

N61331.AR.001717
NSA PANAMA CITY
5090.3a

CLOSURE REPORT AND SITE ASSESSMENT ON FUEL PIPE REPLACEMENT AT
BUILDING 362 NSA PANAMA CITY FL
9/14/1995
THICKSTUN BROS. EQUIPMENT CO.



THICKSTUN BROS. EQUIPMENT CO.

841 ALTON AVENUE — COLUMBUS, OHIO 43219
614/252-8422 252-2229 (FAX)

September 14, 1995

Naval Coastal System Station
Attn: LT Azzinari
6703 West Highway 98
Suite 126
Panama City, Florida 32407-7001

Subject: Closure report and site assessment on fuel pipe
replacement Building 362

Dear LT Azzinari:

Please find the following listed documents within this binder:

A. Closure assessment form DER17-761.900(6)

1. Initial Remedial Action Notification Form

B. Description of contracted work: To uncover 3" steel fuel lines located at the fueling facility at Building 362. These lines ran from 2-jet fuel tanks, 1-diesel tank, to a truck tanker loading pumping station, 1-line from a gasoline tank, and an additional line from the diesel tank to site dispensers (see diesel photo and print layout). After the lines were uncovered we were to remove the old pipes, sample the soil under the pipes, and replace these pipes with new 3" fiberglass product piping in 4" fiberglass containment pipes.

C. Testing and clean up procedure.

D. Area and site maps.

E. Photos and site diagrams.

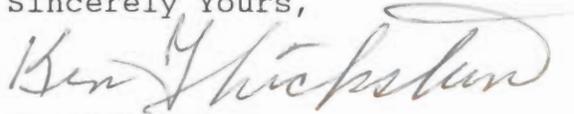
F. Laboratory testing plans.

G. Laboratory test results.

H. Soil disposal manifests.

I. Thickstun Brothers Inc., Pollutant Storage Systems contracting license, and City Occupational license.

Sincerely Yours,

A handwritten signature in cursive script that reads "Ken Thickstun". The signature is written in dark ink and is positioned above the typed name.

Ken Thickstun
V. President



DEPARTMENT OF THE NAVY
COASTAL SYSTEMS STATION DAHLGREN DIVISION
NAVAL SURFACE WARFARE CENTER
6703 WEST HIGHWAY 98
PANAMA CITY FL 324077001

IN REPLY REFER TO:

5090
Ser 0511/107

26 MAY 1995

Pollutant Storage Tank Program
Attn: Mr. Dennis Pinkovsky
HRS Environmental Health Services
Bay County Public Health Unit
619 North Cove Boulevard, Suite C
Panama City, FL 32401

Dear Mr. Pinkovsky:

We are forwarding the Initial Remedial Action Notification Form, as specified in Appendix A of Florida's guidance document, "Guidelines for Assessment and Remediation of Petroleum Contaminated Soils," dated May 1992. This notification is for the immediate clean-up of the excessively contaminated soil discovered around the Facility #362-D gasoline tank. The soil will be defined by the use of an organic vapor analyzer. Any soil with an organic vapor analysis reading equal to or greater than 500 ppm will be removed for disposal at an approved facility.

The Closure Assessment Form #17-761.900(6) and the Initial Remedial Action Report will follow shortly after we complete initial remediation efforts to clean the site. Your office was notified by telephone May 16, 1995, of our proposed initial remediation plans.

If you require additional information at this time, please contact Mr. Mike Clayton, Code 0511MC, at (904) 235-5859 or Mr. Arturo McDonald, Code 0511AM, at (904) 234-4743.

Sincerely,

D. L. GREEN
Assistant Public Works Officer
By direction of
the Commanding Officer

Encl:

(1) Initial Remedial Action Notification Form

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL

of pages ▶ 3

To	KEN THICKSTON	From	LT AZZWARFI
Dept./Agency		Phone #	
Fax #	(814) 252-2229	Fax #	



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

1. Date: AUG. 4, 1995
2. DER Facility ID Number: 03-851-8667 3. County: BAY
4. Facility Name: NAVAL COASTAL SYSTEMS STATION BLD. 362
5. Facility Owner: U.S. NAVY
6. Facility Address: 6703 W. HWY. 98, PANAMA CITY, FLA. 32407-7001
7. Mailing Address: SAME
8. Telephone Number: (904) 234-4764 9. Facility Operator: U.S. NAVY
10. Are the Storage Tank(s): (Circle one or both) A. Aboveground or (B) Undergound
11. Type of Product(s) Stored: JET FUEL, DIESEL & GASOLINE
12. Were the Tank(s): (Circle one) A. Replaced B. Removed C. Closed in Place D. Upgraded (aboveground tanks only)
NONE - THIS IS FOR PIPE REPLACEMENT.
13. Number of Tanks Closed: 0 14. Age of Tanks: _____
14. WE REPLACED 3" STEEL LINES WITH 3" DOUBLE WALL R.F.P. WITH SUMP LEAK DETECTION.

Facility Assessment Information

- | Yes | No | Not Applicable | |
|-------------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> NA | 1. Is the facility participating in the Florida Petroleum Liability Insurance and Restoration Program (FPLIRP)? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Was a Discharge Reporting Form submitted to the Department?
If yes, When: <u>MAY 1995</u> Where: <u>BAY COUNTY OFFICE</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Is the depth to ground water less than 20 feet? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Are monitoring wells present around the storage system?
If yes, specify type: <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Were the petroleum hydrocarbon vapor levels in the soils greater than 500 parts per million for gasoline?
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"/> | 7. Were the petroleum hydrocarbon vapor levels in the soils greater than 50 parts per million for diesel/kerosene?
Specify sample type: <input type="checkbox"/> Vapor Monitoring wells <input checked="" type="checkbox"/> Soil sample(s) |
| <input checked="" type="checkbox"/> | <input 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"/> | <input 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"/> | <input type="checkbox"/> | 11. Is there a surface water body within 1/4 mile radius of the site? If yes, indicate distance: <u>1/4 mi.</u> |

PETROLEUM CONTAMINATION
INITIAL REMEDIAL ACTION NOTIFICATION FORM

This notification provides written confirmation of initial remedial action (IRA) as required by Chapter 17-770.300(5) and (8), Florida Administrative Code. Notification must be within three working days of initiation of an IRA. Upon completion of the IRA, an Initial Remedial Action Report should be submitted.

I. Facility Name: COASTAL SYSTEMS STATION
Facility Address: Code 051, 6703 W. Hwy 98, Panama City, FL 32407-7001
DER Facility Number (if applicable): 038518667
Date of Initiation of IRA: Estimated Start date 5/30/95

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

A. Type of Product Discharged: Unleaded Gasoline
B. Estimated Quantity Lost: Unknown gallons
C. Product Thickness in Wells, Boreholes, Excavations, or Utility Conduits (Attach Site Plan indicating locations and depths): NA
D. Method of Product Recovery: NA
E. Type of Discharge During Product Recovery: NA
F. Type of Treatment and Expected Effluent Quality from Any Discharge: NA
G. Quantity and Disposal of Recovered Product: NA

III. SOIL EXCAVATION

A. Estimated Volume of Contaminated Soil Excavated (Attach Site Plan indicating location of excavation(s) and soil borings): 20 cubic yards (in place)

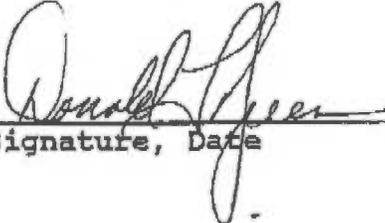
- B. Type of Product in Soil: Unleaded Gasoline
- C. Method Used to Determine Excess Soil Contamination: Organic vapor Analysis (OVA) instrument with a flame ionization detector (Southern Earth Sciences Inc)
- D. Method of Treatment or Disposal of Contaminated Soil: Landfill

IV. REPORTING

This notification should be submitted to the appropriate Local Program, if any, or to:

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

D. L. GREEN
Person Completing Form
NSWCCSS Assistant Public Works Officer
Title, Affiliation


Signature, Date

Pollutant Storage Tank Program
HRS Environmental Health Services
Bay County Public Health Unit
619 North Cove Blvd, Suite C
Panama City FL 32401

**PETROLEUM CONTAMINATION
INITIAL REMEDIAL ACTION REPORT FORM**

An Initial Remedial Action report, summarizing the initial remedial action (IRA), should be prepared to satisfy the requirements of Chapters 17-770.630(1)14; 17-773.500(1)(a)4; and 17-773.500(2)(a)4, Florida Administrative Code, (FAC). This form may be used for the IRA report. The report should be sent to the appropriate local program and:

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

I. **FACILITY NAME:** U.S. NAVY COASTAL SYSTEM STATION
Facility Address: CODE051. 6703 W. HIGHWAY 98 PANAMA CITY , FL 32407-7001
DER Facility Number (if applicable): 038518667
Date IRA Initiated: 5/30/95 **Date IRA Completed:** 8/4/95

II. **FREE PRODUCT RECOVERY**

A. **Type(s) of Product Discharged:** GASOLINE (UNLEADED)

B. **Quantity**

1. **Estimated Gallons Lost:** UNKNOWN
2. **Gallons Recovered:** NONE through _____ (date)
3. **Attach Exhibit Indicating Amount of Product Recovered, Dates and Cumulative Totals.**

C. **Attach a Scaled Site Plan, Indicating the Locations and Product Thickness in Wells, Boreholes, Excavations, or Utility Conduits and Wells Utilized for Recovery of Free Product.** SOIL EXCAVATION ONLY

D. **Method of Product Recovery:** SOIL EXCAVATION

E. **Type of Discharge During Product Recovery:** NONE

F. Type of Treatment, i.e., Oil/Water Separator: _____
SOIL AERIATED AND DISPOSED IN LANDFILL

G. Attach Written Proof of Proper Disposal of Recovered Product: SEE ATTACHED NON-HAZARDOUS MANIFEST AND WEIGHT TICKET, CONTAMINATED SOIL DISPOSAL ONLY.

III. SOIL EXCAVATION

NOTE: Soil shall be defined as excessively contaminated using the procedure stated in Chapter 17-770.200(2), FAC. Representative soil sampling shall be performed as close to the time of excavation as possible, but at no time shall exceed three (3) months prior to the start of excavation. Stockpiled soils greater than thirty (30) days on site waiting for treatment and disposal, must be re-sampled immediately prior to disposal to assure soils are still excessively contaminated.

If soil sampling data indicates that the amount of soil that is excessively contaminated exceeds 1500 cubic yards, treatment of all excessively contaminated soil at the site shall be addressed in a remedial action plan, and no soil IRA activities shall be performed except for the removal of soils in the immediate vicinity of the tanks.

Only soil above the ambient water table at the time of excavation can be considered as excessively contaminated soil.

Unless the established weight per unit volume of 1.4 tons/cubic yard (as referenced in FAC Rule 17-775) is used for the excavated soil, the weight per unit volume must be determined by a field test (in which an accurately measured volume of soil is weighed) at the time of excavation.

A. Volume of Contaminated Soil Excavated in Cubic Yards: 20. Dimensions Including Depth of Excavation(s):
UNDERPIPING 8' deep X 4'X4'

NOTE: Attach written proof from the Department in the form of an Alternate Procedure Approval Order authorizing excavating over 1500 cubic yards if applicable. Authorization must be prior to the excavation of soils.

B. Type(s) of Product in Soil: UNLEADED GASOLINE

IV. SOIL TREATMENT AND DISPOSAL

A. Method of Treatment of Excessively Contaminated Soil: N/A

B. For Off Site Treatment and Disposal at Permitted STTF, Land Farms, or Landfills Attach Documentation From the Treatment Facility Which Confirms the Weight or Volume of Soil Treated and Date Received.

For Other Treatment and Disposal Methods (i.e. On-Site Land Farming, Bioremediation), Attach Post Treatment Laboratory Analyses for Each 250-300 Cubic Yards of Treated Soil in Accordance With Chapter 17-775.400 and the "Guidelines for Assessment and Remediation of Petroleum Contaminated Soils", Edition February 1991 or Most Current Revision.

For Mobile Thermal Treatment Units, Attach Laboratory Analysis per Chapter 17-775(5), FAC.

C. Method of Disposal of Contaminated Soil and Indicate Recipient and Address: Springhill Landfill, 49th Hwy 273
Graceville, FL 32440-0000

V. ADDITIONAL COMMENTS: _____

KEN THICKSTUN
Person Completing Form

Ken Thickstun Sept 30, 1995 CONTRACTOR
Signature, Date Title, Affiliation
FLA LIC # PCC049522

TESTING AND CONTAMINATED SOIL CLEANUP

Thickstun Brothers Inc., used a 3rd party laboratory to field sample screen and provide laboratory test reports. Southern Earth Sciences Inc., of Panama City Florida did the testing (see attached sampling plan and test results.)

When sample location #B-14, and #B-19 indicated gasoline contamination the Navy then envolved a part of Thickstun Brothers Inc., contract to remove and dispose of any contamination up to 20 cube/yards. To safely excavate this close to a fiberglass tank, the tank had to be emptied of all fuel. (which took a while to accomplish.) On June 6, 1995 we excavated along the inner side of the 15,000 gallon tank and removed the necessary soil, stock-piled it at a diked, covered location untill it could be disposed of. Southern Waste Services removed the soil hauled it to the landfill where it was treated. See attached manifests.



INDEX



southern earth sciences, inc.
Environmental Consultants

Thickstun Brothers Equipment Company
8411 Alton Avenue
Columbus, OH 43219

May 10, 1995
File No.: F-95-196

ATTENTION: Mr. Ken Thickstun

SUBJECT: Soil Screening for Upgrading Fueling System at Coastal Systems Station Building 362, Panama City, Florida

Dear Mr. Thickstun:

As requested, Southern Earth Sciences, Inc. has completed soil screening for upgrading the fuel delivery system at the Coastal Systems Station Building 362 in Panama City, Florida.

On May 2, 1995, personnel with our firm mobilized to the subject site with an organic vapor analysis (OVA) instrument with a flame ionization detector (FID). Soil samples were collected at each pump dispenser and along the underground lines and screened in the field using an OVA with and without a carbon filter. Field OVA data are reported in Table I. Sixteen (16) soil brings were performed along the underground piping lines to a depth of 2.0 feet below the bottom of the lines, every 20 feet. Three (3) soil borings were performed at the pump dispensers to a depth of 4.0 feet. This field testing was performed in accordance with Florida Chapter 62-770 and Comprehensive QA Plan #9200016 procedures.

Groundwater was encountered at a depth of 6.0 feet below existing grade on the date of our testing. Note: soil borings B-14 and B-19 had corrected OVA readings greater than 10 ppm.

Should additional information be required, please do not hesitate to contact us.

SOUTHERN EARTH SCIENCES, INC.

Terry K Barnes TCB

Terry K. Barnes
Environmental Specialist

Keith E. Sibley

Keith E. Sibley, P.G.
Professional Geologist
Reg. No: 1366
State of Florida

5-10-95

TABLE 5.1: OVA FIELD DATA

HEADSPACE ANALYSES

Site / Date U.S. NAVY BLD. 362 MAY / 2 / 95

Instrument type/ Serial # FOXBORO O.V.A. #128 SN 40920

Source of Sample 2' BELOW PIPE

Temperature PLUS 85°

PID Correlation 10 SCALE -5 = 50 ppm 5 on 100 SCALE = 500 ppm

SEE ATTACHED FIELD REPORTS

SAMPLE	DEPTH	PID	FID	METHANE	VOA

NOTES:

SOIL INVESTIGATION RESULTS
May 2, 1995

LOCATION	DEPTH (FEET)	OVA W/OUT FILTER (PPM)	OVA W/ FILTER (PPM)	CORRECTED OVA (PPM)
*B-1	2' 4'	0 0	0 0	0 0
*B-2	2' 4'	0 0	0 0	0 0
*B-3	2' 4'	0 0	0 0	0 0
B-4	1' 2'	0 0	0 0	0 0
B-5	1' 2'	0.1 0	0 0	0.1 0
B-6	1' 2'	0 0	0 0	0 0
B-7	1' 2'	0 0	0 0	0 0
B-8	1' 2'	0.1 0.1	0 0	0.1 0.1
B-9	1' 2'	0 0	0 0	0 0
B-10	1' 2'	0 0	0 0	0 0
B-11	1' 2'	0.4 0	0 0	0.4 0
B-12	1' 2'	0 0	0 0	0 0
B-13	1' 2'	0 0	0 0	0 0
B-14	1' 2'	100 150	0 0	100 150
B-15	1' 2'	0.6 0	0 0	0.6 0
B-16	1' 2'	0 0	0 0	0 0
B-17	1' 2'	0 0	0 0	0 0



LOCATION	DEPTH (FEET)	OVA W/OUT FILTER (PPM)	OVA W/ FILTER (PPM)	CORRECTED OVA (PPM)
B-18	1'	0	0	0
	2'	0	0	0
B-19	1'	340	0	340
	4'	190	0	190

* Sample locations were under fuel dispensers

PPM = Parts per million

Water Table = 6.0 feet below existing grade on the date of our testing





VIEW OF FUELING LINES



VIEW OF SOIL BORING # 14



VIEW OF PUMP DISPENSERS



VIEW OF FUELING LINES

**SOIL TESTING FOR
CSS BUILDING 362
PANAMA CITY, FLORIDA**

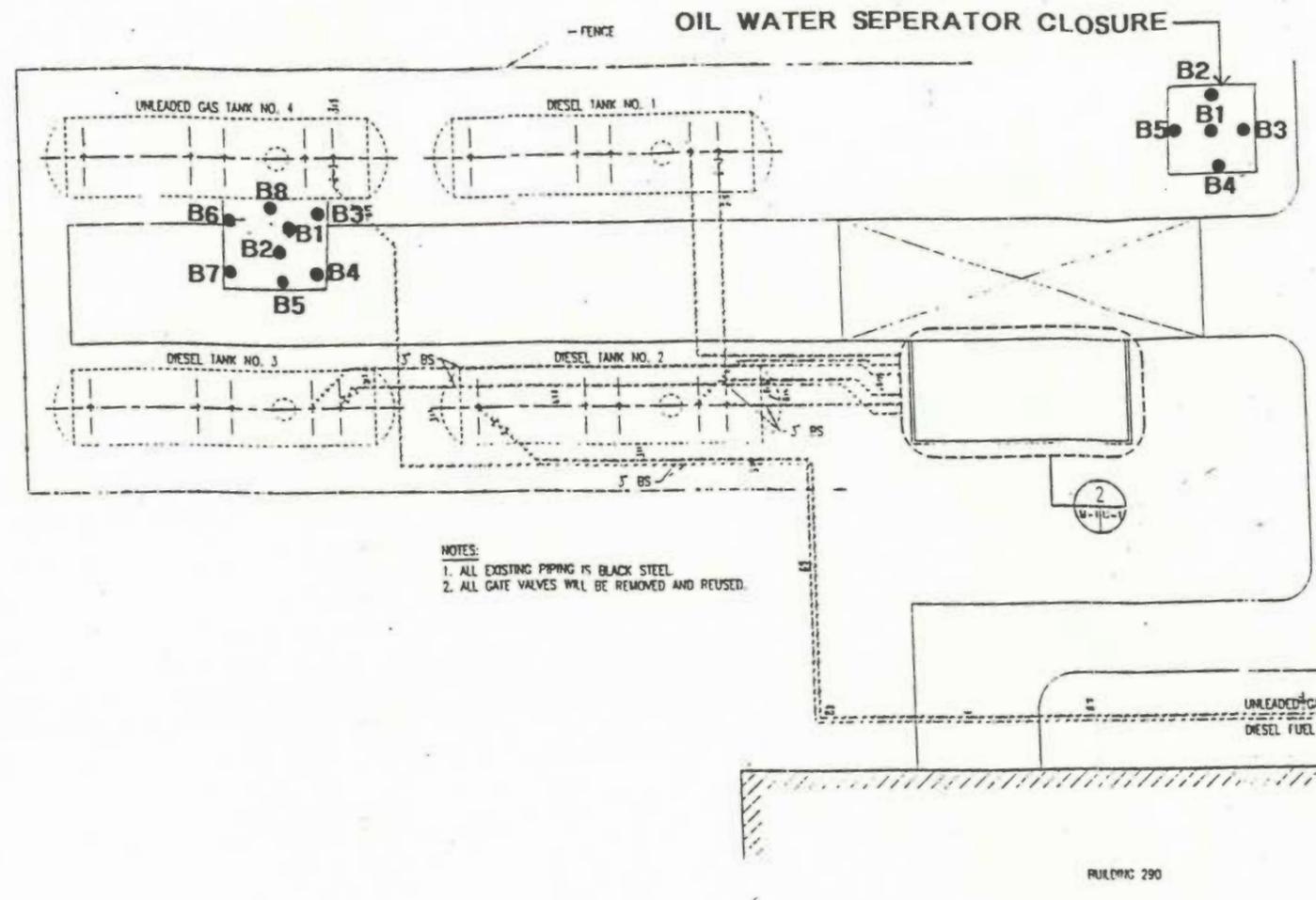
JUNE 6, 1995

RETEST OF UNDERLINES

TABLE I
 CSS BUILDING 362
 IRA AT UNLEADED TANK #4
 June 6, 1995

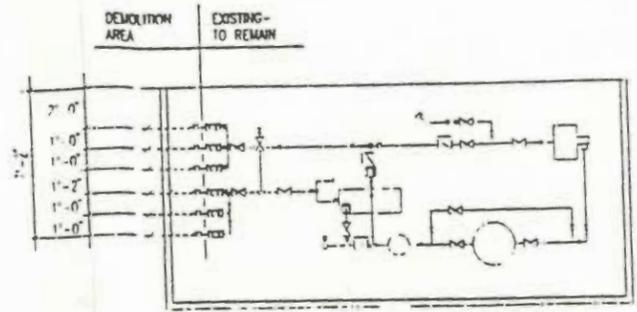
LOCATION	DEPTH (FEET)	OVA W/OUT FILTER (PPM)	OVA W/FILTER (PPM)	CORRECTED OVA (PPM)
B-1	6	220.0	0	220.0
	8	100.0	0	100.0
B-2	6	48.0	0	48.0
B-3	3	20.0	0	20.0
	6	76.0	0	76.0
B-4	4	0	0	0
B-5	3	4.4	0	4.4
B-6	3	68.0	0	68.0
	6	200.0	0	200.0
B-7	3	30.0	0	30.0
B-8	7	>1000	0	>1000

PPM = Parts Per Million

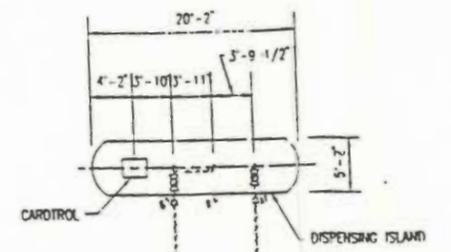


NOTES:
 1. ALL EXISTING PIPING IS BLACK STEEL.
 2. ALL GATE VALVES WILL BE REMOVED AND REUSED.

1 FACILITY NO. 362 - DEMOLITION PLAN
 SCALE: 1/8" = 1'-0"



2 PUMP PAD - DEMOLITION PLAN
 SCALE: 1/4" = 1'-0"



LEGEND:

	DEMOLISH AND REMOVE
	EXISTING PIPING/EQUIPMENT (AG)
	EXISTING PIPING/EQUIPMENT (UG)
	NEW PIPING/EQUIPMENT (AG)
	NEW PIPING/EQUIPMENT (UG)
	GATE VALVE
	BALL VALVE
	RUBBER BOOT W/CLAMPING COLLAR

ABBREVIATIONS:

AG	ABOVE GROUND
BS	BLACK STEEL
DWFRP	DOUBLE WALL FIBERGLASS REINFORCED PLASTIC
FRP	FIBERGLASS REINFORCED PLASTIC
LP	LOW POINT
SS	STAINLESS STEEL
UG	UNDERGROUND

DATE: 01/16/94
 DRAWN BY: JAC
 CHECKED BY: JAC
 PROJECT NO: 93016-04

Robert and Company
 Licensed Professional Engineers
 State of Georgia
 License No. 12487

**UPGRADING FUELING SYSTEM AT FACILITY 277 & 362
 AND MISCELLANEOUS PUMP UPGRADES
 FACILITY 362 - DEMOLITION PLAN**

COASTAL SYSTEMS STATION
 PROJECT NUMBER 93016-04
 SHEET NO. 6 OF 13
 M-6171
 M-1

Robert and Company
 Licensed Professional Engineers
 404 577-4000 FAX 404 577-2118
 RAC PROJECT NUMBER 93016-04



Pipe-Valves, Inc.

STEEL - STAINLESS STEEL - PVC - COPPER

OFFICE 614-294-4971 • FAX 614-294-3835

885 W. 5th AVE.

COLUMBUS, OHIO 43212

From: 1 904-555-1212

To: 872-3021 City Clerk

NC
Naval Coastal Systems
City Clerks office said it was
outside city limits so license
was not needed.

3/14/95

**CITY OF PANAMA CITY
OCCUPATIONAL LICENSE**

LICENSE NO.

940737

THICKSTUN BROTHERS EQUIPMENT CO., INC.
841 ALTON AV

LOCATION OF BUSINESS

EXPIRES 09/30/94

CLASS	DESCRIPTION	LICENSE AMOUNT
OMISC		50.00

POST THIS LICENSE IN A CONSPICUOUS
PLACE AT YOUR BUSINESS LOCATION

THICKSTUN BROTHERS EQUIPMENT CO., INC.
KENNETH L. THICKSTUN
841 ALTON AV
COLUMBUS OH 43219

GIRARD L. CLEMONS JR
MAYOR

MICHAEL BUSH
CITY CLERK

NOT TRANSFERABLE FROM LOCATION SHOWN ABOVE

AC# 2777511 STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

DATE	LICENSE NO.	BATCH NO.
07/16/94	PC C049522	94900083

THE CERT POLLUTANT STORAGE SYS CONTR
NAMED BELOW IS CERTIFIED
UNDER THE PROVISIONS OF CHAPTER 489
EXPIRING AUG 31, 1996

F.S., FOR THE YEAR

THICKSTUN, STEVEN MICHAEL
THICKSTUN BROS EQUIP CO INC
841 ALTON AVE
COLUMBUS OH 43219

Lawton Chiles
LAWTON CHILES
GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE

George Stuart Jr
GEORGE STUART, JR.
SECRETARY, D.B.P.R.



Florida Department of Environmental Regulation

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

DER Form # _____
 Form Title Storage Tank Registration Form
 Effective Date December 10, 1990
 DER Application No. _____
 (Filed in by DER)

Storage Tank Registration Form

Please Print or Type - Review Instructions Before Completing Form

1. DER Facility ID Number: 038518667 2. Facility Type: (F) Federal
 3. New Registration New Owner Data Facility Revision Tank(s) Revision
 4. County and Code of tank(s) location: BAY / 03

5. Facility Name: Coastal Systems Station
 Tank(s) Address: 6703 West Hwy 98
 City/State/Zip: Panama City FL 32407-7001
 Contact Person: Mike Clayton Code 0511 Telephone: (904) 235-5859
 6. Financial Responsibility Type: C

7a. Tank(s) Owner: U. S. Navy (Coastal Systems Station)
 Owner Mailing Address: 6703 West Hwy 98
 City/State/Zip: Panama City FL 32407-7001
 Contact Person: Mike Clayton Telephone: (904) 235-5859

7b. New Owner Signature/Change Date: N/A / ___/___/___

8. Location (optional) Latitude: ___° ___' ___" Longitude: ___° ___' ___" Section ___ Township ___ Range ___

Complete One Line For Each Tank At This Facility (Use Codes - See Instructions)

Complete 9 - 16 for tanks in use; 9 - 19 for tanks out of use

9	10	11	12	13	14	15	16	17	18	19
G129	550	G	xx/79	U	CMN	B	X			9/95
362-A	12000	F	xx/81	U	EMN	CFIJK	BK			9/95
362-B	12000	D	xx/81	U	EMN	CFIJK	BK			9/95
362-C	12000	F	xx/81	U	EMN	CFIJK	BK			9/95
362-D	12000	B	xx/81	U	EMN	CFIJK	BK			9/95

20. Thickstun Bros, Inc DPR# PCC 049522
Certified Contractor* Department of Professional Regulation License Number

*For new tank installation or tank removal

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

W. A. OSTER, PWO OFFICER
 Print name & title of owner or authorized person

Signature

29 Sep 95
 Date

Northwest District
 150 Governmental Center
 Pensacola, Florida 32501-5754
 904 436 8300

Northeast District
 7825 Baymeadows Way, Suite B 209
 Jacksonville, Florida 32207
 904 798 4200

Central District
 3319 Maguire Blvd, Suite 202
 Orlando, Florida 32803-3107
 407 854 7555

Southwest District
 4520 Oak Fair Blvd.
 Tampa, Florida 33610 7347
 813 623 5561

South District
 2269 Bay St.
 Fort Myers, Florida 33901-2828
 813 332 6975

Southeast District
 1900 S. Congress Ave., Suite A
 West Palm Beach, Florida 33415
 407 433 2650



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

DER Form 17-761.840
Form Title: Underground Tank Installation and Removal
Effective Date: December 16, 1990
DER Application No. 95011101

Underground Storage Tank Installation and Removal Form
For Certified Contractors

Pollutant Storage System Specialty Contractors as defined in Section 409.113, Florida Statutes (Certified contractors as defined in Section 17-761.2 Florida Administrative Code) shall use this form to certify that the installation, replacement or removal of the storage tank system(s) local at the address listed below was performed in accordance with Department Reference Standards.

General Facility Information

- 1. DER Facility Identification No.: 03-8518667
2. Facility Name: U.S. NAVAL COASTAL SYSTEM Telephone: (904) 234-4764
3. Street Address (physical location): 6703 W. HIGHWAY 98 BUILDING 367
PANAMA CITY, FLORIDA 32407-7001
4. Owner Name: U.S. NAVY Telephone: () SAME
5. Owner Address: SAME
6. Number of Tanks: 4 a. Installed at this time 0 b. Removed at this time 0
7. Tank(s) Manufactured by: OWENS CORNING
8. Date Work Initiated: APRIL 1995 9. Date Work Completed: SEPT 15, 1995

PIPING REPLACEMENT ONLY

Underground Pollutant Tank Installation Checklist

Please certify the completion of the following installation requirements by placing an (X) in the appropriate box.

- 1. The tanks and piping are corrosion resistant and approved for use by State and Federal Laws.
2. Excavation, backfill and compaction completed in accordance with NFPA (National Fire Protection Association) 30(87), API (American Petroleum Institute) 1618, PEI (Petroleum Equipment Institute) RP100-87 and the manufacturers' specifications.
3. Tanks and piping protected and installed in accordance with NFPA 30(87), API 1618, PEI/RP100(87) and the manufacturers' specifications.
4. Steel tanks and piping are cathodically protected in accordance with NFPA 30(87), API 1632, UL (Underwriters Laboratory) 1746, STI (Steel Tank Institute) R982-80 and the manufacturer's specifications.
5. Tanks and piping tested for tightness after installation in accordance with NFPA 30(87) and PEI/RP100-87.
6. Monitoring well(s) or other leak detection devices installed and tested in accordance with Section 17-761.840, Florida Administrative Code (F.A.C.)
7. Spill and overflow protection devices installed in accordance with Section 17-761.500, F.A.C.
8. Secondary containment installed for tanks and piping as applicable in accordance with Section 17-761.500, F.A.C.

Please Note: The numbers following the abbreviations (e.g. API 1618) are publication or specification numbers issued by these institut

Underground Pollutant Tank Removal Checklist

- 1. Closure assessment performed in accordance with Section 17-761.800, F.A.C.
2. Underground tank removed and disposed of as specified in API 1604 in accordance with Section 17-761.800, F.A.C.

DDA Form #	11-2000-0001
Form Title	Installation, Replacement & Removal of Tanks for Oil and Petroleum Products
Issue Date	December 15, 1994
Call Address No.	Print it by 2004

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 378.303, Florida Statutes and Chapter 17-781, 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.

THICKSTUN BROTHERS EQUIPMENT COMPANY, INCORP.,

PC-C049527

(Type or Print)
 Certified Pollutant Tank Contractor Name
 Pollutant Storage System Specialty Contractor License Number (PSSSC)

PSSSC Number

Ben Thickstun

AUGUST 12, 1995

Certified Tank Contractor Signature

Date

DONALD McCURDY

AUGUST 12, 1995

(Type or Print)
 Field Supervisor Name

Date

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.

**CITY OF PANAMA CITY
OCCUPATIONAL LICENSE**

LICENSE NO.

940737

THICKSTUN BROTHERS EQUIPMENT CO., INC.
841 ALTON AV

LOCATION OF BUSINESS

EXPIRES 09/30/94

CLASS	DESCRIPTION	LICENSE AMOUNT
OMISC		50.00

POST THIS LICENSE IN A CONSPICUOUS
PLACE AT YOUR BUSINESS LOCATION

THICKSTUN BROTHERS EQUIPMENT CO., INC.
KENNETH L. THICKSTUN
841 ALTON AV
COLUMBUS

OH 43219

GIRARD L. CLEMONS JR
MAYOR

MICHAEL BUSH
CITY CLERK

NOT TRANSFERABLE FROM LOCATION SHOWN ABOVE

AC# 2777511 STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONST INDUSTRY LICENSING BOARD

DATE	LICENSE NO.	BATCH NO.
07/16/94	PC C049522	94900083

THE CERT POLLUTANT STORAGE SYS CONTR
NAMED BELOW IS CERTIFIED
UNDER THE PROVISIONS OF CHAPTER 489
EXPIRING AUG 31, 1996

F.S., FOR THE YEAR

THICKSTUN, STEVEN MICHAEL
THICKSTUN BROS EQUIP CO INC
841 ALTON AVE
COLUMBUS OH 43219

Lawton Chiles
LAWTON CHILES
GOVERNOR

DISPLAY IN A CONSPICUOUS PLACE

George Stuart, Jr.
GEORGE STUART, JR.
SECRETARY, D.B.P.R.



Pipe-Valves, Inc.

STEEL - STAINLESS STEEL - PVC - COPPER

OFFICE 614-294-4971 • FAX 614-294-3835

885 W. 5th AVE.

COLUMBUS, OHIO 43212

From: 1 904-555-1212

To: 872-3021 City Clerk

NC
Naval Coastal Systems

City Clerks office said it was
outside city limits so license
was not needed.

3/14/95



GENERATOR'S WASTE PROFILE SHEET

PLEASE PRINT IN INK OR TYPE

Waste Profile Sheet Code

WMNA 065313

This form is to be used to comply with the requirements of a waste agreement.

INSTRUCTIONS FOR COMPLETING THIS FORM ARE ATTACHED

(Shaded Areas For Contractor Use Only)

Decision Expiration Date: 1/1

Service Agr. Renewal Date: 1/1

Contractor Sales Rep#: _____

A. WASTE GENERATOR INFORMATION

- Generator Name: Thickston Bros Equip Co.
- SIC Code: _____
- Facility Address (site of waste generation): NCSC P.C. Beth Fl B-362
- Generator City, State/Province: 841 ALTON Ave Columbus OHIO 43219
- Zip/Postal Code: 43219
- Generator USEPA/Federal ID #: 3109 03 5601
- State/Province ID #: OHIO
- Technical Contact: DON McCurdy
- Phone: (614) 252-8422

B. WASTE STREAM INFORMATION (See Instructions)

- Name of Waste: oil water separator overflow PETROLEUM CONTAMINATED SOIL Feet 904-235-3606
- Process Generating Waste: oil water separator overflow
- Annual Amount/Units: NA
- Type A Type B
- Special Handling Instructions/Supplemental Information: NA
- Incidental Waste Types and Amounts: oil soil 20 id

C. TRANSPORTATION INFORMATION

- Method of Shipment: Bulk Liquid Bulk Sludge Bulk Solid Drum/Box Other _____
- Supplemental Shipping Information: _____

- Is this a DOT hazardous material? No Yes (If yes, complete 4, 5 & 6)
4. Hazard Class/ID #: _____
5. Reportable Quantity/Units (lb/kg): _____ 6. Shipping Name: _____

D. TECHNICAL MANAGER DECISION (Check One) APPROVED DISAPPROVED Check if additional information is attached

- If Disapproved, Explain: _____
- If Approved, Continue: _____
- Management Method(s): _____
 - Precautions, Conditions, or Limitations on Approval: _____
 - For Type A Wastes, Laboratory Analysis of a Representative Sample Was: Waived Attached
If waived, explain why: _____
 - List Non-WMI Facility that is Approved to Manage this Waste: _____ Date: _____
Tech. Mgr. Signature: _____ Name (Print): _____ Date: _____

E. MANAGEMENT FACILITY INFORMATION / DECISION

- Proposed Management Facility: _____
- Proposed Intermediate Transfer Facility: _____
- Transporter: _____
- Management Facility Gen. Mgr. Decision (Check One) APPROVED DISAPPROVED
If Disapproved, Explain: _____
If Approved, List Precautions, Conditions, or Limitations on Approval: _____
General Mgr. Signature: _____ Name (Print): _____ Date: _____

Turn Page and Complete Side 2 (If Type B Special Waste, only complete Part J of Side 2)



GENERATOR'S WASTE PROFILE SHEET

PLEASE PRINT IN INK OR TYPE

Th. Bros

F. PHYSICAL CHARACTERISTICS OF WASTE (See Instructions)

1. Color <u>Brown.</u>	2. Does the waste have a strong incidental odor? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes; if so, describe: _____	3. Physical State @ 70 F/21°C: <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Other: _____	4. Layers <input type="checkbox"/> Multi-layered <input type="checkbox"/> Bi-layered <input checked="" type="checkbox"/> Single Phased	5. Specific Gravity Range _____	6. Free Liquids: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Volume: _____
7. pH: <input type="checkbox"/> ≤2 <input type="checkbox"/> >2-4 <input type="checkbox"/> 4-7 <input checked="" type="checkbox"/> 7 <input type="checkbox"/> 7-10 <input type="checkbox"/> 10- <12.5 <input type="checkbox"/> ≥12.5 <input type="checkbox"/> Range <input type="checkbox"/> NA		8. Flash Point: <input type="checkbox"/> None <input type="checkbox"/> <140°F/60°C <input type="checkbox"/> 140 - 199°F/60 - 93°C <input type="checkbox"/> ≥200°F/93°C <input type="checkbox"/> Closed Cup <input type="checkbox"/> Open Cup			

G. CHEMICAL COMPOSITION

1. <u>Analytical. Attached</u>	RANGE (MIN-MAX)	2. Does the waste contain any of the following? (provide concentration if known):
_____	_____ %	NO or LESS THAN or ACTUAL
_____	_____ %	PCBs <input checked="" type="checkbox"/> <input type="checkbox"/> < 50 ppm _____ ppm
_____	_____ %	Cyanides <input checked="" type="checkbox"/> <input type="checkbox"/> < 30 ppm _____ ppm
_____	_____ %	Sulfides <input checked="" type="checkbox"/> <input type="checkbox"/> < 500 ppm _____ ppm
_____	_____ %	
_____	_____ %	
_____	_____ %	
_____	_____ %	
_____	_____ %	
_____	_____ %	
Total:	_____ %	

Please note: Unless analytical results are attached, the chemical composition identification should include, at a minimum, Arsenic, Barium, Cadmium, Chromium, Lead, Mercury, Selenium, Silver, Pesticides, Herbicides, and any other TCLP constituents that may be present in the waste. The total composition must be greater than or equal to 100%. (.0001% = 1 ppm or 1 mg/l)

3. Indicate method used to determine composition (if provided): TCLP Total Other: _____

H. SAMPLING SOURCE (e.g., Drum, Lagoon, Pit, Pond, Tank, Vat) _____

I. REPRESENTATIVE SAMPLE CERTIFICATION

1. Print Sampler's Name: Don McCurdy 2. Sample Date: 6-27-95

3. Sampler's Title: Superintendent

4. Sampler's Employer (if other than Generator): THICKSTON BROS EQUIP CO.

The sampler's signature certifies that any sample submitted is representative of the waste described above pursuant to 40 CFR 261.20(c) or equivalent rules.

5. Sampler's Signature: Don McCurdy

J. GENERATOR CERTIFICATION

By signing this profile sheet, the Generator certifies:

- This waste is not a "Hazardous Waste" as defined by USEPA or Canadian Federal regulation and/or the state/province.
- This waste does not contain regulated radioactive materials or regulated concentrations of PCB's (Polychlorinated Biphenyls).
- The unshaded portions of this sheet and the attachments contain true and accurate descriptions of the waste material. All relevant information regarding known or suspected hazards in the possession of the Generator has been disclosed.
- The Generator has read and understands the Contractor's Definition of Special Waste included in Part B.5. of the attached instructions form. All types and amounts of special wastes provided in incidental amounts have been identified in section B.6. of this form.
- The analytical data presented herein or attached hereto were derived from testing a representative sample taken in accordance with 40 CFR 261.20(c) or equivalent rules.

If any changes occur in the character of the waste, the Generator shall notify the Contractor prior to providing the waste to the Contractor.

7. Signature: Don McCurdy 8. Title: Superintendent

9. Name (Type or Print): Don McCurdy 10. Date: 7-24-95

CHEMSOLVE

environmental analytical services

11629 Manchaca Road • Austin, Texas 78748 • (512) 280-7680

To: Harry Marsh, Jr.
Southern Waste Service
1619 Moylan Road
Panama City, FL 32407

904-234-2451

Report #: 15199

Report of Laboratory Analysis

Project: Thirston Bro. P.C. Navy Base

Sample: 01 T.T.

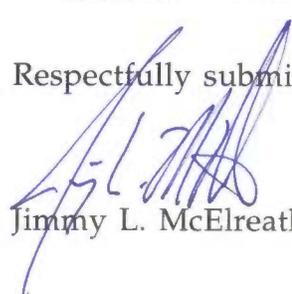
Matrix: waste

Date/Time Taken: 6/27/95 16:50

Date/Time Rec'd: 6/28/95 10:10

Parameter	Result	Units	Limit	PQL	Method	Date/Time	Run	By
TC Arsenic	<0.05	mg/L	5	0.05	7061	7/6/95	13:52	JLM
TC Barium	<0.01	mg/L	100	0.01	7080	7/6/95	13:52	JLM
TC Cadmium	<0.005	mg/L	1	0.005	7130	7/6/95	13:52	JLM
TC Chromium	<0.01	mg/L	5	0.01	7190	7/6/95	13:52	JLM
TC Lead	<0.02	mg/L	5	0.02	7420	7/6/95	13:52	JLM
TC Mercury	0.00040	mg/L	0.2	0.0002	7470	6/29/95	13:42	KLR
TC Selenium	<0.05	mg/L	1	0.05	7741	7/6/95	13:52	JLM
TC Silver	<0.01	mg/L	5	0.01	7760	7/6/95	13:52	JLM
TC 1,1-dichloroethene	<0.005	mg/L	0.7	0.005	8240	6/29/95	11:59	MGB
TC 1,2-dichloroethane	<0.005	mg/L	0.5	0.005	8240	6/29/95	11:59	MGB
TC 1,4-dichlorobenzene	<0.005	mg/L	7.5	0.005	8240	6/29/95	11:59	MGB
TC 2-butanone (MEK)	<0.1	mg/L	200	0.1	8240	6/29/95	11:59	MGB
TC Benzene	<0.005	mg/L	0.5	0.005	8240	6/29/95	11:59	MGB
TC Carbon tetrachloride	<0.005	mg/L	0.5	0.005	8240	6/29/95	11:59	MGB
TC Chlorobenzene	<0.005	mg/L	100	0.005	8240	6/29/95	11:59	MGB
TC Chloroform	<0.005	mg/L	6	0.005	8240	6/29/95	11:59	MGB
TC Tetrachloroethene	<0.005	mg/L	0.7	0.005	8240	6/29/95	11:59	MGB
TC Trichloroethene	<0.005	mg/L	0.5	0.005	8240	6/29/95	11:59	MGB
TC Vinyl chloride	<0.01	mg/L	0.2	0.01	8240	6/29/95	11:59	MGB

Respectfully submitted,


Jimmy L. McElreath

CHEMSOLVE

environmental analytical services

11629 Manchaca Road • Austin, Texas 78748 • (512) 280-7680

Project: Thirston Bro. P.C. Navy Base

Report #: 15199

Sample: 01 T.T.

Report of Laboratory Quality Assurance

Parameter	Blank	Precision	Limit	M.S.	M.S.D.	Limits
TC Arsenic	<0.05	1.20	20	84.0	82	80 - 125
TC Barium	<0.01	1.19	20	83.0	85	80 - 125
TC Cadmium	<0.005	0.00	20	87.0	87	80 - 125
TC Chromium	<0.01	0.49	20	103.0	104	80 - 125
TC Lead	<0.02	0.95	20	97.1	99	80 - 125
TC Mercury	<0.0002	2.80	14.74	107.8	110.5	74.2 - 129.5
TC Selenium	<0.05	1.78	20	83.0	86	80 - 125
TC Silver	<0.01	0.62	20	80.0	81	80 - 125

Surrogate	Method	Recovery	Limits
Toluene-d8	8240B	107	85-115
Bromofluorobenzene	8240B	111	86-115
1,2-dichloroethane-d4	8240B	108	76-114

Please print or type
(Form designed for use on ellipse (12-pitch) typewriter.)

NON-HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	profile # 065313
3. Generator's Name and Mailing Address Thickster Bros Equip. Co. 841 Alton Ave. Columbus OH.		contact Don McCurdy			
4. Generator's Phone (614) 252-8422 ZIP 43219					
5. Transporter 1 Company Name Southern Waste Inc	6. US EPA ID Number FL0000936831				
7. Transporter 2 Company Name	8. US EPA ID Number				
9. Designated Facility Name and Site Address Spring Hill Landfill Orlando FL		10. US EPA ID Number	A. Transporter's Phone 904-254-3174		
			B. Transporter's Phone		
			C. Facility's Phone 904-265-7100		
11. Waste Shipping Name and Description		12. Containers	13. Total Quantity	14. Unit	
		No.	Type	Wt/Vol	
a. GenT. Soil				18.11	1
b.					
c.					
d.					
D. Additional Descriptions for Materials Listed Above N/A			E. Handling Codes for Wastes Listed Above N/A		
15. Special Handling Instructions and Additional Information N/A					
16. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.					
Printed/Typed Name X Don McCurdy		Signature X Don McCurdy		Month Day Year 17 12 89	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Michael J Vintson		Signature Michael Vintson		Month Day Year 17 12 89	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space 089156					
20. Facility Owner or Operator: Certification of receipt of waste materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Garrett Moss		Signature Garrett Moss		Month Day Year 2 28 95	

GENERATOR

TRANSPORTER

FACILITY

ORIGINAL - RETURN TO GENERATOR

