



APPENDIX D

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

UNDERGROUND STORAGE TANK SYSTEM
CLOSURE REPORT FORM

36 - 60491

Facility I.D.

John F Martin & Sons Inc

Facility Name

West Cocalico

Municipality

Lancaster

County

8/22/16

Date Prepared

Phil Zimmerman

Name of Person Submitting Report
(Please Print)

Phil's Backhoe Service

Company Name
(If Applicable)

Certified Installer/Inspector

Title

Closure Method (Check all that apply):

- Removal
- Closure-In-Place
- Change-In-Service

Site Assessment Results (Check all that apply):

- No Obvious Contamination - Sample Results Meet Standards/Levels
- No Obvious Contamination - Sample Results Do Not Meet Standards/Levels
- Obvious, Localized Contamination - Sample Results Meet Standards/Levels
- Obvious, Localized Contamination - Sample Results Do Not Meet Standards/Levels
- Obvious, Extensive Contamination

DATE RECEIVED: _____

UNDERGROUND STORAGE TANK SYSTEM CLOSURE REPORT FORM

Owners who are permanently closing underground storage tanks may use this form to demonstrate that an underground storage tank closure was performed in accordance with the "Closure Requirements for Underground Storage Tank Systems" document. PLEASE PRINT OR TYPE. COMPLETE ALL QUESTIONS.

SECTION I. Owner/Facility/Tank/Waste Management and Disposal Information

1. Facility ID Number 36 - 60491
2. Facility Name John F Martin
3. Facility County Lancaster
4. Facility Municipality West Cocalico
5. Facility Address 55 Lower Hillside Rd Stevens, PA 17578
6. Facility Contact Person Nevin Nolt
7. Facility Telephone Number (717) 629 - 6337
8. Owner Name John F Martin Inc
9. Owner Mailing Address PO Box 137 Stevens, PA 17578-0137
10. Description of Underground Storage Tanks (Complete for each tank closed)

DATE OF TANK CLOSURE (Month/Day/Year)	7- 22 -2016	7- 22 -2016	- -	- -
Tank Registration Number	2	3		
Estimated Total Capacity (Gallons)	10,000	10,000		
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	a. Petroleum			
	Unleaded Gasoline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Leaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aviation Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diesel Fuel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	New Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Used Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other, Please Specify			
NOTE: If Hazardous Substance Block is Checked, Attach Material Safety Data Sheets (MSDS)	b. Hazardous Substance			
	Name of Principal CERCLA Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AND			
Chemical Abstract Service (CAS) No.				
c. Unknown				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure Method (Check Only One)	a. Removal			
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Change-In-Service				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial System Closure (Yes or No)				

DATE OF TANK CLOSURE (Month/Day/Year)		- -	- -	- -	- -
Tank Registration Number					
Estimated Total Capacity (Gallons)					
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	a. Petroleum				
	Unleaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aviation Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diesel Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	New Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Used Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other, Please Specify				
NOTE: If Hazardous Substance Block is Checked, Attach Material Safety Data Sheets (MSDS)	b. Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Name of Principal CERCLA Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AND				
	Chemical Abstract Service (CAS) No.				
	c. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure Method (Check Only One)	a. Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-In-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial System Closure (Yes or No)					

Yes N/A

11. Briefly describe the storage tank facility and the nature of the operations which were conducted at the facility (both historical and present) including use of tanks: _____
John F Martin is a meat processing business. The tank system was used for storage and dispensing of motor fuel.

- 12. A site location and sampling map of the site, drawn to scale, is attached. See page 11 of 11.
- 13. Original, color photographs of the closure process are attached (i.e., inside of excavation/piping runs, pit water, tanks showing condition).
- 14. An amended "Storage Tanks Registration/Permitting Application Form" was submitted to the DEP, Bureau of Waste Management, Division of Storage Tanks, P.O. Box 8762, Harrisburg, PA 17105-8762.
Date: _____
- 15. If a reportable release was confirmed, the appropriate regional office of DEP was notified by the owner or operator.
Date: _____ Office: PA-DEP

Yes N/A

16. If tanks were cleaned on-site:

a. Briefly describe the disposition of usable product: None of the remaining product has been classified as usable

b. Briefly describe the disposal of unusable product, sludges, sediments, and wastewater generated during cleaning. Provide the name and permit number of the processing, treatment, storage or disposal facility. (Attach documentation of proper disposal):
Five open head UL rated drums and two 275 gallon totes were filled with remaining tank product. One drum of product was heavy sludgy consistency and the remaining product was flow able liquid consistency. Drums and totes have been staged for disposal. Final disposal has not been completed. Documentation will be available in the near future.

c. If tank contents were determined/deemed to be hazardous waste, provide:

(1) Generator ID Number: N/A

(2) Licensed Hazardous Waste Transporter Name and ID Number: _____

17. If tanks were removed from the site for cleaning:

a. Provide the name and permit number of the processing, treatment, storage or disposal facility performing the tank cleaning: _____

b. If tank contents were determined/deemed to be hazardous waste, provide:

(1) Generator ID Number: _____

(2) Licensed Hazardous Waste Transporter Name and ID Number: _____

18. Briefly describe the disposition of tanks/piping (Attach documentation of proper disposal):

Condition of the tanks and piping is poor. Extensive corrosion and pitting was observed through the entire system

19. If contaminated soil is excavated:

a. Briefly describe the disposition and amount 200 (tons) of contaminated soil. Provide the name and permit number of the processing, treatment, storage or disposal facility. (Attach documentation of proper disposal):

Contaminated soil has odors and staining consisted with that of contamination from petroleum. Contaminated soil has been placed on plastic and covered with plastic and staged for disposal. Soil is currently being analyzed as needed for FC-1 form and a likely source of disposal is Conestoga Landfill at Morgantown Pa. Documentation will be available in the near future.

Yes N/A

20. Briefly describe the disposition of and amount 50 (tons) of uncontaminated soil (attach analyses):

The soil from above and beside the tank were stock piled on the site to be used as fill for the tank pit.
No unusual odors or stains of the soil was observed. Analyses are not needed.

I, Nevin Nolt, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904
(Print Name)

(relating to unsworn falsification to authorities) that I am the owner of the above referenced storage tank(s) and that the information provided by me in this closure report (Section I) is true, accurate and complete to the best of my knowledge and belief.

Nevin Nolt
Signature of Tank Owner

8/23/16
Date

John F. Martin & Sons Inc
Company Name
(If Applicable)

VP of Maintenance
Title

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

**UNDERGROUND STORAGE TANK SYSTEM
CLOSURE REPORT FORM**

SECTION II. Tank Handling Information

Facility ID Number _____ - _____

Yes N/A

1. Briefly describe the excavation and initial on-site staging of uncontaminated/contaminated soil:
Soil was excavated from above and at the side of the tank until it could be lifted from the tank pit.
The soil was stockpiled on the site to be used as backfill.

2. Briefly describe the method of piping system closure and the closure of the piping systems including the quantity and condition of the piping:
The piping had extensive corrosion.

3. Briefly describe the condition of the tanks and any problems encountered during tank removal:
The tans had extensive corrosion.

4. Briefly describe the method used to purge the tanks of and monitor for explosive vapors:
The tank was tested for an explosive atmosphere with the use of a LEL meter.

5. If tanks were cleaned on-site:
a. Briefly describe the tank cleaning process: The tank was accessed and all the product was removed and placed into drums and totes. The tank was mopped clean.

b. If subcontracted, name and address of company that performed the tank cleaning:

6. If tanks were closed-in-place, briefly describe the tank fill material: _____

7. If contamination was suspected or observed, the "Notification of Contamination" form was submitted.

SECTION II. (continued)

I, Phil Zimmerman, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904
(Print Name)
(relating to unsworn falsification to authorities) that I am the certified installer who performed the tank handling activities associated with the closure of the above referenced storage tank(s) and that the information provided by me in this closure report (Section I) is true, accurate and complete to the best of my knowledge and belief.

<u></u> Signature of Certified Installer	<u>8 122, 2016</u> Date
<u>4539</u> Installer Certification Number	<u>1121</u> Company Certification Number
	<u>Phil's Backhoe Service</u> Company Name
	<u>332 Linden Grove Rd</u> Street
	<u>Eprata, PA 17522</u> City/Town, State, Zip
	<u>717 - 355 - 9697</u> Phone

UNDERGROUND STORAGE TANK CLOSURE REPORT FORM

SECTION III. Site Assessment Information

Tank Registration # 003 (complete one sheet for EACH tank system and attach ALL laboratory sheets pertaining to that system)

Facility ID Number 36 - 60491

A. Provide depth of *BEDROCK* and *WATER* IF encountered during excavation or soil boring (write "N/A" if NOT encountered).

Bedrock N/A feet below land surface Water 13 feet below land surface

B. Provide Length of *PIPING* IF piping was closed-in-place (write "N/A" if NOT closed-in-place).

Length of piping 15 feet

C. TANK SYSTEM REMOVED FROM THE GROUND

1). Was obvious contamination observed while excavating?

NO -----> Conduct confirmatory sampling -----> See end of this section for options on submission and maintenance of closure records -----> Do not complete item C.2. below.

YES-----> Report release to DEP within 2 hours -----> Describe contamination observed and likely source(s) tank, piping, dispenser, spills, overfills):

Piping suspected

-----> Complete item C.2. below.

2). Was contamination localized (within three feet of the tank system in every direction with no obvious water contamination)?

YES -----> Remove or remediate contaminated soil -----> Conduct confirmatory sampling-----> See end of this section for options on submission and maintenance of closure records -----> Call Indemnification Fund (717-787-0763).

NO-----> Continue interim remedial actions -----> See end of this section for options on submission and maintenance of closure records -----> Call Indemnification Fund (717-787-0763).

D. TANK SYSTEM CLOSED-IN-PLACE OR CHANGED-IN-SERVICE

Was obvious contamination observed during sampling, boring or assessing water depths?

NO -----> Conduct confirmatory sampling -----> See end of this section for options on submission and maintenance of closure records.

YES-----> Report release to DEP within 2 hours -----> Describe contamination observed and likely source(s) tank, piping, dispenser, spills, overfills):

Continue with corrective action -----> See end of this section for options on submission and maintenance of closure records -----> Call Indemnification Fund (717-787-0763).

E. If the answer to C.1. is "no", the answer to C.2. if "yes" or the answer to D. is "no", confirmatory samples are required. Use the sample/analysis information sheet on page 10 of 11 to provide the information on confirmatory sampling and complete the diagram on Page 11 of 11.

Options for Submission and Maintenance of Closure Site Assessment Records

Records of the site assessment must be maintained for at least three years after completion of permanent closure or change-in-service in one of the following ways:

- (a) By the owners and operators who took the UST system out of service;
- (b) By the current owners and operators of the UST system site; or
- (c) By mailing these records to the implementing agency if they cannot be maintained at the closed facility.

At least one option must be chosen. If option (c) is chosen, the closure report form should be sent to the DEP regional office responsible for the county in which the tank is located.

Where the results of the site assessment indicate that obvious, localized soil contamination was encountered and the analytical results of the confirmatory sampling show levels below the statewide standard/action levels, this closure report form (Sections I, II, and III) or some other acceptable site characterization report must be received by the Department within 180 days of verbally reporting the release.

Where the results of the site assessment indicate that no obvious contamination or obvious, localized contamination was encountered, but the analytical results of the confirmatory sampling show levels above the statewide standard/action levels, or where there is obvious, extensive contamination, Section 245.310(a)(8) of the CAP regulation requires that details of removal from service be included in the site characterization report. A copy of the completed closure report form should be submitted as part of the site characterization report to satisfy the requirements of Section 245.310(a)(8) of the CAP regulations.

I, Phil Zimmerman, hereby certify, under penalty of law as provided in 18 Pa. C.S. §4904 (relating to unsworn falsification to authorities) that I am the person who performed the site assessment activities associated with the closure of the above referenced storage tank(s) and that the information provided by me in this closure report (Section III) is true, accurate and complete to the best of my knowledge and belief.


Signature of Person Performing Site Assessment

8 / 22 / 2016
Date

Certified Remover
Title of Person Performing Site Assessment

Phil's Backhoe Service
Name of Company Performing Site Assessment

717 355 9697
Telephone Number of Person Performing Site Assessment



Site Location and Sampling Map - Use this page or suitable facsimile to provide a large scale map of the site where tanks were closed. Scales between 1" = 10 and 1" = 100 feet frequently work out well. Include the following information as each applies to the site: facility name and I.D., county, township or borough, property boundaries or area of interest, buildings, roads and streets with names or route numbers, utilities, location and ID number of storage tanks removed including piping and dispensers, soil stockpile locations, excavations or other locations of product recovery, north arrow, approximate map scale and legend. Also show depth and location of samples with sample ID numbers cross-referenced to the same ID numbers shown on Page 10 of 11.

Facility Name and ID: 36 - 60491

County: Lancaster

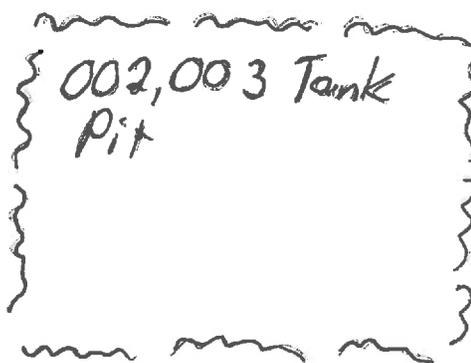
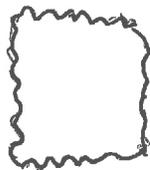
Township/Borough: West Cocalico



Meat Processing
- Building

Truck Garage

Dispenser Island
Pit 1



Truck ramp
to lower level

TANK DISPOSAL DOCUMENT



244596

Ephrata Recycling
717-733-9300
339 E FULTON STREET
EPHRATA PA 17522



Tick#	244596	By	lorraine	12:33:18 PM	07/26/2016
<u>Gross</u>		<u>Tare</u>	<u>Net Lbs</u>	<u>Price</u>	<u>Amount</u>
<hr/>					
320 - UNPREP IRON					
	47,420	39,200	8,220		

Total

* TWO HUNDRED FORTY-SIX AND 60 / 100

<u>Date</u>	<u>Mode</u>	<u>Trn #</u>	<u>Amount</u>
7/26/2016	Cash		

Print Name: PHIL'S BACKHOE SERVICE
Address: 332 LINDEN GROVE RD
City/ST/Zip: EPHRATA/PA/17522

State of issuance:

Weighmaster Signature. _____

Warren Hollander. License # 69951
Lorraine Kulp. License # 69552
George Yoder. License # 69953

DRIVERS LICENSE:

Required for all purchases that exceed \$100.00 or purchases for new production scrap, new materials used in construction by contractors, commercial metal property, beer kegs, and catalytic converters.

Ownership:

I hereby state that I'm the lawful owner of the material described heron, that I have a right to sell same and that for payment received in full,

Ephrata Recycling

X

THANK YOU FOR YOUR BUSINESS!

PLEASE COME AGAIN

TANK DISPOSAL DOCUMENT



Ephrata Recycling
717-733-9300
339 E FULTON STREET
EPHRATA PA 17522

244373



Tick#	244373	By	Lorraine	8:15:46 AM	07/23/2016
<u>Gross</u>		<u>Tare</u>	<u>Net Lbs</u>	<u>Price</u>	<u>Amount</u>
320 - UNPREP IRON					
47,680	39,220		8,460		

Total

* TWO HUNDRED FIFTY-THREE AND 80 / 100

Date	Mode	Trn #	Amount
7/23/2016	Cash		

Print Name: PHIL'S BACKHOE SERVICE

Address: 332 LINDEN GROVE RD

City/ST/Zip: EPHRATA/PA/17522

State of issuance:

Weighmaster Signature. _____

Warren Hollander. License # 69951
Lorraine Kulp. License # 69552
George Yoder. License # 69953

DRIVERS LICENSE:

Required for all purchases that exceed \$100.00 or purchases for new production scrap, new materials used in construction by contractors, commercial metal property, beer kegs, and catalytic converters.

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I hereby state that I'm the lawful owner of the material described heron, that I have a right to sell same and that for payment received in full,

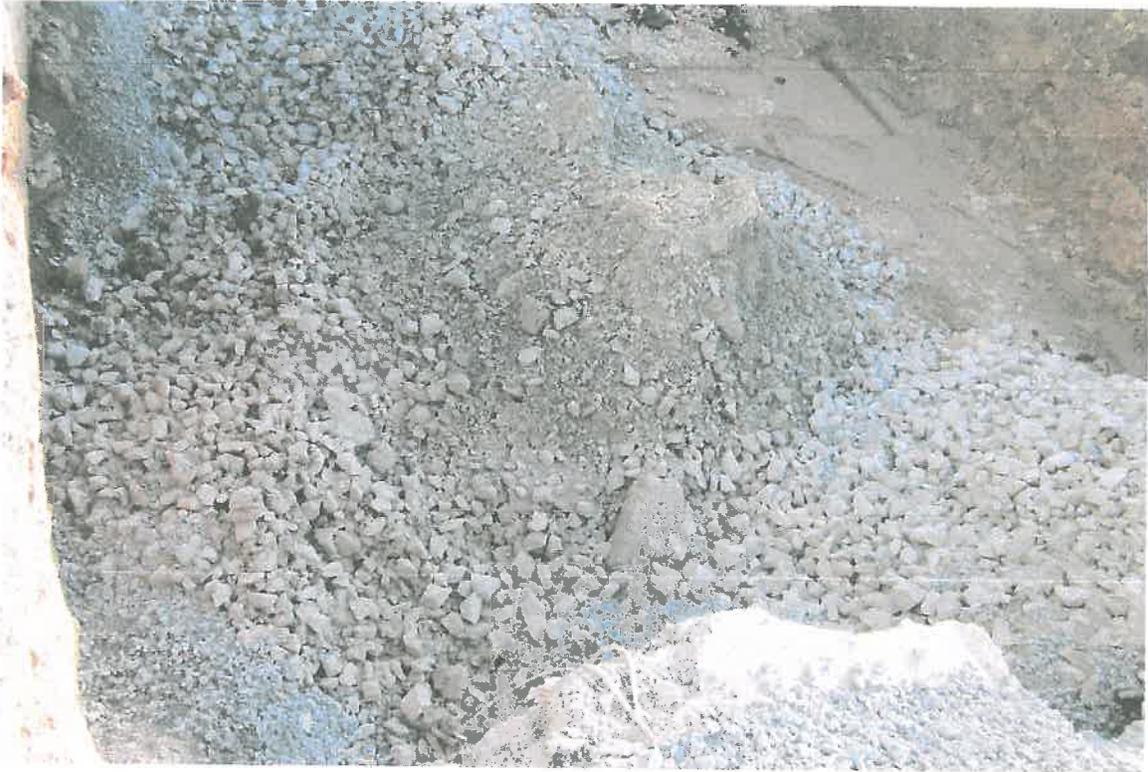
Ephrata Recycling

X

THANK YOU FOR YOUR BUSINESS!

PLEASE COME AGAIN

PARTLY BACKFILLED TANKS 002, 003 PIT



DISPENSER PIT



TANKS 002, 003

