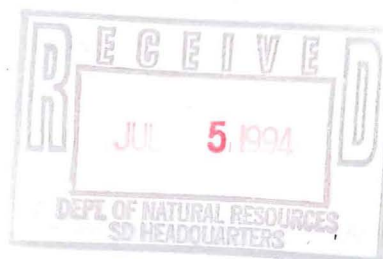


**CAPITAL
PETROLEUM
EQUIPMENT, INC.**

COLUMBIA CO. SD



SUITE 401 • 7182 HWY 14 • MIDDLETON, WI 53562
(608) 831-7900 • WI WATTS 800-227-8425

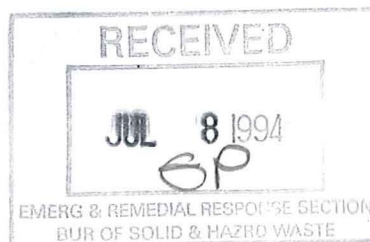


COLUMBUS COMMUNITY HOSPITAL

1515 SOUTH PARK STREET

COLUMBUS, WI 53925

10000 gal Fuel oil
State Reg.



NYK
4/11/94
BHV

incomplete
documentation

EXCAVATION SAMPLING AND ANALYSIS RESULTS

Site Investigation

On May 3, 1994, one, 10000 gallon under ground fuel oil storage tank was removed from the property, by Jerry Hellenbrand Excavating using a trac-backhoe and CPE State Certified Tank Remover. A site investigation was conducted by CPE which consisted of collection 4 soil samples from the tank hole excavation and one sample from the product line trench, on May 3 and 6th respectively. Sample locations are included in Appendix A.

Four soil samples were collected from the backfill and natural soil of the walls of the excavation, due to the high water table. One soil sample was taken from the product line trench of natural soil. Seperate headspace and laboratory samples were collected from these location. Headspace samples were screened in the field with an H-NU Meter. Headspace samples were placed in a glass jar and sealed. Petroleum constituents in the soil samples, if present, when allowed to volatilize for twenty minutes. The OVA probe was then inserted through the seal and the OVA reading was recorded in parts per million (ppm). All field screening samples and laboratory samples are shown in Table 1.

Product Pipe was capped off at the building

It was determined by OVA readings that additional excavation was not needed.

Table 1

SOIL SCREENING AND ANALYTICAL RESULTS

<u>Sample No.</u>	<u>DRO OVA Reading</u> (ppm)	<u>Diesel(DRO)Lab</u>	<u>Depth (ft)</u>
1	-0-	N/A	14'
A 1062A & 1063A	N/A	<10	14'
2	-0-	N/A	13'6"
B 1064A & 1065A	N/A	<10	13'6"
3	-0-	N/A	10'6"
C 1066A & 1067A	N/A	<10	10'6"
4	-0-	N/A	11'6"
D 1068A & 1069A	N/A	<10	11'6"
Pipe Run	-0-	N/A	5'
1072A & 1073A	N/A	<10	5'

Too deep?

NOTES:

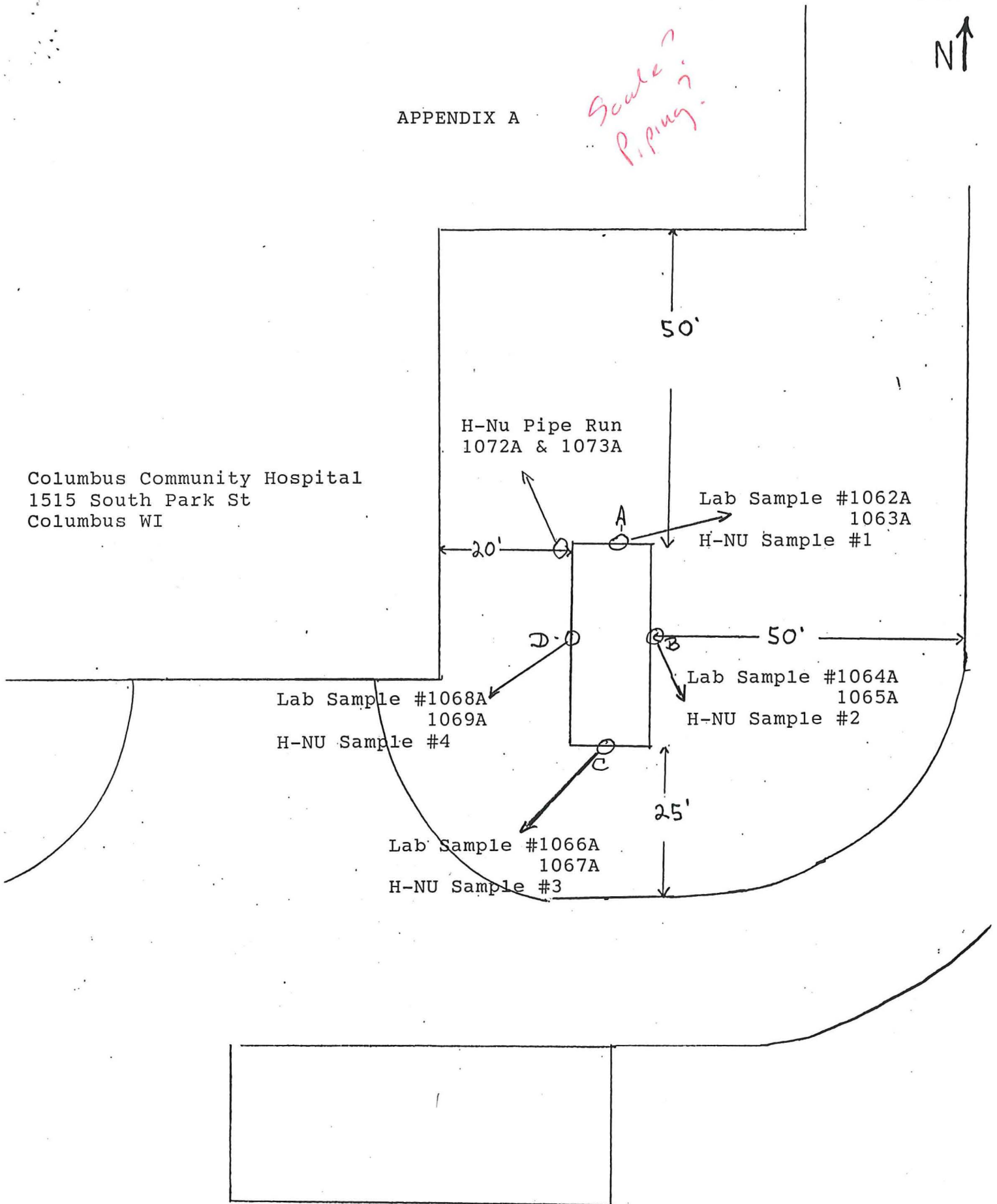
N/A means not submitted to laboratory for analysis

APPENDIX A

*Scale?
Piping?*

N ↑

Columbus Community Hospital
1515 South Park St
Columbus WI



REPORT OF ANALYSIS

CAPITAL PETROLEUM EQUIPMENT INC.
7182 HWY 14, SUITE 401
MIDDLETON, WI 53562
ATTN: RITA WIPPERFURTH

SAMPLE NUMBER: 4050003

DATE ENTERED: 05/03/9

REPORT PRINTED: 05/05/9

SOIL: A; 5-3-94; 1:15PM
PROJECT NAME: COLUMBUS COMMUNITY HOSPITAL

PURCHASE ORDER NUMBER: 5415

DIESEL RANGE ORGANICS IN SOIL

<u>DIESEL</u> DRY WEIGHT	<u>CONCENTRATION</u> < 10 MG/KG	<u>DETECTION LIMIT</u> 10 MG/KG
CONTROL SPIKE	87	% RECOVERY
DUPLICATE CONTROL SPIKE	92	% RECOVERY
DILUTION FACTOR	1	
DATE RECEIVED	05/03/94	
DATE PRESERVED	05/03/93	
DATE EXTRACTED	05/04/94	
DATE ANALYZED	05/04/94	

DRO STANDARD SOURCE MACRO SCIENTIFIC- WI
DRO LOT NO. MK 1532

WI DNR LAB CERTIFICATION #: 113172950

WISCONSIN DNR CERTIFICATION NUMBER: 113172950

SIGNED *Dawn Wheeler*
DAWN WHEELER
SUPERVISOR, GENERAL ORGANICS

METHOD REFERENCES

DIESEL RANGE ORGANICS IN SOIL
WI DEPT. OF NATURAL RESOURCES "METHOD FOR DETERMINING DIESEL RANGE ORGANICS",
PUBLICATION SW-141,1992.

REPORT OF ANALYSIS

CAPITAL PETROLEUM EQUIPMENT INC.
7182 HWY 14, SUITE 401
MIDDLETON, WI 53562
ATTN: RITA WIPPERFURTH

SAMPLE NUMBER: 4050003

DATE ENTERED: 05/03/9

REPORT PRINTED: 05/05/9

SOIL: B; 5-3-94; 1:15PM
PROJECT NAME: COLUMBUS COMMUNITY HOSPITAL

PURCHASE ORDER NUMBER: 5415

DIESEL RANGE ORGANICS IN SOIL

<u>DIESEL</u> DRY WEIGHT	<u>CONCENTRATION</u> < 10 MG/KG	<u>DETECTION LIMIT</u> 10 MG/KG
CONTROL SPIKE	87	% RECOVERY
DUPLICATE CONTROL SPIKE	92	% RECOVERY
DILUTION FACTOR	1	
DATE RECEIVED	05/03/94	
DATE PRESERVED	05/03/93	
DATE EXTRACTED	05/04/94	
DATE ANALYZED	05/04/94	

DRO STANDARD SOURCE MACRO SCIENTIFIC- WI
DRO LOT NO. MK 1532

WI DNR LAB CERTIFICATION #: 113172950

WISCONSIN DNR CERTIFICATION NUMBER: 113172950

SIGNED *Dawn Wheeler*
DAWN WHEELER
SUPERVISOR, GENERAL ORGANICS

METHOD REFERENCES

DIESEL RANGE ORGANICS IN SOIL
WI DEPT. OF NATURAL RESOURCES "METHOD FOR DETERMINING DIESEL RANGE ORGANICS",
PUBLICATION SW-141,1992.

REPORT OF ANALYSIS

CAPITAL PETROLEUM EQUIPMENT INC.
7182 HWY 14, SUITE 401
MIDDLETON, WI 53562
ATTN: RITA WIPPERFURTH

SAMPLE NUMBER: 4050004

DATE ENTERED: 05/03/9

REPORT PRINTED: 05/05/9

SOIL: C; 5-3-94; 1:15PM
PROJECT NAME: COLUMBUS COMMUNITY HOSPITAL

PURCHASE ORDER NUMBER: 5415

DIESEL RANGE ORGANICS IN SOIL

<u>DIESEL</u>	<u>CONCENTRATION</u>	<u>DETECTION LIMIT</u>
<u>DRY WEIGHT</u>	<u>< 10 MG/KG</u>	<u>10 MG/KG</u>

CONTROL SPIKE	87	% RECOVERY
DUPLICATE CONTROL SPIKE	92	% RECOVERY

DILUTION FACTOR	1
DATE RECEIVED	05/03/94
DATE PRESERVED	05/03/93
DATE EXTRACTED	05/04/94
DATE ANALYZED	05/04/94

DRO STANDARD SOURCE	MACRO SCIENTIFIC- WI
	DRO LOT NO. MK 1532

WI DNR LAB CERTIFICATION #: 113172950

WISCONSIN DNR CERTIFICATION NUMBER: 113172950

SIGNED *Dawn Wheeler*
DAWN WHEELER
SUPERVISOR, GENERAL ORGANICS

METHOD REFERENCES

DIESEL RANGE ORGANICS IN SOIL
WI DEPT. OF NATURAL RESOURCES "METHOD FOR DETERMINING DIESEL RANGE ORGANICS",
PUBLICATION SW-141,1992.

REPORT OF ANALYSIS

CAPITAL PETROLEUM EQUIPMENT INC.
7182 HWY 14, SUITE 401
MIDDLETON, WI 53562
ATTN: RITA WIPPERFURTH

SAMPLE NUMBER: 4050004

DATE ENTERED: 05/03/9

REPORT PRINTED: 05/05/9

SOIL: D; 5-3-94; 1:15PM
PROJECT NAME: COLUMBUS COMMUNITY HOSPITAL

PURCHASE ORDER NUMBER: 5415

DIESEL RANGE ORGANICS IN SOIL

<u>DIESEL</u> DRY WEIGHT	<u>CONCENTRATION</u> < 10 MG/KG	<u>DETECTION LIMIT</u> 10 MG/KG
CONTROL SPIKE	87	% RECOVERY
DUPLICATE CONTROL SPIKE	92	% RECOVERY
DILUTION FACTOR	1	
DATE RECEIVED	05/03/94	
DATE PRESERVED	05/03/93	
DATE EXTRACTED	05/04/94	
DATE ANALYZED	05/04/94	

DRO STANDARD SOURCE MACRO SCIENTIFIC- WI
DRO LOT NO. MK 1532

WI DNR LAB CERTIFICATION #: 113172950

WISCONSIN DNR CERTIFICATION NUMBER: 113172950

SIGNED *Dawn Wheeler*
DAWN WHEELER
SUPERVISOR, GENERAL ORGANICS

METHOD REFERENCES

DIESEL RANGE ORGANICS IN SOIL
WI DEPT. OF NATURAL RESOURCES "METHOD FOR DETERMINING DIESEL RANGE ORGANICS",
PUBLICATION SW-141,1992.



525 SCIENCE DRIVE
MADISON, WISCONSIN 53711
Telephone 608-242-2712 ext. 2066
Facsimile 608-233-0502

Company Name and Address
Capital Petroleum Equipment INC
7182 Hwy 14 Suite 401
Middleton WI 53562

Phone No. 831-7900	Name of Submitter Rita Wipperfurth
Send Invoice To Capital Petro	Send Reports To Capital Petro
Purchase Order No. 5415	Date Sent 5-3-94
Project No.	Project Name Columbus Community Hospital

CHAIN OF CUSTODY RECORD
PROGRAM

For HES Use Only	
Condition <u>Cold</u>	Storage <u>WIR</u>
Acct. # _____	Abbrev. <u>CPEI</u>
Smpl Rec'd <u>MAY 03 1994</u>	Init. <u>LMK</u>
Date Entered <u>5-3-94</u>	
LIMS # <u>40500038-41</u>	

Note: Use of this form is voluntary but is requested by the Department pursuant to ch. NR 149, NR 500-540, NR 158 and NR 419, Wis. Adm. Code. Personally identifiable information will be used for no other purpose.

Sample Collector(s) John H Geisler	Title/Work Station/Company Capital Petroleum Equipment Inc	Telephone Number (include area code) (608) 831-7900
Property Owner Columbus Community Hospital	Property Address 1515 South Park St Columbus WI	Telephone Number (include area code) (414) 623-2200

I hereby certify that I received, properly handled, and disposed of these samples as noted below:

Relinquished By (Signature) <i>[Signature]</i>	Date/Time <u>5-3-94</u>	Received By (Signature) <i>[Signature]</i>
Relinquished By (Signature)	Date/Time	Received By (Signature)
Relinquished By (Signature)	Date/Time <u>5-3-94 2:50P</u>	Received for Laboratory By (Signature) <i>Lynn Kohler</i>

Sample Condition on Receipt by Laboratory
LABORATORY USE ONLY

Temperature of temperature blank: Rec'd on ice - LMK

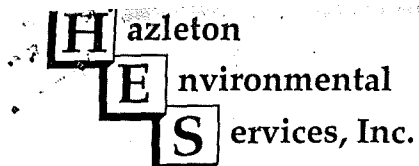
If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all of the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Field ID Number ¹	Date Collected	Time Collected	Sample Type ²	Device ³	Preserv. Type	Field Screening	Description	Analysis Type	Lab ID Number	No./Type of Containers	Cracked /Broken	Improperly Sealed	Good Condition	Other Comments
1062A	5-3-94	1:15PM	SOIL	Aug			A North	DRO	40500038	2				
1063A							END 14"	FUEL OIL						
1064A	5-3-94	1:15PM	SOIL	Grab			B East	DRO	40500039	2				
1065A							END 13 1/2"	FUEL OIL						
1066A	5-3-94	1:15PM	SOIL	Grab			C South	DRO	40500040	2				
1067A							END 16"	FUEL OIL						
1068A	5-3-94	1:15PM	SOIL	Grab			D West	DRO	40500041	2				
1069A							END 1 1/2"	FUEL OIL						

¹ Sample description must clearly correlate the sample ID to the sampling location shown on a map.

² Specify groundwater, surface water, soil, leachate, sludge, etc.

³ Type of sampling device; split spoon, hand auger, metal spatula, soil syringe, etc.



REPORT OF ANALYSIS

CAPITAL PETROLEUM EQUIPMENT INC.
 7182 HWY 14, SUITE 401
 MIDDLETON, WI 53562
 ATTN: RITA WIPPERFURTH

SAMPLE NUMBER: 405001

DATE ENTERED: 05/09/94

REPORT PRINTED: 05/17/94

SOIL: 1072A/1073A; PIPE RUN; 5/6/94; 2:15
 PROJECT NAME: COLUMBUS COMMUNITY HOSPITAL

PURCHASE ORDER NUMBER: 5425

DIESEL RANGE ORGANICS IN SOIL

<u>DIESEL</u>	<u>CONCENTRATION</u>	<u>DETECTION LIMIT</u>
<u>DRY WEIGHT</u>	<u>< 10 MG/KG</u>	<u>10 MG/KG</u>
CONTROL SPIKE	106	% RECOVERY
DUPLICATE CONTROL SPIKE	120	% RECOVERY
DILUTION FACTOR	1	
DATE RECEIVED	05/16/94	
DATE PRESERVED	05/16/94	
DATE EXTRACTED	05/10/94	
DATE ANALYZED	05/12/94	

DRO STANDARD SOURCE

MACRO SCIENTIFIC- WI
 DRO LOT NO. MK 1532

WI DNR LAB CERTIFICATION #: 113172950

WISCONSIN DNR CERTIFICATION NUMBER: 113172950

SIGNED *Dawn Wheeler*
 DAWN WHEELER
 SUPERVISOR, GENERAL ORGANICS

METHOD REFERENCES

DIESEL RANGE ORGANICS IN SOIL
 WI DEPT. OF NATURAL RESOURCES "METHOD FOR DETERMINING DIESEL RANGE ORGANICS",
 PUBLICATION SW-141, 1992.



Capital Petroleum Equipment Inc
7182 Hwy 14 Suite 401
Middleton WI 53562

Columbus Community Hosp

5-6-94

Condition OK For HES Use 2/12
 Acct. # 4353 CPEI
 Smpl Rec'd MAY 06 1984 KAB
KAB
 Date Entered 5.9.84
 LIMS # 40500131-

Sample Collector(s) John H Geisler	Title/Work Station/Company Capital Petroleum Equipment Inc	Telephone Number (include area code) (608) 831-7900
Property Owner Columbus Community Hospital	Property Address 1515 South Park St Columbus WI	Telephone Number (include area code) (414) 623-2200

Relinquished By (Signature) <i>Rita W. [Signature]</i>	Date/Time <i>5-6-94 4:30</i>	Received By (Signature)
Relinquished By (Signature)	Date/Time	Received By (Signature)
Relinquished By (Signature)	Date/Time	Received for Laboratory By (Signature) <i>Tina [Signature] 5-6-94</i>

If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all of the ice was melted, the temperature of the melt may be substituted for a temperature blank.

of the melt may be substituted for a temperature blank.

[illegible]

¹ Sample description must clearly correlate the sample ID to the sampling location shown on a map.

³Type of sampling device; split spoon, hand auger, metal spatula, soil syringe, etc.

CHECKLIST FOR UNDERGROUND TANK CLOSURE

RETURN COMPLETED CHECKLIST TO
Safety & Buildings Division
Fire Prevention & Underground
Storage Tank Section
P. O. Box 7969, Madison, WI 53707

Complete one form for
each site closure.

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

1. Site Name COLUMBUS COMMUNITY HOSPITAL		2. Owner Name SAME	
Site Street Address (not P.O. Box) 1515 SOUTH PARK AVENUE		Owner Street Address X	
<input checked="" type="checkbox"/> City COLUMBUS	<input type="checkbox"/> Village	<input type="checkbox"/> Town of	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of
State WI	Zip Code 53925	County COLUMBIA	Telephone No. (include area code) ()
3. Closure Company Name (Print) CAPITAL PETROLEUM EQUIPMENT		Closure Company Street Address 7182 HWY 14 SUITE 401	
Closure Company Telephone No. (include area code) (608) 831 7900		Closure Company City, State, Zip Code MIDDLETON WI 53562	
4. Name of Company Performing Closure Assessment CAPITAL PETROLEUM		Assessment Company Street Address, City, State, Zip Code 7182 HWY 14 SUITE 401 53562	
Telephone # (include area code) (608) 831 7900	Certified Assessor Name (Print) JOHN GUSKIN	Assessor Signature <i>[Signature]</i>	Assessor Certification No. 01337

Tank ID #	Closure	Temp. Closure	Closure In Place	Tank Capacity	Contents	Closure Assessment
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10000 GAC	04	<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
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N

* Indicate which product by numeric code: 01-Diesel; 02-Leaded; 03-Unleaded; 04-Fuel Oil; 05-Gasohol; 06-Other; 09-Unknown; 10-Premix; 11-Waste oil; 13-Chemical (indicate the chemical name(s) or numbers(s)); 14-Kerosene; 15-Aviation.

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

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

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

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

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

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

5. Vent lines left open.

6. Inventory form filed indicating temporary closure.

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

C. CLOSURE BY REMOVAL

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

2. Piping disconnected from tank and removed.

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

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

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

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.

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

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

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

10. Tank cleaned before being removed from site.

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>

C. CLOSURE BY REMOVAL (continued)

11. Tank labeled in 2" high letters after removal but before being moved from site.
- NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; DATE**
12. Tank vent hole (1/8 th" in uppermost part of tank) installed prior to moving the tank from site.
13. Inventory form filed by owner with Safety and Buildings Division indicating closure by removal.
14. Site security is provided while the excavation is open.

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

D. CLOSURE IN PLACE

NOTE: CLOSURES IN PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS OR LOCAL AGENT.

1. Product from piping drained into tank (or other container).
2. Piping disconnected from tank and removed.
3. All liquid and residue removed from tank using explosion proof pumps or hand pumps.
4. All pump motors and suction hoses bonded to tank or otherwise grounded.
5. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.
- 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.
7. Tank openings temporarily plugged so vapors exit through vent.
8. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section F.
9. Tank properly cleaned to remove all sludge and residue.
10. Solid inert material (sand, cyclone boiler slag, pea gravel recommended) introduced and tank filled.
11. Vent line disconnected or removed.
12. Inventory form filed by owner with Safety and Buildings Division indicating closure in place.

<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

E. CLOSURE ASSESSMENTS

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

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

<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

F. METHOD OF ACHIEVING 10% LEVEL DESCRIPTION

- ☒ Educator 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 (CO/2 or N/2) **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.

G. NOTE SPECIFIC PROBLEMS OR NONCOMPLIANCE ISSUES BELOW

H. REMOVER/CLEANER INFORMATION

Remover Name (print) John M. [Signature] Remover Signature [Signature] Remover Certification No. 671327 Date Signed 11-20-99

I. INSPECTOR INFORMATION

Inspector Name (print) Gerald R. Galtson Inspector Signature [Signature] Inspector Certification No. TI-00199

FDID # For Location Where Inspection Performed 11-20-99 Inspector Telephone Number 11-20-99 Date Signed 11-20-99

REMOVER

**UNDERGROUND
PETROLEUM PRODUCT
TANK INVENTORY**Send Completed Form To:
Safety & Buildings Division
P.O. Box 7969
Madison, WI 53707
Telephone (608) 267-5280For Office Use Only:
Tank ID #

Information Required By Sec. 101.142, Wis. Stats.

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. Please see the reverse side for additional information on this program. An underground storage tank is defined as any tank with at least 10 percent of its total volume (included piping) located below ground level. 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

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

- 1A. ☐ In Use or 1B. ☐ Newly Installed 4. ☒ Closed - Tank Removed 8. ☐ Changed Ownership
2. ☐ Abandoned With Product 6. ☐ Closed - Filled With (Indicate new owner
3. ☐ Abandoned No Product (empty) Inert Material below)
or With Water 7. ☐ Out of Service - Provide Date: _____

Fire Department Providing Fire Coverage
Where Tank Located:

Columbus Fire Department

A. IDENTIFICATION: (Please Print)

1. Tank Site Name Columbus Community Hospital Site Address 1515 South Park Avenue Site Telephone No. (414) 623-2200
☒ City Columbus ☐ Village ☐ Town of: State WI Zip Code 53925 County Columbia
2. Owner Name (mail sent here unless indicated otherwise in #3 below) Columbus Community Hospital Owner Mailing Address (mail sent here unless indicated otherwise in #3)
1515 South Park Avenue
☒ City Columbus ☐ Village ☐ Town of: State WI Zip Code 53925 County Columbia
3. Alternate Mailing Name If Different Than #2 Alternate Mailing Street Address If Different From #2
☐ City ☐ Village ☐ Town of: State Zip Code County
4. Tank Age (date installed, if known; or years old) 5-2-94 1978 5. Tank Capacity (gallons) 10,000 6. Tank Manufacturer's Name (if known) Unknown

B. TYPE OF USER (check one):

1. ☐ Gas Station 2. ☐ Bulk Storage 3. ☐ Utility 4. ☐ Mercantile
5. ☐ Industrial 6. ☐ Government 7. ☐ School 8. ☐ Residential
9. ☐ Agricultural 10. ☒ Other (specify): Hospital

C. TANK CONSTRUCTION:

1. ☒ Bare Steel 2. ☐ Cathodically Protected and Coated Steel (A. ☐ Sacrificial Anodes or B. ☐ Impressed Current)
3. ☐ Coated Steel 4. ☐ Fiberglass 5. ☐ Other (specify):
6. ☐ Relined - Date 7. ☐ Steel - Fiberglass Reinforced Plastic Composite 9. ☐ Unknown

Approval: 1. ☐ Nat'l Std. 2. ☒ UL 3. ☐ Other: Is Tank Double Walled? ☐ Yes ☐ NoOverfill Protection Provided? ☐ Yes ☐ No If yes, identify type: Spill Containment? ☐ Yes ☐ NoTank leak detection method: 1. ☐ Automatic tank gauging 2. ☐ Vapor monitoring 3. ☐ Groundwater monitoring 4. ☐ Inventory control and tightness testing 5. ☐ Interstitial monitoring 6. ☐ Not required at present 7. ☐ Manual Tank Gauging (only for tanks of 1,000 gallons or less)**D. PIPING CONSTRUCTION**

1. ☐ Bare Steel 2. ☐ Cathodically Protected and Coated or Wrapped Steel (A. ☐ Sacrificial Anodes or B. ☐ Impressed Current) 3. ☐ Coated Steel
4. ☐ Fiberglass 5. ☒ Other (specify): COPPER 9. ☐ Unknown

Piping System Type: 1. ☐ Pressurized piping with: A. ☐ auto shutoff; B. ☐ alarm; or C. ☐ flow restrictor 2. ☐ Suction piping with check valve at tank
3. ☐ Suction piping with check valve at pump and inspectablePiping leak detection method: used if pressurized or check valve at tank: 1. ☐ Vapor monitoring 2. ☐ Interstitial monitoring
3. ☐ Groundwater monitoring 4. ☐ Tightness testing 5. ☐ Line Leak Detector 6. ☐ Not RequiredApproval: 1. ☐ Nat'l Std. 2. ☐ UL 3. ☐ Other: Double Walled: ☐ Yes ☐ No**E. TANK CONTENTS**

1. ☐ Diesel 2. ☐ Leaded 3. ☐ Unleaded 4. ☒ Fuel Oil
5. ☐ Gasohol 6. ☐ Other 7. ☐ Empty 8. ☐ Sand/Gravel/Slurry
9. ☐ Unknown 10. ☐ Premix 11. ☐ Waste Oil 12. ☐ Propane
13. ☐ Chemical * 14. ☐ Kerosene 15. ☐ Aviation

* If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste.

If Tank Closed, Give Date (mo/day/yr):
5-2-94Has a site assessment been completed? (see reverse side for details)
☒ Yes ☐ No

If installation of a new tank is being reported, indicate who performed the installation inspection:

1. ☐ Fire Department 2. ☐ DILHR 3. ☐ Other (identify)

Name of Owner or Operator (please print):

Miles Meyer - Administrator

Indicate Whether:

☒ Owner or ☐ Operator

Signature of Owner or Operator:

Miles Meyer - Administrator

Date Signed:

May 18, 1994