line B of page 2.

Costs incurred on or after 8-1-87:

| | Traveler/ Purpose | From/To | Vehicle Miles X Cost Per Mile | Fares | Subtotal |
|---|-------------------|----------------------------------------|-------------------------------|---------|---------------------------------------|
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| | Caller | Fr o m/To | Purpose | Date | Subtotal |
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| | Person/Item | Date | Purpose | Invoice | Subtotal |
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COST DETAIL WORKSHEET C - EXCAVATION

Enter the total at the bottom onto line C of page 2.

Costs incurred on or after 8-1-87:

| Company | Dates | Invoice Numbers | Subtota |
|---------------------------------------|---------|---------------------------------|---------|
| Auto-Quip, Inc. | 12/5/89 | 2986 | 4375.00 |
| Auto-Quip, Inc. | 3/13/90 | 3070 | 1954.00 |
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| | | also enter on line C on page 2) | |

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AUTOQUIP, Inc. - Since 1948

3861 N. 35th Street Milwaukee, WI 53216-3002 Phone (414) 444-8833

November 20, 1989

Tews Lime & Cement Co. 6200 W. Center St. Milwaukee, WI 53210

Attn: Mr. Dave Ferron

Re: Butler Plant

Gentlemen:

We propose to remove three (3) underground storage tanks as itemized below:

- 1. Secure necessary local permit and inspection.
 - a. Call Digger's Hotline.
- 2. Excavate and remove the existing underground tanks.
 - a. One (1) 10,000 gallon diesel tank.
 - b. One (1) 2,000 gallon gasoline tank.
 - c. One (1) 10,000 gallon heating oil tank.
- 3. Disconnect piping and vent riser.
 - a. Backfill the bottom of excavation with removed surface material and continue backfilling with clean material.
 - b. Top excavated area with T.B. (traffic bound).
 - c. Backfill material supplied by Tews.
- 4. Prepare tank for disposal per DNR and EPA regulations, using a licensed contractor National Tank.

Total price, including any necessary sales tax......\$6,125.00

Removal and disposal of excessive water/petroleum product mixture from the storage tanks would be handled as an extra.

National Tank (licensed contractor) will place hazardous waste material, if present, in DOT-17H barrels on a time and material basis. Disposal of hazardous waste material generated by the company involved shall be handled directly by them.

Tews Lime & Cement Co. Page 2 of 2 November 20, 1989

If a tank is Fiberglass lined, please add \$500.00 per tank for disposal of same.

This quotation is based on normal underground conditions. Excessive water, loose fill, stone, sewer, water or electric lines, frozen ground, contaminated earth, old walls or footings, would be handled as extra.

Terms: Net 10 days from date of invoice. A 1½% per month service charge is charged on all past due accounts.

The above conditions and contract words, when accepted by you, thereby constitutes notification of Lien. Waivers will be provided upon receipt of payment.

Sincerely,

AUTOQUIP, INC.

James Capstran

Accepted By: Jan (Ferri

Date: //

| is S | HIPPING ORDER must be le | gibly filled in, in Ink, in Ind arbon, and retained by th | elible Pencil, or in e Agent. | | Shipper' | s No | |
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| | Waste Facility, 1813 S. 73r West Allis, Wi | · | | | | | |
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| City: | State: e the rate is dependent on value, shippers are requ | Zip: | | A III L | | | FREIGHT CHARGES |
| writing the agree | ed or declared value of the property. The agreed or decl cally stated by the snipper to be not exceeding. S | | The corner stad nor make downery of this so- (Signature of Consignar) | priori unitaul payment of fre | براسود بنڪو ڪو وهود انهار | d e ya | PREPAID COLLE |
| packages unit contract) agri over all or an the governing | ubject to the classifications and lawfully filed tariffs in effect of known), marked, consigned, and destined as indicated above wh eas to carry to its usual place of delivery at said destination, if ty portion of said route to destination and as to each party at an classification on the date of shipment by certifies that he is familiar with all the bill of lading terms. | ch said carrier (the word carrier in its route, otherwise to deliver time interested in all or any sai | being understood throughout this of to another carrier on the route to id property, that every service to be | contract as meaning said destination. It is performed hereund | any person or co ter shall be subje | rporation in posse: t as to each carrie t to all the bill of | ssion of the property under the r of all or any of, said property |
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FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL, LEAK, FIRE OR EXPOSURE CALL TOLL-FREE 1-800-424-9300 DAY OR NIGHT

Thank You

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| over all or and the governing | es to carry to its usual place of delivery at said destination, if on its route, otherwise to y portion of said route to destination and as to each party at any time interested in all or classification on the oate of shioment. | any said property, that every service to be | performed hereund | er shall be subject | t to all the bill o | f lading terms and | conditions in |
| assigns This is to certify that | by certifies that he is familiar with all the bill of lading terms and conditions in the gov the above-named materials are properly classified, described, peckaged, marked and | ARDS FLAMMABL | / - | | | O — FURNISHED | |
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•AUTOQUIP, INC. - Since 1948

Sales, Installation & Service
of Petroleum Equipment
3861 N. 35th Street
MILWAUKEE, WI 53216-3002

Phone 444-8833

TO .

TEWS CO. 6200 W. CENTER ST. MILWAUKEE, WI 53210 Nº 3070

| DATE | CHUER NO. | | |
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| 03/13/90 | DAVE | FERRON | |
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COST DETAIL WORKSHEET D - LANDFILL COSTS

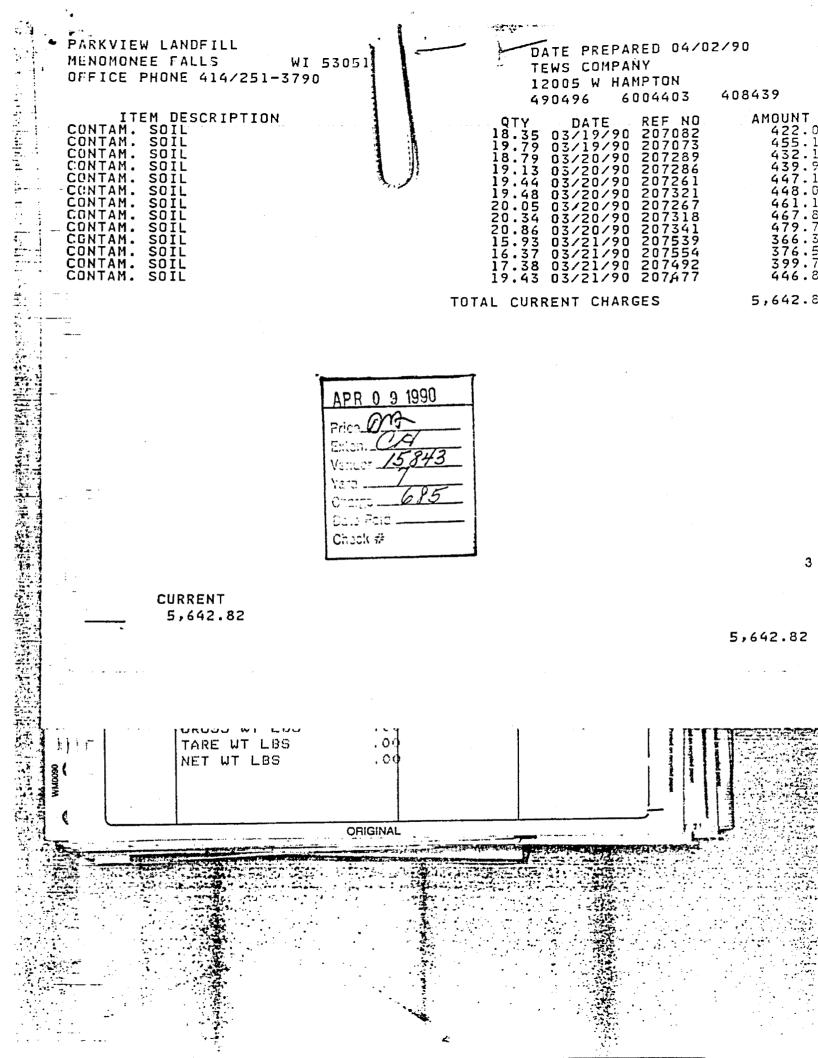
Enter the landfill total at the bottom onto line D of page 2.

Costs incurred on or after 8-1-87:

| - 3/21/90 | | 149.66 |
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Page 6 of

\$BD-8076 (R. 10/89)



PARKVIEW LANDFILL N 96 N 13475 COUNTY LINE RD MENOMONEE FALLS WI 530 WI 53051

BEGINNING BALANCE PAYMENT RECEIVED AMOUNT PAST DUE

APRIL 16, 1990 5,642.82 5,642.82

490 496

6004403

413781

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49049660044034137810149660149661>

CURRENT CHARGES

149.66

149.66

149.66

QTY

TEWS COMPANY 12005 W HAMPTON BUTLER

WI 53225

PARKVIEW LANDFILL N 96 W 13475 COUNTY LINE RD MENOMONEE FALLS WI 53051

PARKVIEW LANDFILL MENOMONEE FALLS WI 53051 OFFICE PHONE 414/251-3790

ITEM DESCRIPTION GND WATER TAX TONS

DATE PREPARED 04/16/90 TEWS COMPANY 12005 W HAMPTON 490496 6004403 413781

DATE REF NO **TRUDMA** 245.34 03/31/90 870267 149.66

TOTAL CURRENT CHARGES

149.66

MC

206

Enter the total at the bottom onto line E of page 2.

| Costs incurred on or before 8-1-87: Equipment Description | Invoice # | Unit Time | Cost Per Unit Time X Or Purchase Price | Subtota |
|------------------------------------------------------------|-------------------------|-----------|----------------------------------------|-------------|
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| TOTAL EQUIPMENT REN | ITALE (I CACIAL COLLEGE | | A | |

Enter the total at the bottom onto line F of page 2.

| | Costs | incurred | on or | after | 8-1-87: |
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| Item Shipped | Invoice Number | Subtota |
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| TOTAL TRUCKING/SHIPPING C | OSTS (also enter on line F of page 2) | _ |

COST DETAIL WORKSHEET G - MONITORING AND POTABLE WELL DRILLING COSTS

Enter the total at the bottom onto line G of page 2.

Costs incurred on or after 8-1-87:

| Well No. | Firm Name | Well Type | Invoice # | Depth X | Cost Per Foot | Subto |
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COST DETAIL WORKSHEET H - SOIL TREATMENT OR CLEAN BACKFILL COSTS

Enter the total at the bottom onto line H of page 2.

| Costs | incurred | on or | after. | 8-1-87: |
|-------|----------|-------|--------|---------|
| | | | | |

| Description of Soil Treatment or Clean Backfill | Cost Per Yard | Invoice # | Subtot |
|-------------------------------------------------|---------------|---------------------------------------|---------------------|
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COST DETAIL WORKSHEET I - LABORATORY TESTS AND ANALYSIS COSTS

Enter the total at the bottom onto line I of page 2. Bulk rates are expected to be obtained whenever possible.

Costs incurred on or after 8-1-87:

| Method | Invoice # | Soil Or Water Analysis (indicate which) | # of Tests X Cost Per Test | Subtot |
|---------------------------------------|--------------|--------------------------------------------|-------------------------------|---------|
| Twin City Testing | 2986 | Soil | _ | 560.00 |
| Swanson Environmental | 3094 | Soil | | 313.00 |
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| TOTAL D | ABORATORY TE | STS/ANALYSIS COSTS (al | so enter on line I of page 2) | 873.00 |

AUTOQUIP, INC. - Since 1948 Sales, Installation & Service 📜 of Petroleum Equipment 3861 N. 35th Street MILWAUKEE, WI 53216-3002

Phone 444-8833

TO

ATTN: DAVE FERRON TEWS CO. 6200 W. CENTER ST. MILWAUKEE, WI 53210

 N_{0} 2986

ORDER NO.

12/29/89 SMP TO

CONTRACT ACCEPTED 11/30

SAME

BUTLER PLANT

| JC | | NET - 10 I | |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------|
| WANTITY CONTRACTOR | DESCRIPTION | LE UNIT PRICE 143 | TOTAL |
| | REMOVE 3 UNDERGROUND STORAGE TANKS AS PER OUR PROPOSAL DATED NOVEMBER 20, 1989 FOR THE SUM OF | | 6,125 |
| | EXTRA LAB WORK AND TESTING BY TWIN CITY TESTING RESULTING FROM CONTAMINATED SOIL | • • • • • • • • • | <u> </u> |
| | | | 6,685 |
| | | | |
| | NOTE: WE WILL RETURN IN EARLY SPRING, BEFORE THE NEW REGULATIONS TAKE EFFECT, REGARDING FUEL OIL TANKS. AT THAT TIME, WE WILL REMOVE HEATING OIL TANK AT BUTLER AND REMOVE CONTAMINATED SOIL. WE WILL ALSO REMOVE TANKS AT THE TWO OTHER LOCATIONS. IF YOU HAVE ANY QUESTIONGS, PLEASE CALL. I WILL BE LEAVING FOR VACATION ON 1/12/90. | | |

DEC 31 1989 Check #

THANK YOU.... JIM CAPSTRAN

Thank You

AUTOQUIP, INC. - Since 1948
Sales, Installation & Service
of Petroleum Equipment
3861 N. 35th Street
MILWAUKEE, WI 53216-3002

Phone 444-8833

TO

ATTN: DAVE FERRON

TEWS CO.

6200 W. CENTER ST. MILWAUKEE, WI 53210 Nº 3094

| ORDER NO. |
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| TLER YARD |
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| ALESPERSON : | DATESHIPPED STATES SHIPPED VIA. | TERMS | |
|--------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------|----------|
| JC QUANTITY | DESCRIPTION | NET UNIT PRICE | TOTAL |
| | SOIL SAMPLE TAKEN 2/23/90 AT BUTLER YARD FOR CONTAMINAT SOIL EXCAVATED FROM DIESEL AND GASOLINE TANKS. (SWANSON ENVIRONMENTAL) | 1 | \$313.00 |
| | 74/6/90. | | |
| | GIGNATUNE | | |
| | THANK YOU JIM CAPSTRAN | | |
| | APR 0 5 1990 1300 635 | | |
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| | | | |

Thank You

SWANSON ENVIRONMENTAL INC. •



SERVICES TO: 24156-58 Haggerty Road Farmington Hills, Michigan 48024 (313) 478-2700

1501

ATTN DAVE FERRON

INVOICE NUMBER: 023

INVOICE DATE:

3/16/90

TERMS:

NET 30

JOB NUMBER:

1991

P.O. NUMBER:

Prj #8600-90-021

Twin City Testing
 11717 West Dearborn Avenue
 Milwaukee, Wi 53226

- FOR PROFESSIONAL SERVICES RENDERED:

"AMOU

Laboratory services per Analytical Report B0362, dated February 23, 1990. (One soil sample - Tews Concrete/Autoquip Inc. - analyzed for 11 parameters.)

\$273.0

e May till

COST DETAIL WORKSHEET J - CLEANUP CONSULTANT SERVICES COSTS Enter the total at the bottom onto line J of page 2.

Costs inurred on or after 8-1-87:

| Cleanup Consultant Firm | Work Description | Invoice # | Subtotal |
|---------------------------------------|----------------------------------------|---------------------------|--------------|
| | | Auto-Quip | |
| Twin City Testing | Site Assessment | 2986 | 1750.00 |
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| TOTAL CLEA | NUP CONSULTANT SERVICES COSTS (also en | iter on line J of page 2) | 1750.00 |



AUTOQUIP, Inc. - Since 1948

3861 N. 35th Street Milwaukee, WI 53216-3002 Phone (414) 444-8833

November 20, 1989

Tews Lime & Cement Co. 6200 W. Center St. Milwaukee, WI 53210

Attn: Mr. Dave Ferron

Re: Butler Plant

Gentlemen:

We propose to remove three (3) underground storage tanks as itemized below:

- 1. Secure necessary local permit and inspection.
 - a. Call Digger's Hotline.
- 2. Excavate and remove the existing underground tanks.
 - a. One (1) 10,000 gallon diesel tank.
 - b. One (1) 2,000 gallon gasoline tank.
 - c. One (1) 10,000 gallon heating oil tank.
- 3. Disconnect piping and vent riser.
 - a. Backfill the bottom of excavation with removed surface material and continue backfilling with clean material.
 - b. Top excavated area with T.B. (traffic bound).
 - c. Backfill material supplied by Tews.
- 4. Prepare tank for disposal per DNR and EPA regulations, using a licensed contractor National Tank.
 - a. Haul tanks from premises.

Price, items 1 thru 4..... \$4,375.00

Total price, including any necessary sales tax......\$6,125.00

Removal and disposal of excessive water/petroleum product mixture from the storage tanks would be handled as an extra.

National Tank (licensed contractor) will place hazardous waste material, if present, in DOT-17H barrels on a time and material basis. Disposal of hazardous waste material generated by the company involved shall be handled directly by them.

COST DETAIL WORKSHEET K - OTHER COSTS (GPA, INTEREST, PERMITS, FIRE DEPT. CHARGES)

.7 Enter the total at the bottom onto line K of page 2.

| Costs | incurre | d on or | · after | 8-1- | -87: |
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| Description | Invoice # | Subtota |
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| TOTAL OTHER COSTS | (also enter on line K of page 2) | _ |

RECEVED

JAN 1 4 1991





January 11, 1991

Mr. John Feeney
Department of Natural Resources
P.O. Box 12436
Milwaukee, WI 53212

Our RE: F-56302L5

Re: Site Assessment Tews Company 12005 West Hampton Ave. Project 56302

Dear Mr. Feeney:

Enclosed you will find a copy of the invoice documenting the disposal of approximately 266 tons of contaminated soil from the above captioned site. At your request I am copying Mr. Brad Wolbert in Madison. It is our understanding that Mr. Wolbert is presently reviewing this file and this will help facilitate that action. This will also be submitted to the Department of Industry, Labor and Human Relations.

If you have questions, please call at (414) 332-5857.

Sincerely,

FOX ENVIRONMENTAL SERVICES, INC.

Lawrence L. Fox, CHMM, REP

President

Enclosure

c: Mr. Vincent Maniscalco

DILHR

Mr. Brad Wolbert

| ·r | STATEMENT OF ACCOUNT AS OF |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PARKVIEW RECYCLING & DISPOSAL N 96 W 13475 COUNTY LINE RD MENOMONEE FALLS WI 53051 | SEE PAGE 1 FOR DETAIL |
| CO PC CUSTOMER REFERENCE 490 496 6004608 222516 MC2 | RETURN TOP PORTION OF PAGE 1 WITH PAYMENT |
| 49049660046082225168491900304392>) SERVICE LOCATION | |
| FOX ENVIRONMENTAL SERVICES SUITE 160 5150 N PORT WASHINGTON RD. MILWAUKEE WI 53217 | N 96 W 13475 COUNTY LINE RD MENOMONEE FALLS WI 53051 |
| NOTE: PLEASE REMIT TOTAL AMOUNT DUE WITHIN TEN (10) DAY: TO INSURE PROPER CREDIT TO YOUR ACCOUNT - ENCLOSE | S. E UPPER PORTION WITH YOUR PAYMENT. |
| | DATE PREPARED 12/03/90 FOX ENVIRONMENTAL SERVICES 5150 N PORT WASHINGTON RD. 490496 6004608 222516 MC2 |
| ITEM DESCRIPTION CONTAM. SOIL | QTY DATE REF NO 10.96 11/21/90 865456 11.26 11/21/90 865459 14.21 11/21/90 865427 17.04 11/21/90 865422 18.32 11/21/90 865424 -19.59 11/21/90 865420 4.35 11/26/90 272149 14.80 11/26/90 272149 15.51 11/26/90 272085 -16.43 11/26/90 272085 -16.43 11/26/90 272051 -16.72 11/26/90 272051 -16.72 11/26/90 272030 -17.70 11/26/90 272030 -17.70 11/26/90 272030 -18.01 11/26/90 866006 -18.07 11/26/90 866006 -18.07 11/26/90 272079 -18.62 11/26/90 272079 -18.62 11/26/90 272079 -19.50 11/26/90 272090 -19.50 11/26/90 272075 -19.95 11/26/90 272075 -19.95 11/26/90 866008 -20.13 11/26/90 866008 -20.18 11/26/90 272144 13.79 11/27/90 272291 |
| | USINESS THANK YOU!!! IF YOU HAV. S PLEASE CALL US 251-3790 |
| | 10 manovalu |
| | CONTINUED |

STATEMENT OF ACCOUNT AS OF PARKVIEW RECYCLING & DISPOSAL N 96 W 13475 COUNTY LINE RD R MENOMONEE FALLS WI 53051 SEE PAGE 1 FOR DETAIL RETURN TOP PORTION OF PAGE 1 WITH PAYMENT CUSTOMER REFERENCE 490 496 6004608 222516 MC2 49049660046082225168491900304392>) SERVICE LOCATION PARKVIEW LANDFILL AMOUNT PAID FOX ENVIRONMENTAL SERVICES SUITE 160 N 96 W 13475 COUNTY LINE RD 5150 N PORT WASHINGTON RD. MENOMONEE FALLS WI 53051 WI 53217 MILWAUKEE NOTE: PLEASE REMIT TOTAL AMOUNT DUE WITHIN TEN (10) DAYS
TO INSURE PROPER CREDIT TO YOUR ACCOUNT - ENCLOSE UPPER PORTION WITH YOUR PAYMENT 5 DATE PREPARED 12/03/90 PARKVIEW RECYCLING & DISPOSAL FOX ENVIRONMENTAL SERVICES WI 53051 MENOMONEE FALLS FOR CURRENT CHARGES OFFICE PHONE 414/251-3790 5150 N PORT WASHINGTON RD. **RETAIN THIS PORTION** 490496 6004608 222516 MC2 ITEM DESCRIPTION DATE 11/27/90 11/27/90 11/27/90 272310 272338 CONTAM. SOIL 14.19 CONTAM. SOIL 15.84 CONTAM. 6.97 272316 SOIL 11/27/90 CONTAM. SOIL CONTAM. 18.86 SOIL 11/27/90 19.02 11/27/90 CONTAM. SOI 27/90 CONTAM. SOI 19.23 27/90 27/90 CONTAM. SOI 19 CONTAM. .55 22.54 22.76 CONTAM. 27/90 SOI 27/90 CONTAM. SOIL CONTAM. 23.82 11/27/90 272375 SOIL 11/28/90 7.38 CONTAM. 182119 SOIL CONTAM. 272468 1,707.09 GND WATER TAX TONS 11/30/90 113090 TOTAL CURRENT CHARGES 265 ton3 WE APPRECIATE YOUR BUSINESS THANK YOU!!! IF YOU HAVE ANY QUESTIONS OR COMMENTS PLEASE CALL US 251-3790 4106

CO 44 1 90

TEWS LIME & CEMENT CO.

6200 West Center Street Milwaukee, Wisconsin 53210 (414) 442-8000

January 3, 1991

John Feeney WDN:(Box 12436 Milwaukoe, Wi. 53212

Dear Mr. Hechey:

Approval. Please process as soon as possible so that I may seek reimbursement from PECPA.

Any questions in this matter please feel free to call me (Vincent Maniscalco) at 466-6300.

Yours truly,

TEWS CO.

VINCENT MANISCAUCO

manager

cc: Larry For - rox Environmental Services



November 16, 1990

Mr. John Feeney
Department of Natural Resources
P.O. Box 12436
Milwaukee, WI 53212

Our RE: F-56302L4

Re: Site Assessment Tews Company 12005 West Hampton Ave. Project 56302

Dear Mr. Feeney:

Enclosed you will find a copy of the site assessment report for the above captioned site. This assessment shows the soils have been contaminated and that all material has been removed and no further recommendations are made for remediation. The soils will require disposal at a local landfill and we will be completing disposal as soon as approvals from the landfill are received.

If you have questions please call at (414) 332-5857.

Sincerely,

FOX ENVIRONMENTAL SERVICES, INC.

Lawrence L. Fox, CHMM, REP

President

Enclosure

UST SITE ASSESSMENT REPORT 12005 WEST HAMPTON AVENUE WAUWATOSA, WISCONSIN

Prepared for:
TEWS COMPANY
MILWAUKEE, WISCONSIN

Prepared by:

FOX ENVIRONMENTAL SERVICES, INC.

November, 1990

Lawrence L. Fox, REP, CHMM

TABLE OF CONTENTS

| | | <u>Page</u> |
|-----------------|-----------------------------------------|-------------|
| INTRODUCTION | ••••• | 1 |
| BACKGROUND . | ••••••••••••••••••••••••••••••••••••••• | 1 |
| OBSERVATIONS | & FINDINGS | 3 |
| RELEASE REPO | RTING | 4 |
| SUMMARY AND | RECOMMENDATIONS | 5 |
| | | |
| | LIST OF APPENDICIES | |
| <u>APPENDIX</u> | | |
| Α | Tank Inventory Form | |
| В | Photographs | |
| С | Laboratory Results | |
| D | Application to Dispose of Soil | |
| | | |
| | LIST OF FIGURES | • |
| FIGURE | , | |
| 1 | Site Location | |
| 2 | Tank and Sample Location | |

UST Site Assessment Report Tews Company 12005 West Hampton Avenue Milwaukee, Wisconsin Project No. F-56302

INTRODUCTION

This report presents the findings of the assessment conducted on the property at 12005 West Hampton Avenue, (see Figure 1) located in Milwaukee, Wisconsin. Fox Environmental Services, Inc. (FOX) has been retained by Autoquip, Inc. to conduct a site assessment for an underground tank removal. The tank removal was completed on October 8, 1990.

The purpose of this assessment was to check for the presence, in the excavation, of spilled or leaked petroleum products to determine if the site is not contaminated or if additional investigation of the site is warranted.

BACKGROUND

A 10,000 gallon, coated steel underground storage tank (UST) was located outside and north of the operations building, (see Figure 2) at 12005 West Hampton Avenue, Milwaukee, Wisconsin. There was a dispenser island at the southeast corner of the excavation adjacent to the excavation. The tank was registered with the Department of Industry, Labor and Human Relations (DILHR) in July, 1985 and had contained diesel fuel.

fox environmental services, inc.

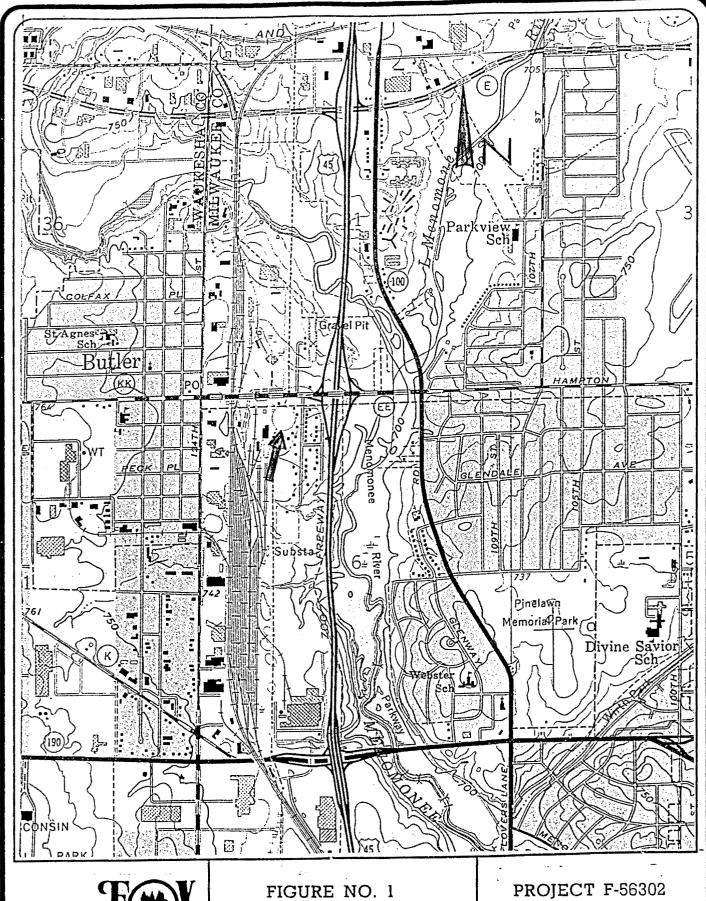
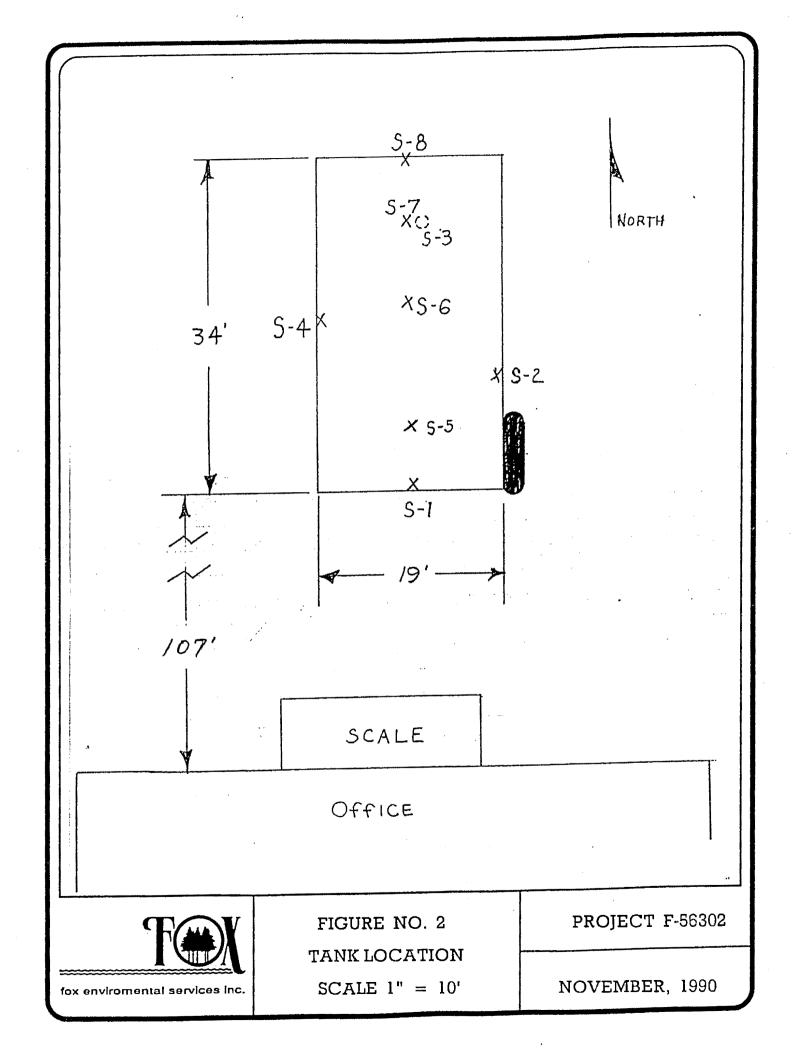




FIGURE NO. I SITE LOCATION

NOVEMBER, 1990

fox enviromental services inc.



The Milwaukee Building Inspection office was notified of the tank removal and permits were taken out by Autoquip, Inc. The site assessment was planned to be completed when the tank was being excavated and the soil was exposed. Soil sampling was planned based on tank location and dispenser location. An Hnu Photoionization Detector (PID) was used in the field to collect samples determined to have the "highest" reading.

The Petroleum Product inventory form (SDB-7437) is completed and submitted to the Safety and Buildings Division, Madison, Wisconsin as a part of this report. (Appendix A)

OBSERVATIONS AND FINDINGS

On October 08, 1990, Mr. Lawrence L. Fox representing FOX, was present on site during the removal of the 10,000 gallon tank. After arrival on site FOX directed the removal of contaminated soils. Autoquip, Inc., 3861 North 35th Street, Milwaukee, completed the excavations. The liquid was removed from the tank by National Tank Service of Wisconsin, Inc., 1813 South 73rd Street, West Allis. National Tank emptied the tanks of fuel vapor, cleaned out any remaining sludge and cut large holes to destroy the tank.

Upon removal of the tank from the excavation it was inspected for evidence of leakage and none was discovered. (See photographs in Appendix B). The tank excavation did show evidence of

fox environmental services, inc.

contamination with HNU readings exceeding 10 parts per million (ppm) in some of the soil excavated. The native soil was clay throughout the excavation. There was no water in the excavation at any time. The hole was excavated to an approximate depth of 13 plus feet. The Hnu was used as a primary guide to identify contaminated soils. Several samples were collected to characterize the concentrations in the excavation. See Figure 2 for relative locations of sample points.

After recieving sample results for the original excavation it was determined that additional soil required removal at the north end of the excavation. On October 15, 1990 FOX was on site to direct the removal of additional contaminated soil. Once this was determined to be complete then two additional samples were collected, one at the bottom on the north (S-7) and one from the north side wall (S-8). These results are summarized in Table 1 and the laboratory reports are in Appendix C.

All contaminated soils were placed on concrete and covered with plastic sheeting to minimize the spread of pollutants. A total of eight soil samples were collected. Three were collected at the bottom of the excavation and four at the side walls. The samples were collected by digging into the soils with a stainless steel spoon approximately 6" to 8". The soil samples were placed into wide mouth glass jars and put on ice for transport to a laboratory.

The samples were entered onto a chain-of-custody and sent to Ortek Environmental Laboratory in Green Bay, Wisconsin for analysis of Total Petroleum Hydrocarbons/survey using a modified California Leaking Underground Fuel Tank (LUFT) method. The analyses were performed in accordance with procedures approved by the Wisconsin Department of Natural Resources. The laboratories certification number in Wisconsin is 405099530. The results are summarized in Table 1 and the laboratory reports can be found in Appendix C.

TABLE 1
SOIL SAMPLE RESULTS FOR
12005 West Hampton Avenue
Milwaukee, Wisconsin

| Sample Number | <u>Location</u> <u>Resu</u> | ilt (TPH) |
|---------------|-----------------------------|-----------|
| S-1 | South wall | ND |
| S-2 | East wall | ND |
| S-3 | North wall | 16 mg/kg |
| S-4 | West wall | ND |
| S-5 | Bottom South | ND |
| S-6 | Bottom Center | ND |
| s-7 | North wall - second dig | ND |
| S-8 | North Bottom - second dig | ND |

NOTE: All Results are in parts per million (ppm) or milligrams per liter (mg/1).

RELEASE REPORTING

Mr. Lawrence L. Fox notified Mr. John Feeney on October 09, 1990

that a tank had leaked into the ground at 12005 West Hampton Avenue, Milwaukee, Wisconsin. The site is identified as Tews Company, Inc., the contact person is Mr. Vincent Maniscalco, 6200 West Center Street, Milwaukee, Wisconsin, phone (414) 466-6300.

SUMMARY AND RECOMMENDATIONS

In summary there was contamination found at this site in the tank excavation. The contaminated soils were removed and screening of soils was completed from the side walls and bottom of the excavation with an Hnu. The soils in the excavation on the north side were contaminated and additional clean out was completed. All final sample results from the laboratory were reported as ND (i.e. non detectable) in the excavation. At this time no further remedial action is recommended.

Contaminated soils will be handled as a solid waste with disposal being sought at a local landfill. This paper work is submitted as part of this report in Appendix D. The contaminated material will be transported to the Parkview landfill upon their approval.

APPENDIX A

Tank Inventory Form

Wisconsin Department of Industry, Labor and Human Relations

5BD-7437 (R. 09/89)

For Office Use Only: Tank ID

UNDERGROUND PETROLEUM PRODUCT TANK INVENTORY

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

This form is to be completed pursuant to Section 101.142, Wis. Stats., to register all underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances. Please see the reverse side for additional information on this program. An underground storage tank is defined as any tank with at least 10 percent of its total volume (included piping) located below ground level. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner.

| This registration applies to a tank that is (check one): 1. □ In Use 4. ☒ Abandoned - Tank Removed 4. ☒ Abandoned - Tank Removed 5. □ Abandoned With Product 6. □ Abandoned - Filled With 7. □ Out of Service 4. ☒ Abandoned With Product 6. □ Abandoned - Filled With 8. □ Changed Ownership Where Tank Is Located Is In: ☑ City □ Village □ Town of WAUWATOSA WAUWATOSA 1. Installation Name TEWS Company, Fuc. Installation Street Address Mailing Name if Different Than #1 TEWS Company, Fuc. Mailing Address if Different Than #1 TEWS Company, Fuc. Mailing Address if Different Than #1 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Abandoned With Product 6. Abandoned Filled With 3. Abandoned No Product (empty) |
| 3. □ Abandoned No Product (empty) Inert Material in section A. 4. below) WAUWATOSA or With Water 7. □ Out of Service A. IDENTIFICATION: (Please Print) 1. Installation Name TEWS Company, FNC. TEWS Company, FNC. Installation Street Address Mailing Address if Different Than #1 |
| or With Water 7. □ Out of Service A. IDENTIFICATION: (Please Print) 1. Installation Name TEWS Company, FNC・ TEWS Company, FNC・ Mailing Name if Different Than #1 TEWS Company, FNC・ Mailing Address if Different Than #1 |
| 1. Installation Name TEWS Company, FNC. Installation Street Address 2. Mailing Name if Different Than #1 TEWS Company, FNC. Mailing Address if Different Than #1 |
| TEWS Company, FNC. Installation Street Address Mailing Address if Different Than #1 |
| Installation Street Address Mailing Address if Different Than #1 |
| |
| 12005 W. HAMPTON AVENUE 6200 W. CENTER STREET |
| 区ity Ullage Town of: 区ity Ullage Town of: MILWAU KEE |
| State Zip Code County State Zip Code County State UI S3210 MILWAUKEE |
| 3. Name of Contact Person 4. Owner Name if Different Than #3 |
| Street Address Street Address |
| 12005 W. HAMOTON AVENUE 6200 W. CENTER STREET State Zip Code State Zip Code State Zip Code |
| Uvillage of: WAUWATOSA WI 53225 Uvillage of: MILWAUKEE WI 53210 |
| County MILWAUKEE (414) 4166-6300 County MILWAUKEE (414) 446-8000 |
| 5. Tank Age (date installed, if known: or years old) 6. Tank Capacity (gallons) 7. Tank Manufacturer's Name (if known) |
| B. TYPE OF USER (check one): |
| 1. ☐ Gas Station 2. ☐ Bulk Storage 3. ☐ Utility 4. ☐ Mercantile 5. ☑ Industrial 6. ☐ Government 7. ☐ School 8. ☐ Residential |
| 9. Agricultural 10. Other (specify): |
| C. TANK CONSTRUCTION: |
| 1. ☐ Bare Steel 2. ☐ Cathodically Protected and Coated Steel (a. ☐ Sacrificial Anodes or b. ☐ Impressed Current) 3. ☑ Coated Steel 4. ☐ Fiberglass 5. ☐ Other (specify): |
| 6. Relined 7. Steel-Fiberglass Reinforced Plastic Composite 9. Unknown |
| Approval: 1. ☐ Nat'l Std. 2. ☐ UL 3. ☐ Other: |
| Overfill Protection Provided? Yes No If yes, identify type: Spill Containment? Yes No |
| Tank leak detection method: 1. ☐ Automatic tank gauging 2. ☐ Vapor monitoring 3. ☐ Groundwater monitoring 4. ☐ Inventory control and tightness testing 5. ☐ Interstitial monitoring 6. ☒ Not required at present |
| D. PIPING CONSTRUCTION |
| A MI BONGER DE MICHELLE BORNE AND |
| 1. 🜠 Bare Steel 2. 🛘 Cathodically Protected and Coated or Wrapped Steel (a. 🗖 Sacrificial Anodes or b. 🗂 Impressed Current) 3. 📄 Coated Steel (a. 🗎 Fiberglass 5. 🗍 Other (specify): |
| 4. Fiberglass 5. Other (specify): 9. Unknown Piping System Type: 1. Pressurized piping with: a. auto shutoff; b. alarm; or c. flow restrictor 2. Suction piping with check valve at tax |
| 4. Fiberglass 5. Other (specify): 9. Unknown Piping System Type: 1. Pressurized piping with: a. auto shutoff; b. alarm; or c. flow restrictor 2. Suction piping with check valve at tax 3. Suction piping with check valve at pump and inspectable W/ff |
| 4. Fiberglass 5. Other (specify): 9. Unknown Piping System Type: 1. Pressurized piping with: a. auto shutoff; b. alarm; or c. flow restrictor 2. Suction piping with check valve at tax |
| 4. Fiberglass 5. Other (specify): 9. Unknown Piping System Type: 1. Pressurized piping with: a. auto shutoff; b. alarm; or c. flow restrictor 3. Suction piping with check valve at pump and inspectable W/ff Piping leak detection method: used if pressurized or check valve at tank: 1. Vapor monitoring 3. Groundwater monitoring 4. Tightness testing 5. Line Leak Detector 6. Not Required Approval: 1. Nat'l Std 2. UL 3. Other: W/ft Double Walled: Yes Nother Yes Nother Noth |
| 4. Fiberglass 5. Other (specify): 9. Unknown Piping System Type: 1. Pressurized piping with: a. auto shutoff; b. alarm; or c. flow restrictor 3. Suction piping with check valve at pump and inspectable W/ff Piping leak detection method: used if pressurized or check valve at tank: 1. Vapor monitoring 2. Interstitial monitoring 3. Groundwater monitoring 4. Tightness testing 5. Line Leak Detector 6. Not Required Approval: 1. Nat'l Std 2. UL 3. Other: W/ff Double Walled: Yes No E. TANK CONTENTS |
| 4. Fiberglass 5. Other (specify): 9. Unknown Piping System Type: 1. Pressurized piping with: a. auto shutoff; b. alarm; or c. flow restrictor 3. Suction piping with check valve at pump and inspectable W/ff Piping leak detection method: used if pressurized or check valve at tank: 1. Vapor monitoring 3. Groundwater monitoring 4. Tightness testing 5. Line Leak Detector 6. Not Required Approval: 1. Nat'l Std 2. UL 3. Other: W/ff E. TANK CONTENTS 1. Might Diesel 2. Leaded 3. Unleaded 4. Fuel Oil |
| 4. Fiberglass 5. Other (specify): 9. Unknown Piping System Type: 1. Pressurized piping with: a. auto shutoff; b. alarm; or c. flow restrictor 3. Suction piping with check valve at pump and inspectable W/ff Piping leak detection method: used if pressurized or check valve at tank: 1. Vapor monitoring 2. Interstitial monitoring 3. Groundwater monitoring 4. Tightness testing 5. Line Leak Detector 6. Not Required Approval: 1. Nat'l Std 2. UL 3. Other: W/ff Double Walled: Yes No E. TANK CONTENTS |
| 4. Fiberglass 5. Other (specify): 9. Unknown Piping System Type: 1. Pressurized piping with: a. auto shutoff; b. alarm; or c. flow restrictor 3. Suction piping with check valve at pump and inspectable Piping leak detection method: used if pressurized or check valve at tank: 1. Vapor monitoring 3. Groundwater monitoring 4. Tightness testing 5. Line Leak Detector 6. |
| 4. Fiberglass 5. Other (specify): 9. Unknown Piping System Type: 1. Pressurized piping with: a. auto shutoff; b. alarm; or c. flow restrictor 3. Suction piping with check valve at pump and inspectable |
| 4. Fiberglass 5. Other (specify): 9. Unknown Piping System Type: 1. Pressurized piping with: a. auto shutoff; b. alarm; or c. flow restrictor 3. Suction piping with check valve at pump and inspectable W/ff Piping leak detection method: used if pressurized or check valve at tank: 1. Vapor monitoring 3. Groundwater monitoring 4. Tightness testing 5. Line Leak Detector 6. Not Required Approval: 1. Nat'l Std 2. UL 3. Other: W/ff E. TANK CONTENTS 1. Diesel 2. Leaded 3. Unleaded 4. Fuel Oil 5. Gasohol 6. Other 7. Empty 8. Sand/Gravel/Slurry 9. Unknown 10. Premix 11. Waste Oil 12. Propane 13. Chemical * 14. Kerosene 15. Aviation |
| 4. Fiberglass 5. Other (specify): 9. Unknown Piping System Type: 1. Pressurized piping with: a. auto shutoff; b. alarm; or c. flow restrictor 3. Suction piping with check valve at pump and inspectable W/A Piping leak detection method: used if pressurized or check valve at tank: 1. Vapor monitoring 3. Groundwater monitoring 4. Tightness testing 5. Line Leak Detector 6. Not Required Approval: 1. Nat'l Std 2. UL 3. Other: W/A Double Walled: Yes No E. TANK CONTENTS 2. Leaded 3. Unleaded 4. Fuel Oil 5. Gasohol 6. Other 7. Empty 8. Sand/Gravel/Slurry 9. Unknown 10. Premix 11. Waste Oil 12. Propane * If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste. |
| 4. Fiberglass 5. Other (specify): 9. Unknown Piping System Type: 1. Pressurized piping with: a. auto shutoff; b. alarm; or c. flow restrictor 2. Suction piping with check valve at tall Suction piping with check valve at tall W/A Piping leak detection method: used if pressurized or check valve at tank: 1. Vapor monitoring 3. Groundwater monitoring 4. Tightness testing 5. Line Leak Detector 6. Not Required Approval: 1. Nat'l Std 2. UL 3. Other: W/A Double Walled: Yes No E. TANK CONTENTS 1. Diesel 2. Leaded 3. Unleaded 4. Fuel Oil 5. Gasohol 6. Other 7. Empty 8. Sand/Gravel/Slurry 9. Unknown 10. Premix 11. Waste Oil 12. Propane 13. Chemical * 14. Kerosene 15. Aviation * If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste. If Tank Abandoned, Give Pate (mo/day/yr): Has a site assessment been completed? (see reverse side for details) |
| 4. Fiberglass 5. Other (specify): 9. Unknown Piping System Type: 1. Pressurized piping with: a. auto shutoff; b. alarm; or c. flow restrictor 3. Suction piping with check valve at pump and inspectable W/F Piping leak detection method: used if pressurized or check valve at tank: 1. Vapor monitoring 2. Interstitial monitoring 3. Groundwater monitoring 4. Tightness testing 5. Line Leak Detector 6. Not Required Approval: 1. Nat'l Std 2. UL 3. Other: W/F Double Walled: Yes StNo E. TANK CONTENTS 1. Diesel 2. Leaded 3. Unleaded 4. Fuel Oil 5. Gasohol 6. Other 7. Empty 8. Sand/Gravel/Slurry 9. Unknown 10. Premix 11. Waste Oil 12. Propane 13. Chemical * If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste. If Tank Abandoned, Give Pate (mo/day/yr): Has a site assessment been completed? (see reverse side for details) |

11/13/90

APPENDIX B

Photographs



PHOTO #1 TANK END



PHOTO #2 TANK END



PHOTO #3 TANK BOTTOM



PHOTO #4 END WALL OF EXCAVATION



PHOTO #5 SIDE WALL OF EXCAVATION

APPENDIX C

Laboratory Reports



2496 West Mason Street

P.O.Box 12435

Green Bay, WI 54307-2435

Telephone No.: (414) 498-2222

Client: Fox Environmental Services Address: 5150 N. Port Washington Rd.

Milwaukee, WI 53217

Attn.: F. Johnston

Telephone No.: (414) 332-5857

LABORATORY ANALYSIS RESULTS

Wisconsin Certification No.

405099530

Sample ID: S-1

Sample Desc: South Wall Date Collected: 10/08/90 Date Received: 10/10/90

Sampled By: L. Fox

Report To: F. Johnston Results Sheet #: 3358 Batch No.: 9010103

Job #: 56302

CALIFORNIA METHOD TPH ANALYSIS

| PARAMETER | DETECTION LIMIT | CONCENTRATION | * UNITS |
|-----------|--------------------|---------------|------------|
| Diesel | 5.0 | ND | mg/kg |
| Gasoline | 5.0 | ND | mg/kg |
| Kerosene | 5.0 | ND | mg/kg |

* = Dry Weight Basis ND = Not Detected

Comments:Lab Sample ID: 9010103 - 105377

:Date Analyzed: 10/10/90

:Analyzed by GC/FID Headspace on a DB-5 capillary column.

Date: /0/12/90



2496 West Mason Street

P.O.Box 12435

Green Bay, WI 54307-2435

Telephone No.: (414) 498-2222

Client:

Fox Environmental Services

Address: 5150 N. Port Washington Rd.

Milwaukee, WI 53217

Attn.: F. Johnston

Telephone No.: (414) 332-5857

LABORATORY ANALYSIS RESULTS

Wisconsin Certification No.

405099530

Sample ID: S-2

Sample Desc: East Wall
Date Collected: 10/08/90
Date Received: 10/10/90

Sampled By: L. Fox

Report To: F. Johnston Results Sheet #: 3358

Batch No.: 9010103

Job #: 56302

CALIFORNIA METHOD TPH ANALYSIS

| PARAMETER | DETECTION LIMIT | CONCENTRATION | * UNITS | |
|-----------|--------------------|---------------|------------|---|
| Diesel | 5.0 | ND | mg/kg | |
| Gasoline | 5.0 | ND, | mg/kg | |
| Kerosene | 5.0 | ND | mg/kg | _ |

* = Dry Weight Basis ND = Not Detected

Comments: Lab Sample ID: 9010103 - 105378

:Date Analyzed: 10/10/90

:Analyzed by GC/FID Headspace on a DB-5 capillary column.

Signed: Iffun J. Bushner Date: 10/12/90



2496 West Mason Street

P.O.Box 12435

Green Bay, WI 54307-2435

Telephone No.: (414) 498-2222

Client:

Fox Environmental Services

Address: 5150 N. Port Washington Rd.

Milwaukee, WI 53217

Attn.: F. Johnston

Telephone No.: (414) 332-5857

LABORATORY ANALYSIS RESULTS

Wisconsin Certification No.

405099530

Sample ID: S-3

Sample Desc: North Wall Date Collected: 10/08/90 Date Received: 10/10/90

Sampled By: L. Fox

Report To: F. Johnston Results Sheet #: 3358

Batch No.: 9010103

Job #: 56302

CALIFORNIA METHOD TPH ANALYSIS

| PARAMETER | DETECTION LIMIT | CONCENTRATION | * UNITS |
|-----------|--------------------|---------------|------------|
| Diesel | 5.0 | ND | mg/kg |
| Gasoline | 5.0 | _ 16 | mg/kg |
| Kerosene | 5.0 | ND | mg/kg |

* = Dry Weight Basis ND = Not Detected

Comments:Lab Sample ID: 9010103 - 105379

:Date Analyzed: 10/10/90

:Analyzed by GC/FID Headspace on a DB-5 capillary column.

Signed: 10/12/90 Date: 10/12/90



2496 West Mason Street

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Green Bay, WI 54307-2435

Telephone No.: (414) 498-2222

Client:

Fox Environmental Services

Address: 5150 N. Port Washington Rd.

Milwaukee, WI 53217

Attn.: F. Johnston

Telephone No.: (414) 332-5857

LABORATORY ANALYSIS RESULTS

Wisconsin Certification No.

405099530

Sample ID: S-4

Sample Desc: West Wall Date Collected: 10/08/90

Date Received: 10/10/90

Sampled By: L. Fox

Report To: F. Johnston Results Sheet #: 3358

Batch No.: 9010103

Job #: 56302

CALIFORNIA METHOD TPH ANALYSIS

| PARAMETER | DETECTION LIMIT | CONCENTRATION | * UNITS | |
|-----------|--------------------|---------------|------------|--|
| Diesel | 5.0 | ND | mg/kg | |
| Gasoline | 5.0 | ND | mg/kg | |
| Kerosene | 5.0 | ND | mg/kg | |

* = Dry Weight Basis ND = Not Detected

Comments:Lab Sample ID: 9010103 - 105380

:Date Analyzed: 10/10/90

:Analyzed by GC/FID Headspace on a DB-5 capillary column.

Signed: 1. Bushun Date: 10/12/90



2496 West Mason Street

P.O.Box 12435

Green Bay, WI 54307-2435

Telephone No.: (414) 498-2222

Client:

Fox Environmental Services

Address: 5150 N. Port Washington Rd.

Milwaukee, WI 53217

Attn.: F. Johnston

Telephone No.: (414) 332-5857

LABORATORY ANALYSIS RESULTS

Wisconsin Certification No.

405099530

Sample ID: S-5

Sample Desc: South Bottom Date Collected: 10/08/90 Date Received: 10/10/90

Sampled By: L. Fox

Report To: F. Johnston Results Sheet #: 3358

Batch No.: 9010103

Job #: 56302

CALIFORNIA METHOD TPH ANALYSIS

| PARAMETER | DETECTION LIMIT | CONCENTRATION | * UNITS |
|-----------|--------------------|---------------|------------|
| Diesel | 5.0 | ND | mg/kg |
| Gasoline | 5.0 | ND | mg/kg |
| Kerosene | 5.0 | ND | mg/kg |

* = Dry Weight Basis ND = Not Detected

Comments: Lab Sample ID: 9010103 - 105381

:Date Analyzed: 10/10/90

:Analyzed by GC/FID Headspace on a DB-5 capillary column.



2496 West Mason Street

P.O.Box 12435

Green Bay, WI 54307-2435

Telephone No.: (414) 498-2222

Client:

Fox Environmental Services

Address: 5150 N. Port Washington Rd.

Milwaukee, WI 53217

Attn.: F. Johnston

Telephone No.: (414) 332-5857

LABORATORY ANALYSIS RESULTS

Wisconsin Certification No.

405099530

Sample ID: S-6

Sample Desc: North Bottom Date Collected: 10/08/90 Date Received: 10/10/90

Sampled By: L. Fox

Report To: F. Johnston Results Sheet #: 3358

Batch No.: 9010103

Job #: 56302

CALIFORNIA METHOD TPH ANALYSIS

| PARAMETER | DETECTION LIMIT | CONCENTRATION | * UNITS |
|-----------|--------------------|---------------|------------|
| Diesel | 5.0 | ND | mg/kg |
| Gasoline | 5.0 | ND | mg/kg |
| Kerosene | 5.0 | ND | mg/kg |

* = Dry Weight Basis ND = Not Detected

Comments: Lab Sample ID: 9010103 - 105382

:Date Analyzed: 10/10/90

:Analyzed by GC/FID Headspace on a DB-5 capillary column.

Signed: / Austru Date: 10/12/90

®RTEK

Oneida Environmental Technology Center 2496 West Mason Street P.O. Box 12435 Green Bay, WI 54307-2435 414/498-2222

| Account Name Fox ENVIRONMENTAL |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Contact Person Faster Johnson |
| Sample Identification Number 56302 / 12011 Ellampton |
| Profile Code WMA 121875 |
| |
| All analytical data provided on the attached laboratory report, unless noted otherwise, has been completed by ORTEK. |
| Complete this section only for reference laboratory work. |
| ANALYTE: |
| RESULT: UNITS: |
| ANALYZED BY: |
| ANALYTE: |
| RESULT: UNITS: |
| ANALYZED BY: |
| Per Waste Management, Inc., the Special Waste Analysis Report (SWAR) can be replaced by the information herein. Should you have any questions, please call our Customer Service Department at (414) 498-2222 or contact Waste Management directly. |
| DRTEK |
| |

Date <u>//- 9-90</u>



- SAMPLE ANALYSIS REPORT -

To:

FOX ENVIRONMENTAL SERVICES 5150 N PORT WASHINGTON ROAD

SUITE 250

MILWAUKEE WI 53217

Attn: FOSTER JOHNSTON

Batch ID : 9010103 Our lab # : 105383

Your sample ID: S-7

Sample Matrix : SOIL

Report Date: 10/17/90

COLLECTION INFORMATION

Date/Time/By: 10/08/90 15:00 LARRY FOX

Location : 120th & HAMPTON

| Lab# | Test | Result | Units | Analysis Date |
|--------|----------------|--------------|-------|------------------|
| 105383 | Flashpoint | > 210 | о F | 10/15/90 |
| | Н | 7.71 | s.u. | 10/16/90 |
| | Total Solids | 80.80 | * | 10/15/90 |
| | Free Liquids | NO | | 10/15/90 |
| | Color | BROWN | | 10/15/90 |
| | Layers | SINGLE-PHASE | | 10/15/90 |
| | Odor | NONE | | 10/15/90 |
| | Physical State | SOLID | | 10/15/90 |
| | Volume | 2100 | GRAMS | 10/15/90 |

| Signed Www Hole Carlo | Date 10-17-90 |
|-----------------------|---------------|
| | |
| Signed | Date |



2496 West Mason Street

P.O.Box 12435

Green Bay, WI 54307-2435

Telephone No.: (414) 498-2222

Client: Fox Environmental Services

Address: 5150 N. Port Washington Rd.

Milwaukee, WI 53217

Attn.: F. Johnston

Telephone No.: (414) 332-5857

LABORATORY ANALYSIS RESULTS

Wisconsin Certification No.

405099530

Sample ID: S-7 Sample Desc: Soil

Date Collected: 10/08/90 Date Received: 10/10/90

Sampled By: L. Fox

Report To: F. Johnston Results Sheet #: 3358 Batch No.: 9010103

Job #: 56302

CALIFORNIA METHOD TPH ANALYSIS

| PARAMETER | DETECTION LIMIT | CONCENTRATION | * UNITS | _ |
|-----------|--------------------|---------------|------------|---|
| Diesel | 5.0 | ИД | mg/kg | • |
| Gasoline | 5.0 | ИД | mg/kg | |
| Kerosene | 5.0 | 6.7 | mg/kg | |

* = Dry Weight Basis ND = Not Detected

Comments:Lab Sample ID: 9010103 - 105383

:Date Analyzed: 10/13/90

:Analyzed by GC/FID Headspace on a DB-5 capillary column.

Signed: Huy J. Bushner



2496 West Mason Street

P.O.Box 12435

Green Bay, WI 54307-2435

Telephone No.: (414) 498-2222

Client: Fox Environmental Services

Address: 5150 N. Port Washington Rd.

Milwaukee, WI 53217

Attn.: F. Johnston

Telephone No.: (414) 332-5857

LABORATORY ANALYSIS RESULTS

Wisconsin Certification No.

405099530

Sample ID: S-7 Sample Desc: Soil

Date Collected: 10/08/90 Date Received: 10/10/90

Sampled By: L. Fox

Report To: F. Johnston Results Sheet #: 3358

Batch No.: 9010103

Job #: 56302

VOLATILE ORGANIC SOIL ANALYSIS

| PARAMETER | DETECTION LIMIT | CONCENTRATION | * UNITS | _ |
|---------------|--------------------|---------------|------------|---|
| Benzene | 130 | ND | ug/kg | |
| Ethylbenzene | 130 | 180 | ug/kg | |
| Toluene | 130 | 1500 | ug/kg | |
| Total Xylenes | 390 | 690 | ug/kg | |

* = Dry Weight Basis ND = Not Detected

Comments: Lab Sample ID: 9010103 - 105383

:Date Analyzed: 10/11/90

:Analyzed by GC Method 602 on a SP1000 packed column.

:Extraction Procedure Method 5030.

Date: 10/15/90 Signed: My J. Boshnu

| | C | HA | IN | O | FC | CUS | TC | DY | RECOR | D | > No.: 3358 |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------|----------|----------------------------------------------|----------------------------------------|------------|-----------------|----------|------------------------------------------------|--------------------------------------------|
| Client | FOX ENVIRONMENTAL SERV | /1 | tra | Во | ttle S | size | Pres | ervative | 3 Packad | by: Jam | |
| Project N | lo.: 56302 | 12 | * | 7 | <u> 7 </u> | 7 , | 7 | // | Seal In | | pt by Sampling Co: Yes No |
| Camplin- | Site: 120 TH + Hampton | | 7 | | A | -/ | | | / Condit | ion of Contents: | |
| Sampling | LARRY FOX | | T/W | /14 | 1/ | | | // | | for Shipping by: | |
| Sampler: | 9010103 | <u></u> | x /. | \\ \j\ | | | ' / | | Seal In | | °C Seal #: pt by Laboratory: □ Yes □ No |
| Date Time | e Sample I.D.:/Description | <u>Z</u> _ | _ | <u>Z</u> | _ | | <u> </u> | Bottle Total | | Lab Use Only | Remarks |
| 19/8/91301 | n 5-1 & South WALL | X | 4.7 | | | | | 1 | Sil | 105377 | TPH SURVEY DIESEL |
| MM | 5-2 # East wall | × | * | | | | | / | M | 105378 | |
| | 5-3 * NORTH WALL | X | <u> </u> | | | | | 1 | 1 | 105379 | |
| | 5-4-8 WEST WALL | X | | | | | | 1 | | 105380 | |
| | 5-5 * South Bettern | X | | ļ | 1 -1 | | | 1 1 | W | 105381 | Y |
| A | 5-6 North Bittons | X | <u> </u> | | | 1 | ļ . | 1 | Soil | 105382 | TPH SURVEY DIESEL |
| 19/1/90 300 | n | | <u></u> | ļ | | : | | | | | · · · · · · · · · · · · · · · · · · · |
| 10490 300 | , 5-7 | | X | | | | | 1 | Soil | 105383 | CONTAMINATED SIL Pofile |
| | | | | | - | | | 1 | , | | DIESEL - NOT RUSH |
| | | | | | 1 | | | | | | |
| | RUSH - 3 DAY TURN | AR | 200 | 20 | , | | | | | | La contraction of the second |
| | SEE JEFF! | | | | | | | | | | * |
| - " | | | • * | | | | | | | | w. |
| | New York Control of the Control of t | | | | | | | | | | |
| | | | | | 1 | | | | | | 4. |
| | Custody Transfe | rsx | | 11 | 1 | حـــــــــــــــــــــــــــــــــــــ | 2 | | | Sh | ipping Details |
| Re | | -//\ | eived | /b/. | | Ė | / }ate: | : Time | Metho | od of Shipment: | Bellin Course |
| 1. | bry Age 10/9/90 2:25 + A | =(| W | 1 | <u>\</u> | _10 | pps | Z:2 | | ition of Contents | · |
| 2. Kent | 10/1/90 5:05 Ray | Be | ا | | - | _1 <u>0</u> | -9 | 170 | | ents Temperature | Ø 30 |
| 3 | | | ;; 4 | | | | | | | K Project No.: | |
| 4. * | | | | | | | | | _ | | |
| Receive | d for Laboratory: | | _ | | • • | | | | 0RT | EK V. Mason | |
| | Dloria | No | upta | ton | | 10/ | 10/2 | 0 10:0 | Green | . Mason Bay, Wisconsin 5 :: 414/498-2222 | 54303 Fax: 414/498-4067 |

. .



2496 West Mason Street

P.O.Box 12435

Green Bay, WI 54307-2435

Telephone No.: (414) 498-2222

Client:

Fox Environmental Services Address: 5150 N. Port Washington Rd.

Milwaukee, WI 53217

Attn.: L. Fox

Telephone No.: (414) 332-5857

LABORATORY ANALYSIS RESULTS

Wisconsin Certification No.

405099530

Sample ID: S-7

Sample Desc: North Wall Date Collected: 10/15/90 Date Received: 10/16/90

Sampled By: L. Fox Report To: L. Fox Results Sheet #: 3108

Batch No.: 9010161

Job #: 56302

CALIFORNIA METHOD TPH ANALYSIS

| PARAMETER | DETECTION LIMIT | CONCENTRATION | * UNITS |
|-----------|--------------------|---------------|------------|
| Diesel | 5.0 | ND | mg/kg |
| Gasoline | 5.0 | ND | mg/kg |
| Kerosene | 5.0 | ND | mg/kg |

* = Dry Weight Basis ND = Not Detected

Comments:Lab Sample ID: 9010161 - 105600 :Date Analyzed: 10/17/90

:Analyzed by GC/FID Headspace on a DB-5 capillary column.

Offry J. Bushner Date: 10/19/90



2496 West Mason Street

P.O.Box 12435

Green Bay, WI 54307-2435

Telephone No.: (414) 498-2222

Client:

Fox Environmental Services

Address: 5150 N. Port Washington Rd.

Milwaukee, WI 53217

Attn.: L. Fox

Telephone No.: (414) 332-5857

LABORATORY ANALYSIS RESULTS

Wisconsin Certification No.

405099530

Sample ID: S-8

Sample Desc: Bottom North Date Collected: 10/15/90 Date Received: 10/16/90

Sampled By: L. Fox
Report To: L. Fox
Results Sheet #: 3108
Batch No.: 9010161

Job #: 56302

CALIFORNIA METHOD TPH ANALYSIS

| PARAMETER | DETECTION LIMIT | CONCENTRATION | * UNITS |
|-----------|--------------------|---------------|------------|
| Diesel | 5.0 | ND | mg/kg |
| Gasoline | 5.0 | ND | mg/kg |
| Kerosene | 5.0 | ND | mg/kg |

* = Dry Weight Basis ND = Not Detected

Comments: Lab Sample ID: 9010161 - 105601

:Date Analyzed: 10/17/90

:Analyzed by GC/FID Headspace on a DB-5 capillary column.

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| Ргоје | ct No | 56 | 302 | | | | / | / , | / / | / | / / | | / Seal In | itact Upon Receip | ot by Samp | ling Co: 🔲 Ye: | s -□ No |
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| 1. £ | Reli | inquished by | ega grand da sa | istody T : Time: | | | (| by: | | | | 7j.? | Cond | od of Shipment: ition of Contents ents Temperature K Project No.: | : Lood | Ley Conce | is. |
| 4 Red | eived | for Laborato | ory: | Glor | ia O | Loy | tus | tor | | 10 | lic fa | - :o <u>//:</u> z | Green | FEK W. Mason Bay, Wisconsin 5 Hay, 414/498-2222 | 4303 Fax: 414/49 | 8-4067 | |

APPENDIX D

Application for Soil Disposal

State of Wisconsin
Department of Natural Resources

This form is required to be submitted by subchapters III and IV of ch. 144, Wis. Stats. Failure to complete and submit this form may lead to violations of these statutes and result in forfeitures of not less than \$10 or more than \$25,000 for each violation, pursuant to ss. 144.426, 144.469, 144.74(1), and 144.99, Wis. Stats., or fines of not less than \$100 or more than \$150,000 or imprisonment for not more than 10 years, or both, pursuant to s. 144.74(2), Wis. Stats. Each day of a continuing violation constitutes a separate violation.

Sections I, II & IV must be filled out completely. Also, complete other sections that apply.

Return completed forms to: L.U.S.T. Specialist at the appropriate District or Area Office.

| I. SOURCE OF SOIL | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Facility Name TEWS COMPANY, INC. | Site ID# (For DNR use only) | | | | |
| Site Address | Contact Name | | | | |
| Site Address 12005 W. Hampton Avenue City, State, Zip Code | | | | | |
| City, State, Zip Code | VINCENT MANISCALCO Telephone Number (Include Area Code) | | | | |
| WAUWATOSA, WI 53225 | , (414)-466-6300 | | | | |
| Section, Township and Range | Facility Owner/Operator Signature O WMMMA MOUNTSCORES | | | | |
| SECTION 6, T7N, RZIE | undent Manscalle | | | | |
| II. CONTAMINATION DETAILS | | | | | |
| Volume Soil (Cubic yards) 360 Cubic YARDS | Certified DNR Lab Number 405099530 | | | | |
| Type of Petroleum Contamination (Circle one) | Law Huiz | | | | |
| 1 Gasoline 2 Diesel Fuel 3 #2 Fuel Oil | Sampling Method (Brief description of method used to obtain representative | | | | |
| , | Sampling Method (Brief description of method used to obtain representative sample of soil) | | | | |
| 4 Other | JEVERAL HLEAS OF STOCK PILED | | | | |
| Contaminant Concentration (Two representative composite samples for every 300 cubic yards of soil, in ppm.) Attach Laboratory Analyses | Soil were collected where strining or | | | | |
| | petroleum oder were obutous. | | | | |
| Sample No | Total Benzene In Soil To Be Remediated (Attach calculations) | | | | |
| Renzene NO | (institution) | | | | |
| Benzene | Total Amount of Petroleum Hydrocrabons In Soil to Be Remediated (Attach calculations) | | | | |
| Toluene | (Attach calculations) | | | | |
| | Percent Soil Less Than 200 Mesh or 74 Microns | | | | |
| Ethylbenzene | | | | | |
| (Gn.) | Soil Classification Type (Sand, silt, clay, etc.) | | | | |
| Total Xylenes | Anticipated Time Frame for Remediation | | | | |
| Total Petroleum Hydrocarbons as Gasoline NO | Start Date End Date | | | | |
| · · · · · · · · · · · · · · · · · · · | Method of Pulverizing Silt or Clay Soils | | | | |
| Total Petroleum Hydrocarbons as Fuel Oil 6.700m | inculod of I divertifing Silver Clay Soils | | | | |
| III. PROPOSED METHOD OF SOIL TREATMENT' | | | | | |
| 1. Asphalt Plant/Other Type of Thermal Evaporation Unit | WDNR Air Quality Permit Number WPDES Permit Number | | | | |
| Name | | | | | |
| | s. 144.04 Plan Approval Number or Equivalent | | | | |
| Address | | | | | |
| 5 8 7/ · A . i | (Sealed ponds according to NR 213) | | | | |
| City, State, Zip Code | Distance to Nearest Residence/Business | | | | |
| (If portable, where will plant be located) | Burner Temperature During Soil | | | | |
| Plant Number and Model IDNR Facility Identification Number | Treatment During Treatment | | | | |
| | · | | | | |
| Contact Name | Anticipated Date Treatment Will be Completed | | | | |
| | | | | | |
| Tide . | (If stockpiled before being treated, all petroleum contaminated soil must be underlain and overlain by an impermeable membrane.) | | | | |
| Telephone Number (Include area code) | Final Disposition of Treated Soil (How used, specific location) | | | | |
| | | | | | |
| site Telephone Number (Include area code) | | | | | |
| | | | | | |

| Section 1 continued. | Section 3 Continued |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| If soils will not be incorporated into asphalt, post burn soil testing is required. Soils will need to be sampled for the same parameters listed in Item II. Two composite soil samples are to be taken every 300 cubic yards of soil. | Contact Name |
| Highest Emission of VOC's Intended to Occur hourly* daily* | DNR Area Investigator Contacted Name |
| Highest Emission of Benzene Intended to Occur | Date |
| *Attach Calculations total* | Volume to Be Disposed Of |
| 2. Volatilization of Contaminants In Soil (Passive Evaporation) | Cubic Yards |
| Type of Impervious Surface | Amount Total VOCs* |
| Curbing or Berms (Existing or proposed construction) | Amount Benzene* |
| Thickness of Soil Undergoing Remediation (As placed) | *Attach Calculations |
| Lechniques to Cover During Inclement Weather | Attach Map Showing Location of Approved Landfill 4. Soil Venting/Vacuum Extraction |
| Method of Turning or Mixing Soil | Responsible Party |
| △lethod of Field Sampling | Consultant Responsible for System |
| Proposed Verification Method of Contaminant Content (Lab sampling) | Size and Rating (In cfm) of Blower |
| | Distance to Nearest Residence/Business |
| | VOC Discharge Rate From Pilot Testing |
| ocation and Size of Remediation Site | lbs/day at CFM |
| | Benzene Discharge Rate From Pilot Testing |
| istance to Nearest Residence/Business | lbs/day at CFM |
| 1 | Note: This option may need an air pollution control permit. Any exceedance |
| | of an emission limit will require the installation of an activated carbon unit |
| | or similar treatment system to strip VOCs from the blower discharge. |
| | 5. Other Method of Soil Remediation |
| | Please Describe the Method to Be Used |
| *Attach Calculations | |
| Disposal of Contaminated Soils at a Sanitary Landfill-NR 500 | |
| PARKVIEW LANDfill | |
| cense No. | |
| =alion N46 W13475 COUNTY LINE ROAd | |
| MENOMONEE FALLS, WI 53051 | |
| OWNER/OPERATOR OR CONSULTANT SUBMITTING REQUEST | |
| | Contact Name LyweENCE L. Fax |
| FOX ENVIRONMENTAL SERVICES, INC. | |
| 5150 N. PORT WASHINGTON ROAD | Telephone Number (Include area code) (414) 332 - 5857 |
| y, State, Zip Code | ignature 3 |
| Milwaukee, WI 53217 | Lawre L. Hot |
| LEAVE BLANK - DEPARTMENT OF P | NATURAL RESOURCES USE ONLY |
| Concurrance | Contact Name |
| Air Management | Date |
| | |
| Solid Waste | Date |
| | Date |
| Contrillents: | |
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State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Carroll D. Besadny
Secretary

Box 12436 Milwaukee, Wisconsin 53212 Fax: (414) 562-1258

File Ref: 4440

October 11, 1990

Mr. Vincent Maniscaleo Tews Corporation 6200 W Center Street Milwaukee, WI 53210

Dear Mr. Maniscaleo:

RE: Tews Corp, 120th & Hampton, Milwaukee, WI

The Wisconsin Department of Natural Resources (WDNR) has been notified that petroleum contamination was discovered October 8, 1990 at the above referenced location. John Feeney, the Leaking Underground Storage Tank (LUST) Project Manager for your area, may be reached at the above address or at (414) 263-8654. Based on the site specific information provided, this case has been assigned to the Medium Priority Rank group. The purpose of this letter is to inform you of your legal responsibilities to address this situation.

Releases from underground storage tanks regulated under Subtitle I of the Resource Conservation and Recovery Act require compliance with the provisions of 40 CFR Parts 280 and 281. The Environmental Protection Agency (EPA) has the authority to take enforcement action at any time, but will generally not take action against parties cooperating with the state. The WDNR proceeds in LUST cases under the authority of s. 144.76, Wisconsin Statutes, commonly referred to as Wisconsin's Hazardous Substance Spill Law. The definition of "hazardous substance" as found in s. 144.01(4m), Wisconsin Statutes, includes petroleum products.

Wisconsin Statute 144.76(2a) states: "A person who possesses or controls a hazardous substance which is discharged or who causes the discharge of a hazardous substance shall notify the Department immediately of any discharge not exempted under sub.(9)."

Wisconsin Statute 144.76(3) states: "A person who possesses or controls a hazardous substance which is discharged or who causes the discharge of a hazardous substance shall take the actions necessary to restore the environment to the extent practicable and minimize the harmful effects from the discharge to the air, lands, or waters of this state."

Because you possess or control a hazardous substance which has been released to the environment, the Department identifies you as the party responsible for taking the actions necessary to restore the environment. You are required to:

1. Immediately notify your WDNR Project Manager, or the Spills Hotline at (414) 562-9615 should emergency conditions involving explosive vapors and/or well contamination develop.

- 2. Conduct an investigation to determine the extent of soil and groundwater contamination.
- 3. Remediate all of the environmental impacts caused by this situation.

Within 15 days of receiving this letter, you should provide your WDNR Project Manager with the date the remedial investigation will begin.

Investigation must be conducted according to the LUST Corrective Action Plan. Copies of this document may be ordered through WDNR Central Office by calling (608) 267-3859. Final documentation of the investigation and cleanup should be prepared according to the guidance enclosed and sent to this office on completion of the project. Remedial actions must adequately cleanup contaminated soil and/or groundwater to current WDNR guidelines and/or standards. All product, soil, wastewater, and sludge must be disposed of in compliance with all applicable federal, state and local laws and regulations. Because the Department is experiencing a backlog of leaking underground storage tank cases of emergency status and your case is not currently ranked as an emergency, your submittals will be reviewed as time permits. Investigation and cleanup should not, however, be delayed pending WDNR review.

You are encouraged to contact the Department of Industry, Labor, and Human Relations (DILHR), the state agency that administers the Petroleum Environmental Cleanup Fund (PECFA). This fund may reimburse you for eligible costs associated with the remedial investigation and cleanup. DILHR should be contacted at (608) 267-4545 to obtain current information regarding the PECFA program.

Your cooperation in this matter will be appreciated. Please be aware that your ability to use PECFA funds is dependent on your cooperation in adequately addressing this problem. If you have any questions, please contact your WDNR Project Manager.

Sincerely,

Sharon Graham

Shaw Graham

Program Assistant, Environmental Repair Section

Enclosures: Petroleum Tank Release Remedial Investigation Report

Application to Treat or Dispose of Petroleum Contaminated Soil

c: Larry Fox - Fox Environmental Services SED Case File ,

0 943

| ADDRESS: 6200 W. Certor St. ADDRESS: 6200 W. | LEGAL DESC:1/41/4 SECTRE/W PO DATE SITE CLOSURE APPROVED: 2/2/1/92 FUNDING SOURCE: (X)1 = RESPONSIBLE PARTY2 = LUST TRUST FUND3 = ENVIRONMENTAL RESPONSE FUND4 = SUPER FUND5 = NONE6 = OTHER ITED R) COMMENTS: |
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| COUNTY: KICO HADI: ATE OF INITIAL CONTACT: 10 8 90 DATE OF RP LETTER: 0 1 1 MIGH SCORE: UST TRUST ELIGIBLE: (X) PRIORITY SCREENING: (X) 1 = HIGH SCORE: 2 = HON-FEDERAL 2 = HEDIUM 3 = LOW 1 = STATE LEAD CHICAGO CHICA | LEGAL DESC:1/41/4 SECTRE/W SO OATE SITE CLOSURE APPROVED: 2 / 1/4 92 (mo day yr) FUNDING SOURCE: (X) 1 = RESPONSIBLE PARTY2 = LUST TRUST FUND3 = ENVIRCHMENTAL RESPONSE FUND4 = SUPER FUND5 = NONE6 = OTHER |
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| I MEX : | UNKNOWN HYDROCARBONS |
| ***ENFORCEMENT ACTION | TAKENGOO |
| | FICE OF VIOLATION 23=REFERRAL TO DOJ |
| | NIN. ORDER FINAL 25=REFERRAL TO EPA NIN. ORDER CANCELLED 99=OTHER ACTION: |
| ACTION DATE COMMENT: | |
| code from above) (mo/day/yr) | |
| 01 101081 90 RP notife | |
| 02 10,11,90 RP letter | - meden |
| | |
| | |
| (for additional action codes see instructions/list ac | |

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LUST CASE PRIORITY SCREENING WORKSHEET

| THE FACTORS: (DEFINITION: Any case which putters and air of the State of Misconsin). GH FACTORS: Contaminated private or public well > Explosive or toxic vapors in structure. Threat of fire DIUM FACTORS: (DEFINITION: Any case which | which has cau NR140 enf. std. | HIGH OR MEDIUM FACTORS: Floating product Known gw contami Impacted surface saturated soil of | (write in choice of t (medium if no recent of the content of the c | ntiel impacts to the soil high or medium) ptors within 1 mile) public well <140 enf. std. out stream, etc. impacted |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| t which shows levels of contamination that : | may cause subst | tantial environmental impa | its if left unaddres | sed.) |
| Moderate soil contamination with mode Impacted surface waterno critical ha | abitat threats. | • | | |
| $\frac{\mathcal{O}}{\mathcal{O}}$ (DEFINITION: Any case where commediate threat to human heelth and vital na | ntamination has tural resources | s been documented, but which s.) | ch presents limited (| potential for any |
| Soil contamination which appears to he Initial remedial action has substantial Out Know v | ave a limited ; ally reduced en | potential for impacting gronvironmental threat. | bundwater. | |
| KNOWN FACTOR: (DEFINITION: Any case where accurate information the level of threat to | some indication human health of | on of contamination is pre- or the environment can not | sent, but due to inco be assessed at this | omplete or time.) |
| Inadequate information to assign e high | h, medium, or I | low ranking. | | |
| <pre>ERALL RANKING: The screening rank for the : 'n is received. Special circumstances for it 't coordinator may independently set the rail</pre> | a particular co | ese may be taken into accor | unt in the comment s | |
| cle one & date, indicate in priority screen | ning box oppo | site sideHIGH_ | HED I LIM | LONUNKNOWN |
| MENT: | | | | |
| AUMERICAL LO GROUNDWATER & SOILS: (circle one) POINTS Documented Petroleum Contamination O Municipal well > 6 private wells 16 4 - 6 private wells 14 2 - 3 private wells 15 1 private wells | | RKSHEET (complete for LUST Soil & gw within 1200' of Soil & gw within 1200' of GW contamination, no well: Soil contamination | a public well one or more private | wells |
| EXPLOSIVE OR TOXIC VAPORS: (circle one) POINTS CONFIRMED POTENTIAL 20 10 Explosive te 16 8 Explosive te 12 6 Toxic Levels Note: Explo | vels in e seue in a residenc sive levels de | dence or building or or structure e or building stermined to be >20% LEL as permissible exposure limits | | meter; toxicity levels |
| HYDROGEOLOGIC SETTING: (circle one) POINTS 12 | l, well sorted within 25 feet oundwater more ilty sands, sil g groundwater; clayey silt, | sand, fractured bedrock of of the ground surface. than 25 feet below ground ty gravel, clayey sands) <u>ar</u> greater than 25 feet below sand clays) <u>and</u> groundwate | r utilities capable surface. nd groundwater within ground surface. r within 25 feet of | n 25 feet of ground surface |
| POINTS NOTE: Add 4 points if free page (12) Gasoline, mixture of gasoline (10) Diesel, fuel oil (2) Sunker oil, other heavy oils | ne and other pr | roducts, other light petrol | | |