



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

Wis. Admin. Code §.ATCP 93.560

FOR OFFICE USE ONLY

TANK SYSTEM SERVICE AND CLOSURE ASSESSMENT REPORT

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.).

Complete One Form for Each System Service Event

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

CHECK ONE: UNDERGROUND ABOVEGROUND

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

OWNER INFORMATION

OWNER NAME Douglas County Forestry Dept		CONTACT NAME Jon Harris	TITLE	
MAILING ADDRESS 9182 East Hughes Ave		<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input checked="" type="checkbox"/> VILLAGE Solon Springs	STATE WI	ZIP 54873
TELEPHONE: () -		E-MAIL		

SITE INFORMATION

FACILITY NAME Douglas County Forestry Department Solon Springs Development				
SITE ADDRESS (Not PO Box) 11427 S Bus Hwy 53		<input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input checked="" type="checkbox"/> VILLAGE Solon Springs	STATE WI	ZIP 54873

SERVICE CONTRACTOR INFORMATION

PRIMARY SERVICE CONTRACTOR Section A Above T&D Enterprises, LLC		SERVICE CONTRACTOR CERT ID # 402020	TELEPHONE (715) 398 - 6985	CELL (218) 348 - 4470
STREET ADDRESS 4636 E Brandt Rd		<input type="checkbox"/> CITY <input checked="" type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE Superior	STATE WI	ZIP 54880

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,	If "Yes" to "g", Then Specify Source and Cause of Release ³	
							Source of Release ³	Cause of Release ⁴
	P	Steel		500	Unknown	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		
						<input type="checkbox"/> Yes <input type="checkbox"/> No		

- 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, UNK = Unknown
- Cause of release:
S = spill, O = overflow, POMD = physical or mechanical damage, C = corrosion, IP = installation problem, O = other, UNK = Unknown
- Has release been reported to the Department of Natural Resources? Yes No Release not evident at this time (pending sample analysis)

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. Yes No

All local permits were obtained before beginning closure. Yes No NA

UST Form TR-WM-137 or AST Form TR-WM-118 filed by owner with the DATCP indicating closure. Yes No 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. CLOSURE BY REMOVAL OR IN-PLACE

	Remover Verified	Inspector Verified	Inspector Not Present	NA
1. General Requirements				
a. Product from piping drained into tank (or other container).	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Piping disconnected from tank and removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
c. All liquid and residue removed from tank using explosion-proof pumps or hand pumps prior to removing tank from excavation.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. All pump motors and suction hoses bonded to tank or otherwise grounded.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Vent lines left connected until tanks purged.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Tank openings temporarily plugged so vapors exit through vent.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section E.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" 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 type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Tank cleaned before being removed from site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
c. Tank labeled in full compliance with API 1604 after removal but before being moved from site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE: FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; MONTH/DAY/YEAR OF REMOVAL				
d. Tank vent hole (1/8" in uppermost part of tank) installed prior to moving the tank from site.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Site security is provided while the excavation is open.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<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 AGRICULTURE, TRADE AND CONSUMER PROTECTION (DATCP) OR LOCAL AGENT.				
a. Tank properly cleaned to remove all sludge and residue.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Solid inert material (sand, cyclone boiler slag, or pea gravel recommended) introduced and tank filled.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Vent line disconnected or removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Inventory form filed by owner with DATCP indicating closure in-place.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>

E. 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 0 TR-WM-118 filed by owner with 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.

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 <5% 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

Todd D. Sorenson



478378

7/12/2022

REMOVER/CLEANER NAME (PRINT):

REMOVER/CLEANER SIGNATURE

CERTIFICATION #

DATE TANK REMOVED

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 **MSA Environmental**

H. INSPECTOR INFORMATION

Travis Soper



481877

DATCP

INSPECTOR NAME (PRINT):

INSPECTOR SIGNATURE

INSPECTOR CERTIFICATION #

LPO AGENCY/COMPANY NAME

1614

()

608-982-1105

07.28.2022

FDID # FOR LOCATION WHERE INSPECTION PERFORMED

INSPECTOR TELEPHONE:NUMBER

DATE SIGNED

INSPECTOR NOTES:



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Bureau of Weights and Measures
 PO Box 7837 Madison, WI 53707-7837
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FOR OFFICE USE ONLY
 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 piping status that is (check one): Date of status change: 07/12/2022

<input type="checkbox"/> In Use	<input type="checkbox"/> Abandoned with Water	<input type="checkbox"/> Abandoned with Product
<input type="checkbox"/> Newly Installed	<input checked="" type="checkbox"/> Closed - Removed	<input type="checkbox"/> Abandoned without Product (empty)
<input type="checkbox"/> Temporarily Out of Service - Provide Date	<input type="checkbox"/> Closed - Filled with Inert Materials	<input type="checkbox"/> Change of Site/Facility Address Only (complete boxes 1 a. and b. below)
<input type="checkbox"/> Ownership Change (Indicate new owner name in box 2 - attach deed)		

IDENTIFICATION (Please Print)

1. TANK SITE NAME Douglas County Forestry Department Solon Springs Development		COUNTY Douglas	PHONE () -
a. CURRENT SITE STREET ADDRESS 11427 S Bus Hwy 53		<input type="checkbox"/> CITY <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: Solon Springs	STATE WI ZIP 54873
b. PREVIOUS SITE STREET ADDRESS N/A		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:	STATE ZIP
Fire Dept. providing fire coverage where tank is located: <input type="checkbox"/> CITY <input type="checkbox"/> TOWN <input checked="" type="checkbox"/> VILLAGE of: Solon Springs			
2. TANK OWNER LEGAL NAME Douglas County Forestry Department Solon Springs Development		COUNTY Douglas	PHONE Check <input type="checkbox"/> CELL or <input type="checkbox"/> LAND () -
MAILING ADDRESS 9182 East Hughes Avenue		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWN OF: Solon Springs	STATE WI ZIP 54873
3. PROPERTY OWNER NAME (if different from Tank Owner Legal Name #2)		COUNTY (if different from County #2)	
PROPERTY OWNER ADDRESS (if different from Site Street Address #1)		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF:	STATE ZIP
4. CLASS A NAME	DOB	CERTIFICATION: (Attach certificate)	
5. CLASS B NAME	DOB	CERTIFICATION: (Attach certificate)	

SITE ID: FACILITY ID #: CUSTOMER ID #

Tank Capacity (gallons): 500 Tank Age (age or date installed): Unknown Vehicle fueling: Yes No

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

OCCUPANCY TYPE (check one) Refer to back

Retail Fuel Sales Mercantile/Commercial Bulk Storage Terminal Storage Industrial Residential School Government Fleet

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

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

TANK LEAK DETECTION METHOD: Automatic tank gauging Interstitial monitoring Electronic Yes No Statistical Inventory Reconciliation (SIR)

Manual tank gauging (only for tanks of 1,000 gallons or less) 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) (* = NOT PECFA eligible)

Bio-Diesel: ___% Hazardous Waste/Interface* Kerosene Fuel Oil Leaded Unleaded Gas-ethanol blend. ___% ethanol Diesel

Waste/Used Motor Oil Used for Heating Aviation Empty* Sand/Grave/Slurry* Unknown

Other (specify): Chemical* Name: CAS#

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

TANK OWNER LEGAL NAME (please print): Douglas County TANK OWNER E-MAIL:

TANK OWNER SIGNATURE (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system): [Signature] DATE: 07/20/2022

Note: Refer to comments on reverse side of form.

Part B – To be completed by environmental professional - Submit original Part B to the WDNR along with a copy of Part A

I. TANK-SYSTEM SITE ASSESSMENT (TSSA)

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

Douglas County Forestry Department Solon Springs Development
 SITE ADDRESS (Not PO Box) CITY TOWN VILLAGE STATE ZIP
11427 US-53 BUS Solon Springs WI 54873

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 Y N
 If yes, provide the DATCP _____ or DNR BRRT's # 03-16-000069
- b. Number of active tanks at facility prior to completion of current USTs _____ 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
Tank basin	10'	6'	7'

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: Yes No
- b. Petroleum odor: Yes No
- c. Water In excavation/trench: Yes No
- d. Free product in the excavation/trench: Yes No
- e. Sheen or free product on water: Yes No

3. Geology/Hydrogeology

- a. Depth to groundwater ~15 feet
- b. Indicate type of geology² Sand

4. Receptors

- a. Water supply well(s) within 250 feet of the Yes No If yes, specify: Property to North, ~60'
- b. Surface water(s) within 1000 feet of the facility? Yes No If yes, Park Creek, 175' SE

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

On July 12, 2022, MSA staff oversaw the removal of one ~500-gallon steel UST at a property owned by Douglas County Forestry. The previously-unknown tank was discovered at the site during site redevelopment for use as a parking lot. The site previously operated as a fueling station and other USTs had been previously removed from the site. T&D Enterprises completed tank removal and cleaning, and indicated that the tank likely held gasoline.

Some soil staining was observed on the northern sidewall of the tank basin, but no odors were observed in the tank basin soils or samples. Groundwater was not encountered in the tank basin. A former potable well was also sealed following tank removal activities.

The site and other former tanks were previously investigated under BRRTS 03-16-000069. It appears that this tank was located beneath the former building and was unknown at the time the other tanks were removed and investigated.

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				
S-1	N. Sidewall, Sand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6' bgs	0.0	<5.37	
S-2	S. Sidewall, Sand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6' bgs	0.0	19.2	
S-3	E. Sidewall, Sand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6' bgs	0.1	6.33	
S-4	W. Sidewall, Sand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6' bgs	0.4	<7.47	
B-1	E. Bottom, Sand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8' bgs	0.5	7.95	
B-2	W. Bottom, Sand	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8' bgs	0.0	<5.33	
		<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"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

bgs - below ground surface

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
S-1	151	<269	61.7	<53.7	263	252.2	<269
S-2	37.0	<294	83.9	<58.8	1,987	1,289	411
S-3	<27.1	<271	<27.1	<54.3	207.4	156	<271
S-4	<37.3	<37.3	<37.3	<74.7	<149.4	<112	<373
B-1	<27.4	<274	<27.4	<54.9	511	354	<274
B-2	<26.7	<267	<26.7	<53.3	<106.6	<80	<267

K. TANK-SYSTEM SITE ASSESSMENT INFORMATION

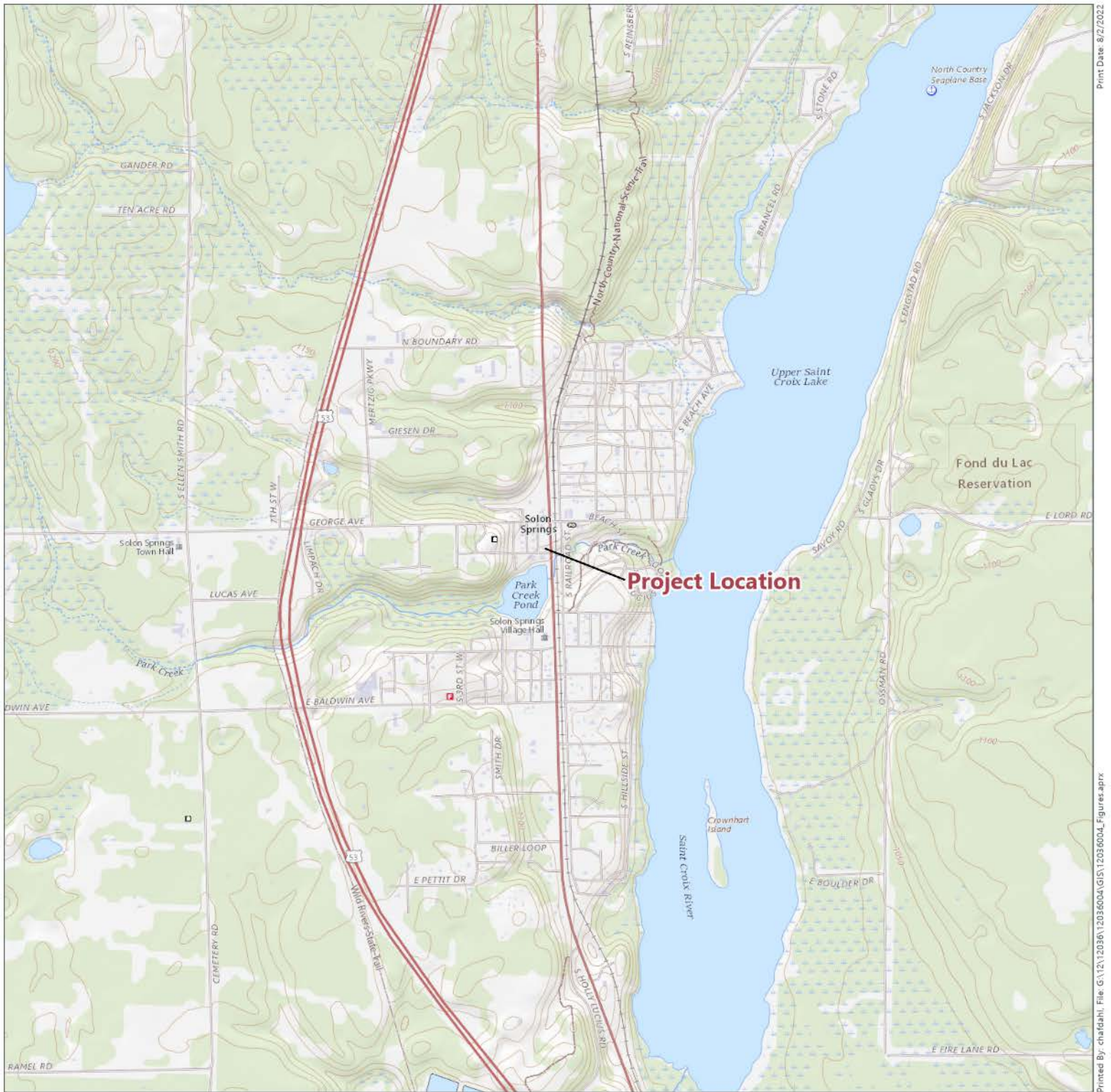
As a tank-system site assessor certified under Wis. Admin. Code section SPS 305.83, it is my opinion that there is no indication of a release of a regulated substance to the environment.

Sampling at the site indicates there has been a release to the environment. Pursuant to Wis. Admin. Code section 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. *

Erica Klingfus
 TANK-SYSTEM SITE ASSESSOR NAME (PRINT):
 Erica Klingfus
 TANK-SYSTEM SITE ASSESSOR SIGNATURE
 467913
 CERTIFICATION NO.

(218) 499-3171
 TANK-SYSTEM SITE ASSESSOR TELEPHONE NUMBER
 07/20/2022
 DATE SIGNED
 MSA Professional Services, Inc.
 COMPANY NAME

*This site was previously investigated and closed under BRRTS 03-16-000069, and no new release appears to have occurred since previous investigation activities took place.



Print Date: 8/2/2022
Printed By: chfdahl, File: G:\12\12036\12036004\GIS\12036004_Figures.aprx

Project Location



0 1,000 2,000 Feet



Data Sources: USGS The National Map: National Boundaries Dataset, 3DEP Elevation Program, Geographic Names Information System, National Hydrography Dataset, National Land Cover Database, National Structures Dataset, and National Transportation Dataset; USGS Global Ecosystems; U.S. Census Bureau TIGER/Line data; USFS Road Data; Natural Earth Data; U.S. Department of State Humanitarian Information Unit; and NOAA National Centers for Environmental Information, U.S. Coastal Relief Model. Data refreshed June, 2022.

FIGURE 1

PROJECT LOCATION

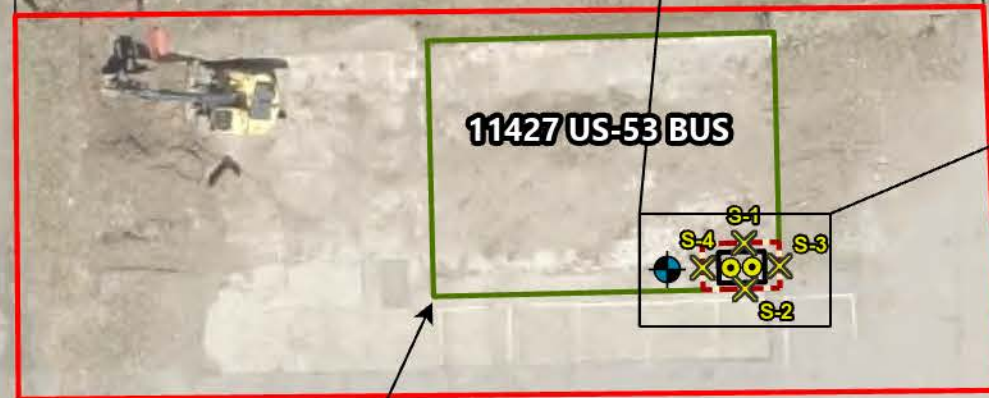
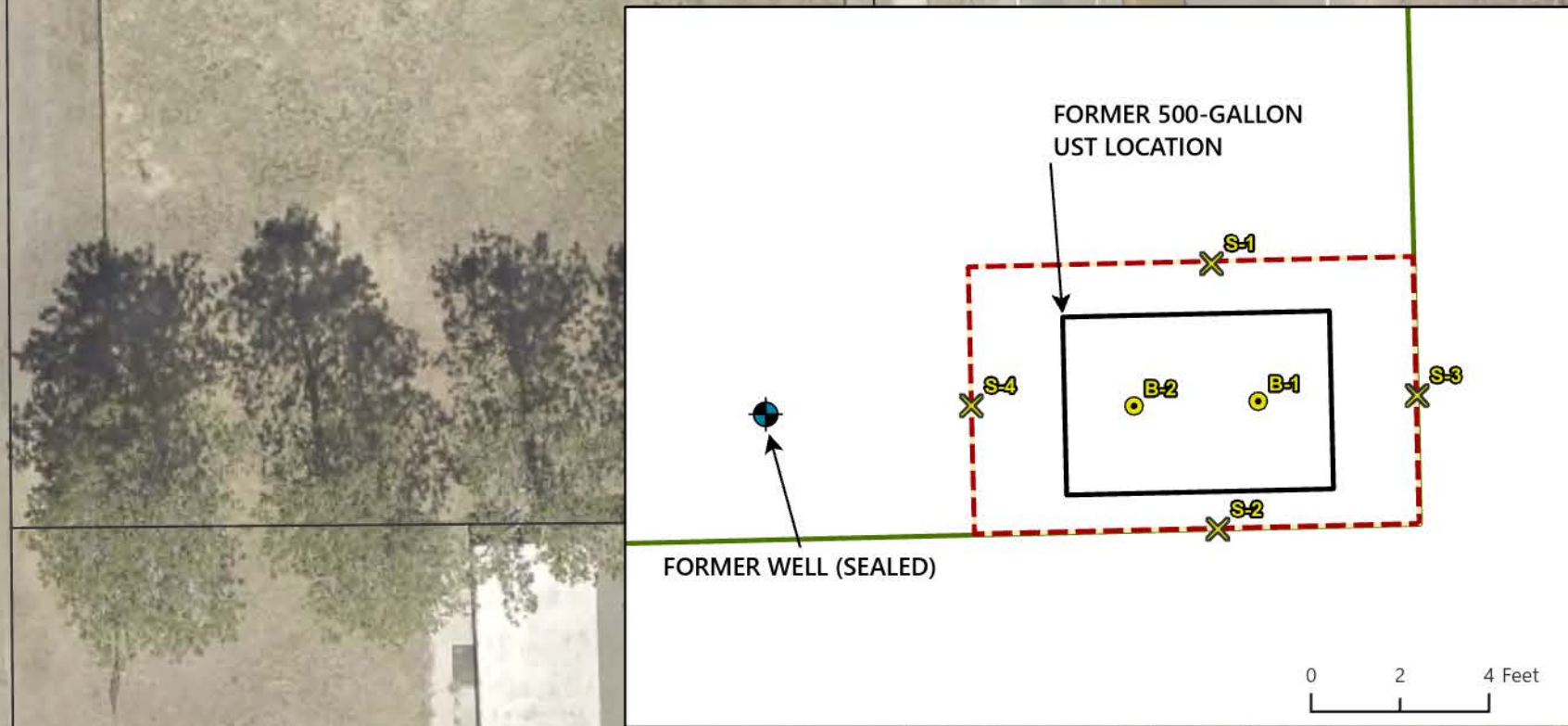
DOUGLAS COUNTY FORESTRY PROPERTY
11427 US-53 BUSINESS
SOLON SPRINGS, DOUGLAS COUNTY, WISCONSIN

FIGURE 2

SITE PLAN VIEW

**DOUGLAS COUNTY FORESTRY PROPERTY
11427 US-53 BUSINESS
SOLON SPRINGS, DOUGLAS COUNTY,
WISCONSIN**

- Subject Property
- Parcel Boundary
- Tank Excavation Basin
- Former Building Footprint
- Underground Storage Tank
- Former Well (Sealed)
- Tank Basin Bottom Sample
- ✕ Tank Basin Sidewall Sample



E Hughes Ave

E Hughes Ave

S US-53

All data shown in this exhibit is approximate for display purposes only and does not reflect actual survey data.

Data Sources:
Esri, Community Maps Contributors, City of Superior, © OpenStreetMap, Microsoft, Esri, HERE, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA

Photographic Log

Douglas County Forestry Department TSSA
11427 US-53 BUS, Solon Springs, WI 54873
MSA Project No. 12036004



View of tank basin during removal activities.



View of exposed tank after excavation.



View of tank after removal from basin.



Additional view of tank after removal from basin.



View of excavation after tank removal was completed.

7/12/22

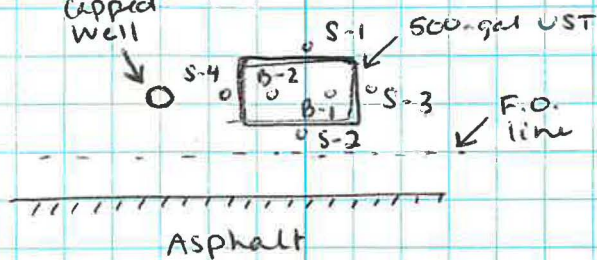
1245 Leave office

1330 Arrive onsite

Stack Bros (Sam), T & D (Todd)

MSA (Zudi) on site

500-gal steel UST, free
of liquids; Solids inside tank.
Poor cond. w/ many holes.

Capped
Well

Stack accidentally grabbed a
fiber line near the tank.
Century Link verified inactive.
Todd cleaned/containitized
solids in tank.

Samples collected:

Time	Loc	PID	O/S	Sand
1410	S-1	0.0	N/A	"
1415	S-2	0.0	N/A	"
1420	S-3	0.1	N/A	"

Douglas Co Forestry, Cont'd

Sampling (cont'd)

Time	Loc	PID	O/S	
1425	S-4	0.4	N/N	Sand
1430	B-1	0.5	N/N	↓
1435	B-2	0.0	N/N	

1445 Ice @ 100

1530 Return to office, process samples. Ship 7113.

WA

Wisconsin Department of Natural Resources

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295 and 299, Wis. Stats., and ch. NR 141 Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295 and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose.

Date of Filling & Sealing: 07/20/2022

Rec #: 173676

Verification. Check only if well filling & sealing was done previously and you are just verifying that work.: No

1. Well Location Information

County: Douglas		WI Unique Well #:		DNR Hicap Well #:	
Latitude: (DD.DDDDD°) 46.3517 °N		Longitude: (DD.DDDDD°) 91.8208 °W		GPS Method Code: GPS008	
Gov't Lot #: 1	Qtr/Qtr: SE	Quarter: SE	Section #: 26	Township #: 45 North	Range #: 12 West
Well Street Address: 11427 BUS 53				Subdivision Name:	
Well City/Village/Town: Town of SOLON SPRINGS		Well Zip Code: 54873	Lot #:	Does a new well replace this well? No	
Reason for Filling & Sealing: UNUSED				WI Unique Well # of Replacement Well:	

2. Facility / Owner Information

Facility Name:		FID #:	License/Permit/Monitoring #:		
Original Well Owner:		Service Category:			
Present Well Owner: DOUGLAS CO FORESTRY		Mailing Address of Present Owner: 9182 E HUGHES AVE			
		City: SOLON SPRINGS	State: WI	Zip Code: 54873	

3. Well / Drillhole / Borehole Information

Well Type: Water Well	Original Construction Date: (mm/dd/yyyy)	Construction Type: Drilled
Formation Type: Unconsolidated Formation	Total Well Depth From Ground Surface (ft.): 42.00	(specify Other):
Casing Diameter (in.): 4.00	Lower Drillhole Diameter (in.):	Casing Depth (ft.):
Was well annular space grouted?	If yes, to what depth (ft.)?	Depth to Water (ft.):

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	Yes	Liner(s) removed? If no liner mark as N/A	N/A	If no, was liner perforated?	
Screen removed?	No	Well casing (or loop if geothermal) left in place?	Yes	Was casing cut off below surface?	Yes
Did sealing material rise to surface?	Yes	Did material settle after 24 hours?	No	If yes, was hole retopped?	
If bentonite chips/pellets were used, were they hydrated from a known water source?					Yes
Method of Placing Sealing Material: Screened & Poured (Bentonite Chips)		(Explain Other):			
Well Sealing Materials: Bentonite Chips		Product Name and Manufacturer: Baroid			
Other Drillholes:					

5. Material Used to Fill Well / Drillhole

Material:	From (ft.):	To (ft.):	# and Units of Sealant:	Mix Ratio or Mud Weight:
MEDIUM BENTONITE CHIPS	Surface	42.00	5 SACKS	

6. Comments			
7. Supervision of Work			
Name of Person or Firm Doing Filling & Sealing: D M B DRILLING CO INC		License #: 6749	Phone: 715-653-4202
W8760 CTY HWY J SHELL LAKE WI 54871		Email Address: DAVID.BIGDOGDRILLINGTEAM@HOTMAIL.COM	
8. DNR Use Only			
Signed On: 07/20/2022	Submitted By: DMBDrillinginc	Received On: 07/20/2022	Approved On:

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

D.M.B. Drilling Co., Inc.

David M. Beecroft
 W8760 County Hwy. J
 Shell Lake, WI 54871
 715-653-4202

SOLD BY		DATE
		7-19-2022
NAME		
MSA Engineering		
ADDRESS		PHONE
CITY		

- | | | |
|---------------------------------|-----------------------------------|---|
| <input type="checkbox"/> CASH | <input type="checkbox"/> CHARGE | <input type="checkbox"/> MERCHANDISE RETURNED |
| <input type="checkbox"/> C.O.D. | <input type="checkbox"/> PAID OUT | <input type="checkbox"/> PAID ON ACCOUNT |

QTY.		DESCRIPTION	PRICE	AMOUNT
5	1	Bags Bedrock Chips	40-	200.00
	2	5T Hoist		515.00
	3	Mech Truck		750.00
	4	Labor 3 Men		1650.00
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			
	14			
	15			
	16			

RECEIVED BY	TOTAL
	3115.00

1976

THANK YOU