Complete One Form for Each System Service Event

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

TANK SYSTEM SERVICE AND CLOSURE ASSESSMENT REPORT

CHECK ONE:

☒ **UNDERGROUND**

☐ **ABOVEGROUND**

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

RETURN COMPLETED CHECKLIST TO:

Wisconsin Department of Commerce
ERS Division
Bureau of Petroleum Products and Tanks
P.O. Box 7837
Madison, WI 53707-7837

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

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

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

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

B. IDENTIFICATION (Please Print)

1. Facility Name: Volk Service Station	2. Owner Name: Old Volk Service Station
Facility Street Address (not P.O. Box): 8062 Hwy 32-45	3. Contact Name / Job Title
Municipality: Three Lakes	Mailing Address: 8062 Hwy 32-45
☐ City ☐ Village ☒ Town of:	Post Office: Three Lakes State: WI Zip Code: 54562
Zip Code: 54562 County: Oneida	County: Oneida Telephone No. (include area code): ( )
4. Primary Service Contractor Section A above: SOS Environmental Contractors LLC	Service Contractor Street Address: N2570 Daybreak Dr
Service Contractor Telephone No. (include area code): (715) 539-2803	Service Contractor City, State, Zip Code: Merrill WI 54452

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]	
								Source of Release[3]	Cause of Release[4]
	P	STEEL	STEEL	500	UG	☒ Y	☐ N	T+P	O
	P	STEEL	STEEL	1,000	UG	☒ Y	☐ N	T+P	O
	P	STEEL	STEEL	2,000	UG	☒ Y	☐ N	T+P	O
						☐ Y	☐ N		
						☐ Y	☐ N		
						☐ Y	☐ 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
4. Cause of release: S = spill, O = overfill, POMD = physical or mechanical damage, C = corrosion, IP = installation problem, O = other
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 15 days in advance of closure date. ☒ Y ☐ N

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

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

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

D.1 ☐ TEMPORARILY OUT-OF-SERVICE 1. Product removed.	Remover Verified	Inspector Verified	NA
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 COMMERCE 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 Department of Commerce indicating closure in-place.	☐Y ☐N	☐Y ☐N	☐

E. REPAIR, UPGRADE OR CHANGE-IN-SERVICE

Written notification was provided to the local agent 15 days in advance of service date.	☐ Y	☐ N	☐ NA
All local permits were obtained before beginning service.	☐ Y	☐ N	☐ NA
Form ERS-7437 or ☐ ERS-8731 filed by owner with the Department of Commerce indicating change-in-service.	☐ 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 CO_2 or N_2 **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

Remover/Cleaner Name (print)	Remover/Cleaner Signature	Certification No.	Date Signed
JAY A. SCHLAEFER		42227	8-9-10

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

Company expected to perform soil contamination assessment ~~SEH~~ MSA PROFESSIONAL SERVICES

H. INSPECTOR INFORMATION

Inspector Name (print)	Inspector Signature	Inspector Cert #	LPO Agency #:
Darrell Christy		3505	

FDID # For Location Where Inspection Performed	Inspector Telephone Number	Date Signed
Three Lakes	715-878-4499	8/9/10

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				
T-1	Dispenser S/G	☑	☐	☐	☐	1	10	29	ND
T-2	Pipe Run S	☑	☐	☐	☐	1	50	4000	270
T-3	W. Sidewall S	☑	☐	☐	☐	4-side	65	400	25
T-4	S. Sidewall S	☑	☐	☐	☐	4-side	11	4.8	ND
T-5	Bottom S	☑	☐	☐	☐	1	113	4300	130
T-6	E. S. Wall S	☑	☐	☐	☐	4-side	1	7.4	ND
T-7	N. Sidewall S	☑	☐	☐	☐	4-side	67	2900	120
T-8	Bottom S	☑	☐	☐	☐	1	129	6000	710
T-9	Bottom S	☑	☐	☐	☐	1	114	7100	1700
T-10	N. Sidewall S	☑	☐	☐	☐	4-side	256	14000	3700
		☐	☐	☐	☐				
		☐	☐	☐	☐				
		☐	☐	☐	☐				
		☐	☐	☐	☐				
		☐	☐	☐	☐				

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
T-1	61	97	ND	ND	422	360	180
T-2	ND	46,000	7300	ND	290,000	237,000	130,000
T-3	ND	5,000	3400	ND	43,000	26,000	15,000
T-4	71	120	ND	ND	139	225	ND
T-5	54,000	380,000	69,000	ND	34,000	330,000	53,000
T-6	90	150	ND	ND	174	330	110
T-7	ND	14,000	ND	ND	145,000	60,000	42,000
T-8	ND	110,000	44,000	ND	540,000	1,070,000	70,000
T-9	ND	67,000	31,000	ND	940,000	1,180,000	190,000
T-10	ND	55,000	ND	ND	2,200,000	1,550,000	200,000

K. TANK-SYSTEM SITE ASSESSMENT INFORMATION

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

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

JAY A. SCHLUETER — Tank-System Site Assessor Name (print)

Jay A. Schlueter — Tank-System Site Assessor Signature

42227 — Certification Number #

Tank-System Site Assessor Telephone Number

Date Signed

Company Name

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: Old Vol. Station

Address: 8062 Hwy 32-45 Three Lakes WI 54562

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

To determine if a TSSA is required, see Comm 10 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 Commerce # _____, or DNR BRRT's # _____.

b. Number of active tanks[1] at facility prior to completion of current services 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
#1	16 feet	15 feet	7 feet
#2	8 feet	8 feet	7 feet
Trench	32 feet	2 feet	1 foot

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 > 7' feet b. Indicate type of geology[2] Sand Soils S

(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 Possible old well on property

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

Petroleum odors very strong. 500 + 1,000 gallon tanks had fill pipes. 2,000 gallon did not have fill pipe + hole covered by a loose cap. No holes observed in tanks. All tanks had water/product in them. Saturated soil was observed ≈ 1-2 feet below tanks @ estimated 7-8 feet bgs. Number of samples collected coordinated with onsite Commerce Inspector.