

George E. Meyer
Secretary

State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Southern District Headquarters
3911 Fish Hatchery Road
Fitchburg, Wisconsin 53711
TELEPHONE 608-275-3266
TELEFAX 608-275-3338

September 30, 1994

UST File Ref: 1815

Mr. Gerald Brogley
9197 Route 84 North
Galena IL 61036

SUBJECT: Closure, Tri-State Auto Auction, Hwy 11 & Hwy 80, Cuba City, Wisconsin

Dear Mr. Brogley:

On September 30, 1994, the above mentioned site was reviewed by the Southern District's Closure Committee. This committee reviews environmental remediation cases for compliance with state laws, standards and guidelines to maintain consistency in the closeout of cases. Based on the correspondence provided, it appears as though the site has been remediated to acceptable Department standards. Therefore, closure of this site has been granted and no further action is necessary at this time.

Please be aware, however, that this letter does not absolve the current or any future owner of this property from future decisions regarding this site or impacts which may be discovered and/or traced back to past or future activities at this site. If in the future the Department receives information which demonstrates that additional work is necessary, the Department has the authority to require further action.

You should note that this letter does not constitute Department "certification" under s. 144.765 (2)(a)3, Stats., as created by 1993 Wisconsin Act 453 (May 12, 1994). Persons who meet the definition of "purchaser" in s. 144.765(1)(c) must receive Department pre-approval prior to conducting a site investigation in order to be eligible for the liability exemption under s. 144.765, Stats.

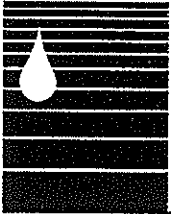
The Department appreciates your efforts to protect and restore the environment at this site. If you have any questions regarding this determination, please contact me at the number below.

Sincerely,

Mathew A. Laak

Mathew A. Laak, E.I.T.
Hydrogeologist
Telephone: (608) 275-3224

cc. Mary E Lydic McCutchin Crane Service 727 West Chapel Street Dodgeville WI 53533



OIL EQUIPMENT COMPANY INC.

April 7, 1993

Mr. Gerald Brogley
9197 Route 84 North
Galena, IL 61036

Attached please find the owner's copies of the forms required to perform the work recently done at your location.

These should be kept on site and are part of your permanent records. All necessary forms have been forwarded to the DILHR office, inspectors, etc. Please do not copy and re-submit as this will cause duplication.

Should you have any questions concerning any of the information, please contact me.

Tanks!


Sue Cole



SAFETY & BUILDINGS DIVISION

201 E. Washington Avenue
P.O. Box 7969
Madison, Wisconsin 53707

State of Wisconsin
Department of Industry, Labor and Human Relations

February 8, 1993

Plan Number 9301045

OIL EQUIPMENT CO
4881 ROBERTSON RD
MADISON WI 53714-3167

We have received your plans and application for the installation of one 1,000-gallon gasoline aboveground storage tank(s) for:

Tri-State Auto Auction
Junction Hwy 11 & 80
Grant County
Hazel Green WI 53807

The plans for the above subject have been stamped "Conditionally Approved" as of February 5, 1993. Two copies of the approved plans were returned to you under separate cover.

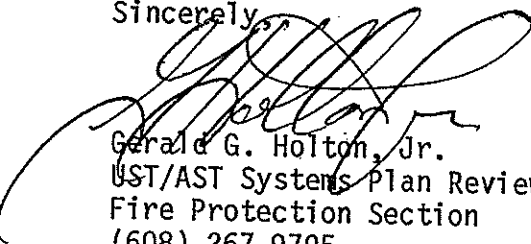
Tank removal/installation inspection IS NOT provided by the local fire department. (There is NO state certified inspector listed.)

You are REQUIRED to notify the area State Tank Inspector in WRITING a minimum of 15 days prior to tank removal and 5 days prior to installation to arrange for inspections.

This does not relieve you of contacting the local authorities to make them aware that you are in the area.

Aboveground piping must be coated to inhibit corrosion. Plan submittals are required to indicate location of electrical and emergency shut off. The tank to be installed at this site is double walled

Sincerely,


Gerald G. Holton, Jr.
UST/AST Systems Plan Review Specialist
Fire Protection Section
(608) 267-9795

Date plan received: 01/22/93
Plan review: \$ 35.00
Inspection: 100.00
Surcharge: 100.00

GGH:1796iWPP4
Enc.

TOTAL \$235.00

cc: James Daniels, Certified Inspector
William J. Flaherty, Dist. 5 - Petroleum Inspection
James Daniels, Area 5 - Area Tank Inspector

**UNDERGROUND
PETROLEUM PRODUCT
TANK INVENTORY**

Send Completed Form To:
Safety & Buildings Division
P.O. Box 7969
Madison, WI 53707
Telephone (608) 267-5280

For 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):			Fire Department Providing Fire Coverage Where Tank Located: Hazel Green Fire Dept.
1A. <input type="checkbox"/> In Use or 1B. <input type="checkbox"/> Newly Installed	4. <input checked="" type="checkbox"/> Closed - Tank Removed	8. <input type="checkbox"/> Changed Ownership (Indicate new owner below)	
2. <input type="checkbox"/> Abandoned With Product	6. <input type="checkbox"/> Closed - Filled With Inert Material	7. <input type="checkbox"/> Out of Service - Provide Date: _____	

A. IDENTIFICATION: (Please Print)

1. Tank Site Name: Tri-State Auto Auction Site Address: Junction Hwy. 11 & Hwy. 80 Site Telephone No.: (608) 744-2020

City Hazel Green Village Town of: _____ State: WI Zip Code: 53807 County: Grant

2. Owner Name (mail sent here unless indicated otherwise in #3 below): Gerald Brogley Owner Mailing Address (mail sent here unless indicated otherwise in #3): 9197 Route 84 North

City Galena Village Town of: _____ State: IL Zip Code: 61036 County: Jo Davis

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): 1972-93 5. Tank Capacity (gallons): 2000 6. Tank Manufacturer's Name (if known): _____

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): _____

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 No

Overfill Protection Provided? Yes No If yes, identify type: _____ Spill Containment? Yes No

Tank 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): _____ 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 inspectable

Piping 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 Required

Approval: 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): 3/09/93 Has 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): Tri-State Auto Auction/BY: Gerald Brogley, Owner Indicate Whether: Owner or Operator

Signature of Owner or Operator: Gerald Brogley Date Signed: 01-13-93

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 TRI-STATE AUTO AUCTION		2. Owner Name GERALD BROGLEY	
Site Street Address (not P.O. Box) JUNCTION HWY. 11 + HWY. 80		Owner Street Address 9197 ROUTE 84 NORTH	
<input type="checkbox"/> City HAZEL GREEN	<input type="checkbox"/> Village	<input checked="" type="checkbox"/> Town of:	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: State Zip Code COALENA IL 61036
State WI	Zip Code 53807	County GRANT	County Telephone No. (include area code) JO DAVIS (608) 744-2020
3. Closure Company Name (Print) OIL EQUIPMENT CO., INC		Closure Company Street Address 4118 ROBERTSON ROAD	
Closure Company Telephone No. (include area code) (608) 249-2881		Closure Company City, State, Zip Code MADISON, WI 53714-3167	
4. Name of Company Performing Closure Assessment BTZ		Assessment Company Street Address, City, State, Zip Code 3118 WATFORD WAY, MADISON, WI 53713-322	
Telephone # (include area code) (608) 277-2840	Certified Assessor Name (Print) Steve Garfield	Assessor Signature <i>Steve Garfield</i>	Assessor Certification No. 03063

Tank ID #	Closure	Temp. Closure	Closure In Place	Tank Capacity	Contents *	Closure Assessment
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,000	03	<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	Remover Verified	Inspector Verified	NA
Written inspector approval of temporary closure obtained, which is effective until (provide date) _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Product Removed			
a. Product lines drained into tank (or other container) and resulting liquid removed, AND	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. All product removed to bottom of suction line, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
c. All product removed to within 1" of bottom.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
3. All product lines at the islands or pumps located elsewhere are removed and capped, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
4. Dispensers/pumps left in place but locked and power disconnected.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
5. Vent lines left open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
6. Inventory form filed indicating temporary closure.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>

C. CLOSURE BY REMOVAL	Remover Verified	Inspector Verified	NA
1. Product from piping drained into tank (or other container).	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
2. Piping disconnected from tank and removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
3. All liquid and residue removed from tank using explosion proof pumps or hand pumps.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
4. All pump motors and suction hoses bonded to tank or otherwise grounded.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
5. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: DROP TUBE SHOULD NOT BE REMOVED IF THE TANK IS TO BE PURGED THROUGH THE USE OF AN EDUCATOR.			
6. Vent lines left connected until tanks purged.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
7. Tank openings temporarily plugged so vapors exit through vent.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
8. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section F.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
9. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
10. Tank cleaned before being removed from site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>

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"/>
12. Tank vent hole (1/8 th" in uppermost part of tank) installed prior to moving the tank from site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
13. Inventory form filed by owner with Safety and Buildings Division 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"/>

NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; DATE.

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).	<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) - see Section F.	<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 Safety and Buildings Division indicating closure in place.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" 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.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
2. Do points of obvious contamination exist?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there strong odors in the soils?	<input checked="" 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
5. Was a closure assessment omitted because of obvious contamination?	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
6. Was the DNR notified of suspected or obvious contamination?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
Agency, office and person contacted: <u>DINO TSORI'S - LUST. PROG. S. DIST. ON</u>			
7. Contamination suspected because of:	<input checked="" type="checkbox"/> Odor <input checked="" type="checkbox"/> Soil Staining <input type="checkbox"/> Free Product <input type="checkbox"/> Sheen On Groundwater <input checked="" type="checkbox"/> Field Instrument Test	<input type="checkbox"/>	<input type="checkbox"/>

F. 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.

G. NOTE SPECIFIC PROBLEMS OR NONCOMPLIANCE ISSUES BELOW

H. REMOVER/CLEANER INFORMATION

STEVEN L. WESLEY Steven L Wesley 00008 3/09/93
Remover Name (print) Remover Signature Remover Certification No. Date Signed

I. INSPECTOR INFORMATION

Inspector Name (print) Inspector Signature Inspector Certification No.

FDID # For Location Where Inspection Performed Inspector Telephone Number Date Signed

OWNER

FOR USE AT RETAIL, COMMERCIAL AND INDUSTRIAL SITES

WISCONSIN DEPARTMENT OF INDUSTRY,
LABOR AND HUMAN RELATIONS

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

COMPLETE ONE FORM FOR
EACH TANK INSTALLED

IDENTIFICATION OF SITE: (Please Print)

Installation Name Tri-State Auto Auction			Owners Name Gerald Brogley		
Installation Street Address Junction Hwy. 11 & Hwy. 80			Owners Street Address 9197 Route 84 North		
[] City [] Village [x] Town of: Hazel Green			[x] City [] Village [] Town of: Telephone No. Galena (608) 744-2020		
State	Zip Code	County	State	Zip Code	County
WI	53807	Grant	IL	61036	Jo Davis

INSTALL COMPANY INFORMATION:

Installation Company Name Oil Equipment Co., Inc., 4118 Robertson Road, Madison			[x] City [] Village [] Town of: Telephone No. (608) 249-2881		
State	Zip Code	County	Installers Name STEVEN L. WESLEY		
WI	53714-3167	Dane	Certificate number 00008		

TANK INFORMATION: Check applicable box

	Installer Verified	Inspector Verified	NA
1. Have plans been submitted for approval and written approval granted? <u>Note:</u> Tanks over 5000 gallon capacity require DILHR approval. Tanks under 5000 gallon capacity require approval from the local Certified Inspector. ILHR 10.10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. State plan approval number (if applicable) is <u>9301045</u>			
3. Plan approval date: <u>2/05/93</u>			
4. Tank capacity in gallons: <u>1,000</u> Tank contents: <u>UNLEADED</u>			

TANK & PIPING CHECKS

	Installer Verified	Inspector Verified	NA
1. Is tank <u>listed</u> for aboveground use? Tanks shall bear the label or mark of the testing laboratory on the tank. ILHR 10.355 (general, tanks for storage) and ILHR 10.415(2)(b) (tanks for vehicle fuel dispensing) *NOTE-See ILHR 10.45 for installation of tanks at <u>farm & construction projects</u> . *NOTE-See ILHR 10.472 for those tanks for <u>oil burning installations</u> . *NOTE-See ILHR 10.42 for <u>marine tank installations</u> . *NOTE-See ILHR 10.51(1)(d) <u>Used tanks</u> must be recertified.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is tank placed as indicated on approved plans (distance from buildings, property lines, roads, ect.)? ILHR 10.415(4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the tank inspectable on all sides and beneath (One foot of space shall be provided between tank and dike walls, and tank bottom and dike floor for visual inspection)? ILHR 10.415(13) <u>NOTE</u> double-walled tanks shall be provided with interstitial monitoring as specified in ILHR 10.61(7).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is emergency relief venting installed? ILHR 10.415(11) & NFPA 30 sec.2-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is normal vent termination height proper? ILHR 10.415(11) & NFPA 30 sec.2-2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COPY TO: SAFETY & BLDGS. INSPECTOR OWNER INSTALLER

- 6. Is there an electrically-operated solenoid valve provided on the discharge piping at the tank? ILHR 10.415(10)(c).
- 7. Is the distance from the dike to the dispenser proper? ILHR 10.415(10) & NFPA 30A sec.8
- 8. Does the underground piping have leak detection installed? ILHR 10.415(13)(b)
- 9. Is the piping proper and is the dispenser approved for the use? ILHR 10.415(a)

Containment Dike, Fencing and other Checks

- 1. Is containment proper (Size to be 125% of capacity of largest tank in dike)? ILHR 10.415(7), 10.345(1) & NFPA 30 sec.2-2.3.3
- 2. If there are more than one tank in the dike, are they separated by three feet? ILHR 10.415(4)(c)
- 3. Is there a provision for removal of rain water? ILHR 10.345(1)(b)
- 4. Is the area fenced? Are the gates locked? ILHR 10.415(5)
- 5. Is the product in the tank color coded on fill pipe? Is the fill pipe locked? ILHR 10.415(11)(c)
- 6. Are there "NO SMOKING" signs posted? NFPA 30A sec.8-5.5, 8-9
- 7. Are "FLAMMABLE - KEEP FIRE AWAY" signs posted for class 1 tanks (signs are to have letters 5 inches high with 1" stroke width)? ILHR 10.35
- 8. Is there a fire extinguisher (20 BC minimum size, within 100 feet of the pump or dispenser) and accessible? NFPA 30A sec.8-8
- 9. Has vehicle guarding been installed (Guards located 24" from tanks and capable of withstanding 1000 lbs. per lineal foot at 18" above grade)? ILHR 10.415(8)
- 10. Is electrical installation proper? ILHR 10.415(5)(f)
- 11. Have inventory forms (SBD 8731) been filed? ILHR 10.13

INSPECTOR INFORMATION (Inspector signature/number and covering jurisdiction/FDID number)

Inspector signature _____ Inspector # _____ Date Signed _____
 Fire department providing coverage _____ FDID#: _____

INSTALLER CERTIFICATION

I certify that the tank and related piping was installed according to the manufacturers instructions and complies with all applicable standards.

Installer Signature Steven L. Wesley Date Signed 3/09/93

ABOVEGROUND PETROLEUM PRODUCT TANK INVENTORY

Send Completed Form To:
Safety & Buildings Division
P.O. Box 7969
Madison, WI 53707
Telephone (608) 267-5280

For Office Use Only:
Tank ID #

This form must be completed pursuant to s. 101.142, Wis. Stats., to register an above ground petroleum product storage system. An aboveground petroleum product storage system is an aboveground tank, used to store petroleum products, together with an on-site integral piping or dispensing system. Not included are pipeline facilities, tanks of 110 gallons or less capacity, farm and residential tanks of 1,100 gallons or less capacity, tanks used for storing heating oil for consumptive use on the premises where stored or tanks owned by the state or federal government. A separate form is needed for each tank. Send each completed form to the address in the top right corner.

This registration applies to a tank that is (check one): 1. <input checked="" type="checkbox"/> In Use 2. <input type="checkbox"/> Out of Service With Product 3. <input type="checkbox"/> Out of Service With No Product (Empty) 4. <input type="checkbox"/> Closed - Tank Removed 5. <input type="checkbox"/> Closed - Tank Cleaned 6. <input type="checkbox"/> Changed Ownership (Indicate new owner in section A.3 below)	Fire Department Providing Fire Coverage Where Tank is Located: <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of: <u>Hazel Green</u>
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A. IDENTIFICATION (Please Print)

1. Tank Site Name <u>Tri-State Auto Auction</u>	Site Address <u>Junction Hwy. 11 & Hwy. 80</u>	Site Telephone Number <u>(608) 744-2020</u>
<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of: <u>Hazel Green</u>	State <u>WI</u>	Zip Code <u>53807</u>
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: <u>Galena</u>	State <u>IL</u>	Zip Code <u>61036</u>
2. Owner Name (mail sent here unless indicated otherwise in #3) <u>Gerald Brogley</u>		
Owner Mailing Address (mail sent here unless indicated otherwise in #3) <u>9197 Route 84 North</u>		
3. Alternate Mailing Name If Different Than #2		
Alternate Mailing Street Address If Different Than #2		
4. Tank Age (date installed, if new; years old, if used)		
5. Tank Capacity (gal.) <u>1,000</u>		
6. Tank Manufacturer's Name (if known) <u>USEMCO</u>		
7. If more than 1 tank is being reported at a facility, provide an 8 1/2 x 11 plot plan drawn to scale (1" = 20 ft.), numbering and indicating the location of the tanks being reported. If a plot plan is being submitted, this form is for tank number:		

B. TYPE OF USER (check one):

- | | | | |
|--|---|-------------------------------------|--|
| 1. <input type="checkbox"/> Gas Station (any resale) | 2. <input type="checkbox"/> Bulk Storage | 3. <input type="checkbox"/> Utility | 4. <input checked="" type="checkbox"/> Mercantile / Commercial |
| 5. <input type="checkbox"/> Industrial | 6. <input type="checkbox"/> Government | 7. <input type="checkbox"/> School | 8. <input type="checkbox"/> Residential |
| 9. <input type="checkbox"/> Agricultural | 10. <input type="checkbox"/> Other (specify): _____ | | |

C. TANK CONSTRUCTION (check one):

- | | | | |
|---|--|---|--------------------------------------|
| 1. <input checked="" type="checkbox"/> Bare Steel <u>Double</u> | 2. <input type="checkbox"/> FRP Clad Steel | 3. <input type="checkbox"/> Steel With Lining | 4. <input type="checkbox"/> Concrete |
| 5. <input type="checkbox"/> Other (specify): <u>Wall</u> | | | |

Tank is built to: National Standard _____ or UL Approval or Other _____

D. ROOF (Check one):

- | | | | |
|--|---|---|--|
| 1. <input type="checkbox"/> Fixed Roof | 2. <input type="checkbox"/> Floating External | 3. <input type="checkbox"/> Floating Internal | 4. <input checked="" type="checkbox"/> Other <u>None</u> |
|--|---|---|--|

E. TANK BASE:

- | | | | |
|---|---|--|--------------------------------------|
| 1. <input type="checkbox"/> On Ground | 2. <input type="checkbox"/> On Supports | 3. <input checked="" type="checkbox"/> On Cement | 4. <input type="checkbox"/> On Liner |
| 5. <input type="checkbox"/> Double Bottom | 6. <input type="checkbox"/> Other _____ | | |

F. PIPING:

Aboveground Underground Both

Above Ground Piping Construction: Steel Other _____

Underground 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): _____ 6. Unknown

G. CONTAINMENT:

Dike Side Material: 1. Block 2. Concrete 3. Earth 4. Synthetic X-None

Dike Base Material: 1. Concrete 2. Engineered Clay - Thickness _____ 3. Earth 4. Synthetic - Make & Model #:

Remote Impounding? Yes No

H. DISTANCE FROM DIKE WALL TO NEAREST:

1. Well +100 Ft. 2. Property Line 60 Ft. 3. Surface Water +100 Ft. 4. Nearest Building On Property +100 Ft.

I. TANK CONTENTS

- | | | | |
|---------------------------------------|--|---|--------------------------------------|
| 1. <input type="checkbox"/> Diesel | 2. <input type="checkbox"/> Leaded | 3. <input checked="" type="checkbox"/> Unleaded | 4. <input type="checkbox"/> Fuel Oil |
| 5. <input type="checkbox"/> Gasohol | 6. <input type="checkbox"/> Other | 7. <input type="checkbox"/> Empty | 9. <input type="checkbox"/> Unknown |
| 10. <input type="checkbox"/> Premix | 11. <input type="checkbox"/> Waste Oil | 13. <input type="checkbox"/> Chemical * | |
| 14. <input type="checkbox"/> Kerosene | 15. <input type="checkbox"/> Aviation | | |

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

If Tank Was Removed or Cleaned For Other Use, Give Date (mo/day/yr):	Owner's Signature: 	Date Signed: <u>01-13-93</u>
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