



ADAMS COUNTY TREASURER
PO BOX 470, FRIENDSHIP, WI 53934-0470
PHONE: 608-339-4202
FAX: 608-339-4584
MARY ANN BAYS, COUNTY TREASURER

Jani Zander, Deputy

April 26, 2012

Mr. David Rozeboom
Bureau for Remediation & Redevelopment
Department of Natural Resources
473 Griffith Ave
Wisconsin Rapids, WI 54494

RE: Tank Removal – Adams County

Dear Mr. Rozeboom:

Thank you for talking with me today regarding the tank removal at 3716 Highway 13, Wisconsin Dells. I have enclosed the report that I received and would appreciate any information you can give me regarding this report and what options I have going forward in selling the property.

Thank you,

Sincerely,

A handwritten signature in cursive script that reads "Mary Ann Bays".

Mary Ann Bays
Adams County Treasurer

Enclosure

Send Completed Form To:

Bureau of Petroleum Products and Tanks
P.O. Box 7837
Madison, WI 53707-7837

UNDERGROUND

FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION

Information Required By Section 101.142, Wis. Stats.

TDID#:
Reg Obj #: 270219

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? Yes No If yes, are you correcting/updating information only? Yes No

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

This registration applies to a tank status that is (check one):		Fire Department providing fire coverage where tank is located: <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of: Kilbourn 1112
<input type="checkbox"/> In Use <input type="checkbox"/> Newly Installed <input type="checkbox"/> Abandoned with Product <input type="checkbox"/> Abandoned without Product (empty)	<input checked="" type="checkbox"/> Closed - Tank Removed <input type="checkbox"/> Closed - Filled with Inert Materials <input type="checkbox"/> Abandon with Water <input type="checkbox"/> Temporarily Out of Service - Provide Date: _____ <input type="checkbox"/> Ownership Change (Indicate new owner name in block 2)	

A. IDENTIFICATION (Please Print)		Site Street Address	Site Telephone Number
1. Tank Site Name Our Country Store		3716 Hwy 13	()
<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of:	State	Zip Code	County
Wisconsin Dells (Dell Prairie)	WISCONSIN	53965	Adams
2. Tank Owner Name Julie A Smolen		Mailing Address	Telephone Number
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:		N3645 9th Ave	()
Wisconsin Dells	State	Zip Code	County
Wisconsin Dells	Wisconsin	53965	Adams
3. Property Owner Name (if different than tank owner)		Property Owner Address if different than #1	

B. Site ID #:	Facility ID #: 77123	Customer ID #: 305795
C. Tank Capacity (gallons): 2000	Tank Age (age or date installed):	Vehicle fueling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

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

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

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

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

* NOT PECFA eligible.	Geo Latitude:	Geo Longitude:
O. If Tank Closed, Abandoned or Out of Service Give date (mo./day/yr.): 11-23-2011	Has a site assessment been completed? (see reverse side for details) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Tank Owner Name (please print): **Jon Heller Agent for Owner**

Tank Owner Signature (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.) <i>Jon Heller</i>	Date 12-2-11
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TDID#:
 Reg Obj #: 270220

**UNDERGROUND
FLAMMABLE/COMBUSTIBLE/HAZARDOUS
LIQUID STORAGE TANK REGISTRATION**
Information Required By Section 101.142, Wis. Stats.

Send Completed Form To:
Bureau of Petroleum Products and
Tanks
P.O. Box 7837
Madison, WI 53707-7837

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? Yes No If yes, are you correcting/updating information only? Yes No

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

This registration applies to a tank status that is (check one):		Fire Department providing fire coverage where tank is located:
<input type="checkbox"/> In Use	<input checked="" type="checkbox"/> Closed - Tank Removed	<input type="checkbox"/> City <input type="checkbox"/> Village
<input type="checkbox"/> Newly Installed	<input type="checkbox"/> Closed - Filled with Inert Materials	<input checked="" type="checkbox"/> Town of:
<input type="checkbox"/> Abandoned with Product	<input type="checkbox"/> Abandon with Water	Kilbourn 1112
<input type="checkbox"/> Abandoned without Product (empty)	<input type="checkbox"/> Temporarily Out of Service - Provide Date: _____	
		Ownership Change (Indicate new owner name in block 2) <input type="checkbox"/>

A. IDENTIFICATION (Please Print)

1. Tank Site Name Our Country Store	Site Street Address 3716 Hwy 13	Site Telephone Number ()
<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of: Wisconsin Dells (Dell Prairie)	State WISCONSIN	Zip Code 53965
2. Tank Owner Name Julie A Smolen	Mailing Address N3645 9th Ave	Telephone Number ()
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Wisconsin Dells	State Wisconsin	Zip Code 53965
3. Property Owner Name (if different than tank owner)	Property Owner Address if different than #1	

B. Site ID #: _____ **Facility ID #:** 77123 **Customer ID #:** 305795

C. Tank Capacity (gallons): 2000 **Tank Age (age or date installed):** _____ **Vehicle fueling:** Yes No

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

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

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

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

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

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

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

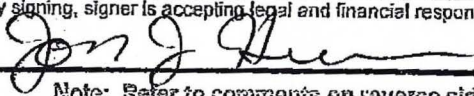
K. Primary Piping System Type: Pressurized piping with A. Pump auto shutoff - ELLD; B. flow restrictor - MLLD Unknown
 Suction piping with check valve at tank Suction piping with check valve at pump and inspectable Not needed if waste oil

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

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

N. TANK CONTENTS (Current, or previous product (if tank now empty))
 Leaded Unleaded Gasohol E85 Diesel Bio-diesel Aviation Premix Fuel Oil Kerosene New Oil
 Waste/Used Motor Oil Hazardous Waste* Unknown Empty* Sand/Gravel/Slurry* Other (specify): _____
 Chemical* Name _____ **CAS #:** _____
 * NOT PECFA eligible.

O. If Tank Closed, Abandoned or Out of Service
 Give date (mo/day/yr): 11-23-2011 **Geo Latitude:** _____ **Geo Longitude:** _____
 Has a site assessment been completed? (see reverse side for details)
 Yes No

Tank Owner Name (please print): Jon Heller - Agent for Owner
Tank Owner Signature (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.)
 **Date:** 12-2-11

Send Completed Form To:

Bureau of Petroleum Products and Tanks
P.O. Box 7837
Madison, WI 53707-7837

UNDERGROUND

FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION

Information Required By Section 101.142, Wis. Stats.

TDID#:
Reg Obj #: 270221

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? Yes No If yes, are you correcting/updating information only? Yes No

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

This registration applies to a tank status that is (check one):		Fire Department providing fire coverage where tank is located:
<input type="checkbox"/> In Use	<input checked="" type="checkbox"/> Closed - Tank Removed	<input type="checkbox"/> City <input type="checkbox"/> Village
<input type="checkbox"/> Newly Installed	<input type="checkbox"/> Closed - Filled with Inert Materials	<input checked="" type="checkbox"/> Town of:
<input type="checkbox"/> Abandoned with Product	<input type="checkbox"/> Abandon with Water	Kilbourn 1112
<input type="checkbox"/> Abandoned without Product (empty)	<input type="checkbox"/> Ownership Change (Indicate new owner name in block 2)	
	<input type="checkbox"/> Temporarily Out of Service - Provide Date: _____	

A. IDENTIFICATION (Please Print)		
1. Tank Site Name Our Country Store	Site Street Address 3716 Hwy 13	Site Telephone Number ()
<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of:	State WISCONSIN	Zip Code 53965
Wisconsin Dells (Dell Prairie)		County Adams
2. Tank Owner Name Julie A Smolen	Mailing Address N3645 9th Ave	Telephone Number ()
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:	State Wisconsin	Zip Code 53965
Wisconsin Dells		County Adams
3. Property Owner Name (if different than tank owner)	Property Owner Address if different than #1	

B. Site ID #:	Facility ID #: 77123	Customer ID #: 305795
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C. Tank Capacity (gallons): 4000	Tank Age (age or date installed):	Vehicle fueling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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D. LAND OWNER TYPE (check one) Refer to back
<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal Leased <input type="checkbox"/> Federal Owned <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Municipal <input type="checkbox"/> Other Government <input checked="" type="checkbox"/> Private

E. OCCUPANCY TYPE (check one) Refer to back
<input checked="" type="checkbox"/> Retail Fuel Sales <input type="checkbox"/> Bulk Storage <input type="checkbox"/> Terminal Storage <input type="checkbox"/> Mercantile/Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Agricultural (crop or livestock production) <input type="checkbox"/> Backup or Emergency Generator <input type="checkbox"/> Gov't Fleet <input type="checkbox"/> Utility <input type="checkbox"/> Other (specify):

F. Tank Construction:	Overfill Protection? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Bare Steel <input checked="" type="checkbox"/> Coated Steel <input type="checkbox"/> Stainless steel <input type="checkbox"/> Steel - Fiberglass Reinforced Plastic Composite	Spill Containment? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fiberglass <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Lined (date): _____	

G. Tank Cathodic Protection: <input type="checkbox"/> Sacrificial Anodes <input type="checkbox"/> Impressed Current <input type="checkbox"/> N/A	Tank Double Walled? <input type="checkbox"/> Yes <input type="checkbox"/> No
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H. Primary Tank Leak Detection Method:
<input type="checkbox"/> Automatic tank gauging <input type="checkbox"/> Interstitial monitoring <input checked="" type="checkbox"/> Electronic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inventory control and tightness testing <input type="checkbox"/> Manual tank gauging (only for tanks of 1,000 gallons or less) <input type="checkbox"/> Statistical Inventory Reconciliation (SIR) <input type="checkbox"/> Unknown

I. Piping Construction:
<input type="checkbox"/> Bare Steel <input type="checkbox"/> Coated Steel <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible <input type="checkbox"/> Copper <input type="checkbox"/> Unknown <input type="checkbox"/> NA <input type="checkbox"/> Other

J. Piping Cathodic Protection: <input type="checkbox"/> Sacrificial Anodes <input type="checkbox"/> Impressed Current <input type="checkbox"/> N/A	Pipe Double Walled? <input type="checkbox"/> Yes <input type="checkbox"/> No
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K. Primary Piping System Type: <input type="checkbox"/> Pressurized piping with <input checked="" type="checkbox"/> A. <input type="checkbox"/> Pump auto shutoff - ELLD; B. <input type="checkbox"/> flow restrictor - MLLD <input type="checkbox"/> Unknown <input type="checkbox"/> Suction piping with check valve at tank <input type="checkbox"/> Suction piping with check valve at pump and inspectable <input type="checkbox"/> Not needed if waste oil

L. Piping Leak Detection Method: <input type="checkbox"/> Interstitial monitoring <input checked="" type="checkbox"/> Electronic: <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Sump or cable sensor <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Tightness testing <input type="checkbox"/> Electronic line monitor - ELLD <input type="checkbox"/> SIR <input type="checkbox"/> Not required <input type="checkbox"/> Unknown
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M. Vapor Recovery/Stage II <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible <input type="checkbox"/> Other: _____ CARB #: _____
<input type="checkbox"/> Operational - Provide Date (mo./day/yr.): _____ <input type="checkbox"/> Non-Operational - Provide Date (mo./day/yr.): _____

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

O. If Tank Closed, Abandoned or Out of Service	Geo Latitude: _____	Geo Longitude: _____
Give date (mo./day/yr.): 11-23-2011	Has a site assessment been completed? (see reverse side for details)	
Tank Owner Name (please print):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Tank Owner Signature (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.)	Date
<i>Jon Heller</i>	12-2-11

TDID#:
 Reg Obj #: 270222

**UNDERGROUND
 FLAMMABLE/COMBUSTIBLE/HAZARDOUS
 LIQUID STORAGE TANK REGISTRATION**
 Information Required by Section 101.142, Wis. Stats.

Send Completed Form To:
 Bureau of Petroleum Products and
 Tanks
 P.O. Box 7837
 Madison, WI 53707-7837

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

This registration applies to a tank status that is (check one):
 In Use Closed - Tank Removed Ownership Change (Indicate new owner name in block 2)
 Newly Installed Closed - Filled with Inert Materials
 Abandoned with Product Abandon with Water
 Abandoned without Product (empty) Temporarily Out of Service - Provide Date: _____
 Fire Department providing fire coverage where tank is located:
 City Village
 Town of: **Kilbourn 1112**

A. IDENTIFICATION (Please Print)

1. Tank Site Name Our Country Store	Site Street Address 3716 Hwy 13	Site Telephone Number ()
<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of: Wisconsin Dells (Dell Prairie)	State WISCONSIN	Zip Code 53965
		County Adams
2. Tank Owner Name Julie A Smolen	Mailing Address N3645 9th Ave	Telephone Number ()
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Wisconsin Dells	State Wisconsin	Zip Code 53965
		County Adams
3. Property Owner Name (if different than tank owner)	Property Owner Address if different than #1	

B. Site ID #: _____ **Facility ID #:** 77123 **Customer ID #:** 305795

C. Tank Capacity (gallons): 4000 **Tank Age (age or date installed):** _____ **Vehicle fueling:** Yes No

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

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

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

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

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

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

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

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

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

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

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

O. If Tank Closed, Abandoned or Out of Service
 Give date (mo/day/yr): 11-23-2011 **Geo Latitude:** _____ **Geo Longitude:** _____
 Has a site assessment been completed? (see reverse side for details)
 Yes No

Tank Owner Name (please print): Jon Heller Agent for Owner
Tank Owner Signature (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.)

Date: 12-2-11

Complete One Form for Each System Service Event

The information you provide may be used for secondary purposes [Privacy Law, s.16.04 (1) (m), Wis. Stats.]

TANK SYSTEM SERVICE AND CLOSURE ASSESSMENT REPORT

CHECK ONE:
 UNDERGROUND
 ABOVEGROUND

FOR PORTIONS OF THE FORM THAT DO NOT APPLY, CHECK THE 'NA' BOX

RETURN COMPLETED CHECKLIST TO:

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

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

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

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

Remote fill Tank Piping Transition/containment sump Spill bucket Dispenser

B. IDENTIFICATION (Please Print)

1. Facility Name Our Country Store		2. Owner Name Julie A. Smolen	
Facility Street Address (not P.O. Box) 3716 Hwy 13		3. Contact Name Julie A Smolen Job Title owner	
Municipality Wisconsin Dells (Dell Prairie)		Mailing Address N3645 9th Ave	
<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of Dell Prairie		Post Office Wisconsin Dells, WI State WI Zip Code 53965	
Zip Code 53965	County Adams	County Adams	Telephone No. (include area code) ()
4. Primary Service Contractor Section A above HPS Inc.		Service Contractor Street Address 3948 State Road 19	
Service Contractor Telephone No. (include area code) (608) 242-8210		Service Contractor City, State, Zip Code DeForest, WI 53532	

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

a Tank ID #	b Type of Closure	c Tank Material of Construction	d Piping Material of Construction	e Tank Capacity (gallons)	f Contents	g Release - System Integrity Compromised (e.g. holes, cracks, loose connection, etc)?		h If "Yes" to "g", Then Specify Source & Cause of Release	
						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Source of Release ³	Cause of Release ⁴
270219	P	S	Fiber	2000	UG	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
270220	P	S	Fiber	2000	UG	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
270221	P	S	Fiber	4000	UG	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
270222	P	S	Fiber	4000	UG	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		

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

CAS number(s):

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

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

Written notification was provided to the local agent 15 days in advance of closure date. Y N

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

UST Form ERS-7437 or AST Form ERS-8731 filed by owner with the Dept. of Commerce indicating closure. Y N NA

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

D.1 TEMPORARILY OUT-OF-SERVICE

1. Product removed.	Remover Verified		Inspector Verified		NA
	Y	N	Y	N	
a. Product lines drained into tank (or other container) and liquid removed, and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. All product removed to bottom of suction line, OR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. All product removed to within 1" of bottom.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All product lines at the islands or pumps located elsewhere are removed and capped, OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

D.2. CLOSURE BY REMOVAL OR IN-PLACE

1. General Requirements

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

2. Specific Closure-by-Removal Requirements

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

3. Specific Closure-In-Place Requirements

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

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

E. REPAIR, UPGRADE OR CHANGE-IN-SERVICE

Written notification was provided to the local agent 15 days in advance of service date.

All local permits were obtained before beginning service.

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

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

F. METHOD OF VAPOR FREEING OF TANK

- Displacement of vapors by eductor or diffused air blower.
Eductor driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground. Diffused air blower bonded and drop tube removed. Air pressure not exceeding 5 psig.
- Inert gas using dry ice or liquid carbon dioxide.
- Inert gas using CO₂ or N₂ **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. LEL METERS MAY NOT FUNCTION ACCURATELY. THE TANK MAY NOT BE ENTERED IN THIS STATE WITHOUT SPECIAL EQUIPMENT.**
Gas introduced through a single opening at a point near the bottom of the tank at the end of the tank opposite the vent.
Gas introduced under low pressure not to exceed 5 psig to reduce static electricity. Gas introducing device grounded.
- Readings of 10% or less of the lower flammable range (LEL) or 0% oxygen obtained before removing tank from ground.
- Tank atmosphere monitored for flammable or combustible vapor levels prior to and during cleaning and cutting.
- Calibrate combustible gas indicator and/or oxygen meter prior to use. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank.

G. REMOVER/CLEANER INFORMATION

Jon J. Heller

Jon J. Heller

42281

11-29-2011

Remover/Cleaner Name (print)

Remover/Cleaner Signature

Certification No.

Date Signed

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

Company expected to perform soil contamination assessment

H. INSPECTOR INFORMATION

Bill D. Shane

Bill D. Shane

35265

NA

Inspector Name (print)

Inspector Signature

Inspector Cert #

LPO Agency #:

1112

608-355-3854

12-2-2011

FDID # For Location Where Inspection Performed

Inspector Telephone Number

Date Signed

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

Sample ID #	Sample Location & Soil/Geologic Description	Sample Collection Method				Depth Below Tank/Piping (feet)	Field Screening Result (ppm)	GRO (mg/kg)	DRO (mg/kg)
		Grab	Shelby Tube	Direct Push	Split Spoon				
4054708001	tank 1 east end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	-2.7	
4708002	tank 1 west end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	-2.7	
4708003	tank 2 east end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	-2.9	
4708004	tank 2 west end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	-2.9	
4708005	tank 3 east end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	-2.9	
4708006	tank 3 west end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	-2.7	
4708007	tank 4 east end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	-2.6	
4708008	tank 4 west end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	-2.8	
4708009	pump 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	4.0	
4708010	pump 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	0	5.4	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

TABLE 2 SOIL LABORATORY ANALYTICAL RESULTS-FOR PETROLEUM PRODUCTS

Sample ID #	BENZENE	TOLUENE	ETHYLBENZENE	MTBE	TRIMETHYL - BENZENES (TOTAL)	XYLENES (TOTAL)	NAPHTHALENE
	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg
8001	-25.0	-25.0	-25.0	-25.0	-25.0	-50.0	-25.0
8002	-25.0	-25.0	-25.0	-25.0	-25.0	-50.0	-25.0
8003	-25.0	-25.0	-25.0	-25.0	-25.0	-50.0	-25.0
8004	-25.0	-25.0	-25.0	-25.0	-25.0	-50.0	-25.0
8005	-25.0	-25.0	-25.0	-25.0	-25.0	-50.0	-25.0
8006	-25.0	-25.0	-25.0	-25.0	-25.0	-50.0	-25.0
8007	-25.0	-25.0	-25.0	-25.0	-25.0	-50.0	-25.0
8008	-25.0	-25.0	-25.0	-25.0	-25.0	-50.0	-25.0
8009	-25.0	-25.0	-25.0	-25.0	50.4 J	-50.0	-25.0
8010	-25.0	-25.0	-25.0	-25.0	78.0	-50.0	-25.0

K. TANK-SYSTEM SITE ASSESSMENT INFORMATION

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

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

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

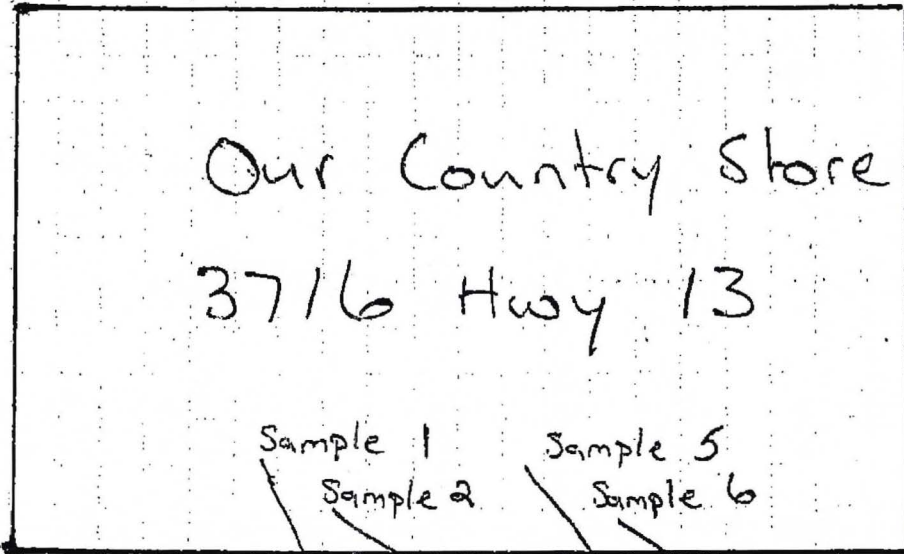
Jon J. Heller
 Tank-System Site Assessor Signature
 12-31-2011
 Date Signed

42281
 Certification Number #

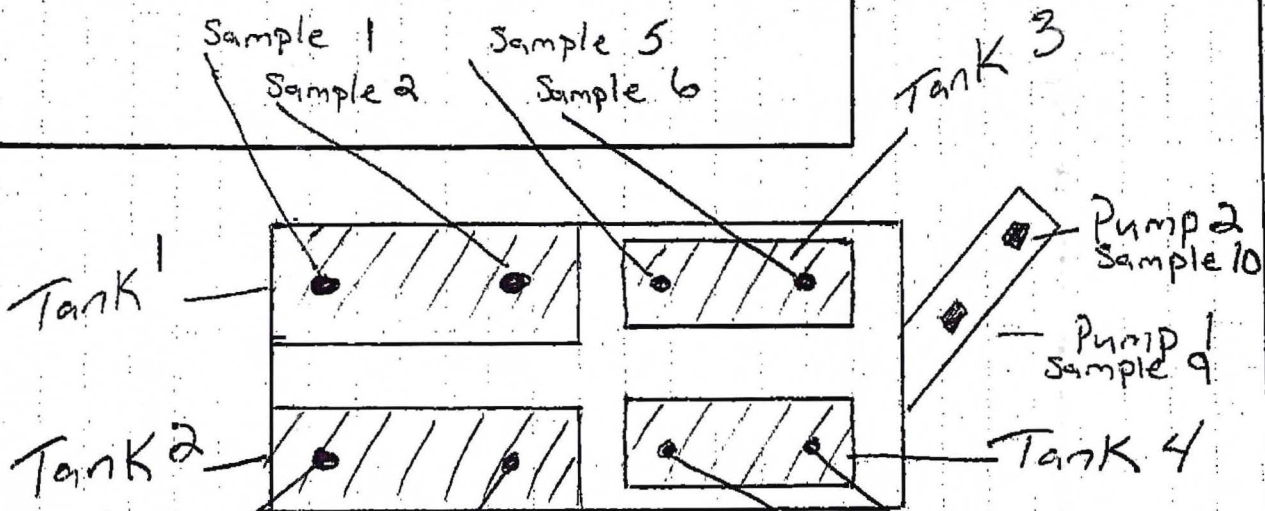
HPS Inc 2011
 Company Name



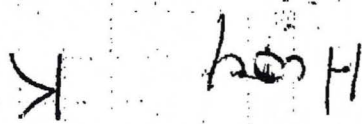
Well & Creek South of Building.



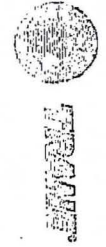
Hwy 13



Sample 3
Sample 4



Sample 8
Sample 7



For _____
 Location _____
 Subject _____

Job No. _____
 Page _____
 Date _____
 By _____

(Please Print Clearly)

UPPER MIDWEST REGION

Page 1 of

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

4054708



Company Name: Heller's
 Branch/Location:
 Project Contact: Jon Heller
 Phone: 608-577-1055
 Project Number:
 Project Name: Our Country Store
 Project State: Wis, Defts, WI
 Sampled By (Print): Jon Heller
 Sampled By (Sign): [Signature]
 PO #:
 Regulatory Program:

CHAIN OF CUSTODY

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

FILTERED? (YES/NO)	PRESERVATION (CODE)*	Y/N	Plat Letter	Analysis Requested	Lab
		N	F		Lab 608-577-1055

Quote #:
 Mail To Contact: Jon Heller
 Mail To Company:
 Mail To Address: jonheller@hellersjunkremoval.com
 Invoice To Contact:
 Invoice To Company:
 Invoice To Address:
 Invoice To Phone:
 CLIENT COMMENTS
 LAB COMMENTS (Lab Use Only)
 Profile #

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

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

Matrix Codes
 A = Air W = Water
 B = Biot DW = Drinking Water
 C = Charcoal GW = Ground Water
 D = Oil SW = Surface Water
 E = Soil WW = Waste Water
 F = Sludge WP = Waste

PACE LAB #	CLIENT FIELD ID	COLLECTION		MATRIX	Analysis Requested	Lab
		DATE	TIME			
001	Tank #1 East End	12-1	12:30	S	X	
002	Tank #1 West End	12-1	12:40		X	
003	Tank #2 East End	12-1	12:50		X	
004	Tank #2 West End	12-1	1:00		X	
005	Tank #3 East End	12-1	1:10		X	
006	Tank #3 West End	12-1	1:20		X	
007	Tank #4 East End	12-1	1:30		X	
008	Tank #4 West End	12-1	1:40		X	
009	Pump 1	12-1	1:50		X	
010	Pump 2	12-1	2:00		X	

Rush Turnaround Time Requested - Prelims (Rush TAT subject to approval/surcharge) Date Needed:
 Relinquished By: [Signature] Date/Time: 12-9-11 3:00 PM Received By: Dunham Date/Time:
 Relinquished By: Dunham Date/Time: 12/13/11 955 Received By: [Signature] Date/Time: 12/13/11 955
 Relinquished By: Date/Time: Received By: Date/Time:
 Relinquished By: Date/Time: Received By: Date/Time:
 Relinquished By: Date/Time: Received By: Date/Time:

PAGE Project No. 4054708
 Receipt Temp = ROI °C
 Sample Receipt pH OK/Adjusted
 Cooler Custody Seal Present/Not Present
 Intact/Not Intact



Sample Condition Upon Receipt

Client Name: Heller's Project # 4054708

Courier: Fed Ex UPS USPS Client Commercial Pace Other _____

Tracking #: _____

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

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

Packing Material: Bubble Wrap Bubble Bags None Other _____

Thermometer Used N/A

Type of Ice: Wet Blue Dry None

Samples on ice, cooling process has begun.

Cooler Temperature ROT

Biological Tissue is Frozen: yes no

Temp Blank Present: yes no

Temp should be above freezing to 6°C for all sample except Biota.

Biota Samples should be received ≤ 0°C.

Comments: _____

Person examining contents:

Date: 12/13/11
Initials: EAA

Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes date/time/ID/Analysis Matrix	<u>S</u>	
All containers needing preservation have been checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
All containers needing preservation are found to be in compliance with EPA recommendation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
exceptions: VOA, coliform, TOC, O&G, Wf-DRO (water)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial when completed
		Lot # of added preservative
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

Client Notification/ Resolution:

Person Contacted: _____

Date/Time: _____

Field Data Required?

Y / I / N

Comments/ Resolution: 008 (1-40mL) has a flipped script 12-BAK

Project Manager Review: _____

Date: 12/13/11

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)



Pace Analytical Services, Inc.
1241 Bellevue Street - Suite 9
Green Bay, WI 54302
(920)469-2438

December 15, 2011

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

RE: Project: OUR COUNTRY STORE
Pace Project No.: 4054708

Dear Robyn Seymour:

Enclosed are the analytical results for sample(s) received by the laboratory on December 13, 2011. The results relate only to the samples included in this report. Results reported herein conform to the most current TNI standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

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

Sincerely,

Alea Her

alea.her@pacelabs.com
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

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without the written consent of Pace Analytical Services, Inc.



Pace Analytical Services, Inc.
1241 Bellevue Street - Suite 9
Green Bay, WI 54302
(920)469-2436

CERTIFICATIONS

Project: OUR COUNTRY STORE
Pace Project No.: 4054708

Green Bay Certification IDs

1241 Bellevue Street, Green Bay, WI 54302
Florida/NELAP Certification #: E87948
Illinois Certification #: 200050
Kentucky Certification #: 82
Louisiana Certification #: 04168
Minnesota Certification #: 055-999-334
New York Certification #: 11888

North Carolina Certification #: 503
North Dakota Certification #: R-150
South Carolina Certification #: 83006001
US Dept of Agriculture #: S-76505
Wisconsin Certification #: 405132750
Wisconsin DATCP Certification #: 105-444

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Pace Analytical Services, Inc.
1241 Bellevue Street - Suite 9
Green Bay, WI 54302
(920)469-2436

SAMPLE SUMMARY

Project: OUR COUNTRY STORE
Pace Project No.: 4054708

Lab ID	Sample ID	Matrix	Date Collected	Date Received
4054708001	TANK #1 EAST END.	Solid	12/01/11 12:30	12/13/11 09:55
4054708002	TANK #1 WEST END.	Solid	12/01/11 12:40	12/13/11 09:55
4054708003	TANK #2 EAST END.	Solid	12/01/11 12:50	12/13/11 09:55
4054708004	TANK #2 WEST END.	Solid	12/01/11 13:00	12/13/11 09:55
4054708005	TANK #3 EAST END.	Solid	12/01/11 13:10	12/13/11 09:55
4054708006	TANK #3 WEST END.	Solid	12/01/11 13:20	12/13/11 09:55
4054708007	TANK #4 EAST END.	Solid	12/01/11 13:30	12/13/11 09:55
4054708008	TANK #4 WEST END.	Solid	12/01/11 13:40	12/13/11 09:55
4054708009	PUMP 1	Solid	12/01/11 13:50	12/13/11 09:55
4054708010	PUMP 2	Solid	12/01/11 14:00	12/13/11 09:55

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SAMPLE ANALYTE COUNT

Project: OUR COUNTRY STORE
Pace Project No.: 4054708

Lab ID	Sample ID	Method	Analysts	Analytes Reported
4054708001	TANK #1 EAST END.	WI MOD GRO	PMS	11
		ASTM D2974-87	EMH	1
4054708002	TANK #1 WEST END.	WI MOD GRO	PMS	11
		ASTM D2974-87	EMH	1
4054708003	TANK #2 EAST END.	WI MOD GRO	PMS	11
		ASTM D2974-87	EMH	1
4054708004	TANK #2 WEST END.	WI MOD GRO	PMS	11
		ASTM D2974-87	EMH	1
4054708005	TANK #3 EAST END.	WI MOD GRO	PMS	11
		ASTM D2974-87	EMH	1
4054708006	TANK #3 WEST END.	WI MOD GRO	PMS	11
		ASTM D2974-87	EMH	1
4054708007	TANK #4 EAST END.	WI MOD GRO	PMS	11
		ASTM D2974-87	EMH	1
4054708008	TANK #4 WEST END.	WI MOD GRO	PMS	11
		ASTM D2974-87	EMH	1
4054708009	PUMP 1	WI MOD GRO	PMS	11
		ASTM D2974-87	EMH	1
4054708010	PUMP 2	WI MOD GRO	PMS	11
		ASTM D2974-87	EMH	1

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: OUR COUNTRY STORE
 Pace Project No.: 4054708

Sample: TANK #1 EAST END. Lab ID: 4054708001 Collected: 12/01/11 12:30 Received: 12/13/11 09:55 Matrix: Solid
 Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 14:34	71-43-2	W
Ethylbenzene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 14:34	100-41-4	W
Gasoline Range Organics	<2.7 mg/kg		2.7	2.7	1	12/14/11 12:00	12/14/11 14:34		
Methyl-tert-butyl ether	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 14:34	1634-04-4	W
Naphthalene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 14:34	91-20-3	W
Toluene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 14:34	108-88-3	W
1,2,4-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 14:34	95-63-6	W
1,3,5-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 14:34	108-67-8	W
m&p-Xylene	<50.0 ug/kg		120	50.0	1	12/14/11 12:00	12/14/11 14:34	179601-23-1	W
o-Xylene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 14:34	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	105 %		80-120		1	12/14/11 12:00	12/14/11 14:34	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	6.5 %		0.10	0.10	1		12/14/11 10:19		

Sample: TANK #1 WEST END. Lab ID: 4054708002 Collected: 12/01/11 12:40 Received: 12/13/11 09:55 Matrix: Solid
 Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 14:59	71-43-2	W
Ethylbenzene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 14:59	100-41-4	W
Gasoline Range Organics	<2.7 mg/kg		2.7	2.7	1	12/14/11 12:00	12/14/11 14:59		
Methyl-tert-butyl ether	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 14:59	1634-04-4	W
Naphthalene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 14:59	91-20-3	W
Toluene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 14:59	108-88-3	W
1,2,4-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 14:59	95-63-6	W
1,3,5-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 14:59	108-67-8	W
m&p-Xylene	<50.0 ug/kg		120	50.0	1	12/14/11 12:00	12/14/11 14:59	179601-23-1	W
o-Xylene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 14:59	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	104 %		80-120		1	12/14/11 12:00	12/14/11 14:59	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	7.9 %		0.10	0.10	1		12/14/11 10:19		



ANALYTICAL RESULTS

Project: OUR COUNTRY STORE
 Pace Project No.: 4054708

Sample: TANK #2 EAST END. Lab ID: 4054708003 Collected: 12/01/11 12:50 Received: 12/13/11 09:55 Matrix: Solid
 Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 15:25	71-43-2	W
Ethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 15:25	100-41-4	W
Gasoline Range Organics	<2.9	mg/kg	2.9	2.9	1	12/14/11 12:00	12/14/11 15:25		
Methyl-tert-butyl ether	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 15:25	1634-04-4	W
Naphthalene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 15:25	91-20-3	W
Toluene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 15:25	108-88-3	W
1,2,4-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 15:25	95-83-6	W
1,3,5-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 15:25	108-67-8	W
m&p-Xylene	<50.0	ug/kg	120	50.0	1	12/14/11 12:00	12/14/11 15:25	179601-23-1	W
o-Xylene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 15:25	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	105 %		80-120		1	12/14/11 12:00	12/14/11 15:25	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	15.2 %		0.10	0.10	1		12/14/11 10:19		

Sample: TANK #2 WEST END. Lab ID: 4054708004 Collected: 12/01/11 13:00 Received: 12/13/11 09:55 Matrix: Solid
 Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 15:51	71-43-2	W
Ethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 15:51	100-41-4	W
Gasoline Range Organics	<2.9	mg/kg	2.9	2.9	1	12/14/11 12:00	12/14/11 15:51		
Methyl-tert-butyl ether	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 15:51	1634-04-4	W
Naphthalene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 15:51	91-20-3	W
Toluene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 15:51	108-88-3	W
1,2,4-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 15:51	95-83-6	W
1,3,5-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 15:51	108-67-8	W
m&p-Xylene	<50.0	ug/kg	120	50.0	1	12/14/11 12:00	12/14/11 15:51	179601-23-1	W
o-Xylene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 15:51	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	103 %		80-120		1	12/14/11 12:00	12/14/11 15:51	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	12.3 %		0.10	0.10	1		12/14/11 10:20		



ANALYTICAL RESULTS

Project: OUR COUNTRY STORE
 Pace Project No.: 4054708

Sample: TANK #3 EAST END. Lab ID: 4054708005 Collected: 12/01/11 13:10 Received: 12/13/11 09:55 Matrix: Solid
 Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 16:16	71-43-2	W
Ethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 16:16	100-41-4	W
Gasoline Range Organics	<2.9	mg/kg	2.9	2.9	1	12/14/11 12:00	12/14/11 16:16		
Methyl-tert-butyl ether	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 16:16	1634-04-4	W
Naphthalene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 16:16	91-20-3	W
Toluene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 16:16	108-88-3	W
1,2,4-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 16:16	95-63-6	W
1,3,5-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 16:16	108-67-8	W
m&p-Xylene	<50.0	ug/kg	120	50.0	1	12/14/11 12:00	12/14/11 16:16	179601-23-1	W
o-Xylene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 16:16	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	105 %		80-120		1	12/14/11 12:00	12/14/11 16:16	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	13.0 %		0.10	0.10	1		12/14/11 10:20		

Sample: TANK #3 WEST END. Lab ID: 4054708006 Collected: 12/01/11 13:20 Received: 12/13/11 09:55 Matrix: Solid
 Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 21:23	71-43-2	W
Ethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 21:23	100-41-4	W
Gasoline Range Organics	<2.7	mg/kg	2.7	2.7	1	12/14/11 12:00	12/14/11 21:23		
Methyl-tert-butyl ether	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 21:23	1634-04-4	W
Naphthalene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 21:23	91-20-3	W
Toluene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 21:23	108-88-3	W
1,2,4-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 21:23	95-63-6	W
1,3,5-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 21:23	108-67-8	W
m&p-Xylene	<50.0	ug/kg	120	50.0	1	12/14/11 12:00	12/14/11 21:23	179601-23-1	W
o-Xylene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 21:23	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	104 %		80-120		1	12/14/11 12:00	12/14/11 21:23	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	8.1 %		0.10	0.10	1		12/14/11 10:20		



ANALYTICAL RESULTS

Project: OUR COUNTRY STORE
 Pace Project No.: 4054708

Sample: TANK #4 EAST END. Lab ID: 4054708007 Collected: 12/01/11 13:30 Received: 12/13/11 09:55 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 21:49	71-43-2	W
Ethylbenzene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 21:49	100-41-4	W
Gasoline Range Organics	<2.6 mg/kg		2.6	2.6	1	12/14/11 12:00	12/14/11 21:49		
Methyl-tert-butyl ether	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 21:49	1634-04-4	W
Naphthalene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 21:49	91-20-3	W
Toluene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 21:49	108-88-3	W
1,2,4-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 21:49	95-63-6	W
1,3,5-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 21:49	108-67-8	W
m&p-Xylene	<50.0 ug/kg		120	50.0	1	12/14/11 12:00	12/14/11 21:49	179601-23-1	W
o-Xylene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 21:49	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	105 %		80-120		1	12/14/11 12:00	12/14/11 21:49	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	3.7 %		0.10	0.10	1		12/14/11 10:20		

Sample: TANK #4 WEST END. Lab ID: 4054708008 Collected: 12/01/11 13:40 Received: 12/13/11 09:55 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 22:14	71-43-2	W
Ethylbenzene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 22:14	100-41-4	W
Gasoline Range Organics	<2.8 mg/kg		2.8	2.8	1	12/14/11 12:00	12/14/11 22:14		
Methyl-tert-butyl ether	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 22:14	1634-04-4	W
Naphthalene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 22:14	91-20-3	W
Toluene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 22:14	108-88-3	W
1,2,4-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 22:14	95-63-6	W
1,3,5-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 22:14	108-67-8	W
m&p-Xylene	<50.0 ug/kg		120	50.0	1	12/14/11 12:00	12/14/11 22:14	179601-23-1	W
o-Xylene	<25.0 ug/kg		60.0	25.0	1	12/14/11 12:00	12/14/11 22:14	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	105 %		80-120		1	12/14/11 12:00	12/14/11 22:14	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	11.9 %		0.10	0.10	1		12/14/11 10:20		



ANALYTICAL RESULTS

Project: OUR COUNTRY STORE
 Pace Project No.: 4064708

Sample: PUMP 1 Lab ID: 4054708009 Collected: 12/01/11 13:50 Received: 12/13/11 09:55 Matrix: Solid
 Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 17:33	71-43-2	W
Ethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 17:33	100-41-4	W
Gasoline Range Organics	4.0	mg/kg	2.8	2.8	1	12/14/11 12:00	12/14/11 17:33		
Methyl-tert-butyl ether	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 17:33	1634-04-4	W
Naphthalene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 17:33	91-20-3	W
Toluene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 17:33	108-88-3	W
1,2,4-Trimethylbenzene	50.4	ug/kg	66.2	27.6	1	12/14/11 12:00	12/14/11 17:33	95-63-6	
1,3,5-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 17:33	108-67-8	W
m&p-Xylene	<50.0	ug/kg	120	50.0	1	12/14/11 12:00	12/14/11 17:33	179601-23-1	W
o-Xylene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 17:33	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	105 %		80-120		1	12/14/11 12:00	12/14/11 17:33	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	9.3 %		0.10	0.10	1		12/14/11 10:20		

Sample: PUMP 2 Lab ID: 4054708010 Collected: 12/01/11 14:00 Received: 12/13/11 09:55 Matrix: Solid
 Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 17:59	71-43-2	W
Ethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 17:59	100-41-4	W
Gasoline Range Organics	5.4	mg/kg	2.6	2.6	1	12/14/11 12:00	12/14/11 17:59		
Methyl-tert-butyl ether	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 17:59	1634-04-4	W
Naphthalene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 17:59	91-20-3	W
Toluene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 17:59	108-88-3	W
1,2,4-Trimethylbenzene	78.0	ug/kg	61.9	25.8	1	12/14/11 12:00	12/14/11 17:59	95-63-6	
1,3,5-Trimethylbenzene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 17:59	108-67-8	W
m&p-Xylene	<50.0	ug/kg	120	50.0	1	12/14/11 12:00	12/14/11 17:59	179601-23-1	W
o-Xylene	<25.0	ug/kg	60.0	25.0	1	12/14/11 12:00	12/14/11 17:59	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	105 %		80-120		1	12/14/11 12:00	12/14/11 17:59	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	3.0 %		0.10	0.10	1		12/14/11 10:20		

QUALITY CONTROL DATA

Project: OUR COUNTRY STORE
Pace Project No.: 4054708

QC Batch: GCV7736 Analysis Method: WI MOD GRO
QC Batch Method: TPH GRO/PVOC WI ext. Analysis Description: WIGRO Solid GCV
Associated Lab Samples: 4054708001, 4054708002, 4054708003, 4054708004, 4054708005, 4054708006, 4054708007, 4054708008, 4054708009, 4054708010

METHOD BLANK: 545936 Matrix: Solid
Associated Lab Samples: 4054708001, 4054708002, 4054708003, 4054708004, 4054708005, 4054708006, 4054708007, 4054708008, 4054708009, 4054708010

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,2,4-Trimethylbenzene	ug/kg	<25.0	60.0	12/14/11 10:49	
1,3,5-Trimethylbenzene	ug/kg	<25.0	60.0	12/14/11 10:49	
Benzene	ug/kg	<25.0	60.0	12/14/11 10:49	
Ethylbenzene	ug/kg	<25.0	60.0	12/14/11 10:49	
Gasoline Range Organics	mg/kg	<2.5	2.5	12/14/11 10:49	
m&p-Xylene	ug/kg	<50.0	120	12/14/11 10:49	
Methyl-tert-butyl ether	ug/kg	<25.0	60.0	12/14/11 10:49	
Naphthalene	ug/kg	<25.0	60.0	12/14/11 10:49	
o-Xylene	ug/kg	<25.0	60.0	12/14/11 10:49	
Toluene	ug/kg	<25.0	60.0	12/14/11 10:49	
a,a,a-Trifluorotoluene (S)	%	104	80-120	12/14/11 10:49	

LABORATORY CONTROL SAMPLE & LCSD: 545937

545938

Parameter	Units	Spike Conc.	LCS Result	LCSD Result	LCS % Rec	LCSD % Rec	% Rec Limits	RPD	Max RPD	Qualifiers
1,2,4-Trimethylbenzene	ug/kg	1000	1100	1060	110	106	80-120	4	20	
1,3,5-Trimethylbenzene	ug/kg	1000	1100	1060	110	106	80-120	4	20	
Benzene	ug/kg	1000	1130	1100	113	110	80-120	2	20	
Ethylbenzene	ug/kg	1000	1120	1090	112	109	80-120	3	20	
Gasoline Range Organics	mg/kg	10	10.6	10.1	106	101	80-120	5	20	
m&p-Xylene	ug/kg	2000	2250	2190	113	109	80-120	3	20	
Methyl-tert-butyl ether	ug/kg	1000	1120	1110	112	111	80-120	1	20	
Naphthalene	ug/kg	1000	1120	1160	112	116	80-120	4	20	
o-Xylene	ug/kg	1000	1120	1100	112	110	80-120	2	20	
Toluene	ug/kg	1000	1110	1080	111	108	80-120	3	20	
a,a,a-Trifluorotoluene (S)	%				103	103	80-120			



QUALIFIERS

Project: OUR COUNTRY STORE
Pace Project No.: 4054708

DEFINITIONS

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

ND - Not Detected at or above adjusted reporting limit.

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

MDL - Adjusted Method Detection Limit.

S - Surrogate

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

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

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

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

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

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

ANALYTE QUALIFIERS

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



INVOICE

Pace Analytical Services, Inc.
 1241 Bellevue Street, Suite 9
 Green Bay, WI 54302
 Phone: (920)469-2436

Invoice Number: 114051270 Date: 12/15/2011 Total Amount Due: \$400.00
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Sold To:

Robyn Seymour
 Seymour Environmental Services, INC.
 2531 Dyreson Road
 Mc Farland, WI 53558
 (608) 838-9120

New Remittance Address

Please ensure that payments are now mailed to:

Pace Analytical Services, Inc.
 P.O. Box 684056
 Chicago, IL 60695-4056

Client Number/Client ID	Purchase Order No	Pace Project Mgr	Terms	Page
40-000700 / SEYMOUR ENVI		Alee Her	Net 30 Days**	1

Client Project: OUR COUNTRY STORE
 Pace Project No: 4054708
 Report Sent To: Robyn Seymour, Seymour Environmental Services, INC.
 Comments:

Client Name: SEYMOUR ENVIRONMENTAL SERVICES, INC.
 Sample Received: 12/13/2011

ANALYTICAL CHARGES

Quantity	Unit	Description	Method	Matrix	Price	Total
10	Ea	Dry Weight	ASTM D2974-87	Solid	\$0.00	\$0.00
10	Ea	WIGRO Solid	WI MOD GRO	Solid	\$40.00	\$400.00
Analytical Subtotal						\$400.00

Total Number of Charges 20

Total Invoice Amount \$400.00

If you have any questions or to pay by credit card, please contact Alee Her at Pace.
 Phone: (920)469-2436 Email: alee.her@pacelabs.com

****1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.**
PLEASE REFERENCE THE INVOICE NUMBER ON ALL REMITTANCE ADVICE.

AN EQUAL OPPORTUNITY EMPLOYER

Please complete and return copy of invoice with your payment.

INVOICE TOTAL \$400.00

Amount Paid: \$ _____

Check No: _____

Customer No: 40-000700 Invoice No: 114051270

1. LUST ERP DRY CLEANER OTHER NAR

2. **BRRTS # and FID #** (assigned by PA):

BRRTS #: **09-01-558675**

FID #: **701044630**

3. **Discharge reported by:**

Name: Mary Ann Bays	Initial Contact Date: 4/26/12
Firm: Adams County	Date of RP Letter:
Mailing Address: PO Box 470, Friendship, WI	Phone Number: (608) 339-4202

4. **Site information:**

County: **Adams**

Site Name: **Our Country Store**

Location (street address, not P.O. Box): **3716 Hwy 13, Wisconsin Dells, WI 53965**

Municipality: **Town of Dell Prairie**

Legal Description: **NW ¼, NW ¼, Section 08, Tn 14 N, R 06 E/W E**

5. **Who Information (responsible party, RP contact):**

Contact Person: **Julie Smolen**

Responsible Party: **Julie Smolen**

Mailing Address: **N3645 Nineth Ave**

City, State, Zip: **Wisconsin Dells, WI 53965**

Phone Number:

6. **Consultant Information:**

Contact Name:

Company Name:

Mailing Address:

City, State, Zip:

Phone Number:

7. Risk, Priority, Funding Source:

Risk	Priority	Funding Source	Effective Date
<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> RP	/ /
<input type="checkbox"/> Medium	<input type="checkbox"/> Medium	<input type="checkbox"/> EF	/ /
<input checked="" type="checkbox"/> Low	<input checked="" type="checkbox"/> Low	<input checked="" type="checkbox"/> Other	/ /
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown		

8. Substances Discharged (check those that apply):

Ag Chemicals	<input type="checkbox"/> Paint	<input type="checkbox"/> Unknown Type
<input type="checkbox"/> Fertilizer	<input type="checkbox"/> Styrene	<input type="checkbox"/> Transmission Fluid
<input type="checkbox"/> Pesticide/Herbicide/Insecticide	Leachate	Radioactive
Animal Products	<input type="checkbox"/> Leachate	<input type="checkbox"/> Radioactive Material
<input type="checkbox"/> Animal By-Products	Metals	RCRA
<input type="checkbox"/> Dairy Products	<input type="checkbox"/> Arsenic	<input type="checkbox"/> RCRA Hazardous Waste
<input type="checkbox"/> Manure	<input type="checkbox"/> Chromium	Salt
Antifreeze	<input type="checkbox"/> Lead	<input type="checkbox"/> Salt
<input type="checkbox"/> Antifreeze	<input type="checkbox"/> Mercury	Sewage
Asbestos	<input type="checkbox"/> Metals	<input type="checkbox"/> Sewage
<input type="checkbox"/> Asbestos	PCB	Solvent
Food	<input type="checkbox"/> PCB	<input type="checkbox"/> PERC
<input type="checkbox"/> Food Products	Petroleum	<input type="checkbox"/> Chlorinated
Gases	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Non-chlorinated
<input type="checkbox"/> Chlorine Gas	<input type="checkbox"/> Diesel/Fuel Oil	<input type="checkbox"/> VOC
<input type="checkbox"/> Freon	<input type="checkbox"/> Engine Oil	Unknown
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Gasoline	<input type="checkbox"/> Unknown
Industrial	<input type="checkbox"/> Jet Fuel	Wastewater
<input type="checkbox"/> Acid	<input type="checkbox"/> Machine Coolant	<input type="checkbox"/> Wastewater
<input type="checkbox"/> Ammonia	<input type="checkbox"/> Mineral Oil	Other
<input type="checkbox"/> Base	<input type="checkbox"/> MTBE	<input type="checkbox"/> Other
<input type="checkbox"/> Bleach	<input type="checkbox"/> PAH	
<input type="checkbox"/> Cyanide		

9. Impacts to the Environment (check those that apply):

<input type="checkbox"/> Air Contamination	<input type="checkbox"/> Contamination in Right-of-Way	<input type="checkbox"/> Soil Contamination
<input type="checkbox"/> Co-contamination	<input type="checkbox"/> Direct Contact	<input type="checkbox"/> Storm Sewer Contamination
<input type="checkbox"/> Concrete/Asphalt	<input type="checkbox"/> Expanding Plume	<input type="checkbox"/> Surface Water Contamination
<input type="checkbox"/> Contained/Recovered	<input type="checkbox"/> Fire Explosion Threat	<input type="checkbox"/> Vapor Intrusion Pathway
<input type="checkbox"/> Contamination within 1 Meter of Bedrock	<input type="checkbox"/> Free Product	<input type="checkbox"/> Within 100 ft. of Private Well
<input type="checkbox"/> Contaminated Private Well	<input type="checkbox"/> Groundwater Contamination	<input type="checkbox"/> Within 1000 ft. of Public Well
<input type="checkbox"/> Contaminated Public Well	<input type="checkbox"/> Off-Site Contamination	<input type="checkbox"/> Other
<input type="checkbox"/> Contamination in Fractured Bedrock	<input type="checkbox"/> Sanitary Sewer Contamination	

10. Contamination was discovered as a result of:

<input checked="" type="checkbox"/> Tank Closure Assessment	<input type="checkbox"/> Site Assessment	<input type="checkbox"/> Spill	<input type="checkbox"/> Other (Describe):
Date 12/01/11	Date	Date	Date

11. CCs:

12. Additional Remarks: Trace PVOCs detected at pump island.