



Confirmed Release Report

Owner Information

TSD Solutions LLC
1163 S Main St #174
Chelsea, MI 48118

Owner Phone#: (248) 879-2000
Contact Person:

Location of Tanks

Facility ID: 00042166

131 Temple
131 Temple
Detroit, MI 48201

Facility County: Wayne

Release Discovery Details :

Leak ID: C-0016-09

Date / Time Released Reported : 01/27/2009 04:55 PM

Reporting Party Information :

Name: Timothy J. O'Connor, CHMM, Consultant
Company: NTH Consultants, Ltd
Phone#: (313) 237-3954

Release Status

Release Type	Discovery Date / Time	Upgrade / Cancel Date	Correspondence	Correspondence Date	Comments
Suspected Release	01/27/2009 03:00 PM	02/16/2009	Suspected Confirmation To Owner/Operator	01/30/2009	
Upgrade Suspected To Confirmed	02/04/2009 05:33 PM		Confirmed Confirmation To Owner/Operator	02/05/2009	

Tank Information and Product Released

Tank ID	Capacity (Gallons)	Substance Released	Cause of Release							How was Leak Detected						
			Tank	Piping	Spill Protection	Overfill Protection	Dispenser	Unknown	Other	Tank Removal	Inventory Records	Repairs	Stained Soil	Petroleum Odors	Analytical Data	Free Product and/or Oil Sheen in Groundwater
1	500	Used Oil	x							x						
2	500	Used Oil	x							x						
3	500	Used Oil	x							x						

Comments:

During excavation, each steel tank was found to be corroded. Soil samples have been collected and will be submitted to a laboratory for chemical analysis.

2/4/09: Confirmed by Lab Data.

Steph

- ☒ NEW Release
☐ PREVIOUS Release
☐ FILE NAME CORRECT? (if not, PLEASE INDICATE CHANGE at top).



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - WASTE AND HAZARDOUS MATERIALS DIVISION
PO BOX 30241, LANSING, MI 48909-7741, Phone 517-335-2690, Fax 517-335-2245, E-mail DEQ-STD-TANKS@state.mi.us

RELEASE REPORT: [REDACTED] ☒ 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 Waste and Hazardous Materials Division (WHMD) within 24 hours of discovery. The report may be made by a consultant on behalf of the owner/operator. Phone 1-800-MICHUST, FAX this form to 517-335-2245, or submit the web form from the WHMD web site www.state.mi.us/std. All information on this form must be provided regardless of whether the release is reported by telephone, FAX, or web form. For further information see Page 2.

WHMD USE ONLY

FACILITY NUMBER 42166	ENTRY DATE 1/30/09
UPGRADE/CANCEL DATE 2/16/09	INVESTIGATOR [REDACTED] C-0016-09
DATE REPORTED 1/27/09	TIME REPORTED 4:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
REPORTED BY: <input type="checkbox"/> PHONE <input checked="" type="checkbox"/> FAX <input type="checkbox"/> VOICE MAIL <input type="checkbox"/> E-MAIL <input type="checkbox"/> REGULAR MAIL	
Signature James C. Lucas	

PERSON REPORTING RELEASE Timothy J. O'Connor, CHMM			COMPANY (IF NOT OWNER/OPERATOR) NTH Consultants, Ltd.			TELEPHONE NUMBER: (313) 237-3954		
TANK REMOVAL CONTRACTOR Birks Works Environmental, LLC			CONTRACTOR CONTACT Jeff Heard			CONTRACTOR TELEPHONE NUMBER: (313) 891-1310		
I. OWNERSHIP OF TANKS						II. LOCATION OF TANKS		
NAME OF OWNER (CORPORATION, INDIVIDUAL, ETC.) TSD Solutions, LLC						FACILITY NAME OR COMPANY SITE IDENTIFIER 131 Temple Street		
STREET ADDRESS 1163 South Main Street, #174						STREET ADDRESS (P O Box Not Acceptable) 131 Temple Street		
CITY Chelsea	STATE MI	ZIP CODE 48118	CITY Detroit	COUNTY Wayne	STATE MI	ZIP CODE 48201		
TELEPHONE NUMBER (248) 879-2000			TELEPHONE NUMBER (248) 879-2000					
DATE RELEASE DISCOVERED: January 27, 2009						CONTACT PERSON FOR LOCATION Kelly Martorano		
TIME RELEASE DISCOVERED: <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 3:00								
TANK NUMBER ¹ (if known)	1	2	3					
SIZE OF TANK (gallons)	500	500	500					
SUBSTANCE RELEASED	Used Oil	Used Oil	Used Oil					
SOURCE OF RELEASE (Check all that apply)	<input checked="" type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments)	<input checked="" type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments)	<input checked="" type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments)	<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments)	<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments)	<input type="checkbox"/> Tank <input type="checkbox"/> Piping <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Delivery Problem <input type="checkbox"/> Dispenser <input type="checkbox"/> Unknown <input type="checkbox"/> Other (provide details in comments)		
CAUSE OF RELEASE (Check all that apply)	<input type="checkbox"/> Overfill <input checked="" type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments)	<input type="checkbox"/> Overfill <input checked="" type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments)	<input type="checkbox"/> Overfill <input checked="" type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments)	<input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments)	<input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments)	<input type="checkbox"/> Overfill <input type="checkbox"/> Corrosion <input type="checkbox"/> Physical or Mechanical Damage <input type="checkbox"/> Installation Problem <input type="checkbox"/> Unknown <input type="checkbox"/> Equipment Malfunction <input type="checkbox"/> Other (provide details in comments)		

COMMENTS (attach additional sheets if necessary):

During excavation, each steel tank was found to be corroded. Soil samples have been collected and will be submitted to a laboratory for chemical analysis.

DISTRIBUTION: WHMD, FACILITY FILE, DISTRICT OFFICE, OWNER

¹ Copy this page for additional tanks if needed.



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY - WASTE AND HAZARDOUS MATERIALS DIVISION
PO BOX 30241, LANSING, MI 48909-7741, Phone 517-335-2690, Fax 517-335-2245, E-mail DEQ-STD-TANKS@state.mi.us

RELEASE REPORT: ☒ SUSPECTED ☒ CONFIRMED

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UPGRADE/CANCEL DATE 4/6/09	INCIDENT NUMBER 2-0016-09
DATE REPORTED 1/27/09	TIME REPORTED 4:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
REPORTED BY: <input type="checkbox"/> PHONE <input checked="" type="checkbox"/> FAX <input type="checkbox"/> VOICE MAIL <input type="checkbox"/> E-MAIL <input type="checkbox"/> REGULAR MAIL	
Signature <i>James C. Lucas</i>	

PERSON REPORTING RELEASE			COMPANY (IF NOT OWNER/OPERATOR)			TELEPHONE NUMBER:		
Timothy J. O'Connor, CHMM			NTH Consultants, Ltd.			(313) 237-3954		
TANK REMOVAL CONTRACTOR			CONTRACTOR CONTACT			CONTRACTOR TELEPHONE NUMBER:		
Birka Works Environmental, LLC			Jeff Heard			(313) 891-1910		
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Confirmed by LAB data. Reporting underway.