

12

A WARNING TO THE PARTIES TO A TRANSFER OF PROPERTY:

It is highly unlikely that the single act of reading this document would be found to constitute "all appropriate inquiry into the previous ownership and uses of the property" so as to protect you against liability under the "innocent purchaser" provision of the federal Comprehensive Environmental Response, Compensation and Liability Act, 42 U.S.C. 9601(35)(B). You are strongly encouraged not only to read this document carefully but also to take all other actions necessary to the exercise of due diligence in your inquiry into the previous ownership and uses of the property.

**ENVIRONMENTAL DISCLOSURE DOCUMENT
FOR TRANSFER OF REAL PROPERTY**

(Best viewed on the Web in 10 pt.)

NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

For Use
By County
Recorder's Office
County

The following information is provided
under IC 13-25-3,
the Responsible Property Transfer Law.

Date
Doc. No.
Vol.
Page
Rec'd by:

STOP

I PROPERTY IDENTIFICATION

A. Address of property: 703 W. 131st Place
Street



HAMMOND

NORTH

City or Town

Township

Tax Parcel Identification No. (Key Number): 34-364-2 and 3

B. Legal Description:

Section _____ Township _____ Range _____

Enter or attach complete legal description in this area:

Lot 2 and 3 in Lademilk Addition, in the City of Hammond, as per plat thereof,
recorded in Plat Book 83, page 94, in the Office of the Recorder of Lake
County, Indiana.

2000 017722

STATE OF INDIANA

9-22-00/03
TICOR FILE IN 13-25-3
Crown Point Indiana

Return to: Samuel T. Miller
9335 Calumet Ave. Munster
<http://www.state.in.us/idem/olc/ptform.html>

2/22/00

32.00
11

LIABILITY DISCLOSURE

Transferors and transferees of real property are advised that their ownership or other control of such property may render them liable for environmental cleanup costs whether or not they caused or contributed to the presence of environmental problems in association with the property.

C. Property Characteristics:

Lot Size _____ Acreage _____

Check all types of improvement and uses that pertain to the property:

- _____ Apartment building (6 units or less)
- _____ Commercial apartment (over 6 units)
- _____ Store, office, commercial building
- Industrial building
- _____ Farm, with buildings
- _____ Other (specify) _____

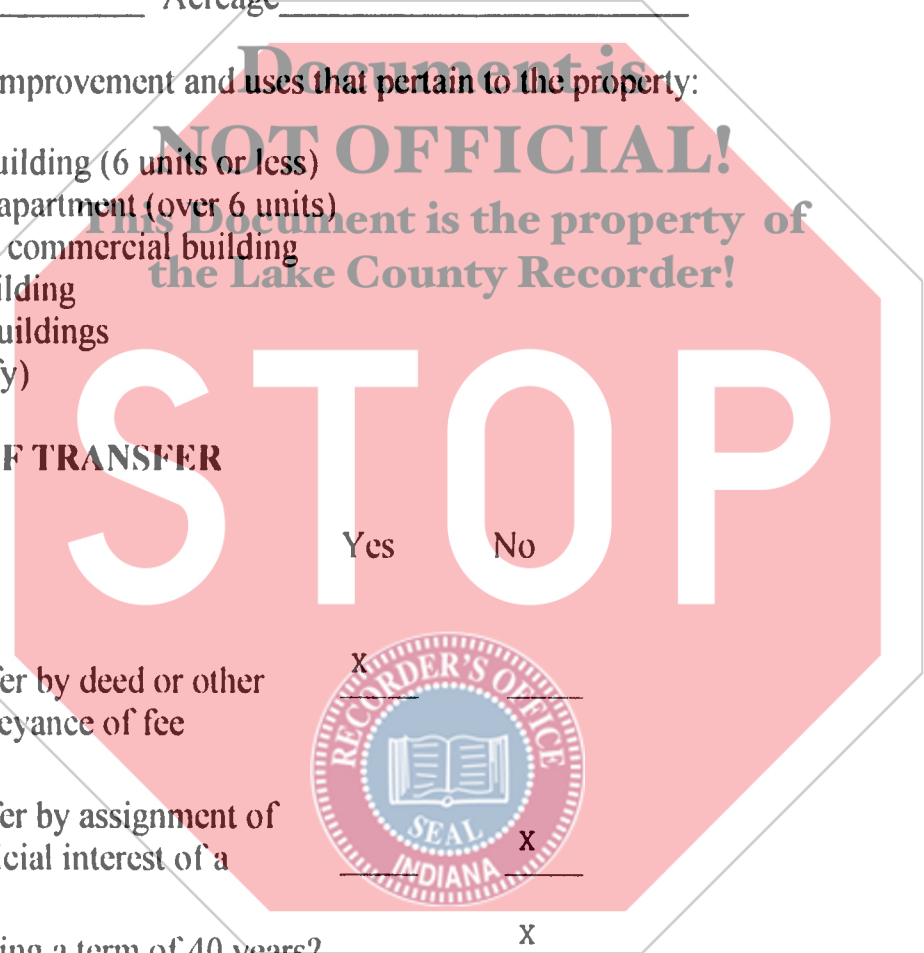
II NATURE OF TRANSFER

Yes No

A.

- (1) Is this a transfer by deed or other instrument of conveyance of fee title to property? Yes _____ No
- (2) Is this a transfer by assignment of over 25% of beneficial interest of a land trust? _____ Yes No
- (3) A lease exceeding a term of 40 years? _____ Yes _____ No
- (4) A collateral assignment of beneficial interest? _____ Yes _____ No
- (5) An installment contract for the sale of property? _____ Yes _____ No
- (6) A mortgage of trust deed? _____ Yes _____ No
- (7) A lease of any duration that includes an option to purchase? _____ Yes _____ No

B.



(1) Identify

Transferor: LADEMILK LIMITED PARTNERSHIP, 703 W. 131st PLACE, HAMMOND, IN 46327

Name and Current Address of Transferor

Trust No. N/A

Name and Address of Trustee if this is a transfer of beneficial interest of a land trust.

(2) Identify person who has completed this form on behalf of the Transferor and who has knowledge of the information contained in this form:

CARL E. LOUDERMILK, GENERAL PARTNER, 703 W. 131st PLACE, HAMMOND, IN 46327 (219) 931-0137

Name, Position (if any), and Address Telephone No.

C. Identify Transferee:

JACK GRAY TRANSPORT, INC., 4600 - 15th AVENUE, GARY, IN 46403

Name and Current Address of Transferee

III. ENVIRONMENTAL INFORMATION

A. Regulatory Information During Current Ownership

1. Has the transferor ever conducted operations on the property which involved the generation, manufacture, processing, transportation, treatment, storage, or handling of a of a "hazardous substance" (as defined by IC13-11-2-98)? This question does not apply to consumer goods stored or handled by a retailer in the same form and approximate amount, concentration, and manner as they are sold to consumers, unless the retailer has engaged in any commercial mixing (other than paint mixing or tinting of consumer sized containers), finishing, refinishing, servicing, or cleaning operations on the property.

Yes _____ No X

2. Has the transferor ever conducted operations on the property which involved the processing, storage, or handling of petroleum, other than that which was associated directly with the transferor's vehicle usage?

Yes _____ No X

3. Has the transferor ever conducted operations on the property which involved the

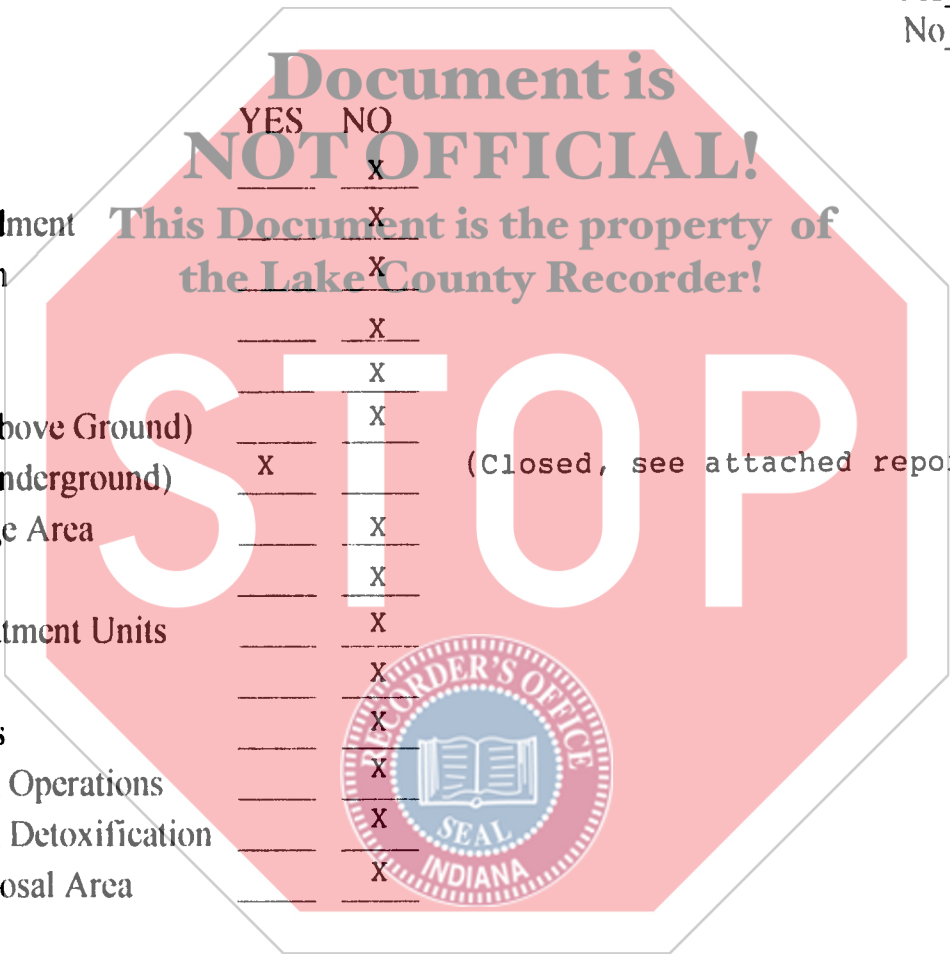
generation, transportation, storage, treatment, or disposal of "hazardous waste" (as defined in IC 13-11-2-99(a))?

Yes _____
No X

4. Are there any of the following specific units (operating or closed) at the property that are used or were used by the transferor to manage hazardous wastes, hazardous substances, or petroleum?

Yes X
No _____

	YES	NO	
Landfill		<u>X</u>	
Surface Impoundment		<u>X</u>	
Land Application		<u>X</u>	
Waste Pile		<u>X</u>	
Incinerator		<u>X</u>	
Storage Tank (Above Ground)		<u>X</u>	
Storage Tank (Underground)	<u>X</u>		(Closed, see attached report)
Container Storage Area		<u>X</u>	
Injection Wells		<u>X</u>	
Wastewater Treatment Units		<u>X</u>	
Septic Tanks		<u>X</u>	
Transfer Stations		<u>X</u>	
Waste Recycling Operations		<u>X</u>	
Waste Recycling Detoxification		<u>X</u>	
Other Land Disposal Area		<u>X</u>	



If there are "YES" answers to any of the above items and the transfer of property that requires the filing of this document is other than a mortgage or trust deed or a collateral assignment of beneficial interest in a land trust, you must attach to the copies of this document that you file with the county recorder and the department of environmental management a site plan that identifies the location of each unit.

5. Has the transferor ever held any of the following in regard to this real property?

- (A) Permits for discharge of wastewater to waters of Indiana. Yes _____ No x
- (B) Permits for emissions to the atmosphere. Yes _____ No x
- (C) Permits for any waste storage, waste treatment, or waste disposal operation. Yes _____ No x

- 6. Has the transferor ever discharged any wastewater (other than sewage) to a publicly owned treatment works? Yes _____ No x
- 7. Has the transferor been required to take any of the following actions relative to this property? Yes _____ No x

(A) Filed an emergency and hazardous chemical inventory form pursuant to the federal Emergency Planning and Community Right-to-Know Act of 1986 (42 U.S.C. 11022).

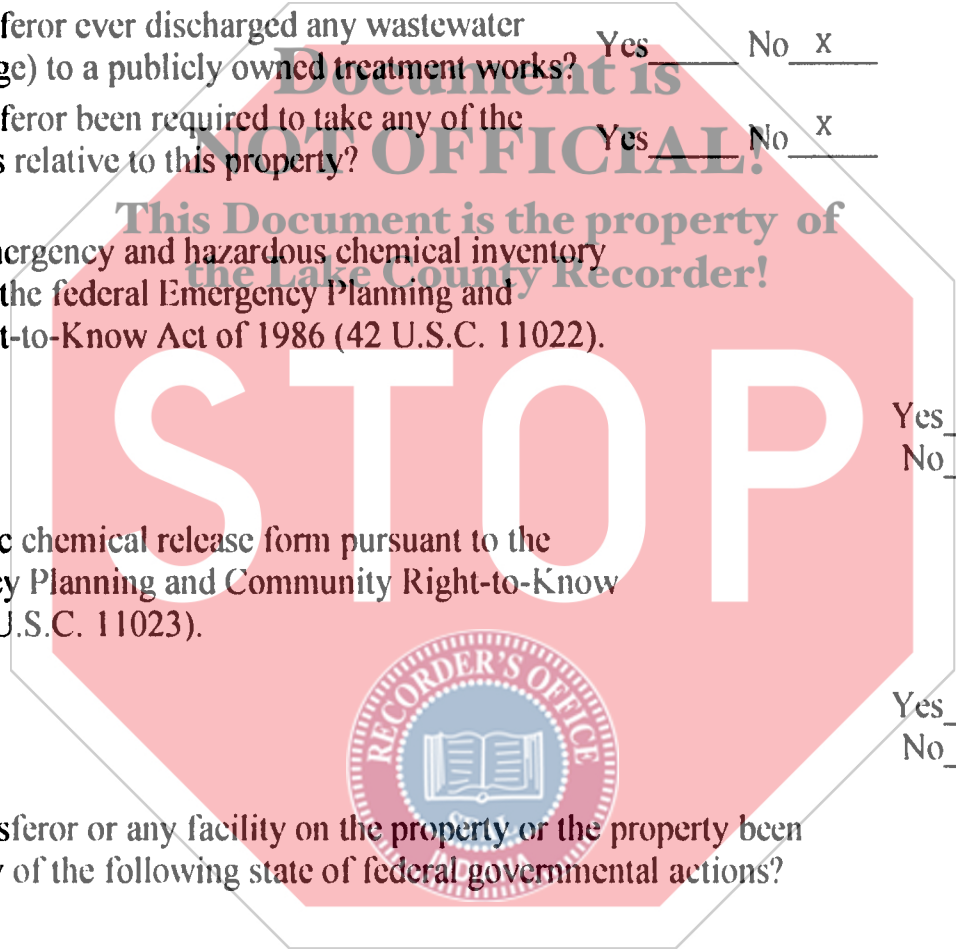
Yes _____
No x

(B) Filed a toxic chemical release form pursuant to the federal Emergency Planning and Community Right-to-Know Act of 1986 (42 U.S.C. 11023).

Yes _____
No x

8. Has the transferor or any facility on the property or the property been the subject of any of the following state or federal governmental actions?

- (A) Written notification regarding known, suspected, or alleged contamination on or emanating from the property. Yes _____ No x
- (B) Filing an environmental enforcement case with a court or the solid waste management board for which a final order or consent decree was entered. Yes _____ No x
- (C) If the answer to question (B) was Yes, then indicate whether or not the final order or decree is still in effect. Yes _____ No x



in effect for this property.

9. Environmental Releases During Transferor's Ownership.

(A) Has any situation occurred at this site which resulted in a reportable "release" of any hazardous substances or petroleum as required under state or federal laws? Yes _____ No X

(B) Have any hazardous substances or petroleum which were released come into direct contact with the ground at this site? Yes _____ No X

If the answer to question (A) or (B) is Yes, have any of the following actions or events been associated with a release on the property?

_____ Use of a cleanup contractor to remove or treat materials including soils, pavement, or other surficial materials?

_____ Assignment of in-house maintenance staff to remove or treat materials including soils, pavement, or other surficial materials?

_____ Sampling and analysis of soils?

_____ Temporary or more long term monitoring of groundwater at or near the site?

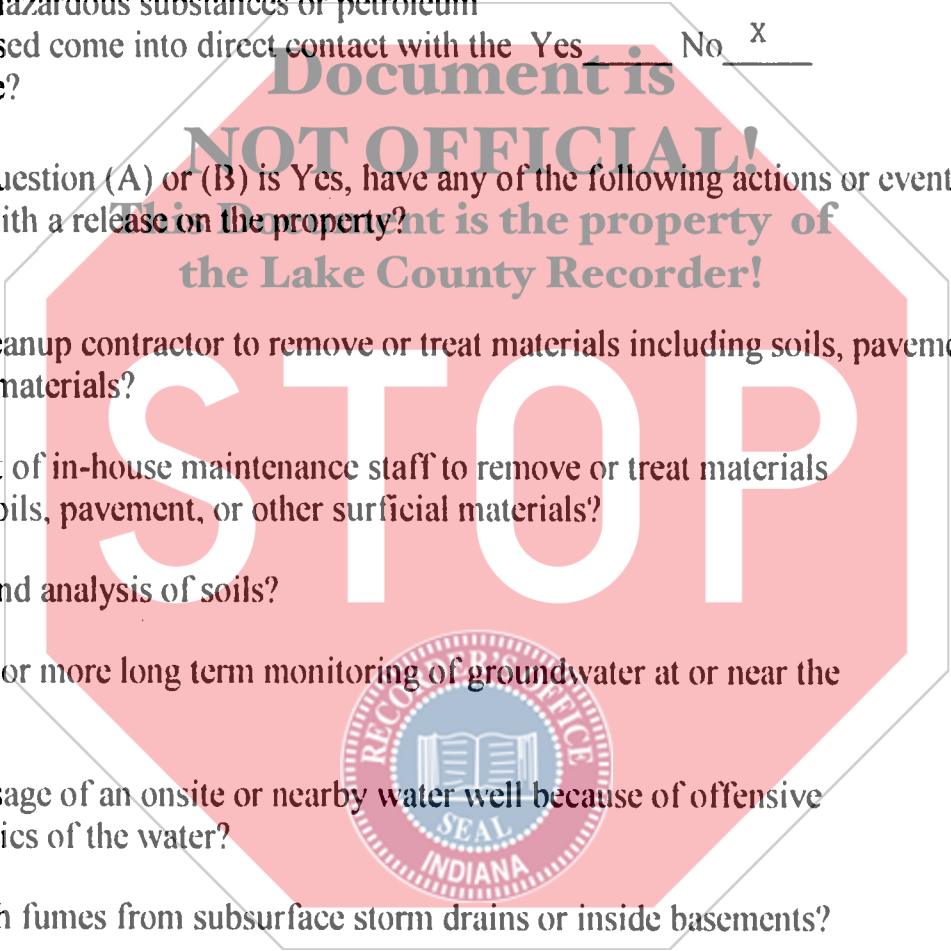
_____ Impaired usage of an onsite or nearby water well because of offensive characteristics of the water?

_____ Coping with fumes from subsurface storm drains or inside basements?

_____ Signs of substances leaching out of the ground along the base of slopes of or at other low points on or immediately adjacent to the site?

(C) Is there an environmental defect (as defined in IC 13-11-2-70) on the property that is not reported under question (A) or (B)? Yes _____ No X

If the answer is Yes, describe the environmental defect:



10. Is the facility currently operating under a variance granted by the commissioner of the Indiana department of environmental management?

Yes _____
 No x

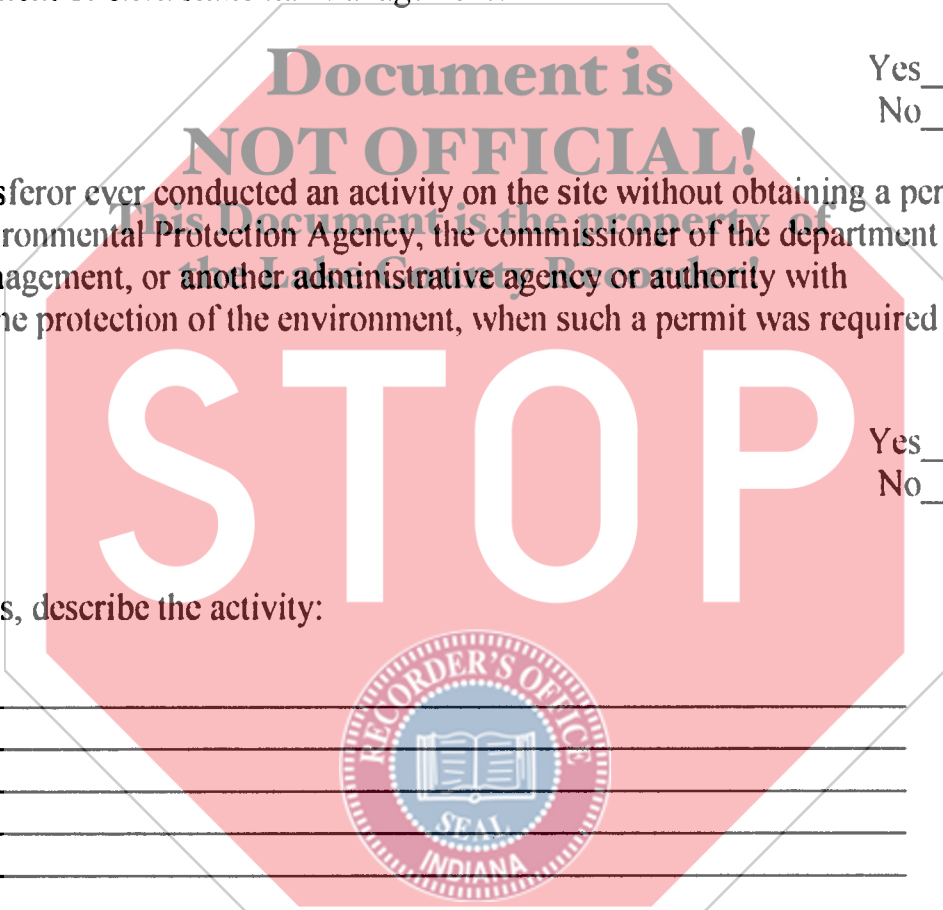
11. Has the transferor ever conducted an activity on the site without obtaining a permit from the U.S. Environmental Protection Agency, the commissioner of the department of environmental management, or another administrative agency or authority with responsibility for the protection of the environment, when such a permit was required by law?

Yes _____
 No x

If the answer is Yes, describe the activity:

12. Is there any explanation needed for clarification of any of the above answers or responses?

B. Site Information Under Other Ownership Or Operation

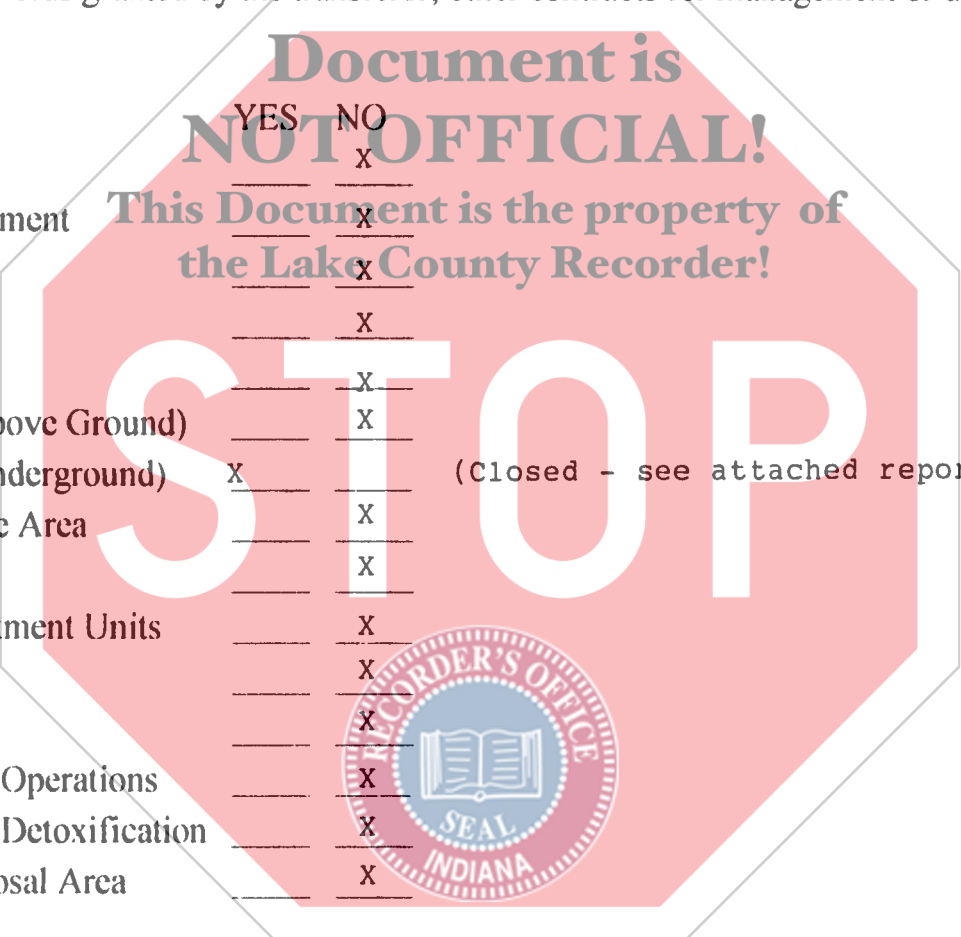


1. Provide the following information about the previous owner or about any entity or person to whom the transferor leased the property or with whom the transferor contracted for the management of the property :

Name: Previous Owner, J & S TRUCKING TENANT L.L. & D. TRUCKING, INC.
 Type of business Trucking Trucking
 or property usage: Trucking Trucking

2. If the transferor has knowledge, indicate whether the following existed under prior ownerships, leaseholds granted by the transferor, other contracts for management or use of the property:

	YES	NO	
Landfill		<input checked="" type="checkbox"/>	
Surface Impoundment		<input checked="" type="checkbox"/>	
Land Application		<input checked="" type="checkbox"/>	
Waste Pile		<input checked="" type="checkbox"/>	
Incinerator		<input checked="" type="checkbox"/>	
Storage Tank (Above Ground)		<input checked="" type="checkbox"/>	
Storage Tank (Underground)	<input checked="" type="checkbox"/>		(Closed - see attached report)
Container Storage Area		<input checked="" type="checkbox"/>	
Injection Wells		<input checked="" type="checkbox"/>	
Wastewater Treatment Units		<input checked="" type="checkbox"/>	
Septic Tanks		<input checked="" type="checkbox"/>	
Transfer Stations		<input checked="" type="checkbox"/>	
Waste Recycling Operations		<input checked="" type="checkbox"/>	
Waste Recycling Detoxification		<input checked="" type="checkbox"/>	
Other Land Disposal Area		<input checked="" type="checkbox"/>	



IV CERTIFICATION

A. Based on my inquiry of those persons directly responsible for gathering the information, I certify that the information submitted is, to the best of my knowledge and belief, true and accurate.

Carl E. Loudermilk CARL E. LOUDERMILK, LADEMILK LIMITED PARTNERSHIP,
 TRANSFEROR (or on behalf of Transferor) GENERAL PARTNER

B. This form was delivered to me with all elements completed on 2/8 19 2000



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live

Frank O'Bannon
Governor

John M. Hamilton
Commissioner

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
Telephone 317-232-8603
Environmental Helpline 1-800-451-6027

28-Sep-1998

UST SYSTEM CLOSURE REPORT REVIEW CHECKLIST

(OCTOBER 1994 & NOVEMBER 1995 GUIDANCE)

FACILITY I.D.: 9769

OWNER I.D.: 4211

LUST I.D.: ERR

OWNER/OPERATOR NAME: LL&D TRUCKING
 CONTACT NAME/TITLE: CARL LOUDERMILK
 ADDRESS LINE 1: 703 W. 131ST PLACE
 ADDRESS LINE 2:
 CITY/STATE: HAMMOND, IN
 ZIP CODE: 46327
 PHONE NUMBER:

FACILITY NAME: LL&D TRUCKING
 CONTACT NAME/TITLE: CARL LOUDERMILK
 ADDRESS: 703 WEST 131ST PLACE
 CITY: HAMMOND
 COUNTY: LAKE
 ZIP CODE: 46327

DATE REPORT RECEIVED: 052698
 INITIAL DATE REVIEWED: 092898
 CLOSURE DATE: 041698
 UST STAFF: BDAVE
 STAFF PHONE: 317-308-3070
 ADDITIONAL INFO RECEIVED:

Dear UST facility owner/operator;

This agency has recently received and reviewed the UST system closure report for the above referenced facility. All information marked as inadequate must be forwarded to the IDEM UST Branch within 30 days. Specific comments to help improve your submittal are provided, if necessary. If all required information is submitted and adequate, the UST System Closure requirements have been fulfilled. Failure to comply with this request for additional information may result in formal enforcement action. The significance of such action is the assessment of civil penalties not to exceed \$25,000 per day. Additionally, such an enforcement action will result in the forfeiture of your eligibility for Excess Liability Fund (ELF) reimbursement. If you anticipate seeking ELF reimbursement for corrective action costs, please contact the ELF Program at (317) 308-3018 for more information on eligibility requirements and reimbursable costs. To ensure prompt processing of any additional information, please return a copy of this form with any reply to this notice. Should any questions arise, please contact the UST Branch staff person listed above.

UST SYSTEM CLOSURE REPORT

N: NOT SUBMITTED

S: SUBMITTED

N/A: NOT APPLICABLE

I: INADEQUATE

A: ADEQUATE

COMPLETE

	N	S	N/A	I	A	DATE	RESPONSIBLE PARTY
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	OWNER/OPERATOR NAME, OWNER I.D. #, ADDRESS, & PHONE NUMBER
2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	CONTACT PERSON, OWNER/OPERATOR AFFILIATION, PHONE #
3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	PAST OWNER/OPERATORS

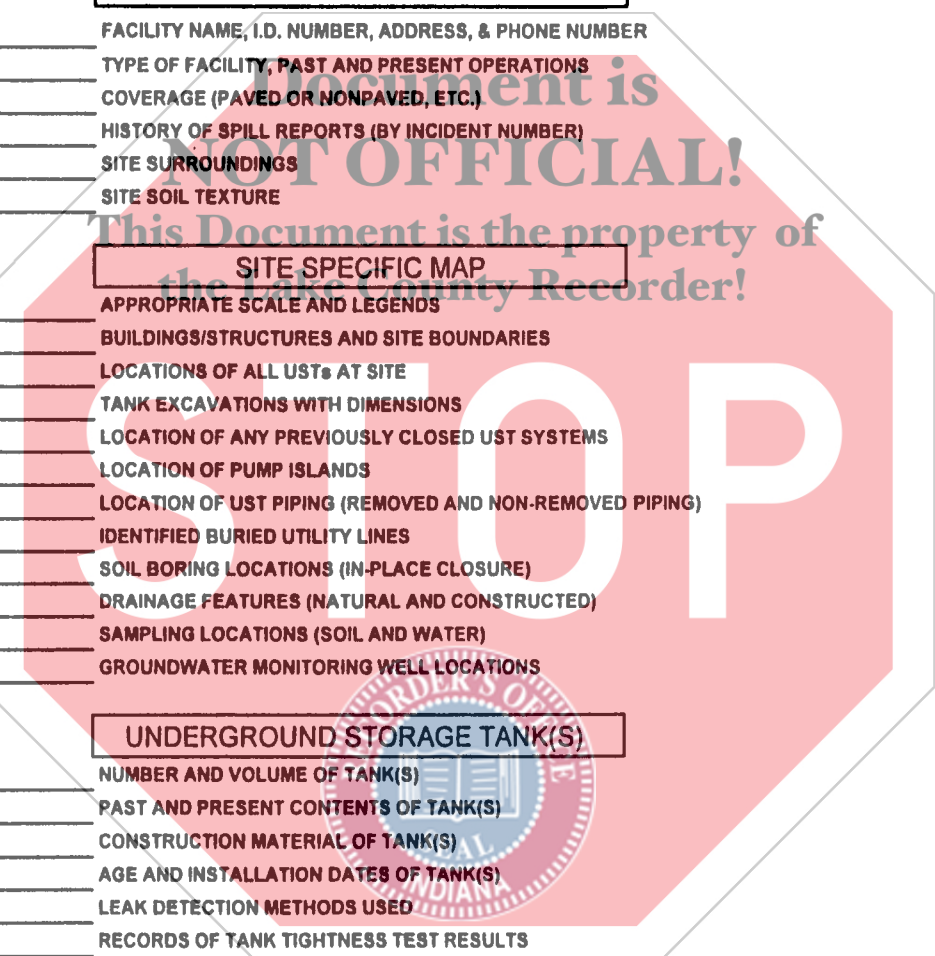
	N	S	N/A	I	A	DATE	UST CONTRACTOR
4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	UST CLOSURE CONTRACTOR NAME & ADDRESS
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	NAME AND OSFM CERTIFICATION NUMBER

	N	S	N/A	I	A	DATE	UST SITE
6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	FACILITY NAME, I.D. NUMBER, ADDRESS, & PHONE NUMBER
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	TYPE OF FACILITY, PAST AND PRESENT OPERATIONS
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	COVERAGE (PAVED OR NONPAVED, ETC.)
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	HISTORY OF SPILL REPORTS (BY INCIDENT NUMBER)
10	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	SITE SURROUNDINGS
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	SITE SOIL TEXTURE

	N	S	N/A	I	A	DATE	SITE SPECIFIC MAP
12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	APPROPRIATE SCALE AND LEGENDS
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	BUILDINGS/STRUCTURES AND SITE BOUNDARIES
14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	LOCATIONS OF ALL USTs AT SITE
15	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	TANK EXCAVATIONS WITH DIMENSIONS
16	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	LOCATION OF ANY PREVIOUSLY CLOSED UST SYSTEMS
17	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	LOCATION OF PUMP ISLANDS
18	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	LOCATION OF UST PIPING (REMOVED AND NON-REMOVED PIPING)
19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	IDENTIFIED BURIED UTILITY LINES
20	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	SOIL BORING LOCATIONS (IN-PLACE CLOSURE)
21	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	DRAINAGE FEATURES (NATURAL AND CONSTRUCTED)
22	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	SAMPLING LOCATIONS (SOIL AND WATER)
23	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	GROUNDWATER MONITORING WELL LOCATIONS

	N	S	N/A	I	A	DATE	UNDERGROUND STORAGE TANK(S)
24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	NUMBER AND VOLUME OF TANK(S)
25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	PAST AND PRESENT CONTENTS OF TANK(S)
26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	CONSTRUCTION MATERIAL OF TANK(S)
27	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	AGE AND INSTALLATION DATES OF TANK(S)
28	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	LEAK DETECTION METHODS USED
29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	RECORDS OF TANK TIGHTNESS TEST RESULTS
30	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	RECORDS OF ANY OTHER LEAK DETECTION METHOD RESULTS (LAST 2 MOS.)
31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	INFORMATION ON ANY PREVIOUSLY CLOSED UST SYSTEMS

FACILITY ID: 9769 OWNER ID: 4211 LUST ID: ERR



	N	S	N/A	I	A	
32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DATA FROM ANALYSIS OF SOIL SAMPLES (TPH, ETC.)
33	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DATA FROM ANALYSIS OF WATER SAMPLES (BTEX, ETC.)
34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PROPER SAMPLE NUMBERS FOR CROSS REFERENCE TO UST SITE MAPS
35	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ANALYTICAL METHODS USED
36	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DETECTION LIMITS USED
37	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIGNED CERTIFICATE OF ANALYSIS
38	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CHAIN OF CUSTODY DOCUMENTATION
39	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIER II WASTE OIL ANALYSIS
40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DECONTAMINATION PROCEDURES
41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SAMPLING PROCEDURES AND TECHNIQUES
42	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EXCAVATION SAMPLES
43	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPING RUN SAMPLES
44	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PUMP ISLAND SAMPLES

	N	S	N/A	I	A	
45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DATE OF CLOSURE
46	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOIL BORING LOGS GIVING LITHOLOGIC DESCRIPTIONS (IN-PLACE)
47	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOIL BORING LOGS ALL USING SAME VERTICAL SCALE (IN-PLACE)
48	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOCUMENTATION OF ANY OVER EXCAVATION ACTIVITIES
49	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	APPROXIMATE AMOUNT OF SOILS EXCAVATED
50	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOCUMENTATION OF DISPOSAL OR TREATMENT OF SOILS OR WATER
51	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOCUMENTATION OF DISPOSAL FOR REMAINING PRODUCT AND SLUDGE
52	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DOCUMENTATION OF DISPOSAL FOR CLOSED UST SYSTEM

*=SEE SPECIFIC COMMENTS

SPECIFIC COMMENTS:

cc:

FACILITY ID: 9769

OWNER ID: 4211

LUST ID: ERR

12