

ENVIRONMENTAL COMPLIANCE CONSULTANTS, INC.

P.O. Box 11417 • Green Bay, WI 54307-1417 • 920-434-5380 (Voice) • 920-434-5381 (Fax) • 1-888-ECCI-NOW

**Underground Storage Tank Site
Assessment**

**CEO Gas Tank Pull
Green Bay, Wisconsin**

Prepared for:
**Procter & Gamble Paper Products Co.
501 Eastman Avenue
Green Bay, Wisconsin**

January 11, 2001

NER

Sharing Your Concerns. Creating Sound Solutions.



ENVIRONMENTAL COMPLIANCE CONSULTANTS, INC.

P.O. BOX 11417 • GREEN BAY, WI 54307-1417 • 920-434-6380 (VOICE) • 920-434-6381 (FAX)

January 11, 2001

Ms. Diane Golodski
Remediation and Redevelopment Program/RR#
PO Box 7921
Madison, Wisconsin 53707-7921

Dear Ms. Golodski:

RE: UST Site Assessment Report
Procter & Gamble Paper Products Co., 501 Eastman Avenue, Green Bay, Wisconsin

Enclosed for your review is an Underground Storage Tank (UST) Site Assessment Report for the Procter & Gamble Paper Products Co. property. It concerns the removal on December 20, 2000, of one 550-gallon UST at the above location. Two confirmation soil samples were collected and submitted for laboratory analysis of gasoline range organics (GRO). Laboratory analysis of the confirmation samples did not show any GRO detections above the laboratory method detection limit.

If you have any questions or comments concerning this report, please feel free to contact me at (920) 434-5028.

Sincerely,

Environmental Compliance Consultants, Inc.

Noel Versch
Project Manager

Enclosure

cc: Mr. George Buttke, Procter & Gamble Paper Products Co.

UST Site Assessment

**Procter & Gamble Paper Products Co.
501 Eastman Avenue
Green Bay, Wisconsin**

Noel Versch 1/11/01
Noel Versch Date
UST Site Assessment
Certification #640789

Prepared for:

**Procter & Gamble Paper Products Co.
Green Bay, Wisconsin**

January 11, 2001

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P. O. Box 11417
Green Bay, WI 54307-1417
(920) 434-5380; fax: (920) 434-5381

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1. SITE BACKGROUND INFORMATION

Site Owner and UST System Owner/Operator

Procter & Gamble Paper Products Co.
George Buttke, Environmental Affairs Leader
501 Eastman Avenue
Green Bay, Wisconsin 54302

Address of Tank Location

501 Eastman Avenue
Green Bay, Wisconsin 54302

Legal Description of Site

East side of the Fox River, in the Western part of Private Claim 1, Township 23 North, Range 21 East.

Certified Site Assessor

Environmental Compliance Consultants, Inc.
Noel Versch
P.O. Box 11417
Green Bay, Wisconsin 54307-1417
(920) 434-5028
Site Assessor certification #640789

Site Assessment Subcontractors

Not applicable

Summary of Past and Present Property Use

Currently, the property is an industrial facility engaged in manufacturing paper products.

Description of Tanks Removed Previously

Three tanks were previously removed from the property.

Tank ID#	Tank Status Code	Tank Status Date	Tank Contents ID	Tank Size Gallons
255720	Closed/Removed	1/1/86	Unleaded Gasoline	2,000
255721	Closed/Removed	9/25/91	Unleaded Gasoline	2,000
256416	Closed/Removed	10/25/99	Unleaded Gasoline	1,000

Results of Tank Tightness Tests

Information not available.

Results of Previous Investigations

A previous LUST site (WDNR BRRS #03-05-001043) was located on the Procter & Gamble Paper Products Co. property. The LUST Site was granted closure by the Wisconsin Department of Natural Resources on July 12, 1994.

Other Gas Stations/LUST sites on Surrounding Properties

There are no known gas stations/LUST sites on surrounding properties.

Estimated Depth to Groundwater and Local Groundwater Use

The estimated depth to groundwater is expected to be approximately 6 to 7 feet below surface grade (bsg). Potable water is provided by the municipality.

2. TANK CLEANING AND DISPOSAL

Method of Tank Closure

Removal

Date of Removal

December 20, 2000

Certified Cleaner/Remover

Petroleum Equipment Service
Mr. Steve Carlson
1850 Velp Avenue
Green Bay, Wisconsin 54303
(920) 499-5404
Certification #42289

Subcontractors

Gene Frederickson Trucking Inc.
W1732 County Road KK
Kaukauna, Wisconsin 54130

Description of UST System(s) Removed

Number of UST(S) 1.

Tank ID#	Tank Age Years	Tank Contents ID	Tank Size Gallons
256410	14	unleaded gasoline	550

In addition to removing the 550-gallon UST, related piping, and pump island; three monitoring wells associated with the tank system were abandoned in accordance with *Wis. Adm. Code NR 141*. Appendix B contains copies of WDNR Well/Drillhole/Borehole Abandonment Form 3300-5B.

Number of UST(s) Remaining on Site

There are no remaining USTs on the site.

Tank Degassing and Cleaning

First, Petroleum Equipment Supply (PES) measured the lower explosive level (LEL) in the UST. The UST was then vented, as needed, to lower the tank atmosphere below 10% of the LEL, the UST was removed from the excavation, and cleaned by PES. A copy of PES' tank entry permit is contained in Appendix C.

3. SURPLUS PRODUCT MANAGEMENT

Types and Quantity of Liquids

Unleaded gasoline, approximately 4.0 to 5.0 gallons.

Final Deposition of Liquids

Safety Kleen Corp.
2201 Badger Road
Kaukauna, Wisconsin

Name of Firm Storing, Transporting, and/or Recycling Liquids

Safety Kleen Corp.
2201 Badger Road
Kaukauna, Wisconsin.

4. TANK SLUDGE MANAGEMENT

Type(s) and Quantity of Sludge

Not applicable.

Final Deposition of Sludge

Not applicable.

Name of Firm Storing, Transporting, and/or Recycling Sludge

Not applicable.

5. SITE LOCATION MAP AND LAYOUT PLAN

The Site Location Map can be viewed as Figure 1 (Appendix D). Locations of the UST system and sample locations may be viewed as Figure 2 (Appendix D).

6. VISUAL INSPECTION

Weather Conditions

Temperature. 0 degrees Fahrenheit.

Precipitation during or prior to removal? No.

Site Conditions

Surface staining present? No.
Stressed Vegetation present? No.
Previously undiscovered or unregistered tanks present? No.

Excavation Conditions

Excavation depth 7.0 feet.
Free product present? No.
Obvious odors present? No.
Soil discoloration present? No.
Oil sheen on excavation present? No.
Native soil type Silty Sand
Backfill soil type Pea Gravel.
Free Standing water in excavation? Yes.
 If yes, type of water? Groundwater. (runoff, groundwater, perched)
 Depth to water? 6.5 feet.
 Results of pump out tests NA.

Tank System Components

Tank(s) Condition Excellent.
Piping Condition Excellent.
Possible Leak Locations (if applicable) NA.

7. SOIL SAMPLING

Field Soil Headspace Sampling Methods

Field soil headspace analysis was performed using a photoionization detector (PID) on each soil sample submitted for laboratory analysis. PID results did not indicate the presence of petroleum-related hydrocarbons.

Laboratory Analyses of Soil Samples

A total of two soil samples were collected and submitted for laboratory analysis. Each sample was submitted to En Chem, Inc., Green Bay, Wisconsin, for GRO analysis. A copy of the laboratory report is attached in Appendix E.

Sample Results and Location

Sample #	Location	Depth (feet)	PID Results	GRO (mg/kg)	Odor	Soil Type (USCS)
S-1	Middle of UST	5.0-5.5	<1	<2.6	no	SM
S-2	Below Dispenser	2.0-3.0	<1	<2.6	no	SM

8. COPIES OF TANK INVENTORY FORMS (SBD-7437) FOR ALL TANKS BEING CLOSED

A copy of the Tank Inventory form is contained in Appendix F.

9. DISCUSSION

The UST removed consisted of one 550-gallon UST. Neither soil staining nor petroleum odors were observed during the activities. A total of two soil samples—S-1 and S-2—were collected during the UST site assessments. Due to the presence of groundwater (approximately 6.5 feet bsg), soil sample S-1 was collected at approximately 5.0 to 5.5 feet bsg along the north wall of the excavation. Soil sample S-2 was collected at approximately 1.5 to 2.0 feet below the pump island. Laboratory analysis of S-1 and S-2 did not show the presence of petroleum-related compounds. A copy of the tank closure checklist is attached in Appendix G.

APPENDIX A

Certification and Resumes of Project Staff

Noel Versch

Environmental Scientist

Experience

A Project Manager with Environmental Compliance Consultants, Inc., Mr. Versch is a professional consultant experienced in conducting environmental contamination investigations, handling solid and hazardous wastes, environmental compliance, and evaluating risks of exposure to hazardous materials. Mr. Versch has worked on projects involving such large and diverse entities as the Wisconsin Department of Commerce, the Wisconsin Department of Natural Resources, and other regulatory agencies. Additionally, he has worked with counties, municipalities, private industry, commercial developers, attorneys-at-law, and lending institutions.

The following projects are cited examples of Mr. Versch's applied experience.

- Mr. Versch has conducted environmental field work at numerous LUST sites throughout northeast Wisconsin. This work included monitoring well installation, soil boring analysis, groundwater and soil sampling, site surveying, and well and borehole abandonment.
- Performed and managed industrial compliance issues; including, solid and hazardous waste management; air, storm water; and waste water permitting; and SARA Tier II and Form R reporting.
- As a COMM 10 Certified UST Site Assessor, Mr. Versch has participated in numerous UST closure assessments, including soil sample collection and writing UST closure reports.
- While employed with ECCI, Mr. Versch was responsible for writing numerous LUST reports involving a wide range of sites. These reports included site work plans, natural attenuation monitoring plans, site status updates, and case closure reports.

- Performed and managed investigations and remediations on behalf of clients to ensure their compliance with state and federal regulations. These investigations and remediations included solid, liquid, and hazardous wastes. The investigations included: installing soil vapor probes, soil borings, test pits, and/or monitoring wells. Remediations included: monitoring and evaluating for natural attenuation; ex-situ removal and placement in sanitary landfills, construction of biopiles, and land spreading; in-situ groundwater and soil vapor extraction, air sparging, and enhanced bio.
- Performed and managed Phase I, II, and III Environmental Site assessment (ESA) projects for a variety of commercial, industrial, and undeveloped sites. These assessments were designed to identify the existence of environmental liabilities.
- Completed generalized and specific Wisconsin Pollution Discharge Elimination System (WPDES) permits to allow discharge of waste water to surface water.

Education

B.S. - Environmental Science, University of Wisconsin—Green Bay, 1996

Certifications and Qualifications

COMM 10 Certified UST Site Assessor
COMM 47 PECFA Program Participant (#640789),
Wisconsin DILHR
40-Hour HAZWOPER certified

Affiliations

Federation of Environmental Technologists

WISCONSIN DEPARTMENT OF COMMERCE

Id: 640789

NOEL VERSCH

Signature:

License, Certification, or Registration Name	Expires
Site Assessor Certification	12/04/02
PECFA Consultant Registration	08/06/02

APPENDIX B

WDNR Well/Drillhole/Borehole Abandonment Form 3300-5B

All abandonment work shall be performed in accordance with the provisions of Chapters NR 811, NR 812 or NR 141, Wis. Adm. Code, whichever is applicable. Also, see instructions on back.

(1) GENERAL INFORMATION		(2) FACILITY NAME	
Well/Drillhole/Borehole Location	County <u>BROWN</u>	Original Well Owner (If Known) <u>PROCTER & GAMBLE PAPER PRODUCTS</u>	
1/4 of 1/4 of Sec. <u>23</u> N; R. <u>21</u> E W		Present Well Owner	
(If applicable) 0 Gov't Lot 0 Grid Number		Street or Route <u>501 EASTMAN</u>	
Grid Location ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		City, State, Zip Code <u>GREEN BAY, WI 54302</u>	
Civil Town Name <u>GREEN BAY, WI</u>		Facility Well No. and/or Name (If Applicable) <u>MW-1</u>	WI Unique Well No. _____
Street Address of Well <u>501 Eastman</u>		Reason For Abandonment <u>UST Removal, OBSERVATION WELL ASSOCIATED w/</u>	
City, Village <u>GREEN BAY</u>		Date of Abandonment <u>December 20, 2000</u> SYSTEM	

WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) Depth to Water (Feet) <u>6.0'</u>	
(3) Original Well/Drillhole/Borehole Construction Completed On: (Date) <u>UNKNOWN</u>		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain <u>Cut off 1.5' Below Surface</u>	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Drillhole <input type="checkbox"/> Borehole Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) <u>UNKNOWN</u>		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock Total Well Depth (ft.) <u>8'</u> Casing Diameter (in.) <u>6.0"</u> (From ground surface) Casing Depth (ft.) _____ Lower Drillhole Diameter (in.) _____ Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If Yes, To What Depth? _____ Feet		(5) Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Dump Bailer <input type="checkbox"/> Other (Explain) _____ (6) Sealing Materials For monitoring wells and monitoring well boreholes only <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Bentonite Pellets <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite-Cement Grout <input type="checkbox"/> Clay-Sand Slurry <input type="checkbox"/> Chipped Bentonite <input type="checkbox"/> Bentonite-Sand Slurry	

(7)	Material Used To Fill Well/Drillhole	From (Ft.)	To (Ft.)	No. Yards, Sacks of Sealant or Volume (Circle One)	Mix Ratio or Mud Weight
	<u>GRANULAR BENTONITE</u>	<u>Surface</u>	<u>8.0'</u>	<u>1.75</u>	
		0	0	0	
		0	0	0	

(8) Comments: _____

(9) Name of Person or Firm Doing Sealing Work
NOEL VERSCH - ELLI

Signature of Person Doing Work _____ Date Signed 12/23/00

Street or Route P.O. Box 11417 Telephone Number (920) 434-5380

City, State, Zip Code GREEN BAY, WI 54307-1417

(10) FOR DNR OR COUNTY USE ONLY

Date Received/Inspected	District/County
Reviewer/Inspector	<input type="checkbox"/> Complying Work <input type="checkbox"/> Noncomplying Work
Follow-up Necessary	

All abandonment work shall be performed in accordance with the provisions of Chapters NR 811, NR 812 or NR 141, Wis. Adm. Code, whichever is applicable. Also, see instructions on back.

(1) GENERAL INFORMATION		(2) FACILITY NAME	
Well/Drillhole/Borehole Location	County BROWN	Original Well Owner (If Known) PROCTER & GAMBLE PAPER PRODUCTS	
1/4 of 1/4 of Sec. : T. 23 N N; R. 21 E W		Present Well Owner	
(If applicable) 0 Gov't Lot 0 Grid Number		Street or Route 501 EASTMAN	
Grid Location ft. N. S. ft. E. W.		City, State, Zip Code GREEN BAY, WI 54302	
Civil Town Name GREEN BAY, WI		Facility Well No. and/or Name (If Applicable) MW-2	WI Unique Well No.
Street Address of Well 501 Eastman		Reason For Abandonment UST Removal, OBSERVATION Well Associated w/	
City, Village GREEN BAY		Date of Abandonment December 20, 2000 SYSTEM	

WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) Depth to Water (Feet) 6.0'	
(3) Original Well/Drillhole/Borehole Construction Completed On: (Date) UNKNOWN		<input type="checkbox"/> Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain CUT OFF 1.5' Below Surface	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Drillhole <input type="checkbox"/> Borehole Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) UNKNOWN		Construction Report Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock Total Well Depth (ft.) 8' Casing Diameter (in.) 6.0" (From ground surface) Casing Depth (ft.) Lower Drillhole Diameter (in.) Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If Yes, To What Depth? Feet		(5) Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Dump Bailer <input type="checkbox"/> Other (Explain) (6) Sealing Materials For monitoring wells and monitoring well boreholes only <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Bentonite Pellets <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite-Cement Grout <input type="checkbox"/> Clay-Sand Slurry <input type="checkbox"/> Bentonite-Sand Slurry <input type="checkbox"/> Chipped Bentonite	

(7)	Material Used To Fill Well/Drillhole	From (Ft.)	To (Ft.)	No. Yards, Sacks Sealant or Volume	(Circle One)	Mix Ratio or Mud Weight
	GRANULAR BENTONITE	Surface	8.0'	1.75		
		0	0	0		
		0	0	0		

(8) Comments:

(9) Name of Person or Firm Doing Sealing Work NOEL VERSCH - ELLI		(10) FOR DNR OR COUNTY USE ONLY	
Signature of Person Doing Work	Date Signed 12/23/00	Date Received/Inspected	District/County
Street or Route P.O. Box 11417	Telephone Number (920) 434-5380	Reviewer/Inspector	<input type="checkbox"/> Complying Work <input type="checkbox"/> Noncomplying Work
City, State, Zip Code GREEN BAY, WI 54307-1417		Follow up Necessary	

All abandonment work shall be performed in accordance with the provisions of Chapters NR 811, NR 812 or NR 141, Wis. Adm. Code, whichever is applicable. Also, see instructions on back.

(1) GENERAL INFORMATION		(2) FACILITY NAME	
Well/Drillhole/Borehole Location	County BROWN	Original Well Owner (If Known) PROCTER & GAMBLE PAPER PRODUCTS	
____ 1/4 of ____ 1/4 of Sec. ____ ; T. <u>23N</u> N; R. <u>21</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Present Well Owner	
(If applicable) ____ Gov't Lot ____ Grid Number		Street or Route 501 EASTMAN	
Grid Location ____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S. ____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		City, State, Zip Code GREEN BAY, WI 54302	
Civil Town Name GREEN BAY, WI		Facility Well No. and/or Name (If Applicable) MW-3	WI Unique Well No. _____
Street Address of Well 501 Eastman		Reason For Abandonment UST REMOVAL, OBSERVATION WELL ASSOCIATED W/	
City, Village GREEN BAY		Date of Abandonment December 20, 2000	
		SYSTEM	

WELL/DRILLHOLE/BOREHOLE INFORMATION

(3) Original Well/Drillhole/Borehole Construction Completed On: (Date) <u>UNKNOWN</u>		(4) Depth to Water (Feet) <u>6.0'</u>	
<input checked="" type="checkbox"/> Monitoring Well	Construction Report Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Drillhole		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Borehole		Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) <u>UNKNOWN</u>		If No, Explain <u>CUT OFF 1.5' Below Surface</u>	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total Well Depth (ft.) <u>8'</u>	Casing Diameter (in.) <u>6.0"</u>	Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(From ground surface)	Casing Depth (ft.) _____	Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Lower Drillhole Diameter (in.) _____		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Feet	(5) Required Method of Placing Sealing Material	
If Yes, To What Depth? _____		<input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Dump Bailer <input type="checkbox"/> Other (Explain)	
		(6) Sealing Materials	
		For monitoring wells and monitoring well boreholes only	
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Sand-Cement (Concrete) Grout	
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Pellets	
		<input type="checkbox"/> Clay-Sand Slurry <input checked="" type="checkbox"/> Granular Bentonite	
		<input type="checkbox"/> Bentonite-Sand Slurry <input type="checkbox"/> Bentonite - Cement Grout	
		<input type="checkbox"/> Chipped Bentonite	


(7)	Material Used To Fill Well/Drillhole	From (Ft.)	To (Ft.)	No. Yards, Sacks, Sealant or Volume	(Circle One)	Mix Ratio or Mud Weight
	GRANULAR BENTONITE	Surface	8.0'	1.75		
		0	0	0		
		0	0	0		

(8) Comments:

(9) Name of Person or Firm Doing Sealing Work

NOEL VERSCH - ELLI

Signature of Person Doing Work



Street or Route

P.O. Box 11417

City, State, Zip Code

GREEN BAY, WI 54307-1417

Date Signed

12/23/00

Telephone Number

(920) 434-5380

(10) FOR DNR OR COUNTY USE ONLY

Date Received/Inspected

District/County

Reviewer/Inspector

☐ Complying Work

Follow-up Necessary

☐ Noncomplying Work

APPENDIX C
Tank Entry Permit

TANK ENTRY PERMIT

CUSTOMER NAME: ECCL

LOCATION: Procter & Gamble (North Plant)

DESCRIPTION OF JOB: clean & degas 1-550 F.G. U.G. tank

EMPLOYEE ASSIGNED TO ENTER: N/A

Signature of Assigned Employee

Signature

Signature

STANDBY:

Signature

Signature

Signature

Hazards anticipated: _____

- | | Yes | No |
|--|----------|----------|
| 1. Have the contents been removed as much as possible? | <u>X</u> | _____ |
| 2. Has the confined space been cleaned? | _____ | <u>X</u> |
| 3. Has the confined space been ventilated? | <u>X</u> | _____ |
| 4. Is continued ventilation recommended? | <u>X</u> | _____ |
| 5. Oxygen sufficiency tested? | <u>X</u> | _____ |

21%

Results

8:00

Time

S. C.

Initials

Yes No

6. Explosimeter testing completed?

X

0.70 LEL Results 8:00 Time S.C. Initials

Yes No

7. Toxic tests been taken?

X

Substance(s)

0 ppm Results 8:00 Time S.C. Initials

Yes No

8. Have instrument been calibrated?

X

9. Will continued testing be necessary while work is being performed?

X

10. Will respiratory protection be used?

Type: 3.1

X

11. Has life line been provided?

 X

12. Other protective equipment acquired:

gloves, ear plugs, safety glasses,
steel toe boots,

13. Emergency plans formulated and emergency or rescue equipment available?

X

 WORKER ENTERING

 STANDBY

14. Is other equipment available?
(Explosion-proof lights, alarm, etc.)

X

15. Any limitation on tools or equipment used?

 X

16. Confined space approved for hot work?

 X

17. Lockout/isolation checklist completed?

X

blanking or disconnecting:

mechanical:

X

electrical:

X

other:

X

X

18. Any special precautions or comments?

Tank out of Ground - No Entry

Signature of certifying official: Steven Carlson

Title: Supervisor Date 12-20-00 Time: 8:00

BROWN COUNTY PORT AND SOLID WASTE DEPARTMENT
(920) 492-4950

BILL TO ACCOUNT
0 - Cash Account / Brown County

Ticket Number : E106430
Date : 12/20/2000
Time : 02:24 PM
Truck Number : 10
Container Number :

Hauler Account: 0 Cash Account / Brown County
Route: -1

Commercial Units: 0.58 Tons
Gross: 8460 Tare: 7300 Net: 1160 Pounds

Added Charge..... \$0.00
TOTAL..... \$10.50

Notes:

Signature

Paul D. Berken
HAVE A VERY MERRY AND SAFE CHRISTMAS

*ECCI
Proctor & Gamble
North
Plant
550 gallon
UST*

APPENDIX D

Site Figures



Note: Taken from the
Green Bay West, Wis.
7.5 Minute USGS
Topographic Map (1992)

P&G Paper Products Co., Green Bay, WI

FIGURE 1

SITE LOCATION MAP

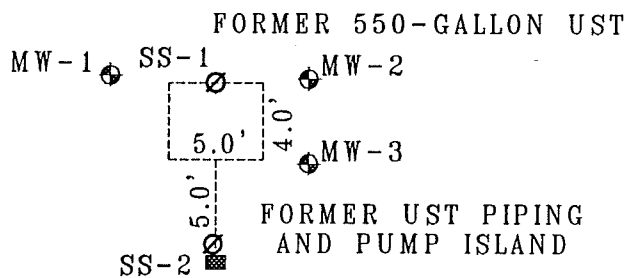
SCALE: 1:24 000

DATE: Jan. 4, 2001



Environmental Compliance Consultants, Inc.

87 N. Versch

BUILDING #63 (501 Eastman Ave. - North Gate)



LEGEND

- SS-1  SOIL SAMPLE LOCATION
MW-1  TANK SYSTEM MONITORING WELL LOCATION

P&G Paper Products Co., Green Bay, WI

FIGURE 2 SITE DETAIL MAP


SCALE: NOT TO SCALE

DATE: Jan. 3, 2001

Environmental Compliance Consultants, Inc.

BY N. Versch

APPENDIX E
Laboratory Report

 525 Science Drive
Madison, WI 53711
608-232-3300
FAX: 608-233-0502

CHAIN OF CUSTODY

F=Methanol
G=NaOH

*Preservation Codes
D=HN03 E=EnCore
= Other

A=None B=HCL C=H2S04
H = Sodium Bisulfate Solution

A=None B=HCL
H = Sodium Bisulfate
FILTERED? (YES/NO)

PRESERVATION (CODE)*

Page _____ of _____

P.O. # Quote #

Mail Report To: Nest Watch

Company: Felt

Address: PO Box 11417

Invoice To:

Company:

Address: .

Mail Invoice To:

CLIENT COMMENTS

LAB COMMENTS
(Lab Use Only)

1-402; 1-202H 9.C.

1-2024

Rush Turnaround Time Requested (TAT) - Prelim.

(Rush TAT subject to approval/surcharge)

Date Needed:

Transmit Prelim Rush Results by (circle):

Phone Fax E-Mail

Phone #: _____

Fax # _____

E-Mail Address:

Samples on HOLD are subject to special pricing and release of liability

Relinquished By:

12/23/08 9:16

Received By:

17123100 8:16

Date/Time: 3/00

Date/Time: 10/23/00 0:10

Date/Time:

Date/Time:

Date/Time:

Date/Time:

Date/Time:

Date/Time:



1795 Industrial Drive
Green Bay, WI 54302
920-469-2436
800-7-ENCHEM
FAX: 920-469-8827

- Analytical Report -

Project Name : LEO GAS TANK PULL (P&G)

Project Number :

Client: ENV COMPLIANCE CONSLTS INC

WI DNR LAB ID : 405132750

Sample No.	Field ID	Collection Date	Sample No.	Field ID	Collection Date
806189-001	P & G S-1 5.0-5.5'	12/20/00			
806189-002	--P & G S-2 3.0'	12/20/00			
806189-003	BLANK	12/20/00			


Please visit our Internet homepage at: www.enchem.com

The "Q" flag is present when a parameter has been detected below the LOQ. This indicates the results are qualified due to the uncertainty of the parameter concentration between the LOD and the LOQ.

Soil VOC detects are corrected for the total solids, unless otherwise noted.

I certify that the data contained in this Final Report has been generated and reviewed in accordance with approved methods and Laboratory Standard Operating Procedure. Exceptions, if any, are discussed in the accompanying sample comments. Release of this final report is authorized by Laboratory management, as is verified by the following signature. Reported results shall not be reproduced, except in full, without the written approval of the lab. The sample results relate only to the analytes of interest tested.


Approval Signature


Date

En Chem Inc.

1795 Industrial Drive
Green Bay, WI 54302
920-469-2436
800-7-ENCHEM
Fax: 920-469-8827

Lab#:	TestGroupID:	Comment:
806189-002	gRO-S-ME	Soil to Methanol ratio not at a 1:1 ratio for analysis (14.9g/20.0 mLs).
P & G S-2 3.0'		
806189-003	GRO-M	Methanol leakage during shipment to the laboratory.
BLANK		

EN CHEM - GREEN BAY

COOLER RECEIPT LOG

Batch No. 806189 Project Name or ID Leo Goss Tann Mill No. of Coolers: 1Temps: 1 1 1 °C Wt only (circle): RODA. Receipt Phase: Date cooler was opened: 12/23/00 By: L. Mammola

Initials/Date

- 1: Were temperature blanks present? ..(record temperatures above)YES ☒ NO ☐
- 2: Were custody seals present? (Also record on COC).....YES ☒ NO ☐
- 3: Are COC documents present?.....YES ☒ NO ☐
- 4: Were all sample containers for tests requested on the COC received?YES ☒ NO ☐
- 5: Do sample labels match the COC?YES ☒ NO ☐
- 6: Are there any short holdtime tests?.....YES ☒ NO ☐
- 7: Are sample volumes adequate for tests requested?YES ☒ NO ☐
- 8: Are VOC samples free of bubbles >6mmYES ☐ NO ☒ NA ☒
- 9: Are dissolved parameters field filtered?.....YES ☐ NO ☒ NA ☒
- 10: Check sample pH of preserved samples. (not VOCs) Completed.....YES ☐ NO ☒ NA ☒
- 11: Are samples preserved properly?.....YES ☒ NO ☐
- 12: Started nonconformance/phone log record if applicable. Completed.....YES ☐ NO ☒ NA ☒
- 13: Enter samples into Project Logbook. Completed.....YES ☒ NO ☐
- 14: Place laboratory sample number on all containers Completed YES ☒ NO ☐
- 15: Check laboratory sample number on all containers and COC Completed YES ☒ NO ☐

LI 12/23/00EB 12/26/00B. Log-In Phase: Date samples were logged-in: 12/26/00 By: EB

- 1: Were samples received on ice? (Must be ≤ 4 C).....YES ☒ NO ☐
- 2: Is the COC signed as received by En Chem?.....YES ☒ NO ☐
- 3: Is this Project a Quick Turn Project?.....YES ☒ NO ☐
- 4: Is there any sub-work?.....YES ☒ NO ☐
- 5: Are any samples nearing expiration of hold-time? (Within 2 days).....YES ☒ NO ☐
- 6: Initiate Subcontracting procedure, SOP 1-REC-4, if applicable. Completed.....YES ☐ NO ☒ NA ☒

EB 12/26/00

Contacted

Short Hold-time tests:

48 Hours or less	7 days	Footnotes
Coliform (6 hrs)	Flashpoint	1 Notify proper lab group immediately. 2 Complete phone log.
Hexavalent Chromium (24 Hrs)	TSS	
BOD	Total Solids	
Nitrite	TDS	
Ortho Phosphorus	Sulfide	
Turbidity	Free Liquids	
Surfactants	Total Volatile Solids	
Sulfite	Aqueous Extractable Organics- ALL	
En Core Preservation	Unpreserved VOC's	
Color	Ash	

Rev. 12/15/99, Attachment to 1-REC-5.

*Subject to QA Audit.

I have reviewed Log-in sheets, resolved all nonconformance issues, corrected and properly documented these actions

Project Mgmt reviewed by/date EB 12/27/00

F:\SOP\FORMS\GBCRL_04.DOC

April 24, 2000

- Analytical Report -

Project Name : LEO GAS TANK PULL (P&G)

Project Number :

Client : ENV COMPLIANCE CONSLTS INC

Field ID : P & G S-1 5.0-5.5'

Report Date : 12/28/00

Lab Sample Number : 806189-001

Collection Date : 12/20/00

WI DNR LAB ID : 405132750

Matrix Type : SOIL

Inorganic Results

Test	Result	LOD	LOQ	EQL	Units	Code	Analysis Date	Prep Method	Analysis Method	Analyst
Solids, percent	95.3				%		12/27/00	SM2540G	SM2540G	DJB

Organic Results**GASOLINE RANGE ORGANICS - SOIL/METHANOL**

Prep Method: Wi MOD GRO

Prep Date: 12/27/00

Analyst: PMS

Analyte	Result	LOD	LOQ	EQL	Units	Code	Analysis Date	Analysis Method
Gasoline Range Organics	< 2.6			2.6	mg/kg		12/28/00	Wi MOD GRO
Blank Spike	110			1.00	%Recov		12/28/00	Wi MOD GRO
Blank Spike Duplicate	115			1.00	%Recov		12/28/00	Wi MOD GRO
Blank	< 2.5			2.5	mg/kg		12/28/00	Wi MOD GRO

All soil results are reported on a dry weight basis unless otherwise noted.

- Analytical Report -

Project Name : LEO GAS TANK PULL (P&G)

Project Number :

Client : ENV COMPLIANCE CONSULTS INC

Field ID : P & G S-2 3.0'

Report Date : 12/28/00

Lab Sample Number : 806189-002

Collection Date : 12/20/00

WI DNR LAB ID : 405132750

Matrix Type : SOIL

Inorganic Results

Test	Result	LOD	LOQ	EQL	Units	Code	Analysis Date	Prep Method	Analysis Method	Analyst
Solids, percent	95.3				%		12/27/00	SM2540G	SM2540G	DJB

Organic Results**GASOLINE RANGE ORGANICS - SOIL/METHANOL**

Prep Method: Wi MOD GRO

Prep Date: 12/27/00

Analyst: PMS

Analyte	Result	LOD	LOQ	EQL	Units	Code	Analysis Date	Analysis Method
Gasoline Range Organics	< 2.6			2.6	mg/kg		12/28/00	Wi MOD GRO
Blank Spike	110			1.00	%Recov		12/28/00	Wi MOD GRO
Blank Spike Duplicate	115			1.00	%Recov		12/28/00	Wi MOD GRO
Blank	< 2.5			2.5	mg/kg		12/28/00	Wi MOD GRO

All soil results are reported on a dry weight basis unless otherwise noted.

- Analytical Report -

Project Name : LEO GAS TANK PULL (P&G)

Project Number :

Client : ENV COMPLIANCE CONSULTS INC

Field ID : BLANK

Report Date : 12/28/00

Lab Sample Number : 806189-003

Collection Date : 12/20/00

WI DNR LAB ID : 405132750

Matrix Type : METHANOL

Organic Results**GASOLINE RANGE ORGANICS - METHANOL**

Prep Method: Wi MOD GRO

Prep Date: 12/27/00 Analyst: PMS

Analyte	Result	LOD	LOQ	EQL	Units	Code	Analysis Date	Analysis Method
Gasoline Range Organics	< 2500			2500	ug/L		12/28/00	Wi MOD GRO
Blank Spike	110			1.00	%Recov		12/28/00	Wi MOD GRO
Blank Spike Duplicate	115			1.00	%Recov		12/28/00	Wi MOD GRO
Blank	< 50			50	ug/L		12/28/00	Wi MOD GRO

APPENDIX F

Underground Petroleum Product Tank Inventory Form

File by: _____
Reg Obj #: _____

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

Send Completed Form To:
Department of Commerce
Bureau of Storage Tank Regulation
P.O. Box 7837
Madison, WI 53707-7837

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

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

A. IDENTIFICATION (Please Print)			
1. Tank Site Name: <u>Procter & Gamble Paper Prod Co</u>		Site Address: <u>561 Eastman Ave North Gate</u>	Site Telephone Number: <u>920-430-3898</u>
<input checked="" type="checkbox"/> City: <u>Green Bay</u>	<input type="checkbox"/> Village: _____	<input type="checkbox"/> Town of: _____	State: <u>WI</u> Zip Code: <u>54302</u> County: <u>Brown</u>
2. Tank Owner Name: <u>Same as above</u>		Mailing Address: <u>P.O. Box 8020</u>	Telephone Number: <u>920-430-3898</u>
<input checked="" type="checkbox"/> City: <u>Green Bay</u>	<input type="checkbox"/> Village: _____	<input type="checkbox"/> Town of: _____	State: <u>WI</u> Zip Code: <u>54308-8020</u> County: <u>Brown</u>
3. Previous Name: <u>NA</u>		Previous site address if different than #1: _____	

B. Site ID #:	Facility ID #:	Customer ID #:
---------------	----------------	----------------

C. Tank Capacity (gallons): <u>550 gal</u>	Tank Age (age or date installed): <u>7-86</u>
--	---

D. LAND OWNER TYPE (check one)			
<input checked="" type="checkbox"/> County	<input type="checkbox"/> Federal Leased	<input type="checkbox"/> Federal Owned	<input type="checkbox"/> Municipal
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> State	<input type="checkbox"/> Tribal Nation	<input type="checkbox"/> Other Government

E. OCCUPANCY TYPE (check one)			
<input type="checkbox"/> Gas/Retail Sales	<input checked="" type="checkbox"/> Bulk Storage	<input checked="" type="checkbox"/> Industrial	<input type="checkbox"/> Mercantile/Commercial
<input type="checkbox"/> Agricultural (crop or livestock production)	<input type="checkbox"/> Backup or Emergency Generator	<input type="checkbox"/> Utility	<input type="checkbox"/> Residential
<input type="checkbox"/> School <input type="checkbox"/> Other (specify): _____			

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

G. Primary Tank Leak Detection Method:		<input type="checkbox"/> Automatic tank gauging		<input type="checkbox"/> Groundwater monitoring	
<input type="checkbox"/> Inventory control and tightness testing	<input checked="" type="checkbox"/> Manual tank gauging (only for tanks of 1,000 gallons or less)	<input checked="" type="checkbox"/> Interstitial monitoring	<input type="checkbox"/> Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/> Vapor monitoring	
				<input type="checkbox"/> Unknown	

H. Piping Construction:		Cathodic Protection		Pipe Double Walled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Bare Steel	<input type="checkbox"/> Coated Steel	<input type="checkbox"/> Unknown	<input type="checkbox"/> Sacrificial Anodes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Fiberglass	<input type="checkbox"/> Flexible	<input type="checkbox"/> N/A	<input type="checkbox"/> Impressed Current		
<input type="checkbox"/> Copper	<input type="checkbox"/> Other (specify): _____		<input checked="" type="checkbox"/> N/A		

I. Primary Piping System Type:		<input type="checkbox"/> Pressurized piping with _____		<input type="checkbox"/> auto shutoff; B. <input type="checkbox"/> alarm, or C. <input type="checkbox"/> flow restrictor <input type="checkbox"/> Unknown	
<input type="checkbox"/> Suction piping with check valve at tank	<input checked="" type="checkbox"/> Suction piping with check valve at pump and inspectable			<input type="checkbox"/> Not needed if waste oil	

J. Piping Leak Detection Method: (used if pressurized or check valve at tank):		<input type="checkbox"/> SIR		<input type="checkbox"/> Tightness testing	
<input type="checkbox"/> Groundwater monitoring	<input type="checkbox"/> Vapor monitoring	<input type="checkbox"/> Interstitial monitoring	<input checked="" type="checkbox"/> Not required	<input type="checkbox"/> Electronic line leak monitor	
				<input type="checkbox"/> Unknown	

K. Vapor Recovery/Stage II CARB #: <u>NA</u>	
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Flexible	<input type="checkbox"/> Operational - Provide Date (mo/day/yr): _____

L. TANK CONTENTS (Current or previous product if tank now empty)			
<input checked="" type="checkbox"/> Diesel	<input checked="" type="checkbox"/> Leaded	<input checked="" type="checkbox"/> Unleaded	<input checked="" type="checkbox"/> Fuel Oil
<input type="checkbox"/> Other (specify): _____	<input checked="" type="checkbox"/> Empty	<input type="checkbox"/> Sand/Gravel/Slurry	<input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Waste/Used Motor Oil	<input type="checkbox"/> Chemical	<input checked="" type="checkbox"/> Kerosene	<input type="checkbox"/> Aviation
(Indicate chemical name and number)		<input type="checkbox"/> Gasoline	<input type="checkbox"/> Hazardous Waste

* If chosen, this tank is NOT PECFA eligible.		Geo Latitude:		Geo Longitude:	
<input checked="" type="checkbox"/> If tank Closed, Abandoned, or Out of Service, give date (mo/day/yr): _____		Has a site assessment been completed? (see reverse side for details)			
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Owner or Operator Name (please print):		Indicate whether:	
<u>George Buttk</u>		<input type="checkbox"/> Owner or <input checked="" type="checkbox"/> Operator	
Owner or Operator Signature:		Date Signed:	
<u>[Signature]</u>		<u>12-20-00</u>	

Note: Refer to comments on reverse side of form.

APPENDIX G

Checklist For Underground Tank Closure

Complete one form for each site closure.

CHECKLIST FOR TANK CLOSURE

RETURN COMPLETED CHECKLIST TO:

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

CHECK ONE
☒ UNDERGROUND
☐ ABOVEGROUND

Wisconsin Department of Commerce
ERS Division
Bureau of Storage Tank Regulation
P.O. Box 7837
Madison, WI 53707-7837

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

A. IDENTIFICATION: (Please Print) Indicate whether closure is for: ☒ Tank System ☐ Tank Only ☐ Piping Only

1. Site Name <u>Procter + Gamble Paper Prod Co</u>	2. Owner Name <u>same</u>
Site Street Address (not P.O. Box) <u>501 East Main Ave / North Gate</u>	Owner Street Address <u>PO Box 8020</u>
<input checked="" type="checkbox"/> City <u>Green Bay</u> <input type="checkbox"/> Village <input type="checkbox"/> Town of:	<input checked="" type="checkbox"/> City <u>Green Bay</u> <input type="checkbox"/> Village <input type="checkbox"/> Town of:
State <u>WI</u> Zip Code <u>54302</u> County <u>Brown</u>	State <u>WI</u> Zip Code <u>54308</u> County <u>Brown</u>
Telephone No. (include area code) <u>(715) 430-3879</u>	

3. Closure Company Name (print) <u>Petroleum Equipment Svc</u>	Closure Company Street Address <u>1950 Velp Ave</u>
Closure Company Telephone No. (include area code) <u>(715) 779-5404</u>	Closure Company City, State, Zip Code <u>Green Bay WI 54303</u>
4. Name of Company Performing Closure Assessment <u>ECCI</u>	Assessment Company Street Address, City, State, Zip Code <u>2637 Tulip Lane Green Bay WI 54303</u>
Telephone No. (include area code) <u>(715) 434-2380</u>	Certified Assessor Name (print) <u>ALAN VORHIN - FCCI</u>
Assessor Signature <u>[Signature]</u>	
Assessor Certification No. <u>6402379</u>	

Tank ID #	Closure	Temp. Closure	Closure in Place	Tank Capacity	Contents*	Closure Assessment
1. <u>256910</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>550</u>	<u>UNPAID</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N

* Indicate which product: Diesel; Leaded; Unleaded; Fuel Oil; Gasohol; Aviation Fuel; Kerosene; Premix; Waste/Used Motor Oil; Flammable/Combustible Hazardous Waste; Chemical (indicate the chemical name(s) _____ and CAS number(s) _____; Other _____

Written notification was provided to the local agent 15 days in advance of closure date. ☒ Y ☐ N ☐ NA
All local permits were obtained before beginning closure. ☒ Y ☐ N ☐ NA

Check applicable box at right in response to all statements in Sections B-E.

B. TEMPORARILY OUT OF SERVICE

Written inspector approval of temporary closure obtained, which is effective until (provide date) _____

1. Product Removed

- a. Product lines drained into tank (or other container) and resulting liquid removed, AND ☐ Y ☐ N ☐ NA
- b. All product removed to bottom of suction line, OR ☐ Y ☐ N ☐ NA
- c. All product removed to within 1" of bottom. ☐ Y ☐ N ☐ NA

2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped. ☐ Y ☐ N ☐ NA
3. All product lines at the islands or pumps located elsewhere are removed and capped, OR ☐ Y ☐ N ☐ NA
4. Dispensers/pumps left in place but locked and power disconnected. ☐ Y ☐ N ☐ NA
5. Vent lines left open. ☐ Y ☐ N ☐ NA
6. Inventory form filed indicating temporary closure. ☐ Y ☐ N ☐ NA

C. CLOSURE BY REMOVAL

1. Product from piping drained into tank (or other container). ☒ Y ☐ N ☐ NA
2. Piping disconnected from tank and removed. ☒ Y ☐ N ☐ NA
3. All liquid and residue removed from tank using explosion proof pumps or hand pumps. ☒ Y ☐ N ☐ NA
4. All pump motors and suction hoses bonded to tank or otherwise grounded. ☒ Y ☐ N ☐ NA
5. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed. ☒ Y ☐ N ☐ NA

NOTE: DROP TUBE SHOULD NOT BE REMOVED IF THE TANK IS TO BE PURGED THROUGH THE USE OF AN EDUCTOR.

6. Vent lines left connected until tanks purged. ☒ Y ☐ N ☐ NA
7. Tank openings temporarily plugged so vapors exit through vent. ☒ Y ☐ N ☐ NA
8. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section F. ☒ Y ☐ N ☐ NA
9. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement. ☒ Y ☐ N ☐ NA
10. Tank cleaned before being removed from site. ☒ Y ☐ N ☐ NA

C. CLOSURE BY REMOVAL (continued)

	Remover Verified	Inspector Verified	NA
11. Tank labeled in 2" high letters after removal but before being moved from site.	<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; DATE.			
12. 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"/>	<input type="checkbox"/>
13. Form ERS-7437 or ERS-8731 filed by owner with the Dept. of Commerce indicating closure by removal.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
14. Site security is provided while the excavation is open.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

CLOSURE IN PLACE

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

1. Product from piping drained into tank (or other container).	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Piping disconnected from tank and removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. All liquid and residue removed from tank using explosion proof pumps or hand pumps.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. All pump motors and suction hoses bonded to tank or otherwise grounded.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed. ..	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NOTE: DROP TUBE SHOULD NOT BE REMOVED IF THE TANK IS TO BE PURGED THROUGH THE USE OF AN EDUCTOR - EDUCTOR OUTPUT 12 FT. ABOVE GRADE.			
6. Vent lines left connected until tanks purged.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Tank openings temporarily plugged so vapors exit through vent.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Tank atmosphere reduced to 10% of the lower flammable range (LEL) <u>see Section F.</u>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Tank properly cleaned to remove all sludge and residue.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Solid inert material (sand, cyclone boiler slag, pea gravel recommended) introduced and tank filled.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Vent line disconnected or removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Inventory form filed by owner with the Department of Commerce indicating closure in place.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CLOSURE ASSESSMENTS

NOTE: DETERMINE IF A CLOSURE ASSESSMENT IS REQUIRED BY REFERRING TO COMM 10.

1. Individual conducting the assessment has a closure assessment plan (written) which is used as the basis for their work on the site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
2. Do points of obvious contamination exist?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there strong odors in the soils?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
4. Was a field screening instrument used to pre-screen soil sample locations?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
5. Was a closure assessment omitted because of obvious contamination?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
6. Was the DNR notified of suspected or obvious contamination?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Agency, office and person contacted: _____			
7. Contamination suspected because of: <input type="checkbox"/> Odor <input type="checkbox"/> Soil Staining <input type="checkbox"/> Free Product <input type="checkbox"/> Sheen on Groundwater <input type="checkbox"/> Field Instrument Test			

METHOD OF ACHIEVING 10% LEVEL DESCRIPTION

☒ **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.

☐ **Dry Ice**
 Dry Ice introduced at 1.5 pounds per 100 gallons of tank capacity. Dry ice crushed and distributed over the greatest possible tank area.
 Dry ice evaporated before proceeding.

☐ **Inert Gas (CO₂ or N₂)** **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. 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.

☐ **Tank atmosphere monitored for flammable or combustible vapor levels.**
 Calibrate combustible gas indicator. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank. Readings of 10% or less of the lower flammable range (LEL) obtained before removing tank from ground.

NOTE SPECIFIC PROBLEMS OR NONCOMPLIANCE ISSUES BELOW

REMOVER/CLEANER INFORMATION

<u>Steve Carlson</u>	<u>Steve Carlson</u>	<u>41096</u>	<u>12-20-02</u>
Remover Name (print)	Remover Signature	Remover Certification No.	Date Signed

INSPECTOR INFORMATION

<u>Melissa Tarlton</u>	<u>NO INSPECTOR ON SITE</u>	<u>42289</u>
Inspector Name (print)	Inspector Signature	Inspector Certification No.
<u>#0504</u>	<u>120-855-2757</u>	<u>12-22-00</u>
FDID # For Location Where Inspection Performed	Inspector Telephone Number	Date Signed