

July 5, 2023
File No. 25222168.00

Ms. Haley Schnae
Wisconsin Department of Natural Resources
1300 West Clairemont Avenue
Eau Claire, WI 54701-6127

Subject: Request for Off-Site Liability Exemption
Jackson Plaza (subject property)
1820 Jackson Street
La Crosse, WI 54601

Dear Ms. Schnae:

Please find enclosed an Off-Site Liability Exemption Form 4400-201 and related attachments for the above-noted subject property. On behalf of the subject property owner, we are requesting an off-site liability exemption for contamination that migrated onto the subject property from the Bion's Mobile, located at 1823 Jackson Street, and One Hour Cleaners, located at 1817 Jackson Street.

CONTAMINATION FROM OFF-SITE SOURCES

Environmental information relevant to this request is available through the WDNR's Bureau for Remediation and Redevelopment Tracking System (BRRTS) under case numbers 03-32-001439 and 02-32-271770.

Groundwater containing polynuclear aromatic hydrocarbons (PAHs), petroleum volatile organic compounds (PVOCs), and chlorinated volatile organic compounds (CVOCs) has migrated onto the subject property from the Bion's Mobile and One Hour Cleaners sites as documented by the attached groundwater flow information, and analytical results for monitoring wells MW-4 and MW-6, which were located at subject property.

Soil gas containing CVOCs has also migrated onto the subject property from the One Hour Cleaners site as documented by the attached indoor air and sub-slab vapor sampling results.

SUBJECT PROPERTY UST

A 1,000-gallon fuel oil underground storage tank was properly removed from the subject property in May 2023. The tank was reported to have been in good condition and no signs of a petroleum release from the UST were observed.



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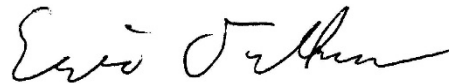
A check for payment of the Wisconsin Department of Natural Resources \$700 review fee will be provided by the subject property owner under separate cover.

Please contact Robert Langdon at 608-212-3995 or rlangdon@scsengineers.com if there are questions concerning this request.

Sincerely,



Robert Langdon
Senior Project Manager
SCS Engineers



Eric Oelkers, PG
Senior Project Manager
SCS Engineers

REL/REO/EO

cc: Luke Soper, JP Neighborhood Shops, LLC

Encl. Form 4400-201 and Attachments

I:\25222168.00\Deliverables\Off-Site Liability Exemption Request\230705_Schnae_Off-Site Liability Exemption Request_Final.docx

Notice: Pursuant to ss. 292.13 and 292.55, Wis. Stats., this application must be completed to request a written determination from the Department of Natural Resources (DNR) for the off-site liability exemption or for the liability clarification regarding property affected by an off-site discharge. The Department will not consider, or act upon your application unless all sections are completed on this form and the required fee of \$700, required under ch. NR 749, Wis. Adm. Code is included. Personal information collected will be used for administrative purposes and may be provided to requester's to the extent required by Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.]

Definitions:

"Off-Site Exemption" refers to a statutory limit on liability available to a person with respect to the existence of a hazardous substance in the groundwater or soil, including sediments, on Property possessed or controlled by the person, as provided in s. 292.13, Wis. Stats. The off-site exemption is available only to persons who possess or control the affected property, who meet the requirements and criteria in the statutes. DNR provides a written determination regarding liability upon submittal of this application and the required fee.

"General Liability Clarification" refers to a written determination by the Department, as provided in s. 292.55, Wis. Stats., that clarifies the environmental liability of a person, business or another party for a specific situation. General liability clarifications can be provided in situations when the party requesting the clarification does not meet one of the requirements for the off-site exemption at the time of the application submittal, for example, does not yet own the off-site property. This application form should be used to request a written liability clarification **for property affected by an off-site discharge.**

"Property" refers to the subject property that has been impacted by hazardous substances that migrated there from a different property containing the original contamination source. The subject property is often referred to as an "off-site" or "off-source" property.

"Possession or control" refers to holding title to the property or exercising possession or control over the property by some other means, such as a lease.

[NOTE: a person with an easement doesn't have possession or control over the property; the property owner just allows the person to use part of the property for a limited purpose].

Instructions:

- Use this application to request a written determination from the Department for the off-site liability exemption or for the liability clarification regarding **property affected by an off-site discharge.** See DNR's Fact Sheet: "When Contamination Crosses a Property Line - Rights and Responsibilities of Property Owners Off-Site Limited Liability Exemption" ([RR-589](#)) for general information on eligibility requirements, liability clarification letters related to the off-site liability exemption, and property owner responsibilities. Information and these publications are available by contacting a [DNR office](#) or on the Internet at: <http://dnr.wi.gov/topic/Brownfields>.
- Complete the application and include the information that adequately shows that the required criteria are met. See Section 7 on page 4.
- Include a \$700 fee payment with this application, in accordance with ch. NR 749, Wis. Adm. Code.
- Send the completed application, fee, and supporting materials to the DNR regional office where the Property is located, as listed on page 6. Contact the person listed with any questions.
- Department staff will make every attempt to provide timely written determinations. However, the time required for the determination varies depending on the complexity of the site, and the clarity and completeness of the application and supporting documentation.
Do not use this application form to request liability clarifications for properties without off-site contamination. Contact one of the DNR regional offices or see the DNR website on the Internet for more information.

1. Applicant information for person requesting the determination.

Applicant Last Name	First	MI
Soper	Luke	W
Address	City	State ZIP Code
N2028 Wedgewood Drive East	La Crosse	WI 54601
Phone Number (include area code)	Fax Number (include area code)	E-Mail Address
(608) 769-5172		lukewsoper@gmail.com
Contact for questions (if different than applicant) Last Name	First	MI
Address	City	State ZIP Code
	WI	
Phone Number (include area code)	Fax Number (include area code)	E-Mail Address

Off-Site Liability Exemption and Liability Clarification Application

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2. Applicant eligibility for off-site exemption or off-site liability clarification.

Request one determination based on whether the requirements for the off-site exemption are currently met. See page 5 and sign the appropriate certification.

Off-Site Discharge Exemption – I "possess or control" the Property and I believe I meet the criteria for an off-site exemption. I request an off-site exemption letter.

I have completed Section 8a on page 5.

As the applicant, I am:

Current owner

Other* Explain your relationship to the Property or the nature of your possession or control of the Property:

*Additional documentation may be requested by the DNR to verify the applicant's possession or control of the Property. For example, if a lessee requests a determination, DNR would need a copy of the lease by which to assess whether the lessee possesses or controls the Property.

Off-site Liability Clarification – I lack one or more of the requirements for the off-site exemption as shown below. I request a liability clarification letter that explains which conditions must be met in order to qualify for the off-site liability exemption.

I have completed Section 8b on page 5.

Requirements for the off-site exemption that are missing:

1. Currently I do not possess or control the Property and

I plan to buy the Property on _____ (Date) or

I plan to lease the Property on _____ (Date) .

2. Currently no contamination has been detected on the Property but there is credible evidence that contamination has migrated onto the Property.

3. Multiple contiguous properties are believed to be affected by contamination from a known source.

4. Other: Explain the circumstances here or in an attachment.

3. Information on additional parties.

Check the appropriate box to have a copy of the determination letter sent to one or more of these parties:

<input checked="" type="checkbox"/> Environmental Consultant Langdon Address 2830 Dairy Drive Phone Number (include area code) (608) 212-3995 Fax Number (include area code)	First Robert City Madison State WI ZIP Code 53532 E-Mail Address rlangdon@scsengineers.com	MI E
<input type="checkbox"/> Attorney / Other Last Name Address Phone Number (include area code) Fax Number (include area code)	First City State ZIP Code E-Mail Address	MI

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4. Information on Property affected by off-site discharge.

Property / Facility Name						County			
Jackson Plaza						La Crosse			
Address				City		State	ZIP Code		
1820 Jackson Street				La Crosse		WI	54601		
Public Land Survey Coordinates			Latitude			Longitude			
			43 48 02.6433			-91 13 44.2825			
Section	Range	<input type="radio"/> E <input checked="" type="radio"/> W	Township	Datum (check only one):			Method		Accuracy
04	07		15 N	<input type="radio"/> NAD27 <input checked="" type="radio"/> NAD83 <input type="radio"/> 1990 Adjustment					

(Attach a list of locations if this request is for multiple properties.)

I request that DNR provide a copy of the Liability Clarification Letter to the current owner.

Current Owner (if different than applicant) Last Name				First		MI	
Address				City		State	ZIP Code
Phone Number (include area code)		Fax Number (include area code)		E-Mail Address			

5. Information about contamination on the impacted Property.

A. Have hazardous substances been detected on the Property or Properties?

No. If not, explain why contamination is suspected on the Property or Properties in an attachment or here:

Yes. Check all that apply: Groundwater Soil Sediment Other, describe: vapor

B. Has the presence of contamination been reported to any State or local governmental agency?

No.

If yes, check all that apply: DNR

Date Reported

Division of Emergency Government

Commerce

Department of Agriculture, Trade and Consumer Protection (DATCP)

Other, describe: See BRRTS listings for dates reported

C. Is the source of the contamination known? Check only one.

No.

Yes. If yes, what is the source of the contamination?

Dry cleaning solvent and petroleum releases from One Hour Cleaners and Bion's Mobil, BRRTS #s 2-32-271770 and 03-32-001439.

Provide the name and address of the owner of the contamination source or source property, if known.

Owner Name				
Address		City	State	ZIP Code

Suspected. If suspected to be migrating from a nearby source, what is the source and its address?

Provide the name of the owner of the suspected contamination source or source property, if known.

Owner Name				
Address		City	State	ZIP Code

6. Specific liability clarification questions relating to off-site contamination.

- I have no additional liability clarification questions.
- I request a DNR response to the questions provided to clarify my liability for the cleanup of off-site contamination to be included in the written determination (questions should be provided here or in an attachment) :

7. Property information needed for the determination of off-site exemption or off-site liability clarification.

DNR requires adequate information in order to make the determination requested in this application. Incomplete or inadequate information will delay the completion of the determination. DNR has the authority to request additional information, if needed. Include the following information with the application, if appropriate:

1. Map(s) showing Property location(s) and any suspected or known off-site contaminant source properties.
2. For any environmental data submitted, include:
 - a) Property map(s) showing sampling locations for all data submitted;
 - b) Interpretation of data signed by a qualified environmental professional, including data tables and figures that include data;
 - c) Soil boring logs;
 - d) Groundwater monitoring well construction, development and sampling logs;
 - e) Laboratory-provided data reports;
 - f) Survey information for groundwater elevations;
 - g) Chain of custody forms for all samples; and
 - h) Description of sample collection methods.

The submitted materials should document that the statutory criteria are satisfied regarding the contamination and its source as listed in A through C below.

- A. Document that there is hazardous substance contamination present in soil, groundwater and/or sediment on the Property or Properties.
Examples of information include: Analytical results and interpretations for samples collected from soil, groundwater, and/or sediment on the Property, or at or near the Property line, that conclusively document the presence of a hazardous substance in one or more of these media on the Property. This information could be documented in a Phase II Environmental Assessment report, or could refer to existing reports in DNR files related to the source property.
- B. Document that the hazardous substance contamination, which is present in soil, groundwater, and/or sediment on the Property or Properties, is migrating onto the Property or Properties from an off-site source.
Examples of information include:
 1. Information identifying known or suspected discharges of the hazardous substance on neighboring property(ies), e.g., a Phase I Environmental Assessment report, information in existing reports in DNR files related to the source property.
 2. Soil, groundwater and/or sediment sample data and interpretations adequate to conclude that the hazardous substance is migrating onto the Property or Properties, such as:
 - Samples from monitoring wells located on the upgradient side of the Property or Properties (include information to establish upgradient direction), which show increasing contaminant concentrations toward the upgradient Property or Properties;
 - Off-site investigation results that provide information about groundwater flow direction and contaminant movement that convincingly document hazardous substances from a known or suspected off-site source have impacted the Property or Properties; or
 - A description of the event(s) that caused the deposit or accumulation of contaminated sediment on the affected Property or Properties and a map showing the location of the water body and elevations of the affected Property or Properties and water surface at normal flow and flood stage conditions.
- C. Document that the discharge of a hazardous substance is not from a source on the Property or Properties.
Examples of information include:
 1. Information related to historical activities, such as descriptions of chemicals used and handled, areas where chemicals were used and handled, and areas of potential discharges on the Property or Properties, e.g., a Phase I Environmental Assessment report.
 2. Where the types of hazardous substances used, handled, or discharged on the Property or Properties are the same as the hazardous substances migrating onto the Property or Properties, provide environmental information, e.g., expanded Phase II environmental assessment data, including type and volume of hazardous substances handled, generated or stored on the applicant's Property during the period of ownership and/or length of lease, and analytical results and interpretation for soil and groundwater samples collected from potential discharge areas to demonstrate that the contamination migrating onto the Property is separate and distinct from the contamination that may be on the Property.

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8. Sign one of the certifications below based on whether the requirements of the off-site exemption are currently met.

8a. Certification if the applicant currently meets all the requirements for the off-site liability exemption.

Applicant Certification for a Determination for the Off-Site Discharge Exemption, as provided in s. 292.13, Wis. Stats.

I certify that I possess or control the Property and have read and am familiar with the information on this application. The information on and included with this application is true, accurate and complete to the best of my knowledge.

I understand that I retain the responsibility for any hazardous substance discharges that I caused or cause, and for any discharges whose source I possess or control on the Property or on other properties.

I believe that I meet the criteria in s. 292.13, Wis. Stats., with respect to the fact that I never controlled or possessed either the source property itself, or the hazardous substances that have migrated onto the Property from the source property, nor did I cause the hazardous substance discharge for which I am seeking this written exemption.

I understand that if I fail to satisfy the statutory requirements in s. 292.13, Wis. Stats., such as failing to provide access to the Property, the DNR has the authority to revoke the off-site exemption for the Property.

Applicant Last Name	First	MI
Soper	Luke	W
Signature <i>Luke Soper</i>	Date Signed 07/04/2023	

8b. Certification if applicant has not currently met all the conditions for the off-site exemption.

Applicant Certification for a Determination for Liability Clarification, as provided in s. 292.55, Wis. Stats.

I certify that I have read and am familiar with the information on this application and that the information on and included with this application is true, accurate and complete to the best of my knowledge.

I understand that I retain the responsibility for any hazardous substance discharges that I caused or cause, and for any discharges whose source I possess or control on the Property or Properties or on other properties.

It is my understanding that I have not met all the conditions for the off-site exemption at the time of this application, but I request a liability clarification determination that includes the conditions under which I or others would become eligible for the off-site discharge exemption for the Property or Properties, if I were to meet all the criteria under s. 292.13, Wis. Stats. I believe that I meet the criteria regarding the source of the contamination and the source property in s. 292.13, Wis. Stats., with respect to the fact that I never controlled or possessed either the source property itself, or the hazardous substances that have migrated onto the Property or Properties from the source property, nor did I cause the hazardous substance discharge for which I am seeking this written exemption.

I understand that if I meet the criteria in s. 292.13, Wis. Stats., and obtain the off-site liability exemption, but subsequently fail to satisfy the statutory requirements in s. 292.13, Wis. Stats., such as failing to provide access to the Property, the DNR has the authority to revoke the off-site exemption for the Property.

Applicant Last Name	First	MI
Signature	Date Signed	

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9. DNR contacts and addresses for application submittals.

Send or deliver the completed request, supporting materials, and fee to the region where the property is located.

Contact a [DNR Regional Brownfield Specialist](#) with any questions about this form or a specific situation involving a contaminated property

DNR NORTHERN REGION

Attn: RR Program Assistant
Department of Natural Resources
223 E Steinfest Rd Antigo, WI 54409

DNR NORTHEAST REGION

Attn: RR Program Assistant
Department of Natural Resources
2984 Shawano Avenue
Green Bay WI 54313

DNR SOUTH CENTRAL REGION

Attn: RR Program Assistant
Department of Natural Resources
3911 Fish Hatchery Road
Fitchburg WI 53711

DNR SOUTHEAST REGION

Attn: RR Program Assistant
Department of Natural Resources
2300 North Martin Luther King Drive
Milwaukee WI 53212

DNR WEST CENTRAL REGION

Attn: RR Program Assistant
Department of Natural Resources
1300 W Clairemont Avenue
Eau Claire WI 54702

The State of Wisconsin Department of Natural Resources



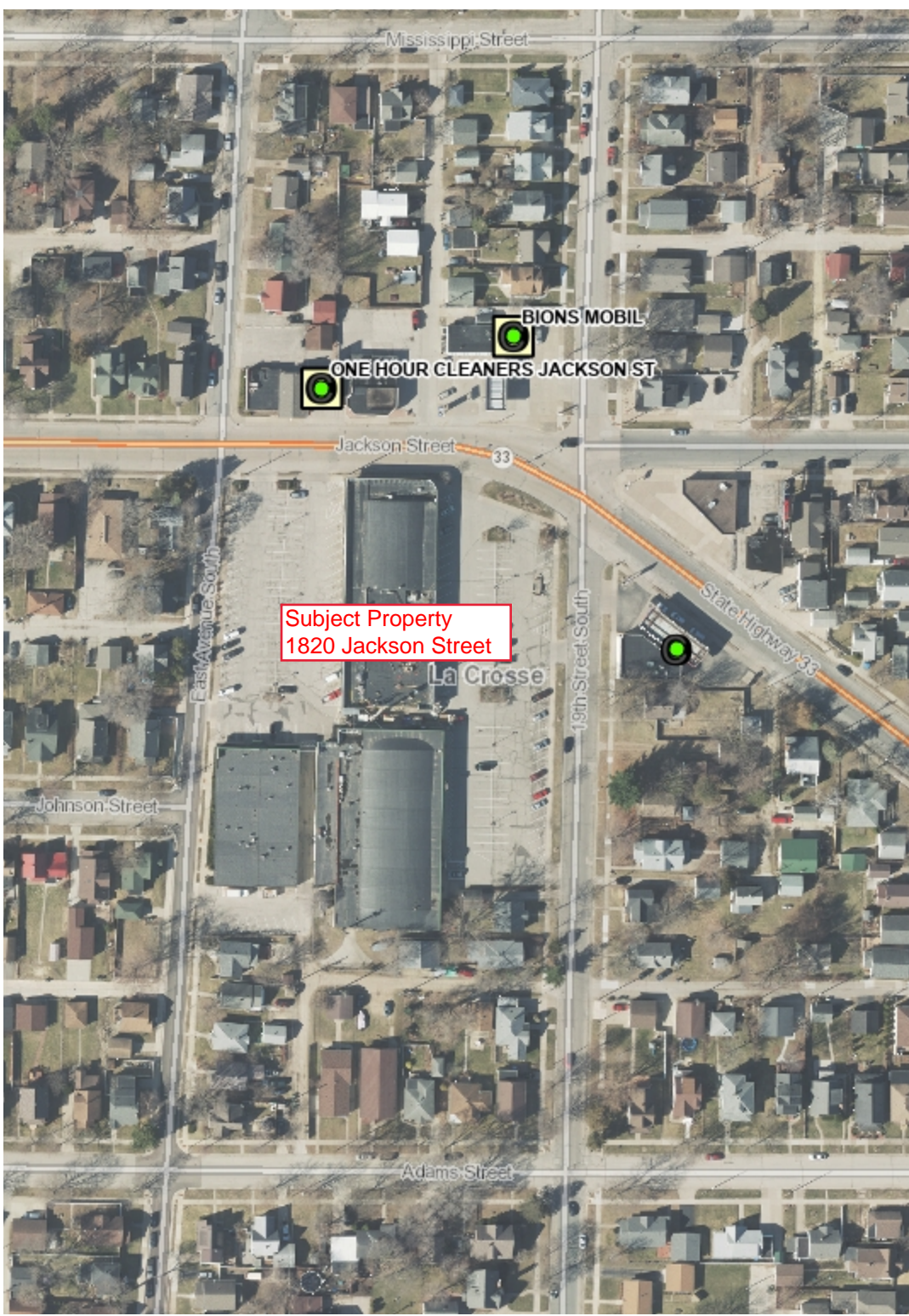
Note: These are the Remediation and Redevelopment Program's designated regions. Other DNR program regional boundaries may be different.

For DNR Office Use Only

Date Received	BRRTS Activity Name	BRRTS Activity Code
Date Assigned	DNR Reviewer	BRRTS FID No. (if used)
Comments		Fee Enclosed <input type="radio"/> Yes <input type="radio"/> No
Date Approved	Date Additional Information Requested	Date Withdrawn
		Date Denied



RR Sites Map



Legend

- Open Site
- Closed Site
- Continuing Obligations Apply
- Impacted Another Property(ies) or Ri
- Railroads

0.0 0 0.0 Miles

1: 1,980

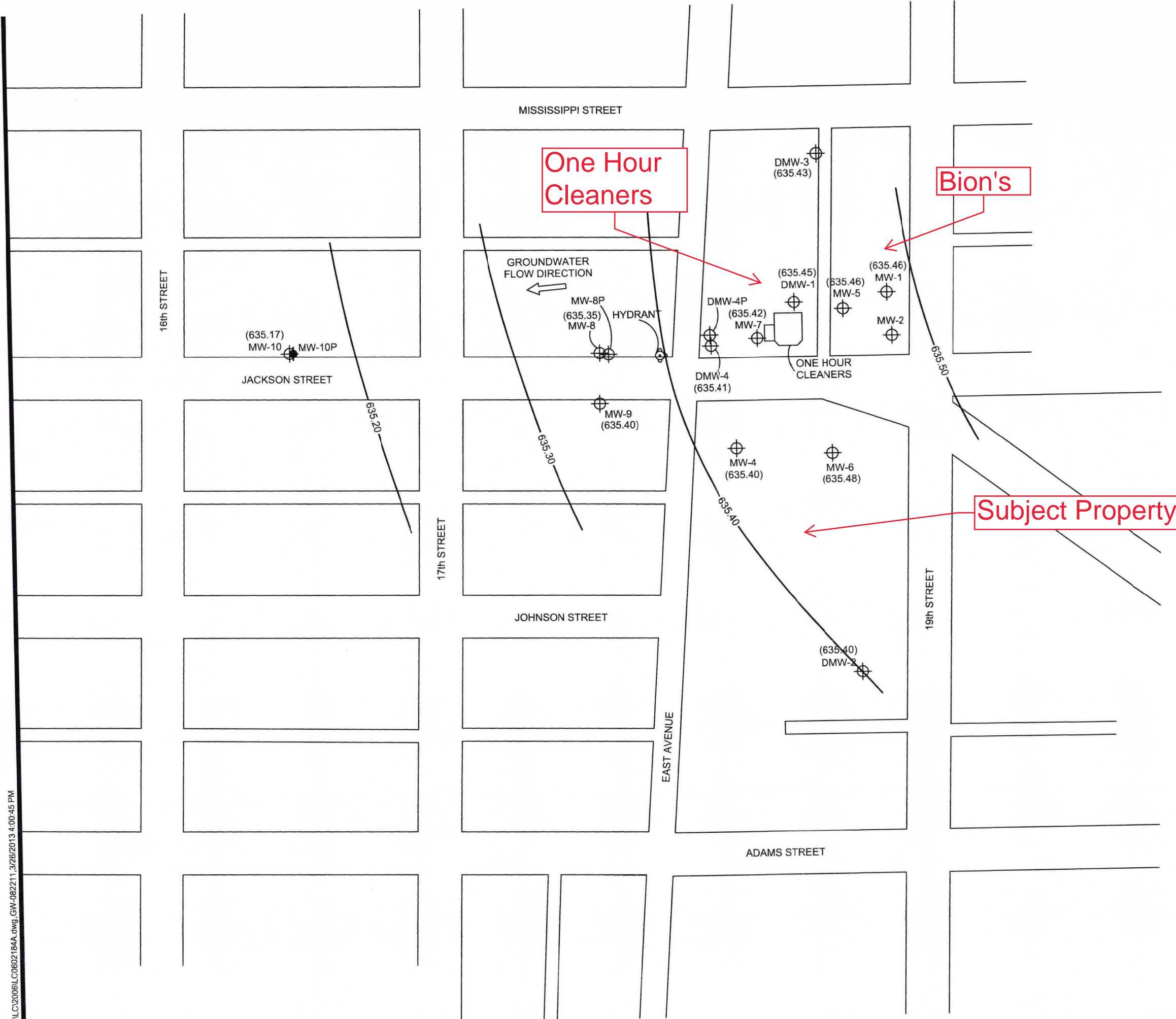


NAD_1983_HARN_Wisconsin_TM

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/>

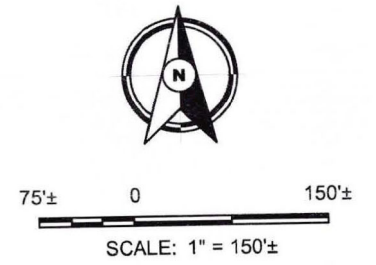
Note: Not all sites are mapped.

Notes

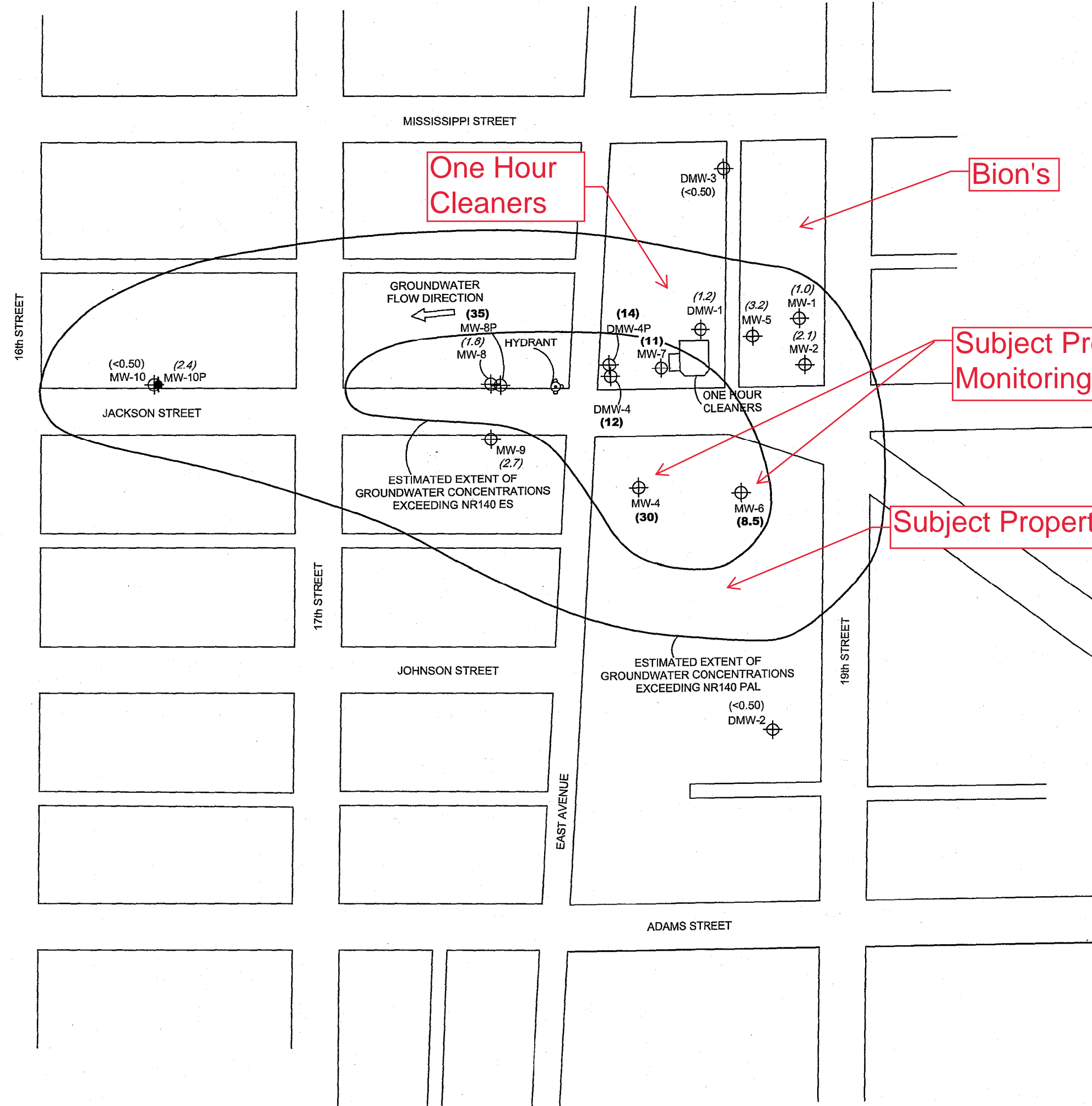


GROUNDWATER CONTOUR MAP (8-22-11)
CLOSURE REQUEST
DORPROP, LLC. / ONE HOUR CLEANERS
1817 JACKSON STREET
LA CROSSE, WISCONSIN

- GROUNDWATER CONTOUR ELEVATION (FT.)
- (634.40) GROUNDWATER ELEVATION (FT.)
- ◆ DENOTES APPROXIMATE LOCATION OF PIEZOMETER
- ⊕ DENOTES APPROXIMATE LOCATION OF MONITORING WELL



Project No:	LC0602184
Drawing No:	LC0602184A
Scale:	1" = 150±
Drawn By:	BJB
Date Drawn:	1/17/08
Checked By:	KDN
Last Modified:	3/26/13
Sheet:	Fig:
of	B.3.c

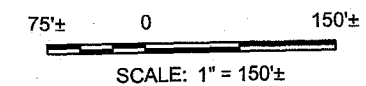


Subject Property
Monitoring Wells

Subject Property

- (0.0) PCE CONCENTRATION (ug/L)
- ◆ DENOTES APPROXIMATE LOCATION OF PIEZOMETER
- ⊕ DENOTES APPROXIMATE LOCATION OF MONITORING WELL

NOTES:
- **BOLD** INDICATES PCE CONCENTRATION EXCEEDS NR 140 ES
- *ITALICS* INDICATES PCE CONCENTRATION EXCEEDS NR 140 PAL

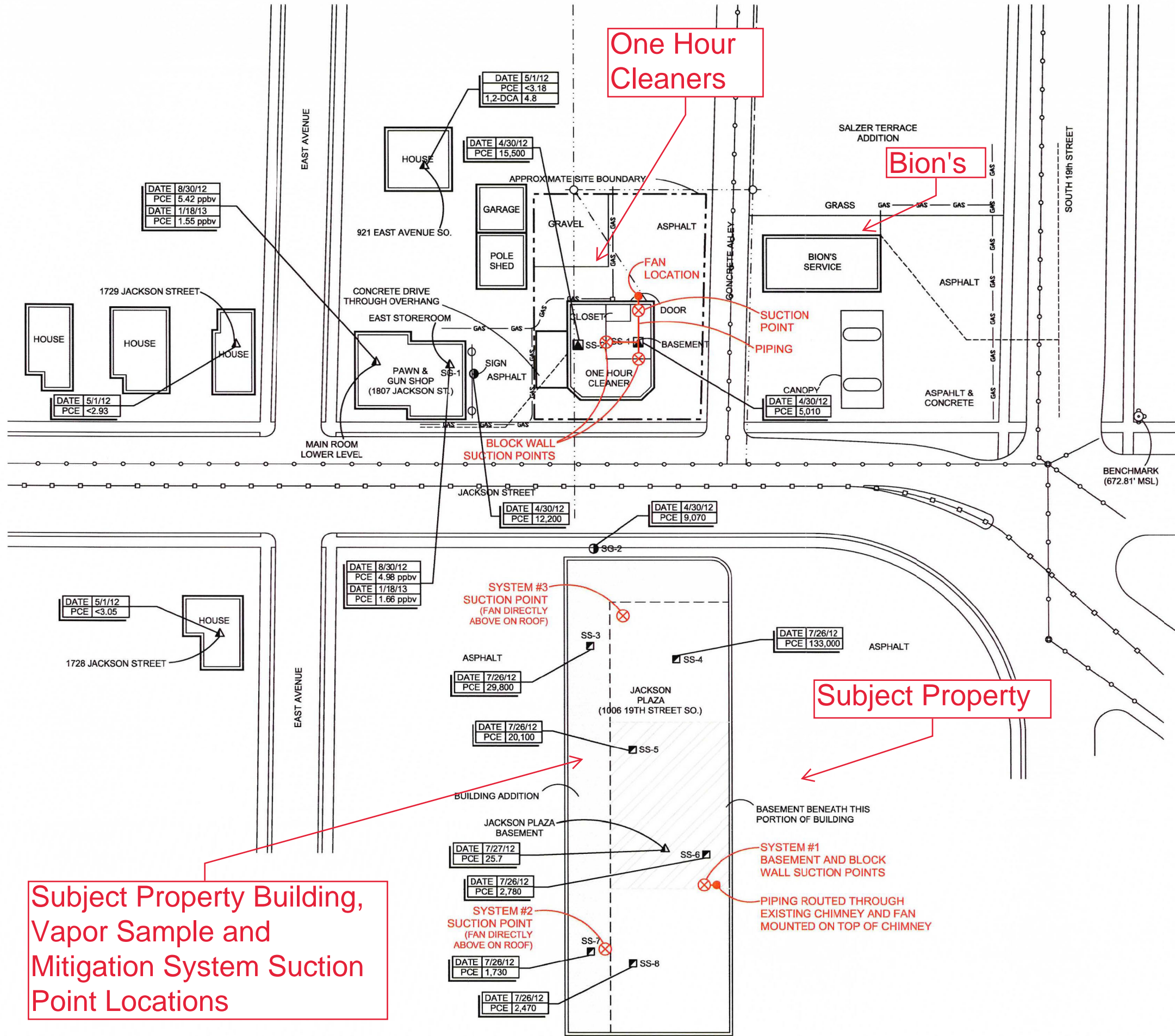


GROUNDWATER PCE CONCENTRATION MAP (AUGUST, 2011)
DORPROP, LLC / ONE HOUR CLEANER
1817 JACKSON STREET
LA CROSSE, WISCONSIN

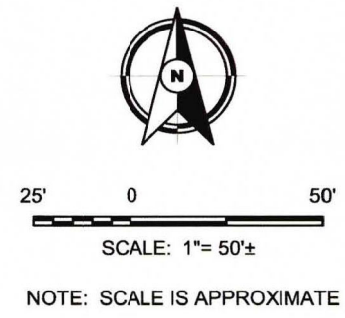
Project No:	LC0602184
Drawing No:	LC0602184A
Scale:	1" = 150'±
Drawn By:	BJB
Date Drawn:	1/17/08
Checked By:	KDN
Last Modified:	3/26/13
Sheet of	Fig. B.3.b

- PROPOSED SUB-SLAB VAPOR SAMPLE LOCATION
- ▲ SUB-SLAB VAPOR SAMPLE LOCATION
- SOIL GAS SAMPLE LOCATION
- ▲ INDOOR AIR SAMPLE LOCATION
- OVERHEAD ELECTRIC
- GAS LINE
- WATER LINE
- SANITARY SEWER
- STORM SEWER
- ⊕ FIRE HYDRANT
- ⊕ UTILITY POLE

NOTES: TETRACHLOROETHENE (PCE) CONCENTRATIONS ARE IN $\mu\text{g}/\text{m}^3$ UNLESS NOTED OTHERWISE
ppbv = PARTS PER BILLION BY VOLUME



Subject Property Building, Vapor Sample and Mitigation System Suction Point Locations



Project No:	LC0602184
Drawing No:	LC0602184
Scale:	1" = 50'±
Drawn By:	MRG
Date Drawn:	07/14/06
Checked By:	KDN
Last Modified:	3/26/13
Sheet of:	Fig. B.4.a

TABLE 8 (continued)

Laboratory Analytical Results for Monitoring Well Groundwater Samples - MW-4
 Bion's Service Center Site
 La Crosse, Wisconsin

Monitoring Well	Date	GRO	DRO (ppm)	Benzene	Ethylbenzene	Toluene	Xylenes	1,2-DCA	Isopropylbenzene	n-Propylbenzene	Naphthalene	p-Isopropyltoluene	1,2,4-TMB	1,3,5-TMB	PCE	Dissolved Lead	
MW-4	4/25/96	<50	<0.10	<0.5	<1.0	<1.0	<3.0	NA	NA	NA	NA	NA	<1.0	<1.0	NA	<1.5	
	3/4/97	<50	<0.10	<0.13	<0.22	<0.20	<0.23	NA	NA	NA	<0.46	NA	<0.22	<0.29	NA	NA	
	6/9/97	<50	<0.10	<0.31	<0.38	<0.39	<1.1	<0.20	NA	NA	<0.35	NA	<0.32	<0.33	NA	NA	
	9/3/97	<50	<0.10	<0.31	0.42	0.41	1.6	<0.20	NA	NA	0.35	NA	1.1	0.48	NA	NA	
	12/12/97	<50	<0.10	<0.13	<0.22	<0.20	<0.23	<0.25	NA	NA	<0.10	NA	<0.22	<0.29	NA	NA	
	3/25/98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	6/9/98	<50	<0.10	<0.10	<0.25	<0.10	<0.25	<0.25	NA	NA	<0.10	NA	<0.10	<0.10	NA	NA	
	2/26/99	<50	<0.10	<0.10	<0.25	<0.10	<0.25	<0.25	NA	NA	<0.22	NA	<0.10	<0.10	80	NA	
	6/2/99	<50	<0.10	<0.26	<0.24	<0.21	<1.34	NA	NA	NA	NA	NA	<0.86	<0.54	NA	NA	
	9/1/99	<50	<0.10	<0.26	<0.24	<0.21	<1.34	NA	NA	NA	NA	NA	<0.86	<0.54	NA	NA	
	12/6/99	NA	NA	<0.26	<0.24	<0.21	<1.34	NA	NA	NA	NA	NA	<0.86	<0.54	NA	NA	
	3/13/00	NA	NA	<0.500	<0.500	<0.500	<0.500	NA	NA	NA	NA	NA	<1.00	1.31	NA	NA	
NR 140 PAL	NS	NS	0.5	140	200	1,000	0.5	NS	NS	8	NS	96	0.5	1.5			
NR 140 ES	NS	NS	5	700	1,000	10,000	5	NS	NS	40	NS	480	5	15			

(continued)

Notes: All results in ppb unless otherwise noted
 Shading indicates value equals or exceeds the NR 140 enforcement standard
 GRO - gasoline range organics
 DRO - diesel range organics
 DCA - dichloroethane
 TMB - trimethylbenzene
 PCE - tetrachloroethene
 NA - not analyzed
 NS - no standard
 PAL - preventive action limit
 ES - enforcement standard

Checked by _____
 Approved by _____

Laboratory results confirming petroleum and chlorinated solvent contamination in subject site groundwater monitoring well MW-4.

TABLE 8 (continued)

Laboratory Analytical Results for Monitoring Well Groundwater Samples - MW-6
 Bion's Service Center Site
 La Crosse, Wisconsin

Monitoring Well	Date	GRO	DRO (ppm)	Benzene	Ethyl-benzene	Toluene	Xylenes	1,2-DCA	Isopropyl-benzene	n-Propyl-benzene	Naphthalene	p-Isopropyl-toluene	1,2,4-TMB	1,3,5-TMB	PCE	Dissolved Lead	
MW-6	4/25/96	<50	<0.1	<0.5	<1.0	<1.0	<3.0	NA	NA	NA	NA	NA	<1.0	<1.0	NA	<1.5	
	3/4/97	180	<0.1	<0.13	<0.22	<0.2	<0.23	NA	NA	NA	<0.23	NA	<0.22	<0.29	NA	NA	
	6/9/97	<50	<0.10	<0.31	<0.38	<0.39	<1.1	<2.0	NA	NA	<0.35	NA	<0.32	<0.33	NA	NA	
	9/3/97	52	<0.10	<0.31	<0.38	<0.39	<1.1	<0.20	NA	NA	<0.35	NA	0.36	<0.33	NA	NA	
	12/12/97	74	0.54	<0.13	<0.22	<0.20	<0.23	<0.25	NA	NA	<0.10	NA	<0.22	<0.29	NA	NA	
	3/25/98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	6/9/98	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	2/26/99	220	<0.10	<2.0	<5.0	<0.10	<5.0	<5.0	NA	NA	<0.22	NA	<2.0	<2.0	540	NA	
	6/2/99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	9/1/99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	12/6/99	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
3/13/00	NA	NA	<0.500	<0.500	<0.500	<0.500	<0.500	NA	NA	NA	NA	NA	<1.00	<1.00	NA	NA	
NR 140 PAL		NS	NS	0.5	140	200	1,000	0.5	NS	NS	8	NS	96		0.5	1.5	
NR 140 ES		NS	NS	5	700	1,000	10,000	5	NS	NS	40	NS	480		5	15	

(continued)

- Notes: All results in ppb unless otherwise noted
 Shading indicates value equals or exceeds the NR 140 enforcement standard
 GRO - gasoline range organics
 DRO - diesel range organics
 DCA - dichloroethane
 TMB - trimethylbenzene
 PCE - tetrachloroethene
 NA - not analyzed
 NS - no standard
 PAL - preventive action limit
 ES - enforcement standard

Checked by _____
 Approved by _____

Laboratory results confirming petroleum and chlorinated solvent contamination in subject site groundwater monitoring well MW-6.

Table A.1.9.

MW-4 Groundwater Analytical Results
 (concentrations are in µg/L)

Date	Vinyl Chloride	Trichloroethene (TCE)	Tetrachloroethene (PCE)	Carbon Tetrachloride	Bromodichloromethane	Chlorodibromomethane	Chloroform	cis-1,2-Dichloroethene	1,2-Dichloroethane	p-Isopropyltoluene
NR140 ES ¹	0.2	5	5	5	0.6	60	6	70	5	NS
NR 140 PAL ²	0.02	0.5	0.5	0.5	0.06	6	0.6	7	0.5	NS
2/26/1999	---	---	80	---	---	---	---	ND	ND	ND
1/24/2002	<2.5	<2.4	31	<2.4	<0.24	<0.22	<0.23	ND	ND	ND
1/3/2003	<0.11	<0.39	60	<0.47	<0.23	<0.84	<0.45	ND	ND	ND
4/9/2003	<0.18	<0.48	30	<0.49	<0.56	<0.81	<0.37	ND	ND	ND
5/18/2004	<0.36	<0.96	160	<0.98	<1.1	<1.6	<0.74	ND	ND	ND
7/19/2006	<0.80	<0.80	140	<2.0	1.8	1.8	2.3	ND	ND	ND
10/5/2006	<0.20	<0.20	71	<0.50	1.3	1.1	<i>1.4</i>	ND	ND	ND
1/2/2007	<0.20	0.30	260	<0.50	2.4	<0.20	2.3	ND	ND	ND
8/13/2008	<1.0	<1.0	340	<2.5	2.0	<1.0	2.4	ND	ND	ND
11/21/2008	<1.0	<1.0	370	<2.5	1.4	<1.0	2.6	ND	ND	ND
2/9/2009	<0.20	<i>0.65</i>	1,000	<0.50	1.2	<0.20	4.8	ND	ND	ND
5/6/2009	<0.20	<0.20	53	<0.50	<i>0.25</i>	<0.20	0.51	ND	ND	ND
8/4/2009	<0.20	0.32	390	<0.50	2.2	<0.20	<i>4.4</i>	ND	ND	ND
11/18/2009	<3.2	<3.2	1,100	<8.0	<3.2	<3.2	4.8	ND	ND	ND
2/2/2010	<1.0	<1.0	1,300	<4.0	2.0	<1.0	4.0	ND	ND	ND
5/10/2010	<0.40	0.46	97	<1.6	1.6	<0.40	4.0	ND	ND	ND
8/27/2010	<0.20	0.22	74	<0.80	2.3	<0.20	<i>5.0</i>	0.74	ND	ND
11/10/2010	<0.20	<0.20	56	<0.80	1.7	<0.20	<i>3.6</i>	<0.50	ND	ND
2/22/2011	<0.20	0.24	79	<0.80	2.2	<0.20	4.0	0.79	ND	ND
5/31/2011	<0.20	<0.20	37	<0.80	2.2	<0.20	4.2	<0.50	<i>1.5</i>	1.2
8/23/2011	<0.20	<0.20	30	<0.80	1.9	<0.20	<i>4.1</i>	<0.50	<i>1.1</i>	<0.20

Notes:

Sources for Wisconsin groundwater standards:

¹ - Wisconsin Administrative Code, Chapter NR140 Groundwater Enforcement Standards (ES)

² - Wisconsin Administrative Code, Chapter NR140 Groundwater Preventive Action Limits (PALs)

BOLD values exceed NR140 ES

values in *italics* exceed NR140 PAL

ND - No Detection above laboratory detection limits

Laboratory results confirming presence of chlorinated solvents in subject site monitoring well MW-4.

Table 9

Groundwater monitoring well Polycyclic Aromatic Hydrocarbon Laboratory Analytical Results
 Bion's Service Center
 La Crosse, Wisconsin
 March 3, 1997 & Sept. 1, 1999

Analyte	MW-1	MW-2	MW-3	MW-4	MW-4 9/1/99	MW-5	MW-6	MW-7	MW-10	NR 140 ES	NR 140 PAL
Acenaphthene	<7.0	<0.70	<7.0	<0.70	<0.47	<0.70	<0.70	<0.70	<0.70	NS	NS
Acenaphthylene	<4.8	<0.48	<4.8	<0.48	<0.41	<0.48	<0.48	<0.48	<0.48	NS	NS
Anthracene	<0.46	<0.046	<0.46	<0.046	<0.021	<0.046	0.065	<0.046	<0.046	3,000	600
Benzo (a) anthracene	<0.23	<0.023	<0.23	0.037	0.10	<0.023	0.068	<0.023	0.081	NS	NS
Benzo (b) fluoranthene	<0.87	<0.087	<0.87	<0.087	0.20	<0.087	<0.087	<0.087	<0.087	0.2	0.02
Benzo (k) fluoranthene	<0.46	<0.046	<0.46	<0.046	0.11	<0.046	<0.046	<0.046	<0.046	NS	NS
Benzo (a) pyrene	<0.24	<0.024	<0.24	0.050	0.25	<0.024	0.066	<0.024	<0.024	0.2	0.02
Benzo (ghi) perylene	<1.2	<0.12	<1.2	<0.12	0.23	<0.12	<0.12	<0.12	<0.12	NS	NS
Chrysene	<0.48	<0.048	<0.48	<0.048	0.13	<0.048	0.11	<0.048	0.76	0.2	0.02
Dibenzo (a,h) anthracene	<0.89	<0.089	<0.89	<0.089	0.21	<0.089	<0.089	<0.089	<0.089	NS	NS
Fluoranthene	<1.1	<0.11	<1.1	0.22	0.24	<0.11	0.72	<0.11	<0.11	400	80
Fluorene	<0.52	<0.052	<0.52	<0.052	<0.058	<0.052	0.23	<0.052	1.0	400	80
Indeno (1,2,3-cd) pyrene	<0.58	<0.058	<0.58	<0.058	0.50	<0.058	<0.058	<0.058	<0.058	NS	NS
1-Methylnaphthalene	70	<0.38	55	<0.38	<0.36	<0.38	<0.38	<0.38	94	NS	NS
2-Methylnaphthalene	110	<0.58	81	<0.58	0.40	<0.58	<0.58	<0.58	86	NS	NS
Naphthalene	220	<0.23	220	<0.23	<0.42	<0.23	<0.23	<0.23	220	40	8
Phenanthrene	<0.65	<0.065	<0.65	0.17	0.082	<0.065	1.6	<0.065	0.13	NS	NS
Pyrene	<0.61	<0.061	<0.61	0.13	0.22	<0.061	0.43	<0.061	0.29	250	50

Note: concentrations in parts-per-billion (ug/L) unless noted

Laboratory results confirming polycyclic aromatic hydrocarbon contamination in subject site monitoring wells MW-4 and MW-6.

Project # LC-06-02184
 Dorprop, LLC - One Hour Cleaners
 1817 Jackson Street
 La Crosse, Wisconsin

Table A.1.11.

MW-6 Groundwater Analytical Results
 (concentrations are in µg/L)

Date	Vinyl Chloride	Trichloroethene (TCE)	Tetrachloroethene (PCE)	Carbon Tetrachloride	Bromodichloromethane	Chlorodibromomethane	Chloroform	Chloromethane	Bromoform
NR140 ES ¹	0.2	5	5	5	0.6	60	6	3	4.4
NR 140 PAL ²	0.02	0.5	0.5	0.5	0.06	6	0.6	0.3	0.44
2/26/1999	---	---	540	---	---	---	---	---	---
1/24/2002	<2.5	<2.4	140	<2.4	<2.4	<2.2	<2.3	ND	NA
1/3/2003	<0.55	<1.9	750	<2.3	<1.2	<4.2	<2.2	ND	NA
4/9/2003	<0.45	<1.2	380	<1.2	<1.4	<2.0	<0.92	ND	NA
5/18/2004	<0.18	<0.48	76	<0.49	1.4	1.3	<i>1.1</i>	ND	NA
7/20/2006	<0.20	<0.20	18	<0.50	1.9	1.4	2.4	ND	0.21
10/5/2006	<0.20	<0.20	33	<0.50	1.7	1.2	2.1	ND	<0.20
1/2/2007	<0.20	<0.20	44	<0.50	1.4	0.99	<i>1.5</i>	ND	<0.20
8/13/2008	<0.20	<0.20	9.8	<0.50	2.5	0.75	3.7	ND	<0.20
11/21/2008	<0.20	<0.20	14	<0.50	1.9	0.39	3.0	<i>0.52</i>	<0.20
2/9/2009	<0.20	<0.20	13	<0.50	1.7	<0.20	3.4	<0.30	<0.20
5/6/2009	<0.20	<0.20	9.6	<0.50	1.4	<0.20	3.7	<0.30	<0.20
8/4/2009	<0.20	<0.20	10	<0.50	2.0	<0.20	3.2	<0.30	<0.20
11/18/2009	<0.20	<0.20	12	<0.50	2.3	<0.20	3.7	<0.30	<0.20
2/2/2010	<0.20	<0.20	13	<0.80	2.2	<0.20	2.8	<0.30	<0.20
5/10/2010	<0.20	<0.20	8.1	<0.80	2.7	<0.20	3.0	<0.30	<0.20
8/27/2010	<0.20	<0.20	6.6	<0.80	3.8	<0.20	4.7	<0.30	<0.20
11/10/2010	<0.20	<0.20	6.1	<0.80	3.9	<0.20	4.9	<0.30	<0.20
2/22/2011	<0.20	<0.20	11	<0.80	2.6	0.21	2.8	<0.30	<0.20
5/31/2011	<0.20	<0.20	4.0	<0.80	2.9	<0.20	4.7	<0.30	<0.20
8/23/2011	<0.20	<0.20	8.5	<0.80	1.9	0.56	2.4	<0.30	<0.20

Notes:

Sources for Wisconsin groundwater standards:

¹ - Wisconsin Administrative Code, Chapter NR140 Groundwater Enforcement Standards (ES)

² - Wisconsin Administrative Code, Chapter NR140 Groundwater Preventive Action Limits (PALs)

BOLD values exceed NR140 ES

values in *italics* exceed NR140 PAL

NA = Not Analyzed

ND = No Detection above laboratory detection limits

Laboratory results confirming presence of chlorinated solvents in subject site monitoring well MW-6.

Project # LC-06-02184
 Dorprop LLC - One Hour Cleaners
 1817 Jackson Street
 La Crosse, Wisconsin

Table A.5.2. - Vapor Intrusion Analytical Results

Compound/Parameter	CAS No.	Sample Identifier							Non-Residential Indoor Air VAL ($\alpha = 1$)	Non-Residential Sub-Slab VAL ($\alpha = 0.1$)
		SS-3	SS-4	SS-5	SS-6	SS-7	SS-8	Jackson Plaza Basement		
		7/26/2012	7/26/2012	7/26/2012	7/26/2012	7/26/2012	7/26/2012	7/27/2012		
		Non-Res. Sub-Slab	Non-Res. Sub-Slab	Non-Res. Sub-Slab	Non-Res. Sub-Slab	Non-Res. Sub-Slab	Non-Res. Sub-Slab	Non-Res. Indoor Air		
Volatile Organic Compounds (ug/m³)										
cis-1,2-Dichloroethene	156-59-2	<1.93	<1.98	<2.04	<1.92	<1.81	<2.04	<1.92	NE	NE
Tetrachloroethene	127-18-4	29,800	133,000	20,100	2,780	1,730	2,470	25.7	180	1,800
trans-1,2-Dichloroethene	156-60-5	<1.86	<1.91	<1.96	<1.85	<1.74	<1.97	<1.85	260	2,600
Trichloroethene	79-01-6	35	37.2	4.81	<2.50	<2.36	<2.66	<2.50	8.8	88
Vinyl chloride	75-01-4	<1.25	<1.28	<1.31	<1.24	<1.17	<1.32	<1.24	28	280

Notes:

ug/m³ = Micrograms per cubic meter.

< = Less than the reporting limit indicated

NE = Not Established

VAL = Vapor Action Level based on United States Environmental Protection Agency (EPA) Regional Screening Level Summary Table, May 2012

α = attenuation factor

BOLD indicated concentration exceeds corresponding Screening Level

Laboratory results confirming presence of chlorinated solvents subject property building sub-slab and indoor air.

To go back to your search results please click the back arrow  in the above Toolbar

Tank Details

Site and Owner

Site Info

Facility ID: 441542

Center Q

1010 19th St

La Crosse

Site Anniversary Date:

County & Municipality

La Crosse County

City of La Crosse

Fire Dept ID: 3205

Dispenser Has Sumps: N

Owner

Mike Keil

1222 Cass St

La Crosse

WI 54601-4855

Underground Storage Tank - ID: 98065, WANG ID: 320500632, Closed/Removed as of 2023-05-01

Install Date:	01/01/1979	Capacity In Gallons:	1,000	Contents:	Fuel Oil
Tank Occupancy:	Mercantile/Commercial	Marketer:	N	CAS Number	
Federally Regulated:	No	Spill Protection:	Not Installed	Overfill Protection:	Not Installed
Overfill Prot Type:	Not Installed	Containment Sump Installed:	N	Lining Inspected Date:	
Corrosion Protect Type:		Date Of Lining:		Underground Piping:	N
Leak Detection:		Wall Type:	Single		
Leak Test Method:					
Construction Material:	Bare Steel				

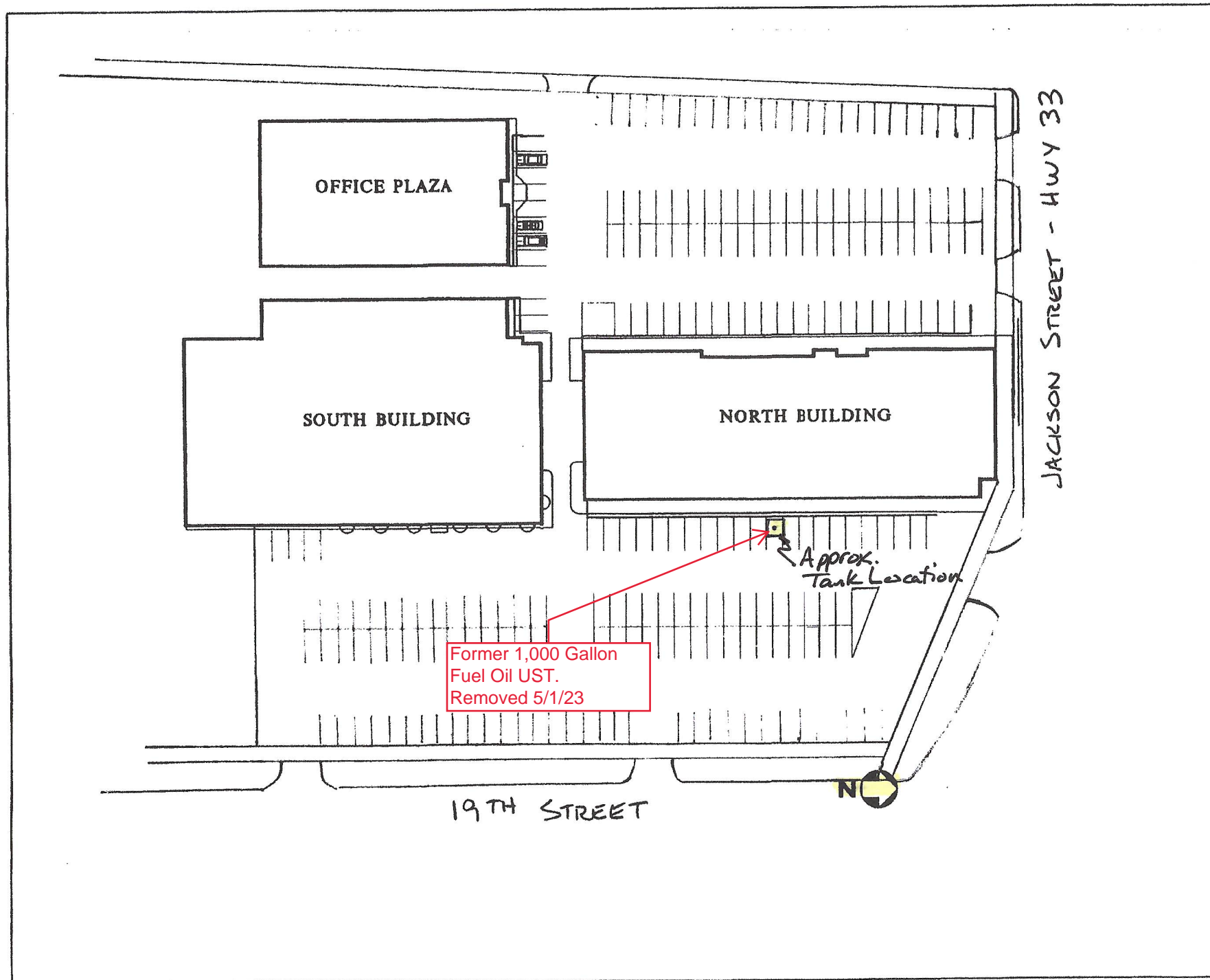
PIPING -

Flex Connectors:		UST Mainfolded:		Related Tank ID:	
Type:		Aboveground Piping:	N	Aboveground Pipe Cons:	
Construction Material:		Corrosion Protect Type:		Leak Detection:	
Catastrophic Leak Detection:				Leak Test Method:	
				Pipe Wall Type:	
				Piping System Type:	

Inspection Test Dates

Test Type	Test Date	Test Expire Date

Documentation for removal of 1,000 gallon fuel oil tank from subject property.



OFFICE PLAZA

SOUTH BUILDING

NORTH BUILDING

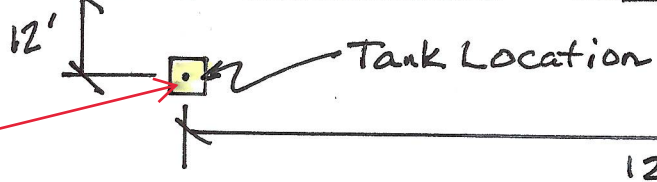
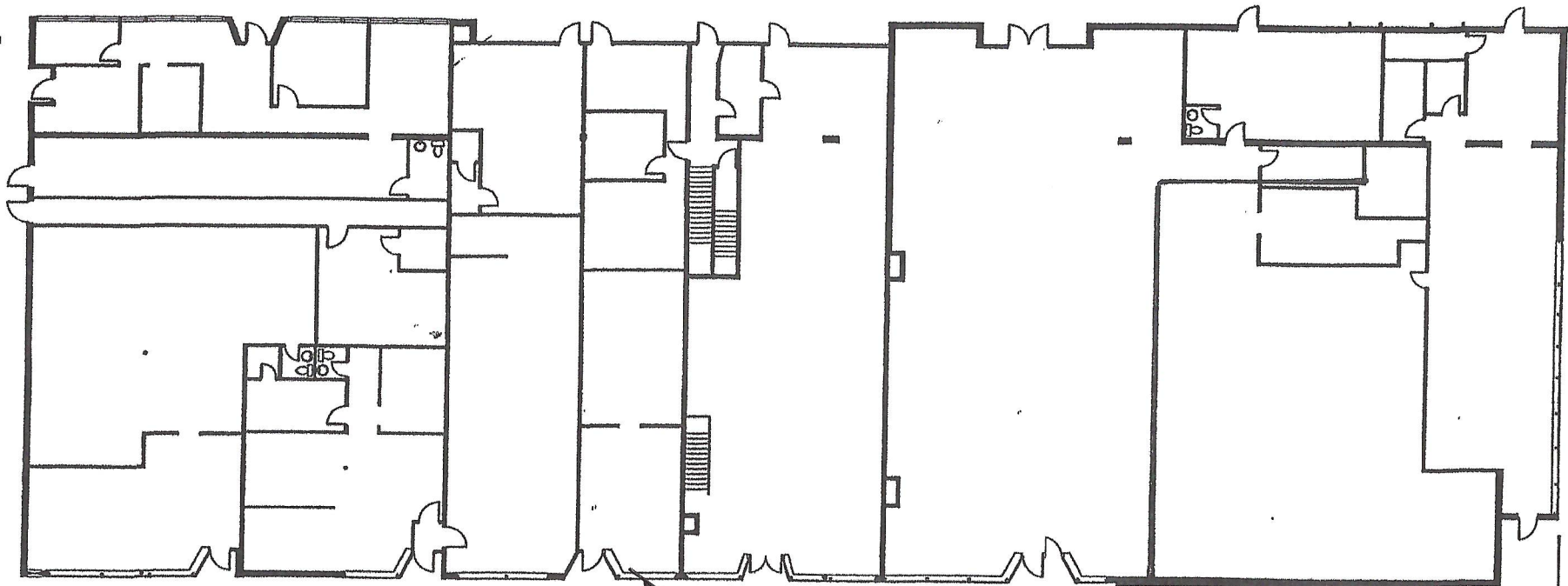
JACKSON STREET - HWY 33

Former 1,000 Gallon
Fuel Oil UST.
Removed 5/1/23

Approx.
Tank Location

19TH STREET





Former 1,000 Gallon
Fuel Oil UST. Removed
5/1/2023.

NORTH BUILDING
JACKSON PLAZA
LA CROSSE, WISCONSIN





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 Mike Keil	CONTACT NAME	TITLE
MAILING ADDRESS 19 and Jackson street 1222 Cass St.	<input checked="" type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE LaCrosse	STATE WI ZIP 54601
TELEPHONE: 608 386-4537	E-MAIL	

SITE INFORMATION

FACILITY NAME
Mike Keil (Center Q)

SITE ADDRESS (Not PO Box) 19 and Jackson street 1010 19th St.	<input checked="" type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE LaCrosse	STATE WI ZIP 54601
--	---	--------------------

SERVICE CONTRACTOR INFORMATION

PRIMARY SERVICE CONTRACTOR Section A Above METCO	SERVICE CONTRACTOR CERT ID # 401963	TELEPHONE: (608) 489 2198	CELL: () -
STREET ADDRESS 102 Enterprise Drive	<input checked="" type="checkbox"/> CITY <input type="checkbox"/> TOWN <input type="checkbox"/> VILLAGE Hillsboro	STATE WI ZIP 54634	

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 ⁵	
							Source of Release ³	Cause of Release ⁴
UNK 98065	P	St	St.	1000	FO	<input type="checkbox"/> Yes <input checked="" 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		
						<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)

Part A Distribution: DATCP DNR Inspector Contractor Owner

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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. Piping disconnected from tank and removed.	<input 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
d. All pump motors and suction hoses bonded to tank or otherwise grounded.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
e. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
f. Vent lines left connected until tanks purged.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
g. Tank openings temporarily plugged so vapors exit through vent.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
h. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section E.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
2. Specific Closure-by-Removal Requirements				
a. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. Tank cleaned before being removed from site.	<input 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 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
e. Site security is provided while the excavation is open.	<input 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 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 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 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 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

Travis Morris
 REMOVER/CLEANER NAME (PRINT):

T. Morris
 REMOVER/CLEANER SIGNATURE

469851
 CERTIFICATION #

May 1, 2023
 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

H. INSPECTOR INFORMATION

Nate Torpen

INSPECTOR NAME (PRINT):



INSPECTOR SIGNATURE

401405

INSPECTOR CERTIFICATION #

DATCP

LPO AGENCY/COMPANY NAME

FDID # FOR LOCATION WHERE INSPECTION PERFORMED

(715) 828-5904

INSPECTOR TELEPHONE:NUMBER

5/11/2023

DATE SIGNED

INSPECTOR NOTES:



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

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? [X] Yes [] No If yes, are you correcting/updating information only? [] Yes [] No

This registration applies to a [X] tank [X] piping status that is (check one): Date of status change:
[] In Use [] Abandoned with Water [] Abandoned with Product
[] Newly Installed [X] Closed - Removed [] Abandoned without Product (empty)
[] Temporarily Out of Service - Provide Date: [] Closed - Filled with Inert Materials [] Change of Site/Facility Address Only (complete boxes 1.a. and b. below)
[] Ownership Change (Indicate new owner name in box 2 - attach deed)

IDENTIFICATION (Please Print)

1. TANK SITE NAME Mike Keil (Center Q) COUNTY LaCrosse PHONE 608 386 4537
a. CURRENT SITE STREET ADDRESS 19th and Jackson street 1010 19th st. CITY [X] VILLAGE [] TOWN OF: LaCrosse STATE WI ZIP 54602
b. PREVIOUS SITE STREET ADDRESS CITY [] VILLAGE [] TOWN OF: STATE ZIP

Fire Dept. providing fire coverage where tank is located: [X] CITY [] TOWN [] VILLAGE of: 3205-LaCrosse

2. TANK OWNER LEGAL NAME Mike Keil COUNTY LaCrosse PHONE: Check [] CELL or [] LAND
MAILING ADDRESS 19th and Jackson street 1222 Cass St. CITY [X] VILLAGE [] TOWN OF: LaCrosse STATE WI ZIP 54601

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) CITY [] VILLAGE [] TOWN OF: STATE ZIP

4. CLASS A NAME DOB CERTIFICATION: (Attach certificate)
5. CLASS B NAME DOB CERTIFICATION: (Attach certificate)

SITE ID: TANK ID 98065 FACILITY ID # 441542 CUSTOMER ID #
Tank Capacity (gallons): 1000 Tank Age (age or date installed): 1979 Vehicle fueling: [] Yes [X] No
LAND OWNER TYPE (Refer to back; check one): [] County [] State [] Federal Leased [] Federal Owned [] Tribal Nation [] Municipal [] Other Government [X] 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 [X] Other (specify): Fuel Oil

TANK CONSTRUCTION:
[] Bare Steel [X] Coated Steel [] Steel - Fiberglass Reinforced Plastic Composite
[] Fiberglass [] Unknown [] Other (specify): [] Lined (date):
Overfill Protection? [] Yes [X] No
Spill Containment? [] Yes [X] No
Tank Double Walled? [] Yes [X] No

TANK CATHODIC PROTECTION: [X] 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) [X] Unknown

PIPING CONSTRUCTION: [] Single Wall [] Double Wall:
[] Bare Steel [X] Coated Steel [] Fiberglass [] Flexible [X] Copper [] Unknown [] N/A [] Other:
PIPING CATHODIC PROTECTION: [] Sacrificial Anodes [] Impressed Current [X] N/A

PRIMARY PIPING SYSTEM TYPE: [] Pressurized piping with [] A. Pump auto shutoff - ELLD [] B. Flow restrictor - MLLD [] Unknown
[X] 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 [X] Not required [] Unknown

TANK CONTENTS Current, or previous product (if tank now empty) (* = NOT PECFA eligible) [] Leaded [] Unleaded [] Gas-ethanol blend: ___ % ethanol [] Diesel
[] Bio-Diesel: ___ % [] Hazardous Waste/Interface* [] Kerosene [X] Fuel Oil [] Premix [] New Oil [] New oil - Flash point less than 200°F
[] 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) [X] Yes [] No

TANK OWNER LEGAL NAME (please print) Michael R Keil TANK OWNER E-MAIL mr.mrkeil@gmail.com

TANK OWNER SIGNATURE (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.) DATE: 5/1/23

Note: Refer to comments on reverse side of form.