

TANK CLOSURE SUMMARY SHEET

mg

FACILITY ID NUMBER: 3706847
CASE NUMBER (if applicable): 064-1385

Comments: _____

Number of USTs at facility (reported): 4
 Number of USTs at facility (actual): 4
 Number of USTs being closed: 4

OWNER/OPERATOR:

NAME	JOB TITLE	ADDRESS	PHONE #
<u>E.F. McCarty Estate</u>		<u>PO Box 47</u>	<u>(580) 234-1193</u>
<u>aka Jerry Cox</u>		<u>Emid, Ok. 73702</u>	

TANK ID #:	TANK NO.	TANK NO.	TANK NO.	TANK NO.
	1	2	3	4
EST DATE LAST USED:	<u>11-1-94</u>	<u>11-1-94</u>	<u>11-1-94</u>	<u>11-1-94</u>
EST TANK CAPACITY (gal):				
FAC DATABASE	<u>4</u>			
AFTER CLSR REVIEW	<u>4,000</u>	<u>4,000</u>	<u>4,000</u>	<u>10,000</u>
TANK REMOVED (Date):	<u>12-3-98</u>	<u>12-3-98</u>	<u>12-3-98</u>	<u>12-3-98</u>
TANK CLSD IN GRD(Date):				
TANK FILLED WITH:				

SCHEDULED CLOSURE: Yes 11-23-98; No _____
 SITE ASSESSMENT COMPLETED: Yes _____; No _____
 •TESTING SOIL OR GW;
 •USING EXTERNAL LEAK DETECTION:
 VAPOR MW _____; GROUNDWATER MW _____
 EVIDENCE OF LEAK DETECTED: Yes _____; No _____
 NUMBER OF NEW TANKS INSTALLED (see attached 7530 for details): _____

064-1385

Tommy [Signature]
 Technical Staff Reviewer

4-13-99
 Date

064-1385

MB

RECEIVED OKLAHOMA CORPORATION COMMISSION
UST/AST Dept. Fuel Division, UST/AST Program

DEC 21 1998

P.O. Box 52000-2000
Oklahoma City, OK 73152-2000
(405) 522-4640

ORIGINAL

Oklahoma Corporation
Commission

CLOSURE REPORT
FOR
PERMANENTLY CLOSED UNDERGROUND STORAGE TANKS

PLEASE SUBMIT THIS COMPLETED FORM ALONG WITH ATTACHMENTS WITHIN
45 DAYS OF THE SCHEDULED CLOSURE.

1. Facility Identification Number. 37-06847
2. Facility Location Name and Address.
Quick Stop (Former)
Highway 51 & Mitchell
Hennessey, Oklahoma 73742
3. Owner's Name and Address.
E.F. McCarty Estate ATTN: Terry Lix
P.O. Box 47
Enid, Oklahoma 73702
4. Date Work Accomplished. 12-03-98
5. Number and size of tanks remaining at this facility.
None
6. Number and size of tanks removed. Three 4,000gallon and
One 10,000 gallon
 - (a) Condition of removed tanks. Are there any holes present?
All tanks appeared to be in good condition.
NO holes were present.
 - (b) Describe the disposal and/or disposition of the tank(s).
Tanks were taken to Morgan Enterprises in Enid, OK for
proper disposal.
 - (c) If tank system consisted of pressure piping, were samples taken at
least every 40 feet? Not applicable
 - (d) Was excavated soil removed from the site? No
 - (e) If so, was a permit obtained for its removal? Not applicable
7. Number and size of tanks filled with inert material. Not applicable
8. Estimated date tanks were last used. November 1994

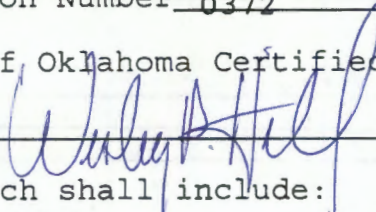
9. Assess the site for potential contamination by:
- (a) testing the soil or groundwater; or
 - (b) using an external leak detection method such as monitoring wells.
 - (c) Were field screening instruments used? OCC LUST Case #064-1385
 - (d) If so, what was the type and model number? _____

NOTE: If soil or ground water samples are used for a site assessment, the person taking the samples must be under the supervision of or be a certified UST Consultant.

10. Certified UST Consultant responsible for the sampling.
I certify the samples were taken at locations where contamination had most likely occurred.

Name Wesley P. Hill c/o Summit Environmental Services, L.L.C.
Address 114 East Broadway - Suite 600
Enid, Oklahoma 73701
Phone Number 580-233-2663
Certification Number 0372

Signature of Oklahoma Certified UST Consultant:

 Date 12-15-98

11. A site sketch shall include:
- (a) North arrow
 - (b) Tank pit location
 - (c) Proximity of tank pit to roads, buildings, or other landmarks measured in feet
 - (d) Piping layout and pump island location
 - (e) Soil sample locations identifying the sample identification

12. Site Assessment prepared by:

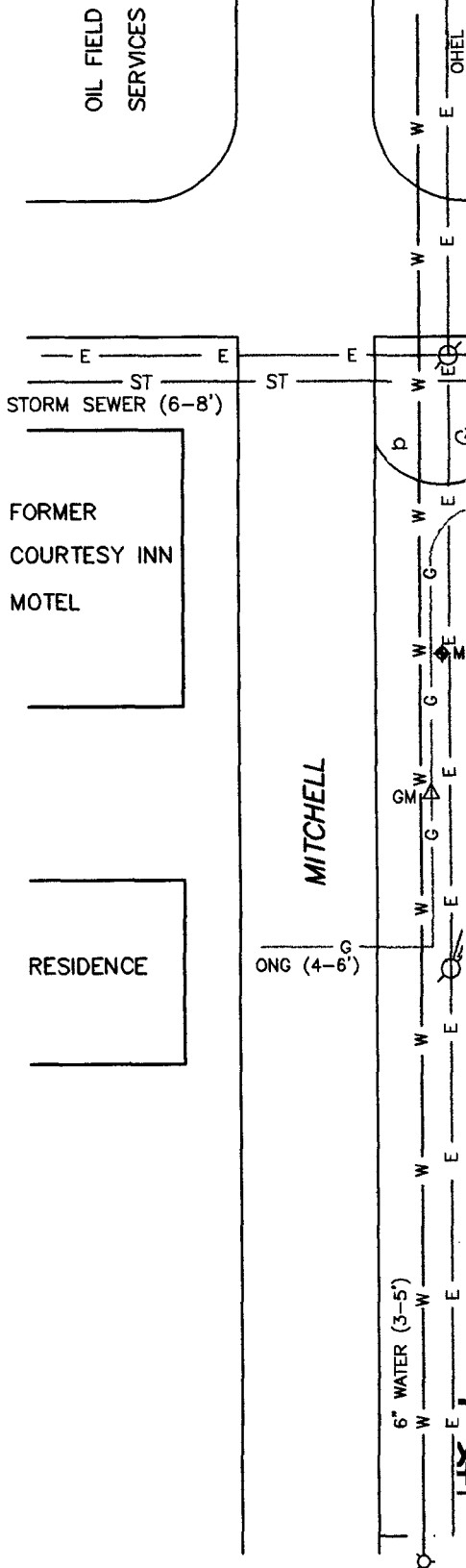
Name Kristi Brooks c/o Summit Environmental Services, L.L.C.
Address 114 East Broadway - Suite 600
Enid, Oklahoma 73701
Phone Number 580-233-2663

Signature of Preparer:

 Date 12-15-98

Attachments:

- (a) Lab reports or records of external leak detection
- (b) Site sketch



LEGEND

◆ MW-3	MONITORING WELL
● SB-1	SOIL BORING
— SS —	SANITARY SEWER
— E —	OVERHEAD ELECTRIC LINE
— ST —	STORM SEWER
- - - -	PRODUCT LINES
— G —	GAS
— W —	WATER LINES
— X —	FENCE
— TUG —	BURIED TELEPHONE LINE
☆	LIGHT POLE
△	GAS METER
○	UTILITY POLE
□	SWB PEDESTAL
▣	OG&E PEDESTAL
▤	CATV PEDESTAL
⊙	SWB MANHOLE
⊕	WATER METER
⊖	WATER VALVE
⊗	FIRE HYDRANT
⊘	SANITARY MANHOLE
⊙	SIGN

Quick Stop
at 51 & Mitchell
Tennesseey, Ok

Vicinity
Map

DATE:	9-9-98
*.Dwg	1385figb
CHECKED:	
APPROVED:	
DRAWN:	PAB
PROJECT:	064-1385

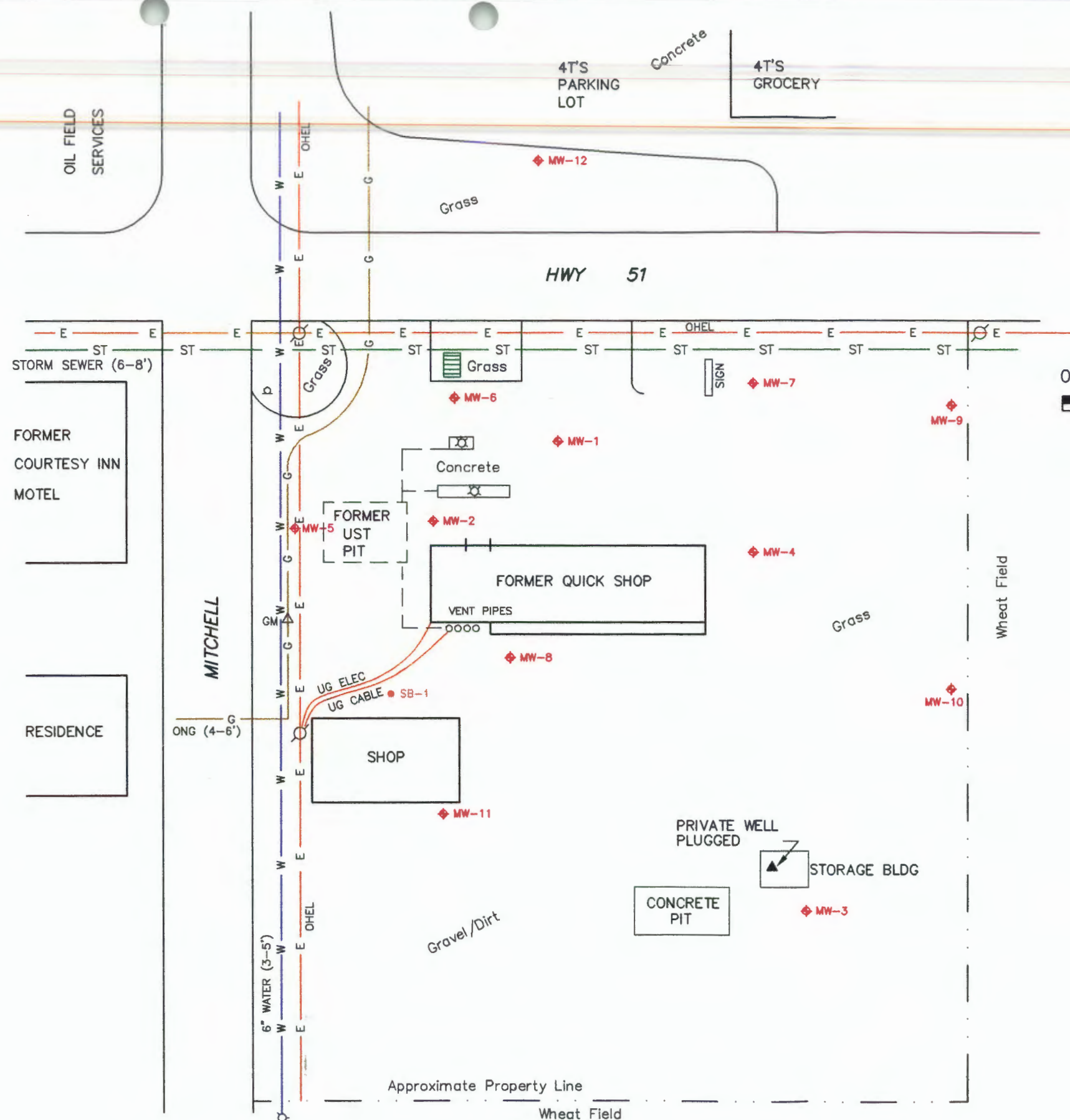
Summit
 Environmental Service, LLC
 114 East Broadway, Suite 600
 Enid, Oklahoma 73701
 233-2663 Fax: (580) 233-8446

Figure
B

LEGEND

- ◆ MW-3 MONITORING WELL
- SB-1 SOIL BORING
- SS SANITARY SEWER
- E OVERHEAD ELECTRIC LINE
- ST STORM SEWER
- Product Lines
- G GAS
- W WATER LINES
- X FENCE
- TUG BURIED TELEPHONE LINE

- ☆ LIGHT POLE
- △ GAS METER
- UTILITY POLE
- SWB PEDESTAL
- ▣ OG&E PEDESTAL
- ⊠ CATV PEDESTAL
- ⊙ SWB MANHOLE
- ⊕ WATER METER
- ⊖ WATER VALVE
- ⊗ FIRE HYDRANT
- ⊘ SANITARY MANHOLE
- ⊙ SIGN



Quick Stop Hwy 51 & Mitchell Hennessey, Ok	DATE:	9-9-98
	*.Dwg	1385figb
Vicinity Map	CHECKED:	
	APPROVED:	
	DRAWN:	PAB
	PROJECT:	064-1385
Summit Environmental Service, LLC 114 East Broadway, Suite 600 Enid, Oklahoma 73701 Tele: (580) 233-2663 Fax: (580) 233-8446		Figure B



OKLAHOMA CORPORATION COMMISSION
PETROLEUM STORAGE TANK DIVISION
(405) 521-4683 FAX: (405) 521-4945

JIM THORPE BUILDING, RM 238 • PO BOX 52000-2000 • OKLAHOMA CITY, OK 73152-2000

November 23, 1998

Wesley Hill
Summit Env
114 E Broadway Suite 807
Enid, OK 73701

RE: Facility #3706847
CONFIRMATION # 01353

Dear Sir:

Thank you for your recent call to schedule closure of underground storage tank (s) 12-3-98 located at:

E F McCarty Estates
Hwy 51 & Mitchell Rd
Hennessey, OK

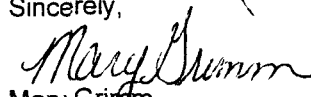
Following is a summary of procedures to follow for tank closures:

1. Schedule removal/closure with the Oklahoma Corporation Commission, UST Program 48 hours in advance of removal.
2. Assure safe work area according to federal, state, and local regulations.
3. Perform sampling protocol for tank(s) and piping.
 - A. Sampling must be supervised by an OCC Certified UST Consultant.
 - B. Send soil sample for testing to a DEQ certified laboratory.
4. Properly dispose of tank(s), excavated soil and water.
5. **Submit written report, copy of this letter and site sketches to the OCC within 45 days of closure.**

NOTE: Complete and return attached documents. Please retain a copy of all documents for your files.

Rule 165:25-3-65 allows for substantial fines for failure to provide 48 hours notice to schedule changes; so if you need to reschedule please contact this office at 405-521-6720. If you have questions or need further assistance please feel free to call me.

Sincerely,


Mary Grimm
Petroleum Storage Tank Division

Enclosures

cc: Rick Heck
Fuel Inspection Department

III. TYPE OF OWNER	IV. INDIAN LANDS
<input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> Local Government	<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Farm <input type="checkbox"/> Other
Tanks are located on land within an Indian Reservation or on other trust lands.	
Tribe or Nation _____	

V. CONTACT PERSON IN CHARGE OF TANKS

Name	Job Title	Address	Phone Number (Include Area Code)
Terry Lix	Estate Administrator	P.O.Box 47 Enid, OK 73702	580-234-1193

VI. FINANCIAL RESPONSIBILITY

I have met the financial responsibility requirements in accordance with 40 CFR Subpart H. (Financial Responsibility must be met and acknowledged.)

**VII. DESCRIPTION OF UNDERGROUND STORAGE TANKS
(COMPLETE FOR EACH TANK AT THIS LOCATION.)**

Tank Identification Number	Tank No. 1	Tank No. 2	Tank No. 3	Tank No. 4
1. Status of Tank (mark only one) Currently In Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use (Remember to fill out section VIII)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use (Remember to fill out section VIII)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Date of Installation (mo./year)	4-28-72	4-28-72	4-28-72	4-28-81
3. Estimated Total Capacity (gallons)	4,000	4,000	4,000	10,000
4. Material of Construction (Mark all that apply)				
Coated or Bare Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please specify	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Tank Identification Number	Tank No. <u>1</u>	Tank No. <u>2</u>	Tank No. <u>3</u>	Tank No. <u>4</u>
5. Piping (Material) (Mark all that apply) Steel Fiberglass Reinforced Plastic Copper Cathodically Protected Double Walled Secondary Containment Unknown Other, Please specify	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. Piping (Mark all that apply) Pressure Suction: no valve at tank Suction: valve at tank	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. Substances Currently or Last Stored in Greatest Quantity. Gasoline Diesel Gasohol Kerosene Heating Oil Used Oil Other, Please specify	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hazardous Substance CAS Number or CERCLA Name	<u>8006-619</u>	<u>8006-619</u>	<u>684763-020</u>	<u>8006-619</u>
VIII. TANKS OUT OF USE, OR CHANGE IN SERVICE				
1. Closing of Tank A. Estimated date last used	<u>11/94</u>	<u>11/94</u>	<u>11/94</u>	<u>11/94</u>
B. Estimate date tank closed or removed. (mo./date/year)	<u>12-3-98</u>	OCC LUST CASE #064-1385 <u>12-3-98</u>	<u>12-3-98</u>	<u>12-3-98</u>
C. Tank was removed from ground. D. Tank was closed in ground. E. Tank filled with inert material. Describe type of material used. F. Change in service.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Site Assessment Completed	<u>4-18-95</u>	<u>4-18-95</u>	<u>4-18-95</u>	<u>4-18-95</u>
Evidence of a leak detected	<u>4-24-95</u>	<u>4-24-95</u>	<u>4-24-95</u>	<u>4-24-95</u>

IX. CERTIFICATION OF COMPLIANCE
 (COMPLETE FOR ALL NEW AND UPGRADED TANKS AT THIS LOCATION)

IMAGED 1/14/2002

OATH: I certify the information concerning installation that is provided in Section IX is true to the best of my belief and knowledge.

Installer Name: _____ License #: _____

Position: _____ Company: _____

Signature of Installer & Date: _____

Tank Identification Number	* Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____
1. Release Detection (Mark all that apply)	TANK	PIPING	TANK	PIPING
A. Manual tank gauging	<input type="checkbox"/>		<input type="checkbox"/>	
B. Tightness testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Inventory controls	<input type="checkbox"/>		<input type="checkbox"/>	
D. Automatic tank gauging	<input type="checkbox"/>		<input type="checkbox"/>	
E. Vapor monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Groundwater monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Interstitial monitoring double walled tank/piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Interstitial monitoring or secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Automatic line leak detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Other method allowed by Implementing Agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please specify.	_____	_____	_____	_____
2. Spill and Overfill Protection				
A. Overfill device installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Spill device installed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X. CERTIFICATION (Read and sign after completing all sections)

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

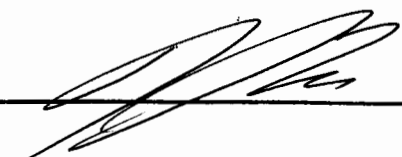
Name of owner or owner's authorized representative (Print):

Terry Lix

E.F. McCarty Estate Administrator

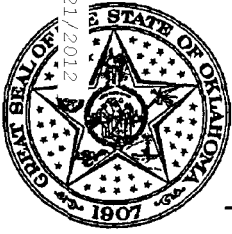
Title:

Signature:



Date:

12-17-98



OKLAHOMA CORPORATION COMMISSION
PETROLEUM STORAGE TANK DIVISION
(405) 521-4683 FAX: (405) 521-4945

JIM THORPE BLDG, ROOM 238 • P.O. BOX 52000-2000 • OKLAHOMA CITY, OKLAHOMA 73152-2000

April 13, 1999

E.F. McCarty Estate
Attn: Terry Lix
P.O. Box 47
Enid, Ok. 73702

Reference: Petroleum Storage Tank Amended Notification Form for Permanent Tank Closure(s) of one (1) 10,000 gallon, and three (3) 4,000 gallon tanks located at the former Quick Stop, Highway 51 and Mitchell, Hennessey, Oklahoma.
Facility Number: **3706847**; Case Number: **064-1385**

Dear Sir:

Thank you for providing your amended underground storage tank (UST) notification form (Form 7530-1) and supporting information documenting the permanent closure of your UST(s) at the above referenced facility to the Oklahoma Corporation Commission (OCC).

OCC staff has reviewed the closure assessment report that accompanied the notification form, and we feel that all of the requirements necessary for a complete closure have been met. Please note, however, that an active remediation case (Case Number 064-1385) exists at this facility, and this letter does not relieve you of your responsibilities to complete corrective actions related to this case.

If you have any questions regarding this matter, please contact me at (405) 522-4810.

Sincerely yours,

Tommy Jesse
Environmental Compliance Technician

cc: Facility file #3706847
Wesley Hill

IMAGED 12/21/2012

B ANTHONY
Commissioner

ED APPLE
Commissioner

DENISE A. BODE
Commissioner



OKLAHOMA CORPORATION COMMISSION
PETROLEUM STORAGE TANK DIVISION
(405) 521-4683 FAX: (405) 521-4945

JIM THORPE BUILDING, RM 238 • PO BOX 52000-2000 • OKLAHOMA CITY, OK 73152-2000

November 23, 1998

Wesley Hill
Summit Env
114 E Broadway Suite 807
Enid, OK 73701

RE: Facility #3706847
CONFIRMATION # 01353

Dear Sir:

Thank you for your recent call to schedule closure of underground storage tank (s) 12-3-98 located at:

E F McCarty Estates
Hwy 51 & Mitchell Rd
Hennessey, OK

Following is a summary of procedures to follow for tank closures:

1. Schedule removal/closure with the Oklahoma Corporation Commission, UST Program 48 hours in advance of removal.
2. Assure safe work area according to federal, state, and local regulations.
3. Perform sampling protocol for tank(s) and piping.
 - A. Sampling must be supervised by an OCC Certified UST Consultant.
 - B. Send soil sample for testing to a DEQ certified laboratory.
4. Properly dispose of tank(s), excavated soil and water.
5. **Submit written report, copy of this letter and site sketches to the OCC within 45 days of closure.**

NOTE: Complete and return attached documents. Please retain a copy of all documents for your files.

Rule 165:25-3-65 allows for substantial fines for failure to provide 48 hours notice to schedule changes; so if you need to reschedule please contact this office at 405-521-6720. If you have questions or need further assistance please feel free to call me.

Sincerely,

Mary Grimm
Petroleum Storage Tank Division

Enclosures

cc: Rick Heck
Fuel Inspection Department

CLOSURE SCHEDULING

FACILITY ID # 37010847

FACILITY ADDRESS Hwy 51 & Mitchell Rd Henn

OWNER NAME Jerry Lix & McCarty Estate

DATE OF CLOSURE 12-3-98

TIME OF CLOSURE 9:00AM

WHAT ARE THEY PULLING 4 Tanks

WHO TO SEND CLOSURE PACKET TO:

Wesley Hill Summit Env.

NAME OF PERSON CALLING

PHONE #

DATE: 11-23-98
MG

01353

Bob thony
Commissioner

Ed Apple
Commissioner

Denise A. Bode
Commissioner

OK HOMA

CORPORATION COMMISSION

P.O. BOX 52000-2000

OKLAHOMA CITY, OKLAHOMA 73152-2000

250 Jim Thorpe Building

Telephone: (405) 522-4640

FAX: (405) 521-6576



Petroleum Storage Tank Division

August 14, 1998

E.F. MCCARTY
PO BOX 47
ENID, OK 73702

OWNER ID NO. 1956

Ref: Facility No. 3706847

BENNETT'S FRIENDLY STOP, INC
HWY 51 AT MITCHELL RD
HENNESSEY, OK 73742

DEAR E.F. MCCARTY:

It has been reported you have closed underground storage tanks without notice to the Oklahoma Corporation Commission. Certain procedures are required by the State of Oklahoma and the Environmental Protection Agency pertaining to tank closures.

A site assessment is required when an underground storage tank system is closed. A site assessment consists of soil and/or water testing. If the tanks were in service on or after April 13, 1989, the tanks must be closed according to the regulations as set forth by the Oklahoma Corporation Commission.

If groundwater or vapor monitoring well data is available, this data can be used as a site assessment. If monitoring well data is not available, then the service of a certified UST consultant is required.

Please respond to this letter by within 30 days of the date of this letter. If you have any questions, please call the Administrative Services Department at (405) 522-4640. Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "William J. Hansen".

Bill Hansen
Senior Compliance Officer
Oklahoma Corporation Commission