



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

FOR OFFICE USE ONLY

Wis. Admin. Code §ATCP 93.115
 §ATCP 93.350

ATCP 93 NOTIFICATION RECORD

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

TO: Joe Schreiber

OFFICE LOCATION: DATCP

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

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

LOCATION / IDENTIFICATION

SITE NAME Up Nort Bait & Sport		FACILITY NUMBER 134609		FIRE DEPT. Providing fire protection coverage 3405 Wolf Lake	
SITE STREET ADDRESS W2671 State Highway 64		<input type="checkbox"/> CITY	<input type="checkbox"/> TOWN	<input checked="" type="checkbox"/> VILLAGE	STATE WI
		White Lake		ZIP 54491	COUNTY Langlade
OWNER NAME Jeff & Carol Blawat		PHONE NUMBER () -		TANK OWNER EMAIL	
OWNER STREET ADDRESS W2671 State Highway 64		<input type="checkbox"/> CITY	<input type="checkbox"/> TOWN	<input checked="" type="checkbox"/> VILLAGE	STATE WI
		White Lake		ZIP 54491	
CONTRACTOR NAME Schaper Excavating & Petroluem		PHONE NUMBER (608) 429 - 2300	CELL NUMBER (608) 617 - 4612	EMAIL kate@schaperexcavating.com	
STREET ADDRESS W4396 County Rd E		<input type="checkbox"/> CITY	<input checked="" type="checkbox"/> TOWN	<input type="checkbox"/> VILLAGE	STATE WI
		Pardeeville		ZIP 53954	
Date work is to begin: 5/30/17		Date/Time Requested for tank inspection: 5/31/17 10 am		ATCP 93 certified installer supervisor or qualified engineer: 401583	

PROJECT WILL INVOLVE: (Check all that apply)

	CHECK		NUMBER OF TANKS	PLAN NUMBER	APPROVAL DATE
	UST	AST			
Tank Installation	<input type="checkbox"/>	<input type="checkbox"/>			
Dispenser POS Conversion	<input type="checkbox"/>	<input type="checkbox"/>			
Piping Installation or Upgrade	<input type="checkbox"/>	<input type="checkbox"/>			
Leak Detection Upgrade	<input type="checkbox"/>	<input type="checkbox"/>			
Spill or Overfill Protection	<input type="checkbox"/>	<input type="checkbox"/>			
Cathodic Protection or Interior Lining	<input type="checkbox"/>	<input type="checkbox"/>			
CERCLA Chemical Tank(s) Only	<input type="checkbox"/>	<input type="checkbox"/>		Send notice to DATCP(use address above)	
Tank Closure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2		

Site assessment conducted by: General Engineering Lynn Bradley

Comments:



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Reg Obj #:

Wis. Admin. Code §ATCP 93.140

UNDERGROUND FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION

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

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated above. Have you previously registered this tank by submitting a form? ☒ Yes ☐ No

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

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

- ☐ In Use
☐ Newly Installed
☐ Abandoned with Product
☐ Abandoned with Product (empty)
☐ Abandon with Water
☒ Closed - Tank Removed
☐ Closed - Filled with Inert Materials
☐ Ownership Change (Indicate new owner name in block 2 - attach deed)
☐ Temporarily Out of Service - Provide Date:
- Fire Dept. providing fire coverage where tank is located: ☐ CITY ☐ TOWN ☒ VILLAGE 3405 Wolf River

IDENTIFICATION (Please Print)

1. TANK SITE NAME Up Nort Bait & Sport		COUNTY Langlade	PHONE () -
SITE STREET ADDRESS W2671 Hwy 64		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: White Lake	STATE WI
2. TANK OWNER LEGAL NAME Jeff & Carol Blawat		COUNTY Langlade	PHONE: Check <input type="checkbox"/> CELL or <input type="checkbox"/> LAND () -
MAILING ADDRESS W2671 Hwy 64		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: White Lake	STATE WI
3. PROPERTY OWNER NAME (if different from Tank Owner Legal Name #2)		COUNTY (if different from County #2)	
PROPERTY OWNER ADDRESS (if different from Site Street Address #1)		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:	STATE WI
4. CLASS A NAME	DOB	CERTIFICATION: (Attach certificate)	
5. CLASS B NAME	DOB	CERTIFICATION: (Attach certificate)	

SITE ID: 412023

FACILITY ID # 134609

CUSTOMER ID # 127618

Tank Capacity (gallons): 4000

Tank Age (age or date installed): ???

Vehicle fueling: ☒ Yes ☐ No

LAND OWNER TYPE (check one) Refer to back

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

OCCUPANCY TYPE (check one) Refer to back

☒ Retail Fuel Sales ☐ Mercantile/Commercial ☐ Industrial ☐ Residential ☐ School ☐ Utility ☐ Government Fleet
☐ Agricultural (crop or livestock production) ☐ Backup or Emergency Generator ☐ Other (specify):

TANK CONSTRUCTION:

☐ Bare Steel ☐ Coated Steel ☐ Steel - Fiberglass Reinforced Plastic Composite
☒ Fiberglass ☐ Unknown ☐ Other (specify): ☐ Lined (date):

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

TANK CATHODIC PROTECTION: ☐ Sacrificial Anodes ☐ Impressed Current ☒ N/A

PRIMARY TANK LEAK DETECTION METHOD: ☒ Automatic tank gauging ☐ Interstitial monitoring ☐ Electronic ☐ Yes ☐ No ☐ Inventory control and tightness testing
☐ Manual tank gauging (only for tanks of 1,000 gallons or less) ☐ Statistical Inventory Reconciliation (SIR) ☐ Unknown

PIPING CONSTRUCTION: ☒ Single Wall ☐ Double Wall:

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

PIPING CATHODIC PROTECTION: ☐ Sacrificial Anodes ☐ Impressed Current ☒ N/APRIMARY PIPING SYSTEM TYPE: ☐ Pressurized piping with ☐ A. Pump auto shutoff - ELLD ☐ B. Flow restrictor - MLLD ☐ Unknown

☐ Suction piping with check valve at tank ☒ Suction piping with check valve at pump and inspectable ☐ Not needed if waste oil

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

☐ Tightness testing ☐ Electronic line monitor - ELLD ☐ SIR ☒ Not required ☐ Unknown

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

☐ Bio-Diesel: ___ % ☐ Aviation ☐ Premix ☐ Fuel Oil ☐ Kerosene ☐ New Oil ☐ Gas-ethanol blend: ___ % ☐ Diesel
☐ Waste/Used Motor Oil ☐ Used for Heating ☐ Hazardous Waste/Interface* ☐ Empty* ☐ Sand/Grave/Slurry* ☐ Unknown
☐ Other (specify): ☐ Chemical* Name CAS#

* NOT PECFA eligible.

Geo Latitude:

Geo Longitude:

If Tank Closed, Abandoned or Out of Service: 5/31/2017

Has a site assessment been completed? (see reverse side for details) ☐ Yes ☐ No

TANK OWNER LEGAL NAME (please print)

TANK OWNER E-MAIL

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

DATE:

5/31/2017

Note: Refer to comments on reverse side of form.



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Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated above. Have you previously registered this tank by submitting a form? ☒ Yes ☐ No

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

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

- ☐ In Use
☐ Newly Installed
☐ Abandoned with Product
☐ Abandoned with Product (empty)
☐ Abandon with Water
☒ Closed - Tank Removed
☐ Closed - Filled with Inert Materials
☐ Ownership Change (Indicate new owner name in block 2 - attach deed)
☐ Temporarily Out of Service - Provide Date:

Fire Dept. providing fire coverage where tank is located: ☐ CITY ☐ TOWN ☒ VILLAGE 3405 Wolf River

IDENTIFICATION (Please Print)			
1. TANK SITE NAME Up Nort Bait & Sport		COUNTY Langlade	PHONE () -
SITE STREET ADDRESS W2671 Hwy 64		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: White Lake	STATE WI ZIP 54491
2. TANK OWNER LEGAL NAME Jeff & Carol Blawat		COUNTY Langlade	PHONE: Check <input type="checkbox"/> CELL or <input type="checkbox"/> LAND () -
MAILING ADDRESS W2671 Hwy 64		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: White Lake	STATE WI ZIP 54491
3. PROPERTY OWNER NAME (if different from Tank Owner Legal Name #2)		COUNTY (if different from County #2)	
PROPERTY OWNER ADDRESS (if different from Site Street Address #1)		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:	STATE WI ZIP
4. CLASS A NAME	DOB	CERTIFICATION: (Attach certificate)	
5. CLASS B NAME	DOB	CERTIFICATION: (Attach certificate)	

SITE ID: 412022 FACILITY ID # 134609 CUSTOMER ID # 127618

Tank Capacity (gallons): 10000 Tank Age (age or date installed): ??? Vehicle fueling: ☒ Yes ☐ No

LAND OWNER TYPE (check one) Refer to back

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

OCCUPANCY TYPE (check one) Refer to back

☒ Retail Fuel Sales ☐ Mercantile/Commercial ☐ Industrial ☐ Residential ☐ School ☐ Utility ☐ Government Fleet
☐ Agricultural (crop or livestock production) ☐ Backup or Emergency Generator ☐ Other (specify):

TANK CONSTRUCTION:

☐ Bare Steel ☐ Coated Steel ☐ Steel - Fiberglass Reinforced Plastic Composite
☒ Fiberglass ☐ Unknown ☐ Other (specify): ☐ Lined (date):

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

TANK CATHODIC PROTECTION: ☐ Sacrificial Anodes ☐ Impressed Current ☒ N/A

PRIMARY TANK LEAK DETECTION METHOD: ☒ Automatic tank gauging ☐ Interstitial monitoring ☐ Electronic ☐ Yes ☐ No ☐ Inventory control and tightness testing
☐ Manual tank gauging (only for tanks of 1,000 gallons or less) ☐ Statistical Inventory Reconciliation (SIR) ☐ Unknown

PIPING CONSTRUCTION: ☒ Single Wall ☐ Double Wall:

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

PIPING CATHODIC PROTECTION: ☐ Sacrificial Anodes ☐ Impressed Current ☒ N/A

PRIMARY PIPING SYSTEM TYPE: ☐ Pressurized piping with ☐ A. Pump auto shutoff - ELLD ☐ B. Flow restrictor - MLLD ☐ Unknown

☐ Suction piping with check valve at tank ☒ Suction piping with check valve at pump and inspectable ☐ Not needed if waste oil

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

☐ Tightness testing ☐ Electronic line monitor - ELLD ☐ SIR ☒ Not required ☐ Unknown

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

☐ Bio-Diesel: ___ % ☐ Aviation ☐ Premix ☐ Fuel Oil ☐ Kerosene ☐ New Oil ☐ New Oil - Flash point less than 200°F
☐ Waste/Used Motor Oil ☐ Used for Heating ☐ Hazardous Waste/Interface* ☐ Empty* ☐ Sand/Grave/Slurry* ☐ Unknown
☐ Other (specify): ☐ Chemical* Name CAS#

* NOT PECFA eligible.

Geo Latitude:

Geo Longitude:

If Tank Closed, Abandoned or Out of Service: 5/31/2017

Has a site assessment been completed? (see reverse side for details) ☐ Yes ☐ No

TANK OWNER LEGAL NAME (please print)

Jeff Blawat

TANK OWNER E-MAIL

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

Jeff Blawat

DATE:

5/31/2017

Note: Refer to comments on reverse side of form.



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TANK SYSTEM SERVICE AND CLOSURE ASSESSMENT REPORT

CHECK ONE:

☒ UNDERGROUND

☐ ABOVEGROUND

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

Complete One Form for Each System Service Event

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

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

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

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

☒ Remote fill ☒ Tank ☒ Piping ☐ Transition/containment sump ☐ Spill bucket ☒ Dispenser

B. IDENTIFICATION (Please Print)

1. Facility Name

Up North Bait + Sport

2. Owner Name

Jeff + Carol Blawat

Facility Street Address (not P.O. Box)

W2671 Hwy 64

3. Contact Name

Job Title

Municipality

White Lake

Mailing Address

W2671 Hwy 64

☒ City ☐ Village ☐ Town of:

Post Office

White Lake

State

Zip Code

Zip Code

54491

County

Langlade

County

Langlade

Telephone No. (include area code)

4. Primary Service Contractor Section A above

Schaper Exc + Petro LLC

Service Contractor Street Address

W4386 Ctr E

Service Contractor Telephone No. (include area code)

(608) 429-2300

Service Contractor City, State, Zip Code

Purdessville W. 53954

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

a	b	c	d	e	f	g	h
Tank ID #	Type of Closure ¹	Tank Material of Construction	Piping Material of Construction	Tank Capacity (gallons)	Contents ²	Release - System Integrity Compromised (e.g. holes, cracks, loose connection, etc)?	If "Yes" to "g", Then Specify Source & Cause of Release ⁵
412022	P	FG	FG	10,000	UG	<input type="checkbox"/> Y <input type="checkbox"/> N	Source of Release ³ Cause of Release ⁴
412023	P	FG	FG	4,000	UG	<input type="checkbox"/> Y <input type="checkbox"/> N	
						<input type="checkbox"/> Y <input type="checkbox"/> N	
						<input type="checkbox"/> Y <input type="checkbox"/> N	
						<input type="checkbox"/> Y <input type="checkbox"/> N	
						<input type="checkbox"/> Y <input type="checkbox"/> N	

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

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

CAS number(s):

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

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

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

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

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

All local permits were obtained before beginning closure.

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

NOTE: TANK INVENTORY FORM TR-WM-137 or TR-WM-118 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH CLOSURE or CHANGE-IN-SERVICE CHECKLIST

D.1 ☐ TEMPORARILY OUT-OF-SERVICE

1. Product removed.

Remover Verified	Inspector Verified	NA
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

a. Product lines drained into tank (or other container) and liquid removed, and

b. All product removed to bottom of suction line, OR

c. All product removed to within 1" of bottom.

2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped.

3. All product lines at the islands or pumps located elsewhere are removed and capped, OR

4. Dispensers/pumps left in place but locked and power disconnected.

5. Vent lines left open.

6. Inventory form filed indicating temporarily out-of-service (TOS) closure.

D.2 ☒ CLOSURE BY REMOVAL OR IN-PLACE

1. General Requirements

a. Product from piping drained into tank (or other container).

b. Piping disconnected from tank and removed.

c. All liquid and residue removed from tank using explosion-proof pumps or hand pumps.

d. All pump motors and suction hoses bonded to tank or otherwise grounded.

e. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.

f. Vent lines left connected until tanks purged.

g. Tank openings temporarily plugged so vapors exit through vent.

h. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section E.

2. Specific Closure-by-Removal Requirements

a. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement.

b. Tank cleaned before being removed from site.

c. Tank labeled in 2" high letters after removal but before being moved from site.

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.

e. Site security is provided while the excavation is open.

3. Specific Closure-In-Place Requirements

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

a. Tank properly cleaned to remove all sludge and residue.

b. Solid inert material (sand, cyclone boiler slag, or pea gravel recommended) introduced and tank filled.

c. Vent line disconnected or removed.

d. Inventory form filed by owner with the DATCP indicating closure in-place.

E. ☐ REPAIR, UPGRADE OR CHANGE-IN-SERVICE

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

All local permits were obtained before beginning service.

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

☐ Y ☐ N ☐ NA
☐ Y ☐ N ☐ NA
☐ Y ☐ N ☐ NA

F. METHOD OF VAPOR FREEING OF TANK

☒ Displacement of vapors by eductor or diffused air blower.

Eductor driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground.

Diffused air blower bonded and drop tube removed. Air pressure not exceeding 5 psig.

☐ Inert gas using dry ice or liquid carbon dioxide.

☐ Inert gas using CO₂ or N₂ **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. LEL METERS MAY NOT FUNCTION ACCURATELY. THE TANK MAY NOT BE ENTERED IN THIS STATE WITHOUT SPECIAL EQUIPMENT.**

Gas introduced through a single opening at a point near the bottom of the tank at the end of the tank opposite the vent.

Gas introduced under low pressure not to exceed 5 psig to reduce static electricity. Gas introducing device grounded.

☒ Readings of 10% or less of the lower flammable range (LEL) or 0% oxygen obtained before removing tank from ground.

☒ Tank atmosphere monitored for flammable or combustible vapor levels prior to and during cleaning and cutting.

☒ Calibrate combustible gas indicator and/or oxygen meter prior to use. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank.

G. REMOVER/CLEANER INFORMATION

Richard Schaper

Remover/Cleaner Name (print)

Richard Schaper

Remover/Cleaner Signature

401583

Certification No.

5/31/17

Date Signed

I attest that the procedures and information which I have provided as the tank closure contractor are correct and comply with ATCP 93.

Company expected to perform soil contamination assessment

General Engineering Portage

H. INSPECTOR INFORMATION

Joe Schreiber

Inspector Name (print)

Joe Schreiber

Inspector Signature

401348

Inspector Cert #

DATCP

LPO Agency #

FDID # For Location Where Inspection Performed

Inspector Telephone Number

Date Signed

Part B – To be completed by environmental professional

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

I. TANK-SYSTEM SITE ASSESSMENT (TSSA)

Site Name: Up North Bait + Sport

Address: 1251671 Hwy 164, White Lake WI

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

To determine if a TSSA is required, see ATP 93 and section II part B of ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS.

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

1. Site Information

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

If yes, provide the DATCP # _____, or DNR BRRT's # 03-34-000394

b. Number of active tanks¹ at facility prior to completion of current services USTs 2 ASTs _____

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

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

EXCAVATION/TRENCH #	LENGTH	WIDTH	DEPTH
<u>301</u>	<u>50</u>	<u>30</u>	<u>10'</u>

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

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

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

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

3. Geology/Hydrogeology

a. Depth to groundwater _____ feet b. Indicate type of geology² SLT

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

4. Receptors

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

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

5. Sampling

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

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

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

J. NOTE RELEVANT OBSERVATIONS, SPECIFIC PROBLEMS OR CONCERNS BELOW

One area sidewall sample indicated a petroleum odor. This affected soil appeared to be from the previous release. No further investigation appears warranted at this time.

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

Sample ID #	Sample Location & Soil/Geologic Description	Sample Collection Method				Depth Below Tank/Piping (feet)	Field Screening Result (ppm)	GRO (mg/kg)	DRO (mg/kg)
		Grab	Shelby Tube	Direct Push	Split Spoon				
1	W Bottom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	0	✓	—
2	nw Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	—	—
3	SW Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	—	—
4	Center Bottom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	0	—	—
5	S Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	231	—	—
6	SE Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	—	—
7	NE Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	—	—
8	E Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	—	—
9	E Bottom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	0	—	—
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

TABLE 2 SOIL LABORATORY ANALYTICAL RESULTS-FOR PETROLEUM PRODUCTS

Sample ID #	BENZENE	TOLUENE	ETHYLBENZENE	MTBE	TRIMETHYL - BENZENES (TOTAL)	XYLENES (TOTAL)	NAPHTHALENE
	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg
1	<25	<25	<25	<25	<50	<75	<25
2	<25	<25	<25	<25	<50	<75	<25
3	<25	<25	<25	<25	<50	<75	<25
4	<25	<25	<25	<25	<50	<75	<25
5	<125	1460	1580	<125	3920	914	4000
6	<25	<25	<25	<25	<50	<75	<25
7	<25	<25	<25	<25	<50	<75	<25
8	<25	<25	<25	<25	<50	<75	<25
9	<25	<25	<25	<25	<50	<75	<25

K. TANK-SYSTEM SITE ASSESSMENT INFORMATION

☒ As a tank-system site assessor certified under Wis. Admin. Code section SPS 305.83, it is my opinion that there is no indication of a release of a regulated substance to the environment. Contamination appears to be from former release.

☐ Sampling at the site indicates there has been a release to the environment. Pursuant to Wis. Admin. Code section ATCP 93.585 (2) (a) and Wis. Stats. section 292.11 (2) (a), the owner or operator or contractor performing work under chapter ATCP 93 shall immediately report any release of a regulated substance to the Wisconsin Department of Natural Resources. Failure to do so may result in forfeitures of a minimum of \$10 and a maximum of \$5000 for each violation under Wis. Stats. section 166.26 (5). Each day of continued violation and each tank are treated as separate offenses.

Lynn Bradley
Tank-System Site Assessor Name (print)
608-742-2169
Tank-System Site Assessor Telephone Number

Lynn Bradley
Tank-System Site Assessor Signature
6/24/17
Date Signed

401232
Certification Number #
General Engineering Co.
Company Name

APPENDIX A
TANK SYSTEM CLOSURE ASSESSMENT – PART B



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

FOR OFFICE USE ONLY

TDID#:

Reg Obj #:

Wis. Admin. Code §ATCP 93.140

UNDERGROUND FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION

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

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated above. Have you previously registered this tank by submitting a form? ☒ Yes ☐ No

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

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

- ☐ In Use
☐ Newly Installed
☐ Abandoned with Product
☐ Abandoned with Water
☒ Closed - Tank Removed
☐ Closed - Filled with Inert Materials
☐ Ownership Change (Indicate new owner name in block 2 - attach deed)
☐ Temporarily Out of Service - Provide Date:
- Fire Dept. providing fire coverage where tank is located: ☐ CITY ☐ TOWN ☒ VILLAGE 3405 Wolf River

IDENTIFICATION (Please Print)

1. TANK SITE NAME Up Nort Bail & Sport		COUNTY Langlade	PHONE () -	
SITE STREET ADDRESS W2671 Hwy 64		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: White Lake	STATE WI	ZIP 54491
2. TANK OWNER LEGAL NAME Jeff & Carol Blawat		COUNTY Langlade	PHONE: Check <input type="checkbox"/> CELL or <input type="checkbox"/> LAND () -	
MAILING ADDRESS W2671 Hwy 64		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: White Lake	STATE WI	ZIP 54491
3. PROPERTY OWNER NAME (if different from Tank Owner Legal Name #2)		COUNTY (if different from County #2)		
PROPERTY OWNER ADDRESS (if different from Site Street Address #1)		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:	STATE WI	ZIP
4. CLASS A NAME	DOB	CERTIFICATION: (Attach certificate)		
5. CLASS B NAME	DOB	CERTIFICATION: (Attach certificate)		

SITE ID: 412023 FACILITY ID # 134809 CUSTOMER ID # 127618

Tank Capacity (gallons): 4000 Tank Age (age or date installed): ??? Vehicle fueling: ☒ Yes ☐ No

LAND OWNER TYPE (check one) Refer to back

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

OCCUPANCY TYPE (check one) Refer to back

☒ Retail Fuel Sales ☐ Mercantile/Commercial ☐ Industrial ☐ Residential ☐ School ☐ Utility ☐ Government Fleet
☐ Agricultural (crop or livestock production) ☐ Backup or Emergency Generator ☐ Other (specify):

TANK CONSTRUCTION:

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

TANK CATHODIC PROTECTION: ☐ Sacrificial Anodes ☐ Impressed Current ☒ N/A

PRIMARY TANK LEAK DETECTION METHOD: ☒ Automatic tank gauging ☐ Interstitial monitoring ☐ Electronic ☐ Yes ☐ No ☐ Inventory control and tightness testing
☐ Manual tank gauging (only for tanks of 1,000 gallons or less) ☐ Statistical Inventory Reconciliation (SIR) ☐ Unknown

PIPING CONSTRUCTION: ☒ Single Wall ☐ Double Wall:

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

PIPING CATHODIC PROTECTION: ☐ Sacrificial Anodes ☐ Impressed Current ☒ N/A

PRIMARY PIPING SYSTEM TYPE: ☐ Pressurized piping with ☐ A. Pump auto shutoff - ELLD ☐ B. Flow restrictor - MLLD ☐ Unknown

☐ Suction piping with check valve at tank ☒ Suction piping with check valve at pump and inspectable ☐ Not needed if waste oil

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

☐ Tightness testing ☐ Electronic line monitor - ELLD ☐ SIR ☒ Not required ☐ Unknown

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

☐ Bio-Diesel: ___% ☐ Aviation ☐ Premix ☐ Fuel Oil ☐ Kerosene ☐ New Oil ☐ Gas-ethanol blend: ___% ☐ Diesel
☐ Waste/Used Motor Oil ☐ Used for Heating ☐ Hazardous Waste/Interface* ☐ Empty* ☐ Sand/Grave/Slurry* ☐ Unknown
☐ Other (specify): ☐ Chemical* Name CAS#

* NOT PECFA eligible.

Geo Latitude:

Geo Longitude:

If Tank Closed, Abandoned or Out of Service: 5/31/2017

Has a site assessment been completed? (see reverse side for details) ☐ Yes ☐ No

TANK OWNER LEGAL NAME (please print)

Jeff Blawat

TANK OWNER E-MAIL

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

[Signature]

DATE:

5/31/2017

Note: Refer to comments on reverse side of form.



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

FOR OFFICE USE ONLY

TDID#:

Reg Obj #:

Wis. Admin. Code §ATCP 93.140

UNDERGROUND FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION

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

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated above. Have you previously registered this tank by submitting a form? ☒ Yes ☐ No

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

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

- ☐ In Use
☐ Newly Installed
☐ Abandoned with Product
☐ Abandoned with Product
☐ Closed - Filled with Inert Materials
☐ Abandon with Water
☒ Closed - Tank Removed
☐ Ownership Change (Indicate new owner name in block 2 - attach deed)
☐ Temporarily Out of Service - Provide Date:

Fire Dept. providing fire coverage where tank is located: ☐ CITY ☐ TOWN ☒ VILLAGE 3405 Wolf River

IDENTIFICATION (Please Print)

1. TANK SITE NAME Up Nort Bail & Sport		COUNTY Langlade	PHONE () -	
SITE STREET ADDRESS W2671 Hwy 64		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: White Lake	STATE WI	ZIP 54491
2. TANK OWNER LEGAL NAME Jeff & Carol Blawat		COUNTY Langlade	PHONE: Check <input type="checkbox"/> CELL or <input type="checkbox"/> LAND () -	
MAILING ADDRESS W2671 Hwy 64		<input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: White Lake	STATE WI	ZIP 54491
3. PROPERTY OWNER NAME (if different from Tank Owner Legal Name #2)		COUNTY (if different from County #2)		
PROPERTY OWNER ADDRESS (if different from Site Street Address #1)		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:	STATE WI	ZIP
4. CLASS A NAME	DOB	CERTIFICATION: (Attach certificate)		
5. CLASS B NAME	DOB	CERTIFICATION: (Attach certificate)		
SITE ID: 412022		FACILITY ID # 134609		CUSTOMER ID # *127618

Tank Capacity (gallons): 10000 Tank Age (age or date installed): ??? Vehicle fueling: ☒ Yes ☐ No

LAND OWNER TYPE (check one) Refer to back

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

OCCUPANCY TYPE (check one) Refer to back

☒ Retail Fuel Sales ☐ Mercantile/Commercial ☐ Industrial ☐ Residential ☐ School ☐ Utility ☐ Government Fleet
☐ Agricultural (crop or livestock production) ☐ Backup or Emergency Generator ☐ Other (specify):

TANK CONSTRUCTION:

☐ Bare Steel ☐ Coated Steel ☐ Steel - Fiberglass Reinforced Plastic Composite
☒ Fiberglass ☐ Unknown ☐ Other (specify): ☐ Lined (date):

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

TANK CATHODIC PROTECTION: ☐ Sacrificial Anodes ☐ Impressed Current ☒ N/A

PRIMARY TANK LEAK DETECTION METHOD: ☒ Automatic tank gauging ☐ Interstitial monitoring ☐ Electronic ☐ Yes ☐ No ☐ Inventory control and tightness testing
☐ Manual tank gauging (only for tanks of 1,000 gallons or less) ☐ Statistical Inventory Reconciliation (SIR) ☐ Unknown

PIPING CONSTRUCTION: ☒ Single Wall ☐ Double Wall:

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

PIPING CATHODIC PROTECTION: ☐ Sacrificial Anodes ☐ Impressed Current ☒ N/A

PRIMARY PIPING SYSTEM TYPE: ☐ Pressurized piping with ☐ A. Pump auto shutoff - ELLD ☐ B. Flow restrictor - MLLD ☐ Unknown

☐ Suction piping with check valve at tank ☒ Suction piping with check valve at pump and inspectable ☐ Not needed if waste oil

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

☐ Tightness testing ☐ Electronic line monitor - ELLD ☐ SIR ☒ Not required ☐ Unknown

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

☐ Bio-Diesel: ___% ☐ Aviation ☐ Premix ☐ Fuel Oil ☐ Kerosene ☐ New Oil ☐ New oil - Flash point less than 200°F
☐ Waste/Used Motor Oil ☐ Used for Heating ☐ Hazardous Waste/Interface* ☐ Empty* ☐ Sand/Gravel/Slurry* ☐ Unknown
☐ Other (specify): ☐ Chemical* Name CAS#

* NOT PECFA eligible.

Geo Latitude:

Geo Longitude:

If Tank Closed, Abandoned or Out of Service: 5/31/2017

Has a site assessment been completed? (see reverse side for details) ☐ Yes ☐ No

TANK OWNER LEGAL NAME (please print)

Jeff Blawat


TANK OWNER E-MAIL

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

DATE:

5/31/2017

Note: Refer to comments on reverse side of form.

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

CHECK ONE: ☒ UNDERGROUND ☐ ABOVEGROUND

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

Complete One Form for Each System Service Event

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

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

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

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

☒ Remote fill ☒ Tank ☒ Piping ☐ Transition/containment sump ☐ Spill bucket ☒ Dispenser

B. IDENTIFICATION (Please Print)

1. Facility Name
Up North Bait + Sport

2. Owner Name
Jeff + Carol Blawat

Facility Street Address (not P.O. Box)

W22671 Hwy 64

3. Contact Name

Job Title

Municipality

White Lake

Mailing Address

W22671 Hwy 64

☒ City ☐ Village ☐ Town of:

Post Office

White Lake

State

Zip Code

Zip Code

54491

County

Langlade

County

Langlade

Telephone No. (include area code)

()

4. Primary Service Contractor Section A above

Schaper Exc + Petro LLC

Service Contractor Street Address

W4386 Cty E

Service Contractor Telephone No. (include area code)

(608) 429-2300

Service Contractor City, State, Zip Code

Purdueville W. 53954

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

a	b	c	d	e	f	g	h
Tank ID #	Type of Closure ¹	Tank Material of Construction	Piping Material of Construction	Tank Capacity (gallons)	Contents ²	Release - System Integrity Compromised (e.g. holes, cracks, loose connection, etc)?	If "Yes" to "g", Then Specify Source & Cause of Release ³
412022	P	FG	FG	10,000	UG	<input type="checkbox"/> Y <input type="checkbox"/> N	Source of Release ³ Cause of Release ⁴
412023	P	FG	FG	4,000	UG	<input type="checkbox"/> Y <input type="checkbox"/> N	
						<input type="checkbox"/> Y <input type="checkbox"/> N	
						<input type="checkbox"/> Y <input type="checkbox"/> N	
						<input type="checkbox"/> Y <input type="checkbox"/> N	
						<input type="checkbox"/> Y <input type="checkbox"/> N	

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

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

CAS number(s):

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

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

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

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

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

All local permits were obtained before beginning closure.

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

☒ Y ☐ N

☐ N ☐ NA

NOTE: TANK INVENTORY FORM TR-WM-137 or TR-WM-118 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH CLOSURE or CHANGE-IN-SERVICE CHECKLIST

D.1 ☐ TEMPORARILY OUT-OF-SERVICE

1. Product removed.

Remover
Verified

Inspector
Verified

NA

a. Product lines drained into tank (or other container) and liquid removed, and

☐ Y ☐ N

☐ Y ☐ N

☐

b. All product removed to bottom of suction line, OR

☐ Y ☐ N

☐ Y ☐ N

☐

c. All product removed to within 1" of bottom.

☐ Y ☐ N

☐ Y ☐ N

☐

2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped.

☐ Y ☐ N

☐ Y ☐ N

☐

3. All product lines at the islands or pumps located elsewhere are removed and capped, OR

☐ Y ☐ N

☐ Y ☐ N

☐

4. Dispensers/pumps left in place but locked and power disconnected.

☐ Y ☐ N

☐ Y ☐ N

☐

5. Vent lines left open.

☐ Y ☐ N

☐ Y ☐ N

☐

6. Inventory form filed indicating temporarily out-of-service (TOS) closure.

☐ Y ☐ N

☐ Y ☐ N

☐

D.2 ☒ CLOSURE BY REMOVAL OR IN-PLACE

1. General Requirements

a. Product from piping drained into tank (or other container).

☒ Y ☐ N

☒ Y ☐ N

☐

b. Piping disconnected from tank and removed.

☒ Y ☐ N

☒ Y ☐ N

☐

c. All liquid and residue removed from tank using explosion-proof pumps or hand pumps.

☒ Y ☐ N

☒ Y ☐ N

☐

d. All pump motors and suction hoses bonded to tank or otherwise grounded.

☒ Y ☐ N

☒ Y ☐ N

☐

e. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.

☒ Y ☐ N

☒ Y ☐ N

☐

f. Vent lines left connected until tanks purged.

☒ Y ☐ N

☒ Y ☐ N

☐

g. Tank openings temporarily plugged so vapors exit through vent.

☒ Y ☐ N

☒ Y ☐ N

☐

h. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section E.

☒ Y ☐ N

☒ Y ☐ N

☐

2. Specific Closure-by-Removal Requirements

a. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement.

☒ Y ☐ N

☒ Y ☐ N

☐

b. Tank cleaned before being removed from site.

☒ Y ☐ N

☒ Y ☐ N

☐

c. Tank labeled in 2" high letters after removal but before being moved from site.

☒ Y ☐ N

☒ Y ☐ N

☒

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.

☐ Y ☐ N

☐ Y ☐ N

☒

e. Site security is provided while the excavation is open.

☒ Y ☐ N

☒ Y ☐ N

☐

3. Specific Closure-In-Place Requirements

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

a. Tank properly cleaned to remove all sludge and residue.

☐ Y ☐ N

☐ Y ☐ N

☐

b. Solid inert material (sand, cyclone boiler slag, or pea gravel recommended) introduced and tank filled.

☐ Y ☐ N

☐ Y ☐ N

☐

c. Vent line disconnected or removed.

☐ Y ☐ N

☐ Y ☐ N

☐

d. Inventory form filed by owner with the DATCP indicating closure in-place.

☐ Y ☐ N

☐ Y ☐ N

☐

E. ☐ REPAIR, UPGRADE OR CHANGE-IN-SERVICE

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

All local permits were obtained before beginning service.

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

☐ Y ☐ N ☐ NA

☐ Y ☐ N ☐ NA

☐ Y ☐ N ☐ NA

F. METHOD OF VAPOR FREEING OF TANK

☒ Displacement of vapors by eductor or diffused air blower.

Eductor driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground.

Diffused air blower bonded and drop tube removed. Air pressure not exceeding 5 psig.

☐ Inert gas using dry ice or liquid carbon dioxide.

☐ Inert gas using CO₂ or N₂ **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. LEL METERS MAY NOT FUNCTION ACCURATELY. THE TANK MAY NOT BE ENTERED IN THIS STATE WITHOUT SPECIAL EQUIPMENT.**

Gas introduced through a single opening at a point near the bottom of the tank at the end of the tank opposite the vent.

Gas introduced under low pressure not to exceed 5 psig to reduce static electricity. Gas introducing device grounded.

☒ Readings of 10% or less of the lower flammable range (LEL) or 0% oxygen obtained before removing tank from ground.

Tank atmosphere monitored for flammable or combustible vapor levels prior to and during cleaning and cutting.

☒ Calibrate combustible gas indicator and/or oxygen meter prior to use. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank.

G. REMOVER/CLEANER INFORMATION

Richard Schaper

Remover/Cleaner Name (print)

Richard Schaper

Remover/Cleaner Signature

401583

Certification No.

5/31/17

Date Signed

I attest that the procedures and information which I have provided as the tank closure contractor are correct and comply with ATCP 93.

Company expected to perform soil contamination assessment

General Engineering Portage

H. INSPECTOR INFORMATION

Joe Schreiber

Inspector Name (print)

Joe Schreiber

Inspector Signature

401348

Inspector Cert #

DATCP

LPO Agency #

FDID # For Location Where Inspection Performed

Inspector Telephone Number

Date Signed

Part B – To be completed by environmental professional

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

I. TANK-SYSTEM SITE ASSESSMENT (TSSA)

Site Name: Lip Norst Bait + Sport

Address: W21671 Hwy 164, White Lake WI

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

To determine if a TSSA is required, see ATCP 93 and section II part B of ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS.

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

1. Site Information

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

If yes, provide the DATCP # _____, or DNR BRRT's # 03-34-000394

b. Number of active tanks¹ at facility prior to completion of current services USTs 2 ASTs _____

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

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

EXCAVATION/TRENCH #	LENGTH	WIDTH	DEPTH
<u>301</u>	<u>50</u>	<u>30</u>	<u>10'</u>

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

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

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

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

3. Geology/Hydrogeology

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

4. Receptors

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

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

5. Sampling

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

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

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

J. NOTE RELEVANT OBSERVATIONS, SPECIFIC PROBLEMS OR CONCERNS BELOW

One area sidewall sample indicated a petroleum
odor. This affected soil appeared to be from the
previous release. No further investigation appears
warrented at this time.

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

Sample ID #	Sample Location & Soil/Geologic Description	Sample Collection Method				Depth Below Tank/Piping (feet)	Field Screening Result (ppm)	GRO (mg/kg)	DRO (mg/kg)
		Grab	Shelby Tube	Direct Push	Split Spoon				
1	W Bottom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	0	✓	—
2	nw Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	—	—
3	SW Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	—	—
4	Center Bottom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	0	—	—
5	S Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	231	—	—
6	SE Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	—	—
7	NE Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	—	—
8	E Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	0	—	—
9	E Bottom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	0	—	—
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

TABLE 2 SOIL LABORATORY ANALYTICAL RESULTS-FOR PETROLEUM PRODUCTS

Sample ID #	BENZENE	TOLUENE	ETHYLBENZENE	MTBE	TRIMETHYL - BENZENES (TOTAL)	XYLENES (TOTAL)	NAPHTHALENE
	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg
1	<25	<25	<25	<25	<50	<75	<25
2	<25	<25	<25	<25	<50	<75	<25
3	<25	<25	<25	<25	<50	<75	<25
4	<25	<25	<25	<25	<50	<75	<25
5	<125	1460	1580	<125	3920	914	4000
6	<25	<25	<25	<25	<50	<75	<25
7	<25	<25	<25	<25	<50	<75	<25
8	<25	<25	<25	<25	<50	<75	<25
9	<25	<25	<25	<25	<50	<75	<25

K. TANK-SYSTEM SITE ASSESSMENT INFORMATION

☒ As a tank-system site assessor certified under Wis. Admin. Code section SPS 305.83, it is my opinion that there is no indication of a release of a regulated substance to the environment. *Contamination appears to be from former release.*

☐ Sampling at the site indicates there has been a release to the environment. Pursuant to Wis. Admin. Code section ATCP 93.585 (2) (a) and Wis. Stats. section 292.11 (2) (a), the owner or operator or contractor performing work under chapter ATCP 93 shall immediately report any release of a regulated substance to the Wisconsin Department of Natural Resources. Failure to do so may result in forfeitures of a minimum of \$10 and a maximum of \$5000 for each violation under Wis. Stats. section 168.26 (5). Each day of continued violation and each tank are treated as separate offenses.

Lynn Bradley
Tank-System Site Assessor Name (print)
608-742-2169
Tank-System Site Assessor Telephone Number

Lynn Bradley
Tank-System Site Assessor Signature
6/24/17
Date Signed

401232
Certification Number #
Coentral Engineering Co.
Company Name

TABLE 1
SOIL ANALYTICAL RESULTS TABLE
Up Nort Gas Station
GEC PROJECT # 2-0117-47E

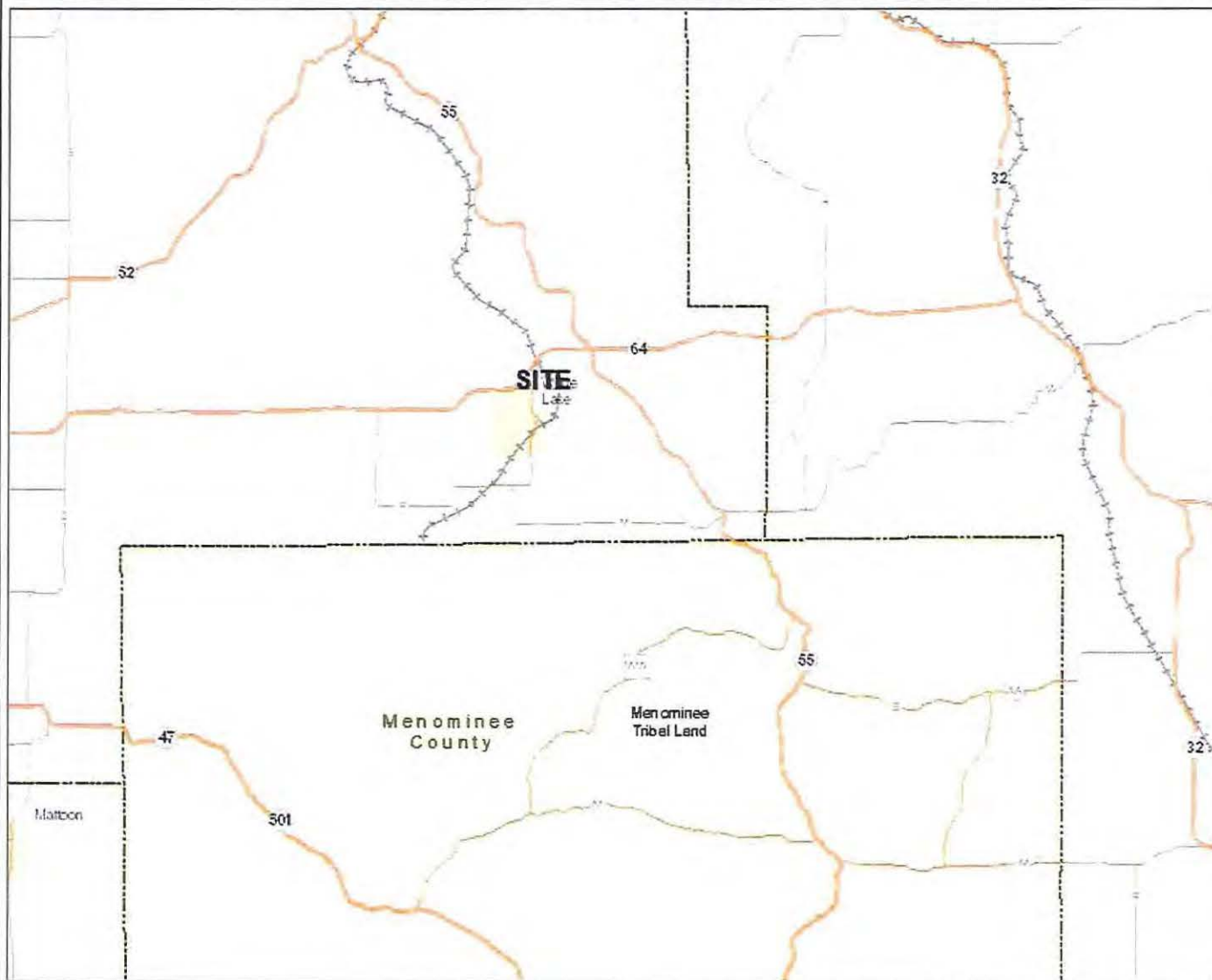
Sample No.	WDNR Industrial Direct Contact RCL	WDNR Non- Industrial Direct Contact RCL	WDNR Soil to Groundwat er RCL	SS-1	SS-2	SS-3	SS-4	SS-5	SS-6	SS-7	SS-8	SS-9
Sample Description				West Bottom	NW Wall	SW Wall	Center Bottom	S Wall	SE Wall	NE Wall	E wall	E Bottom
Sampling Date				5/30/17	5/30/17	5/30/17	5/30/17	5/30/17	5/30/17	5/30/17	5/30/17	5/30/17
Sample Depth (feet)				10	7	7	10	7	7	7	7	10
Saturated/Unsaturated												
PETROLEUM VOLATILE ORGANIC COMPOUNDS (PVOCs) (µg/kg)												
Benzene	7070	1600	51	<25	<25	<25	<25	<125	<25	<25	<25	<25
Ethylbenzene	35400	8020	1570	<25	<25	<25	<25	153J	<25	<25	<25	<25
Methyl tert-butyl ether	282000	63800	27	<25	<25	<25	<25	<125	<25	<25	<25	<25
Naphthalene	24100	5520	658	<25	<25	<25	<25	4000	<25	<25	<25	<25
Toluene	818000	818000	1107	<25	<25	<25	<25	148J	<25	<25	<25	<25
1,2,4-Trimethylbenzene	219000	219000	1382	<25	<25	<25	<25	1080	<25	<25	<25	<25
1,3,5-Trimethylbenzene	NE	192000		<25	<25	<25	<25	2840	<25	<25	<25	<25
Xylenes -m, -p	260000	260000	3960	<75	<75	<75	<75	914	<75	<75	<75	<75
Xylenes -o												

J = Analyte detected above laboratory limit of detection but below limit of quantitation.
Bold indicates analytical results exceed NR 720 RCL.
RCL = Residual Contaminant Level
DCL = Direct-Contact Levels
NA = Parameter not analyzed
NE = NR 720 RCL not established

APPENDIX B
SITE FIGURES/MAPS



**FIGURE 1 - REGIONAL SITE LOCATION
UP NORT BAIT AND SPORT**



Legend

- Municipality
- State Boundaries
- County Boundaries
- Major Roads
 - Interstate Highway
 - State Highway
 - US Highway
- County and Local Roads
 - County HWY
 - Local Road
- Railroads
- Tribal Lands

Notes

8.0 0 4.00 8.0 Miles

NAD_1983_HARN_Wisconsin_TM

© Latitude Geographics Group Ltd.

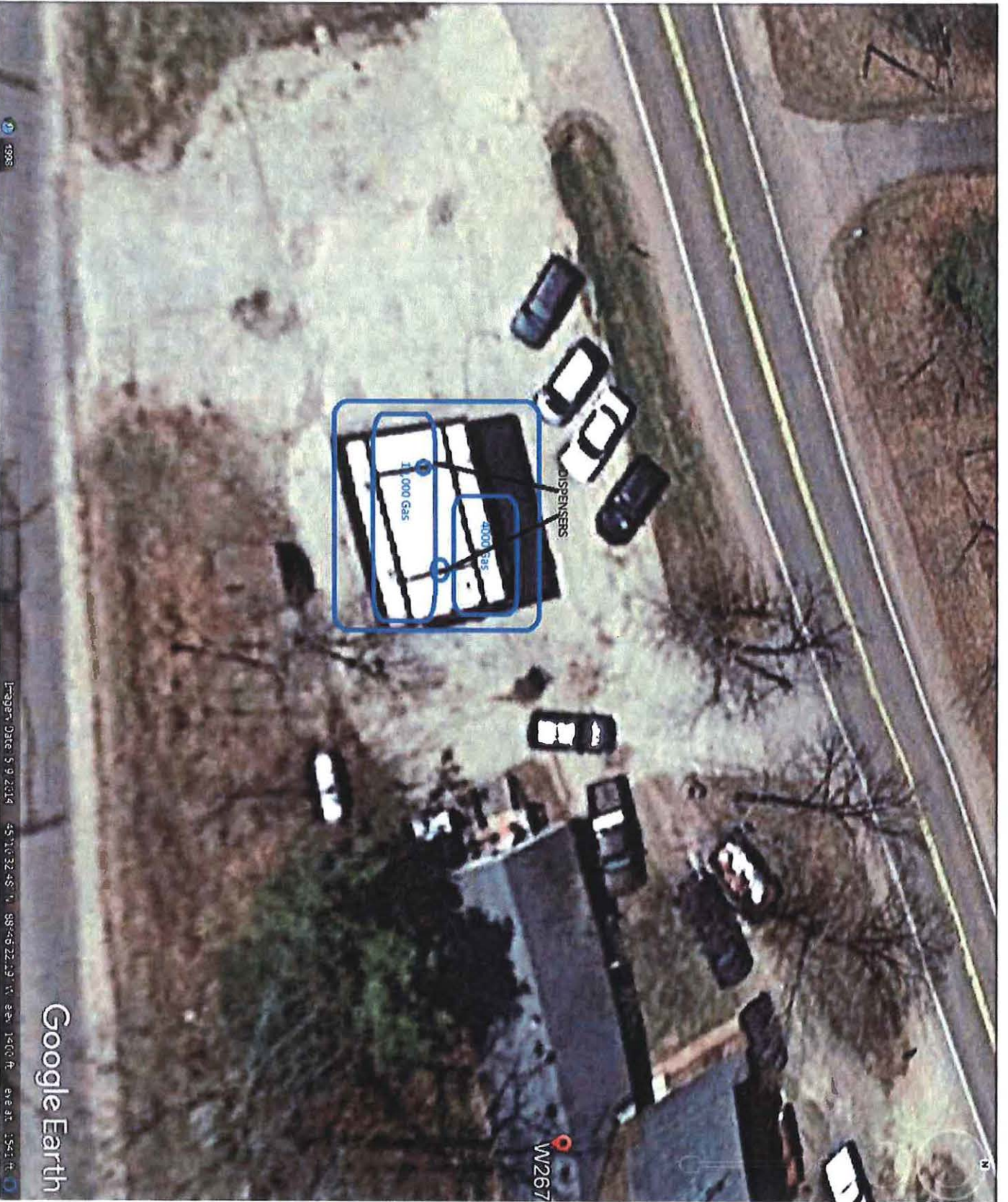
1: 253,440



DISCLAIMER: The information shown on these maps has been obtained from various sources, and are of varying age, reliability and resolution. These maps are not intended to be used for navigation, nor are these maps an authoritative source of information about legal land ownership or public access. No warranty, expressed or implied, is made regarding accuracy, applicability for a particular use, completeness, or legality of the information depicted on this map. For more information, see the DNR Legal Notices web page: <http://dnr.wi.gov/org/legal/>

Note: Not all sites are mapped.

Site Plan



1998

Images Date: 5/9/2014

45°10'32.48" N 88°45'22.12" W alt: 1400 ft near 1541 ft

Google Earth

W267

1998

Sample Location Map



APPENDIX C
SITE PHOTOGRAPHS

PHOTOGRAPHS
UNDERGROUND STORAGE TANK ASSESSMENT
Up Nort Bait and Sport – White Lake WI



PHOTO 1 - PHOTOGRAPH OF THE 4,000-GALLON GASOLINE UST



PHOTO 2 - PHOTOGRAPH OF THE 4,000-GALLON UST

PHOTOGRAPHS
UNDERGROUND STORAGE TANK ASSESSMENT
Up Nort Bait and Sport – White Lake WI



PHOTO 3 – PHOTOGRAPH OF THE 10,000-GALLON UNLEADED GASOLINE UST



PHOTO 4 – PHOTOGRAPH OF 10,000-GALLON UST

PHOTOGRAPHS
UNDERGROUND STORAGE TANK ASSESSMENT
Up Nort Bait and Sport – White Lake WI



PHOTO 5 – PHOTOGRAPH OF UST EXCAVATION BEFORE BACKFILL



PHOTO 6- SITE SUBSEQUENT TO UST REMOVAL

APPENDIX D
TABLE 1 AND ANALYTICAL RESULTS AND
CHAIN OF CUSTODY

Synergy Environmental Lab, INC.

1990 Prospect Ct., Appleton, WI 54914 *P 920-830-2455 * F 920-733-0631

LYNN BRADLEY
GENERAL ENGINEERING
916 SILVER LAKE DRIVE
PORTAGE, WI 53901

Report Date 09-Jun-17

Project Name UP NORTH STATION
Project #

Invoice # E33001

Lab Code 5033001A
Sample ID SS-1 WEST BOTTO
Sample Matrix Soil
Sample Date 5/30/2017

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
General										
General										
Solids Percent	87.1	%			1	5021		6/2/2017	NJC	1
Organic										
PVOC + Naphthalene										
Benzene	< 0.025	mg/kg	0.019	0.06	1	GRO95/8021		6/8/2017	TCC	1
Ethylbenzene	< 0.025	mg/kg	0.01	0.032	1	GRO95/8021		6/8/2017	TCC	1
Methyl tert-butyl ether (MTBE)	< 0.025	mg/kg	0.0079	0.025	1	GRO95/8021		6/8/2017	TCC	1
Naphthalene	< 0.025	mg/kg	0.022	0.07	1	GRO95/8021		6/8/2017	TCC	1
Toluene	< 0.025	mg/kg	0.014	0.046	1	GRO95/8021		6/8/2017	TCC	1
1,2,4-Trimethylbenzene	< 0.025	mg/kg	0.01	0.032	1	GRO95/8021		6/8/2017	TCC	1
1,3,5-Trimethylbenzene	< 0.025	mg/kg	0.011	0.036	1	GRO95/8021		6/8/2017	TCC	1
m&p-Xylene	< 0.05	mg/kg	0.012	0.037	1	GRO95/8021		6/8/2017	TCC	1
o-Xylene	< 0.025	mg/kg	0.015	0.047	1	GRO95/8021		6/8/2017	TCC	1

Project Name UP NORTH STATION
Project #

Invoice # E33001

Lab Code 5033001B
Sample ID SS-2 NW WALL
Sample Matrix Soil
Sample Date 5/30/2017

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
General										
General										
Solids Percent	84.5	%			1	5021		6/2/2017	NJC	1
Organic										
PVOC + Naphthalene										
Benzene	< 0.025	mg/kg	0.019	0.06	1	GRO95/8021		6/8/2017	TCC	1
Ethylbenzene	< 0.025	mg/kg	0.01	0.032	1	GRO95/8021		6/8/2017	TCC	1
Methyl tert-butyl ether (MTBE)	< 0.025	mg/kg	0.0079	0.025	1	GRO95/8021		6/8/2017	TCC	1
Naphthalene	< 0.025	mg/kg	0.022	0.07	1	GRO95/8021		6/8/2017	TCC	1
Toluene	< 0.025	mg/kg	0.014	0.046	1	GRO95/8021		6/8/2017	TCC	1
1,2,4-Trimethylbenzene	< 0.025	mg/kg	0.01	0.032	1	GRO95/8021		6/8/2017	TCC	1
1,3,5-Trimethylbenzene	< 0.025	mg/kg	0.011	0.036	1	GRO95/8021		6/8/2017	TCC	1
m&p-Xylene	< 0.05	mg/kg	0.012	0.037	1	GRO95/8021		6/8/2017	TCC	1
o-Xylene	< 0.025	mg/kg	0.015	0.047	1	GRO95/8021		6/8/2017	TCC	1

Lab Code 5033001C
Sample ID SS-3 SW WELL
Sample Matrix Soil
Sample Date 5/30/2017

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
General										
General										
Solids Percent	87.0	%			1	5021		6/2/2017	NJC	1
Organic										
PVOC + Naphthalene										
Benzene	< 0.025	mg/kg	0.019	0.06	1	GRO95/8021		6/8/2017	TCC	1
Ethylbenzene	< 0.025	mg/kg	0.01	0.032	1	GRO95/8021		6/8/2017	TCC	1
Methyl tert-butyl ether (MTBE)	< 0.025	mg/kg	0.0079	0.025	1	GRO95/8021		6/8/2017	TCC	1
Naphthalene	< 0.025	mg/kg	0.022	0.07	1	GRO95/8021		6/8/2017	TCC	1
Toluene	< 0.025	mg/kg	0.014	0.046	1	GRO95/8021		6/8/2017	TCC	1
1,2,4-Trimethylbenzene	< 0.025	mg/kg	0.01	0.032	1	GRO95/8021		6/8/2017	TCC	1
1,3,5-Trimethylbenzene	< 0.025	mg/kg	0.011	0.036	1	GRO95/8021		6/8/2017	TCC	1
m&p-Xylene	< 0.05	mg/kg	0.012	0.037	1	GRO95/8021		6/8/2017	TCC	1
o-Xylene	< 0.025	mg/kg	0.015	0.047	1	GRO95/8021		6/8/2017	TCC	1

Project Name UP NORTH STATION
Project #

Invoice # E33001

Lab Code 5033001D
Sample ID SS-4 CENTER BOT
Sample Matrix Soil
Sample Date 5/30/2017

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
General										
General										
Solids Percent	88.6	%			1	5021		6/2/2017	NJC	1
Organic										
PVOC + Naphthalene										
Benzene	< 0.025	mg/kg	0.019	0.06	1	GRO95/8021		6/8/2017	TCC	1
Ethylbenzene	< 0.025	mg/kg	0.01	0.032	1	GRO95/8021		6/8/2017	TCC	1
Methyl tert-butyl ether (MTBE)	< 0.025	mg/kg	0.0079	0.025	1	GRO95/8021		6/8/2017	TCC	1
Naphthalene	< 0.025	mg/kg	0.022	0.07	1	GRO95/8021		6/8/2017	TCC	1
Toluene	< 0.025	mg/kg	0.014	0.046	1	GRO95/8021		6/8/2017	TCC	1
1,2,4-Trimethylbenzene	< 0.025	mg/kg	0.01	0.032	1	GRO95/8021		6/8/2017	TCC	1
1,3,5-Trimethylbenzene	< 0.025	mg/kg	0.011	0.036	1	GRO95/8021		6/8/2017	TCC	1
m&p-Xylene	< 0.05	mg/kg	0.012	0.037	1	GRO95/8021		6/8/2017	TCC	1
o-Xylene	< 0.025	mg/kg	0.015	0.047	1	GRO95/8021		6/8/2017	TCC	1

Lab Code 5033001E
Sample ID SS-5 W. WALL
Sample Matrix Soil
Sample Date 5/30/2017

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
General										
General										
Solids Percent	84.5	%			1	5021		6/2/2017	NJC	1
Organic										
PVOC + Naphthalene										
Benzene	< 0.125	mg/kg	0.095	0.3	5	GRO95/8021		6/9/2017	TCC	1
Ethylbenzene	0.158 "J"	mg/kg	0.05	0.16	5	GRO95/8021		6/9/2017	TCC	1
Methyl tert-butyl ether (MTBE)	< 0.125	mg/kg	0.0395	0.125	5	GRO95/8021		6/9/2017	TCC	1
Naphthalene	4.0	mg/kg	0.11	0.35	5	GRO95/8021		6/9/2017	TCC	1
Toluene	0.146 "J"	mg/kg	0.07	0.23	5	GRO95/8021		6/9/2017	TCC	1
1,2,4-Trimethylbenzene	1.08	mg/kg	0.05	0.16	5	GRO95/8021		6/9/2017	TCC	1
1,3,5-Trimethylbenzene	2.84	mg/kg	0.055	0.18	5	GRO95/8021		6/9/2017	TCC	1
m&p-Xylene	0.64	mg/kg	0.06	0.185	5	GRO95/8021		6/9/2017	TCC	1
o-Xylene	0.274	mg/kg	0.075	0.235	5	GRO95/8021		6/9/2017	TCC	1

Project Name UP NORTH STATION
Project #

Invoice # E33001

Lab Code 5033001F
Sample ID SS-6 SE WALL
Sample Matrix Soil
Sample Date 5/30/2017

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
General										
General										
Solids Percent	87.1	%			1	5021		6/2/2017	NJC	1
Organic										
PVOC + Naphthalene										
Benzene	< 0.025	mg/kg	0.019	0.06	1	GRO95/8021		6/9/2017	TCC	1
Ethylbenzene	< 0.025	mg/kg	0.01	0.032	1	GRO95/8021		6/9/2017	TCC	1
Methyl tert-butyl ether (MTBE)	< 0.025	mg/kg	0.0079	0.025	1	GRO95/8021		6/9/2017	TCC	1
Naphthalene	< 0.025	mg/kg	0.022	0.07	1	GRO95/8021		6/9/2017	TCC	1
Toluene	< 0.025	mg/kg	0.014	0.046	1	GRO95/8021		6/9/2017	TCC	1
1,2,4-Trimethylbenzene	< 0.025	mg/kg	0.01	0.032	1	GRO95/8021		6/9/2017	TCC	1
1,3,5-Trimethylbenzene	< 0.025	mg/kg	0.011	0.036	1	GRO95/8021		6/9/2017	TCC	1
m&p-Xylene	< 0.05	mg/kg	0.012	0.037	1	GRO95/8021		6/9/2017	TCC	1
o-Xylene	< 0.025	mg/kg	0.015	0.047	1	GRO95/8021		6/9/2017	TCC	1

Lab Code 5033001G
Sample ID SS-7 NE WALL
Sample Matrix Soil
Sample Date 5/30/2017

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
General										
General										
Solids Percent	81.2	%			1	5021		6/2/2017	NJC	1
Organic										
PVOC + Naphthalene										
Benzene	< 0.025	mg/kg	0.019	0.06	1	GRO95/8021		6/9/2017	TCC	1
Ethylbenzene	< 0.025	mg/kg	0.01	0.032	1	GRO95/8021		6/9/2017	TCC	1
Methyl tert-butyl ether (MTBE)	< 0.025	mg/kg	0.0079	0.025	1	GRO95/8021		6/9/2017	TCC	1
Naphthalene	< 0.025	mg/kg	0.022	0.07	1	GRO95/8021		6/9/2017	TCC	1
Toluene	< 0.025	mg/kg	0.014	0.046	1	GRO95/8021		6/9/2017	TCC	1
1,2,4-Trimethylbenzene	< 0.025	mg/kg	0.01	0.032	1	GRO95/8021		6/9/2017	TCC	1
1,3,5-Trimethylbenzene	< 0.025	mg/kg	0.011	0.036	1	GRO95/8021		6/9/2017	TCC	1
m&p-Xylene	< 0.05	mg/kg	0.012	0.037	1	GRO95/8021		6/9/2017	TCC	1
o-Xylene	< 0.025	mg/kg	0.015	0.047	1	GRO95/8021		6/9/2017	TCC	1

Project Name UP NORTH STATION
Project #

Invoice # E33001

Lab Code 5033001H
Sample ID SS-8 E. WALL
Sample Matrix Soil
Sample Date 5/30/2017

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
General										
General										
Solids Percent	89.0	%			1	5021		6/2/2017	NJC	1
Organic										
PVOC + Naphthalene										
Benzene	< 0.025	mg/kg	0.019	0.06	1	GRO95/8021		6/9/2017	TCC	1
Ethylbenzene	< 0.025	mg/kg	0.01	0.032	1	GRO95/8021		6/9/2017	TCC	1
Methyl tert-butyl ether (MTBE)	< 0.025	mg/kg	0.0079	0.025	1	GRO95/8021		6/9/2017	TCC	1
Naphthalene	< 0.025	mg/kg	0.022	0.07	1	GRO95/8021		6/9/2017	TCC	1
Toluene	< 0.025	mg/kg	0.014	0.046	1	GRO95/8021		6/9/2017	TCC	1
1,2,4-Trimethylbenzene	< 0.025	mg/kg	0.01	0.032	1	GRO95/8021		6/9/2017	TCC	1
1,3,5-Trimethylbenzene	< 0.025	mg/kg	0.011	0.036	1	GRO95/8021		6/9/2017	TCC	1
m&p-Xylene	< 0.05	mg/kg	0.012	0.037	1	GRO95/8021		6/9/2017	TCC	1
o-Xylene	< 0.025	mg/kg	0.015	0.047	1	GRO95/8021		6/9/2017	TCC	1

Lab Code 5033001I
Sample ID SS-9 E. BOTTOM
Sample Matrix Soil
Sample Date 5/30/2017

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
General										
General										
Solids Percent	90.8	%			1	5021		6/2/2017	NJC	1
Organic										
PVOC + Naphthalene										
Benzene	< 0.025	mg/kg	0.019	0.06	1	GRO95/8021		6/9/2017	TCC	1
Ethylbenzene	< 0.025	mg/kg	0.01	0.032	1	GRO95/8021		6/9/2017	TCC	1
Methyl tert-butyl ether (MTBE)	< 0.025	mg/kg	0.0079	0.025	1	GRO95/8021		6/9/2017	TCC	1
Naphthalene	< 0.025	mg/kg	0.022	0.07	1	GRO95/8021		6/9/2017	TCC	1
Toluene	< 0.025	mg/kg	0.014	0.046	1	GRO95/8021		6/9/2017	TCC	1
1,2,4-Trimethylbenzene	< 0.025	mg/kg	0.01	0.032	1	GRO95/8021		6/9/2017	TCC	1
1,3,5-Trimethylbenzene	< 0.025	mg/kg	0.011	0.036	1	GRO95/8021		6/9/2017	TCC	1
m&p-Xylene	< 0.05	mg/kg	0.012	0.037	1	GRO95/8021		6/9/2017	TCC	1
o-Xylene	< 0.025	mg/kg	0.015	0.047	1	GRO95/8021		6/9/2017	TCC	1

Project Name UP NORTH STATION
Project #

Invoice # E33001

"J" Flag: Analyte detected between LOD and LOQ

LOD Limit of Detection

LOQ Limit of Quantitation

Code ***Comment***

1 Laboratory QC within limits.

All solid sample results reported on a dry weight basis unless otherwise indicated. All LOD's and LOQ's are adjusted for dilutions but not dry weight. Subcontracted results are denoted by SUB in the analyst field.

Authorized Signature



CHAIN OF CUSTODY RECORD

SynergyChain # **Nº 30451**

Page ____ of ____

Environmental Lab, Inc.1990 Prospect Ct. • Appleton, WI 54914
920-830-2455 • FAX 920-733-0631**Sample Handling Request**Rush Analysis Date Required ____
(Rushes accepted only with prior authorization)

____ Normal Turn Around

Lab I.D. #	
Account No.:	Quote No.:
Project #:	
Sampler: (signature) <i>Lynn Brudley</i>	

Project (Name / Location): <i>Up North Station / White Lake</i>		Analysis Requested		Other Analysis	
Reports To: <i>Lynn Brudley</i>	Invoice To:	DRO (Mod DRO Sep 95) GRO (Mod GRO Sep 95) LEAD NITRATE/NITRITE OIL & GREASE PAH (EPA 8270) PCB PVOC (EPA 8021) PVOC + NAPHTHALENE SULFATE TOTAL SUSPENDED SOLIDS VOC DW (EPA 542.2) VOC (EPA 8260) 8-PCRA METALS		PID/ FID	
Company: <i>GEC</i>	Company:				
Address: <i>916 Silver Lake Dr</i>	Address: <i>C/O GEC</i>				
City State Zip: <i>Portage WI 53901</i>	City State Zip:				
Phone: <i>608 742 2169</i>	Phone:				
FAX:	FAX:				

Lab I.D.	Sample I.D.	Collection Date	Time	Comp	Grab	Filtered Y/N	No. of Containers	Sample Type (Matrix)	Preservation	DRO (Mod DRO Sep 95)	GRO (Mod GRO Sep 95)	LEAD	NITRATE/NITRITE	OIL & GREASE	PAH (EPA 8270)	PCB	PVOC (EPA 8021)	PVOC + NAPHTHALENE	SULFATE	TOTAL SUSPENDED SOLIDS	VOC DW (EPA 542.2)	VOC (EPA 8260)	8-PCRA METALS	PID/ FID
5033001A	SS-1 NW wall	5/31/17	11:17		X	N	2	S	1 sample 1 matrix									X						
B	SS-2 NW wall																							
C	SS-3 SW wall																							
D	SS-4 Corner between																							24
E	SS-5 SW wall																							760
F	SS-6 SE wall																							170
G	SS-7 NE wall																							160
H	SS-8 E wall																							20
I	SS-9 E bottom																							23

Comments/Special Instructions (*Specify groundwater "GW", Drinking Water "DW", Waste Water "WW", Soil "S", Air "A", Oil, Sludge etc.)

*sample Date 5/31/17**SS 2 NW wall**B. J.*

Sample Integrity - To be completed by receiving lab.

Method of Shipment: *Client*Temp. of Temp. Blank ____ °C On Ice: ☒Cooler seal Intact upon receipt: ☒ Yes ☐ No

Relinquished By: (sign) <i>[Signature]</i>	Time	Date	Received By: (sign)	Time	Date
Received in Laboratory By: <i>[Signature]</i>					
			Time: <i>10:25</i>	Date: <i>6/1/17</i>	

APPENDIX E
FORMER LUST RELEASE INFORMATION

03-34-000394



State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Tommy G. Thompson, Governor
George E. Meyer, Secretary
Dale T. Urso, District Director

North Central District Headquarters
PO Box 818, 107 Sutliff Ave.
Rhinelander, WI 54501-0818
TELEPHONE 715-365-8900
FAX 715-365-8932
TDD 715-365-8957

March 20, 1996

NCD UID #: 394

Mr. Robert Strong
Strong's Bait & Gas
W2671 STH 64
White Lake, WI 54491-9513

Subject: Strong's Bait & Gas, W2671 STH 64, White Lake, WI

Dear Mr. Strong:

The Department of Natural Resources provided a notice to you that the degree and extent of gasoline contamination at the above-named site was required to be investigated and remediated. We have since been informed that the required investigation and remediation has been accomplished.

On March 11, 1996, the above-named site was reviewed by the North Central District Closeout Committee for a determination as to whether or not the case qualified for close out under ch. NR 726, Wis. Adm. Code.

Based on the investigative and remedial documentation provided to the Department, it appears that the gasoline contamination at the above-named site has been remediated in compliance with the requirements of chs. NR 700 to 724, Wis. Adm. Code. Therefore, the Department considers the case "closed," having determined that no further action is necessary at the site at this time. However, the case may be reopened pursuant to s. NR 726.09, Wis. Adm. Code, if additional information regarding site conditions indicates that contamination on or from the site poses a threat to public health, safety or welfare or the environment.

If you have any questions, please call me at 715-365-8990.

Sincerely,
NORTH CENTRAL DISTRICT

Janet Kazda
North Central District Closeout Committee

cc: File
Scott Turner, Remedial Engineering, Inc., 4080 N 20th Ave, Wausau, WI 54401

Wisconsin Department of Natural Resources

Environmental Cleanup & Brownfields Redevelopment

BRRTS on the Web

Click the Location Name below to view the Location Details page for this Activity. Other Activities, if present, may be viewed from that page.

[Basic Search >>](#) 03-34-000394 Activity Details

03-34-000394 STRONGS BAIT & GAS						
CLOSED LUST						
Location Name (Click Location Name to View Location Details)				County		WDNR Region
STRONGS BAIT & GAS				LANGLADE		NORTHERN
Address				Municipality		
W2671 STH 64				WHITE LAKE		
Public Land Survey System			Latitude	Google Maps	RR Sites Map	
SW 1/4 of the SE 1/4 of Sec 08, T31N, R14E			45.175667	CLICK TO VIEW	CLICK TO VIEW	
Additional Location Description			Longitude	Facility ID	Size (Acres)	
			-88.7730181	734025380	UNKNOWN	
Jurisdiction	PECFA No.	EPA Cerclis ID	Start Date	End Date	Last Action	
DNR RR	54418-9999-97		1990-09-11	1996-03-20	1996-03-20	
Characteristics						
PECFA Tracked?	EPA NPL Site?	Eligible for PECFA Funds?	Above Ground Storage Tank?	Drycleaner?	Co-Contamination?	On GIS Registry?
Yes	No	Yes	No	No	No	No
Actions						
Place Cursor Over Action Code to View Description						
Date	Code	Name	Comment			
1990-09-11	2	RP Letter Sent	RP LETTER			
1990-09-11	99	Miscellaneous	OTHER:LUST TRACKING FORM			
1990-09-11	1	Notification				
1990-09-11	99	Miscellaneous	TELEPHONE CONVERSATION:CONTAMINATION			
1990-09-18	99	Miscellaneous	Rcvd letter from owner-waiting for analysis result			
1990-11-14	35	Site Investigation Workplan Received (w/out Fee)	SI WORK PLAN RECEIVED			
1990-11-14	99	Miscellaneous	Proposed work scope received.			
1990-12-03	99	Miscellaneous	Review of phase II proposed work plan sent.			
1990-12-03	99	Miscellaneous	LETTER CONTACT:REDO SIWP			
1990-12-07	99	Miscellaneous	Response to review of work plan received.			
1990-12-07	99	Miscellaneous	LETTER CONTACT:RESPONSE TO DNR SI LETTER			
1991-02-19	99	Miscellaneous	LETTER CONTACT:REDO & RESUBMIT SIWP			
1991-02-19	99	Miscellaneous	Review of revised work plan sent.			
1991-03-07	99	Miscellaneous	LETTER CONTACT:RESPONSE			
1991-06-19	39	Remedial Action Options Report Received (w/out Fee)	RA WORK PLAN REC'D			
1991-06-19	37	SI Report Received (w/out Fee)	SI REPORT REC'D			
1991-06-19	99	Miscellaneous	REC'D SUMMARY REPORT AND REMEDIAL ACTION PLAN FROM			
1991-10-14	99	Miscellaneous	INTER-PROGRAM CONTACT:NO VOCs IN STRONG'S WELL			
1991-12-13	99	Miscellaneous	TELEPHONE CONVERSATION:REI SUBCONTRACTED TO ENPRO			
1991-12-17	99	Miscellaneous				

			TELEPHONE CONVERSATION:MEETING DATE/TIME SET
1992-01-15	99	Miscellaneous	WS SAMPLE RESULTS:TCT HOLDING TIMES EXCEEDED
1992-02-13	99	Miscellaneous	WS SAMPLE RESULTS:FOR SVES SYSTEM
1992-04-22	99	Miscellaneous	T&D FORM APPV'D:SVES DISCHARGES
1992-04-27	99	Miscellaneous	T&D FORM APPV'D:SVES W/MODIFICATIONS
1992-06-28	99	Miscellaneous	OTHER:SVES ZONE OF INFLUENCE REPORT
1992-07-15	99	Miscellaneous	OTHER:SVES MON DATA REPORT
1992-10-15	99	Miscellaneous	PHONE CONTACT -
1994-06-01	30	Site Investigation Workplan Go Ahead (notice to proceed)	NOTICE TO PROCEED
1994-07-25	99	Miscellaneous	TELEPHONE CONVERSATION
1995-02-01	41	Remedial Action Report Received	RA REPORT REC'VD
1995-06-02	30	Site Investigation Workplan Go Ahead (notice to proceed)	ACKNOWLEDGEMENT
1995-06-28	30	Site Investigation Workplan Go Ahead (notice to proceed)	ACKNOWLEDGEMENT
1996-03-20	11	Activity Closed	
Linked to Code 11: 0334000394 Final Closure.pdf Click to Download or Open			
Impacts			
Type		Comment	
Soil Contamination		SOIL CONTAMINATION	
Who			
Role		Name/Address	
Responsible Party		WALT & BOB'S BAIT SHOP W2671 CTH 64 WHITE LAKE, WI 54419	
For Additional Information, Please Contact			
KATHLEEN SHAFEL 715-623-4190x3127 kathleen.shafel@wisconsin.gov			

BRRTS data comes from various sources, both internal and external to DNR. There may be omissions and errors in the data and delays in updating new information. Please see the [disclaimers page](#) for more information. We welcome your [Feedback](#).

The Official Internet site for the Wisconsin Department of Natural Resources
101 S. Webster Street . PO Box 7921 Madison, Wisconsin 53707-7921 608.266.2621

Release 2.5.7 | 04/20/2017 | [Release Notes](#)



The dates from the camera are wrong - sorry!











3/22/2016 03:18



3/22/2016 18:46























