

Department of Licensing and Regulatory Affairs, Bureau of Fire Services, Storage Tank Division
P.O. Box 30033, Lansing, MI 48909
Phone 517-335-7211, Fax 517-332-1428

RELEASE REPORT: ☐ SUSPECTED ☒ CONFIRMED

THIS INFORMATION IS REQUIRED UNDER 1994 PA 451, AS AMENDED (Act 451).
FAILURE TO COMPLY WITH THE PROVISIONS OF THIS ACT MAY RESULT IN A
MISDEMEANOR AND/OR CIVIL PENALTIES NOT TO EXCEED \$5000 PER DAY, PER
TANK.

INSTRUCTIONS: This form applies to releases of petroleum and hazardous substances from underground storage tanks regulated under Part 211, Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (PA 451).

The owner or operator must report suspected and confirmed releases to the Bureau of Fire Services (BFS) within 24 hours of discovery. The report may be made by a consultant on behalf of the owner/operator. FAX this form to 517-332-1428 or call 517-335-7279. All information on this form must be provided regardless of whether the release is reported by telephone or FAX. For further information see page 2.

BFS USE ONLY	
FACILITY ID NUMBER 0042491 42491	ENTRY DATE 5/9/14
UPGRADE/CANCEL DATE	INCIDENT NUMBER C-0049-14
DATE REPORTED 5/9/14	TIME REPORTED 9:52 AM <input type="checkbox"/> PM
REPORTED BY: <input checked="" type="checkbox"/> FAX <input type="checkbox"/> E-MAIL <input type="checkbox"/> REGULAR MAIL	
Signature James C. Gentry	

PERSON REPORTING RELEASE Thomas Szoclnski			COMPANY (IF NOT OWNER/OPERATOR) AKT Peerless			AREA CODE & TELEPHONE NUMBER (248) 615-1333		
TANK REMOVAL CONTRACTOR Parks Installation and Excavating			CONTRACTOR CONTACT Roy Parks			CONTRACTOR AREA CODE & TELEPHONE NUMBER (248) 676-8583		
I. OWNERSHIP OF TANKS						II. LOCATION OF TANKS		
NAME OF OWNER (CORPORATION, INDIVIDUAL, ETC.) KIRCO ET CH Distribution II, LLC						FACILITY NAME OR COMPANY SITE IDENTIFIER 5940 Avery		
STREET ADDRESS 101 West Big Beaver Road						STREET ADDRESS (P.O. Box Not Acceptable) 5940 Avery Street		
CITY Troy	STATE MI	ZIP CODE 48064	CITY Detroit	COUNTY Wayne	STATE MI	ZIP CODE 48208		
AREA CODE & TELEPHONE NUMBER (248) 680-7180						AREA CODE & TELEPHONE NUMBER (248) 680-7180		
DATE RELEASE DISCOVERED: 5/8/14						CONTACT PERSON FOR LOCATION David Endres		
TIME RELEASE DISCOVERED: <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM								
TANK NUMBER ¹ (if known)	1							
SIZE OF TANK (gallons)	1,000							
SUBSTANCE RELEASED	Used Oil							
CONSTRUCTION OF TANK	Steel							
REASON FOR RELEASE	Unknown							
CAUSE OF RELEASE (Check all that apply)	<input checked="" type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Spill Protection <input type="checkbox"/> Overfill Protection <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> IM-10 <input type="checkbox"/> Other (provide details in comments)	<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Spill Protection <input type="checkbox"/> Overfill Protection <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> IM-10 <input type="checkbox"/> Other (provide details in comments)	<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Spill Protection <input type="checkbox"/> Overfill Protection <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> IM-10 <input type="checkbox"/> Other (provide details in comments)	<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Spill Protection <input type="checkbox"/> Overfill Protection <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> IM-10 <input type="checkbox"/> Other (provide details in comments)	<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Spill Protection <input type="checkbox"/> Overfill Protection <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> IM-10 <input type="checkbox"/> Other (provide details in comments)	<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Spill Protection <input type="checkbox"/> Overfill Protection <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> IM-10 <input type="checkbox"/> Other (provide details in comments)		
HOW WAS LEAK DETECTED (Check all that apply)	<input checked="" type="checkbox"/> Tank Removal <input type="checkbox"/> Inventory Records <input type="checkbox"/> Repairs <input type="checkbox"/> Stained Soil <input type="checkbox"/> Petroleum Odors <input type="checkbox"/> Analytical Data <input type="checkbox"/> Free Product and/or Oil Sheen in Groundwater	<input type="checkbox"/> Tank Removal <input type="checkbox"/> Inventory Records <input type="checkbox"/> Repairs <input type="checkbox"/> Stained Soil <input type="checkbox"/> Petroleum Odors <input type="checkbox"/> Analytical Data <input type="checkbox"/> Free Product and/or Oil Sheen in Groundwater	<input type="checkbox"/> Tank Removal <input type="checkbox"/> Inventory Records <input type="checkbox"/> Repairs <input type="checkbox"/> Stained Soil <input type="checkbox"/> Petroleum Odors <input type="checkbox"/> Analytical Data <input type="checkbox"/> Free Product and/or Oil Sheen in Groundwater	<input type="checkbox"/> Tank Removal <input type="checkbox"/> Inventory Records <input type="checkbox"/> Repairs <input type="checkbox"/> Stained Soil <input type="checkbox"/> Petroleum Odors <input type="checkbox"/> Analytical Data <input type="checkbox"/> Free Product and/or Oil Sheen in Groundwater	<input type="checkbox"/> Tank Removal <input type="checkbox"/> Inventory Records <input type="checkbox"/> Repairs <input type="checkbox"/> Stained Soil <input type="checkbox"/> Petroleum Odors <input type="checkbox"/> Analytical Data <input type="checkbox"/> Free Product and/or Oil Sheen in Groundwater	<input type="checkbox"/> Tank Removal <input type="checkbox"/> Inventory Records <input type="checkbox"/> Repairs <input type="checkbox"/> Stained Soil <input type="checkbox"/> Petroleum Odors <input type="checkbox"/> Analytical Data <input type="checkbox"/> Free Product and/or Oil Sheen in Groundwater		



COMMENTS (attach additional sheets if necessary):

Upon removal of the UST, holes were identified in the UST and impacted soils were identified surrounding the UST.

¹ Copy this page for additional tanks if needed.