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NSTC GREAT LAKES, IL  
5090.3a

UNDERGROUND STORAGE TANK REMOVAL BUILDING 1600 A NS GREAT LAKES IL  
10/24/1997  
EGSL



**UNDERGROUND STORAGE TANK REMOVAL**

For:  
Great Lakes Naval Training Center  
Building 1600 A  
Great Lakes, Illinois

October 24, 1997  
EGSL Project Number: 97-276

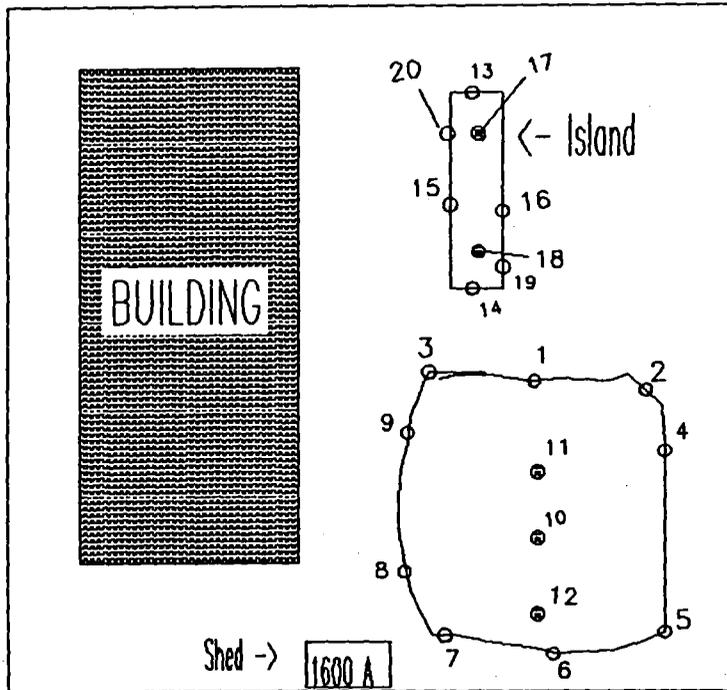


Solving Environmental Problems Today for Tomorrow's Generation

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<- Railroad

Ray Street

Gate



REVISIONS		
NO	Date	Remarks

By:    Aprvd

ENVIRONMENTAL GROUP SERVICES LTD.  
 351 West Hubbard St., Suite 710  
 CHICAGO, ILLINOIS 60610

Gardean Environmental  
 320 Lexington Drive  
 Buffalo Grove, Illinois 60089

Great Lakes Naval Academy  
 Great Lakes, Illinois

Proj. No.  
 Date:  
 10-23-97  
 Sheet No.

Location Map		ENVIRONMENTAL GROUP SERVICES, LTD. Page 1 of 20	
Well Number :		Location : North Wall	
Date : 10-24-97		Weather :	
Logged By : Vahooman		Sampled By : Vahooman Mirkhaef	
Drilling Method : Geoprobe		Sampling Method :	
Gravel Pack :		Seal :	

Casing type :	Diameter :	Length :	Hole Diam. :
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Screen Type :	Diameter :	Length :	T.D. :
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Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0	Asphalt		
	2	Soil		0	1	Brown Clay		
				2				
				3				
				4				
				5				
	3	Soil		500	6	Gray Clay		
					7	Gray Clay		
				8				
				9				
				10				
				11				
	4	Soil		100	12	Gray Clay		
					13			
				14				
				15				
				16				
				17				
				18				
				19				
				20				

Well Number :	Location : North East Wall
Date : 10-24-97	Weather :
Logged By : Vahooman	Sampled By : Vahooman Mirkhaef
Drilling Method : Geoprobe	Sampling Method :
Gravel Pack :	Seal :

Casing type :	Diameter :	Length :	Hole Diam. :
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Screen Type :	Diameter :	Length :	T.D. :
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Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0			
	2	Soil		0	1	Asphalt		
					2	Brown Clay		
				3				
				4				
				5				
	3	Soil		750	6	Gray Clay		
					7	Gray Clay		
				8				
				9				
				10				
	4	Soil		50	11	Gray Clay		
					12	Gray Clay		
				13				
				14				
				15				
					16			
					17			
					18			
					19			
					20			

Location Map	ENVIRONMENTAL GROUP SERVICES, LTD. Page 3 of 20	
	Well Number :	Location : North West Wall
	Date : 10-24-97	Weather :
	Logged By : Vahooman	Sampled By : Vahooman Mirkhaef
	Drilling Method : Geoprobe	Sampling Method :
	Gravel Pack :	Seal :

Casing type :	Diameter :	Length :	Hole Diam. :
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Screen Type :	Diameter :	Length :	T.D. :
---------------	------------	----------	--------

Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0			
	2	Soil		0	1-5	Asphalt		
					1	Brown Clay		
				2				
				3				
				4				
				5				
	3	Soil		900	6-10	Gray Clay		
					6	Gray Clay		
				7				
				8				
				9				
				10				
	4	Soil		10	11-15	Gray Clay		
					11	Gray Clay		
				12				
				13				
				14				
				15				
					16			
					17			
					18			
					19			
					20			

Location Map	ENVIRONMENTAL GROUP SERVICES, LTD. Page 4 of 20	
	Well Number :	Location : East Wall
	Date : 10-24-97	Weather :
	Logged By : Vahooman	Sampled By : Vahooman Mirkhaef
	Drilling Method : Geoprobe	Sampling Method :
	Gravel Pack :	Seal :

Casing type :	Diameter :	Length :	Hole Diam. :
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Screen Type :	Diameter :	Length :	T.D. :
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Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0	Asphalt		
	2	Soil		0	1	Brown Clay		
	3	Soil		500	2	Gray Clay		
	4	Soil		10	3	Gray Clay		
					4	Gray Clay		
					5	Gray Clay		
					6	Gray Clay		
					7	Gray Clay		
					8	Gray Clay		
					9	Gray Clay		
					10	Gray Clay		
					11	Gray Clay		
					12	Gray Clay		
					13	Gray Clay		
					14	Gray Clay		
					15	Gray Clay		
					16	Gray Clay		
					17	Gray Clay		
					18	Gray Clay		
					19	Gray Clay		
					20	Gray Clay		

Location Map	ENVIRONMENTAL GROUP SERVICES, LTD. Page 5 of 20	
	Well Number :	Location : South East Wall
	Date : 10-24-97	Weather :
	Logged By : Vahooman	Sampled By : Vahooman Mirkhaef
	Drilling Method : Geoprobe	Sampling Method :
	Gravel Pack :	Seal :

Casing type :	Diameter :	Length :	Hole Diam. :
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Screen Type :	Diameter :	Length :	T.D. :
---------------	------------	----------	--------

Density	Sample Number	Sample type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0	Asphalt		
	2	Soil		500	1	Brown Clay		
				2				
				3				
				4				
				5				
	3	Soil		750	6	Gray Clay		
					7	Gray Clay		
				8				
				9				
				10				
				11				
	4	Soil		50	12	Gray Clay		
					13	Gray Clay		
				14				
				15				
				16				
				17				
				18				
				19				
				20				

Location Map	ENVIRONMENTAL GROUP SERVICES, LTD. Page 6 of 20	
	Well Number :	Location : South Wall
	Date : 10-24-97	Weather :
	Logged By : Vahooman	Sampled By : Vahooman Mirkhaef
	Drilling Method : Geoprobe	Sampling Method :
	Gravel Pack :	Seal :

Casing type :	Diameter :	Length :	Hole Diam. :
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Screen Type :	Diameter :	Length :	T.D. :
---------------	------------	----------	--------

Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0			
	2	Soil		900	1	Asphalt		
					2	Brown Clay		
					3			
					4			
	3	Soil		2000	5			
					6	+		
					7	+		
					8	Gray Clay		
					9	+		
					10	+		
	4	Soil		150	11			
					12	Gray Clay		
					13			
					14			
					15			
					16			
					17			
					18			
					19			
					20			

Location Map	ENVIRONMENTAL GROUP SERVICES, LTD. Page 7 of 20	
	Well Number :	Location : South West Wall
	Date : 10-24-97	Weather :
	Logged By : Vahooman	Sampled By : Vahooman Mirkhaef
	Drilling Method : Geoprobe	Sampling Method :
	Gravel Pack :	Seal :

Casing type :	Diameter :	Length :	Hole Diam. :
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Screen Type :	Diameter :	Length :	T.D. :
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Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0			
	2	Soil		700	1	Asphalt		
					2	Brown Clay		
					3			
					4			
	3	Soil		1000	5			
					6	+		
					7	+		
					8	+		
					9	+		
					10	+		
	4	Soil		10	11			
					12	Gray Clay		
					13			
					14			
					15			
					16			
					17			
					18			
					19			
					20			

Location Map	ENVIRONMENTAL GROUP SERVICES, LTD. Page 8 of 20	
	Well Number :	Location : West Wall
	Date : 10-24-97	Weather :
	Logged By : Vahooman	Sampled By : Vahooman Mirkhaef
	Drilling Method : Geoprobe	Sampling Method :
	Gravel Pack :	Seal :

Casing type :	Diameter :	Length :	Hole Diam. :
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Screen Type :	Diameter :	Length :	T.D. :
---------------	------------	----------	--------

Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0	Asphalt		
	2	Soil		1500	1	Brown Clay		
				2				
				3				
				4				
				5				
	3	Soil		1500	6	Gray Clay		
					7	Gray Clay		
				8				
				9				
				10				
				11				
	4	Soil		500	12	Gray Clay		
					13	Gray Clay		
				14				
				15				
				16				
				17				
				18				
				19				
				20				

Location Map		ENVIRONMENTAL GROUP SERVICES, LTD. Page 9 of 20	
Well Number :		Location : North West Wall	
Date : 10-24-97		Weather :	
Logged By : Vahooman		Sampled By : Vahooman Mirkhaef	
Drilling Method : Geoprobe		Sampling Method :	
Gravel Pack :		Seal :	

Casing type :	Diameter :	Length :	Hole Diam. :
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Screen Type :	Diameter :	Length :	T.D. :
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Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0			
	2	Soil		700	1	Asphalt		
					2	Brown Clay		
					3			
					4			
					5			
	3	Soil		2000	6	+		
					7	+ Gray Clay		
					8	+		
					9	+		
					10	+		
	4	Soil		500	11			
					12	Gray Clay		
					13			
					14			
					15			
					16			
					17			
					18			
					19			
					20			

Location Map	ENVIRONMENTAL GROUP SERVICES, LTD. Page 1 of 3	
	Well Number :	Location : Between Tanks
	Date : 10-23-97	Weather :
	Logged By : Vahooman	Sampled By : Vahooman Mirkhaef
	Drilling Method : Geoprobe	Sampling Method :
	Gravel Pack :	Seal :

Casing type-:	Diameter :	Length :	Hole Diam.:
Screen Type :	Diameter :	Length :	T.D. :

Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion	
						Lithology/Remarks			
	1	Soil		0	0				
					1	Concrete			
	2	Soil		2500	2	Pea Gravel			
					3				
					4				
					5				
	3	Soil		1000	6	Pea Gravel			
					7				
					8				
					9				
	4	Soil		500	10	Gray Clay			
					11				
					12				
					13				
					14				
					15				
					16				
					17				
					18				
					19				
					20				

Location Map	ENVIRONMENTAL GROUP SERVICES, LTD. Page 2 of 3	
	Well Number :	Location : Center North
	Date : 10-23-97	Weather :
	Logged By : Vahooman	Sampled By : Vahooman Mirkhaef
	Drilling Method : Geoprobe	Sampling Method :
	Gravel Pack :	Seal :

Casing type :	Diameter :	Length :	Hole Diam. :
Screen Type :	Diameter :	Length :	T.D. :

Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0	Concrete		
	2	Soil		3000	2	Pea Gravel		
	3	Soil		1000	8	Pea Gravel		
	4	Soil		500	12	Gray Clay		

Well Number :	Location : Center South
Date : 10-23-97	Weather :
Logged By : Vahooman	Sampled By : Vahooman Mirkhaef
Drilling Method : Geoprobe	Sampling Method :
Gravel Pack :	Seal :

Casing type :	Diameter :	Length :	Hole Diam. :
---------------	------------	----------	--------------

Screen Type :	Diameter :	Length :	T.D. :
---------------	------------	----------	--------

Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0			
	2	Soil		3500	1		Concrete	
					2		Pea Gravel	
					3			
					4			
					5			
	3	Soil		2000	6		Pea Gravel	
					7			
					8			
					9			
	4	Soil		500	10		Gray Clay	
					11			
					12			
					13			
					14			
					15			
					16			
					17			
					18			
					19			
					20			

Location Map	ENVIRONMENTAL GROUP SERVICES, LTD. Page 1 of 6	
	Well Number :	Location : Island, North Wall
	Date : 10-23-97	Weather :
	Logged By : Vahooman	Sampled By : Vahooman
	Drilling Method : Geoprobe	Sampling Method :
	Gravel Pack :	Seal :

Casing type :	Diameter :	Length :	Hole Diam. :
---------------	------------	----------	--------------

Screen Type :	Diameter :	Length :	T.D. :
---------------	------------	----------	--------

Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0		Concrete	
	2	Soil		300	1		Brown Clay	
					2			
					3			
					4			
					5			
					6			
					7			
					8			
					9			
					10			
					11			
					12			
					13			
					14			
					15			
					16			
					17			
					18			
					19			
					20			

Location Map	ENVIRONMENTAL GROUP SERVICES, LTD. Page 2 of 6	
	Well Number :	Location : Island, South Wall
	Date : 10-23-97	Weather :
	Logged By : Vahooman	Sampled By : Vahooman
	Drilling Method : Geoprobe	Sampling Method :
	Gravel Pack :	Seal :

Casing type :	Diameter :	Length :	Hole Diam. :
---------------	------------	----------	--------------

Screen Type :	Diameter :	Length :	T.D. :
---------------	------------	----------	--------

Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0			
	2	Soil		500	1	Concrete		
					2	Brown Clay		
				3				
				4				
				5				
					6			
					7			
					8			
					9			
					10			
					11			
					12			
					13			
					14			
					15			
					16			
					17			
					18			
					19			
					20			

Location Map	ENVIRONMENTAL GROUP SERVICES, LTD. Page 3 of 6	
	Well Number :	Location : Island West Wall
	Date : 10-23-97	Weather :
	Logged By : Vahooman	Sampled By : Vahooman
	Drilling Method : Geoprobe	Sampling Method :
	Gravel Pack :	Seal :

Casing type :	Diameter :	Length :	Hole Diam. :
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Screen Type :	Diameter :	Length :	T.D. :
---------------	------------	----------	--------

Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0			
	2	Soil		500	1	Concrete		
					2	Brown Clay		
				3				
				4				
				5				
					6			
					7			
					8			
					9			
					10			
					11			
					12			
					13			
					14			
					15			
					16			
					17			
					18			
					19			
					20			

Location Map	ENVIRONMENTAL GROUP SERVICES, LTD. Page 4 of 6	
	Well Number :	Location : Island, East Wall
	Date : 10-23-97	Weather :
	Logged By : Vahooman	Sampled By : Vahooman
	Drilling Method : Geoprobe	Sampling Method :
	Gravel Pack :	Seal :

Casing type :	Diameter :	Length :	Hole Diam. :
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Screen Type :	Diameter :	Length :	T.D. :
---------------	------------	----------	--------

Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0			
	2	Soil		200	1	Concrete		
					2	Brown Clay		
					3			
					4			
					5			
					6			
					7			
					8			
					9			
					10			
					11			
					12			
					13			
					14			
					15			
					16			
					17			
					18			
					19			
					20			

Location Map	ENVIRONMENTAL GROUP SERVICES, LTD. Page 6 of 6	
	Well Number :	Location : Island, Floor South
	Date : 10-23-97	Weather :
	Logged By : Vahooman	Sampled By : Vahooman
	Drilling Method : Geoprobe	Sampling Method :
	Gravel Pack :	Seal :

Casing type :	Diameter :	Length :	Hole Diam. :
---------------	------------	----------	--------------

Screen Type :	Diameter :	Length :	T.D. :
---------------	------------	----------	--------

Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0			
	2	Soil		200	1	Concrete		
					2	Brown Clay		
				3				
				4				
				5				
					6			
					7			
					8			
					9			
					10			
					11			
					12			
					13			
					14			
					15			
					16			
					17			
					18			
					19			
					20			

Location Map	ENVIRONMENTAL GROUP SERVICES, LTD. Page 5 of 6	
	Well Number :	Location : Island, Floor North
	Date : 10-23-97	Weather :
	Logged By : Vahooman	Sampled By : Vahooman
	Drilling Method : Geoprobe	Sampling Method :
	Gravel Pack :	Seal :

Casing type :	Diameter :	Length :	Hole Diam. :
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Screen Type :	Diameter :	Length :	T.D. :
---------------	------------	----------	--------

Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0			
	2	Soil		700	1	Concrete		
					2	Brown Clay		
					3			
					4			
					5			
					6			
					7			
					8			
					9			
					10			
					11			
					12			
					13			
					14			
					15			
					16			
					17			
					18			
					19			
					20			

Location Map	ENVIRONMENTAL GROUP SERVICES, LTD. Page 1 of 2	
	Well Number :	Location : Island, South East Wall
	Date : 10-24-97	Weather :
	Logged By : Vahooman	Sampled By : Vahooman
	Drilling Method : Geoprobe	Sampling Method :
	Gravel Pack :	Seal :

Casing type :	Diameter :	Length :	Hole Diam. :
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Screen Type :	Diameter :	Length :	T.D. :
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Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0			
	2	Soil		600	0-5	Concrete Asphalt Brown Clay		
					6			
					7			
					8			
					9			
					10			
					11			
					12			
					13			
					14			
					15			
					16			
					17			
					18			
					19			
					20			

Location Map	ENVIRONMENTAL GROUP SERVICES, LTD. Page 2 of 2	
	Well Number :	Location : Island, North West Wall
	Date : 10-24-97	Weather :
	Logged By : Vahooman	Sampled By : Vahooman
	Drilling Method : Geoprobe	Sampling Method :
	Gravel Pack :	Seal :

Casing type :	Diameter :	Length :	Hole Diam. :
---------------	------------	----------	--------------

Screen Type :	Diameter :	Length :	T.D. :
---------------	------------	----------	--------

Density	Sample Number	Sample Type	Sample Recovery	FID (PPM)	Depth	Start :	End :	Well Completion
						Lithology/Remarks		
	1	Soil		0	0			
	2	Soil		300	0-1	Concrete Asphalt		
					1-5	Brown Clay		
					5-20			



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL

Division of Petroleum and Chemical Safety

1035 Stevenson Drive

Springfield, Illinois 62703-4259

(217)785-1020 or (217)785-5878

RECEIVED

AUG 04 1997

DIV. OF PETROLEUM & CHEMICAL SAFETY

FOR OFFICE USE ONLY

Facility # 2023810

Permit # 2120-97REM

APPLICATION for Permit for REMOVAL of Underground Storage Tanks. (Please type or print clearly)

(1) OWNER OF TANKS - Corporation, partnership, or other business entity: (Must be mailing address)

Naval Training Center, Great Lakes

Name

2703 Sheridan Rd., Suite 120

Street Address

Great Lakes IL 60088

City State Zip

Carlo L. Luciano 847-688-6375

Contact Person Phone

(2) FACILITY - Facility ID #  
(Name and address where tanks are located:)

Naval Training Center, Public Works Center Bldg. #1000A

Name

1600 Ray St. (Gr L2C Bldg 1-A)

Street Address

Great Lakes IL 60088 Lake

City State Zip County

Carlo Luciano 847-687-6375

Contact Person Phone

(3) TANK(S): Fill in the appropriate blanks for the tank(s) to be removed. Attach additional sheet(s) if more space is needed.

# of Tanks	Capacity in gallons	Product to be stored	Date tank last used	# of Tanks	Capacity in gallons	Product to be stored	Date tank last used
1	10,000	gasoline	8/1/97				
21	10,000	gasoline	8/1/97				
21	6,500	diesel	8/1/97				

(4) CONTAMINATED SITE (complete this section for sites where a release has been reported). Reminder: Releases or suspected releases must be reported to IEMA at (800)732-7360 within 24 hours:

IEMA Incident #

(5) CONTRACTOR: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that all information submitted is true, accurate and complete.

R. W. Collins Co.

Company Name

7225 West 66th Street

Address

Chicago IL 60638

City State Zip

708-458-6868 708-458-6870

Telephone # Fax #

IL772 2/9/98

Contractor License # Expiration Date

Ann H. Collins Corp. Sect.

Name of Authorized Representative Title or Position

Signature Date

8/1/97

Date

FOR OFFICE USE ONLY

After receiving an approved permit, the Contractor the permit was issued to or an employee of that contractor (this does not include a subcontractor) shall establish a date certain to perform the UST activity by contacting the Office of the State Fire Marshal, Division of Petroleum and Chemical Safety, by telephone at the Springfield office at (217)785-1020 or (217)785-5878 between 8:30 a.m. and 12:00 p.m., at which time a mutually agreed upon date and time for the UST activity shall be scheduled. THIS PERMIT IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE.

Permission to remove underground storage tanks is hereby granted. Such removal shall not commence until 9-4-97

A seventy-two hour (3 working day) notice to this office is required to confirm final date of removal for our inspector to be on site.

8-10-97 Approved DW. Dale Janke

2-10-98 Permit Expires

(6) REASON FOR REMOVAL:

no longer needed.

(7) NOTICE PRIOR TO REMOVAL - A 30 day written notice to the Office of the State Fire Marshal is required prior to removal. The notice begins on the date a properly completed Application and fee are received by this Office.

In the event of a reported release, the Office of the State Fire Marshal shall waive the 30 day notice requirement. (Incident number must be entered in #6 above).

(8) APPLICATION REJECTION - Insufficient information or illegibility can be cause for return or denial.

(9) PERMIT TO WORK - No work can proceed without a granted permit in hand and must be available upon request of the Storage Tank Safety Specialist.

(10) CODE COMPLIANCE - All work shall be performed per 41 Ill. Adm. Code 170 and shall otherwise be in compliance with any referenced codes and standards.

(11) APPLICANT - The RESPONSIBLE CONTRACTOR must complete this application. A fee of \$100.00 for each site must accompany this application. (Checks or money orders are to be made payable to the Office of the State Fire Marshal. Do not send cash).

The Office of the State Fire Marshal is requesting information that is necessary to accomplish the statutory purpose as outlined in 430 ILCS 15/2. Disclosure of this information is required. Failure to provide any information will result in this form not being processed. (Rev - 3/96)

cc: Storage Tank Safety Specialist  
Fire Department  
Office Associate  
Facility File

*Dwyer*  
*98*

<b>IL Notification for Underground Storage Tanks</b>	<b>OFFICE USE ONLY</b>
<ul style="list-style-type: none"> <li>• A separate form must be used for each site.</li> <li>• If you have more than five tanks, photocopy pages 1-5 and attach to this notification form.</li> <li>• Please type, or print in ink; the signature under "certification" (section IX) must be signed in ink.</li> </ul>	ID NUMBER _____ DATE RECEIVED _____

Facility I.D. # (if known) \_\_\_\_\_ Owner I.D. # (if known) \_\_\_\_\_

**TYPE OF NOTIFICATION**

New Facility     Amended (Changes/Corrections/Additional Tanks)    Mark all that apply:

<input checked="" type="checkbox"/> Owner Address Change (this facility only)	_____ Tanks Refined (Permit # _____)
_____ Owner Address Change (all facilities owned)	_____ Tanks Installed (Permit # _____)
_____ New Owner	_____ Tanks Upgraded/Repaired (Permit # _____)
_____ Tank(s) Removed (Permit # _____)	_____ Abandonment Notice (Permit # _____)
_____ Other _____	

I. Ownership of Tank(s)	II. Location of Tank(s) <small>(if same as Section I. Mark box) <input type="checkbox"/></small>
Commanding Officer, Navy Public Works Center Owner Name (Corp., Individual, Public Agency or other Entity) 2703 Sheridan Rd., Suite #120, Bldg. 1-A Mailing Address Great Lakes IL 60088-5600 City State Zip Lake _____ County _____ Mark Schultz (708) 688-4693 Contact Name (Area Code) Phone	Buildings 1600A and 1506 Great Lakes Naval Training Center Facility Name or Company Site Identifier, as applicable Great Lakes Naval Training Center Street Address or State Road, as applicable (exact address) Great Lakes IL 60088-5600 City State Zip Lake _____ County _____ Mark Schultz (708) 688-4693 Contact Name (Area Code) Phone

**III. TYPE OF OWNERSHIP** (mark all that apply)

<input checked="" type="checkbox"/> Current Owner of Tanks Date Purchased _____ 1974 & 1992	<input type="checkbox"/> Ownership Uncertain _____ <input type="checkbox"/> Former Owner _____ <input type="checkbox"/> Other _____
---	---

**IV. TYPE OF FACILITY**

Type of Facility: (Circle correct code)

A. Service Station B. Bulk Plant C. Petroleum Distributor D. Convenience Store E. Auto Dealer F. Commercial/Retail	G. Industrial/Manufacturing H. Private Institution I. Residence (Non-Farm) J. Farm K. Airport L. Marina	M. City/Town N. County O. State <input checked="" type="radio"/> P. Federal (Military) Q. Federal (Non-Military) R. School District	S. Port District T. Utility District U. Fire Dept. V. Other Special Service Districts W. Other _____ (Please Specify)
---	--	--	--

V. Description of Underground Storage Tanks (Complete entire column for each tank)					
Tank Identification Number	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___
<b>1. Status of Tanks</b>	12M-T-1	12M-T-2	12M-T-3	12M-T-5	
Currently in use	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Temporarily out of use (Section 2 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently out of use (Section 2 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removed (Section 3 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandoned in place (Section 4 must be completed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Tanks Permanently &amp; Temporarily Out of Use</b>					
Estimated date last used	/ /	/ /	/ /	/ /	/ /
<b>3. Tanks Removed</b>					
Date tank(s) removed	/ /	/ /	/ /	/ /	/ /
Estimated date last used	/ /	/ /	/ /	/ /	/ /
<b>4. Abandoned in Place</b>					
Date tanks filled	/ /	/ /	/ /	/ /	/ /
Tank filled with:					
Inert materials (sand, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)					
<b>5. Age of Tank</b>					
Date tank installed	/ /1974	/ /1974	/ /1974	08/01/1992	/ /
Date product placed in tank	/ /1974	/ /1974	/ /1974	03/01/1993	/ /
<b>6. Estimated Total Capacity (gallons)</b>	10,000	10,000	6,500	600	
<b>7. Substances Currently or Last Stored:</b>					
<b>Petroleum</b>					
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasoline	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (Please specify)					
<b>Petroleum Use (if applicable):</b>					
Heating oil (consumptive use on premises)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back-up generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)					
<b>Hazardous Substance:</b>					
Name of principal CERCLA substance					
Chemical Abstract Service (CAS No.)					

**VI. Description of Underground Storage Tanks (Complete entire column for each tank)**

Tank Identification Number	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___	Tank No. ___
<p><b>1. Material of Construction</b> (mark all that apply)</p> <p>Asphalt coated or bare steel <input type="checkbox"/></p> <p>Cathodically protected steel <input type="checkbox"/></p> <p>Dielectric coated steel <input type="checkbox"/></p> <p>Composite (steel with fiberglass) <input type="checkbox"/></p> <p>Fiberglass reinforced plastic <input checked="" type="checkbox"/></p> <p>Lined interior <input type="checkbox"/></p> <p>Double-walled <input type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Steel STI-P3 <input type="checkbox"/></p> <p>Other (please specify) _____</p>	<p>12M-T-1</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>_____</p>	<p>12M-T-2</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>_____</p>	<p>12M-T-3</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>_____</p>	<p>12M-T-5</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>_____</p>	<p><input type="checkbox"/></p> <p>_____</p>
<p><b>2. Piping Materials</b> (mark all that apply)</p> <p>Bare steel <input type="checkbox"/></p> <p>Galvanized steel <input type="checkbox"/></p> <p>Fiberglass reinforced plastic <input checked="" type="checkbox"/></p> <p>Cathodically protected <input type="checkbox"/></p> <p>Double-walled <input type="checkbox"/></p> <p>Secondary containment <input type="checkbox"/></p> <p>Dielectric coating <input type="checkbox"/></p> <p>Other (please specify) _____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>_____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>_____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>_____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>_____</p>	<p><input type="checkbox"/></p> <p>_____</p>
<p><b>3. Piping Type</b> (mark all that apply)</p> <p>European suction <input type="checkbox"/></p> <p>American suction <input checked="" type="checkbox"/></p> <p>Pressure <input type="checkbox"/></p> <p>Gravity feed <input type="checkbox"/></p> <p>Other (please specify) _____</p>	<p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>_____</p>	<p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>_____</p>	<p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>_____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p>_____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>_____</p>

Tank Identification Number	Tank No. 12M-T-1		Tank No. 12M-T-2		Tank No. 12M-T-3		Tank No. 12M-T-5		Tank No. _____	
	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
<b>4. Release Detection</b> (Mark all that apply)										
Manual tank gauging	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Inventory controls	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic tank gauging	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Interstitial monitoring double-walled tank/piping	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Interstitial monitoring /secondary containment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Tank tightness testing	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic line leak detector		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Line tightness testing		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Automatic shut-off device		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Continucous alarm system		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>
No requirements (european suction)		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Other (please specify)	_____		_____		_____		_____		_____	
<b>5. Corrosion Protection</b> (mark all that apply)	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping	Tank	Piping
Cathodic protection impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Exterior coating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Fiberglass reinforced plastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Double-walled	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Interior lining	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Other (please specify)	_____		_____		_____		_____		_____	
<b>6. Spill &amp; Overfill Prevention</b> (Mark all that apply)										
Overfill device	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Automatic shut-off	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Overfill Alarm	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Ball float valve	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Spill containment device	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Other (Please specify)	UNKNOWN		UNKNOWN		UNKNOWN		_____		_____	

**VII. Certification of Compliance** (Complete for all new, upgraded and relined tanks at this location)

Installation (mark all that apply)	12M-T-1	12M-T-2	12M-T-3	12M-T-5	
Installer certified by tank and piping manufacturers	<input type="checkbox"/>				
Installer certified or licensed by implementing agency	<input type="checkbox"/>				
Installer registered by implementing agency	<input type="checkbox"/>				
Installer is the owner of the tank(s)	<input type="checkbox"/>				
Installation inspected by a registered engineer	<input type="checkbox"/>				
Installation inspected & approved by implementing agency	<input type="checkbox"/>				
Manufacturer's installation checklists have been completed	<input type="checkbox"/>				
Another method allowed by state agency (please specify)	_____	_____	_____	_____	_____

**OATH:** I certify the information that is provided in section VII is true to the best of my knowledge, and certify that the installation was performed in accordance with all applicable state and federal laws and regulations. (THIS SECTION MAY ONLY BE COMPLETED BY THE CONTRACTOR. SEPARATE OATH MUST BE SUBMITTED FOR EACH ACTIVITY PERFORMED BY DIFFERENT CONTRACTOR.)

Tank No. \_\_\_\_\_

Permit No. \_\_\_\_\_

Contractor: \_\_\_\_\_  
 Name Signature (must be original) Date  
 \_\_\_\_\_  
 Position Company

**VIII. Financial Responsibility**

Mark all that apply:

- Self-Insurance
- Commercial Insurance
- Risk Retention Group
- Guarantee
- Surety Bond
- Letter of Credit
- Certificate of Deposit
- Trust Fund
- Other Method Allowed

(please specify) \_\_\_\_\_

**IX. Certification. (Read and sign after completing all sections)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

JIMMY WEST, LTJG, CE/CBAR

Name and official title of owner or owner's authorized representative (print)

[Signature]  
 Signature (must be original)

13 JUL 95

Date Signed

# R.W. COLLINS CO.

## EMERGENCY INFORMATION

**Hospital:** NAVAL HOSPITAL  
BUILDING 2004  
2705 SINGREMAN RD GREAT LAKES, IL  
847 688-4560 EXT 5618

**Fire:** 911 847 688-2135

**Police:** 911 847 688-3430

**Job Name:** NAVAL TRAINING CTR  
1600A RAY STREET  
GREAT LAKES IL



OFFICE OF THE STATE FIRE MARSHAL  
DIVISION OF PETROLEUM AND CHEMICAL SAFETY  
1035 STEVENSON DRIVE  
SPRINGFIELD, ILLINOIS 62703-4259

REQUIRED CHECKLIST FOR UNDERGROUND STORAGE TANK REMOVALS

UST removals shall follow 41 Ill. Adm. Code Part 170 and any referenced material. The following checklist shall be adhered to as prescribed by the Office of the State Fire Marshal's (OSFM) regulations, including adopted standards. These requirements do not exempt anyone from any other State or federal laws or regulations. Underground storage tank or "UST" includes underground pipes and cathodic protection connected thereto.

- A. Secure proper permitting and provide required notice of removal to the OSFM.
- B. All monitoring equipment shall be maintained according to manufacturers specifications.
- C. Establish an exclusion zone (within which smoking is prohibited). The use of spark producing/non-explosion proof equipment is prohibited in the vapor hazard area.
- D. Excavate to the top of the tank, drain and remove all piping except the vent lines. Pipe trenches shall remain open for inspection by the OSFM Tank Specialist (STSS).
- E. Remove all liquids from the tank using explosion-proof pumps or hand pumps.
- F. The tank atmosphere and the excavation area shall be regularly monitored with a combustible gas indicator for flammable or combustible vapor concentration until the tank is removed from both the excavation and the site. Monitoring the UST shall be done at 3 levels in the tank (top, middle and bottom).
- G. Vapor freeing shall be done in accordance with API 1604 Section 4.2. When vapor-freeing the tank with compressed air or using inert gases under pressure, all devices shall be bonded to the tank, and the tank shall be grounded to a separate ground.
- H. Monitor tank to insure explosive conditions do not exist. Lower explosive limits (LEL) 5% or less or oxygen (O<sub>2</sub>) 5% or less shall be attained.
- I. Plug and cap all accessible tank holes. One plug should have a 1/8" vent hole.
- J. Excavate around the tank to prepare for removal.

**STOP!!!**

OSFM STSSs are to be on site before cutting and cleaning operations or tank removal can proceed.

- K. Equipment with sufficient lifting capacity shall be used to lift the tank from the excavation.
- L. Any UST removed from the excavation zone shall be cleaned on site the day of the removal, except as otherwise allowed in 41 Ill. Adm. Code 170.670.
- M. A sufficient number of holes or openings shall be made in the tank for cleaning if existing tank openings are not adequate or for disposal, except as otherwise allowed in 41 Ill. Adm. Code 170.670. Continuous spark producing equipment will only be allowed when proper inerting procedures have been followed according to API 1604 Section 4.2.3.
- N. Tank owner must file the amended Notification of Underground Storage Tank form to OSFM within 30 days after the tank removal.

PROJECT NAME: NAVAL TRAINING CENTER

OSFM FACILITY ID#:

ESDA INCIDENT #:

JOB FOREMAN:

=====

SCOPE OF WORK: REMOVE UST'S

1-6 500 GAL

2-10,000 GAL

DESCRIPTION OF AREA:

MILITARY BASE

All operations and equipment will comply with applicable parts of OSHA 29 CFR 1910 and 1926

The health and safety protocols established in this plan are based on site conditions and available site data. To assure health and safety, this plan takes a conservative approach to on-site safety procedures. This Site Safety Plan (SSP) is intended solely for use during the proposed activities in the Scope of Work. Specifications herein are subject to review and revision based on actual conditions encountered in the field during site characterization activities.

Before site operations begin, all employees involved in these operations will have read and understood this SSP and all revisions made.

KEY PERSONNEL:

Phone

Beeper

Ken WINTZELL

PHONE 666

PERSONNEL ROLES:

**Project Manager:** The project manager has the primary responsibility for the fulfillment of the terms of the contract. He must oversee operations and ensure that all legal and safety requirements are met. It is his duty to keep the project on schedule and to communicate daily with the client regarding the progress toward the specific goals.

Site Supervisor: The site supervisor is the on-site coordinator and overseer of operations. It is his duty to maintain site security, supervise the laborers and technicians, ensure that necessary procedures (health and safety, decontamination, protective equipment, etc.) are followed.

are responsible for providing technical oversight and direction. are authorized to stop the job if they deem necessary.

SAFETY AND HEALTH RISK ANALYSIS VS. SCOPE OF WORK

<u>ACTIVITY</u>	<u>POTENTIAL HAZARD</u>	<u>PRECAUTIONS</u>
Excavation of tanks and soil	Contact with constituents in soil	-Do not kneel on ground. -Do not walk through discolored soils.
	Heat Stress	-Increased liquid consumption to replace water lost during sweating. -Increase number of rest breaks. -Increase salt consumption in diet. DO NOT USE SALT TABLETS.
	Physical Injury	-Exercise extreme caution when in vicinity of any equipment.
	Cold Weather Risks Hypothermia, Frostbite	Proper clothing AT FIRST SIGN OF NUMBNESS GO TO WARM AREA
Tank cleaning	Confined space entry Contact with contents of tank.	See Page 4, Section E

Continued

STANDARD OPERATING PROCEDURES:

A. EMPLOYEE TRAINING

All operational employees participate in routine health and safety education and training programs. These programs are designed to provide employees with a thorough knowledge of hazardous materials, health and safety hazard potentials.

Equipment operators and tank cleaners have completed 40 hour Hazardous Waste Site Work Course and annual 8 hour refresher. Both comply with OSHA 29 CFR 1910.120. Employees carry current cards certifying their training.

B. PERSONAL PRECAUTIONS

Eating, drinking, chewing gum or tobacco, smoking or any practice that increases the probability of hand-to-mouth transfer and ingestion of material is prohibited in any area designated as contaminated.

Hands and face must be thoroughly washed upon leaving the work area.

Contact with contaminated or suspected contaminated surfaces should be avoided. Whenever possible, do not walk through puddles, leachate, discolored surfaces, kneel on ground, lean, sit or place equipment on drums, containers or the ground.

Medicine and alcohol can potentiate the effects from exposure to toxic chemicals. Prescribed drugs should not be taken by personnel at operations where the potential for absorption, inhalation or ingestion of toxic substances exists unless specifically approved by a qualified physician. Alcoholic beverage intake is prohibited.

All personnel must be familiar with standard operating safety procedures and any additional instructions and information contained in the SSP.

All personnel must adhere to the information contained in the SSP.

Personal Protective Equipment

Equipment operators and truck drivers - D Level:

- Hard hat
- Steel toe boots
- Long sleeve shirt and pants
- Ear protection
- Gloves

## Personal Protective Equipment (Continued)

### Tank Cleaners - C Level

- All D Level equipment listed above
- One piece hooded chemical resistant splash suit
- Cannister - equipped full face mask
- Chemical - resistant boots with steel toe and shank
- Boot covers

## C. OPERATIONS

All personnel going on-site must be adequately trained and thoroughly briefed on anticipated hazards, equipment to be worn, safety practices to be followed, emergency procedures, and communications.

Work areas for various operational activities must be established.

Frequent and regular inspections of site operations will be conducted to insure compliance with the SSP. If any changes in operation occur, the SSP must be modified to reflect changes.

All electrical equipment (power tools, extension cords, instruments, radios, etc.) shall conform to the section anticipated for OSHA 29 CFR 1926.400 Subpart K.

Fire prevention and protection (appropriate signs for flammable liquids, storage areas of combustible or flammable materials, etc.) shall be in accordance with OSHA 20 CFR 1026.150 Subpart F.

## D. MEDICAL MONITORING

Base line and semi-annual physicals are performed on tank cleaning personnel by Clearing Clinic, affiliated with Mac Neal Hospital. Copies are attached.

## E. CONFINED SPACE ENTRY

Confined space entry permits will be completed and present on site whenever tank cleaning activity occurs. Air monitoring is documented in these permits. In addition the following safety precautions will be observed:

- Maintain the conditions/requirements listed on the entry permit.
- Stop and evacuate the confined space if a hazardous condition is observed in the confined space or/and in adjacent areas.
- Get help if any emergency develops and render aid if you can do so safely.
- Maintain direct contact with personnel inside the confined space at all times. The only exception is to get help in an emergency.
- Observer's duty/responsibilities must be passed on to your relief.
- Wear the PPE required for vessel entry while on duty.

E. CONFINED SPACE ENTRY (CONTINUED)

- Make sure all proper P.P.E., including respiratory equipment, is on site, fully charged and in good working order.
- Make sure all appropriate communications equipment is in good working order (alarms, telephones, radio, ERT contact, etc.)
- Make sure that additional rescue assistance is made and confirmed prior to initiating rescue.
- Establish and discuss rescue pre-plan with all involved personnel prior to confined space entry.

F. RESPIRATORS

Full face mask cannister type respirators will be used by tank cleaner. Each respirator is permanently assigned to an individual and so marked. Personnel on site must use the buddy system when wearing respiratory protective equipment. Respirator use will be in compliance with OSHA 20 CFR 1910.134 (e)(f)(g). Copy of fit test form attached.

G. DECONTAMINATION

Contamination is anticipated in two different forms: soil and liquid. Every attempt should be made to prevent direct contact with contaminated materials. Soil will be staged on visqueen and covered to prevent runoff. Tank residues will be placed in 55 gallon drums. Decontamination of tank cleaning personnel: Removal of suit and boot covers, bag and dispose. Decontamination of equipment: Clean off backhoe bucket and monitor with HNu.meter.

H. SITE CONTROL

Physical access into the site shall be at Owner's direction.

Attached is a map (see Exhibit A) of the site with work area indicated. The area of excavation will be clearly marked with fencing, barricades and/or barrier tape.

I. EMERGENCY RESPONSE

1. First Aid

In the event that personnel exposure symptoms occur, the following procedures will be used:

Petroleum Products

- Eye Contact: Flush eye immediately with copious amounts of water. Repeat until irritation is eliminated. If prolonged irritation occurs for more than 15 minutes, seek medical attention.

EMERGENCY RESPONSE (CONTINUED)

- Skin Contact: Wash exposed area with soap and water. If dermatitis or severe reddening occurs, seek medical attention.
- Inhalation: Remove person into fresh air. If symptom occurs for more than 15 minutes, seek medical attention.

HOSPITAL:

NAVAL HOSPITAL  
BUILDING 2001 - 2705 SHERIDAN RD  
JACKSONVILLE, FL  
32216-4500

For directions to hospital using street names or route markers with approximate distances, see attached map (Second Page).

2. Flammable Conditions

Fire extinguishers will be present on site. In the event that flammable vapors exceed 50% of the lower explosion limit or strong odors are detected in sewers of residences, the following actions should be taken:

- Eliminate all ignition sources.
- No smoking
- Cut off electric switches away from odors.
- Do not turn on/off electric switches unless the switch is intrinsically safe.
- Do not allow vehicles to operate or travel over manholes.
- Remove personnel away from odors, structures or manhole covers.

\*\*Call: in the listed sequence:

1. Fire Department: see Front Page
2. Illinois ESDA 1-800-782-7860

Provide answering personnel with the call back number(s), locations, directions and situational assessment.

3. Fire or Explosion

In the event of a fire or explosion, CALL THE FIRE DEPARTMENT IMMEDIATELY. Upon their arrival, the field supervisor will advise the fire commander of the location, nature and identification of the hazardous materials on site.

If it is safe to do so, employees may:

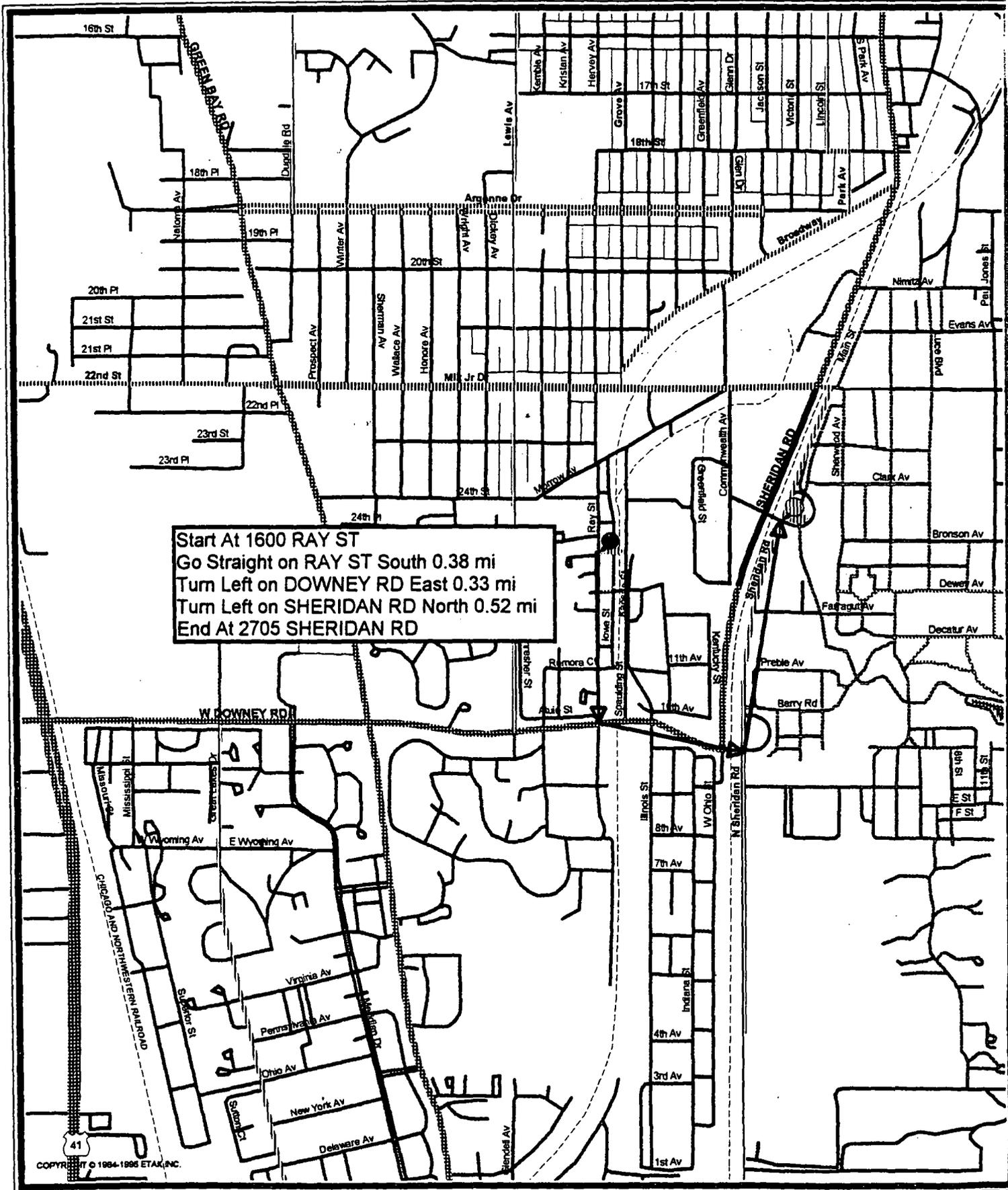
1. Use fire fighting available on site to control or extinguish the fire.
2. Remove or isolate flammable or hazardous materials which may contribute to the fire.
3. Extinguish other ignitable sources.

## EMERGENCY RESPONSE (CONTINUED)

### 4. Spills

In the event of a significant spill at the site, the affected area will be isolated. Spilled solids will be removed and loaded in 55-gallon drums for subsequent disposal. Liquid spills will be solidified with absorbent material that will be stored in 55-gallon drums for subsequent disposal. Transportation and disposal of any spill clean-up residual will be in accordance with local, State, and Federal requirements.

# Current Map



Standard PWC Requirements for  
Toxicity Characteristic Leaching Procedures (TCLP) Analysis

- RCRA Metals (As, Ba, Cd, Cr, Hg, Pb, Se, Ag) 6010
- Volatile Organic Compounds (VOC's) 8260  
w/ extraction for Volatiles (ZHE)
- Semi-Volatile Organic Compounds (SVOC's) 8270
- Density, Color, and Odor
- BTU/Lb
- Flash Point (cc) 1010
- pH
- Reactive with Acid, Base, and Water 7.3.1
- Reactive Sulfide and Cyanide 7.3.2
- Phenolics (Low Level Detection)
- Polychlorinated Biphenyls (PCB's) 8080
- Water Content (Karl Fisher)
- Paint Filter Test 9095
- Organochlorine Pesticides 8080
- Chlorinated Herbicides 8150



AMERICAN  
ENVIRONMENTAL  
ANALYTICAL CORP.

97-276

## LABORATORY DATA REPORT

**CLIENT** : Environmental Group Services Ltd.  
351 W. Hubbard, Suite 710  
Chicago, IL 60610

**PROJECT** : GREAT LAKES  
**NUMBER** : N/A  
**ATTN** : SHADOW MIRKHEAF  
**RECEIVED** : 09/17/97  
**REPORTED** : 09/30/97  
**FILE #** : 70917214 THRU 70917215

LABORATORY DIRECTOR



**AMERICAN  
ENVIRONMENTAL  
ANALYTICAL CORP.**

**E. G. S. L.**  
351 W. Hubbard Ste. 710  
Chicago, ILL 60610  
Fax: (312)-755-9566  
Attn: Shadow

Lab Number: 70917215  
Field ID: Water  
Client Project I.D: Great Lakes  
Analysis Method: See Below  
Sample Descript: Soil

Sampled: 09/16/97  
Received: 09/17/97  
Extracted: 09/22/97  
Analyzed: 09/22/97  
Reported: 09/30/97

**LABORATORY ANALYSIS: Wet Chemistry**

Analyte	MDL	EPA Method	Sample Results
Flash Point, Open Cup(F)	25-220 F	ASTMD92-85	>220 F
Paint Filter	Pass/Fail	9095	Pass
Total Cyanide	0.5 mg/kg	9010	N.D.
Reactive Sulfide	4 mg/kg	9030	N.D.
Total Phenol	3 mg/kg	9065	N.D.
Ph	0-14	150.1	7.6

Analytes reported as N.D. were not present above the stated limit of detection.

AMERICAN ENVIRONMENTAL ANALYTICAL CORP.

Laboratory Director:  
**A.E.A. Corp.**



**AMERICAN  
ENVIRONMENTAL  
ANALYTICAL CORP.**

**E. G. S. L.**  
351 W. Hubbard, Ste. 710  
Chicago, ILL 60610  
Fax: (312)-755-9566  
Attn: Shadow

Client Project I.D: Great Lakes  
Analysis for: TOX, EPA 9020  
First Sample #: 70917215  
Field ID: Soil  
Sample Descript: Soil

Sampled: 09/16/97  
Received: 09/17/97  
Analyzed: 09/24/97  
Reported: 09/30/97

**LABORATORY ANALYSIS FOR: TOX, EPA 9020**

<b>Sample Number</b>	<b>Sample Description</b>	<b>Detection Limit mg/kg</b>	<b>Sample Result mg/kg</b>
70917215	Soil	2.00	N.D.

Analytes reported as N.D. were not present above the stated limit of detection.

**AMERICAN ENVIRONMENTAL ANALYTICAL CORP.**

Laboratory Director.  
**A.E.A. Corp.**



**AMERICAN  
ENVIRONMENTAL  
ANALYTICAL CORP.**

E. G. S. L.  
351 W. Hubbard . Ste.710  
Chicago, ILL 60610  
Fax: (312)-755-9566  
Attn:Shadow

Client Project ID:Great Lakes  
Sample Descript:TCLP Extract  
Method of Analysis EPA 8270  
Lab Number:70917215  
Field ID:Soil

Sampled:09/16/97  
Received:09/17/97  
Extracted:09/22/97  
Analyzed:09/26/97  
Reported:09/30/97

**TCLP SEMI- VOLATILES :EPA 8270**

Analyte	Detection Limit mg/L	Sample Results mg/L
o-Cresol	0.004	N.D
m-,p-Cresol	0.004	N.D
Cresol	0.004	N.D
1,4-Dichlorobenzene	0.004	N.D
2,4-Dinitrotoluene	0.004	N.D
Hexachlorobenzene	0.004	N.D
Hexachlorobutadiene	0.004	N.D
Hexachloroethane	0.004	N.D
Nitrobenzene	0.004	N.D
Pentachlorophenol	0.02	N.D
Pyridine	0.02	N.D
2,4,5-Trichlorophenol	0.02	N.D
2,4,6-Trichlorophenol	0.004	N.D

Analytes reported as N.D. were not present above the stated limit of detection

**AMERICAN ENVIRONMENTAL ANALYTICAL CORP.**

Laboratory Director  
**AEA Corp.**



**AMERICAN  
ENVIRONMENTAL  
ANALYTICAL CORP.**

**E. G. S. L.**  
351 W. Hubbard . Ste.710  
Chicago, ILL 60610  
Fax: (312)-755-9566  
Attn:Shadow

Client Project ID:Great Lakes  
Sample Descript:TCLP Extract  
Method of Analysis EPA 8260  
Lab Number:70917215  
Field ID:Soil

Sampled:09/16/97  
Received:09/17/97  
Extracted:09/22/97  
Analyzed:09/26/97  
Reported:09/30/97

**TCLP VOLATILES :EPA 8260**

<b>Analyte</b>	<b>Detection Limit</b> mg/L	<b>Sample Results</b> mg/L
Benzene	0.02	N.D
Carbon tetrachloride	0.02	N.D
Chlorobenzene	0.02	N.D
Chloroform	0.02	N.D
1,2-Dichloroethane	0.02	N.D
1,1-Dichloroethene	0.02	N.D
2-Butanone (MEK)	0.1	N.D
Tetrachloroethene	0.02	N.D
Trichloroethene	0.02	N.D
Vinyl chloride	0.02	N.D

Analytes reported as N.D. were not present above the stated limit of detection

**AMERICAN ENVIRONMENTAL ANALYTICAL CORP.**

Laboratory Director  
AEA Corp.



**AMERICAN  
ENVIRONMENTAL  
ANALYTICAL CORP.**

**E. G. S. L.**  
351 W. Hubbard Ste. 710  
Chicago, ILL 60610  
Fax: (312)-755-9566  
Attn: Shadow

Client Project Name: Great Lakes  
Sample Descript: Water  
Analysis Method: EPA 7000  
Lab Number: 70917214  
Field ID: Water

Sampled: 09/16/97  
Received: 09/17/97  
Extracted: 09/22/97  
Analyzed: 09/23/97  
Reported: 09/30/97

**TOTAL RCRA METALS**

Analyte	Method #	Detection Limit mg/L [ppm]	Sample Results mg/L [ppm]
Arsenic	7060	0.05	N.D.
Barium	7080	2	N.D.
Cadmium	7130	0.005	N.D.
Chromium	7190	0.1	N.D.
Lead	7421	0.005	N.D.
Mercury	7470	0.002	N.D.
Selenium	7740	0.05	N.D.
Silver	7760	0.05	N.D.

Analytes reported as N.D. were not present above the stated limit of detection.

AMERICAN ENVIRONMENTAL ANALYTICAL CORP.

Laboratory Director  
A.E.A. Corp.



**AMERICAN  
ENVIRONMENTAL  
ANALYTICAL CORP.**

**E. G. S. L.**  
351 W. Hubbard Ste. 710  
Chicago, ILL 60610  
Fax: (312)-755-9566  
Attn: Shadow

Client Project ID: Great Lakes  
Sample Descript: TCLP Extract  
Analysis Method: 1311/7421  
Lab Number: 70917215  
Field ID: Soil

Sampled: 09/16/97  
Received: 09/17/97  
Extracted: 09/22/97  
Analyzed: 09/25/97  
Reported: 09/30/97

**TOXICITY CHARACTERISTIC LEACHING PROCEDURE (TCLP): METALS**

<b>Analyte</b>	<b>Detection Limit mg/L (ppm)</b>	<b>Sample Results mg/L (ppm)</b>
Arsenic	0.05	N.D.
Barium	2	N.D.
Cadmium	0.005	N.D.
Chromium	0.1	N.D.
Lead	0.005	N.D.
Mercury	0.002	N.D.
Selenium	0.05	N.D.
Silver	0.05	N.D.

Analytes reported as N.D. were not present above the stated limit of detection.

**AMERICAN ENVIRONMENTAL ANALYTICAL CORP.**

Laboratory Director  
A.E.A. Corp.



**AMERICAN  
ENVIRONMENTAL  
ANALYTICAL CORP.**

**E. G. S. L.**  
351 W. Hubbard . Ste.710  
Chicago, ILL 60610  
Fax: (312)-755-9566  
Attn:Shadow

Client Project ID:Great Lakes  
Sample Descript: Soil  
Analysis Method:EPA 8080  
Lab Number:70917215  
Field ID:Soil

Sampled:09/16/97  
Received:09/17/97  
Extracted:09/22/97  
Analyzed:09/23/97  
Reported:09/30/97

**ORGANOCHLORINE PESTICIDES & PCB'S:(EPA 8080)**

Analyte	Detection limit	Sample Results
	µg/kg	µg/kg
Aldrin	8	N.D.
alpha-BHC	8	N.D.
beta-BHC	8	N.D.
delta-BHC	8	N.D.
gamma-BHC (Lindane)	8	N.D.
Alpha-Chlordane	80	N.D.
Gamma-Chlordane	80	N.D.
4,4'-DDD	16	N.D.
4,4'-DDE	16	N.D.
4,4'-DDT	16	N.D.
Dieldrin	16	N.D.
Endosulfan I	8	N.D.
Endosulfan II	16	N.D.
Endosulfan Sulfate	16	N.D.
Endrin	16	N.D.
Endrin aldehyde	16	N.D.
Heptachlor	8	N.D.
Heptachlor expoxide	8	N.D.
Methoxychlor	80	N.D.
Toxaphene	80	N.D.
PCB-1016	160	N.D.
PCB-1221	80	N.D.
PCB-1232	80	N.D.
PCB-1242	80	N.D.
PCB-1248	80	N.D.
PCB-1254	160	N.D.
PCB-1260	160	N.D.

Analytes reported as N.D. were not present above the stated limit of detection.

**AMERICAN ENVIRONMENTAL ANALYTICAL CORP.**

Laboratory Director  
**A.E.A. Corp.**



**AMERICAN  
ENVIRONMENTAL  
ANALYTICAL CORP.**

**E. G. S. L.**

351 W. Hubbard Ste.710  
Chicago, ILL 60610  
Fax: (312)-755-9566  
Attn:Shadow

Client Project ID:Great Lakes  
Sample Descript: Water  
Analysis Method:EPA 8260  
Field ID:Water  
Lab Number:70917214

Sampled:09/16/97  
Received:09/17/97  
Analyzed:09/23/97  
Reported:09/30/97

**VOLATILE ORGANICS by GC/MS: (EPA 8260)**

Analyte	Detection Limit µg/L	Sample Results µg/L
Benzene	2	N.D.
Bromodichloromethane	2	N.D.
Bromoform	2	N.D.
Bromomethane	2	N.D.
Bromobenzene	2	N.D.
Bromochloromethane	2	N.D.
n-Butylbenzene	2	N.D.
sec-Butylbenzene	2	N.D.
tert-Butylbenzene	2	N.D.
Carbon tetrachloride	2	N.D.
Chlorobenzene	2	N.D.
Chloroethane	2	N.D.
Chloroform	2	N.D.
Chloromethane	2	N.D.
2-Chlorotoluene	2	N.D.
4-Chlorotoluene	2	N.D.
Dibromochloromethane	2	N.D.
1,2-Dibromo-3-chloropropane	2	N.D.
1,2-Dibromomethane	2	N.D.
Dibromomethane	2	N.D.
1,2-Dichlorobenzene	2	N.D.
1,3-Dichlorobenzene	2	N.D.
1,4-Dichlorobenzene	2	N.D.
Dichlorodifluoromethane	2	N.D.
1,1-Dichloroethane	2	N.D.
1,2-Dichloroethane	2	N.D.
1,1-Dichloroethene	2	N.D.
cis 1,2-Dichloroethene	2	N.D.
trans-1,2-Dichloroethene	2	N.D.
1,2-Dichloropropane	2	N.D.
1,3-Dichloropropane	2	N.D.
2,2-Dichloropropane	2	N.D.
1,1-Dichloropropene	2	N.D.
Ethylbenzene	2	N.D.
Hexachlorobutadiene	2	N.D.



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ANALYTICAL CORP.**

**E. G. S. L.**  
351 W. Hubbard . Ste.710  
Chicago, ILL 60610  
Fax: (312)-755-9566  
Attn:Shadow

Client Project ID:Great Lakes  
Sample Descript: Water  
Analysis Method:EPA 8260  
Field ID:Water  
Lab Number:70917214

Sampled:09/16/97  
Received:09/17/97  
Analyzed:09/23/97  
Reported:09/30/97

**VOLATILE ORGANICS by GC/MS : (EPA 8260)**

Analyte	Detection Limit µg/L	Sample Results µg/L
Isopropylbenzene	2	N.D.
p-Isopropyletoluene	2	N.D.
Methylene chloride	2	N.D.
Naphthalene	2	N.D.
n-Propylbenzene	2	N.D.
Styrene	2	N.D.
1,1,1,2-Tetrachloroethane	2	N.D.
1,1,2,2-Tetrachloroethane	2	N.D.
Tetrachloroethene	2	N.D.
Toluene	2	N.D.
1,2,3-Trichlorobenzene	2	N.D.
1,2,4-Trichlorobenzene	2	N.D.
1,1,1-Trichloroethane	2	N.D.
1,1,2-Trichloroethane	2	N.D.
Trichloroethene	2	N.D.
Trichlorofluoromethane	2	N.D.
1,2,3-Trichloropropane	2	N.D.
1,2,4-Trimethylbenzene	2	N.D.
1,3,5-Trimethylbenzene	2	N.D.
Vinyl chloride	2	N.D.
Total Xylenes	2	N.D.

SURROGATE	% RECOVERY
Dibromofluoromethane	95
Toluene-d8	90
1-Bromo-4-Fluorobenzene	93

Analytes reported as N.D. were not present above the stated limit of detection.

**AMERICAN ENVIRONMENTAL ANALYTICAL CORP.**  
Laboratory Director  
**A.E.A. Corp.**



**AMERICAN  
ENVIRONMENTAL  
ANALYTICAL CORP.**

E. G. S. L.  
351 W. Hubbard . Ste.710  
Chicago, ILL 60610  
Fax: (312)-755-9566  
Attn:Shadow

Client Project I.D: Great Lakes  
Analysis Method: EPA 8270  
Sample Descript: Water  
Lab Number: 70917214  
Field ID:Water

Sampled:09/16/97  
Received:09/17/97  
Extracted:09/22/97  
Analyzed:09/23/97  
Reported:09/30/97

**SEMI-VOLATILE ORGANICS by GC/MS: (EPA 8270)**

Analyte	Detection Limit	Sample Results
	µg/L	µg/L
Acenaphthene	10	N.D.
Acenaphthylene	10	N.D.
Aniline	10	N.D.
Anthracene	10	N.D.
Benzoic Acid	50	N.D.
Benzo (a) anthracene	10	N.D.
Benzo (b) fluoranthene	10	N.D.
Benzo (k) fluoranthene	10	N.D.
Benzo (g,h,i) perylene	10	N.D.
Benzo (a) pyrene	10	N.D.
Benzyl alcohol	10	N.D.
Bis(2-chloroethoxy)methane	10	N.D.
Bis(2-chloroethyl)ether	10	N.D.
Bis(2-chloroisopropyl)ether	10	N.D.
Bis(2-ethylhexyl)phthalate	10	N.D.
4-Bromophenyl phenyl ether	10	N.D.
Butyl benzyl phthalate	10	N.D.
Carbazole	10	N.D.
1-Chloropropane	10	N.D.
4-Chloroaniline	10	N.D.
2-Chloronaphthalene	10	N.D.
4-Chloro-3-methylphenol	10	N.D.
2-Chlorophenol	10	N.D.
4-Chlorophenyl phenyl ether	10	N.D.
Chrysene	10	N.D.
Dibenzo(a,h)anthracene	10	N.D.
Dibenzofuran	10	N.D.
Di-N-butyl phthalate	10	N.D.
Di-N-octyl phthalate	10	N.D.
1,3-Dichlorobenzene	10	N.D.
1,4-Dichlorobenzene	10	N.D.
1,2-Dichlorobenzene	10	N.D.
3,3-Dichlorobenzidine	20	N.D.
2,4-Dichlorophenol	10	N.D.
Diethyl phthalate	10	N.D.
2,4-Dimethylphenol	10	N.D.
Dimethyl phthalate	10	N.D.
4,6-Dinitro-2-methylphenol	50	N.D.
2,4-Dinitrophenol	50	N.D.
2,4-Dinitrotoluene	50	N.D.



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ENVIRONMENTAL  
ANALYTICAL CORP.**

**E. G. S. L.**  
351 W. Hubbard Ste.710  
Chicago, ILL 60610  
Fax: (312)-755-9566  
Attn:Shadow

Client Project I.D: Great Lakes  
Analysis Method: EPA 8270  
Sample Descript: Water  
Lab Number: 70917214  
Field ID:Water

Sampled:09/16/97  
Received:09/17/97  
Extracted:09/22/97  
Analyzed:09/23/97  
Reported:09/30/97

**SEMI-VOLATILE ORGANICS by GC/MS:(EPA 8270)**

Analyte	Detection Limit	Sample Results
	$\mu\text{g/L}$	$\mu\text{g/L}$
2,6-Dinitrotoluene	10	N.D.
Fluoranthene	10	N.D.
Fluorene	10	N.D.
Hexachlorobenzene	10	N.D.
Hexachlorobutadiene	10	N.D.
Hexachlorocyclopentadiene	10	N.D.
Hexachloroethane	10	N.D.
Indene(1,2,3-cd)pyrene	10	N.D.
Isophorone	10	N.D.
2-Methylnaphthalene	10	N.D.
2-Methylphenol	10	N.D.
4-Methylphenol	10	N.D.
Naphthalene	10	N.D.
2-Nitroaniline	50	N.D.
3-Nitroaniline	50	N.D.
4-Nitroaniline	50	N.D.
Nitrobenzene	10	N.D.
2-Nitrophenol	10	N.D.
4-Nitrophenol	50	N.D.
N-Nitrosodiphenylamine	10	N.D.
N-Nitroso-di-N-propylamine	10	N.D.
Pentachlorophenol	50	N.D.
Phenanthrene	10	N.D.
Phenol	10	N.D.
Pyrene	10	N.D.
1,2,4-Trichlorobenzene	10	N.D.
2,4,5-Trichlorophenol	10	N.D.
2,4,6-Trichlorophenol	10	N.D.

Surrogate	% Recovery
2-Fluorophenol	95
2,4,6-Tribromophenol	91
Nitrobenzene-d5	89
Terphenyl-d14	90

Analytes reported as N.D. were not present above the stated limit of detection.

Laboratory Director

**A.E.A. Corp.**

# RWC COLLINS Co.

7225 W. 66th St., CHICAGO, ILLINOIS 60638 312-767-3030 708-499-6869

## CERTIFICATE OF UST DESTRUCTION/DISPOSAL

1. UST OWNER/GENERATOR: Name: Naval Training Ctr Great Lakes  
Address: 2703 Sheridan Rd Suite 120  
Great Lakes IL 60088  
Contact: Carlo Luceno  
Phone: 847-688-6375
2. UST SITE LOCATION: Name: Great Lakes Naval Training Ctr  
Address: 1600 Bay  
North Chicago Great Lakes IL  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_
3. DATE OF UST REMOVAL: 9/17/97  
DATE OF UST CLEANING: 9/17/97  
DATE OF UST DISPOSAL: 9/17/97

4. USTs REMOVED:

	1	2	3	4	5
a) PREVIOUS CONTENTS:	<u>Acid</u>	<u>Acid</u>	<u>Acid</u>	_____	_____
b) CAPACITY (gallons)	<u>5000</u>	<u>10000</u>	<u>10000</u>	_____	_____
c) SIZE (dia. x length)	<u>96" x 22'</u>	<u>96" x 21'</u>	<u>96" x 21'</u>	_____	_____
d) MATERIAL OF CONSTRUCTION (Steel, FG, etc)	<u>FG</u>	<u>FG</u>	<u>FG</u>	_____	_____
e) OBSERVED INTEGRITY	<u>good</u>	<u>good</u>	<u>good</u>	_____	_____
f) LEL BEFORE OPENING	<u>5%</u>	<u>5%</u>	<u>4%</u>	_____	_____

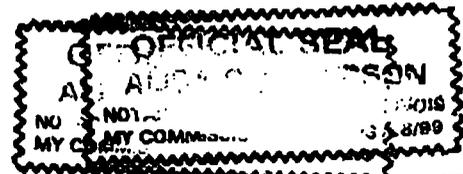
5. UST CLEANING PROCEDURE:
- a) HIGH PRESSURE WASH \_\_\_\_\_  
b) SCRAPE AND SHOVEL ✓ ✓ ✓ \_\_\_\_\_

6. DISPOSAL FACILITY  
Scrap Metal Recycler \_\_\_\_\_ Landfill ✓, Other \_\_\_\_\_
- a) NAME: Newton Co Landfill  
b) ADDRESS: 2266 E 500 S  
c) CITY/STATE/ZIP: Brook IN 47922  
d) PHONE NO: 219-394-2808

7. DISPOSAL CERTIFICATION:  
THE AFOREMENTIONED USTs WERE OPENED WITH HYDRAULIC SHEAR/  
~~METAL~~ NIBBLER, RENDERING THEM UNFIT FOR FURTHER USE. THEY ARE  
BEING RECYCLED AS ~~SCRAP METAL~~/DISPOSED IN A LANDFILL IN ACCORD-  
ANCE WITH FEDERAL, STATE AND LOCAL REGULATORY REQUIREMENTS.

BY: Steve Lister  
Signed and sealed this 17<sup>th</sup> day of September, 1997

Musa C Anderson



TEG 0558



PLEASE TYPE

(Form designed for use on cliche (12 pitch) typewriter.)

EPA Form 8700-22 (Rev. 6-89)

Form Approved OMB No 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator's US EPA ID No. <b>IL7170024577</b>		Manifest Document No. <b>70100</b>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is required by Illinois law							
3. Generator's Name and Mailing Address <b>NAVY PUBLIC WORK CENTER, Code 900 2703 Shea, Navy Road, S.W. TC #120 GREAT LAKES, ILLINOIS, 60138-0600</b>						Location If Different									
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS						A. Illinois Manifest Document Number <b>IL 7457846</b> FEE PAID (E-MAIL/CABLE)									
5. Transporter 1 Company Name <b>NORTH BRANCH ENVIRONMENTAL</b>						B. Illinois Generator's ID <b>1097112551010</b>									
6. US EPA ID Number <b>11LD981002074</b>						C. Illinois Transporter's ID <b>101210</b>									
7. Transporter 2 Company Name						D. <b>630 529-0240</b> Transporter's Phone									
8. US EPA ID Number						E. Illinois Transporter's ID									
9. Designated Facility Name and Site Address <b>BEAVER OIL CO., INC 6037 LENZI AVE HODGKINS, IL. 60525</b>						10. US EPA ID Number <b>11LD0006418353</b>									
G. Illinois Facility's ID <b>10311112161010</b>						H. Facility's Phone <b>708 354-4040</b>									
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.			
a. <b>WASTE FLAMMABLE LIQUID N.O.S, 3, UN 1993, PGI (GASOLINE WATER MIXTURE)</b>						0-0-1 T T		0.0400 G				XXI EPA HW Number Authorization Number			
b.												XXI EPA HW Number Authorization Number			
c.												XXI EPA HW Number Authorization Number			
d.												XXI EPA HW Number Authorization Number			
J. Additional Description for Materials Listed Above						K. Handling Codes for Wastes Listed Above In Item #14  <b>GALLONS</b>									
15. Special Handling Instructions and Additional Information <b>24 HOUR EMERGENCY RESPONSE 630 529-0240</b>															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.  If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, and disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.															
Printed/Typed Name <b>Mark S. Hoyer</b>						Signature <i>Mark S. Hoyer</i>						Date <b>09/1/79</b>			
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name <b>KEN SEBESTA</b>						Signature <i>Ken Sebesta</i>		Date <b>09/1/79</b>	
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name						Signature		Date	
19. Discrepancy Indication Space															
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.												Date			
Printed/Typed Name						Signature						Date			

GENERATOR

TRANSPORTER

FACILITY

This Agency is authorized to require, pursuant to Illinois Revised Statute, 1989, Chapter 111 1/2, Section 100-1 and 1021, that this information be submitted to the Agency. Failure to provide this information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

