



**SITE 3**

**CON AGRA FACILITY**

# Memorandum

# Florida Department of Environmental Protection


To: Lewis Cornman   
From: Nancy Harper   
Date: November 13, 2007  
Subject: Designation of No Cleanup Required for a Discharge

---

After a file review by Mike McKelvey of Hillsborough County Environmental Protection Commission for the discharge dated 11 / 14 / 1990 in PCT for this facility, I have determined that the discharge should receive a designation of No Cleanup Required. The facility had a clean closure assessment report and was told by EPCHC that no further assessment work was requested at that time.

Facility ID #: 298627167  
Facility Name: CON AGRA INC  
Facility Address: 110 S NEBRASKA AVE, TAMPA, FL  
Discharge Date: 11/14/1990

## Attachments

NEEQ  
11/14/07 9:42 AM  


COMMISSION  
PHYLLIS BUSANSKY  
JOE CHILLURA  
PAM IORIO  
SYLVIA KIMBELL  
JAN KAMINIS PLATT  
JAMES D. SELVEY  
ED TURANCHIK

FAX (813) 272-5157



ROGER P. STEWART  
EXECUTIVE DIRECTOR  
ADMINISTRATIVE OFFICES  
AND  
WATER MANAGEMENT DIVISION  
1900 - 9TH AVENUE  
TAMPA, FLORIDA 33605  
TELEPHONE (813) 272-5960  
AIR MANAGEMENT DIVISION  
TELEPHONE (813) 272-5530  
WASTE MANAGEMENT DIVISION  
TELEPHONE (813) 272-5788  
ECOSYSTEMS MANAGEMENT DIVISION  
TELEPHONE (813) 272-7104

January 16, 1992

Mr. Roscoe Mason  
ConAgra, Inc.  
P.O. Box 1376  
Tampa, FL 33601

Dear Mr. Mason:

SUBJECT: CLOSURE ASSESSMENT; CONAGRA, INC., 110 SOUTH NEBRASKA AVENUE, TAMPA, DER FAC #298627167

According to the closure assessment report, the OVA readings, and the groundwater analyses indicated no evidence of a discharge from the tanks removed from the storage tank area. Therefore, the tanks are properly abandoned pursuant to Chapter 17-761, F.A.C., and no further assessment is requested at this time.

However federal regulation do require that the closure assessment records be maintained for at least three years in one of the following ways:

1. By owners and operators who took the systems out, or
2. by current owners and operators of the facility, or
3. by mailing to the implementing agency if they cannot be maintained at the closed facility.

If this facility is eligible for funding assistance and the owner intends to submit a reimbursement application for a completed program task, such as a contamination assessment with a no further action proposal, the closure assessment must follow the guidelines specified in Chapter 17-770.600, Florida Administrative Code for contamination assessments. This review letter should not be considered Departmental approval of the closure report as a contamination assessment or a no further action for reimbursement purposes.



Page 2  
January 16, 1992  
Mr. Mason

If you have any question, please call me at (813) 272-5788.

Sincerely,

A handwritten signature in cursive script that reads "Paul Russell". The signature is written in black ink and is positioned above the typed name.

Paul Russell  
Environmental Specialist II

pr/drc

D. E. K.

DATA ENTERED

NOV 16 1990

APR 21 1991

SEND TO:  
FDER: Waste Mgmt.  
Tank Section  
4520 Oak Fair Blvd.  
Tampa, Fl 33610-7347

SOUTHWEST DISTRICT  
TAMPA

Department of Environmental Regulation

SEND COPY TO:  
EPC - UST  
Compliance Section  
1900 9th Avenue  
Tampa, FL 33605

# Discharge Notification Form

Form 17-1.218(3)

Use this form to notify the Department of Environmental Regulation of:

1. Results of tank testing which reveal a discharge within 3 working days of testing.
2. Discharges exceeding 100 gallons on pervious surfaces as described in Section 17-61.05(4)(b) within 3 working days of discovery.
3. Positive response of a detection device, monitoring well test of sample or laboratory report within 3 working days of discovery.

\* MAIL to the FDER District Office & Copy the Environmental Protection Commission. \*

PLEASE PRINT OR TYPE  
Put "X" where answer is unknown.

1. Facility Number: 29816 27 164 2. Tank Number: \_\_\_\_\_ 3. Date: 11-14-90

4. Facility Name: CON AGRA, INC.  
 Facility Operator: \_\_\_\_\_  
 Facility Address: 110 S. NEBRASKA AVE TAMPA, FL  
 Telephone Number: (813) 227-9444 County: HILLSBOROUGH  
 Mailing Address: \_\_\_\_\_

5. Date of test or discovery: 11-14-90 (Tank Pull) month/day/year

6. Method of initial discovery. (circle one only)

A. Automatic detector in ground, monitoring well, or containment.	D. Emptying and inspection.
B. NFPA 329 test (underground tanks only).	E. Inventory control.
C. Manual test of monitoring well(s).	F. Odor or visible signs at facility or in vicinity.
	G. Other: <u>OVA</u> (explain)

7. Estimated number of gallons lost: NA

8. What part of the storage system is leaking? (circle all that apply) A. Dispenser B. Pipe C. Fitting D. Tank E. Unknown  
Filler connection

9. If a tank is leaking, circle the choices which describe the type.

A. Aboveground	<input checked="" type="radio"/> D. Underground	H. Sacrificial anode type
B. Factory welded	<input checked="" type="radio"/> E. Bare or asphalt-coated steel	I. Impressed current type
C. Field erected	F. Fiberglass-clad steel	J. Double walled
	G. Fiberglass	M. Other or Unknown _____ (explain)

10. Type of pollutant discharged. (circle one)

A. Leaded Gasoline.	E. Aviation fuel.
B. Unleaded gasoline.	Y. Other <u>Diesel</u>
C. Gasohol or alcohol-enriched gasoline.	Z. Unknown _____ (explain)

11. Cause of leak. (circle all that apply)

A. Unknown	<u>Piping</u>	Tank
	B. Split	G. Split
	C. Loose connection	J. Installation failure
	D. Other _____	H. Corrosion
		P. Other <u>Fill operations</u>
		I. Puncture

12. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL INFORMATION SUBMITTED ON THIS FORM IS TRUE, ACCURATE, AND COMPLETE.

RANDALL GARVERT-CON AGRA, INC.  
 Name of Owner, Operator, or Authorized Representative  
110 S. NEBRASKA AVE.  
TAMPA, FL 33602

Randall Garvert P.L. Major  
 Signature of Owner, Operator, or Authorized Representative

Co / Facility		Facility Name and Address		Manager	Role
29	3627167	CON AGRA INC			REPT
Facility Status		110 S NEBRASKA AVE		Facility Cleanup Status	
CLOSED		TAMPA Florida		REPT	
				Highest Discharge Score	
				9	
				Discharge Record	
				1 of 1	
Cleanup Info	Info Source	D	DISCHARGE NOTIFICATI	Discharge Score	9
	Lead Agency	LP	LOCAL PROGRAM	Score Effective Date	09/23/2002
INACTIVE	Clean Required	R	CLEANUP REQUIRED		
Discharge Info	Discharge Date	11/14/1990	Inspection Date		
	Combined With		Cleanup Status/Date	DNR	10/09/2000
Eligibility and Application Info	Application Received	Program	Lead	Status	Determination Letter Sent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Redetermined?
					<input type="checkbox"/>



**Harper, Nancy**

---

**From:** McKelvey, Mike [McKelvey@epchc.org]  
**Sent:** Friday, November 09, 2007 10:09 AM  
**To:** Harper, Nancy  
**Subject:** RE: FacID 298627167 CON AGRA INC  
**Attachments:** 298627167.pdf

Nancy,

Please see attached. EPC issued a no further assessment letter.

Mike

---

**From:** Harper, Nancy [mailto:Nancy.Harper@dep.state.fl.us]  
**Sent:** Wednesday, November 07, 2007 4:44 PM  
**To:** McKelvey, Mike  
**Subject:** FacID 298627167 CON AGRA INC

Hi mike,

I only have the DRF for this one. I hope you have the rest of the packet and or a closure report for the tanks pulled in 1990.

Thanks,

*Nancy*

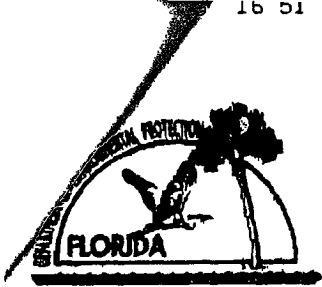
*The Department of Environmental Protection values your feedback as a customer. DEP Secretary Michael W. Sole is committed to continuously assessing and improving the level and quality of services provided to you. Please take a few minutes to comment on the quality of service you received. Simply click on [this link to the DEP Customer Survey](#). Thank you in advance for completing the survey.*

Nancy Harper, Government Analyst  
FDEP - Storage Tank Regulation Section  
2600 Blair Stone Road, MS 4525  
Tallahassee, FL 32399-2400  
<http://www.dep.state.fl.us/waste/categories/tanks/pages/financial.htm>  
PH: 850.245.8853 SC: 205.8853 FX: 850.245.8858



**SITE 4**

**BAYSHORE FOUR SEASONS**

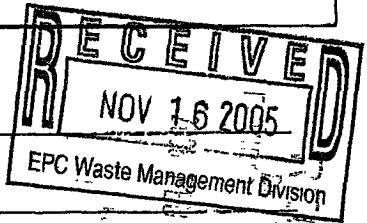


# Discharge Report Form

PLEASE PRINT OR TYPE

DEP Form # 62.761.900(1)
Form Title <u>Discharge Report Form</u>
Effective Date <u>July 17, 1998</u>

Instructions are on the reverse side. Please complete all applicable blanks.



1 Facility ID Number (if registered) No # 9807787 2 Date of form completion 11/7/05

### 3 General information

Facility name or responsible party (if applicable) 102 N Jefferson Street  
 Facility Owner or Operator, or Discharger S&H "Bayshore Four Seasons" LTD  
 Contact Person Dr Ralph Herrmann co-Hal Colber Telephone Number ( 813 ) 221-2290 County: Hillsborough  
 Facility or Discharger Mailing Address c/o Colliers Arnold, 4350 W Cypress St., Ste 300 Tampa, FL 33607  
 Location of Discharge (street address) 102 N. Jefferson Street, Tampa, FL  
 Latitude and Longitude of Discharge (if known) 27 56' 50.6" 82 27' 11.2"

4. Date of receipt of test results or discovery of confirmed discharge: 7/28/05 month/day/year  
 5. Estimated number of gallons discharged: Unknown

6 Discharge affected:  Air  Soil  Groundwater  Drinking water well(s)  Shoreline  Surface water (water body name)

### 7. Method of discovery (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Liquid detector (automatic or manual) | <input type="checkbox"/> Internal inspection    | <input type="checkbox"/> Closure/Closure Assessment                |
| <input type="checkbox"/> Vapor detector (automatic or manual)  | <input type="checkbox"/> Inventory control      | <input checked="" type="checkbox"/> Groundwater analytical samples |
| <input type="checkbox"/> Tightness test                        | <input type="checkbox"/> Monitoring wells       | <input type="checkbox"/> Soil analytical tests or samples          |
| <input type="checkbox"/> Pressure test                         | <input type="checkbox"/> Automatic tank gauging | <input type="checkbox"/> Visual observation                        |
| <input type="checkbox"/> Statistical Inventory Reconciliation  | <input type="checkbox"/> Manual tank gauging    | <input type="checkbox"/> Other _____                               |

### 8. Type of regulated substance discharged (check one)

- |  |   |                                   |                                      |                                       |
|--|---|-----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Unknown             | <input type="checkbox"/> Used/waste oil | <input type="checkbox"/> Jet fuel | <input type="checkbox"/> Heating oil | <input type="checkbox"/> New/lube oil |
| <input checked="" type="checkbox"/> Gasoline | <input type="checkbox"/> Aviation gas   | <input type="checkbox"/> Diesel   | <input type="checkbox"/> Kerosene    | <input type="checkbox"/> Mineral acid |
- Hazardous substance - includes CERCLA substances from USTs above reportable quantities, pesticides, ammonia, chlorine, and derivatives (write in name or Chemical Abstract Service (CAS) number) \_\_\_\_\_
- Other Appears to be gasoline, although site was a former auto repair

### 9 Source of Discharge: (check all that apply)

- |  |  |                                       |   |                                   |
|--|--|---------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Dispensing system | <input type="checkbox"/> Pipe          | <input type="checkbox"/> Barge        | <input type="checkbox"/> Pipeline         | <input type="checkbox"/> Vehicle  |
| <input checked="" type="checkbox"/> Tank   | <input type="checkbox"/> Fitting       | <input type="checkbox"/> Tanker ship  | <input type="checkbox"/> Railroad tankcar | <input type="checkbox"/> Airplane |
| <input type="checkbox"/> Unknown           | <input type="checkbox"/> Valve failure | <input type="checkbox"/> Other Vessel | <input type="checkbox"/> Tank truck       | <input type="checkbox"/> Drum     |
- Other \_\_\_\_\_

### 10 Cause of the discharge. (check all that apply)

- |   |                                   |                                      |   |   |
|---|-----------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Loose connection | <input type="checkbox"/> Puncture | <input type="checkbox"/> Spill       | <input type="checkbox"/> Collision        | <input type="checkbox"/> Corrosion            |
| <input type="checkbox"/> Fire/explosion   | <input type="checkbox"/> Overfill | <input type="checkbox"/> Human error | <input type="checkbox"/> Vehicle Accident | <input type="checkbox"/> Installation failure |
- Other Believed to be corrosion

11. Actions taken in response to the discharge There are four confirmed UST's approximately 300-500 gallons in size with an additional two suspect tanks of the same size. The UST's will be registered and removed and a Closure Assessment will be completed to confirm the discharge.

12. Comments. Please note that S&H "Bayshore Four Seasons" LTD. did not own the subject site at the time of receipt of the test results. EGS, Inc. has been contracted by the RP to remove the UST's & perform the Closure Assessment.

### 13. Agencies notified (as applicable)

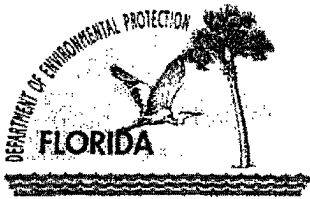
- |  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> State Warning Point<br>1-800-320-0319 | <input type="checkbox"/> National Response Center<br>1-800-424-8802 | <input type="checkbox"/> Florida Marine Patrol<br>(800) 342-3367 | <input type="checkbox"/> Fire Department | <input type="checkbox"/> DEP (district/person)<br><input type="checkbox"/> County Tanks Program |
|--|---|--|--|---|

14. To the best of my knowledge and belief, all information submitted on this form is true, accurate, and complete.

Shane Billings - Authorized Representative  
 Printed Name of Owner, Operator or Authorized Representative, or Discharger

Shane Billings  
 Signature of Owner, Operator or Authorized Representative, or Discharger

*PCT/STEM*  
*1/11/05*



Jeb Bush  
Governor

# Department of Environmental Protection

Twin Towers Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
Secretary

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

**AUG 21 2006**

Mr. Hal Colbert  
Bayshore Four Seasons, Limited  
c/o Colliers-Arnold  
4350 West Cypress Street, Suite 300  
Tampa, Florida 33607

Subject: Site Rehabilitation Completion Order  
Bayshore Four Seasons, Limited  
102 Jefferson Street  
Tampa, Hillsborough County  
FDEP Facility ID#: 299807787  
Discharge Date: July 28, 2005 (Non-program)

Dear Mr. Colbert:

Environmental Protection Commission of Hillsborough County (EPCHC) staff has reviewed the Site Assessment Report (SAR) (and Addendum) and No Further Action Proposal (NFAP) dated May 16, 2006 (received May 17, 2006), prepared and submitted by Mallard, Incorporated for the petroleum product discharge referenced above. Documentation submitted with the SAR/NFAP confirms that criteria set forth in subsection 62-770.680(1), Florida Administrative Code (F.A.C.), have been met. Please refer to the attached maps of the source property and analytical summary tables. The SAR/NFAP is hereby incorporated by reference in this Site Rehabilitation Completion Order (Order). Therefore, you are released from any further obligation to conduct site rehabilitation at the site for petroleum product contamination associated with the discharge referenced above, except as set forth below.

- (1) In the event concentrations of petroleum products' contaminants of concern increase above the levels approved in this Order, or if a subsequent discharge of petroleum or petroleum product occurs at the site, the Florida Department of Environmental Protection (Department) may require site rehabilitation to reduce concentrations of petroleum products' contaminants of concern to the levels approved in the SAR/NFAP or otherwise allowed by Chapter 62-770, F.A.C.
- (2) Additionally, you are required to properly abandon all monitoring wells within 60 days of receipt of this Order. The monitoring wells must be plugged and abandoned in accordance with the requirements of subsection 62-532.500(4), F.A.C.

*"More Protection. Less Process"*

Visit Our Internet Site At: [www.dep.state.fl.us/waste/categories/pcp/default.htm](http://www.dep.state.fl.us/waste/categories/pcp/default.htm)

*Printed on recycled paper*

Please send a copy of the approved assessment documents to Ken Weber of the Southwest Florida Water Management District within 30 days of receiving this Order.

### Legal Issues

The Department's Order shall become final unless a timely petition for an administrative hearing is filed under sections 120.569 and 120.57, Florida Statutes (F.S.), within 21 days of receipt of this Order. The procedures for petitioning for an administrative hearing are set forth below.

Persons affected by this Order have the following options:

- (A) If you choose to accept the Department's decision regarding the SAR/NFAP you do not have to do anything. This Order is final and effective as of the date on the top of the first page of this Order.
- (B) If you choose to challenge the decision, you may do the following:
  - (1) File a request for an extension of time to file a petition for an administrative hearing with the Department's Agency Clerk in the Office of General Counsel within 21 days of receipt of this Order; such a request should be made if you wish to meet with the Department in an attempt to informally resolve any disputes without first filing a petition for an administrative hearing; or
  - (2) File a petition for an administrative hearing with the Department's Agency Clerk in the Office of General Counsel within 21 days of receipt of this Order.

Please be advised that mediation of this decision pursuant to section 120.573, F.S., is not available.

### How to Request an Extension of Time to File a Petition for an Administrative Hearing

For good cause shown, pursuant to subsection 62-110.106(4), F.A.C., the Department may grant a request for an extension of time to file a petition for an administrative hearing. Such a request must be filed (received) by the Department's Agency Clerk in the Office of General Counsel at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000, within 21 days of receipt of this Order. Petitioner, if different from Bayshore Four Seasons, Limited, shall mail a copy of the request to Bayshore Four Seasons, Limited at the time of filing. Timely filing a request for an extension of time tolls the time period within which a petition for an administrative hearing must be made.

### How to File a Petition for an Administrative Hearing

A person whose substantial interests are affected by this Order may petition for an administrative hearing under sections 120.569 and 120.57, F.S. The petition must contain the information set forth below and must be filed (received) by the Department's Agency Clerk in the Office of General Counsel at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000, within 21 days of receipt of this Order. Petitioner, if different from Bayshore Four Seasons, Limited, shall mail a copy of the petition to Bayshore Four Seasons, Limited at the time of filing. Failure to file a petition within this time period shall waive the right of anyone who may request an administrative hearing under sections 120.569 and 120.57, F.S.

Pursuant to subsection 120.569(2), F.S. and rule 28-106.201, F.A.C., a petition for an administrative hearing shall contain the following information:

- (a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the facility owner's name and address, if different from the petitioner; the FDEP facility number, and the name and address of the facility;
- (b) A statement of when and how each petitioner received notice of the Department's action or proposed action;
- (c) An explanation of how each petitioner's substantial interests are or will be affected by the Department's action or proposed action;
- (d) A statement of the disputed issues of material fact, or a statement that there are no disputed facts;
- (e) A statement of the ultimate facts alleged, including a statement of the specific facts the petitioner contends warrant reversal or modification of the Department's action or proposed action;
- (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the Department's action or proposed action; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the Department to take with respect to the Department's action or proposed action.

This Order is final and effective as of the date on the top of the first page of this Order. Timely filing a petition for an administrative hearing postpones the date this Order takes effect until the Department issues either a final order pursuant to an administrative hearing or an Order Responding to Supplemental Information provided to the Department pursuant to meetings with the Department.

### Judicial Review

Any party to this Order has the right to seek judicial review of it under section 120.68, F.S., by filing a notice of appeal under rule 9.110 of the Florida Rules of Appellate Procedure with the Department's Agency Clerk in the Office of General

Mr. Hal Colbert  
FDEP Facility ID# 299807787  
Page four

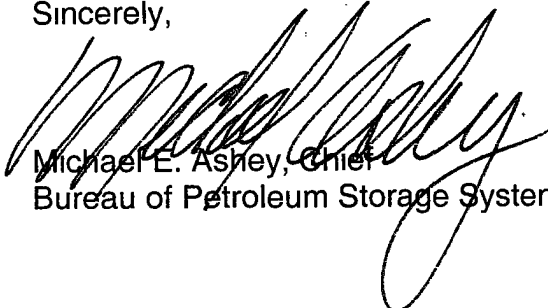
Counsel at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000, and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days after this Order is filed with the Department's clerk (see below).

Questions

Any questions regarding EPCHC's review of your SAR/NFAP should be directed to Michael McKelvey at (813) 627-2600, extension, 1309. Questions regarding legal issues should be referred to the Department's Office of General Counsel at (850) 245-2242. Contact with any of the above does not constitute a petition for an administrative hearing or a request for an extension of time to file a petition for an administrative hearing.

The FDEP Facility Number for this site is 299807787. Please use this identification on all future correspondence with the Department or EPCHC.

Sincerely,

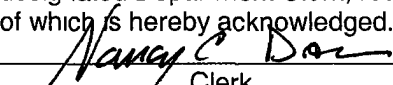


Michael E. Ashley, Chief  
Bureau of Petroleum Storage Systems

MEA/mm

cc: Grace Rivera, FDEP – BPSS (PCS2)  
Laurel Culbreth, FDEP – Southwest District  
Michael McKelvey, EPCHC  
Ken Weber, S.W.F.W.M.D., 2379 Broad St., Brooksville, FL 34604  
Maura Clark, Mallard, Inc., 10801 N. Newport Ave., Tampa, FL 33612  
File

FILING AND ACKNOWLEDGMENT  
FILED, on this date, pursuant to  
§120.52 Florida Statutes, with the  
designated Department Clerk, receipt  
of which is hereby acknowledged.

  
Clerk  
(or Deputy Clerk)

**AUG 21 2006**

Date

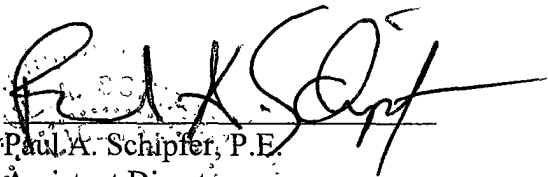
P.E. CERTIFICATION

No Further Action Proposal for Bayshore Four Seasons, Limited located at 102 Jefferson Street, Tampa, Hillsborough County, FDEP Facility ID#299807787.

I hereby certify that in my professional judgment, the components of this No Further Action Proposal satisfy the requirements set forth in Chapter 62-770, Florida Administrative Code (F.A.C.), and that the conclusions in this report provide reasonable assurances that the objectives stated in Chapter 62-770, F.A.C., have been met.

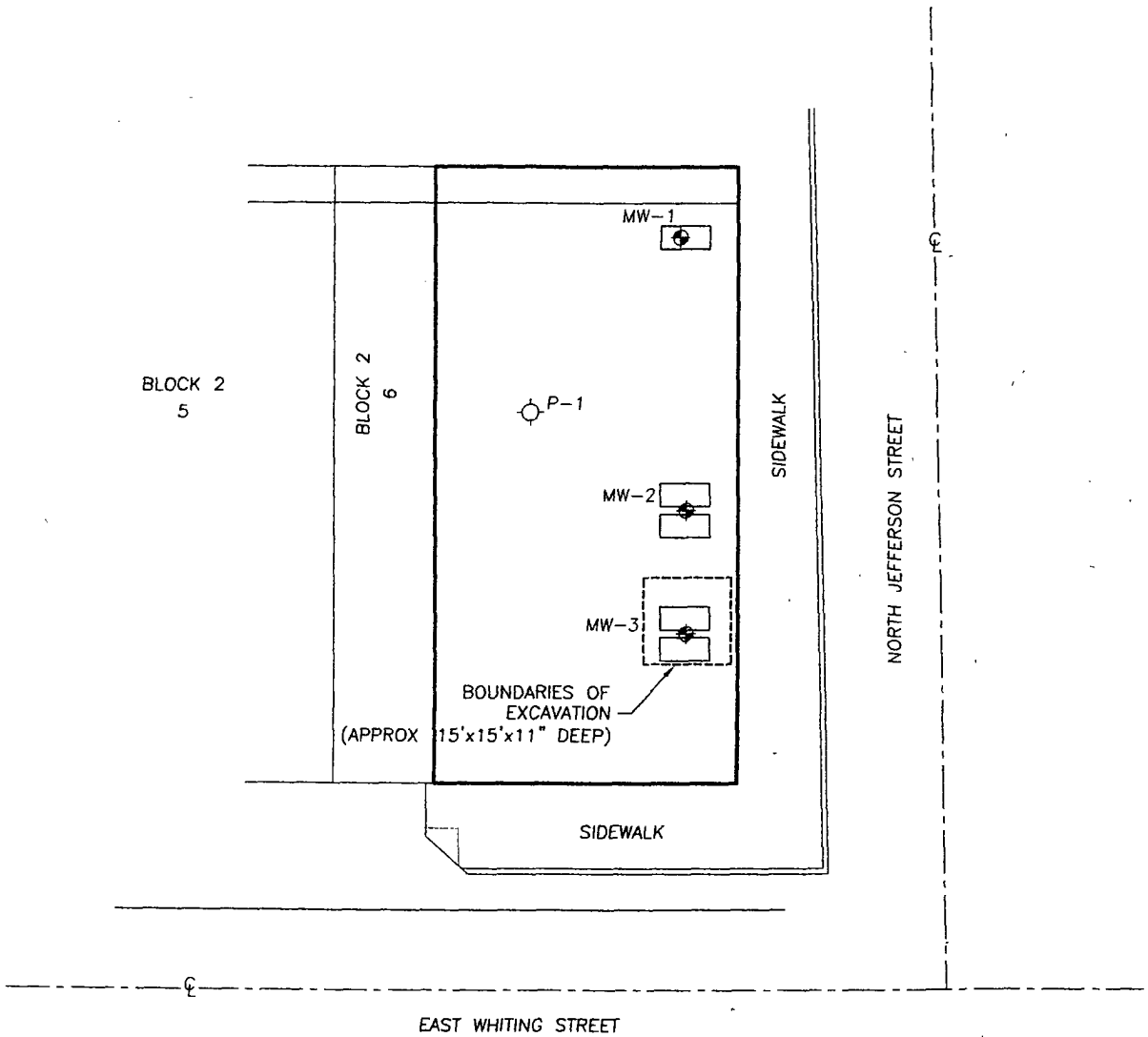
I personally completed this review.

This review was conducted by Michael McKelvey working under my direct supervision.






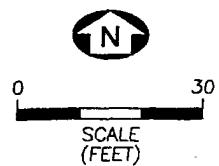
Paul A. Schipfer, P.E.  
Assistant Director  
Professional Engineer #55492

STATE OF FLORIDA  
7/19/06  
Date



LEGEND

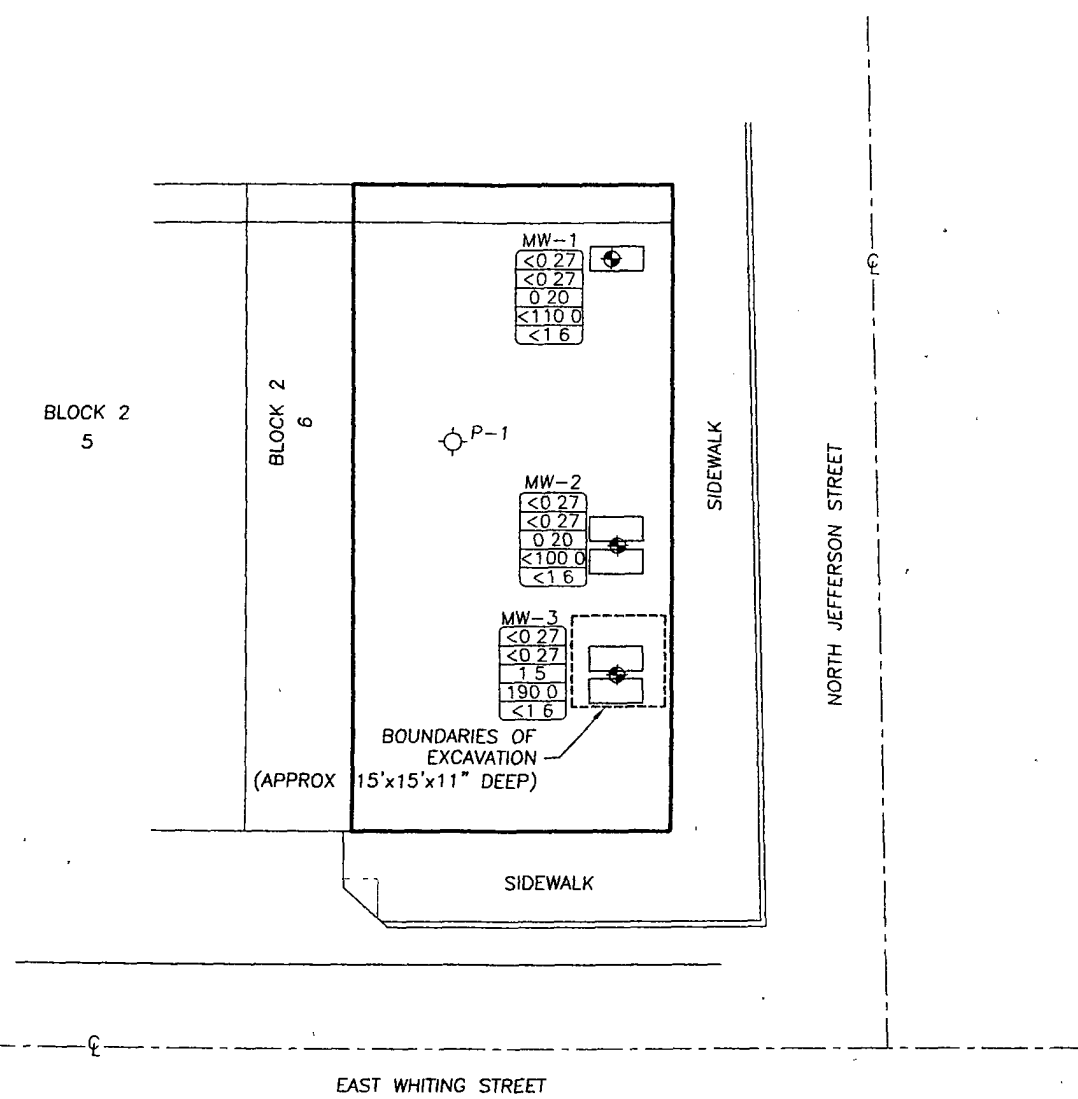
-  FORMER UNDERGROUND STORAGE TANK
-  MONITOR WELL LOCATION
-  PIEZOMETER LOCATION



**Mallard, Inc.**

**FIGURE 3**  
**MONITOR WELL LOCATION MAP**  
**102 NORTH JEFFERSON STREET**  
**TAMPA, FLORIDA**

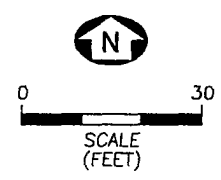




**LEGEND**

FORMER UNDERGROUND STORAGE TANK  
 MONITOR WELL LOCATION  
 PIEZOMETER LOCATION

BENZENE (ug/L)  
 TOTAL VOAs (ug/L)  
 NAPHTHALENE (ug/L)  
 TRPH (ug/L)  
 LEAD (ug/L)



**Mallard, Inc.**

**FIGURE 4**  
**GROUNDWATER IMPACT MAP (4/3/06)**  
**102 NORTH JEFFERSON STREET**  
**TAMPA, FLORIDA**



**TABLE 3: GROUNDWATER MONITORING WELL ANALYTICAL SUMMARY**

Facility Name: 102 N. Jefferson Street

Facility ID#: 299807787

Not Sampled = NS  
 Analytical Results = ppb

Sample Location	Date	Benzene	Toluene	Ethylbenzene	Total Xylenes	Total VOA	MTBE	EDB	Total Lead	TRPHS	Naphthalene	1-Methyl Naph	2-Methyl Naph	Fluorene	Phenanthrene	Trichloro ethene
SB-5	7/15/2005	<0.9	<1.0	<1.1	<1.1	<0.9	<5.0	<0.020	<3.0	<300.0	<1.0	<1.0	<1.0	<1.0	<1.0	<1.0
SB-6	7/15/2005	<0.9	<1.0	2.1	<1.1	2.1	<5.0	<0.020	<3.0	660.0	19.0	<1.0	5.0	<1.0	<1.0	4.5
SB-12	7/15/2005	<0.9	<1.0	<1.1	<1.1	<0.9	<5.0	<0.020	<3.0	<300.0	<1.0	<1.0	<1.0	<1.0	<1.0	<1.0
TMW-1	11/17/2005	<0.9	<1.2	<0.9	<2.2	<0.9	<5.0	NS	NS	NS	<1.0	<1.0	<1.0	<1.0	<1.0	NS
TMW-2	11/17/2005	<0.9	<1.2	<0.9	<2.2	<0.9	<5.0	NS	NS	NS	<1.0	<1.0	<1.0	<1.0	<1.0	NS
TMW-3	11/17/2005	<0.9	<1.2	<0.9	<2.2	<0.9	<5.0	NS	NS	NS	<1.0	<1.0	<1.0	<1.0	<1.0	<1.0
MMW-1	4/3/2006	<0.27	<0.51	<0.44	<0.30	<0.27	<0.44	<0.0028	<1.6	<110.0	0.20	<0.079	0.21	0.18	0.29	0.29
MMW-2	4/3/2006	<0.27	<0.51	<0.44	<0.30	<0.27	<0.44	<0.0028	<1.6	<100.0	0.20	<0.075	0.21	0.16	0.20	0.20
MMW-3	4/3/2006	<0.27	<0.51	<0.44	<0.30	<0.27	<0.44	<0.0028	<1.6	190.0	1.5	0.49	0.22	0.21	0.29	0.29
GCTL		1.0	40.0	30.0	20.0		20.0	0.01	15.0	5000.0	14.0	28.0	28.0	280.0	210.0	3.0
GCTL Groundwater Cleanup Target Level																

**TABLE 2**  
**Benzo(a)Pyrene Conversion Table**

Site Name: 102 N. Jefferson  
 Location: Tampa, FL  
 Facility ID No.: Unregistered

---

Soil Sample No. SS-2  
 Sample Date 11/17/2005  
 Location: SS-1  
 Depth (ft): 7

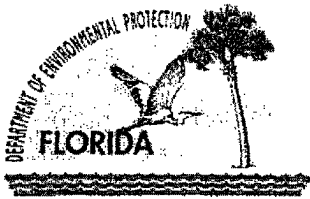
Instructions: Enter the contaminant concentrations in the yellow boxes. Use milligrams per kilogram (mg/kg).

Contaminant	Concentration (mg/kg) *	Toxic Equivalency Factor	Benzo(a)pyrene Equivalents
Benzo(a)pyrene	0.060	1.0	0.060
Benzo(a)anthracene	0.0400	0.1	0.004
Benzo(b)fluoranthene	0.100	0.1	0.010
Benzo(k)fluoranthene	0.0165	0.01	0.0002
Chrysene	0.0500	0.001	0.0001
Dibenz(a,h)anthracene	0.0165	1.0	0.017
Indeno(1,2,3-cd)pyrene	0.0600	0.1	0.006

DE Residential SCTL = 0.1 mg/kg; Total Benzo(a)pyrene Equivalents = 0.1

**The concentration shown does not exceed the Direct Exposure Residential SCTL.**

\* If concentration is Below Detection Limit (BDL), enter 1/2 of the Method Detection Limit (MDL).



Jeb Bush  
Governor

# Department of Environmental Protection

Twin Towers Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

Colleen M. Castille  
Secretary

AUG 21 2006

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Mr. Hal Colbert  
Bayshore Four Seasons, Limited  
c/o Colliers-Arnold  
4350 West Cypress Street, Suite 300  
Tampa, Florida 33607

Subject: Site Rehabilitation Completion Order  
Bayshore Four Seasons, Limited  
102 Jefferson Street  
Tampa, Hillsborough County  
FDEP Facility ID#: 299807787  
Discharge Date: July 28, 2005 (Non-program)

Dear Mr. Colbert:

Environmental Protection Commission of Hillsborough County (EPCHC) staff has reviewed the Site Assessment Report (SAR) (and Addendum) and No Further Action Proposal (NFAP) dated May 16, 2006 (received May 17, 2006), prepared and submitted by Mallard, Incorporated for the petroleum product discharge referenced above. Documentation submitted with the SAR/NFAP confirms that criteria set forth in subsection 62-770.680(1), Florida Administrative Code (F.A.C.), have been met. Please refer to the attached maps of the source property and analytical summary tables. The SAR/NFAP is hereby incorporated by reference in this Site Rehabilitation Completion Order (Order). Therefore, you are released from any further obligation to conduct site rehabilitation at the site for petroleum product contamination associated with the discharge referenced above, except as set forth below.

- (1) In the event concentrations of petroleum products' contaminants of concern increase above the levels approved in this Order, or if a subsequent discharge of petroleum or petroleum product occurs at the site, the Florida Department of Environmental Protection (Department) may require site rehabilitation to reduce concentrations of petroleum products' contaminants of concern to the levels approved in the SAR/NFAP or otherwise allowed by Chapter 62-770, F.A.C.
- (2) Additionally, you are required to properly abandon all monitoring wells within 60 days of receipt of this Order. The monitoring wells must be plugged and abandoned in accordance with the requirements of subsection 62-532.500(4), F.A.C.

*"More Protection. Less Process"*

Visit Our Internet Site At: [www.dep.state.fl.us/waste/categories/pcp/default.htm](http://www.dep.state.fl.us/waste/categories/pcp/default.htm)

*Printed on recycled paper*

Please send a copy of the approved assessment documents to Ken Weber of the Southwest Florida Water Management District within 30 days of receiving this Order.

### Legal Issues

The Department's Order shall become final unless a timely petition for an administrative hearing is filed under sections 120.569 and 120.57, Florida Statutes (F.S.), within 21 days of receipt of this Order. The procedures for petitioning for an administrative hearing are set forth below.

Persons affected by this Order have the following options:

- (A) If you choose to accept the Department's decision regarding the SAR/NFAP you do not have to do anything. This Order is final and effective as of the date on the top of the first page of this Order.
- (B) If you choose to challenge the decision, you may do the following:
  - (1) File a request for an extension of time to file a petition for an administrative hearing with the Department's Agency Clerk in the Office of General Counsel within 21 days of receipt of this Order; such a request should be made if you wish to meet with the Department in an attempt to informally resolve any disputes without first filing a petition for an administrative hearing; or
  - (2) File a petition for an administrative hearing with the Department's Agency Clerk in the Office of General Counsel within 21 days of receipt of this Order.

Please be advised that mediation of this decision pursuant to section 120.573, F.S., is not available.

### How to Request an Extension of Time to File a Petition for an Administrative Hearing

For good cause shown, pursuant to subsection 62-110.106(4), F.A.C., the Department may grant a request for an extension of time to file a petition for an administrative hearing. Such a request must be filed (received) by the Department's Agency Clerk in the Office of General Counsel at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000, within 21 days of receipt of this Order. Petitioner, if different from Bayshore Four Seasons, Limited, shall mail a copy of the request to Bayshore Four Seasons, Limited at the time of filing. Timely filing a request for an extension of time tolls the time period within which a petition for an administrative hearing must be made.

### How to File a Petition for an Administrative Hearing

A person whose substantial interests are affected by this Order may petition for an administrative hearing under sections 120.569 and 120.57, F.S. The petition must contain the information set forth below and must be filed (received) by the Department's Agency Clerk in the Office of General Counsel at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000, within 21 days of receipt of this Order. Petitioner, if different from Bayshore Four Seasons, Limited, shall mail a copy of the petition to Bayshore Four Seasons, Limited at the time of filing. Failure to file a petition within this time period shall waive the right of anyone who may request an administrative hearing under sections 120.569 and 120.57, F.S.

Pursuant to subsection 120.569(2), F.S. and rule 28-106.201, F.A.C., a petition for an administrative hearing shall contain the following information:

- (a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the facility owner's name and address, if different from the petitioner; the FDEP facility number, and the name and address of the facility;
- (b) A statement of when and how each petitioner received notice of the Department's action or proposed action;
- (c) An explanation of how each petitioner's substantial interests are or will be affected by the Department's action or proposed action;
- (d) A statement of the disputed issues of material fact, or a statement that there are no disputed facts;
- (e) A statement of the ultimate facts alleged, including a statement of the specific facts the petitioner contends warrant reversal or modification of the Department's action or proposed action;
- (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the Department's action or proposed action; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the Department to take with respect to the Department's action or proposed action.

This Order is final and effective as of the date on the top of the first page of this Order. Timely filing a petition for an administrative hearing postpones the date this Order takes effect until the Department issues either a final order pursuant to an administrative hearing or an Order Responding to Supplemental Information provided to the Department pursuant to meetings with the Department.

### Judicial Review

Any party to this Order has the right to seek judicial review of it under section 120.68, F.S., by filing a notice of appeal under rule 9.110 of the Florida Rules of Appellate Procedure with the Department's Agency Clerk in the Office of General

Mr. Hal Colbert  
FDEP Facility ID# 299807787  
Page four

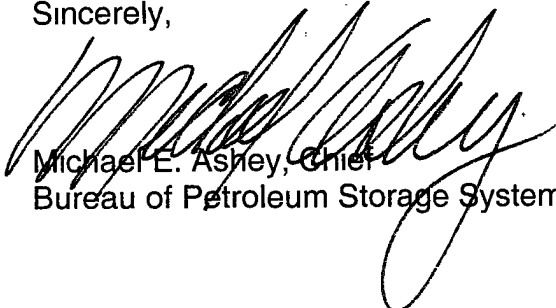
Counsel at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000, and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days after this Order is filed with the Department's clerk (see below).

Questions

Any questions regarding EPCHC's review of your SAR/NFAP should be directed to Michael McKelvey at (813) 627-2600, extension, 1309. Questions regarding legal issues should be referred to the Department's Office of General Counsel at (850) 245-2242. Contact with any of the above does not constitute a petition for an administrative hearing or a request for an extension of time to file a petition for an administrative hearing.

The FDEP Facility Number for this site is 299807787. Please use this identification on all future correspondence with the Department or EPCHC.

Sincerely,

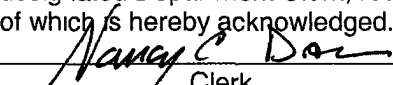


Michael E. Ashley, Chief  
Bureau of Petroleum Storage Systems

MEA/mm

cc: Grace Rivera, FDEP – BPSS (PCS2)  
Laurel Culbreth, FDEP – Southwest District  
Michael McKelvey, EPCHC  
Ken Weber, S.W.F.W.M.D., 2379 Broad St., Brooksville, FL 34604  
Maura Clark, Mallard, Inc., 10801 N. Newport Ave., Tampa, FL 33612  
File

FILING AND ACKNOWLEDGMENT  
FILED, on this date, pursuant to  
§120.52 Florida Statutes, with the  
designated Department Clerk, receipt  
of which is hereby acknowledged.

  
Clerk  
(or Deputy Clerk)

**AUG 21 2006**

Date



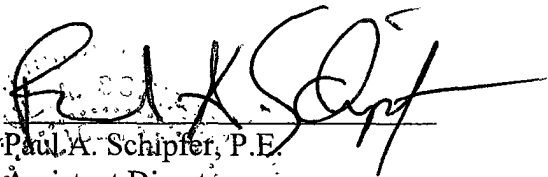
P.E. CERTIFICATION

No Further Action Proposal for Bayshore Four Seasons, Limited located at 102 Jefferson Street, Tampa, Hillsborough County, FDEP Facility ID#299807787.

I hereby certify that in my professional judgment, the components of this No Further Action Proposal satisfy the requirements set forth in Chapter 62-770, Florida Administrative Code (F.A.C.), and that the conclusions in this report provide reasonable assurances that the objectives stated in Chapter 62-770, F.A.C., have been met.

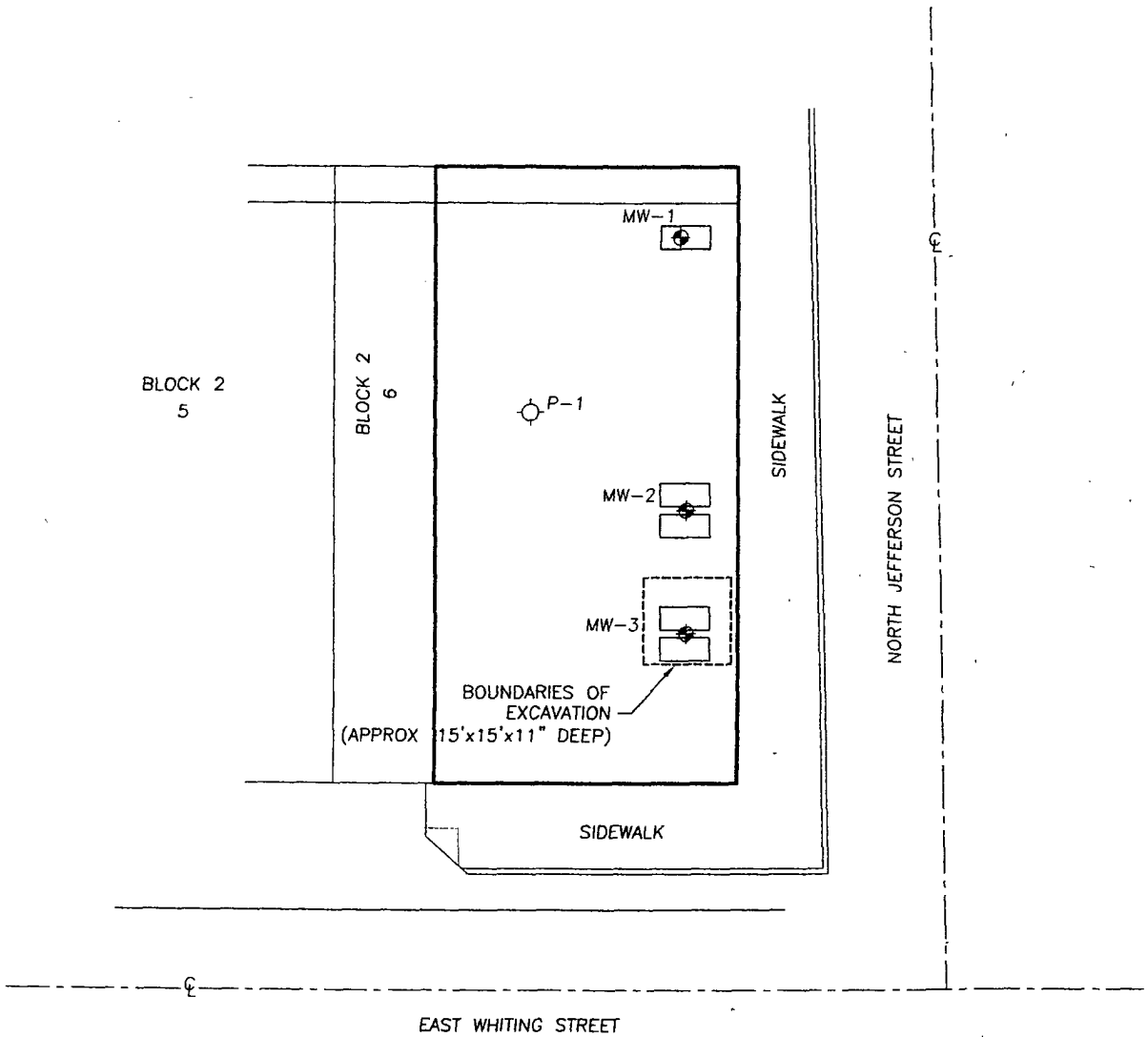
I personally completed this review.

This review was conducted by Michael McKelvey working under my direct supervision.






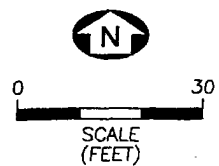
Paul A. Schipfer, P.E.  
Assistant Director  
Professional Engineer #55492

STATE OF FLORIDA  
7/19/06  
Date



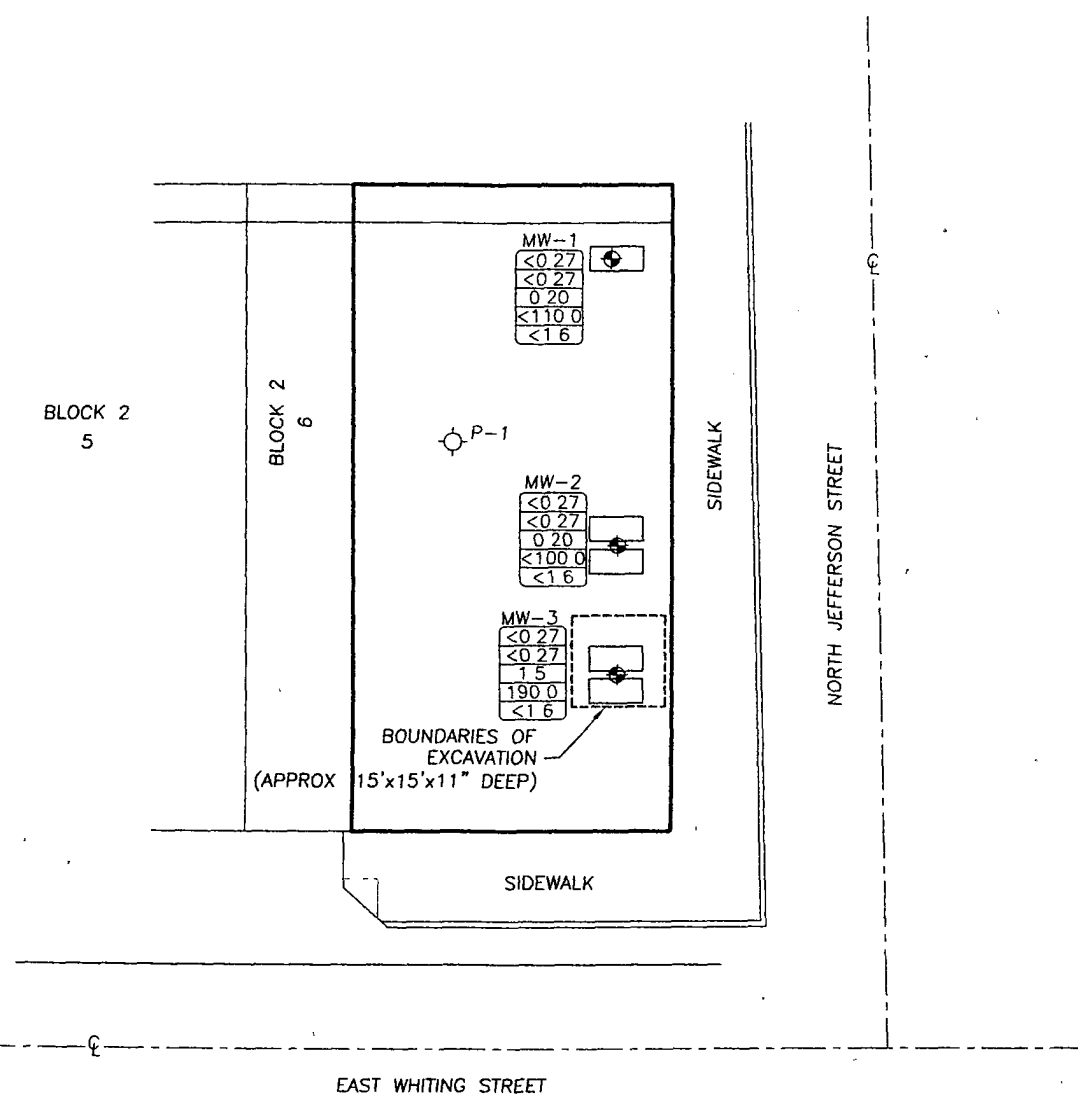
LEGEND

-  FORMER UNDERGROUND STORAGE TANK
-  MONITOR WELL LOCATION
-  PIEZOMETER LOCATION



**Mallard, Inc.**

**FIGURE 3**  
**MONITOR WELL LOCATION MAP**  
**102 NORTH JEFFERSON STREET**  
**TAMPA, FLORIDA**



**LEGEND**

- FORMER UNDERGROUND STORAGE TANK
- MONITOR WELL LOCATION
- PIEZOMETER LOCATION

<0.27	BENZENE (ug/L)
<0.27	TOTAL VOAs (ug/L)
0.20	NAPHTHALENE (ug/L)
<110.0	TRPH (ug/L)
<1.6	LEAD (ug/L)

0 30  
SCALE (FEET)



**Mallard, Inc.**

**FIGURE 4**  
**GROUNDWATER IMPACT MAP (4/3/06)**  
 102 NORTH JEFFERSON STREET  
 TAMPA, FLORIDA

### TABLE 2: SOIL ANALYTICAL SUMMARY

Facility Name: 102 N. Jefferson Street

Facility ID#: 299807787

Boring No	Date Collected	Depth to Water (ft)	Sample Interval (ft/s)	Laboratory Analyses												
				OVA Reading (ppm)	BTEX MTBE (ppm)	TRPH (ppm)	Acetylnaphthylene (ppm)	Fluoranthene (ppm)	Pyrene (ppm)	Benzofanthracene (ppm)	Chrysene (ppm)	Benzofluoranthene (ppm)	Benzofluoranthene (ppm)	Benzo(a)pyrene (ppm)	Benzo(g,h,i)perylene (ppm)	Indeno(1,2,3-cd)pyrene (ppm)
SS-1	11/17/05	7.5 to 8'	7	BDL	<0.005	33.0	0.04	0.05	0.05	0.04	0.05	0.10	0.06	0.08	0.06	
SS-2	11/17/05	7.5 to 8'	7	BDL	<0.005	4.5	<0.033	<0.033	<0.033	<0.033	<0.033	<0.033	<0.0066	<0.033	<0.033	
SS-3	11/17/05	7.5 to 8'	7	32	<0.005	3.7	<0.033	<0.033	<0.033	<0.033	<0.033	<0.033	<0.0066	<0.033	<0.033	
				SCTL		340.0	27.0	1200.0	880.0	0.8	77.0	2.4	8.0	32000.0	6.6	

If an analyte is not detected, state the detection limit (i.e. <1)  
 JeffersonSASoil  
 Page 2 of 2  
 Rev 10/98

**TABLE 3: GROUNDWATER MONITORING WELL ANALYTICAL SUMMARY**

Facility Name: 102 N. Jefferson Street

Facility ID#: 299807787

Not Sampled = NS  
Analytical Results = ppb

Sample Location	Date	Benzene	Toluene	Ethylbenzene	Total Xylenes	Total VOA	MTBE	EDB	Total Lead	TRPHS	Naphthalene	1-Methyl Naph	2-Methyl Naph	Fluorene	Phenanthrene	Trichloro ethene
SB-5	7/15/2005	<0.9	<1.0	<1.1	<1.1	<0.9	<5.0	<0.020	<3.0	<300.0	<1.0	<1.0	<1.0	<1.0	<1.0	<1.0
SB-6	7/15/2005	<0.9	<1.0	2.1	<1.1	2.1	<5.0	<0.020	<3.0	660.0	19.0	<1.0	5.0	<1.0	<1.0	4.5
SB-12	7/15/2005	<0.9	<1.0	<1.1	<1.1	<0.9	<5.0	<0.020	<3.0	<300.0	<1.0	<1.0	<1.0	<1.0	<1.0	<1.0
TMW-1	11/17/2005	<0.9	<1.2	<0.9	<2.2	<0.9	<5.0	NS	NS	NS	<1.0	<1.0	<1.0	<1.0	<1.0	NS
TMW-2	11/17/2005	<0.9	<1.2	<0.9	<2.2	<0.9	<5.0	NS	NS	NS	<1.0	<1.0	<1.0	<1.0	<1.0	NS
TMW-3	11/17/2005	<0.9	<1.2	<0.9	<2.2	<0.9	<5.0	NS	NS	NS	<1.0	<1.0	<1.0	<1.0	<1.0	<1.0
MMW-1	4/3/2006	<0.27	<0.51	<0.44	<0.30	<0.27	<0.44	<0.0028	<1.6	<110.0	0.20	<0.079	0.21	0.18	0.29	0.29
MMW-2	4/3/2006	<0.27	<0.51	<0.44	<0.30	<0.27	<0.44	<0.0028	<1.6	<100.0	0.20	<0.075	0.21	0.16	0.20	0.20
MMW-3	4/3/2006	<0.27	<0.51	<0.44	<0.30	<0.27	<0.44	<0.0028	<1.6	190.0	1.5	0.49	0.22	0.21	0.29	0.29
GCTL		1.0	40.0	30.0	20.0		20.0	0.01	15.0	5000.0	14.0	28.0	28.0	280.0	210.0	3.0
GCTL	Groundwater Cleanup Target Level															

If an analyte is not detected, state the detection limit (e.g. <1), not BDL or ND  
JeffersonSAGW

**TABLE 2**  
**Benzo(a)Pyrene Conversion Table**

Site Name: 102 N. Jefferson  
 Location: Tampa, FL  
 Facility ID No.: Unregistered

Soil Sample No. SS-2  
 Sample Date 11/17/2005  
 Location: SS-1  
 Depth (ft): 7

Instructions: Enter the contaminant concentrations in the yellow boxes. Use milligrams per kilogram (mg/kg).

Contaminant	Concentration (mg/kg) *	Toxic Equivalency Factor	Benzo(a)pyrene Equivalents
Benzo(a)pyrene	0.060	1.0	0.060
Benzo(a)anthracene	0.0400	0.1	0.004
Benzo(b)fluoranthene	0.100	0.1	0.010
Benzo(k)fluoranthene	0.0165	0.01	0.0002
Chrysene	0.0500	0.001	0.0001
Dibenz(a,h)anthracene	0.0165	1.0	0.017
Indeno(1,2,3-cd)pyrene	0.0600	0.1	0.006

DE Residential SCTL = 0.1 mg/kg; Total Benzo(a)pyrene Equivalents = 0.1

**The concentration shown does not exceed the Direct Exposure Residential SCTL.**

\* If concentration is Below Detection Limit (BDL), enter 1/2 of the Method Detection Limit (MDL).

**SITE 5**

**ALLEY AND ALLEY CHARTERS**

PETROLEUM CONTAMINATION  
INITIAL REMEDIAL ACTION REPORT FORM

RECEIVED  
DEC 19 1988

This report provides written confirmation of initial remedial action (IRA) as required by Florida Administrative Code Chapter 17-70.006. BUREAU OF WASTE CLEANUP  
Office Plaza

2552355

I. Facility Name: ALLEY & ALLEY, CHARTERED  
Facility Address: 205 N. BRUSH STREET, TAMPA, FL 33602  
DER Facility Number (if applicable): 298841244  
Date of Initiation of IRA: 12-14-88

II. FREE PRODUCT RECOVERY (Please provide brief responses.)

A. Type of Product Discharged: GASOLINE

B. Estimated Quantity Lost: UNKNOWN gallons

C. Product Thickness in Wells (boreholes, excavations, utility conduits): N/A

D. Method of Product Recovery: N/A

E. Type of Discharge During Product Recovery: N/A

F. Type of Treatment and Expected Effluent Quality From Any Discharge: N/A

G. Quantity and Disposition of Recovered Product: N/A



III. SOIL EXCAVATION

A. Estimated Volume of Contaminated Soil Excavated: \_\_\_\_\_

APPROXIMATELY 11 TONS

B. Type of Product in Soil: UNLEADED GASOLINE

C. Method Used to Determine Excess Soil Contamination: \_\_\_\_\_

O.V.A. METHOD 17-70.003 (3)

D. Method of Treatment or Disposal of Contaminated Soil: \_\_\_\_\_

ROTARY KILN

IV. REPORTING

In addition to the information contained in this report, Chapter 17-70.006, F.A.C., requires quarterly status reports of the IRA be submitted to the Department during implementation.

Please submit all reports to:

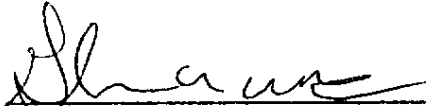
Bureau of Waste Cleanup  
Department of Environmental Regulation  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

GLEN A. WILLS

Person Completing Form

V.P. Resource Recovery  
Title, Affiliation

Contractor

 12-14-88  
Signature, Date

**SITE 6**

**CSX TRANSPORTATION, UNION STATION**

## SITE MANAGER SUMMARY REPORT

Facility ID# 299101044  
Facility Name: CSX Transportation-Union Station  
Facility Address: 601 Nebraska Ave  
Tampa

### Discharge 1

Lead Agency: LP  
Score: 29  
Technical Status NFA

A Discharge Reporting Form was submitted 2/91 due to discovery of a leaking pipe fitting during closure of a diesel UST. An IRA was completed 3/91 during which 15.47 tons of soils were removed. Assessment was initiated 12/91 and finalized 6/92. Discharge was granted No Further Action status 6/25/92.

LCAR Needed No  
Discharge Date: 2/1/91  
Program: ATRP  
Eligibility Status: Eligible  
Determination Date: 10/4/91  
Discharge Combined: No  
Funding Cap: No Cap  
Deductible Amount: \$500  
Deductible Paid: Yes

\$500 deductible was taken from the 12/29/93 Final Reimbursement Order. Collection of the deductible is not reflected in STCM.

### AMOUNT SPENT

State Cleanup	\$0
Utility Invoices	\$0
NPDES Permits	\$0
Reimbursement	\$33,826.81
Preapproval	\$0

CAP AMOUNT REMAINING No Cap

SEE ATTACHED STCM REPORT SCREEN

REVIEWED BY York STB, Inc.  
REVIEWER Ron Bork  
DATE 10/12/04

Task Report Information											
Del. Part	Co.	Facility	Discharge Date	Task Name	Type	Due Date	Received	Status	Comments		
		010104	201801	SA	SAR		05/08/18	A			

Tab 10 - Comment (then press [Ctrl+E] to enter Comments)

Chapter 62 770 Source Removal Task Information					
Facility	29 / 31010-11	Name	CSX TRANSPORTATION-UNION STATION		
Discharge Date	02/01/1991		801 NEBRASKA AVE		
Combined With			TAMPA	FL 33602	
Discharge	1 of 1				
Cleanup Responsible		Funding Eligibility Type	Actual Cost	Completion Date	
				03/07/1991	
Source Removal Notification					
Oral Date		Soil Removal	<input checked="" type="checkbox"/>	Soil Treatment	<input type="checkbox"/>
Written Date		Free Product Removal	<input type="checkbox"/>	Other Treatment	
		Soil Tonnage Removed	15		
Alternative Procedure					
Received		Status & Date		Explanation / Comments	

**SITE 7**

**FORMER TAMPA CITY 12<sup>TH</sup> STREET  
MAINTENANCE YARD**



# Discharge Report Form

PLEASE PRINT OR TYPE

DEP Form # 32-761.000(1)  
 Form Title Discharge Report Form  
 Effective Date July 13, 1979

Instructions are on the reverse side. Please complete all applicable blanks

1. Facility ID Number (if registered): 299807370 2. Date of form completion: 3/3/05

### 3. General Information

Facility name or responsible party (if applicable): COT FORMER 12th ST. MAINT. YARD  
 Facility Owner or Operator, or Discharger: CITY OF TAMPA  
 Contact Person: DAN FAHEY Telephone Number: (813) 248-1094 County: HILLSBOROUGH  
 Facility or Discharger Mailing Address: 1509 CLARK AVE  
 Location of Discharge (street address): SE corner of Raymond / EVA streets  
 Latitude and Longitude of Discharge (if known): \_\_\_\_\_

4. Date of receipt of test results or discovery of confirmed discharge: OVA data attached (3-2-05) 5. Estimated number of gallons discharged: unknown  
Lab Analy. Pending month/day/year

6. Discharge affected:  Air  Soil  Groundwater  Drinking water well(s)  Surface water (water body name)  Shoreline

### 7. Method of discovery (check all that apply)

Liquid detector (automatic or manual)  Internal inspection  Closure/Closure Assessment  
 Vapor detector (automatic or manual)  Inventory control  Groundwater analytical samples  
 Tightness test  Monitoring wells  Soil analytical tests or samples  
 Pressure test  Automatic tank gauging  Visual observation  
 Statistical Inventory Reconciliation  Manual tank gauging  Other Poss. Response on OVA/FID

### 8. Type of regulated substance discharged: (check one)

Unknown  Used/waste oil  Jet fuel  Heating oil  New/lube oil  
 Gasoline  Aviation gas  Diesel  Kerosene  Mineral acid  
 Hazardous substance - includes CERCLA substances from USTs above reportable quantities, pesticides, ammonia, chlorine, and derivatives  
 (write in name or Chemical Abstract Service (CAS) number) \_\_\_\_\_  
 Other \_\_\_\_\_

### 9. Source of Discharge: (check all that apply)

Dispensing system  Pipe  Barge  Pipeline  Vehicle  
 Tank  Fitting  Tanker ship  Railroad tankcar  Airplane  
 Unknown  Valve failure  Other Vessel  Tank truck  Drum  
 Other unknown

### 10. Cause of the discharge: (check all that apply)

Loose connection  Puncture  Spill  Collision  Corrosion  
 Fire/explosion  Overfill  Human error  Vehicle Accident  Installation failure  
 Other unknown

11. Actions taken in response to the discharge: UST removed, excessively contaminated soil excavated for off-site disposal

### 12. Comments:

### 13. Agencies notified (as applicable):

State Warning Point 1-800-320-0519  National Response Center 1-800-424-8802  Florida Marine Patrol (800) 342-5367  Fire Department  DEP (district/person)  County Tanks Program

14. To the best of my knowledge and belief, all information submitted on this form is true, accurate, and complete.

Rich Hagberg, Agent  
 Printed Name of Owner, Operator or Authorized Representative, or Discharger

Rich Hagberg, Agent  
 Signature of Owner, Operator or Authorized Representative, or Discharger

PCT/STUM  
 6/21/05

1038  
 5/4/05  
 RECEIVED  
 D.E.P.  
 2005 JUN 15 AM 8:59



# Storage Tank System Leak Autopsy Report Form (Revised, 2004)

*Invalid - unprotected steel Red*

1771

Please check all blocks that apply for the entire form and **PRINT LEGIBLY**

*Entered 1-17-05*

## Site Information

Facility Name	Facility ID Number	County	Owner/Operator Name	Discharge Date
12 <sup>th</sup> St. Maintenance Yard	29/9807370 ✓	29	City of Tampa	6/28/05 ✓

## System Information (At the Time of Release)

### Tank

Tank Type	
<input checked="" type="checkbox"/>	Underground Storage Tank
<input type="checkbox"/>	Shop-fabricated Aboveground Storage Tank
<input type="checkbox"/>	Field-erected Aboveground Storage Tank

Initials \_\_\_\_\_  
Date \_\_\_\_\_

RECEIVED - 3 PM 12:20  
 REGULATORY  
 DEPT. OF ENVIRONMENTAL PROTECTION

Tank Installation Date: unknown (Note if Unknown)
Tank Manufacturer Name: unknown (Note if Unknown)
Piping Installation Date: unknown (Note if Unknown)
Piping Manufacturer Name: unknown (Note if Unknown)

## System Information

Please check all blocks that apply for the entire form

### USTs

Material	Other Attributes	Ancillary Equipment
<input type="checkbox"/> Galvanized Steel	<input type="checkbox"/> Sacrificial Anodes	<input type="checkbox"/> Spill Containment Bucket
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Impressed Current System	<input checked="" type="checkbox"/> No Spill Containment
<input type="checkbox"/> Composite	<input type="checkbox"/> Internal Lining	<input type="checkbox"/> Overfill Protection
<input checked="" type="checkbox"/> Unprotected Steel	<input checked="" type="checkbox"/> Single Wall	<input type="checkbox"/> Ball Check Valve
<input type="checkbox"/> Other Approved	<input type="checkbox"/> Double Wall (same material)	<input type="checkbox"/> Flow Shut-Off
<input type="checkbox"/> Concrete	<input type="checkbox"/> Double Wall (different material)	<input type="checkbox"/> Tight Fill
<input type="checkbox"/> Polyethylene	<input type="checkbox"/> Secondary Containment with a liner	<input type="checkbox"/> Alarm System
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other Approved (Tank Bladders, etc.)	<input type="checkbox"/> Remote Fill
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Compartmented	<input checked="" type="checkbox"/> No Overfill Protection
	<input type="checkbox"/> External Liner	<input type="checkbox"/> Other (Specify)

### ASTs

Material	Other Attributes	Ancillary Equipment
<input type="checkbox"/> Steel	<input type="checkbox"/> Shop-Fabricated	<input type="checkbox"/> Overfill Protection
<input type="checkbox"/> Concrete	<input type="checkbox"/> Field-Erected	<input type="checkbox"/> No Overfill Protection
<input type="checkbox"/> Polyethylene	<input type="checkbox"/> Synthetic liner beneath tank (SC)	<input type="checkbox"/> Flow Shut-Off
<input type="checkbox"/> Approved Synthetic	<input type="checkbox"/> Concrete beneath tank (SC)	<input type="checkbox"/> Single Level Alarm System
<input type="checkbox"/> Other Approved	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Gauges
<input type="checkbox"/> Cut and Cover	<input type="checkbox"/> Internal Secondary Containment	<input type="checkbox"/> Other Approved
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other Approved Secondary Containment	<input type="checkbox"/> High & High-High Level Alarm System
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Single Wall	<input type="checkbox"/> Spill Containment using Impervious Dike Field (for Shop-Fabricated Tanks)
	<input type="checkbox"/> Impressed Current System	<input type="checkbox"/> No Spill Containment
	<input type="checkbox"/> Synthetic Dike Field Liner	<input type="checkbox"/> Anti-Siphon Valves
	<input type="checkbox"/> Concrete Dike Field Liner	<input type="checkbox"/> Block Valves
	<input type="checkbox"/> Other Approved Dike Field Liner	<input type="checkbox"/> Solenoid Valves
	<input type="checkbox"/> Secondary Containment around pumps/valves	<input type="checkbox"/> Other (Specify)
	<input type="checkbox"/> No Dike Field Secondary Cont.	



**Piping – AST or UST**

Material		Other Attributes		Ancillary Equipment	
<input type="checkbox"/>	Galvanized Steel	<input type="checkbox"/>	Sacrificial Anodes	<input type="checkbox"/>	Dispenser Sump(s)
<input type="checkbox"/>	External Coating	<input type="checkbox"/>	Impressed Current System	<input type="checkbox"/>	No Dispenser Sumps
<input type="checkbox"/>	Fiberglass	<input checked="" type="checkbox"/>	Single Wall	<input checked="" type="checkbox"/>	No Dispenser
<input type="checkbox"/>	Composite	<input type="checkbox"/>	Double Wall (same material)	<input type="checkbox"/>	Piping Sump(s)
<input checked="" type="checkbox"/>	Unprotected Steel	<input type="checkbox"/>	Double Wall (different material)	<input checked="" type="checkbox"/>	No Piping Sumps
<input type="checkbox"/>	Flexible Thermoplastic Polyethylene	<input type="checkbox"/>	Secondary Containment with a liner	<input type="checkbox"/>	Single check valve
<input type="checkbox"/>	Semi-Rigid High-Density Polyethylene	<input type="checkbox"/>	Other Approved Secondary Containment	<input type="checkbox"/>	Foot Valves
<input type="checkbox"/>	Other Approved	<input type="checkbox"/>	Box-trench Liner	<input type="checkbox"/>	Mechanical Line Leak Detector (LLD)
<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Pressurized	<input type="checkbox"/>	Electronic LLD
<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>	Not-Pressurized except when in use	<input type="checkbox"/>	No Line Leak Detector
		<input type="checkbox"/>	Suction	<input type="checkbox"/>	Remote Fill with Spill Protection
		<input type="checkbox"/>	Manifolded	<input type="checkbox"/>	Remote Fill without Spill Protection
		<input type="checkbox"/>	Bulk Product	<input type="checkbox"/>	Spill containment within Dike Field (Shop-Fabs)
		<input type="checkbox"/>	Small Diameter	<input type="checkbox"/>	Spill containment outside Dike Field (Shop-Fabs)
		<input type="checkbox"/>	Hydrant System	<input type="checkbox"/>	Other (Specify)
		<input type="checkbox"/>	Aboveground, no contact with soil		
		<input type="checkbox"/>	Over Surface Water		

**Leak Detection Method Used at the Facility**

UST		AST		Piping	
<input type="checkbox"/>	Continuous Internal Interstitial Monitoring (Vacuum, Pressure, or Hydrostatic)	<input type="checkbox"/>	Interstitial Monitoring	<input type="checkbox"/>	Interstitial Monitoring
<input type="checkbox"/>	Internal Interstitial Monitoring – Sensors, probes, or Visual	<input type="checkbox"/>	Groundwater Monitoring Wells	<input type="checkbox"/>	Groundwater Monitoring Wells
<input type="checkbox"/>	Interstitial Monitoring within a liner system	<input type="checkbox"/>	Vapor Monitoring Wells	<input type="checkbox"/>	Vapor Monitoring Wells
<input type="checkbox"/>	Groundwater Monitoring Wells	<input type="checkbox"/>	Vapor Monitoring Probes	<input type="checkbox"/>	Vapor Monitoring Probes
<input type="checkbox"/>	Vapor Monitoring Wells	<input type="checkbox"/>	Tracer Technology	<input type="checkbox"/>	Tracer Technology
<input type="checkbox"/>	SIR	<input type="checkbox"/>	Visual Inspections	<input type="checkbox"/>	Visual Inspections
<input type="checkbox"/>	ATG	<input type="checkbox"/>	Cable Systems	<input type="checkbox"/>	Cable Systems
<input type="checkbox"/>	Manual Tank Gauging	<input type="checkbox"/>	Fiber-optic Technologies	<input type="checkbox"/>	Pressure Tests (Bulk)
<input type="checkbox"/>	Visual Inspections	<input type="checkbox"/>	SPCC Plans	<input type="checkbox"/>	Pressure Tests (Small)
<input type="checkbox"/>	Other Approved Methods	<input type="checkbox"/>	Tank Shell Monitoring System	<input type="checkbox"/>	Mechanical Line Leak Detectors
<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Other Approved Methods	<input type="checkbox"/>	Automatic Line Leak Detectors
<input checked="" type="checkbox"/>	None	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>	Other Approved Methods

## Release Information

Date of receipt of test results or discovery of confirmed discharge: 6/28/05month/day/year	
Estimated number of gallons discharged: _____	Latitude 27 57 13 Longitude 82 26 54 of the Discharge

### Discharge affected

<input type="checkbox"/> Air	<input type="checkbox"/> Drinking water well(s)
<input checked="" type="checkbox"/> Soil	<input type="checkbox"/> Surface water
<input checked="" type="checkbox"/> Ground water	<input type="checkbox"/> Other _____

### Type of regulated substance discharged: (check one)

<input type="checkbox"/> Gasoline	<input type="checkbox"/> Used/waste oil
<input type="checkbox"/> Diesel	<input type="checkbox"/> New/lube oil
<input type="checkbox"/> Kerosene	<input type="checkbox"/> Mineral acid
<input type="checkbox"/> Jet fuel	<input type="checkbox"/> Petroleum Contact Water
<input type="checkbox"/> Aviation gas	<input type="checkbox"/> Pesticides
<input type="checkbox"/> Gasohol	<input type="checkbox"/> Chlorine Compounds
<input type="checkbox"/> Emergency Generator Diesel Fuel	<input type="checkbox"/> Ammonia Compounds
<input type="checkbox"/> Heating oil	<input type="checkbox"/> Petroleum Derivative Products
<input type="checkbox"/> Hazardous substance	<input type="checkbox"/> Other
<input type="checkbox"/> Grades 5 & 6 Residual Oils	<input checked="" type="checkbox"/> Unknown

### Method of Discovery of the Discharge

<input type="checkbox"/> Leak Detection Methods	<b>***If Leak Detection, specify method:</b>	
<input type="checkbox"/> Closure-in-Place	<input type="checkbox"/> Manual Tank Gauging	<input type="checkbox"/> Mechanical LLD
<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> Groundwater Monitoring	<input type="checkbox"/> Electronic LLD
<input type="checkbox"/> Installation or Upgrade	<input type="checkbox"/> Vapor Monitoring	<input type="checkbox"/> Visual Inspection of ASTs
<input type="checkbox"/> Property Transfer	<input type="checkbox"/> SIR	<input type="checkbox"/> Cable Systems
<input type="checkbox"/> Inventory Reconciliation	<input type="checkbox"/> ATG	<input type="checkbox"/> Tracer technologies
<input type="checkbox"/> Visual	<input type="checkbox"/> Tank Tightness Testing	<input type="checkbox"/> Visual Inspection of USTs
<input type="checkbox"/> Olfactory	<input type="checkbox"/> Electronic Sensors or probes	<input type="checkbox"/> Small Diameter Piping Pressure Tests
<input type="checkbox"/> Water in Tank	<input type="checkbox"/> Interstitial Monitoring within a liner system	<input type="checkbox"/> Bulk Product Piping Pressure Tests
<input type="checkbox"/> Annual or Regularly Scheduled Tank Tightness Testing	<input type="checkbox"/> Continuous Internal Interstitial Monitoring (Vacuum, Pressure, or Hydrostatic)	<input type="checkbox"/> Fiber-Optic or Cable Technologies
<input type="checkbox"/> Tank or Line Tightness Testing Performed for other Reasons	<input type="checkbox"/> Internal Interstitial Monitoring – Sensors, probes, or Visual	<input type="checkbox"/> Tank Shell Monitoring System
<input type="checkbox"/> UST Internal Inspection	<input type="checkbox"/> Vapor Monitoring Probes	<input type="checkbox"/> Other Approved Methods
<input type="checkbox"/> Integrity Assessment – API 653 or 570	<input type="checkbox"/> Secondary/Interstitial Monitoring	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Analytical tests or samples		
<input type="checkbox"/> Unknown		
<input type="checkbox"/> Other _____		

<b>Did the method of Leak Detection relied on for compliance purposes fail to detect the release?</b> (Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> ) If so, what was the method relied on for compliance purposes? n/a	
--	--

**Source of Discharge (if there are multiple sources, check all that apply, but explain in comments):**

<input type="checkbox"/>	UST	<input type="checkbox"/>	Shop-Fabricated AST
<input type="checkbox"/>	Small Diameter Piping	<input type="checkbox"/>	Field-erected AST
<input type="checkbox"/>	Flex-Connector	<input type="checkbox"/>	Bulk Product Piping
<input type="checkbox"/>	UST Vent Line	<input type="checkbox"/>	Pipeline
<input type="checkbox"/>	UST Fill Pipe	<input type="checkbox"/>	Valves (ASTs)
<input type="checkbox"/>	UST Turbine Pump	<input type="checkbox"/>	Pump (ASTs)
<input type="checkbox"/>	Dispenser (Meter, filter, connections, or other)	<input type="checkbox"/>	Barge or Vessel
<input type="checkbox"/>	Delivery Vehicle	<input type="checkbox"/>	Bulk Product Dock Piping (connected to ASTs)
<input type="checkbox"/>	UST Electronic/Mechanical Line Leak Detector	<input type="checkbox"/>	Hydrant Pit (AST systems)
<input type="checkbox"/>	UST Spill Bucket	<input type="checkbox"/>	AST Spill Containment System
<input type="checkbox"/>	Other (Specify) _____	<input type="checkbox"/>	AST Vents
<input checked="" type="checkbox"/>	Unknown (if unknown, file is invalid)	<input type="checkbox"/>	Non-regulated system (if so, file is invalid)

**Cause of the Discharge (if there are multiple causes, check all that apply, but explain in comments)**

<input type="checkbox"/>	Loose Component (filter, piping connection, bung, etc)	<input type="checkbox"/>	Improper Installation
<input type="checkbox"/>	Corrosion	<input type="checkbox"/>	Spill
<input type="checkbox"/>	Puncture	<input type="checkbox"/>	Overfill
<input type="checkbox"/>	Material Failure (crack, split, etc.)	<input type="checkbox"/>	Weather
<input type="checkbox"/>	Material Incompatibility	<input checked="" type="checkbox"/>	Unknown
<input type="checkbox"/>	Other (Specify) _____	<input type="checkbox"/>	Vehicle Accident
		<input type="checkbox"/>	Physical or Mechanical Damage
		<input type="checkbox"/>	Human Error
		<input type="checkbox"/>	Vandalism or Malicious Intent
		<input type="checkbox"/>	Fire/Explosion

**Release Identified by:**

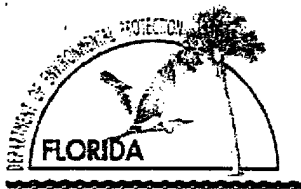
<input checked="" type="checkbox"/>	Owner/Operator	<input type="checkbox"/>	Service Contractor	<input type="checkbox"/>	Local Government Inspector
<input type="checkbox"/>	Third Party	<input type="checkbox"/>	State Inspector	<input type="checkbox"/>	Other (Specify)

**Additional Information: (Attach Photos if available)**

One 2,000 gallon UST discovered while performing a site assessment on this property. Approximately 18 cubic yards of contaminated soil were removed.

SIGNATURE: M. Dylwan

AFFILIATION: EPCH



# Discharge Report Form

PLEASE PRINT OR TYPE

DEP Form # 62-761.900(1)
Form Title <u>Discharge Report Form</u>
Effective Date <u>July 13, 1998</u>

Instructions are on the reverse side. Please complete all **applicable** blanks

299807370

1. Facility ID Number (if registered): 200500019 2. Date of form completion: July 27, 2005

### 3. General information

Facility name or responsible party (if applicable): City of Tampa Fleet Maintenance  
 Facility Owner or Operator, or Discharger: Same as Above  
 Contact Person: Dan Fahey Telephone Number: (813) 348-1094 County: Hillsborough  
 Facility or Discharger Mailing Address: 150% Clark Avenue, Tampa, FL 33607  
 Location of Discharge (street address): 612 N. 12th Street, Tampa, FL 33602-3115  
 Latitude and Longitude of Discharge (if known) unknown

4. Date of receipt of test results or discovery of confirmed discharge: June 28, 2005 month/day/year  
 5. Estimated number of gallons discharged: unknown

6. Discharge affected:  Air  Soil  Groundwater  Drinking water well(s)  Shoreline  Surface water (water body name)

### 7. Method of discovery (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Liquid detector (automatic or manual) | <input type="checkbox"/> Internal inspection         | <input type="checkbox"/> Closure/Closure Assessment       |
| <input type="checkbox"/> Vapor detector (automatic or manual)  | <input type="checkbox"/> Inventory control           | <input type="checkbox"/> Groundwater analytical samples   |
| <input type="checkbox"/> Tightness test                        | <input checked="" type="checkbox"/> Monitoring wells | <input type="checkbox"/> Soil analytical tests or samples |
| <input type="checkbox"/> Pressure test                         | <input type="checkbox"/> Automatic tank gauging      | <input type="checkbox"/> Visual observation               |
| <input type="checkbox"/> Statistical Inventory Reconciliation  | <input type="checkbox"/> Manual tank gauging         | <input type="checkbox"/> Other _____                      |

RECEIVED  
 D.E.P.  
 2005 SEP -9 PM 12:21  
 STORAGE TANK  
 REGULATION

### 8. Type of regulated substance discharged: (check one)

- |   |   |                                   |                                      |                                       |
|---|---|-----------------------------------|--------------------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> Unknown | <input type="checkbox"/> Used/waste oil | <input type="checkbox"/> Jet fuel | <input type="checkbox"/> Heating oil | <input type="checkbox"/> New/lube oil |
| <input type="checkbox"/> Gasoline           | <input type="checkbox"/> Aviation gas   | <input type="checkbox"/> Diesel   | <input type="checkbox"/> Kerosene    | <input type="checkbox"/> Mineral acid |
- Hazardous substance - includes CERCLA substances from USTs above reportable quantities, pesticides, ammonia, chlorine, and derivatives (write in name or Chemical Abstract Service (CAS) number) \_\_\_\_\_
- Other \_\_\_\_\_

### 9. Source of Discharge: (check all that apply)

- |  |  |                                       |   |                                   |
|--|--|---------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Dispensing system | <input type="checkbox"/> Pipe          | <input type="checkbox"/> Barge        | <input type="checkbox"/> Pipeline         | <input type="checkbox"/> Vehicle  |
| <input checked="" type="checkbox"/> Tank   | <input type="checkbox"/> Fitting       | <input type="checkbox"/> Tanker ship  | <input type="checkbox"/> Railroad tankcar | <input type="checkbox"/> Airplane |
| <input type="checkbox"/> Unknown           | <input type="checkbox"/> Valve failure | <input type="checkbox"/> Other Vessel | <input type="checkbox"/> Tank truck       | <input type="checkbox"/> Drum     |
| <input type="checkbox"/> Other _____       |  |                                       |   |                                   |

### 10. Cause of the discharge: (check all that apply)

- |  |                                   |                                      |   |   |
|--|-----------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Loose connection                  | <input type="checkbox"/> Puncture | <input type="checkbox"/> Spill       | <input type="checkbox"/> Collision        | <input type="checkbox"/> Corrosion            |
| <input type="checkbox"/> Fire/explosion                    | <input type="checkbox"/> Overfill | <input type="checkbox"/> Human error | <input type="checkbox"/> Vehicle Accident | <input type="checkbox"/> Installation failure |
| <input checked="" type="checkbox"/> Other <u>unknown -</u> |                                   |                                      |   |   |

11. Actions taken in response to the discharge: Soils + tank removed, sidewall samples clean. Groundwater assessment and remediation underway under Brownfields Redevelopment Program.

12. Comments: Tank was previously closed + filled (partially) with sand. Apparently an old release.

### 13. Agencies notified (as applicable):

- |  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> State Warning Point<br>1-800 320-0519 | <input type="checkbox"/> National Response Center<br>1-800-424-8802 | <input type="checkbox"/> Florida Marine Patrol<br>(800) 342-5367 | <input type="checkbox"/> Fire Department | <input checked="" type="checkbox"/> DEP (district/person) |
|  |   |  |  | <input checked="" type="checkbox"/> County Tanks Program  |

### 14. To the best of my knowledge and belief, all information submitted on this form is true, accurate, and complete.

Terry Griffin, PG  
 Printed Name of Owner, Operator or Authorized Representative, or Discharger

Terry Griffin 7-27-05  
 Signature of Owner, Operator or Authorized Representative, or Discharger  
 PCT/STW 8/24/05

**Table 1**  
**UST Removal Analytical Data**  
**Facility ID#200500019, Tank #2**  
**COT-12th Street Fleet Maintenance Facility**  
**June 2005**

Parameter	Method	Units	Tank Pit Sidewall Sample Analysis						
			Soil Cleanup Target Level		Leachability	North 3-4 ft	South 3-4 ft	East 3-4 ft	West 3-4 ft
			Direct/Res.	Direct/Ind.					
TRPH	FL-PRO	mg/kg	460	2700	340	13.6	15.8	22.9	22.8
Arsenic	6020A	mg/kg	2.1	12	***	<0.724	<0.607	0.308	<0.606
Cadmium	6020A	mg/kg	82	1700	7.5	<0.724	<0.607	<0.592	<0.606
Chromium	6020A	mg/kg	210	470	38	1.17	0.898	23.5	0.885
Lead	6020A	mg/kg	400	1400	***	0.666	2.51	13.2	0.776
SVOCs	8270C	mg/kg	NA	NA	NA	ND	ND	ND	ND
Tetrachloroethylene	8260B	mg/kg	8.8	18	0.03	<0.006	<0.005	0.011	<0.005
Trichloroethylene	8260B	mg/kg	6.4	9.3	0.03	<0.006	<0.005	0.001	<0.005

Parameter	Method	Units	Temporary Monitor Well Analysis (TMW-1)	
			GCTL	TMW-1
TRPH	FL-PRO	mg/L	5	1.96
Arsenic	6020A	mg/L	0.01	0.089
Cadmium	6020A	mg/L	0.005	0.009
Chromium	6020A	mg/L	0.1	0.624
Lead	6020A	mg/L	0.015	2.35
Turbidity	180.1	NTUs	na	3000
1,2-Dichlorobenzene	8270C	mg/L	0.6	0.007
Naphthalene	8270C	mg/L	0.014	0.019
Phenol	8270C	mg/L	0.01	0.015
Benzene	8260	µg/L	1	275
1,1-Dichloroethane	8260	µg/L	70	120
trans-1,2-Dichloroethylene	8260	µg/L	100	7.93
Ethylbenzene	8260	µg/L	30	16.5
Tetrachloroethylene	8260	µg/L	3	29.1
Toluene	8260	µg/L	40	308
Trichloroethylene	8260	µg/L	3	3.26
Vinyl Chloride	8260	µg/L	1	19.3

Parameter	Method	Units	Results
TRPH	FL-PRO	mg/kg	100
Arsenic	6020A	mg/kg	1.11
Cadmium	6020A	mg/kg	0.791
Chromium	6020A	mg/kg	8.5
Lead	6020A	mg/kg	768
VOHs	8260B	mg/kg	ND

Storage Tank Facility Compliance Inspection Report
Florida Department of Environmental Protection
Pollutant Storage Tank System
EPC/HC Waste Management Division
3629 Queen Palm Drive, Tampa, FL 33619

Facility ID 299807370 Facility Type Mineral Acid No DPRC No Inspection No. 6
Facility Name CITY OF TAMPA - 616 Date 6/15/2005 Insp. Type TXI - CLOSURE INSPECTION, LEAVE COMPLETION DATE OPEN UNTIL CLR
Facility Location Raymond Ave/Eva Street, Tampa, FL 33601
Facility Contact Dan Fahey Phone (813) 348-1094
Owner Name CITY OF TAMPA Phone (813) 348-1094
Owner Address 1508 Clark Avenue, Tampa, FL 33607
Owner Contact Dan Fahey
Water Source MUNICIPAL # USTs # ASTs
Latitude 27-57-12.2 Longitude 82-26-53.1 Lat/Lon Method AGPS SS TT RR 19-29-19 Folio

Financial Responsibility. Coverage meeting federal financial responsibility requirements

Mechanism: SELF-INSURANCE - LETTER FROM CHIEF FINANCIAL OFFICER Effective Date: 2/26/2004 Expiration Date: 6/26/2005

Carrier: \_\_\_\_\_

Non-Compliance Items

Table with 3 columns: Item, Citation, Description. Includes handwritten note: 'Tank #2' with an arrow pointing to the Description column.

Based upon the inspection results and information provided by the owner/operator, does this facility appear to meet the requirements of Florida Administration Codes 62-761 and 62-762?

[X] Yes [ ] CWOE [ ] No [ ] NCL [ ] CRLE

Documentation and/or notification for reinspection must be provided within \_\_\_ days to verify correction of the non-compliance items noted.

DEP District or Local Program: EPC - Hillsborough County

CHRISTIE JACOBS
Inspector Name (Print)

Mailed to Dan Fahey
Contact Name (Print)

Inspector's Signature
Phone 813-627-2600
Fax 813-627-2640

Contact's Signature

Date 6/15/05

Date 6/23/05

Time Spent Log

Table with 4 columns: Date, Hours, Initials, Description. Includes Appointment Date and Total Hours Spent.

**Storage Tank Facility Compliance Inspection Report**  
Florida Department of Environmental Protection  
Pollutant Storage Tank System

**Facility ID** 299807370      **Facility Type**      **Mineral Acid No**      **DPRC No**      **Inspection No.** 6  
**Facility Name** CITY OF TAMPA - 616      **Date** 6/15/2005      **Insp. Type** TXI - CLOSURE INSPECTION, LEAVE COMPLETION  
N. 12th S.      DATE OPEN UNTIL CLR  
**Facility Location** Raymond Ave/Eva Street, Tampa, FL 33601  
**Facility Contact** Dan Fahey      **Phone** (813) 348-1094

Open Tanks: (No open tanks)

Unregulated & Closed Tanks:

Stat	DEP Tank ID	Fac ID	Tank Size	Cont	Install Date	Above/Under	Status Date
B	1		500	Y	3/2005	U	01/01/1900
B	2		1000	Y	4/2005	U	01/01/1900

**Stora Tank Facility Compliance Inspection Report**  
**Florida Department of Environmental Protection**  
**Pollutant Storage Tank System**

**Facility ID** 299807370      **Facility Type**      **Mineral Acid No**      **DPRC No**      **Inspection No.** 6  
**Facility Name** CITY OF TAMPA - 616      **Date** 6/15/2005      **Insp. Type** TXI - CLOSURE INSPECTION, LEAVE COMPLETION  
N. 12th S.      DATE OPEN UNTIL CLR  
**Facility Location** Raymond Ave/Eva Street, Tampa, FL 33601  
**Facility Contact** Dan Fahey      **Phone** (813) 348-1094

**Observations:**

**LOCATION:** SW Corner Raymond Street/Eva Street

On 6/15/05 - 2:45 - TXI/CJ - Met on site w/Dana Kress, TBE Group, & Dane Terrell, Advantage Environmental Services, to perform the Closure Inspection.

Upon arrival the following were observed:

**TANK:** (1) <sup>2 already to steel</sup> 4,000 Steel Underground Tank. Tank appeared to be filled water/liquid as it sits on ground awaiting to be pumped out. Approximately 3:20 p.m. US Filter came on site, however, could not pumped out content due to the high level of pH which needed to be stabilized per Dane Terrell.

**SOILS:** Approximately 18 yds were removed from excavation. OVA readings were taken around excavation. ~5 ppm per Dana w/TBE Group. Approximately 16-18 yds of clean soil on site. No odor or evidence of sheen detected. Soil sampling and analyses must be performed in accordance with the State's Closure Requirements

**GROUNDWATER:** ~4' Groundwater sampling and analyses must be performed in accordance with the State's Closure Requirements.

**PIPING:** No associated piping observed

**INSTRUMENT:** MicroFID I/S was calibrated @ 95 in the office and on site

**DEGASSING METHOD:** Did not observed

Closure Report must be submitted to EPC within 60 days to include copies of manifests for the disposal of tanks, product or sludge and any contaminated soils removed.

=====  
On 6/16/05 - 2:05 - TXA/CJ - Visited facility to take pictures. Met w/Dane Terrell, Advantage Environmental Services. A closer look at the tank inside appeared to have white foam w/ liquid which may be an indication that the tank may have been filled in placed previously. The excavation was already filled in with soil.

~2:15 US Filter arrived on site to remove the liquid content out tank.

Tank remained on site when departed.

Mailed to:

Mr. Daniel Fahey  
CITY OF TAMPA  
OFFICE OF ENVIRONMENTAL COORDINATION  
4010 W. Spruce Street  
Tampa, FL 33607





# Storage Tank System Leak Autopsy Report Form (Revised, 2004)

*Invalid - R  
Unprotected Tank  
Filed  
11-29-05*

Please check all blocks that apply for the entire form and **PRINT LEGIBLY**

## Site Information

Facility Name	Facility ID Number	County	Owner/Operator Name	Discharge Date
12 <sup>th</sup> St. Maintenance Yard	29/9807370	29	City of Tampa	3/2/05 ✓

## System Information (At the Time of Release)

### Tank

<b>Tank Type</b>
<input checked="" type="checkbox"/> Underground Storage Tank
<input type="checkbox"/> Shop-fabricated Aboveground Storage Tank
<input type="checkbox"/> Field-erected Aboveground Storage Tank

<b>Tank Installation Date:</b> unknown (Note if Unknown)
<b>Tank Manufacturer Name:</b> unknown (Note if Unknown)
<b>Piping Installation Date:</b> unknown (Note if Unknown)
<b>Piping Manufacturer Name:</b> unknown (Note if Unknown)

RECEIVED  
 NOV 15 11 59 AM '05  
 TANK  
 REGISTRATION

## System Information

Please check all blocks that apply for the entire form

### USTs

Material	Other Attributes	Ancillary Equipment
<input type="checkbox"/> Galvanized Steel	<input type="checkbox"/> Sacrificial Anodes	<input type="checkbox"/> Spill Containment Bucket
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Impressed Current System	<input checked="" type="checkbox"/> No Spill Containment
<input type="checkbox"/> Composite	<input type="checkbox"/> Internal Lining	<input type="checkbox"/> Overfill Protection
<input checked="" type="checkbox"/> Unprotected Steel	<input checked="" type="checkbox"/> Single Wall	<input type="checkbox"/> Ball Check Valve
<input type="checkbox"/> Other Approved	<input type="checkbox"/> Double Wall (same material)	<input type="checkbox"/> Flow Shut-Off
<input type="checkbox"/> Concrete	<input type="checkbox"/> Double Wall (different material)	<input type="checkbox"/> Tight Fill
<input type="checkbox"/> Polyethylene	<input type="checkbox"/> Secondary Containment with a liner	<input type="checkbox"/> Alarm System
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other Approved (Tank Bladders, etc.)	<input type="checkbox"/> Remote Fill
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Compartmented	<input checked="" type="checkbox"/> No Overfill Protection
	<input type="checkbox"/> External Liner	<input type="checkbox"/> Other (Specify)

### ASTs

Material	Other Attributes	Ancillary Equipment
<input type="checkbox"/> Steel	<input type="checkbox"/> Shop-Fabricated	<input type="checkbox"/> Overfill Protection
<input type="checkbox"/> Concrete	<input type="checkbox"/> Field-Erected	<input type="checkbox"/> No Overfill Protection
<input type="checkbox"/> Polyethylene	<input type="checkbox"/> Synthetic liner beneath tank (SC)	<input type="checkbox"/> Flow Shut-Off
<input type="checkbox"/> Approved Synthetic	<input type="checkbox"/> Concrete beneath tank (SC)	<input type="checkbox"/> Single Level Alarm System
<input type="checkbox"/> Other Approved	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Gauges
<input type="checkbox"/> Cut and Cover	<input type="checkbox"/> Internal Secondary Containment	<input type="checkbox"/> Other Approved
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other Approved Secondary Containment	<input type="checkbox"/> High & High-High Level Alarm System
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Single Wall	<input type="checkbox"/> Spill Containment using Impervious Dike Field (for Shop-Fabricated Tanks)
	<input type="checkbox"/> Impressed Current System	<input type="checkbox"/> No Spill Containment
	<input type="checkbox"/> Synthetic Dike Field Liner	<input type="checkbox"/> Anti-Siphon Valves
	<input type="checkbox"/> Concrete Dike Field Liner	<input type="checkbox"/> Block Valves
	<input type="checkbox"/> Other Approved Dike Field Liner	<input type="checkbox"/> Solenoid Valves
	<input type="checkbox"/> Secondary Containment around pumps/valves	<input type="checkbox"/> Other (Specify)

**Piping – AST or UST**

Material	Other Attributes	Ancillary Equipment
<input type="checkbox"/> Galvanized Steel	<input type="checkbox"/> Sacrificial Anodes	<input type="checkbox"/> Dispenser Sump(s)
<input type="checkbox"/> External Coating	<input type="checkbox"/> Impressed Current System	<input type="checkbox"/> No Dispenser Sumps
<input type="checkbox"/> Fiberglass	<input checked="" type="checkbox"/> Single Wall	<input checked="" type="checkbox"/> No Dispenser
<input type="checkbox"/> Composite	<input type="checkbox"/> Double Wall (same material)	<input type="checkbox"/> Piping Sump(s)
<input checked="" type="checkbox"/> Unprotected Steel	<input type="checkbox"/> Double Wall (different material)	<input checked="" type="checkbox"/> No Piping Sumps
<input type="checkbox"/> Flexible Thermoplastic Polyethylene	<input type="checkbox"/> Secondary Containment with a liner	<input type="checkbox"/> Single check valve
<input type="checkbox"/> Semi-Rigid High-Density Polyethylene	<input type="checkbox"/> Other Approved Secondary Containment	<input type="checkbox"/> Foot Valves
<input type="checkbox"/> Other Approved	<input type="checkbox"/> Box-trench Liner	<input type="checkbox"/> Mechanical Line Leak Detector (LLD)
<input type="checkbox"/> Unknown	<input type="checkbox"/> Pressurized	<input type="checkbox"/> Electronic LLD
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Not-Pressurized except when in use	<input type="checkbox"/> No Line Leak Detector
	<input type="checkbox"/> Suction	<input type="checkbox"/> Remote Fill with Spill Protection
	<input type="checkbox"/> Manifolder	<input type="checkbox"/> Remote Fill without Spill Protection
	<input type="checkbox"/> Bulk Product	<input type="checkbox"/> Spill containment within Dike Field (Shop-Fabs)
	<input type="checkbox"/> Small Diameter	<input type="checkbox"/> Spill containment outside Dike Field (Shop-Fabs)
	<input type="checkbox"/> Hydrant System	<input type="checkbox"/> Other (Specify)
	<input type="checkbox"/> Aboveground, no contact with soil	
	<input type="checkbox"/> Over Surface Water	

**Leak Detection Method Used at the Facility**

UST	AST	Piping
<input type="checkbox"/> Continuous Internal Interstitial Monitoring (Vacuum, Pressure, or Hydrostatic)	<input type="checkbox"/> Interstitial Monitoring	<input type="checkbox"/> Interstitial Monitoring
<input type="checkbox"/> Internal Interstitial Monitoring – Sensors, probes, or Visual	<input type="checkbox"/> Groundwater Monitoring Wells	<input type="checkbox"/> Groundwater Monitoring Wells
<input type="checkbox"/> Interstitial Monitoring within a liner system	<input type="checkbox"/> Vapor Monitoring Wells	<input type="checkbox"/> Vapor Monitoring Wells
<input type="checkbox"/> Groundwater Monitoring Wells	<input type="checkbox"/> Vapor Monitoring Probes	<input type="checkbox"/> Vapor Monitoring Probes
<input type="checkbox"/> Vapor Monitoring Wells	<input type="checkbox"/> Tracer Technology	<input type="checkbox"/> Tracer Technology
<input type="checkbox"/> SIR	<input type="checkbox"/> Visual Inspections	<input type="checkbox"/> Visual Inspections
<input type="checkbox"/> ATG	<input type="checkbox"/> Cable Systems	<input type="checkbox"/> Cable Systems
<input type="checkbox"/> Manual Tank Gauging	<input type="checkbox"/> Fiber-optic Technologies	<input type="checkbox"/> Pressure Tests (Bulk)
<input type="checkbox"/> Visual Inspections	<input type="checkbox"/> SPCC Plans	<input type="checkbox"/> Pressure Tests (Small)
<input type="checkbox"/> Other Approved Methods	<input type="checkbox"/> Tank Shell Monitoring System	<input type="checkbox"/> Mechanical Line Leak Detectors
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other Approved Methods	<input type="checkbox"/> Automatic Line Leak Detectors
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Other Approved Methods

### Release Information

Date of receipt of test results or discovery of confirmed discharge: 3/2/05month/day/year ✓	
Estimated number of gallons discharged: _____	Latitude 27 57 13 Longitude 82 26 54 of the Discharge

#### Discharge affected

<input type="checkbox"/> Air	<input type="checkbox"/> Drinking water well(s)
<input checked="" type="checkbox"/> Soil	<input type="checkbox"/> Surface water
<input checked="" type="checkbox"/> Ground water	<input type="checkbox"/> Other _____

#### Type of regulated substance discharged: (check one)

<input checked="" type="checkbox"/> Gasoline	<input type="checkbox"/> Used/waste oil
<input type="checkbox"/> Diesel	<input type="checkbox"/> New/lube oil
<input type="checkbox"/> Kerosene	<input type="checkbox"/> Mineral acid
<input type="checkbox"/> Jet fuel	<input type="checkbox"/> Petroleum Contact Water
<input type="checkbox"/> Aviation gas	<input type="checkbox"/> Pesticides
<input type="checkbox"/> Gasohol	<input type="checkbox"/> Chlorine Compounds
<input type="checkbox"/> Emergency Generator Diesel Fuel	<input type="checkbox"/> Ammonia Compounds
<input type="checkbox"/> Heating oil	<input type="checkbox"/> Petroleum Derivative Products
<input type="checkbox"/> Hazardous substance	<input type="checkbox"/> Other
<input type="checkbox"/> Grades 5 & 6 Residual Oils	<input type="checkbox"/> Unknown

#### Method of Discovery of the Discharge

	***If Leak Detection, specify method:	
<input type="checkbox"/> Leak Detection Methods	<input type="checkbox"/> Manual Tank Gauging	<input type="checkbox"/> Mechanical LLD
<input type="checkbox"/> Closure-in-Place	<input type="checkbox"/> Groundwater Monitoring	<input type="checkbox"/> Electronic LLD
<input checked="" type="checkbox"/> Removal	<input type="checkbox"/> Vapor Monitoring	<input type="checkbox"/> Visual Inspection of ASTs
<input type="checkbox"/> Installation or Upgrade	<input type="checkbox"/> SIR	<input type="checkbox"/> Cable Systems
<input type="checkbox"/> Property Transfer	<input type="checkbox"/> ATG	<input type="checkbox"/> Tracer technologies
<input type="checkbox"/> Inventory Reconciliation	<input type="checkbox"/> Tank Tightness Testing	<input type="checkbox"/> Visual Inspection of USTs
<input type="checkbox"/> Visual	<input type="checkbox"/> Electronic Sensors or probes	<input type="checkbox"/> Small Diameter Piping Pressure Tests
<input type="checkbox"/> Olfactory	<input type="checkbox"/> Interstitial Monitoring within a liner system	<input type="checkbox"/> Bulk Product Piping Pressure Tests
<input type="checkbox"/> Water in Tank	<input type="checkbox"/> Continuous Internal Interstitial Monitoring (Vacuum, Pressure, or Hydrostatic)	<input type="checkbox"/> Fiber-Optic or Cable Technologies
<input type="checkbox"/> Annual or Regularly Scheduled Tank Tightness Testing	<input type="checkbox"/> Internal Interstitial Monitoring – Sensors, probes, or Visual	<input type="checkbox"/> Tank Shell Monitoring System
<input type="checkbox"/> Tank or Line Tightness Testing Performed for other Reasons _____	<input type="checkbox"/> Vapor Monitoring Probes	<input type="checkbox"/> Other Approved Methods
<input type="checkbox"/> UST Internal Inspection	<input type="checkbox"/> Secondary/Interstitial Monitoring	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Integrity Assessment – API 653 or 570		
<input type="checkbox"/> Analytical tests or samples		
<input type="checkbox"/> Unknown		
<input type="checkbox"/> Other _____		

Did the method of Leak Detection relied on for compliance purposes fail to detect the release? (Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> ) If so, what was the method relied on for compliance purposes? n/a	
---	--

**Source of Discharge (if there are multiple sources, check all that apply, but explain in comments):**

<input type="checkbox"/> UST	<input type="checkbox"/> Shop-Fabricated AST
<input type="checkbox"/> Small Diameter Piping	<input type="checkbox"/> Field-erected AST
<input type="checkbox"/> Flex-Connector	<input type="checkbox"/> Bulk Product Piping
<input type="checkbox"/> UST Vent Line	<input type="checkbox"/> Pipeline
<input type="checkbox"/> UST Fill Pipe	<input type="checkbox"/> Valves (ASTs)
<input type="checkbox"/> UST Turbine Pump	<input type="checkbox"/> Pump (ASTs)
<input type="checkbox"/> Dispenser (Meter, filter, connections, or other)	<input type="checkbox"/> Barge or Vessel
<input type="checkbox"/> Delivery Vehicle	<input type="checkbox"/> Bulk Product Dock Piping (connected to ASTs)
<input type="checkbox"/> UST Electronic/Mechanical Line Leak Detector	<input type="checkbox"/> Hydrant Pit (AST systems)
<input type="checkbox"/> UST Spill Bucket	<input type="checkbox"/> AST Spill Containment System
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> AST Vents
<input checked="" type="checkbox"/> Unknown (if unknown, file is invalid)	<input type="checkbox"/> Non-regulated system (if so, file is invalid)

**Cause of the Discharge (if there are multiple causes, check all that apply, but explain in comments)**

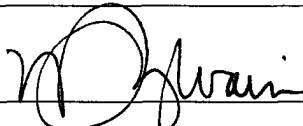
<input type="checkbox"/> Loose Component (filter, piping connection, bung, etc)	<input type="checkbox"/> Spill	<input type="checkbox"/> Improper Installation
<input type="checkbox"/> Corrosion	<input type="checkbox"/> Overfill	<input type="checkbox"/> Vehicle Accident
<input type="checkbox"/> Puncture	<input type="checkbox"/> Weather	<input type="checkbox"/> Physical or Mechanical Damage
<input type="checkbox"/> Material Failure (crack, split, etc.)	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Human Error
<input type="checkbox"/> Material Incompatibility		<input type="checkbox"/> Vandalism or Malicious Intent
<input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Fire/Explosion

**Release Identified by:**

<input checked="" type="checkbox"/> Owner/Operator	<input type="checkbox"/> Service Contractor	<input type="checkbox"/> Local Government Inspector
<input type="checkbox"/> Third Party	<input type="checkbox"/> State Inspector	<input type="checkbox"/> Other (Specify)

**Additional Information: (Attach Photos if available)**

One 500 gallon UST discovered while performing a site assessment on this property. Approximately 385 tons of contaminated soil were removed.

SIGNATURE: 

AFFILIATION: BECH



# Discharge Report Form

PLEASE PRINT OR TYPE

DEP Form # 42-761-999(1)  
 Form Title Discharge Report Form  
 Effective Date July 13, 1999

Instructions are on the reverse side. Please complete all applicable blanks

1. Facility ID Number (if registered): 299807370  
258625662 2. Date of form completion: 3/3/05

### 3. General information

Facility name or responsible party (if applicable): LOT FORMER 12TH ST. MARIN. YARD  
 Facility Owner or Operator, or Discharger: CITY OF TAMPA  
 Contact Person: DAN FAHEY Telephone Number (if): (813) 548-1094 County: HILLSBOROUGH  
 Facility or Discharger Mailing Address: 1502 CLARK AVE  
 Location of Discharge (street address): SE CORNER of Raymond / EVA SHEETS  
 Latitude and Longitude of Discharge (if known): \_\_\_\_\_

4. Date of receipt of test results or discovery of confirmed discharge: OVA data attached (3-2-05)  
Lab Analysis Pending month/day/year 5. Estimated number of gallons discharged: Unknown

6. Discharge affected:  Air  Soil  Groundwater  Drinking water well(s)  Surface water (water-body name)  Shoreline

### 7. Method of discovery (check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Liquid detector (automatic or manual) | <input type="checkbox"/> Internal inspection    | <input checked="" type="checkbox"/> Closure/Closure Assessment |
| <input type="checkbox"/> Vapor detector (automatic or manual)  | <input type="checkbox"/> Inventory control      | <input type="checkbox"/> Groundwater analytical samples        |
| <input type="checkbox"/> Tightness test                        | <input type="checkbox"/> Monitoring wells       | <input type="checkbox"/> Soil analytical tests or samples      |
| <input type="checkbox"/> Pressure test                         | <input type="checkbox"/> Automatic tank gauging | <input type="checkbox"/> Visual observation                    |
| <input type="checkbox"/> Statistical Inventory Reconciliation  | <input type="checkbox"/> Manual tank gauging    | <input type="checkbox"/> Other <u>POS. RESPONSE ON OVA/FID</u> |

### 8. Type of regulated substance discharged: (check one)

- |   |   |                                   |                                      |                                       |
|---|---|-----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Unknown  | <input type="checkbox"/> Used/waste oil | <input type="checkbox"/> Jet fuel | <input type="checkbox"/> Heating oil | <input type="checkbox"/> New/lube oil |
| <input checked="" type="checkbox"/> Gasoline  | <input type="checkbox"/> Aviation gas   | <input type="checkbox"/> Diesel   | <input type="checkbox"/> Kerosene    | <input type="checkbox"/> Mineral acid |
| <input type="checkbox"/> Hazardous substance - includes CERCLA substances from USTs above reportable quantities, pesticides, ammonia, chlorine, and derivatives (write in name or Chemical Abstract Service (CAS) number) |   |                                   |                                      |                                       |
| <input type="checkbox"/> Other _____  |   |                                   |                                      |                                       |

### 9. Source of Discharge: (check all that apply)

- |   |  |                                       |   |                                   |
|---|--|---------------------------------------|---|-----------------------------------|
| <input checked="" type="checkbox"/> Dispensing system | <input checked="" type="checkbox"/> Pipe | <input type="checkbox"/> Barge        | <input type="checkbox"/> Pipeline         | <input type="checkbox"/> Vehicle  |
| <input type="checkbox"/> Tank                         | <input type="checkbox"/> Fitting         | <input type="checkbox"/> Tanker ship  | <input type="checkbox"/> Railroad tankcar | <input type="checkbox"/> Airplane |
| <input type="checkbox"/> Unknown                      | <input type="checkbox"/> Valve failure   | <input type="checkbox"/> Other Vessel | <input type="checkbox"/> Tank truck       | <input type="checkbox"/> Drum     |
| <input type="checkbox"/> Other <u>UNKNOWN</u>         |  |                                       |   |                                   |

### 10. Cause of the discharge: (check all that apply)

- |   |                                   |                                      |   |   |
|---|-----------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Loose connection     | <input type="checkbox"/> Puncture | <input type="checkbox"/> Spill       | <input type="checkbox"/> Collision        | <input type="checkbox"/> Corrosion            |
| <input type="checkbox"/> Fire/explosion       | <input type="checkbox"/> Overfill | <input type="checkbox"/> Human error | <input type="checkbox"/> Vehicle Accident | <input type="checkbox"/> Installation failure |
| <input type="checkbox"/> Other <u>UNKNOWN</u> |                                   |                                      |   |   |

11. Actions taken in response to the discharge: UST removed, excessively contaminated soil excavated for off-site disposal

12. Comments: \_\_\_\_\_

### 13. Agencies notified (as applicable):

- |  |   |  |  |  |
|--|---|--|--|--|
| <input type="checkbox"/> State Warning Point<br>1-800-320-0519 | <input type="checkbox"/> National Response Center<br>1-800-424-8802 | <input type="checkbox"/> Florida Marine Patrol<br>(800) 342-5367 | <input type="checkbox"/> Fire Department | <input type="checkbox"/> DEP (district/person)<br><input checked="" type="checkbox"/> County Tanks Program |
|--|---|--|--|--|

14. To the best of my knowledge and belief, all information submitted on this form is true, accurate, and complete.

Rich Hargburg, Agent  
 Printed Name of Owner, Operator or Authorized Representative, or Discharger

Rich Hargburg, Agent  
 Signature of Owner, Operator or Authorized Representative, or Discharger

PCT/STUM  
6/21/05

RECEIVED  
 DEP  
 10/28/05  
 5/4/05  
 (3)

**Storage Tank Facility Compliance Inspection Report**

Florida Department of Environmental Protection  
Pollutant Storage Tank System  
EPC/HC Waste Management Division  
3629 Queen Palm Drive, Tampa, FL 33619

**Facility ID** 298625662      **Facility Type** H - LOCAL GOVERNMENT      **Mineral Acid No**      **DPRC No**      **Inspection No.** 26  
**Facility Name** TAMPA, CITY-DPW FLEET MAINT DIV #1      **Date** 3/2/2005      **Insp. Type** TXI - CLOSURE INSPECTION, LEAVE COMPLETION DATE OPEN UNTIL CLR  
**Facility Location** 612 N 12TH ST, TAMPA, FL 33602-3115  
**Facility Contact** RICK SCHONDER      **Phone** (813) 223-8696  
**Owner Name** TAMPA CITY - FLEET MAINTENANCE      **Phone** (813) 878-1001  
**Owner Address** 1508 N CLARK AVE, TAMPA, FL 33607-2307  
**Owner Contact** RICK SCHONDER  
**Water Source** MUNICIPAL      # USTs 3      # ASTs 0  
**Latitude** 27-57-13.0000      **Longitude** 82-26-54.0000      **Lat/Lon Method** AGPS      **SS TT RR** 19-29-19      **Folio** 189552.0000

**Financial Responsibility. Coverage meeting federal financial responsibility requirements**

Mechanism: SELF-INSURANCE - LETTER FROM CHIEF FINANCIAL OFFICER      Effective Date: 2/26/2004      Expiration Date: 2/26/2005

Carrier: \_\_\_\_\_

**Non-Compliance Items**

**Item      Citation      Description**

Item	Citation	Description

**Based upon the inspection results and information provided by the owner/operator, does this facility appear to meet the requirements of Florida Administration Codes 62-761 and 62-762?**

Yes       CWOE       No       NCL       CRLE

Documentation and/or notification for reinspection must be provided within 60 days to verify correction of the non-compliance items noted.

**DEP District or Local Program: EPC - Hillsborough County**

**Time Spent Log**

FORSWYTH LUZEY

Rick Schouder

**Date      Hours      Initials      Description**

Inspector Name (Print)

Contact Name (Print)

Appointment Date

Forsyth Luze

Contact's Signature

\_\_\_\_\_

Inspector's Signature  
Phone 813-272-5960  
Fax 813-276-2256

\_\_\_\_\_

Date 3-2-05

Date mailed on 3-7-05

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Hours Spent

## Storage Tank Facility Compliance Inspection Report

Florida Department of Environmental Protection  
Pollutant Storage Tank System

**Facility ID** 298625662      **Facility Type** H - LOCAL GOVERNMENT      **Mineral Acid No**      **DPRC No**      **Inspection No.** 26  
**Facility Name** TAMPA, CITY-DPW FLEET MAINT DIV #1      **Date** 3/2/2005      **Insp. Type** TXI - CLOSURE INSPECTION, LEAVE COMPLETION DATE OPEN UNTIL CLR  
**Facility Location** 612 N 12TH ST, TAMPA, FL 33602-3115  
**Facility Contact** RICK SCHONDER      **Phone** (813) 223-8696

**Open Tanks:**

Stat	DEP Tank ID	Fac ID	Tank Size	Cont	Install Date	A/U	Construction	Piping	Monitoring	Event Dates	Init Vacuum
T	1		10000	D	1/1900	U	A, E, M, O, P	C, F, J, K	2, 3, 4, H, L	LDT:05/21/2002 LTT:03/23/1999	
T	2		10000	B	1/1900	U	A, E, M, O, P	C, F, J, K	2, 3, 4, H, L	LDT:05/21/2002 LTT:03/23/1999	
T	3		10000	B	1/1900	U	A, E, M, O, P	C, F, J, K	2, 3, 4, H, L	LDT:05/21/2002 LTT:03/23/1999	

**Unregulated & Closed Tanks:**

Stat	DEP Tank ID	Fac ID	Tank Size	Cont	Install Date	Above/Under	Status Date
B	10		500	L	1/1900	U	12/01/1998
A	4		4000	A	1/1958	U	05/01/1988
B	5		4000	D	1/1958	U	
B	6		1000	A	1/1958	U	
B	7		1500	A	1/1958	U	
B	8		1500	A	1/1958	U	
B	9		1500	A	1/1958	U	07/01/1989

# Storage Tank Facility Compliance Inspection Report

Florida Department of Environmental Protection

## Pollutant Storage Tank System

**Facility ID** 298625662      **Facility Type** H - LOCAL GOVERNMENT      **Mineral Acid No**      **DPRC No**      **Inspection No.** 26  
**Facility Name** TAMPA,CITY-DPW FLEET MAINT DIV #1      **Date** 3/2/2005      **Insp. Type** TXI - CLOSURE INSPECTION, LEAVE COMPLETION DATE OPEN UNTIL CLR  
**Facility Location** 612 N 12TH ST, TAMPA, FL 33602-3115  
**Facility Contact** RICK SCHONDER      **Phone** (813) 223-8696

### Observations:

03/02/05, TXI/FL:

Tank closure inspection performed on 03/02/05. Abandoned tank discovered while performing drilling for assessment on property.

Upon arrival tank had been excavated and sitting on plastic sheeting. No personnel on site, equipment still present. The tank is bare steel with some small holes noted on the top portion. Dirt was still adhered to tank exterior so a thorough inspection of the lower section was not possible. The tank size is about 550 gallons. Some residual still present in tank. Varnish type odor present at tank. Piping (steel) has been removed. Excavation was still open. Groundwater approx. 4ft. No petroleum sheen noted on groundwater.

Kevin Sanders of TBE Group and Dane Terrell of Environmental Services Inc. arrived on site as I was leaving. According to Mr. Sanders some OVA sampling was done around the tank, but more will be performed. Confirmatory soil analyticals as well as a groundwater analytical sample will be taken. Thus far at least one OVA reading is above 100 ppm (corrected). The tank was pumped out earlier by US Filter. The content is believed to have been gasoline. Groundwater samples to be analyzed for the gasoline and kerosene group parameters.

Informed Mr. Sanders that based on the OVA readings an INF must be submitted and if analytical results are above cleanup target levels a DRF must be submitted. (DRF received 03/04/05 will be processed if analytical results warrant) The closure assessment report including all manifests, and contractor forms must be submitted to EPC within 60 days.

---

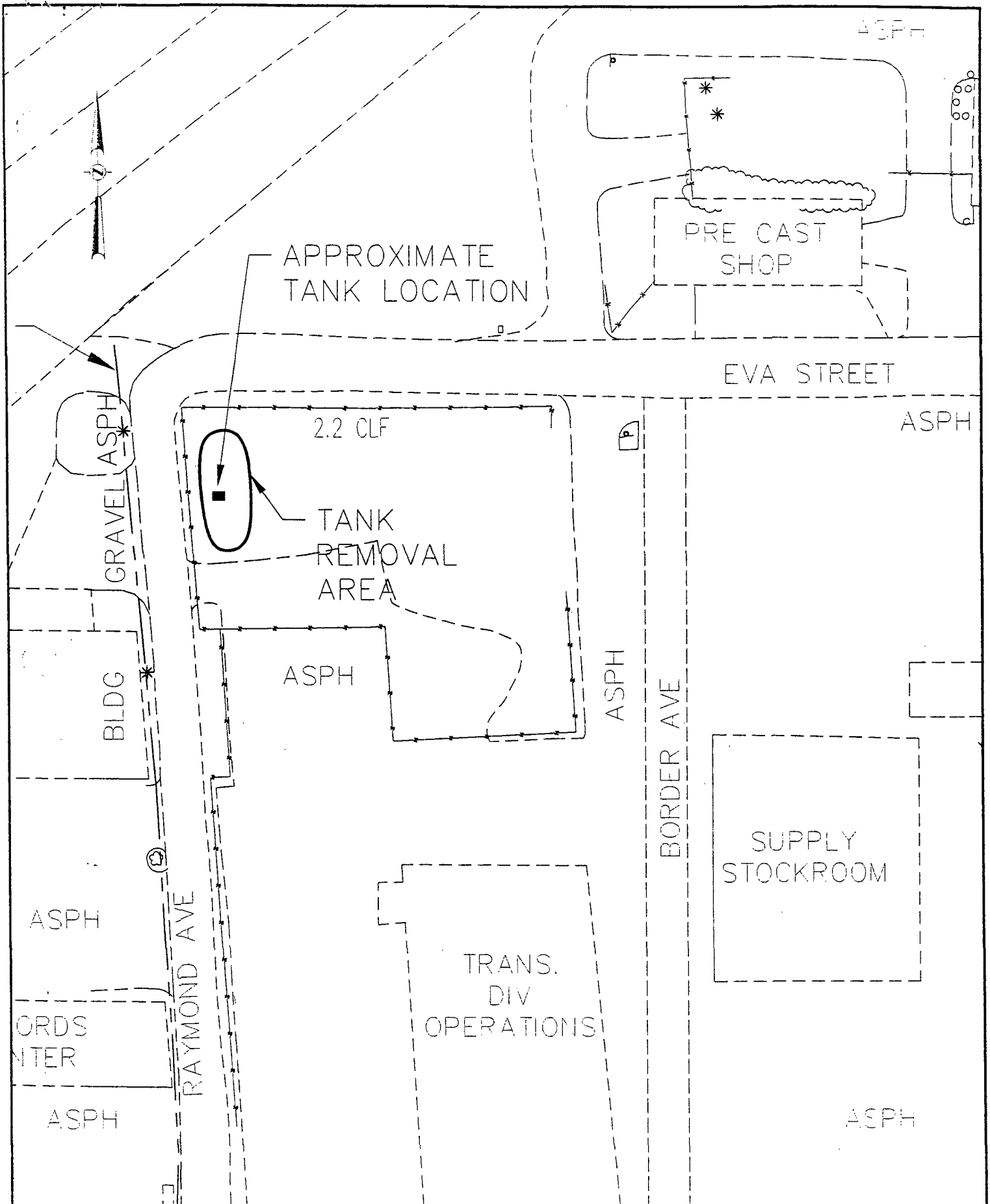


**OVA Results from 500 Gallon Tank Removal  
 Tank Number 11  
 Facility ID# 298625662  
 Former 12th Street Maintenance Yard  
 March 2, 2005**

Sample Location	Unfiltered OVA Reading (ppm)	Filtered OVA Reading (ppm)	Net OVA Reading (ppm)
-----------------	------------------------------	----------------------------	-----------------------

Soil evaluation immediately after tank was pulled out			
North side of pit	5.2	<1	5.2
South side of pit	288	125	163
East side of pit	8.1	<1	8.1
West side of pit	<1	NA	<1
Bottom of pit	<1	NA	<1

Expanded pit sidewall sample results			
North side of pit	<1	NA	<1
South side of pit	<1	NA	<1
East side of pit	<1	NA	<1
West side of pit	<1	NA	<1
Bottom of pit	<1	NA	<1



SEAPORT TOWN CENTRE  
 Tank Removal Location &  
 Soil Excavation Area March 2005

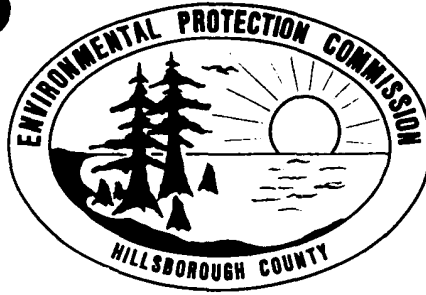
FIGURE  
 2

**SITE 9**

**DETSKO TERMINAL**

COMMISSION  
PHYLLIS BUSANSKY  
JOE CHILLURA  
SYLVIA KIMBELL  
LYDIA MILLER  
JIM NORMAN  
JAN KAMINIS PLATT  
ED TURANCHIK

FAX (813) 272-5157



ROGER P. STEWART  
EXECUTIVE DIRECTOR  
ADMINISTRATIVE OFFICES  
AND  
WATER MANAGEMENT DIVISION  
1900 - 9TH AVENUE  
TAMPA, FLORIDA 33605  
TELEPHONE (813) 272-5960

AIR MANAGEMENT DIVISION  
TELEPHONE (813) 272-5530

WASTE MANAGEMENT DIVISION  
TELEPHONE (813) 272-5788

ECOSYSTEMS MANAGEMENT DIVISION  
TELEPHONE (813) 272-7104

Certified Mail #P 012 858 214

December 8, 1994

Robert Brinkman  
Detsco Terminals, Inc.  
PO Drawer 437  
Mulberry, FL 33860

Dear Mr. Brinkman:

**SUBJECT: PETROLEUM CONTAMINATION; DETSCO TERMINALS, INC. 739 N  
14TH STREET, TAMPA; DEP FAC #298625085**

A Petroleum or Petroleum Contamination Report Form was filed for the above referenced location on November 11, 1994, noting that organic vapor analyses (OVAs) indicated the presence of excessively contaminated soils, pursuant to Chapter 62-770, Florida Administrative Code (F.A.C.).

In accordance with the requirements of Chapter 62-770, F.A.C., (enclosed) all petroleum contaminated sites must be remediated. Furthermore, Sections 62-770.600 and .630, F.A.C. require the initiation of a contamination assessment (CA) within 30 days of the discovery and submittal of the contamination assessment report (CAR) within six months, respectively.

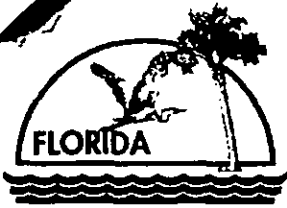
The scope of work may vary depending on site conditions. Before initiating the CA, please contact Henry Robert Lue or Mike McKelvey of the Cleanup Department, EPC, at (813) 272-5788.

If you have any questions, please contact this office at (813) 272-5788.

Sincerely,

Alison J. Abritis  
Environmental Specialist  
STC, Waste Management

cc: Henry Robert Lue, Cleanup Department  
James Card, ComCar



# Department of Environmental Protection

Jeb Bush  
Governor

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

David B. Struhs  
Secretary

MAY 9 2002

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Mr. Billy Ready  
Detsco Terminals, Incorporated  
Post Office Drawer 67  
Auburndale, Florida 33823

Subject: Site Rehabilitation Completion Order  
Detsco Terminals, Incorporated  
739 North 14<sup>th</sup> Street  
Tampa, Hillsborough County  
FDEP Facility ID# 298625085  
Discharge Date: October 25, 1994 (ATRP)

Dear Mr. Ready:

Environmental Protection Commission of Hillsborough County (EPCHC) staff has reviewed the Site Assessment Report (SAR) dated April 18, 2001 (received April 19, 2001) and the No Further Action Proposal (NFAP)/Monitoring Well Abandonment Report dated April 23, 2002 (received April 25, 2002), prepared and submitted by Universal Solutions, Incorporated for this site. Documentation submitted with the NFAP confirms that criteria set forth in Rule 62-770.680(1), Florida Administrative Code (F.A.C.), have been met. The NFAP is hereby incorporated by reference in this Site Rehabilitation Completion Order (Order). Therefore, you are released from any further obligation to conduct site rehabilitation at the site for petroleum product contamination associated with the discharge listed above, except as set forth below.

In the event concentrations of petroleum products' contaminants of concern increase above the levels approved in this Order, or if a subsequent discharge of petroleum or petroleum product occurs at the site, the Department of Environmental Protection (Department) may require site rehabilitation to reduce concentrations of petroleum products' contaminants of concern to the levels approved in the NFAP or otherwise allowed by Chapter 62-770, F.A.C.

"More Protection, Less Process"

Visit Our Internet Site At: [www.dep.state.fl.us/waste/categories/pcp/default.htm](http://www.dep.state.fl.us/waste/categories/pcp/default.htm)

Printed on recycled paper.

### Legal Issues

The Department's Order shall become final unless a timely petition for an administrative proceeding (hearing) is filed under Sections 120.569 and 120.57, Florida Statutes (F.S.), within 21 days of receipt of this Order. The procedures for petitioning for a hearing are set forth below.

Persons affected by this Order have the following options:

If you choose to accept the above decision by the Department about the NFAP you do not have to do anything. This Order is final and effective as of the date on the top of the first page of this Order.

If you disagree with the decision, you may do one of the following:

- (1) File a petition for administrative hearing with the Department's Office of General Counsel within 21 days of receipt of this Order; or
- (2) File a request for an extension of time to file a petition for hearing with the Department's Office of General Counsel within 21 days of receipt of this Order. Such a request should be made if you wish to meet with the Department in an attempt to informally resolve any disputes without first filing a petition for hearing.

Please be advised that mediation of this decision pursuant to Section 120.573, F.S., is not available.

### How to Request an Extension of Time to File a Petition for Hearing

For good cause shown, pursuant to Rule 62-110.106(4), F.A.C., the Department may grant a request for an extension of time to file a petition for hearing. Such a request must be filed (received) in the Department's Office of General Counsel at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this Order. Petitioner, if different from Detsco Terminals, Incorporated, shall mail a copy of the request to Detsco Terminals, Incorporated at the time of filing. Timely filing a request for an extension of time tolls the time period within which a petition for administrative hearing must be made.

### How to File a Petition for Administrative Hearing

A person whose substantial interests are affected by this Order may petition for an administrative hearing under Sections 120.569 and 120.57, F.S. The petition must contain the information set forth below and must be filed (received) in the Department's Office of General Counsel at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this Order. Petitioner, if different from Detsco Terminals, Incorporated, shall mail a copy of the request to Detsco Terminals, Incorporated at the time of

filing. Failure to file a petition within this time period shall waive the right of anyone who may request an administrative hearing under Sections 120.569 and 120.57, F.S.

Pursuant to Section 120.54(5)(b)4.a., F.S., and Rule 28-106.201, F.A.C., a petition for administrative hearing shall contain the following information:

- (a) The name, address, and telephone number of each petitioner, the name, address, and telephone number of the petitioner's representative, if any, the site owner's name and address, if different from the petitioner, the FDEP facility number, and the name and address of the facility;
- (b) A statement of how and when each petitioner received notice of the Department's action or proposed action;
- (c) An explanation of how each petitioner's substantial interests are or will be affected by the Department's action or proposed action;
- (d) A statement of the material facts disputed by the petitioner, or a statement that there are no disputed facts;
- (e) A statement of the ultimate facts alleged, including a statement of the specific facts the petitioner contends warrant reversal or modification of the Department's action or proposed action;
- (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the Department's action or proposed action; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the Department to take with respect to the Department's action or proposed action.

This Order is final and effective as of the date on the top of the first page of this Order. Timely filing a petition for administrative hearing postpones the date this Order takes effect until the Department issues either a final order pursuant to an administrative hearing or an order responding to supplemental information provided pursuant to meetings with the Department.

#### Judicial Review

Any party to this Order has the right to seek judicial review of it under Section 120.68, F.S., by filing a notice of appeal under Rule 9.110 of the Florida Rules of Appellate Procedure with the clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days after this Order is filed with the clerk of the Department (see below).

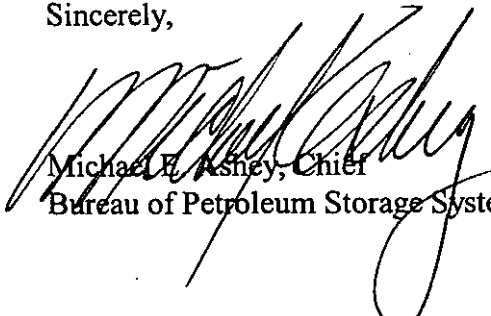
The FDEP Facility Number for this site is 298625085. Please use this identification on all future correspondence with the Department or EPCHC.

Mr. Bill Ready  
Page four

Questions

Any questions regarding EPCHC staff's review of your NFAP should be directed to Malinda K. Bennett at (813) 272-5955, extension 1308. Questions regarding legal issues should be referred to the Department's Office of General Counsel at (850) 488-9314. Contact with any of the above does not constitute a petition for administrative hearing or request for an extension of time to file a petition for administrative hearing.

Sincerely,



Michael E. Ashley, Chief  
Bureau of Petroleum Storage Systems

MEA/mkb

cc: Grace Rivera, FDEP - BPSS  
Malinda K. Bennett, EPCHC  
Brad Ernst, Universal Solutions, Inc., 405 North Reo Street, Suite 160, Tampa, FL 33609  
File

FILING AND ACKNOWLEDGMENT  
FILED, on this date, pursuant to  
§120.52 Florida Statutes, with the  
designated Department Clerk, receipt  
of which is hereby acknowledged.

Nancy C. Davis  
Clerk  
(or Deputy Clerk)

5-9-2002  
Date




P.E. CERTIFICATION

No Further Action Proposal for Detsco Terminals, located at 739 North 14<sup>th</sup> Street, Tampa, FDEP Facility ID# 298625085.

I hereby certify that in my professional judgment, the components of this No Further Action Proposal satisfy the requirements set forth in Chapter 62-770, Florida Administrative Code (F.A.C.), and that the conclusions in this report on the effectiveness of the natural attenuation provide reasonable assurances that the objectives stated in Chapter 62-770, F.A.C., have been met.

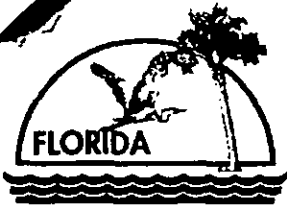
I personally completed this review.

This review was conducted by Malinda K. Bennett working under my direct supervision.



Paul A. Schipfer, P.E.  
Assistant Director  
Professional Engineer #55492

4/29/02  
Date



# Department of Environmental Protection

Jeb Bush  
Governor

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

David B. Struhs  
Secretary

MAY 9 2002

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Mr. Billy Ready  
Detsco Terminals, Incorporated  
Post Office Drawer 67  
Auburndale, Florida 33823

Subject: Site Rehabilitation Completion Order  
Detsco Terminals, Incorporated  
739 North 14<sup>th</sup> Street  
Tampa, Hillsborough County  
FDEP Facility ID# 298625085  
Discharge Date: October 25, 1994 (ATRP)

Dear Mr. Ready:

Environmental Protection Commission of Hillsborough County (EPCHC) staff has reviewed the Site Assessment Report (SAR) dated April 18, 2001 (received April 19, 2001) and the No Further Action Proposal (NFAP)/Monitoring Well Abandonment Report dated April 23, 2002 (received April 25, 2002), prepared and submitted by Universal Solutions, Incorporated for this site. Documentation submitted with the NFAP confirms that criteria set forth in Rule 62-770.680(1), Florida Administrative Code (F.A.C.), have been met. The NFAP is hereby incorporated by reference in this Site Rehabilitation Completion Order (Order). Therefore, you are released from any further obligation to conduct site rehabilitation at the site for petroleum product contamination associated with the discharge listed above, except as set forth below.

In the event concentrations of petroleum products' contaminants of concern increase above the levels approved in this Order, or if a subsequent discharge of petroleum or petroleum product occurs at the site, the Department of Environmental Protection (Department) may require site rehabilitation to reduce concentrations of petroleum products' contaminants of concern to the levels approved in the NFAP or otherwise allowed by Chapter 62-770, F.A.C.

"More Protection, Less Process"

Visit Our Internet Site At: [www.dep.state.fl.us/waste/categories/pcp/default.htm](http://www.dep.state.fl.us/waste/categories/pcp/default.htm)

Printed on recycled paper.

### Legal Issues

The Department's Order shall become final unless a timely petition for an administrative proceeding (hearing) is filed under Sections 120.569 and 120.57, Florida Statutes (F.S.), within 21 days of receipt of this Order. The procedures for petitioning for a hearing are set forth below.

Persons affected by this Order have the following options:

If you choose to accept the above decision by the Department about the NFAP you do not have to do anything. This Order is final and effective as of the date on the top of the first page of this Order.

If you disagree with the decision, you may do one of the following:

- (1) File a petition for administrative hearing with the Department's Office of General Counsel within 21 days of receipt of this Order; or
- (2) File a request for an extension of time to file a petition for hearing with the Department's Office of General Counsel within 21 days of receipt of this Order. Such a request should be made if you wish to meet with the Department in an attempt to informally resolve any disputes without first filing a petition for hearing.

Please be advised that mediation of this decision pursuant to Section 120.573, F.S., is not available.

### How to Request an Extension of Time to File a Petition for Hearing

For good cause shown, pursuant to Rule 62-110.106(4), F.A.C., the Department may grant a request for an extension of time to file a petition for hearing. Such a request must be filed (received) in the Department's Office of General Counsel at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this Order. Petitioner, if different from Detsco Terminals, Incorporated, shall mail a copy of the request to Detsco Terminals, Incorporated at the time of filing. Timely filing a request for an extension of time tolls the time period within which a petition for administrative hearing must be made.

### How to File a Petition for Administrative Hearing

A person whose substantial interests are affected by this Order may petition for an administrative hearing under Sections 120.569 and 120.57, F.S. The petition must contain the information set forth below and must be filed (received) in the Department's Office of General Counsel at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, within 21 days of receipt of this Order. Petitioner, if different from Detsco Terminals, Incorporated, shall mail a copy of the request to Detsco Terminals, Incorporated at the time of

filing. Failure to file a petition within this time period shall waive the right of anyone who may request an administrative hearing under Sections 120.569 and 120.57, F.S.

Pursuant to Section 120.54(5)(b)4.a., F.S., and Rule 28-106.201, F.A.C., a petition for administrative hearing shall contain the following information:

- (a) The name, address, and telephone number of each petitioner, the name, address, and telephone number of the petitioner's representative, if any, the site owner's name and address, if different from the petitioner, the FDEP facility number, and the name and address of the facility;
- (b) A statement of how and when each petitioner received notice of the Department's action or proposed action;
- (c) An explanation of how each petitioner's substantial interests are or will be affected by the Department's action or proposed action;
- (d) A statement of the material facts disputed by the petitioner, or a statement that there are no disputed facts;
- (e) A statement of the ultimate facts alleged, including a statement of the specific facts the petitioner contends warrant reversal or modification of the Department's action or proposed action;
- (f) A statement of the specific rules or statutes the petitioner contends require reversal or modification of the Department's action or proposed action; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the Department to take with respect to the Department's action or proposed action.

This Order is final and effective as of the date on the top of the first page of this Order. Timely filing a petition for administrative hearing postpones the date this Order takes effect until the Department issues either a final order pursuant to an administrative hearing or an order responding to supplemental information provided pursuant to meetings with the Department.

#### Judicial Review

Any party to this Order has the right to seek judicial review of it under Section 120.68, F.S., by filing a notice of appeal under Rule 9.110 of the Florida Rules of Appellate Procedure with the clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days after this Order is filed with the clerk of the Department (see below).

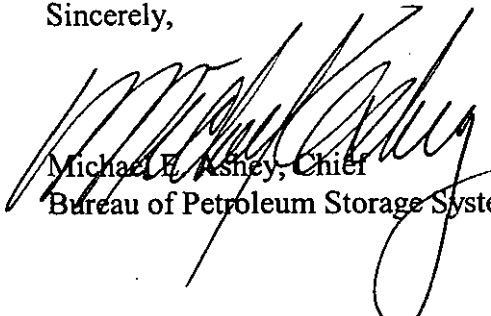
The FDEP Facility Number for this site is 298625085. Please use this identification on all future correspondence with the Department or EPCHC.

Mr. Bill Ready  
Page four

Questions

Any questions regarding EPCHC staff's review of your NFAP should be directed to Malinda K. Bennett at (813) 272-5955, extension 1308. Questions regarding legal issues should be referred to the Department's Office of General Counsel at (850) 488-9314. Contact with any of the above does not constitute a petition for administrative hearing or request for an extension of time to file a petition for administrative hearing.

Sincerely,



Michael E. Ashley, Chief  
Bureau of Petroleum Storage Systems

MEA/mkb

cc: Grace Rivera, FDEP - BPSS  
Malinda K. Bennett, EPCHC  
Brad Ernst, Universal Solutions, Inc., 405 North Reo Street, Suite 160, Tampa, FL 33609  
File

FILING AND ACKNOWLEDGMENT  
FILED, on this date, pursuant to  
§120.52 Florida Statutes, with the  
designated Department Clerk, receipt  
of which is hereby acknowledged.

Nancy C. Davis  
Clerk  
(or Deputy Clerk)

5-9-2002  
Date


P.E. CERTIFICATION

No Further Action Proposal for Detsco Terminals, located at 739 North 14<sup>th</sup> Street, Tampa, FDEP Facility ID# 298625085.

I hereby certify that in my professional judgment, the components of this No Further Action Proposal satisfy the requirements set forth in Chapter 62-770, Florida Administrative Code (F.A.C.), and that the conclusions in this report on the effectiveness of the natural attenuation provide reasonable assurances that the objectives stated in Chapter 62-770, F.A.C., have been met.

I personally completed this review.

This review was conducted by Malinda K. Bennett working under my direct supervision.



Paul A. Schipfer, P.E.  
Assistant Director  
Professional Engineer #55492

4/29/02  
Date

**SITE 11**

**JH WILLIAMS OIL**



Florida Department of Environmental Protection  
Twin Towers Office Bldg. 2600 Blair Stone Road. Tallahassee, Florida 32399-2400  
Division of Waste Management  
Bureau of Petroleum Storage Systems

## Storage Tank Facility Annual Site Inspection Report

### Facility Information

Facility ID: 9045969 County: HILLSBOROUGH Inspection Date: 01/05/2009  
Facility Name: J H WILLIAMS OIL CO-BULK LUBE FACILITY Facility Type: D - Bulk Storage Facility  
PENNY ST & 17TH ST # Of Inspected ASTs: 10  
TAMPA, FL 33605 USTs: 0  
Latitude: 27° 57' 18.4557" Mineral Acid Tanks: 0  
Longitude: 82° 26' 24.5967"  
L/L Method: DGPS

### Inspection Result

Result : In Compliance  
Description: Facility is in compliance  
No re-inspection needed for this Facility.

### Financial Responsibility

Financial Responsibility: INSURANCE  
Insurance Carrier: COMMERCE & INDUSTRY  
Effective Date: 03/03/2008 Expiration Date: 03/03/2009

### Signatures

TKHLEP - HILLSBOROUGH ENVIRONMENTAL  
PROTECTION COMMISSION  
Storage Tank Program Office

(813) 627-2600  
Storage Tank Program Office Phone Number

ANDREA MURLEY

e mailed to Danny Phillips

Inspector Name

Facility Representative Name

No signature available

Inspector Signature

Facility Representative Signature



## Reviewed Records

Record Category	Record Type	From Date	To Date
Two Years	Certificate of Financial Responsibility	03/03/2008	03/03/2009
Two Years	Monthly Maint. Visual Examinations and Results	01/03/2008	12/01/2008
Life Time	Written Release Detection Response Level Info	01/05/2009	01/05/2009

### Inspection Comments

01/05/2009 01/05/09 - AM - Met on site with Danny and Greg Phillips for compliance inspection.

#### Release Detection:

Visual inspection of tank system/components including containment area.

#### Tanks:

(10) - 10,000 gallon steel, vertical ASTs containing new oil (Tanks #1,4,5,6,7,8,9,10 contain new motor oil, tank #2 contains hydraulic oil, and tank #3 contains transmission fluid).

Tanks are located within a concrete containment area, walls and joints are sealed.

(2) Metal drains with valves closed (south drain leads to the underground oil/water separator).

Tanks equipped with:

- Exterior coating

- Product labels

- Electrical grounding

- Normal venting

- Sight gauges are not visible from fills, impervious containment used as overfill protection.

- Aboveground, coated steel piping comes from the bottom of the tanks.

- Remote fills are located outside containment wall, labels also present at fills.

- Spill containment present.

- Piping is used for both filling and dispensing according to Danny Phillips (flexible hoses are used to connect steel piping to loading rack for dispensing). He states that isolation valves at tanks are closed at all times except when receiving or dispensing oil. All valves are closed presently.

- Alternate Procedure approval letter dated 02/28/03 for exemption from solenoid valves on piping. Conditions appear to be met: Manual valves are in the closed position, area is fenced/locked.

Non removable sign indicating above placed in view of personnel filling or removing product (at stairs in and out of containment, also at gate).

Valve inspection checklist kept on site, manual valve closure appears to be documented each day tanks are used.

Loading rack area checked, no obvious leakage noted.

Bermed area at loading rack has a drain to the underground oil/water separator.

Spill containment box also has an open drain to the oil/water separator.

A former barrel filling area on the west side of the containment area is not used, piping has been removed.

#### Records:

- Current placard posted - 10 tanks.

- Financial Responsibility: Commerce and Industry Insurance, 03/03/08 to 03/03/09.

- Certification of Financial Responsibility form at JH Williams office.

- Release Detection Response Level statement at JH Williams office, complete and accurate.

- Monthly visual inspection log includes tank system/components including dispensing / filling areas. Log reviewed 01/03/08 to 12/01/08. No problems noted, inspections performed within 35 days.

- SPCC plan April 2008, signed by John Blanchard, PE. Plan is kept at JH Williams main office.

**SITE 12**

**CITGO (ADAMO DRIVE INC)**

## SITE MANAGER SUMMARY REPORT

Facility ID# 298625191  
Facility Name: Adamo Drive Inc  
Facility Address: 1909 Adamo Dr  
Tampa

### Discharge 1

Lead Agency: LP  
Score: 10  
Technical Status RA

A discharge was reported 12/88 in response to petroleum product odor detected in the SW and SE monitoring wells. A Contamination Assessment Plan was submitted 9/91. Contamination Assessment was initiated 4/92 and finalized 8/93. A MOP was submitted 8/93 and approved 1/94. Monitoring was performed 1/94 through 5/94. Monitoring was suspended 6/94 due to the continued presence of free product in MW-4. A Letter Report documenting free product delineation was submitted 1/95. A Supplemental Assessment Report was submitted 6/95. Work on this facility was suspended 2/00 due to its low priority score.

LCAR Needed No  
Discharge Date: 12/23/88  
Program: EDI  
Eligibility Status: Eligible  
Determination Date: 5/15/90  
Discharge Combined: No  
Funding Cap: No Cap  
Deductible Amount: NA  
Deductible Paid: NA

SPASM was unavailable to validate amount spent under the State Cleanup Program.

### AMOUNT SPENT

State Cleanup	\$39,663.82
Utility Invoices	\$0
NPDES Permits	\$0
Reimbursement	\$0
Preapproval	\$0

CAP AMOUNT REMAINING No Cap

### SEE ATTACHED STCM REPORT SCREEN

REVIEWED BY York STB, Inc.  
REVIEWER Hilary Arrington  
DATE 8/15/05

Storage Tank/Contamination Tracking - Task Report Information

Task Report Information										
Del. #	W.O. #	Co.	Facility #	Discharge Date	Task Name	Report Type	Due Date	Received	Status	Comment & Date
		29	8625191	12/23/1988	SA	SAR	05/25/1992	06/26/1992	I	08/11/1992
		29	8625191	12/23/1988	SA	SARA	01/15/1993	08/24/1993	A	08/26/1993
		29	8625191	12/23/1988	RAP	MOP	08/24/1993	08/24/1993	A	01/07/1994
		29	8625191	12/23/1988	RA	QUARTE	06/06/1994	06/07/1994	I	06/23/1994
		29	8625191	12/23/1988	RA	QUARTE	03/15/1994	03/15/1994		O.K.
		29	8625191	12/23/1988	SA	SAR	08/27/1991	09/19/1991		CA
		29	8625191	12/23/1988	SA	SAR	12/29/1994	01/12/1995		
		29	8625191	12/23/1988	SA	SSA	06/19/1995	06/30/1995		

Tab to "Comment", then press [Ctrl+E] to enter Comments

# Document Request Form

Person Requesting: Hilary Arrington

Date Requested: 8/11/05

Facility ID# 298625191

Facility Name: Adamo Drive Inc

## Document Requested

### REPORTS:

- ✓ • NA Quarterly (year 1 quarter 1) due 3/15/94; received 3/15/94

### LETTERS:

- ✓ • Comment Letter dated 8/11/92
- ✓ • Approval Letter dated 8/26/93
- ✓ • Comment/Approval Letter responding to CA Plan received 9/19/91
- ✓ • Comment/Approval Letter responding to SA Letter Report received 1/12/95
- Comment/Approval Letter responding to Supplemental Report received 6/30/95 - unable to locate

*1/12/95*



ENVIRONMENTAL SERVICES, INC.

03-301

March 27, 2006

RECEIVED BY

Mr Ramer Viera  
WRS, c/o FDEP, MS 4585  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

MAR 29 2006

TEAM 5

Subject Certificate of Remediation, Adamo Drive, Inc  
1909 Adamo Drive  
Tampa, Hillsborough County  
FDEP Facility ID# 298625191  
Work Order #2006-95-W09882

RECEIVED  
DEPARTMENT OF  
ENVIRONMENTAL PROTECTION  
06 MAR 29 PM 4:24  
WASTE MANAGEMENT  
SYSTEMS  
TEAM 5

Dear Mr Viera

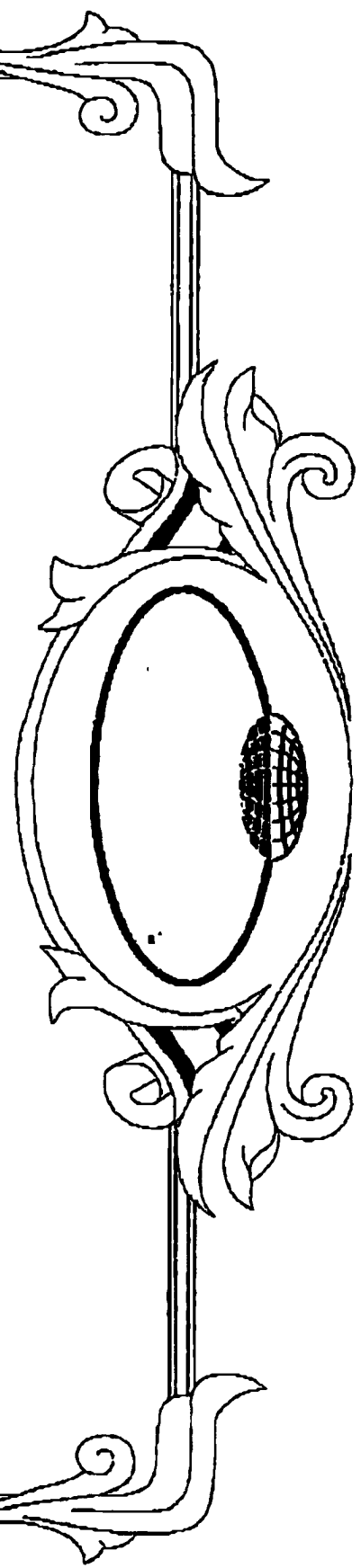
As per the source removal report, attached is a copy of the Certificate of Remediation provided by Atlas Transoil, DBA KleenSoil Please note the Perma-Fix of Florida acted as the broker for this effort. As indicated on this certificate, a total of 1569.06 tons of petroleum impacted soils were treated

Of this quantity of treated soil, 1309.8 tons were encumbered under the subject work order. The remaining 259.26 tons were impacted soils removed and treated outside of the scope of the work order

If you have any questions, you can contact me at (813) 287-1828

Sincerely,

James O Holton, P E  
Environmental Services Director



No. 5542

**Certificate of Remediation Date: 3/6/06**

Whereas, Atlas Transoil, Inc. is a corporation organized under the laws of the State of Florida, with its principal place of business in Palmetto, Florida and

Whereas, Atlas Transoil, Inc. DBA KleenSoil operates a facility which processes and remediates various soils under the authority of the Florida Department of Environmental Regulation, Permit No. 0123943-006-SO

Now, therefore, Atlas Transoil, Inc. does hereby issue this certificate to:  
**ADAMO DRIVE INC. C/O PERMA-FIX OF FLORIDA**  
1940 NW 67<sup>TH</sup> PLACE, GAINESVILLE, FL 32653

To evidence the total processing and remediation of:  
**1569.06 TONS OF PETROLEUM CONTAMINATED SOIL REMOVED FROM**  
**ADAMO DRIVE INC., 1909 ADAMO DR., TAMPA FL**

Said processing has been completed in a manner consistent with acceptable engineering Standards and in compliance with all applicable Federal, State and local rules and regulations on or before the date stated above.

*Texas Bank*



Florida Department of Environmental Protection  
Twin Towers Office Bldg. 2600 Blair Stone Road. Tallahassee, Florida 32399-2400  
Division of Waste Management  
Bureau of Petroleum Storage Systems

## Storage Tank Facility Annual Site Inspection Report

### Facility Information

Facility ID: 8625191 County: HILLSBOROUGH Inspection Date: 01/05/2009  
Facility Name: ADAMO DRIVE INC Facility Type: A - Retail Station  
1909 ADAMO DR # Of Inspected ASTs: 0  
TAMPA, FL 33605-5244 USTs: 2  
Latitude: 27° 57' 19.6184" Mineral Acid Tanks: 0  
Longitude: 82° 26' 14.1179"  
L/L Method: DPHO

### Inspection Result

Result : In Compliance  
Description: Facility is in compliance  
No re-inspection needed for this Facility.

### Financial Responsibility

Financial Responsibility: INSURANCE  
Insurance Carrier: COMMERCE & INDUSTRY  
Effective Date: 03/03/2008 Expiration Date: 03/03/2009

### Signatures

TKHLEP - HILLSBOROUGH ENVIRONMENTAL  
PROTECTION COMMISSION  
Storage Tank Program Office

(813) 627-2600  
Storage Tank Program Office Phone Number

ANDREA MURLEY

e mailed to Danny Phillips

Inspector Name

Facility Representative Name

No signature available

Inspector Signature

Facility Representative Signature



## System Tests

Type	Date Completed	Results	Reviewed	Next Due Date
------	----------------	---------	----------	---------------

### Completed Tests

Line Tightness Test	01/03/2006	Passed	08/03/2007	01/03/2006
Tank Tightness Test	01/03/2006	Passed	08/03/2007	01/03/2006
Annual Inline Leak Detector Test	10/27/2006	Passed	01/09/2009	10/27/2007
Annual Operability Test	10/01/2007	Passed	01/09/2009	10/01/2008
Annual Operability Test	10/27/2006	Passed	01/09/2009	10/27/2007
Annual Operability Test	09/23/2008	Passed	01/08/2009	09/23/2009
Annual Inline Leak Detector Test	10/01/2007	Passed	01/09/2009	10/01/2008
Annual Inline Leak Detector Test	09/23/2008	Passed	01/08/2009	09/23/2009

### Reviewed Records

Record Category	Record Type	From Date	To Date
Two Years	Certificate of Financial Responsibility	03/03/2008	03/03/2009
Two Years	Electronic Release Detection Equip. Monthly Checks	01/03/2008	12/01/2008
Two Years	Monthly Maint. Visual Examinations and Results	01/03/2008	12/01/2008
Life Time	Written Release Detection Response Level Info	01/05/2009	01/05/2009

### Inspection Comments

01/05/2009 01/05/09 - AM - Met on site with Danny and Greg Phillips for annual compliance.

(1) 20,000 gallon compartmented, double wall, Glasteel II UST (6,000 premium / 14,000 regular).

(1) 12,000 gallon double wall, Glasteel II UST (diesel).

Piping is double walled Ameron Dualoy 3000/L fiberglass underground piping.

Release Detection:

Tanks: Electronic monitoring of tank interstitial spaces.

Piping: Electronic monitoring of piping sumps and electronic in line leak detectors.

Dispensers: Electronic monitoring of dispenser liners. Visual inspection of hoses/nozzles.

Spill containment buckets: Visual inspections of double walled buckets (inner outer).

(2) Tank interstitial sensors, (3) STP sump sensors, and (6) Dispenser liner sensors are monitored by Veeder Root TLS 350 DEP EQ-197.

Veeder Root panel shows All Functions Normal.

Test button pressed, audible / visual alarm appears functional.

Alarm history printed, on file.

Tanks:

- (2) Vents present (one manifolded gasoline, one diesel)

- (3) Fills marked, but faded, recommend repainting.

- Tight fills and double walled OPW spill containment buckets present.

-Primary buckets appear intact.

-Secondary buckets checked, trace amount of water noted.

- Ball floats as overflow protection verified at final installation inspection 01/05/06.

- Manifolded dual point vapor recovery present for gasoline.

- (3) STP sumps inspected, no obvious leakage noted. Small amount of old product noted in diesel STP sump, removed by JH Williams maintenance personnel.

- STPs equipped with Veeder Root PLLDs - electronic flow shut off in line leak detectors.

-Double walled Ameron 3000/L fiberglass piping.

- Secondary piping test boots loose within sumps.

Dispensers:

- (6) Dispensers inspected, liners dry.

No leakage noted.

-Sensors present, positioned correctly (one sensor was several inches from bottom of liner and was positioned correctly during inspection).

- Shear valves have anchors.

Records:

- Current registration placard posted - 2 tanks.

Inspection Comments

- Financial Responsibility: Commerce and Industry, 03/03/08 to 03/03/09.
- Certification of Financial Responsibility form complete, kept at J H Williams main office.
- Release Detection Response Level statement kept at J H Williams main office, complete and accurate.
- Monthly monitoring log reviewed 01/03/08 to 12/01/08 and include:

Visual inspection of spill containment buckets (inner/outer) and dispensers/liners.

Veeder Root sensor status

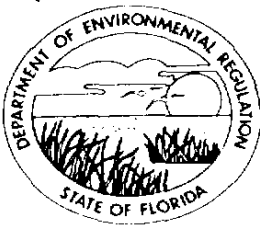
Audible/visual alarm checks (According to Danny Phillips, TLS 350 Normal on log is the inspection for proper operation of Veeder Root including PLLDs).

All printouts normal. No problems noted. Inspections performed within 35 days.

- Annual PLLD 3 gph operability test performed by Monte Petroleum on 09/23/08, next test due 09/23/09.
- Annual operability test of Veeder Root sensors performed by Monte Petroleum on 09/23/08, next test due 09/23/09.
- Alarm history report indicates operability tests of sensors.

**SITE 15**

**SUN BANK**



## Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

Lawton Chiles, Governor

Virginia B. Wetherell, Secretary

June 30, 1993

Ms. Barbara Zelmer  
Sun Bank of Tampa Bay  
P.O. Box 3303  
Tampa, FL 33601-3303

RE: FORMER SPICOLA HARDWARE  
605 NORTH 19TH STREET  
TAMPA, FLORIDA  
FAC # ~~000005199~~

Dear Ms. Zelmer:

The Bureau of Waste Cleanup has reviewed the Contamination Assessment Report (CAR) and No Further Action Proposal (NFAP) dated May, 1993 (received May 24, 1993), submitted for this site. Documentation submitted with the NFAP confirms that criteria set forth in Section 17-770.630(3), Florida Administrative Code (F.A.C.), have been met. The NFAP is hereby incorporated by reference in this Order. Therefore, you are released from any further obligation to conduct site rehabilitation at the subject site, except as set forth below.

If a subsequent discharge of petroleum or petroleum product occurs at the site, the Department may require site rehabilitation in order to reduce contaminant concentrations to the levels approved through review of the NFAP or otherwise allowed by Chapter 17-770, F.A.C.

Additionally, you are required to properly abandon all monitoring wells except compliance wells required by Chapter 17-761, F.A.C., for release detection. The wells must be abandoned in accordance with the requirements of Section 17-532.500(4), F.A.C.

Persons whose substantial interests are affected by this Site Rehabilitation Completion Order have the right to challenge the Department's decision. Such a challenge may include filing a petition for an administrative determination (hearing) as described in the following paragraphs. However, pursuant to Chapter 17-103, F.A.C., you may request an extension of time to file the Petition. All requests for extensions of time or petitions for administrative determinations must be filed directly with the Department's Office of General Counsel, at the address given below within twenty-one (21) days of receipt of this notice (do not send them to the Bureau of Waste Cleanup).

Notwithstanding the above, a person whose substantial interests are affected by this Site Rehabilitation Completion Order may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes (F.S.). The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, within twenty-one (21) days of receipt of this notice. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, F.S.

The Petition shall contain the following information:

- (a) The name, address, and telephone number of each petitioner, the Department file number (DER facility number), and the name and address of the facility;
- (b) A statement of how and when each petitioner received notice of the Department's action or proposed action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department's action or proposed action;
- (d) A statement of the material facts disputed by each petitioner, if any;
- (e) A statement of facts which each petitioner contends warrant reversal or modification of the Department's action or proposed action;
- (f) A statement of which rules or statutes each petitioner contends require reversal or modification of the Department's action or proposed action; and
- (g) A statement of the relief sought by each petitioner, stating precisely the action each petitioner wants the Department to take with respect to the Department's action or proposed action.

This Site Rehabilitation Completion Order is final and effective on the date of receipt of this Order unless a petition (or time extension) is filed in accordance with the preceding paragraphs. Upon the timely filing of the petition, this Order will not be effective until further order of the Department.

When the Order is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section 120.68, F.S., by filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400; and by filing a copy of the Notice of Appeal, accompanied by the applicable filing fees, with the appropriate District Court of Appeal. The Notice of Appeal must be filed within thirty (30) days from the date the Final Order is filed with the Clerk of the Department.

Please send a copy of the approved CAR document(s) to Mr. Ken Weber of the Southwest Florida Water Management District within thirty (30) days of receiving this Site Rehabilitation Completion Order.

Please forward it to:   Resource Regulation Section  
S.W.F.W.M.D.  
2379 Broad Street  
Brooksville, Florida 34609-6899

The DER Facility Number for this site is 298625122. Please use this identification on all future correspondence with the Department.

Any questions you may have on the technical aspects of this Approval Order should be directed to Michael McKelvey of the Environmental Protection Commission of Hillsborough County at (813) 272-5788. Contact with the above named person does not constitute a petition for administrative determination.

Sincerely,



John M. Ruddell, Director  
Division of Waste Management

jmr/mm/drc

xc:     Hooshang Boostani, EPC-Hillsborough County,  
        Lawrence Gordon, FGS, Inc.

COMMISSION  
PHYLLIS BUSANSKY  
JOE CHILLURA  
SYLVIA KIMBELL  
LYDIA MILLER  
JIM NORMAN  
JAN KAMINIS PLATT  
EO TURANCHIK

FAX (813) 272-5157



ROGER P. STEWART  
EXECUTIVE DIRECTOR  
ADMINISTRATIVE OFFICES  
AND  
WATER MANAGEMENT DIVISION  
1900 - 9TH AVENUE  
TAMPA, FLORIDA 33605  
TELEPHONE (813) 272-5960

AIR MANAGEMENT DIVISION  
TELEPHONE (813) 272-5530

WASTE MANAGEMENT DIVISION  
TELEPHONE (813) 272-5788

ECOSYSTEMS MANAGEMENT DIVISION  
TELEPHONE (813) 272-7104

---

---

**MEMORANDUM**

**DATE:** June 2, 1993

**TO:** John Ruddell through Chuck Ziegmont, DER

**FROM:** Michael McKelvey through Robert Lue, EPC

**SUBJECT: NO FURTHER ACTION (NFA) FOR FORMER SPICOLA HARDWARE,  
605 NORTH 19TH STREET, TAMPA, FLORIDA, FAC #298625122**

A NFA proposal has been submitted in conjunction with the Contamination Assessment Report (CAR). The EPC has approved the CAR and recommends NFA for the following reasons:

1. All tanks and related equipment have been removed.
2. Contaminant levels in all wells were BDL for the Kerosene Analytical Group.
3. It is reported that 318 tons of excessively contaminated soil was excavated and incinerated.
4. No potable wells were identified in the area.

mm/drc

**SITE 18**

**FORMER MOBIL DISTRIBUTION CENTER**



## SITE MANAGER SUMMARY REPORT

Facility ID# 298625069  
Facility Name: Mobil Distribution Center  
Facility Address: 501 N 20<sup>th</sup> St  
Tampa

### Discharge 1

Lead Agency: LP  
Score: 9  
Technical Status NFA

A discharge reporting form was submitted 3/95 in response to contamination discovered during the removal of the diesel tank. A Contamination Assessment Report/Monitoring Only Plan was submitted and approved 10/96. Quarterly monitoring was performed for one quarter and was approved 1/97 to change the sampling frequency from quarterly to semi-annually. A Supplemental Site Assessment Report was submitted 11/04 and deemed incomplete 12/04. A Supplemental Site Assessment Addendum Report was submitted 2/05 and approved 3/05. The discharge was granted No Further Action status 3/22/05. A Well Abandonment Report was submitted 6/05.

LCAR Needed No  
Discharge Date: 3/21/95  
Program: PLRIP  
Eligibility Status: Eligible  
Determination Date: 1/10/96  
Discharge Combined: No  
Funding Cap: \$300,000  
Deductible Amount: \$10,000  
Deductible Paid: Yes

A \$10,500 deductible was collected 4/8/98 by check. A work order for the amount of \$33,853.38 was not included in the amount spent under preapproval since a final invoice packet for this work order could not be located.

### AMOUNT SPENT

State Cleanup	\$0
Utility Invoices	\$0
NPDES Permits	\$0
Reimbursement	\$0
Preapproval	\$5,868.22

CAP AMOUNT REMAINING \$294,131.78

**SEE ATTACHED STCM REPORT SCREEN**

**REVIEWED BY York STB, Inc.**

**REVIEWER**  
**DATE**

**Kristin Kelly**  
**1/30/06**

Task Report Information

Del. #	W.O.#	Co	Facility	Discharge Date	Task Name	Report Type	Due Date	Received	Status	Comment & Date
		29	8625069	03/21/1995	SA	SAR		10/08/1996	A	10/10/1996
		29	8625069	03/21/1995	RAP	MOP		10/08/1996	A	10/10/1996
		29	8625069	03/21/1995	SA	SSA		11/04/2004	I	12/01/2004 SSA
		29	8625069	03/21/1995	SA	SSA		02/14/2005	A	03/22/2005 DRA
		29	8625069	03/21/1995	SA	W ABAN	05/22/2005	06/02/2005		
		29	8625069	03/21/1995	RA	NA QTR	02/07/1997	01/22/1997	A	01/30/1997 Q1

Tab to "Comment", then press [Ctrl+E] to enter Comments.

# Document Request Form

Person Requesting Kristin Kelly

Date Requested 1/30/06

Facility ID# 298625069 Facility Name Mobil Distribution Center

**Document Requested** **Date** 2/15/06

**REPORT:**

SAR/MOP ✓

received 10/8/96 25

IRA Report Unknown

prior to 10/96

**LETTERS:**

Final invoice for work order #96-0001-1 ? Not related to FAC.

**Kelly, Kristin**

---

**From:** Rhodes, Russell [Russell.Rhodes@dep.state.fl.us]

**Sent:** Thursday, February 16, 2006 10:55 AM

**To:** Kelly, Kristin

**Subject:** RE: Missing final invoice packet

Kristin,

Attached Below are the only 2 Work Orders we have record of for this facility.

The only Work Order that resembles the one requested is 2001-96-0001 for facility 518519942.

-Russ

---

**From:** Kelly, Kristin [mailto:Kristin.Kelly@york-claims.com]  
**Sent:** Wednesday, February 15, 2006 8:23 AM  
**To:** Rhodes, Russell  
**Subject:** Missing final invoice packet

Hi Russ,

I am missing a final invoice packet for facility id 298625069. It is for work order # 96-0001-1. Would it be possible for you to locate over there?

Thanks,

*Kristin Kelly*

*Environmental Specialist II*

*York Claims Service, Inc.-Florida*

*1310 Cross Creek Circle, Suite B*

*Tallahassee, FL 32301*

*(850)671-6351*

*(850)224-3388 (fax)*

CONFIDENTIALITY NOTICE: This message is intended to be viewed only by the listed recipient(s). It may contain information that is privileged, confidential and exempt from disclosure under applicable law. Any dissemination, distribution or copying of this message is strictly prohibited without our prior permission. If you are not the intended recipient, or if you have received this communication in error, please notify us immediately by return e-mail and delete the original message and any copies.