

N60200.AR.000788  
NAS CECIL FIELD, FL  
5090.3a

STORAGE TANK CLOSURE ASSESSMENT FORM FOR BUILDING 290A WITH  
ATTACHMENTS NAS CECIL FIELD FL  
11/27/1995  
INNOVATIVE SERVICES INTERNATIONAL



# Florida Department of Environmental Regulation

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

DER Form #	17-761.60016
Form Title	Closure Assessment Form
Effective Date	December 10 1990
DER Application No.	(Filed in DEH)

## Closure Assessment Form

Owners of storage tank systems that are replacing, removing or closing in place storage tanks shall use this form to demonstrate that a storage system closure assesment was performed in accordance with Rule 17-761 or 17-762, Florida Administrative Code. Eligible Early Detection Incentive (EDI) and Reimbursement Program sites do not have to perform a closure assessment.

Please Print or Type  
Complete All Applicable Blanks

- Date: November 27, 1995
- DER Facility ID Number: N/A
- County: Duval
- Facility Name: N.A.S. Cecil Field - Building #290A
- Facility Owner: United States Navy
- Facility Address: Building #290a, Perimeter Road, N.A.S. Cecil Field
- Mailing Address: Naval Air Station - Cecil Field
- Telephone Number: (\_\_\_\_) \_\_\_\_\_
- Facility Operator: U.S. Navy
- Are the Storage Tank(s): (Circle one or both) A. Aboveground or  B. Underground
- Type of Product(s) Stored: Diesel
- Were the Tank(s): (Circle one) A. Replaced  B. Removed C. Closed in Place D. Upgraded (aboveground tanks only)
- Number of Tanks Closed: One (1)
- Age of Tanks: Unknown

### Facility Assessment Information

- | Yes                                 | No                                  | Not Applicable                      |   |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | 1. Is the facility participating in the Florida Petroleum Liability Insurance and Restoration Program (FPLIRP)?   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | 2. Was a Discharge Reporting Form submitted to the Department?<br>If yes, When: _____ Where: _____  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     | 3. Is the depth to ground water less than 20 feet?  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 4. Are monitoring wells present around the storage system?<br>If yes, specify type: <input type="checkbox"/> Water monitoring <input type="checkbox"/> Vapor monitoring   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 5. Is there free product present in the monitoring wells or within the excavation?  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 6. Were the petroleum hydrocarbon vapor levels in the soils greater than 500 parts per million for gasoline?<br>Specify sample type: <input type="checkbox"/> Vapor Monitoring wells <input type="checkbox"/> Soil sample(s)                  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 7. Were the petroleum hydrocarbon vapor levels in the soils greater than 50 parts per million for diesel/kerosene?<br>Specify sample type: <input type="checkbox"/> Vapor Monitoring wells <input checked="" type="checkbox"/> Soil sample(s) |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 8. Were the analytical laboratory results of the ground water sample(s) greater than the allowable state target levels (See target levels on reverse side of this form and supply laboratory data sheets)                                     |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 9. If a used oil storage system, did a visual inspection detect any discolored soil indicating a release?   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     | 10. Are any potable wells located within 1/4 of a mile radius of the facility?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     | 11. Is there a surface water body within 1/4 mile radius of the site? If yes, indicate distance: <u>± 500'</u>  |

DER Form (17-761.900(1))
Form Title: Closure Assessment Form
Effective Date: December 10, 1990
DER Application No. _____ (Filed in by DER)

12. A detailed drawing or sketch of the facility that includes the storage system location, monitoring wells, buildings, storm drains, sample location, and dispenser locations must accompany this form.
13. If a facility has a pollutant storage tank system that has both gasoline and kerosene/diesel stored on site, both EPA Method 602 and EPA Method 610 must be performed on the ground water samples obtained.
14. Amount of soils removed and receipt of proper disposal.
15. If yes is answered to any one of questions 5-9, a Discharge Reporting Form 17-761.900(1) indicating a suspected release shall be submitted to the Department within one working day.
16. A copy of this form and any attachments must be submitted to the Department's district office in your area and to the locally administered program office under contract with the Department within 60 days of completion of tank removal or filling a tank with an inert material.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Person Performing Assessment

11/27/95  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Professional Geologist  
\_\_\_\_\_  
Title of Person Performing Assessment

### State Ground Water Target Levels That Affect A Pollutant Storage Tank System Closure Assessment

State ground water target levels are as follows:

1. For gasoline (EPA Method 602):

- a. Benzene                                    1 ug/l
- b. Total VOA                                50 ug/l
  - Benzene
  - Toluene
  - Total Xylenes
  - Ethylbenzene
- c. Methyl Tertiary-Butyl Ether (MTBE)    50 ug/l

2. For kerosene/diesel (EPA Method 610):

- a. Polynuclear Aromatic Hydrocarbons (PAHS)  
(Best achievable detection limit, 10 ug/l maximum)



DER Form #	17-761900(5)
Form Title	Underground Storage Tank Installation & Removal Form for Certified Contractors
Effective Date	December 10, 1990
DER Application No.	(Filed in by DER)

## Certification

I hereby certify and attest that I am familiar with the facility that is registered with the Florida Department of Environmental Regulation; that to the best of my knowledge and belief, the tank installation, replacement or removal at this facility was conducted in accordance with Chapter 489 and Section 376.303, Florida Statutes and Chapter 17-761, Florida Administrative Code (and its adopted reference sources from publications and standards of the National Fire Protection Association (NFPA), the American Petroleum Institute (API), the National Association of Corrosion Engineers (NACE), American Society for Testing and Materials (ASTM); Petroleum Equipment Institute (PEI); Steel Tank Institute (STI); Underwriters Laboratory (UL); and the tank and integral piping manufacturers' specifications; and that the operations on the checklist were performed accordingly.

*Robert Boardman*

(Type or Print)

Certified Pollutant Tank Contractor Name

Pollutant Storage System Specialty Contractor License Number (PSSSC)

*PCC 054952*

PSSSC Number

*RM Boardman*

Certified Tank Contractor Signature

*11-27-95*

Date

*R Boardman*

(Type or Print)

Field Supervisor Name

*11-27-95*

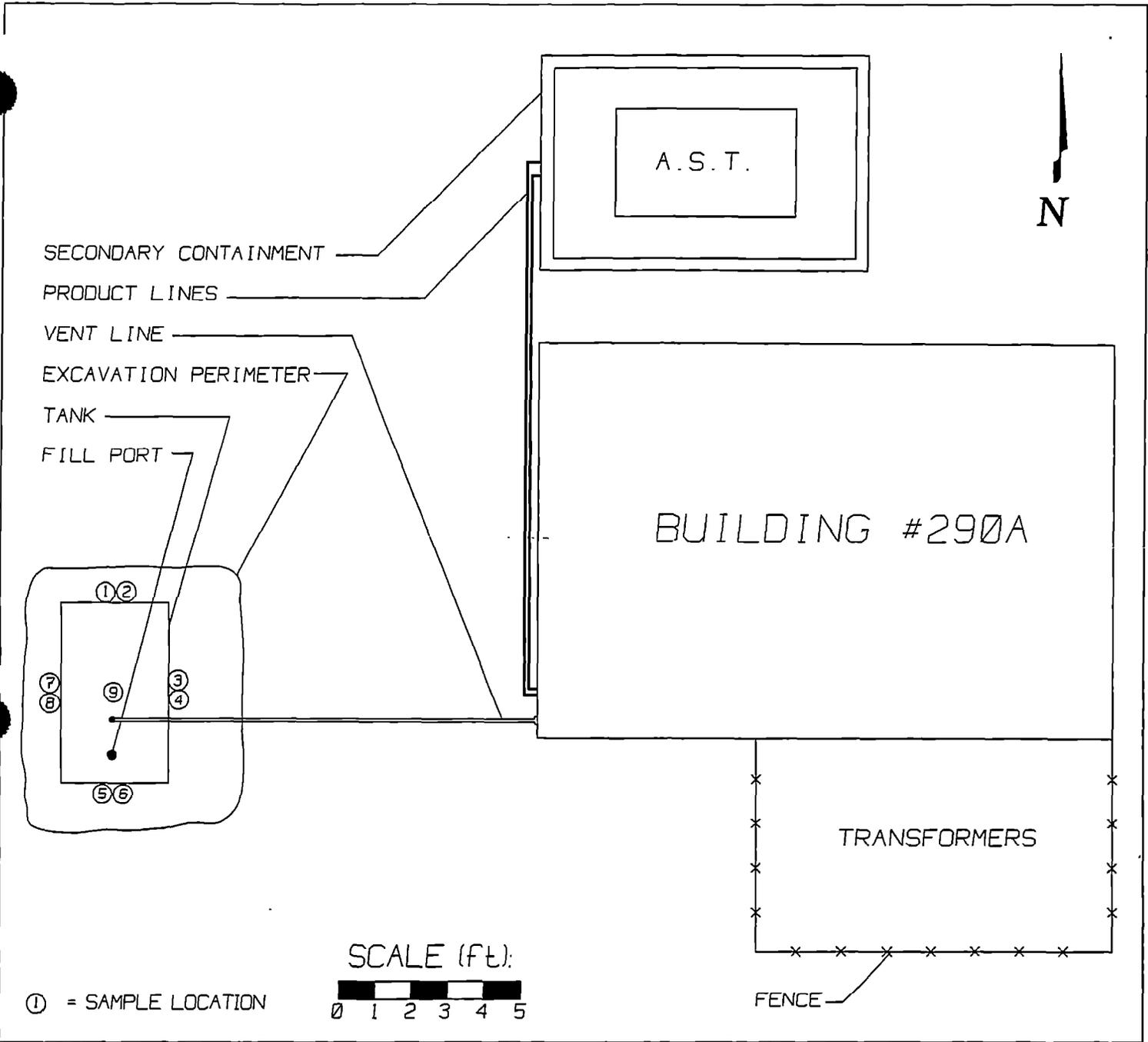
Date

*RM Boardman*

Field Supervisor Signature

Date

The owner or operator of the facility must register the tanks with the Department at least 10 days before the installation. The installer must submit this form no more than 30 days after the completion of installation to the Department of Environmental Regulation at the address printed at the top of page one.



SAMPLE #	HC READING	DEPTH	TIME (COLLECTED/READ)	SAMPLE #	HC READING	DEPTH	TIME (COLLECTED/READ)
1	5.8	1'	10:08/10:23	6	44.4	3.5'	10:12/10:30
2	18.1	3.5'	10:09/10:24	7	1.3	1'	10:13/10:32
3	5.1	1'	10:10/10:25	8	35.2	3.5'	10:14/10:33
4	34.5	3.5'	10:11/10:26	9	22.4	5'	10:15/10:36
5	30.9	1'	10:12/10:28				

ALL SAMPLES ANALYZED WITH A THERMO ENVIRONMENTAL INSTRUMENTS MODEL 580B PHOTOIONIZATION DETECTOR.



**INNOVATIVE  
 SERVICES  
 INTERNATIONAL, INC.**

**SITE PLAN**  
 BUILDING #290A

NAVAL AIR STATION  
 CECIL FIELD  
 JACKSONVILLE, FLORIDA

# FIRST COAST ENVIRONMENTAL LABORATORY, INC.

November 30, 1995

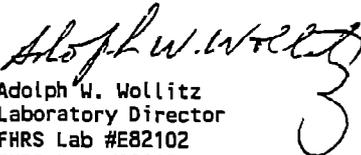
Innovative Services International, Inc.  
P.O. Box 150016  
Jacksonville, FL 32215

Attn: Ron Boardman

Reference: FCEL Lab #9511-282  
Cecil Field (Building 290A - 1195)  
Sample collected 1215 hr. on 11-16-95  
Sample received 1512 hr. on 11-16-95  
(1) H<sub>2</sub>O from Temp. Well

<u>PARAMETER</u>		<u>METHOD</u>	<u># 1</u>	<u>DATE/TIME</u>	<u>ANALYST</u>
Lead	mg/L	EPA 239.2	0.080	11-29/1434	AWW

Respectfully submitted:

  
Adolph W. Wollitz  
Laboratory Director  
FHRS Lab #E82102  
FHRS Lab #B2110  
EPA #FL00062  
DEP Comp QAPP # 870222G

AWW/tb

# FIRST COAST ENVIRONMENTAL LABORATORY, INC.

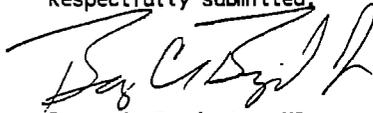
November 30, 1995

Client: I.S.I. Lab #: 9511-282  
Sample I.D.: Building 290A - 1195 (Cecil Field) Date Received: 11-16-95  
Sample Matrix: Liquid Date Completed: 11-30-95  
Sample Collection: 11-16-95

## Analytical Summary

<u>Parameter</u>		<u>Method</u>	<u>Results</u>
TRPH	mg/L	EPA 418.1	2.51

Respectfully submitted,



Barry C. Byrd, Jr., MS  
Laboratory Director  
DEP Comp QAPP # 870222G

BCB/tb

# FIRST COAST ENVIRONMENTAL LABORATORY, INC.

November 30, 1995

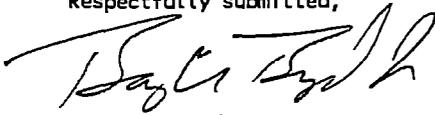
Client: I.S.I. Lab #: 9511-282  
 Sample I.D.: Building 290A - 1195 (Cecil Field) Date Received: 11-16-95  
 Sample Matrix: Liquid Date Completed: 11-29-95  
 Sample Collection: 11-16-95

Analytical Summary  
 Volatile Hydrocarbons  
 Method 601 - 602

Parameter	Results	ug/L	Parameter	Results	ug/L
Benzene	ND		Bromobenzene	ND	
Bromodichloromethane	ND		Bromomethane	ND	
Bromoform	ND				
Chloroethane	ND		Carbon tetrachloride	ND	
Carbon tetrachloride	ND		Chlorobenzene	ND	
Chloroform	ND		Chloromethane	ND	
2-Chlorotoluene	ND		4-Chlorotoluene	ND	
2-Chloroethylvinyl ether	ND				
Dibromochloromethane	ND		1,2-Dibromoethane	ND	
Dibromomethane	ND		1,2-Dichlorobenzene	ND	
1,3-Dichlorobenzene	ND		1,4-Dichlorobenzene	ND	
Dichlorodifluoromethane	ND		1,1-Dichloroethane	ND	
1,2-Dichloroethane	ND		1,1-Dichloroethene	ND	
tr-1,2-Dichloroethene	ND		Dichloromethane	ND	
1,2-Dichloropropane	ND		t-1,3-Dichloropropene	ND	
Ethyl Benzene	ND				
1,1,1,2-Tetrachloroethane	ND		1,1,2,2-Tetrachloroethane	ND	
Tetrachloroethene	ND		Toluene	ND	
1,1,1-Trichloroethane	ND		1,1,2-Trichloroethane	ND	
Trichloroethene	ND		Trichlorofluoromethane	ND *	
1,2,3-Trichloropropane	ND				
Vinyl Chloride	ND *		MTBE	ND *	
Total Xylenes	ND				

Note: ND = ( None detected, lower detectable limit = 1 ug/L )  
 ND \* = ( None detected, lower detectable limit = 10 ug/L )  
 J = ( Peak detected, below detection limit, value suspect )  
 B = ( This parameter also found in the blank )  
 NA = ( This parameter was not analyzed )

Respectfully submitted,



Barry C. Byrd, Jr., MS  
 Technical Director  
 DEP Comp QAPP # 870222G

BCB/tb

# FIRST COAST ENVIRONMENTAL LABORATORY, INC.

November 30, 1995

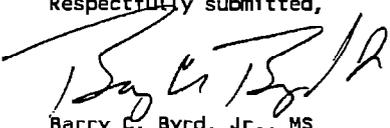
Client: I.S.I. Lab #: 9511-282  
Sample I.D.: Building 290A - 1195 (Cecil Field) Date Received: 11-16-95  
Sample Matrix: Liquid Date Completed: 11-29-95  
Sample Collection: 11-16-95

## Polynuclear Aromatic Hydrocarbons EPA Method 610

<u>PARAMETER</u>	<u>RESULTS</u>
Acenaphthene	ND
Acenaphthylene	ND
Anthracene	ND
Benzo (a) anthracene	ND
Benzo (a) pyrene	ND
Benzo (b) fluoranthene	ND
Benzo (ghi) perylene	ND *
Benzo (j) fluoranthene	ND
Benzo (k) fluoranthene	ND
Chrysene	ND
Dibenzo (a,h) anthracene	ND *
Fluoranthene	ND
Fluorene	ND
Indeno (1,2,3-cd) pyrene	ND *
1-Methylnaphthalene	ND
2-Methylnaphthalene	ND
Naphthalene	ND
Phenanthrene	ND
Pyrene	ND

Note: ND = ( None detected, lower detectable limit = 5 ug/L )  
ND \* = ( None detected, lower detectable limit = 10 ug/L )  
J = ( Peak detected, below detection limit, value suspect )  
B = ( This parameter also found in the blank )  
NA = ( This parameter was not analyzed )

Respectfully submitted,

  
Barry C. Byrd, Jr., MS  
Technical Director  
DEP Comp QAPP # 870222G

BCB/tb



8818 ARLINGTON EXPRESSWAY  
 JACKSONVILLE, FLORIDA 32211  
 FAX (904) 725-2215  
 (904) 725-4847  
 (904) 725-5708

# CHAIN OF CUSTODY RECORD

14085

Client:

Innovative Services Inter  
Cecil Field NAS.

Project Description:

NAS. Cecil Field

ATTN:

Ron Boardman

NO. OF SAMPLE CONTAINERS

3 1 1 1

Scott W. Verbeek  
 Sampler (Signature)

Page \_\_\_ of \_\_\_

STATION	DATE	TIME (Military)	SAMPLE DESCRIPTION	NO. OF SAMPLE CONTAINERS										REMARKS							
BLDG 290A-1195	11/16/95	1215	H <sub>2</sub> O from temp pad	X	X	X	X														

Relinquished by (Signature): <u>Scott W. Verbeek</u>	Date (Military):	Time (Military):	Received by (Signature): <u>Mr. [Signature]</u>	Date (Military):	Time (Military):	Relinquished by (Signature):	Date (Military):	Time (Military):	Received by (Signature):	Date (Military):	Time (Military):
Relinquished by (Signature):	Date (Military):	Time (Military):	Received by (Signature):	Date (Military):	Time (Military):	REMARKS:					

First Coast Environmental Laboratory, Inc.  
Sample Receiving Report

Date Rec'd: \_\_\_\_\_ Lab ID No.: \_\_\_\_\_  
Client Name: \_\_\_\_\_ Project Name: \_\_\_\_\_  
Received By: \_\_\_\_\_ 13120

How were the Samples delivered to the laboratory?

Client Cooler  FCEL Cooler  Box  Other   
Hand Delivery  Shipper  Name: \_\_\_\_\_

Any Discrepancies in this section must be explained below and referred to a laboratory management individual for resolution

	YES	NO
1. Were custody papers included with samples?	<input type="checkbox"/>	<input type="checkbox"/>
2. Were custody papers properly filled out? (ink, signed, labels match?)	<input type="checkbox"/>	<input type="checkbox"/>
3. Were samples in direct contact with Wet Ice?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did all samples arrive intact/not leaking?	<input type="checkbox"/>	<input type="checkbox"/>
5. Were all bottle labels complete? (Sample #, Date, Station, Signed, Anal./Preserv.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Were Correct containers used for requested analyses?	<input type="checkbox"/>	<input type="checkbox"/>
7. Were proper preservation techniques indicated?	<input type="checkbox"/>	<input type="checkbox"/>
8. Were samples received with adequate holding time?	<input type="checkbox"/>	<input type="checkbox"/>
9. VOA/VOC Containers checked for bubbles?	<input type="checkbox"/>	<input type="checkbox"/>
	Present <input type="checkbox"/>	Absent <input type="checkbox"/>
10. Were samples accepted in lab?		
	Accepted <input type="checkbox"/>	Held for Management <input type="checkbox"/> Rejected <input type="checkbox"/>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Actions taken:

Lab Management notified: \_\_\_\_\_ Date/Time \_\_\_\_\_

Client Contacted: \_\_\_\_\_ By: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Final Resolution: \_\_\_\_\_  
\_\_\_\_\_