



May 4, 2015

Leroy Pederson
c/o Carol Blattler
1221 East 18th Street
Marshfield, Wisconsin 54449

Subject: Final Closure Decision
Deer Trail Café, Former, W1930 Highway 73, Granton, Wisconsin
DNR BRRTS Activity # 03-10-560428.

Dear Mrs. Blattler:

The Department of Natural Resources (DNR) considers Deer Trail Cafe closed. No further investigation or remediation is required at this time. Please read over this letter closely to ensure that you comply with all conditions and other on-going requirements. For residential property transactions, you may be required to make disclosures under s. 709.02, Wis. Stats.

This final closure decision is based on the correspondence and data provided, and is issued under chs. NR 726 and 727, Wis. Adm. Code. This environmental remediation case was reviewed for compliance with state laws and standards. A conditional closure letter was issued by the DNR on January 6, 2015, and documentation that the conditions in that letter were met was received on March 30, 2015.

There was a release from the former underground storage tanks at this site to the environment. The investigation performed at the site documented minimal soil and groundwater contamination present at the site. Any soil or groundwater contamination detected was defined and determined to below standards.

All site information is also on file at the West Central Regional DNR office, at 1300 West Clairemont Avenue, Eau Claire, 54701. This letter and information that was submitted with your closure request application, including any maps, can be found as a PDF in BRRTS on the Web.

General Wastewater Permits for Construction Related Dewatering Activities

The DNR's Water Quality Program regulates point source discharges of contaminated water, including discharges to surface waters, storm sewers, pits, or to the ground surface. This includes discharges from construction related dewatering activities, including utility and building construction.

If you or any other person plan to conduct such activities, you or that person must contact that program, and if necessary, apply for the necessary discharge permit. Additional information regarding discharge permits is available at dnr.wi.gov/topic/wastewater/GeneralPermits.html. If residual soil or groundwater contamination is likely to affect water collected in a pit/trench that requires dewatering, a general permit for Discharge of Contaminated Groundwater from Remedial Action Operations may be needed. If water collecting in a pit/trench that requires dewatering is expected to be free of pollutants other than suspended solids and oil and grease, a general permit for Pit/Trench Dewatering may be needed.

PECFA Reimbursement

Section 101.143, Wis. Stats., requires that Petroleum Environmental Cleanup Fund Award (PECFA) claimants seeking reimbursement of interest costs, for sites with petroleum contamination, submit a final reimbursement claim within 120 days after they receive a closure letter on their site. For claims not received within 120 days of

the date of this letter, interest costs after 60 days of the date of this letter will not be eligible for PECFA reimbursement. If there is equipment purchased with PECFA funds remaining at the site, contact the DNR Program to determine the method for salvaging the equipment.

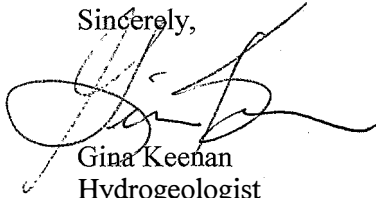
In Closing

Please be aware that the case may be reopened pursuant to s. NR 727.13, Wis. Adm. Code, for any of the following situations:

- if additional information regarding site conditions indicates that contamination on or from the site poses a threat to public health, safety, or welfare or to the environment,
- if the property owner does not comply with the conditions of closure, with any deed restrictions applied to the property, or with a certificate of completion issued under s. 292.15, Wis. Stats, or
- a property owner fails to maintain or comply with a continuing obligation (imposed under this closure approval letter).

We appreciate your efforts to restore the environment at this site. If you have any questions regarding this letter, please contact me at 715-839-3765, or by email at gina.keenan@wisconsin.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gina Keenan', is written over the word 'Sincerely,'.

Gina Keenan
Hydrogeologist
Remediation & Redevelopment Program

cc: Lynn Bradley-General Engineering Company, P.O. Box 340, 916 Silver Lake Drive, Portage, WI 53901
WCR case file

3/15/12

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

Page 1 of 2

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

☐ Verification Only of Fill and Seal

Route to:

☐ Drinking Water

☐ Watershed/Wastewater

☒ Remediation/Redevelopment

☐ Waste Management

☐ Other:

1. Well Location Information

County

CLARK

WI Unique Well # of
Removed Well

Hicap #

Latitude / Longitude (Degrees and Minutes)

Method Code (see instructions)

____' N
____' W

1/4 SE

1/4 SW

Section

Township

Range

☒ E

☐ W

or Gov't Lot #

5

23

N

1

Well Street Address

W1930 Hwy 73

Well City, Village or Town

Granton

Well ZIP Code

54436-

Subdivision Name

Lot #

2. Facility / Owner Information

Facility Name

Former Deer Trail Cafe

Facility ID (FID or PWS)

License/Permit/Monitoring #

MW-3

Original Well Owner

LeRoy Pederson

Present Well Owner

LeRoy Pederson

Mailing Address of Present Owner

1221 East 18th Street

City of Present Owner

Marshfield

State

WI

ZIP Code

54449-

Reason For Removal From Service

No longer needed

WI Unique Well # of Replacement Well

3. Well / Drillhole / Borehole Information

☒ Monitoring Well

☐ Water Well

☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)

6/6/2014

If a Well Construction Report is available,
please attach.

Construction Type:

☒ Drilled

☐ Driven (Sandpoint)

☐ Dug

☐ Other (specify):

Formation Type:

☒ Unconsolidated Formation

☐ Bedrock

Total Well Depth From Ground Surface (ft.)

14 ft

Casing Diameter (in.)

2 in

Lower Drillhole Diameter (in.)

Casing Depth (ft.)

Was well annular space grouted?

☐ Yes

☒ No

☐ Unknown

If yes, to what depth (feet)?

Depth to Water (feet)

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?

☐ Yes

☐ No

☒ N/A

Liner(s) removed?

☐ Yes

☐ No

☒ N/A

Screen removed?

☒ Yes

☐ No

☐ N/A

Casing left in place?

☐ Yes

☒ No

☐ N/A

Was casing cut off below surface?

☒ Yes

☐ No

☒ N/A

Did sealing material rise to surface?

☐ Yes

☒ No

☐ N/A

Did material settle after 24 hours?

☐ Yes

☒ No

☐ N/A

If yes, was hole retopped?

☐ Yes

☐ No

☒ N/A

If bentonite chips were used, were they hydrated
with water from a known safe source?

☐ Yes

☐ No

☒ N/A

Required Method of Placing Sealing Material

☐ Conductor Pipe-Gravity

☐ Conductor Pipe-Pumped

☐ Screened & Poured
(Bentonite Chips)

☒ Other (Explain): Gravity

Sealing Materials

☐ Neat Cement Grout

☐ Clay-Sand Slurry (11 lb./gal. wt.)

☐ Sand-Cement (Concrete) Grout

☐ Bentonite-Sand Slurry

☐ Concrete

☒ Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

☒ Bentonite Chips

☐ Bentonite - Cement Grout

☐ Granular Bentonite

☐ Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole

Bentonite Chip

From (ft.)

Surface

To (ft.)

14

Sacks Sealant

0.45

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing

Schaper Excavating and Petroleum

License #

Date of Filling & Sealing (mm/dd/yyyy)

3/16/2015

Date Received

Noted By

Street or Route

W4396 County Road E

Telephone Number

(608) 742-4686

Comments

City

Pardeeville

State

WI

ZIP Code

53954-

Signature of Person Doing Work

Date Signed

3/18/15

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

Page 1 of 2

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☐ Verification Only of Fill and Seal

Route to:

☐ Drinking Water

☐ Watershed/Wastewater

☒ Remediation/Redevelopment

☐ Waste Management

☐ Other:

1. Well Location Information

County **CLARK** WI Unique Well # of Removed Well _____ Hicap # _____

Latitude / Longitude (Degrees and Minutes) _____ Method Code (see instructions) _____

_____ 'N
_____ 'W

1/4 SE 1/4 SW Section **5** Township **23** Range **1** ☒ E ☐ W

or Gov't Lot # _____

Well Street Address **W1930 Hwy 73**

Well City, Village or Town **Granton** Well ZIP Code **54436**

Subdivision Name _____ Lot # _____

Reason For Removal From Service **No longer needed** WI Unique Well # of Replacement Well _____

2. Facility / Owner Information

Facility Name **Former Deer Trail Cafe**

Facility ID (FID or PWS) _____

License/Permit/Monitoring # **MW-2**

Original Well Owner **LeRoy Pederson**

Present Well Owner **LeRoy Pederson**

Mailing Address of Present Owner **1221 East 18th Street**

City of Present Owner **Marshfield** State **WI** ZIP Code **54449**

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing **Schaper Excavating and Petroleum** License # _____ Date of Filling & Sealing (mm/dd/yyyy) **3/16/2015**

Street or Route **W4396 County Road E** Telephone Number **(608) 742-4686**

City **Pardeeville** State **WI** ZIP Code **53954**

Signature of Person Doing Work **[Signature]** Date Signed **3/18/15**

Comments _____

☐ Other

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Schaper Excavating and Petroleum		License #	Date of Filling & Sealing (mm/dd/yyyy) 3/16/2015	Date Received	Noted By
Street or Route W4396 County Road E			Telephone Number (608) 742-4686	Comments	
City Pardeeville	State WI	ZIP Code 53954-	Signature of Person Doing Work <i>[Signature]</i>		Date Signed 3/18/15



January 6, 2015

Leroy Pederson
c/o Carol Blattler
1221 East 18th Street
Marshfield, Wisconsin 54449

Subject: Conditional Closure Decision, with Requirements to Achieve Final Closure,
Deer Trail Café, Former, W1930 Highway 73, Granton, Wisconsin
DNR BRRTS Activity # 03-10-560428.

Dear Mrs. Blattler:

On January 5, 2015, your request for closure of the case described above was received. After review of the closure request, it has been determined that the petroleum contamination on the site from the three underground storage tanks appears to have been investigated and remediated to the extent practicable under site conditions. Your case has been remediated to Department standards in accordance with ch. NR 726, Wis. Adm. Code and will be closed if the following conditions are satisfied:

CONDITIONS

Monitoring Well or Remedial System Piping Abandonment

The monitoring wells must be properly abandoned in accordance with ch. NR 141, Wis. Adm. Code. Documentation of well abandonment must be submitted to DNR staff name on Form 3300-005, found at <http://dnr.wi.gov/topic/groundwater/forms.html>.

Purge Water, Waste and Soil Pile Removal

Any remaining purge water, waste and/or soil piles generated as part of site investigation or remediation activities must be removed from the site and disposed of or treated in accordance with the applicable rules. Once that work is completed, please send appropriate documentation regarding the treatment or disposal of the remaining purge water, waste and/or soil piles.

When the above conditions have been satisfied, please submit the appropriate documentation (for example, well abandonment forms, disposal receipts, copies of correspondence, etc.) to verify that applicable conditions have been met, and your case will be closed.

IN CLOSING

Please be aware that the case may be reopened pursuant to s. NR 727.13, Wis. Adm. Code, for any of the following situations:

- if additional information regarding site conditions indicates that contamination on or from the site poses a threat to public health, safety, or welfare or to the environment,
- if the property owner does not comply with the conditions of closure, with any deed restrictions applied to the property, or with a certificate of completion issued under s. 292.15, Wis. Stats, or
- a property owner fails to maintain or comply with a continuing obligation (imposed under this closure approval letter).

We appreciate your efforts to restore the environment at this site. If you have any questions regarding this letter, please contact me at 715-839-3765, or by email at gina.keenan@wisconsin.gov.

Sincerely,



Gina Keenan
Hydrogeologist
Remediation & Redevelopment Program

cc: Lynn Bradley-General Engineering Company, P.O. Box 340, 916 Silver Lake Drive, Portage, WI 53901
WCR case file

General Engineering Company
P.O. Box 340
916 Silver Lake Drive
Portage, WI 53901



Engineers • Consultants • Inspectors

Rec'd
1/5/15 GR

608-742-2169 (Office)
608-742-2592 (Fax)
gec@generalengineering.net
www.generalengineering.net

LETTER OF TRANSMITTAL

TO:

Wisconsin DNR
1300 W. Clairemont Avenue
Eau Claire, WI 54701

ATTENTION: Gena Keenan/WDNR

DATE: 12/31/14

GEC JOB #: 2-1013-332

TR #: _____

RE: Closure Request – Former Deer Trail Cafe

WE ARE SENDING YOU:

- ☒ Attached ☐ Shop Drawings ☐ Prints ☐ Plans ☐ Specifications
☐ Contract ☐ Change Order ☐ Computer Disk ☐ Estimates ☐ Other (See Below)

COPIES	DATE	DESCRIPTION
1		Case Closure - GIS Registry
1		CD of Case Closure

THESE ARE TRANSMITTED AS CHECKED BELOW:

- ☐ For Approval ☐ For Your Use ☒ As Requested ☐ Make Corrections Noted
☐ For Bid Use ☐ For Review & Comment ☐ For Review & Signature ☐ Revise and Resubmit
☐ Rejected ☐ Reviewed

REMARKS: Please feel free to contact Lynn Bradley at 608-742-2169 with any questions or concerns.

COPY TO: _____

SIGNED: Lynn M. Bradley/klt



Consulting Engineering • Construction Management • Building/Structural Design • Environmental Services
Grant Procurement & Administration • Land Surveying • Zoning Administration • Building Inspection • GIS Services



If enclosures are not as noted, please notify us at once. Thank you.

SUBMIT AS UNBOUND PACKAGE IN THE ORDER SHOWN

Notice: Pursuant to ch. 292, Wis. Stats., and chs. NR 726 and 746, Wis. Adm. Code, this form is required to be completed for case closure requests. The closure of a case means that the Department of Natural Resources (DNR) has determined that no further response is required at that time based on the information that has been submitted to the DNR. All sections of this form must be completed unless otherwise directed by the Department. Incomplete forms will be considered "administratively incomplete" and processing of the request will stop until required information is provided. Any section of the form not relevant to the case closure request must be fully filled out or explained on a separate page and attached to the relevant section of this form. DNR will consider your request administratively complete when the form and all sections are completed, all attachments are included, and the applicable fees required under ch. NR 749, Wis. Adm. Code, are included, and sent to the proper destinations. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law (ss. 19.31 - 19.39, Wis. Stats.).

Site Information			
BRRTS No. 03-10-560428		Parcel ID No. 050.0080.000	
BRRTS Activity (Site) Name Deer Trail Cafe FRM		WTM Coordinates X 487,548 Y 447,041	
Street Address W1930 Highway 73		City Granton	State ZIP Code WI 54436
Responsible Party (RP) Name Leroy Pederson c/o Carol Blattler			
Company Name			
Street Address 1221 East 18th Street		City Marshfield	State ZIP Code WI 54449
Phone Number (715) 207-6392		Email carol_blattler@yahoo.com	
<input type="checkbox"/> Check here if the RP is the owner of the source property.			
Environmental Consultant Name Lynn Bradley			
Consulting Firm General Engineering Company			
Street Address 916 Silver Lake Drive		City Portage	State ZIP Code WI 53901
Phone Number (608) 742-2169		Email lbradley@generalengineering.net	
Acres Ready For Use 10		Voluntary Party Liability Exemption Site? <input type="radio"/> Yes <input checked="" type="radio"/> No	

Fees and Mailing of Closure Request

If any section is not relevant to the case closure request, you must fully explain the reasons why and attach that explanation to the relevant section of the form. All information submitted shall be legible. Providing illegible information may result in a submittal being considered incomplete until corrected.

1. Send a copy of page one of this form and the applicable ch. NR 749, Wis. Adm. Code, fee(s) to the DNR regional Environmental Program Associate at <http://dnr.wi.gov/topic/Brownfields/Contact.html>. Check all fees that apply:

☒ \$1,050 Closure Fee

☐ \$300 Database Fee for Soil

☐ \$350 Database Fee for Groundwater or
Other Condition (MW Not Abandoned)

Total Amount of Payment \$ \$1,050.00

2. Send one paper copy and one e-copy on compact disk of the entire closure package to the Regional Project Manager assigned to your site. Submit as unbound, separate documents in the order and with the titles prescribed by this form. For electronic document submittal requirements, see <http://dnr.wi.gov/files/PDF/pubs/rr/RR690.pdf>.

Site Summary

If any section is not relevant to the case closure request, you must fully explain the reasons why and attach that explanation to the relevant section of the form. All information submitted shall be legible. Providing illegible information may result in a submittal being considered incomplete until corrected.

1. General Site Information and Site History

- A. **Site Location:** Describe the physical location of the site, both generally and specific to its immediate surroundings.

The subject site is the former Deer Trail Cafe, and is located at W1930 Highway 73, in the Town of Sherwood, Clark County, Wisconsin. The subject property consists of an approximate 10 acre property, tax parcel 050.0080.000. More specifically, the site is located within the Southeast 1/4 of the Southwest 1/4 of Section 05, Township 23 North, Range 01 East, Clark County, Wisconsin.

Two structures are currently present on the subject site. The main structure, located on the south-central portion of the site was most recently utilized as a residence. The structure is currently in very poor condition, with the floors rotting out. The second structure is a smaller storage shed, approximately 10 feet by 10 feet in size, and is located approximately 40 feet northeast of the residence. The site is accessible from Highway 73 through a gravel horseshoe shaped driveway that extends north from Hwy 73, directly south of the building. The site is primarily surrounded by dense woodland to the north, east and west. State Highway 73 followed by agricultural farmland is located south of the site.

- B. **Prior and current site usage:** Specifically describe the current and historic occupancy and types of use.

The structure on the property is currently vacant, and is inhabitable. The deteriorating structure was most recently utilized as a residence, until it was vacated by Mr. Pederson approximately 4 years ago. Several years ago, the property was known as the "Former Deer Trail Cafe", which was a restaurant, gasoline station and convenience store.

Three (3) gasoline underground storage tanks (USTs), one (1) 2,000-gallon and two (2) 1,000-gallon, were removed from the area directly west of the residential structure on September 27, 2012.

- C. Describe how and when site contamination was discovered.

On September 27, 2012, three (3) gasoline underground storage tanks, one (1) 2,000-gallon and two (2) 1,000-gallon in capacity, were properly cleaned and removed from the site by Schaper Excavating and Petroleum of Portage, Wisconsin. General Engineering Company performed an underground storage tank closure assessment for the three (3) underground storage tanks at the time of the removal in accordance with State of Wisconsin Requirements.

Site assessment samples were collected from beneath the tanks, piping and dispenser, and from the excavation sidewalls. Soil samples were submitted for laboratory analysis of diesel range organics (DRO), gasoline range organics (GRO), petroleum volatile organic compounds (PVOC), and naphthalene. Analytical results from one soil sample (SS-1) collected on the east bottom end of the tanks, exhibited DRO, GRO, PVOC compounds and naphthalene above the laboratory limit of detection. The WDNR was subsequently notified of petroleum contamination on April 15, 2013. The WDNR required an investigation, due to the presence of GRO and DRO concentrations above the Wisconsin Administrative Code NR 720 standards established at that time. In addition, petroleum compounds were detected in a soil sample, located in the southeast bottom end of the tank pit above the laboratory limit of detection, but not exceeding the NR 720 RCLs at that time.

- D. Describe the type(s) and source(s) or suspected source(s) of contamination.

Based on analytical data collected during the UST Site Assessment, one soil sample, collected from the southeast corner of the tank excavation, indicated the presence of petroleum compounds above the NR 720 RCL in GRO and DRO, established at that time. When analytical data is compared to the current NR 720 standards, none of the concentrations detected during the UST removal exceed the current residual contaminant levels.

- E. Other relevant site description information (or enter Not Applicable).

A potable well is located approximately 75 feet southeast of the residence. Electrical utilities extend along Hwy 73 on the southern portion of the site.

- F. List BRRTS activity site name and number for all other BRRTS activities at this property, including closed cases.

Deer Trail Cafe FMR
W1930 Highway 73
Granton, Wisconsin
BRRTS 03-10-560423

- G. List BRRTS activity/site name(s) and number(s) for all properties immediately adjacent to this site, and those impacted by contamination from this site.

Not applicable.

- H. **Current zoning** (e.g. industrial, commercial, residential) for the site and for neighboring properties, and how verified (Provide documentation in Attachment G).

According the Clark County tax records, the current site is zoned as single family residential.

2. General Site Conditions

A. Soil/Geology

- i. Describe soil type(s) and relevant physical properties, thickness of soil column across the site, vertical and lateral variations in soil types.

The soils at the boring locations generally consisted of 6 inches of brown sandy silt topsoil underlain by brown sandy silt to tan silty sand to a depth of approximately 3 feet. These soils were underlain by light brown to gray silty sand/sandy silt to a depth of approximately 4 feet, which was underlain by medium grain sand to a depth of approximately 5 feet. This soil was underlain by silty sand to the termination depth of the boring at approximately 8 to 13 feet below ground surface. Groundwater was encountered at depths of approximately 6 feet bgs.

- ii. Describe the composition, location and lateral extent, and depth of fill or waste deposits on the site.
The former tank excavation, located directly west of the residential structure was filled with "clean" sandy silt, similar to the site soils.
- iii. Depth to bedrock, bedrock type, and whether or not it was encountered during the investigation.
Bedrock was not encountered at this site. Based on regional geology in the area, bedrock is typically located within the upper 45 feet of the county. Bedrock typically consists of Upper Cambrian age sandstone. The Cambrian sandstone is typically less than 50 feet thick in the majority of the county.
- iv. Describe the nature and locations of current surface cover(s) across the site (e.g. natural vegetation, landscaped areas, gravel, hard surfaces, and buildings).

The area of the site where the USTs were present is primarily grass covered with an asphalt driveway that extends from Hwy 73 north, just south of the residence. The remainder of the property, north, west and east of the UST excavation is primarily covered with woodland.

B. Groundwater

- i. **Discuss depth to groundwater and piezometric elevations.** Describe and explain depth variations, and whether free product affects measurement or water table elevation. Describe the stratigraphic unit(s) where water table was found or which were measured for piezometric levels.

Three groundwater monitoring wells and one temporary well was advanced in and around the former UST excavation to determine the degree and extent of groundwater contamination at the site. Two (2) rounds of groundwater sampling was completed at the site on July 1, 2014 and September 19, 2014. Depth to water during these sampling events, ranged from 5.77 in monitoring well MW-4 on July 1, 2014 to 6.62 on September 19, 2014 in monitoring well MW-2.

- ii. Discuss groundwater flow direction(s), shallow and deep. Describe and explain flow variations, including fracture flow if present.

General Engineering Company completed groundwater contour maps dated July 2014 and September 2014.

During the July and September 2014 sampling event, utilizing the NR 140 monitoring wells on-site, groundwater flow appeared to be to in a northwesterly direction.

- iii. Discuss groundwater flow characteristics: hydraulic conductivity, flow rate and permeability, or state why this information was not obtained.

Groundwater flow direction at the site appears to be toward the northwest.

- iv. Identify and describe locations/distance of potable and/or municipal Wells within 1200 feet of the site.

The property is serviced by a private well located approximately 75 feet southeast of the structure. The well has not been in use for several years, as the property has been vacant. The drinking water well was sampled on July 2, 2014. Analytical Results did not indicate petroleum compounds above the NR 140 Preventive Action Limit (PAL).

No municipal wells are located within 1,200 feet of the subject site.

3. Site Investigation Summary

A. General

- i. Provide a brief summary of the site investigation history. Reference previous submittals by name and date. Describe site investigation activities undertaken since the last submittal for this project and attach the appropriate documentation in Attachment C, if not previously provided.

Subsequent to the UST assessment, on May 22, 2014, General Engineering was on-site to oversee the advancement of two (2) geoprobes to a depth of eight (8) feet below the ground surface. One temporary groundwater monitoring well (TP-1) was installed south west of the building. At the time the soil probes were advanced, the site was covered with very wet, soft soils. The soil probe equipment got stuck in the soils and had to be pulled out, and therefore, the soil probe equipment could not complete the scope of work, by advancing soil probes within the UST excavation, and north and west of the UST excavation. Therefore, on June 6, 2014, three (3) additional soil borings were installed at the property utilizing an all-terrain drill rig. Three (3) additional monitoring wells (MW-2 through MW-4) were installed on-site to determine the extent and degree of groundwater contamination on the property.

The monitoring wells were properly developed by General Engineering on June 25, 2014.

Continuous soil samples were collected from the GP-1, GP-2, SB-3/MW-2 and SB-4/MW-3, and field screened utilizing a Mini-Rea, a Photoionization Detector. Soil samples were not collected from SB-5/MW-4 because it was installed in the UST excavation. No PID readings were indicated in any of the soil samples collected. Select soil samples were submitted for laboratory analysis of PVOC and naphthalene.

On May 22, 2014, two (2) geoprobes (GP-1 and GP-2) were advanced to 8 feet below the ground surface. GP-1/TW-1 was advanced on the southwest corner of the residence. Analytical results from soil samples collected at a depth between 7 to 8 feet bgs, did not indicate any petroleum compounds above the laboratory limit of detection. GP-2 was advanced in the area of the former piping, west/southwest of the residence. Analytical results did not indicate any petroleum compounds above the laboratory limit of detection.

On June 16, 2014, three (3) soil borings were advanced on-site. SB-3/MW-2 was advanced north of the residence; SB-4/MW-3 was advanced in the woods northwest of the residence; and SB-5/MW-4 was blind drilled as it is located within the former tank bed just west of the residence. Analytical results collected from the soil borings at depths between 5 to 7 feet bgs did not indicate petroleum compounds above the laboratory limit of detection.

On July 1, 2014 and July 2, 2014, temporary well TW-1, and monitoring wells MW-2 through MW-4 were sampled and analyzed for the presence of VOCs. On July 2, 2014 the drinking water well DW-1 was also sampled and analyzed for VOC. The drinking water well was sampled utilizing a bailer because the well has been stagnant for several years, and there is no electricity at the site.

On July 26, 2014, General Engineering was hired by Carol Blattler to collect a groundwater sample from TW-1 and analyze it for the presence of volatile organic compounds (VOCs). This sample was collected to confirm the presence or absence of TCE in the groundwater.

On September 19, 2014, TW-1 and MW-2 through MW-4 were sampled for the presence of VOC/PVOC and Naphthalene.

Groundwater analytical results collected from on-site wells indicated the following:

Temporary Well, TW-1 sampled on July 2, July 26, and September 19, 2014 indicated the presence of Tetrachlorethene (TCE) at concentrations of 1.18 ug/l, 1.0 ug/l, and 2.1 ug/l, respectively. These concentrations are above the NR 140 Preventive action limit of 0.5 ug/l, but below the ES of 5 ug/l. No other volatile organic compound was detected above the laboratory limit of detection.

Groundwater samples collected from monitoring wells MW-2, MW-3 and MW-4, sampled on July 2, 2014 and September 19, 2014 did not indicate volatile or petroleum compounds above the NR 140 PAL in any of the sampling events in any of the wells.

- ii. Identify whether contamination extends beyond the source property boundary, describe the off-site media (e.g., soil, groundwater, etc.) impacted, and the vertical and horizontal extent of off-site impacts.
- Soil analytical results do not indicate the presence of soil contamination above the NR 720 not-to-exceed D-C RCL standards. Therefore, soil contamination does not extend beyond the source property.

Low levels of TCE was detected in groundwater samples collected from TW-1 above the NR 140 PAL, but below the ES. No other volatile compound was detected in groundwater samples collected from TW-1. Analytical results did not indicate any petroleum compounds above the NR 140 PAL in MW-2 through MW-4 during either of the sampling events.

- iii. Identify any structural impediments to the completion of site investigation and/or remediation and whether these impediments are on the source property or off the source property. Identify the type and location of any structural impediment (e.g., structure) that also serves as the performance standard barrier for protection of the direct contact or the groundwater pathway.

A residential structure is located directly east of the former tank pit. However, because soil and groundwater analytical results from the UST Site Assessment Samples and from the site investigation do not indicate petroleum or volatile compounds above the NR 140 ES, or the NR 720 RCL, the structure does not appear to be an impediment.

B. Soil

- i. Describe degree and extent of **soil contamination** at and from this site. Relate this to known or suspected sources and known or potential receptors/migration pathways.

On September 27, 2012, three (3) gasoline underground storage tanks, one (1) 2,000-gallon and two (2) 1,000-gallon in capacity, were properly cleaned and removed, west of the former Deer Trail Cafe structure. Site assessment samples were collected from beneath the tanks, piping and dispensers, and from the excavation sidewalls. Soil samples were submitted for laboratory analysis of DRO, GRO, PVOC and naphthalene. Analytical results from one soil sample (SS-1) collected on the east bottom end of the tanks (Southeast corner of the Tank Excavation) exhibited DRO, GRO, PVOC compounds at concentrations above the laboratory limit of detection. DRO and GRO concentrations were detected at concentrations that exceeded the NR 720 RCLs, established at that time. The WDNR was subsequently notified of petroleum contamination, upon submittal of the UST Site Assessment paperwork, on April 15, 2013. The WDNR required further investigation be performed.

Based on analytical results from samples collected from soil probes and borings advanced on the property between 5 and 7 feet bgs, soil contamination exceeding NR 720 RCLs is not present at the site.

- ii. Describe the level and types of **soil contaminants** found in the upper four feet of the soil column.
Based on analytical data collected during the UST site assessment, and samples collected from soil probes and soil borings, there is no olfactory or visual evidence of petroleum compounds within the upper four feet of any boring or within the UST excavation.
- iii. Identify the ch. NR 720, Wis. Adm. Code, method used to establish the soil cleanup standards for this site. This includes a soil performance standard established in accordance with s. NR 720.08, a Residual Contaminant Level (RCL) established in accordance with s. NR 720.10 that is protective of groundwater quality, or an RCL established in accordance with s. NR 720.12 that is protective of human health from direct contact with contaminated soil. Identify the land use classification that was used to establish cleanup standards. Provide a copy of the supporting calculations/information in Attachment C.

The soil samples were collected between September 2012 and May of 2014. If the UST Assessment analytical results are compared to the most recent NR720 (soil cleanup standards) residual contamination level worksheet for non-industrial properties, there are no petroleum compounds in the soil that exceed the NR 720 RCL.

C. Groundwater

- i. Describe degree and extent of groundwater contamination at or from this site. Relate this to known or suspected sources and known or potential receptors/migration pathways. Specifically address any potential or existing impacts to water supply wells or interception with building foundation drain systems.

Two rounds of groundwater sampling were performed on July 2, 2014 and September 19, 2014, in the temporary well (TW-1) and three monitoring wells (MW-2 through MW-4). The first round of groundwater samples was collected and analyzed for the presence of VOCs. Tetrachloroethene was detected in TW-1 at a concentration of 1.18 ug/l, which exceeds the NR 140 PAL, but is below the NR 140 ES. Therefore, on July 26, 2014, a confirmation sample was collected from TW-1 and analyzed for the presence of VOC. Tetrachloroethene was detected at a concentration of 1.0 ug/l, which exceeds the NR 140 PAL, but not the ES. During the September 19, 2014 groundwater sampling event, TW-1 was analyzed for VOC, and Tetrachloroethene was detected at a concentration of 2.1 ug/l, which exceeds the NR 140 PAL, but not the ES. In all sampling events in on-site wells petroleum compounds were not detected above the NR 140 PAL.

A groundwater sample was collected from the on-site potable well and analyzed for VOC. No VOC compounds were detected above the laboratory limit of detection.

- ii. Describe the presence of free product at the site, including the thickness, depth, and locations.
Free product was not encountered at this site.

D. Vapor

- i. Describe how the vapor migration pathway was assessed, including locations where vapor or indoor air samples were collected. If the vapor pathway was not assessed, explain reasons why.

General Engineering reviewed the vapor intrusion pathways for the subject site. Vapor intrusion of benzene and other petroleum constituents occurs most often when free phase product is located near building foundations, where petroleum contaminated groundwater has entered a building, or where contaminated groundwater is in contact with the building foundation.

- Free product was not encountered on-site.
- In either sampling event on July 2, 2014 and September 19, 2014, Benzene has not been detected above the laboratory limit of detection.

Based on the above information, further investigation into vapor intrusion does not appear to be necessary for closure at this site.

- Identify the applicable DNR action levels and the land use classification used to establish them. Describe where the DNR action levels were reached or exceeded (e.g., sub slab, indoor air or both).

Based on the information provided above, it does not appear that vapor intrusion investigation is necessary.

E. Surface Water and Sediment

- Identify whether surface water and/or sediment was assessed and describe the impacts found. If this pathway was not assessed, explain why.

There is no surface water present on-site. Based on analytical results from the groundwater sampling events, there are no NR 140 ES exceedances in any compounds tested. Therefore further assessment into surface water and sediment does not appear to be necessary at this time.

- Identify any surface water and/or sediment action levels used to assess the impacts for this pathway and how these were derived. Describe where the DNR action levels were reached or exceeded.

No surface water was present on-site.

4. Remedial Actions Implemented and Residual Levels at Closure

- General: Provide a brief summary of the remedial action history. List previous remedial action report submittals by name and date. Identify remedial actions undertaken since the last submittal for this project and provide the appropriate documentation in Attachment C.

No remedial action was taken at this site.

- Describe any immediate or interim actions taken at the site under ch NR 708, Wis. Adm. Code.

No emergency and non-emergency immediate actions and interim actions were necessary to protect public health, safety and welfare and the environment.

- Describe the *active* remedial actions taken at the site, including: type of remedial system(s) used for each media impacted; the size and location of any excavation or in-situ treatment; the effectiveness of the systems to address the contaminated media and substances; operational history of the systems; and summarize the performance of the active remedial actions. Provide any system performance documentation in Attachment A.7.

No remedial action or systems were performed at the site. Three (3) underground storage tanks were properly cleaned and removed on September 27, 2012. At that time, water was present in one of the tanks, and in the excavation. Chief Liquid Waste mobilized to the site to pump the water from the tank and excavation. According to the Cleaner/Removing company, approximately 2,500 gallons of water was pumped from the tank and excavation.

- Provide a discussion of the nature, degree and extent of residual contamination that will remain at the site or on off-site affected properties after case closure.

Petroleum contamination was indicated to be present above the WDNR NR 720 RCL standards during the September 2012 UST removal. Therefore, a site investigation was initiated. However, if those results are compared to the current updated NR 720 RCL, soil samples collected from the UST excavation do not exceed NR 720 RCLs. Analytical results from soil samples collected from soil probes/borings advanced at the site do not indicate petroleum compounds above the laboratory limit of detection. Therefore, no soils exceeding the NR 720 RCLs are present in any of the sample locations at the subject site.

Analytical results indicated a low level of tetrachloroethene above the NR 140 PAL in temporary well TW-1 at concentrations between 1.0 ug/l and 2.1 ug/l, which do not exceed the NR 140 ES. No other volatile compound was detected in TW-1 above the laboratory limit of detection.

Analytical results collected from MW-2 through MW-4 did not indicate petroleum contamination above the NR 140 PAL.

Based on the low levels of contaminants below the NR 720 RCL or the NR 140 ES, this site is applicable for case closure.

- Describe the remaining soil contamination within four feet of ground surface (direct contact zone) that attains or exceeds Residual Contaminant Levels established under s. NR 720.12, the ch. NR720, Wis. Adm. Code, for protection of human health from direct contact.

Continuous soil sampling was performed during drilling activities and field screened utilizing a photoionization detector. No volatile vapors were detected in the upper four feet on any boring location. Therefore soil contamination in the direct contact zone does not appear to be present in the sample locations of the site.

- F. Describe the remaining soil contamination in the vadose zone that attains or exceeds the soil standard(s) for the groundwater pathway.

Groundwater samples collected at the site do not indicate petroleum contamination above the NR 140 ES. Soil contamination collected just above the water table did not indicate petroleum affected soils above the NR 720 RCL. Therefore soil contamination above the soil standards for groundwater pathway are not present in the sample location at the site.

- G. Describe how the residual contamination will be addressed, including but not limited to details concerning: covers, engineering controls or other barrier features; use of natural attenuation of groundwater; and vapor mitigation systems or measures.

Based on soil analytical results from the samples collected during the site assessment, residual soil contamination is not present above NR 720 RCL standards. In addition, groundwater analytical results did not indicate volatile compounds over the NR 140 ES. Therefore, no residual soil or groundwater petroleum contamination above NR standards is present at the site, and engineered controls or barriers do not need to be present at the site.

- H. If using natural attenuation as a groundwater remedy, describe how the data collected supports the conclusion that natural attenuation is effective in reducing contaminant mass and concentration, (e.g. stable or receding groundwater plume). Groundwater contamination above the NR 140 ES is not present in the groundwater samples collected at the site. In addition, the Tetrachloroethene detected in TW-1 was consistent during the three sampling events, and is also not above the NR 140 ES.

- I. Identify how all exposure pathways were removed and/or adequately addressed by immediate and/or remedial action(s) described above in paragraphs, B, C, D, E and F.

No petroleum compounds were detected over the NR 140 ES or the NR 720 RCLs.

- J. Identify any system hardware anticipated to be left in place after site closure, and explain the reasons why it will remain. A remediation system was not installed on-site.

- K. Identify the need for a ch. NR 140, Wis. Adm. Code, groundwater Preventive Action Limit (PAL) or Enforcement Standard (ES) exemption, and identify the affected monitoring points and applicable substances.

TW-1 contains tetrachloroethene above NR 140 PAL. No other monitoring well on-site exhibited Tetrachloroethene in any of the sampling events. Therefore, it appears the TCE in groundwater is confined to a relatively small area. There are no other NR 140 PAL exceedences in the remaining wells.

- L. If a DNR action level for vapor intrusion was exceeded (for indoor air, sub slab, or both) describe where it was exceeded and how the pathway was addressed.

Not applicable.

- M. Describe the surface water and/or sediment contaminant concentrations and areas after remediation. If a DNR action level was exceeded, describe where it was exceeded and how the pathway was addressed.

Not applicable.

5. Continuing Obligations: Situations where a maintenance plan(s) and inclusion on DNR's GIS Registry are required.

Directions: Check all that apply to this case closure request:

This scenario Applies to this Case Closure		Case Closure Scenario: Maintenance Plans and GIS Registry	Maintenance Plan (s) Required in Attachment D	GIS Registry Listing
A. On-Site	B. Off-Site			
i. <input type="checkbox"/>	<input type="checkbox"/>	Engineering Control/Barrier for Direct Contact	✓	✓
ii. <input type="checkbox"/>	<input type="checkbox"/>	Engineering Control/Barrier for Groundwater Infiltration	✓	✓
iii. <input type="checkbox"/>	<input type="checkbox"/>	Vapor Mitigation - post closure passive system	✓	✓
iv. <input type="checkbox"/>	<input type="checkbox"/>	Vapor Mitigation - post closure active system	✓	✓
v. <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	None of the above scenarios apply to this case closure	NA	NA

6. Continuing Obligations: Situations where inclusion on DNR's GIS Registry is required.

Directions: Check all that apply to this case closure request:

	This scenario Applies to this Case Closure		Case Closure Scenario: GIS Registry Only	GIS Registry Listing
	A. On-Site	B. Off-Site		
i.	<input type="checkbox"/>	<input type="checkbox"/>	Residual soil contamination exceeds ch. NR 720 generic or site-specific RCLs	✓
ii.	<input type="checkbox"/>	<input type="checkbox"/>	Sites with groundwater contamination equal to or greater than the ch. NR 140, enforcement standards (ES)	✓
iii.	<input type="checkbox"/>	<input type="checkbox"/>	Monitoring wells: lost, transferred or remaining in use	✓
iv.	<input type="checkbox"/>	<input type="checkbox"/>	Structural Impediment (not as a performance standard)	✓
v.	<input type="checkbox"/>	<input type="checkbox"/>	Residual soil contamination remaining at ch. NR 720 Industrial Use levels	✓
vi.	<input type="checkbox"/>	<input type="checkbox"/>	Vapor intrusion may be future, post-closure issue if building use or land use changes	✓
vii.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	None of the above scenarios apply to this case closure	NA

7. Underground Storage Tanks

- A. Were any tanks, piping or other associated tank system components removed as part of the investigation or remedial action? ☐ Yes ☒ No
- B. Do any upgraded tanks meeting the requirements of ch. SPS 310, Wis. Adm. Code, exist on the property? ☐ Yes ☒ No
- C. If the answer to question 7b is yes, is the leak detection system currently being monitored? ☐ Yes ☐ No

Data Tables (Attachment A)

If any section is not relevant to the case closure request, you must fully explain the reasons why and attach that explanation to the relevant section of the form. All information submitted shall be legible. Providing illegible information may result in a submittal being considered incomplete until corrected.

General directions for Data Tables:

- Use bold and italics font on information of importance on tables and figures. Use **bold font** for ch. NR 140, Wis. Adm. Code, groundwater enforcement standard (ES) attainments or exceedances, and *italicized font* for ch. NR 140, Wis. Adm. Code, groundwater preventive action limit (PAL) standard attainments or exceedances.
- Do not use shading or highlighting on the analytical tables.
- Include on Data Tables the level of detection for results which are below the detection level (i.e. do not just list as no detect (ND)).
- Include the units on data tables.
- Summaries of all data must include information collected by previous consultants.
- Do not submit lab data sheets unless these have not been submitted in a previous report. Tabulate all data required in s. NR 716.15 (3)(c), Wis. Adm. Code, in the format required in s. NR 716.15(4)(e), Wis. Adm. Code.
- Include in Attachment A all of the following tables, in the order prescribed below, with the specific Closure Form titles noted on the separate attachments (e.g., Title: A.1. Groundwater Analytical Table; A.2. Pre-remedial Soil Analytical Table, etc).
- For required documents, each table (e.g., A.1., A.2., etc.,) should be a separate PDF.

A. Data Tables

- A.1. **Groundwater Analytical Table(s):** Table(s) showing the analytical results and collection dates, for all groundwater sampling points e.g. monitoring wells, temporary wells, sumps, extraction wells, any potable wells and any other wells, extraction wells and any potable wells for which samples have been collected.
- A.2. **Pre-remedial Soil Analytical Table(s):** Table(s) showing the soil analytical results and collection dates - prior to conducting the interim and/or remedial action. Indicate if sample was collected above or below the all-time low water table (unsaturated verses saturated).
- A.3. **Post-remedial Soil Analytical Table(s):** Table(s) showing the post-remedial action soil analytical results and collection dates. Indicate if sample was collected above or below the all-time low water table (unsaturated verses saturated).
- A.4. **Pre and Post Remaining Soil Contamination Soil Analytical Table(s):** Table(s) showing only the pre and post remedial action soil analytical results that exceed a Residual Contaminate Level (RCL) or a Site-Specific Residual Level (SSRCL).
- A.5. **Vapor Analytical Table:** Table(s) showing type(s) of samples, sample collection methods, analytical method, sample results, date of sample collection, time period for sample collection, method and results of leak detection, and date, method

and results of communication testing.

- A.6. **Other Media of Concern (e.g., sediment or surface water):** Table(s) showing type(s) of sample, sample collection method, analytical method, sample results, date of sample collection, time period for sample collection, method and results sampling.
- A.7. **Water Level Elevations:** Table(s) showing all water level elevation measurements and dates from all monitoring wells. If present, free product should be noted on the table.
- A.8. **Other:** This attachment should include: 1) any available tabulated natural attenuation data; 2) data tables pertaining to engineered remedial systems that document operational history, demonstrate system performance and effectiveness, and display emissions data; and (3) any other data tables relevant to case closure not otherwise noted above. If this section is not applicable, please explain the reasons why.

Maps and Figures (Attachment B)

If any section is not relevant to the case closure request, you must fully explain the reasons why and attach that explanation to the relevant section of the form. All information submitted shall be legible. Providing illegible information may result in a submittal being considered incomplete until corrected.

General Directions for all Maps and Figures:

- If any map or figure is not relevant to the case closure request, you must fully explain the reason(s) why and attach that explanation (properly labeled with the map/ figure title) in Attachment B.
- Provide on paper no larger than 11 x 17 inches, unless otherwise directed by the Department. Maps and figures may be submitted in a larger electronic size than 11x17 inches, in a portable document format (pdf) readable by the Adobe Acrobat Reader. However, those larger-size documents must be legible when printed.
- Prepare visual aids, including maps, plans, drawings, fence diagrams, tables and photographs according to the applicable portions of ss. NR 716.15(4), 726.09(2) and 726.11(3), (5) and (6), Wis Adm. Code.
- Do not use shading or highlights on any of the analytical tables.
- Include all sample locations.
- Contour lines should be clearly labeled and defined.
- Include in Attachment B all of the following maps and figures, in the order prescribed below, with the specific Closure Form titles noted on the separate attachments (e.g., Title: B.1. Location Map; B.2. Detailed Site Map, etc).
- For the electronic copies that are required, each map (e.g., B.1.a., B.2.a, etc.,) should be a separate PDF.

B.1. Location Maps

- B.1.a. **Location Map:** A map outlining all properties within the contaminated site boundaries on a U.S.G.S. topographic map or plat map in sufficient detail to permit easy location of all impacted and/or adjacent parcels. If groundwater standards are exceeded, include the location of all potable wells, including municipal wells, within 1200 feet of the area of contamination.
- B.1.b. **Detailed Site Map:** A map that shows all relevant features (buildings, roads, current ground surface cover, individual property boundaries for on-site and applicable off-site properties, contaminant sources, utility lines, monitoring wells and potable wells) within the contaminated area. This map is to show the location of all contaminated public streets, and highway and railroad rights-of-way in relation to the source property and in relation to the boundaries of groundwater contamination exceeding a ch. NR 140 Enforcement Standard (ES), and/or in relation to the boundaries of soil contamination exceeding a Residual Contaminant Level (RCL) established in accordance with the provisions contained in s. NR 720.10 or s. NR 720.12, Wis. Adm. Code.
- B.1.c. **RR Site Map:** From RR Sites Map ([http://dnrm.wi.gov/si/?Viewer=RR Sites](http://dnrm.wi.gov/si/?Viewer=RR%20Sites)) attach a map depicting the source property, and all open and closed BRRTS sites within a half-mile radius or less of the property.

B.2. Soil Figures

- B.2.a. **Pre-remedial Soil Contamination:** Figure(s) showing the sample location of all pre-remedial, unsaturated contaminated soil and a single contour showing the horizontal extent of each area of contiguous residual soil contamination that exceeded a Residual Contaminant Level (RCL) established in accordance with the provisions contained in s. NR 720.10 or s. NR 720.12, Wis. Adm. Code.
- B.2.b. **Post-remedial Soil Contamination :** Figure(s) showing the sample location of all post-remedial, unsaturated contaminated soil and a single contour showing the horizontal extent of each area of contiguous residual soil contamination that exceeds a Residual Contaminant Level (RCL) established in accordance with the provisions contained in s. NR 720.10 or s. NR 720.12, Wis. Adm. Code. A separate contour line should be used to indicate the extent of residual direct contact exceedances.
- B.2.c. **Pre/Post Remaining Soil Contamination:** Figure(s) showing the only location of all pre and post remedial residual soil sample location(s) where unsaturated contaminated soil remains after remediation and a single contour showing the horizontal extent of each area of contiguous residual soil contamination that exceeds a Residual Contaminant Level (RCL) established in accordance with the provisions contained in s. NR 720.10 or s. NR 720.12, Wis. Adm. Code. A separate contour line should be used to indicate the extent of residual direct contact exceedances.

B.3. Groundwater Figures

- B.3.a. **Geologic Cross-Section Figure(s):** One or more cross-section diagrams showing soil types and correlations across the site, water table and piezometric elevations, and locations and elevations of geologic rock units, if encountered.

Display on one or more figures all of the following:

- Source location(s) and vertical extent of residual soil contamination exceeding a Residual Contaminant Level (RCL) or a Site Specific Residual Contaminant Level (SSRCL).
- Source location(s) and lateral and vertical extent if groundwater contamination exceeds a ch. NR 140 Enforcement Standard (ES)
- Surface features, including buildings and basements, and show surface elevation changes.
- Any areas of active remediation within the cross section path, such as excavations or treatment zones.
- Include a map displaying the cross-section location(s), if they are not displayed on the Detailed Site Map (Map B.1b)

B.3.b. **Groundwater Isoconcentration:** Figure(s) showing the horizontal extent of the post-remedial groundwater contamination exceeding a ch. NR 140, Wis. Adm. Code, Preventive Action Limit (PAL) and/or an Enforcement Standard (ES). Indicate the date and direction of groundwater flow based on the most recent sampling data.

B.3.c. **Groundwater Flow Direction:** Figure(s) representing groundwater movement at the site. If the flow direction varies by more than 20° over the history of the site, submit two groundwater flow maps showing the maximum variation in flow direction.

B.3.d. **Monitoring Wells:** Figure(s) showing all monitoring wells, with well identification number. Clearly designate any wells that: (1) are proposed to be abandoned; (2) cannot be located; (3) are being transferred; (4) will be retained for further sampling, or (5) have been previously abandoned.

B.4. Vapor Maps and Other Media

B.4.a. **Vapor Intrusion Map:** Map(s) showing all locations and results for samples taken to investigate the vapor intrusion pathway, in relation to remaining soil and groundwater contamination, including sub-slab, indoor air, soil vapor, ambient air, and communication testing. Show locations and footprints of affected structures and utility corridors, and/or where residual contamination poses a future risk of vapor intrusion.

B.4.b. **Other media of concern (e.g., sediment or surface water):** Map(s) showing all sampling locations and results for other media investigation. Include the date of sample collection and identify where any standards are exceeded.

B.4.c. **Other:** Include any other relevant maps and figures not otherwise noted above. (This section may remain blank)

Documentation of Remedial Action (Attachment C)

If any section is not relevant to the case closure request, you must fully explain the reasons why and attach that explanation to the relevant section of the form. All information submitted shall be legible. Providing illegible information may result in a submittal being considered incomplete until corrected.

General Directions:

- Include in Attachment C all of the following documentation, in the order prescribed below, with the specific Closure Form titles noted on the separate attachments (e.g., Title: C.1. Site Investigation Documentation; C.2. Investigative Waste, etc).
- If the documentation requested below is "not applicable" to the site-specific circumstances, include a brief explanation to support that conclusion.
- If the documentation requested below has already been submitted to the Department, please note the title and date of the report for that particular document requested.

C.1. **Site investigation documentation**, that has not otherwise been previously submitted.

C.2. **Investigative waste** disposal documentation.

C.3. **Provide a description of the methodology used along with all supporting documentation if the Residual Contaminant Levels are different than those contained in the Department's RCL Spreadsheet available at:** <http://dnr.wi.gov/topic/Brownfields/Professionals.html>.

C.4. **Construction documentation** or as-built report for any constructed, remedial action or portion of, or interim action specified in s. NR 724.02(1), Wis. Adm. Code.

C.5. **Decommissioning of Remedial Systems.** Include plans to properly abandon any systems or equipment upon receiving conditional closure.

C.6. **Photos.** For sites or facilities with a cover or other performance standard, a structural impediment or a vapor mitigation system. Include one or more photographs documenting the condition and extent of the feature at the time of the closure request. Pertinent features should be visible and discernible. Photographs must be labeled with the site name, the features shown, location and the date on which the photograph was taken.

C.7. **Other.** Include any other relevant documentation not otherwise noted above. (This section may remain blank)

Maintenance Plan(s) and Photographs (Attachment D)

If any section is not relevant to the case closure request, you must fully explain the reasons why and attach that explanation to the relevant section of the form. All information submitted shall be legible. Providing illegible information may result in a submittal being considered incomplete until corrected.

When one or more “maintenance plans” are required for a site closure, include in each maintenance plan all required information listed below, and attach the plan(s) in Attachment D. The following “model” maintenance plans can be located at: (1) Maintenance plan for a engineering control or cover: <http://dnr.wi.gov/topic/Brownfields/documents/maintenance-plan.pdf>; and (2) Maintenance plan for vapor intrusion: http://dnr.wi.gov/topic/Brownfields/documents/appendix5_606.pdf.

- D.1. **Location map(s)** which show(s): (1) the feature that requires maintenance; (2) the location of the feature(s) that require(s) maintenance - on and off the source property; (3) the extent of the structure or feature(s) to be maintained, in relation to other structures or features on the site; (4) the extent and type of residual contamination; and (5) all property boundaries.
- D.2. **Brief descriptions** of the type, depth and location of residual contamination.
- D.3. **Description of maintenance action(s)** required for maximizing effectiveness of the engineered control, vapor mitigation system, feature or other action for which maintenance is required.
- D.4. **Inspection log**, to be maintained on site, or at a location specified in the maintenance plan or approval letter.
- D.5. **Contact information**, including the name, address and phone number of the individual or facility who will be conducting the maintenance.
- D.6. Photographs
 - D.6.a. For site or facilities with a cover or other performance standard, a structural impediment or a vapor mitigation system, include one or more photographs documenting the condition and extent of the feature at the time of the closure request. Pertinent features shall be visible and discernible.
 - D.6.b. Photographs shall be submitted with a title related to the site name and location, and the date on which it was taken.

Monitoring Well Information (Attachment E)

If any section is not relevant to the case closure request, you must fully explain the reasons why and attach that explanation to the relevant section of the form. All information submitted shall be legible. Providing illegible information may result in a submittal being considered incomplete until corrected.

General Directions:

Attach monitoring well construction and development forms (DNR FORM 4400-113 A and B:

http://dnr.wi.gov/topic/groundwater/documents/forms/4400_113_1_2.pdf) for all wells that will remain in-use, be transferred to another party or that could not be located. A figure of these wells should be included in Attachment B.3.d.

Select One:

- ☐ No monitoring wells were required as part of this response action.
- ☒ All monitoring wells have been located and will be properly abandoned upon the DNR granting conditional closure to the site
- ☐ **Select One or More:**
 - ☐ Not all monitoring wells can be located, despite good faith efforts. Attachment E must include description of efforts made to locate the “lost” wells.
 - ☐ One or more wells will be transferred to another owner upon case closure being granted. Attachment E should include documentation identifying the name, address and email for the new owner(s).
 - ☐ One or more wells will remain in use at the site after this closure. Attachment E must include documentation as to the reason(s) the well(s) will remain in use.

Notifications to Owners of Impacted Properties (Attachment F)

If any section is not relevant to the case closure request, you must fully explain the reasons why and attach that explanation to the relevant section of the form. All information submitted shall be legible. Providing illegible information may result in a submittal being considered incomplete until corrected.

General Directions:

- State law requires that the responsible party provide a 30-day, written advance notice (i.e., a letter) to certain persons prior to applying for case closure. This requirement applies if: (1) the person conducting the response action does not own the source property; (2) the contamination has migrated onto another property; and/or (3) one or more monitoring wells will not be abandoned.
- Use of Form 4400-286, Notification of Residual Contamination and Continuing Obligations, is required under ch. NR 725 for notifying property owners and right-of-way holders about residual contamination affecting their properties, and of continuing obligations which may be imposed. This form can be downloaded at <http://dnr.wi.gov/files/PDF/forms/4400/4400-286.pdf>.

Check all that apply to the site-specific circumstances of this case closure:

	A. Impacted Source Property and Owner is not Conducting Cleanup	B. Impacted Right of Way	C. Impacted Off-Site Property Owner	Impacted Property Notification Situations: Ch. NR 726 Appendix A Letter
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residual groundwater contamination exceeds Ch. NR 140 Wis. Administrative Code enforcement standards.
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residual soil contamination that attains or exceeds standards is present after the remedial action is complete, and must be properly managed should it be excavated or removed.
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An engineered cover or a soil barrier (e.g. pavement) must be maintained over contaminated soil for direct contact or groundwater infiltration concerns.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Industrial land use soil standards were used for the clean-up standard.
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A vapor mitigation system (or other specific vapor protection) must be operated and maintained.
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vapor assessment needed if use changes.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural impediment.
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lost, transferred or open monitoring wells.
9.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Not Applicable.

If any of the previous boxes in rows 1 thru 8 were checked, include the following as part of Attachment F:

- FORM 4400-246;
- Copy of each letter sent, 30 days or more prior to requesting closure; and
- Proof of receipt for each letter.
- For this site closure, _____ (number) property (ies) has/have been impacted, the owners have been notified, and copies of the letters and receipts are included in Attachment F.

Source Legal Documents (Attachment G)

If any section is not relevant to the case closure request, you must fully explain the reasons why and attach that explanation to the relevant section of the form. All information submitted shall be legible. Providing illegible information may result in a submittal being considered incomplete until corrected.

Include all of the following documents, in this order, in Attachment G:

- G.1. **Deeds - Source Property and Other Impacted Properties:** The most recent deed with legal descriptions clearly labeled for (1) the **Source Property** (where the contamination originated) and (2) all **off-source** (off-site) properties where letters were required to be sent per the ch. NR 700, Wis. Adm. Code, rule series (e.g., off-site cover maintenance required, lost monitoring well, off-site cover property impacts to groundwater exceeding the ch. NR 140, Wis. Adm. Code.
Note: If a property has been purchased with a land contract and the purchaser has not yet received a deed, a copy of the land contract which includes the legal description shall be submitted instead of the most recent deed. If the property has been inherited, written documentation of the property transfer should be submitted along with the most recent deed.
- G.2. **Certified Survey Map:** A copy of the certified survey map or the relevant section of the recorded plat map for those properties where the legal description in the most recent deed refers to a certified survey map or a recorded plat map. (Lots on subdivided or platted property (e.g. lot 2 of xyz subdivision)).
- G.3. **Verification of Zoning:** Documentation (e.g., official zoning map or letter from municipality) of the property's or properties' current zoning status.
- G.4. **Signed Statement:** A statement signed by the Responsible Party (RP), which states that he or she believes that the attached legal description(s) accurately describe(s) the correct contaminated property or properties.

Signatures and Findings for Closure Determination

If any section is not relevant to the case closure request, you must fully explain the reasons why and attach that explanation to the relevant section of the form. All information submitted shall be legible. Providing illegible information may result in a submittal being considered incomplete until corrected.

Check the correct box for this case closure request, and have either a professional engineer or a hydrogeologist, as defined in ch. NR 712, Wis. Adm. Code, sign this document.

☐ A response action(s) for this site addresses groundwater contamination (including natural attenuation remedies).

☐ The response action(s) for this site addresses media other than groundwater.

Engineering Certification

I, Kory D. Anderson hereby certify that I am a registered professional engineer in the State of Wisconsin, registered in accordance with the requirements of ch. A-E 4, Wis. Adm. Code; that this case closure request has been prepared by me or prepared under my supervision in accordance with the Rules of Professional Conduct in ch. A-E 8, Wis. Adm. Code; and that, to the best of my knowledge, all information contained in this case closure request is correct and the document was prepared in compliance with all applicable requirements in chs. NR 700 to 726, Wis. Adm. Code. Specifically, with respect to compliance with the rules, in my professional opinion a site investigation has been conducted in accordance with ch. NR 716, Wis. Adm. Code, and all necessary remedial actions have been completed in accordance with chs. NR 140, NR 718, NR 720, NR 722, NR 724 and NR 726, Wis. Adm. Codes."

Kory D. Anderson

Printed Name

P.E., Vice President

PORTAGE WIS.

E34942

PROFESSIONAL ENGINEER

12/31/14

P.E. Stamp and Number

Hydrogeologist Certification

I, _____ hereby certify that I am a hydrogeologist as that term is defined in s. NR 712.03 (1), Wis. Adm. Code, and that, to the best of my knowledge, all of the information contained in this case closure request is correct and the document was prepared by me or prepared by me or prepared under my supervision and, in compliance with all applicable requirements in chs. NR 700 to 726, Wis. Adm. Code. Specifically, with respect to compliance with the rules, in my professional opinion a site investigation has been conducted in accordance with ch. NR 716, Wis. Adm. Code, and all necessary remedial actions have been completed in accordance with chs. NR 140, NR 718, NR 720, NR 722, NR 724 and NR 726, Wis. Adm. Codes."

Printed Name

Title

Signature

Date

A.1. GROUNDWATER ANALYTICAL TABLES

SEE ATTACHMENTS

A.1
GROUNDWATER ANALYTICAL TABLE
FORMER DEER TRAIL CAFÉ
GRANTON, WISCONSIN

Monitoring Well	NR 140		TW-1			MW-2		MW-3		MW-4		DW-1
Sampling Date	ES	PAL	7/2/2014	7/26/2014	9/19/2014	7/1/2014	9/19/2014	7/1/2014	9/19/2014	7/1/2014	9/19/2014	7/2/2014
VOLATILE ORGANIC COMPOUNDS (VOC) (µg/L)												
Benzene	5	0.5	<0.24	<0.24	<0.24	<0.24	<0.27	<0.24	<0.27	<0.24	<0.27	<0.24
Ethylbenzene	700	140	<0.55	<0.55	<0.55	<0.55	<0.82	<0.55	<0.82	0.63J	<0.82	<0.55
Methyl tert-butyl ether	60	12	<0.23	<0.23	<0.23	<0.23	<0.37	<0.23	<0.37	<0.23	<0.37	<0.23
Naphthalene	100	10	<1.7	<1.7	<1.7	<1.7	<1.2	<1.7	<1.2	<1.7	<1.2	<1.7
Toluene	1000	200	<0.69	<0.69	<0.69	<0.69	<0.8	<0.69	<0.8	<0.69	<0.8	<0.69
1,2,4 -Trimethylbenzene	480	96	<2.2	<2.2	<2.2	<2.2	<0.83	<2.2	<0.83	<2.2	<0.83	<2.2
1,3,5 -Trimethylbenzene			<1.4	<1.4	<1.4	<1.4	<0.86	<1.4	<0.86	<1.4	<0.86	<1.4
Xylenes, -m, -p	10000	1000	<1.32	<1.32	<1.32	<1.32	<2.41	<1.32	<2.41	1.15J	<2.41	<1.32
Xylenes, -o										<0.63		
OTHER DETECTED VOLATILE ORGANIC COMPOUNDS (VOC) (µg/L)												
n-Butylbenzene	NE	NE	<0.35	<0.35	<0.35	<0.35	NA	<0.35	NA	0.63J	NA	<0.35
Tetrachloroethene	5	0.5	1.18	1.0J	2.1	<0.33	NA	<0.33	NA	<0.33	NA	<0.33
n-Propylbenzene	NE	NE	<0.25	<0.25	<0.25	<0.25	NA	<0.25	NA	0.57J	NA	<0.25

ES = Enforcement Standard

PAL = Preventive Action Limit

µg/L = micrograms per liter

NA = Parameter not analyzed

NE = NR 140 ES not established

J= Analyte detected above laboratory limit of detection but below limit of quantitation.

Bold indicates analytical results above NR 140 ES

Italic indicates analytical results above NR 140 PAL

A.2 PRE-REMEDIAL SOIL ANALYTICAL TABLE(S)

SEE ATTACHMENTS

A.2.
PRE-REMEDIAL SOIL ANALYTICAL TABLE
FORMER DEER TRAIL CAFÉ
2-1013-332

Sample No.	NC RCL (ug/kg)	C RCL (ug/kg)	Not-To- Exceed D- C RCL (ug/kg)	PIPING RUN	DISPENSER 1	DISPENSER 2	E BOTTOM END OF TANK	SS-5 SOUTH WALL	SS-4 GAS BOTTOM	EAST SIDEWALL #2	WEST BOTTOM #3
Sampling Date				09/27/12	09/27/12	09/27/12	09/27/12	09/27/12	09/27/12	09/27/12	09/27/12
Sample Depth (feet)											
GASOLINE RANGE ORGANICS (GRO), DIESEL RANGE ORGANICS (DRO) (mg/kg)											
GRO	NE	NE	NE	<2.9	<2.7	<2.6	106	<3.0	<3.7	<2.9	<2.9
DRO	NE	NE	NE	NA	NA	NA	3910	NA	NA	3.8	<0.85
PETROLEUM VOLATILE ORGANIC COMPOUNDS (PVOC) (µg/kg)											
Benzene	111,000	1,490	1,490	<25	<25	<25	<50	<25	<29.9	<25	<25
Ethylbenzene	4,200,000	7,470	7,470	<25	<25	<25	230	<25	<29.9	<25	<25
Methyl tert-butyl ether	23,800,000	59,400	59,400	<25	<25	<25	<50	<25	<29.9	<25	<25
Naphthalene	188,000	5,150	5,150	<25	<25	<25	1000	<25	<29.9	<25	<25
Toluene	5,300,000	NE	818,000	<25	<25	<25	78.2J	<25	<29.9	<25	<25
1,2,4-Trimethylbenzene	89,800	NE	89,800	<25	<25	<25	868	<25	<29.9	<25	<25
1,3,5-Trimethylbenzene	782,000	NE	182,000	<25	<25	<25	582	<25	<29.9	<25	<25
Xylenes, -m, -p	890,000	NE	258,000	<75	<75	<75	710	<75	89.70	<75	<75
Xylenes, -o											

mg/kg = milligrams per kilogram

µg/kg = micrograms per kilogram

RCL = Residual Contaminant Level

SSL = Soil Screening Level

DCL = Direct Contact Level

NA = Parameter not analyzed

NE = NR 720 RCL not established

J = Analyte detected above laboratory limit of detection but below limit of quantitation.

Bold indicates analytical results exceed NR 720 RCL

Italic indicates analytical results exceeding 720 D-C RCL

A.3. POST REMEDIAL SOIL ANALYTICAL TABLES

SEE ATTACHMENTS

A.3.
POST-REMEDIAL SOIL ANALYTICAL TABLE
FORMER DEER TRAIL CAFÉ
2-1013-332

Sample No.	NC RCL (ug/kg)	C RCL (ug/kg)	Not-To-Exceed D-C RCL	GP-1/TW-1	GP-2	SB-3/MW-2	SB-4/MW-3
Sampling Date				05/22/14	05/22/14	06/16/14	06/16/14
Sample Depth (feet)				7-8	7-8	5-6	6-7'
PETROLEUM VOLATILE ORGANIC COMPOUNDS (PVOC) (µg/kg)							
Benzene	111,000	1,490	1,490	<9.2	<9.2	<25	<25
Ethylbenzene	4,200,000	7,470	7,470	<10	<10	<25	<25
Methyl tert-butyl ether	23,800,000	59,400	59,400	<30	<30	<25	<25
Naphthalene	188,000	5,150	5,150	<114	<114	<25	<25
Toluene	5,300,000	NE	818,000	<20	<20	<25	<25
1,2,4-Trimethylbenzene	89,800	NE	89,800	<26	<26	<25	<25
1,3,5-Trimethylbenzene	782,000	NE	182,000	<26	<26	<25	<25
Xylenes, -m, -p	890,000	NE	258,000	<99	<99	<75	<75
Xylenes, -o							

mg/kg = milligrams per kilogram

µg/kg = micrograms per kilogram

RCL = Residual Contaminant Level

SSL = Soil Screening Level

DCL = Direct Contact Level

NA = Parameter not analyzed

NE = NR 720 RCL not established

J = Analyte detected above laboratory limit of detection but below limit of quantitation.

Bold indicates analytical results exceed NR 720 RCL

A.4. PRE & POST REMAINING SOIL CONTAMINATION

NO AFFECTED SOILS EXCEEDING NR 720 STANDARDS REMAIN – THEREFORE
THERE IS NO FIGURE.

A.5 VAPOR ANALYTICAL TABLE

NOT APPLICABLE – NO NEED TO PERFORM

**A.6 OTHER MEDIA OF CONCERN (E.G. SEDIMENT OR
SURFACE WATER)**

NOT APPLICABLE – NOT PERFORMED

A.7 WATER LEVEL ELEVATIONS TABLE(S)

SEE ATTACHMENTS

A.7.
WATER LEVEL ELEVATIONS
FORMER DEER TRAIL CAFÉ

Monitoring Well Number	Top of Well Casing Elevation	Date Measured	Depth to Water (Ft.)	Groundwater Elevation (Ft.)
TW-1	103.05	7/2/2014	6.16	96.89
		9/19/2014	6.25	96.80
MW-2	102.41	7/1/2014	6.44	95.97
		9/19/2014	6.62	95.79
MW-3	100.47	7/1/2014	6.57	93.90
		9/19/2014	6.11	94.36
MW-4	101.85	7/1/2014	5.77	96.08
		9/19/2014	5.88	95.97

ft = feet

NR=Not recorded

Elevations in feet in reference to benchmark with an assumed elevation of 100 feet.

Benchmark: Pin for guard wire for power pole along Hwy 73

A.8. OTHER

NOT APPLICABLE

ATTACHMENT B.1.

SEE ATTACHMENTS

B.1.A. LOCATION MAPS

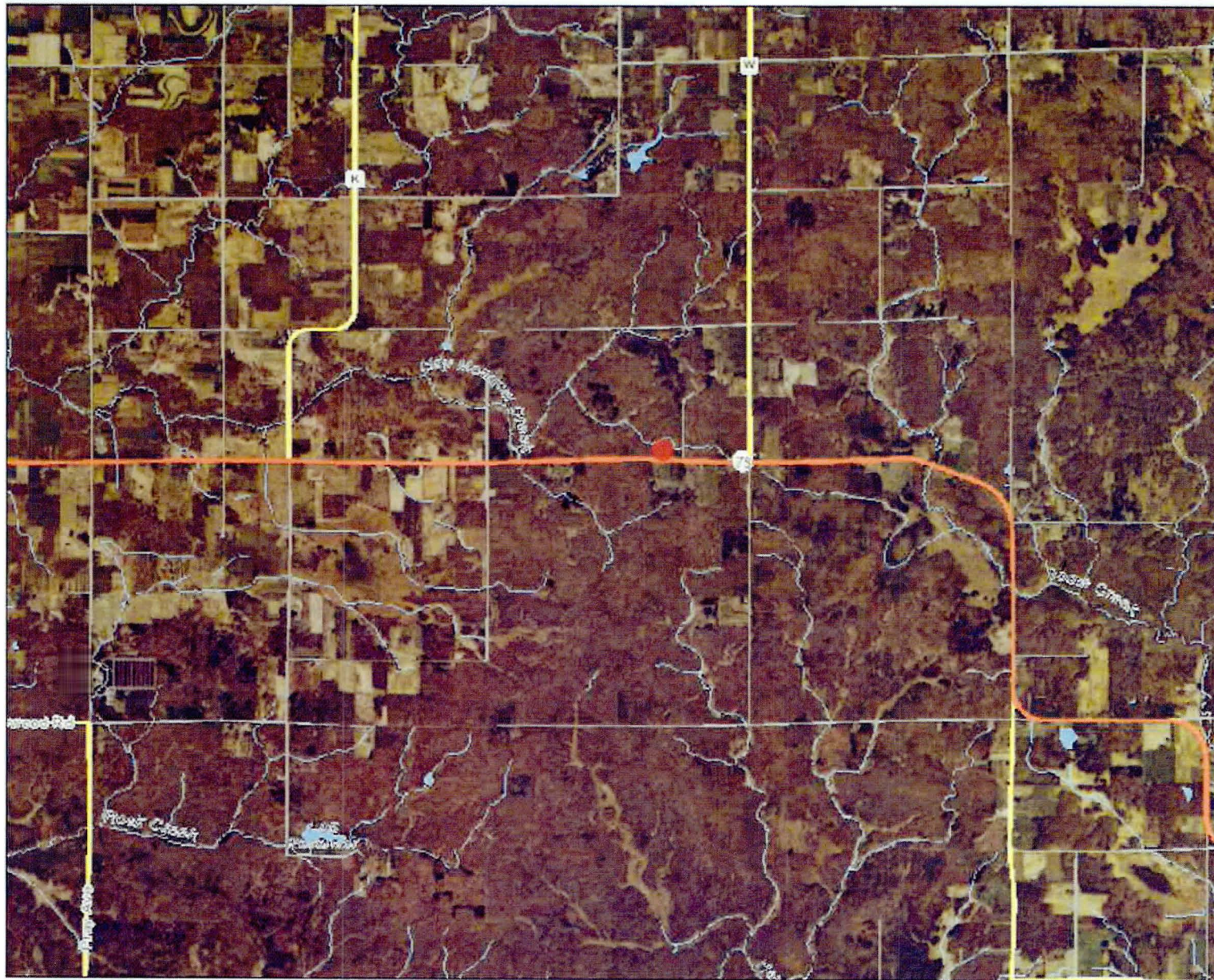
B.1.B.a DETAILED SITE MAP (PROPERTY BOUNDARIES)

B.1.B.b DETAILED SITE MAP

B.1.C. RR SITE MAP



B.1.a. REGIONAL SITE LOCATION MAP



Legend

- County Boundary
- Airport
- 2010 Air Photos (WROC)

2.3 0 1.17 2.3 Miles

NAD_1983_HARN_Wisconsin_TM

© Latitude Geographics Group Ltd.

1: 74,139



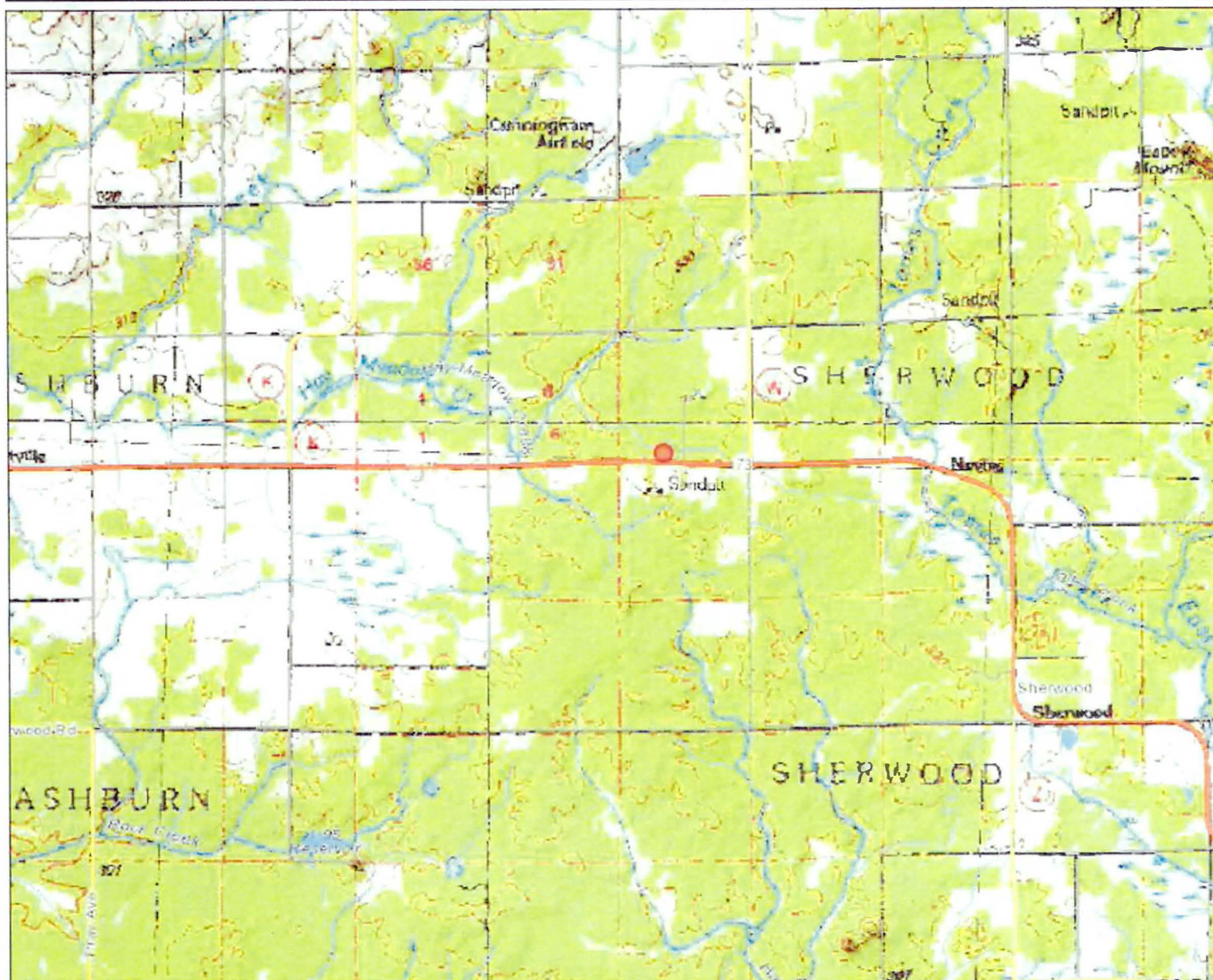
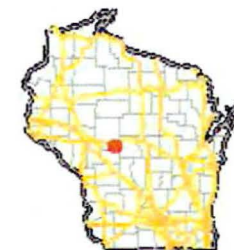
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Note: Not all sites are mapped.

Notes



B.1.a. REGIONAL SITE LOCATION MAP



Legend

- Airport
- Great Lakes

2.3

0

1.17

2.3 Miles

NAD_1983_HARN_Wisconsin_TM

© Latitude Geographics Group Ltd.

1: 74,139



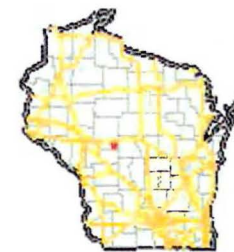
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Note: Not all sites are mapped.

Notes



B.1.a. LOCATION MAP



Legend

2010 Air Photos (WROC)



0.1 0 0.04 0.1 Miles

NAD_1983_HARN_Wisconsin_TM

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1:2,460



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Note: Not all sites are mapped.

Notes



WOODED

PROPERTY BOUNDARY

WOODED

WOODED

CAFE

HIGHWAY 73

HIGHWAY 73

AGRICULTURE

CHERRY AVENUE



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DETAILED SITE MAP
Former Deer Trail Cafe
LeRoy Pederson

Granton
Clark County, WI

REVISIONS

NO.

BY

DATE

0

SCALE

DRAWN BY

ALL

DATE

10.27.2014

REC FILE NO.

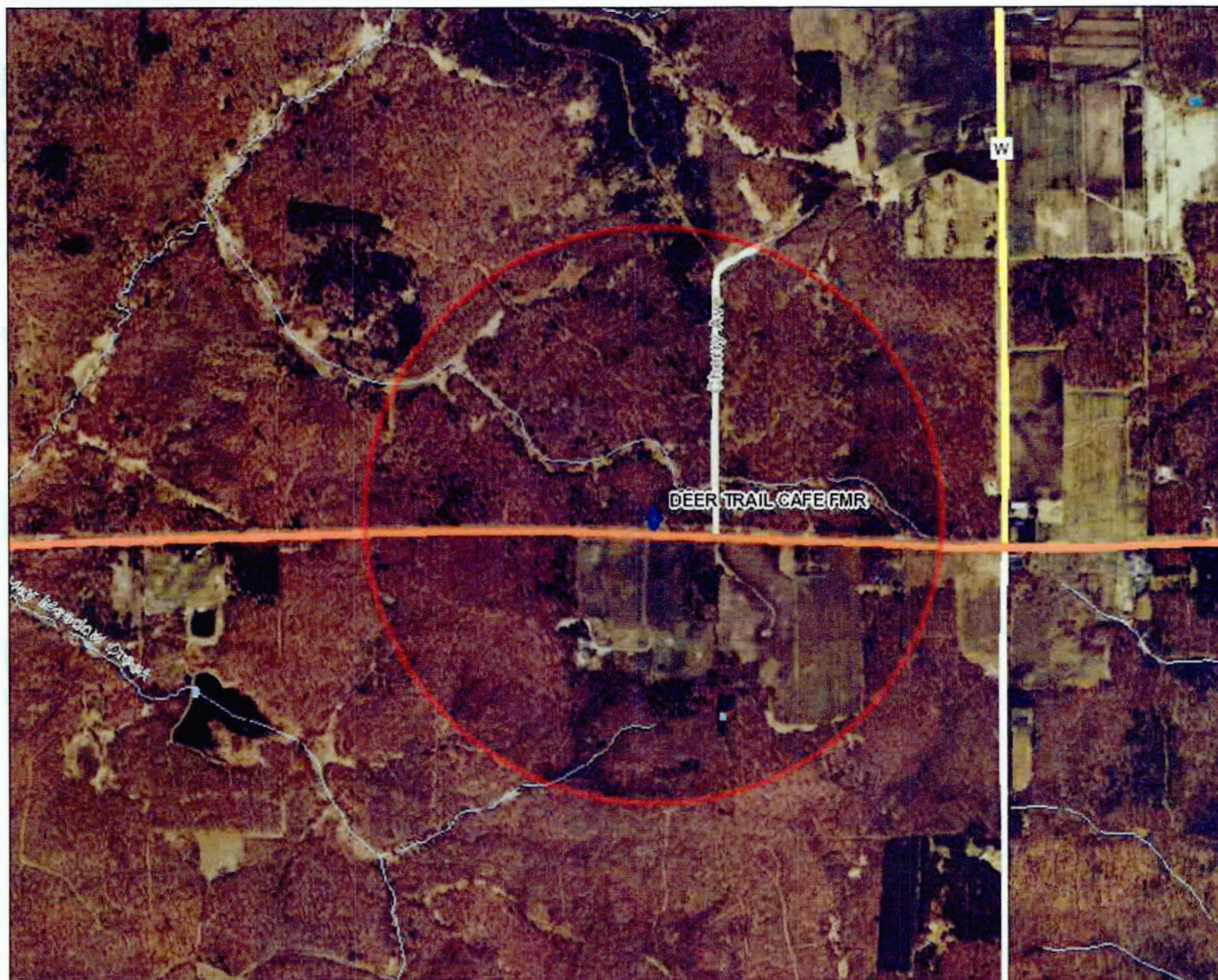
2-1013-332

SHEET NO.

B.1.b.a.



B.1.c. RR SITE MAP



Legend

- ◆ Open Site (ongoing cleanup)
- Open Site Boundary
- ◆ Closed Site (completed cleanup)
- Closed Site Boundary
- Cities
- Villages
- Airport
- 2010 Air Photos (WROC)

0.5 0 0.27 0.5 Miles

NAD_1983_HARN_Wisconsin_TM

© Latitude Geographics Group Ltd.

1: 16,995



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Note: Not all sites are mapped.

Notes

B.2. SOIL FIGURES

B.2.a PRE-REMEDIATION SOIL CONTAMINATION

SOIL SAMPLES COLLECTED DURING UST SITE ASSESSMENT ACTIVITIES AND
INVESTIGATION ACTIVITIES DO NOT EXCEED NR 720 RCL STANDARDS –
THEREFORE NO FIGURE IS ATTACHED.

B.2.B. POST-REMEDIATION SOIL CONTAMINATION

NO REMEDIAL ACTIVITIES WERE PERFORMED, AND NONE OF THE SOIL
SAMPLES COLLECTED WERE ABOVE NR 720 RCL STANDARDS – THEREFORE
NO FIGURE IS ATTACHED

B.2.C. PRE/POST REMAINING SOIL CONTAMINATION

ANALYTICAL RESULTS DID NOT INDICATE RESIDUAL SOIL CONTAMINATION
ABOVE NR 720 GENERIC STANDARDS

B.3. GROUNDWATER FIGURES

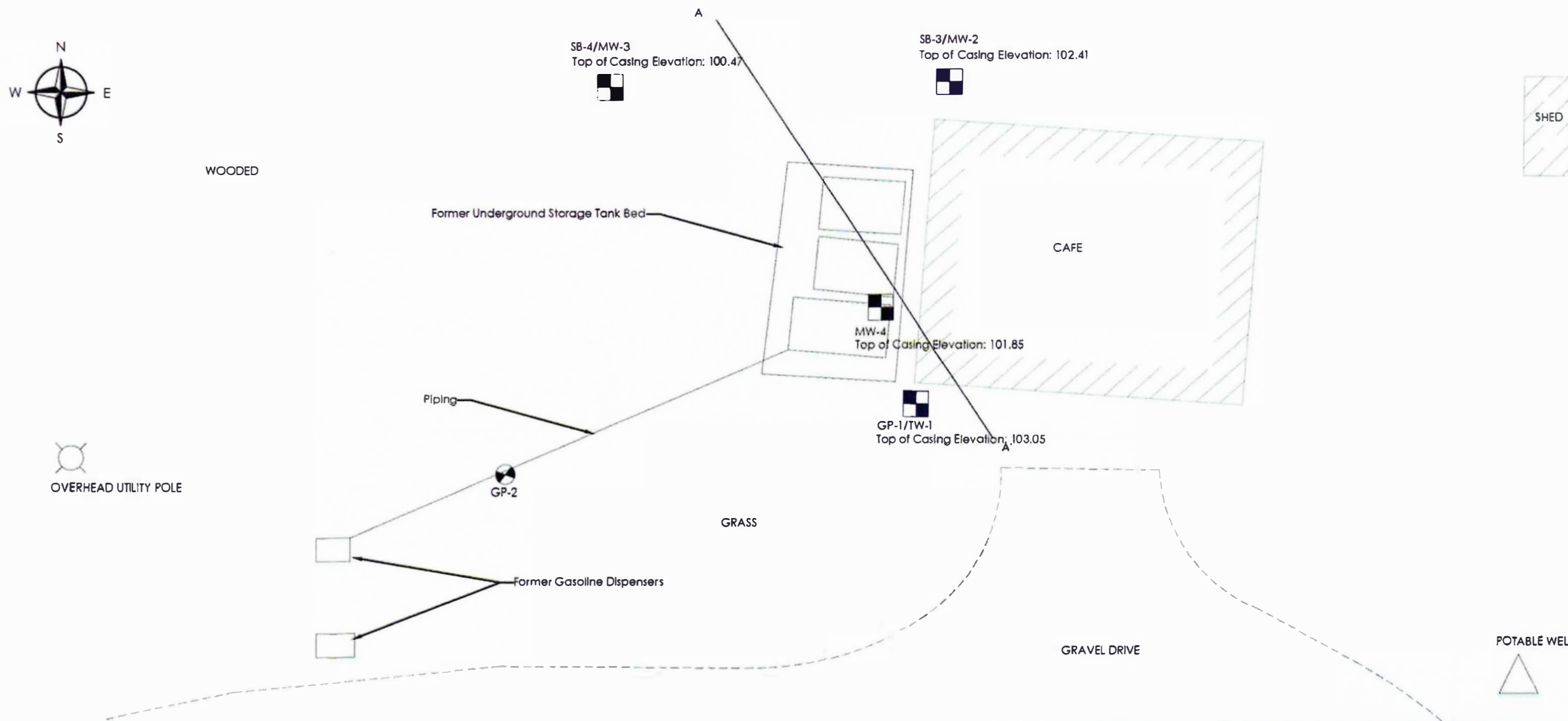
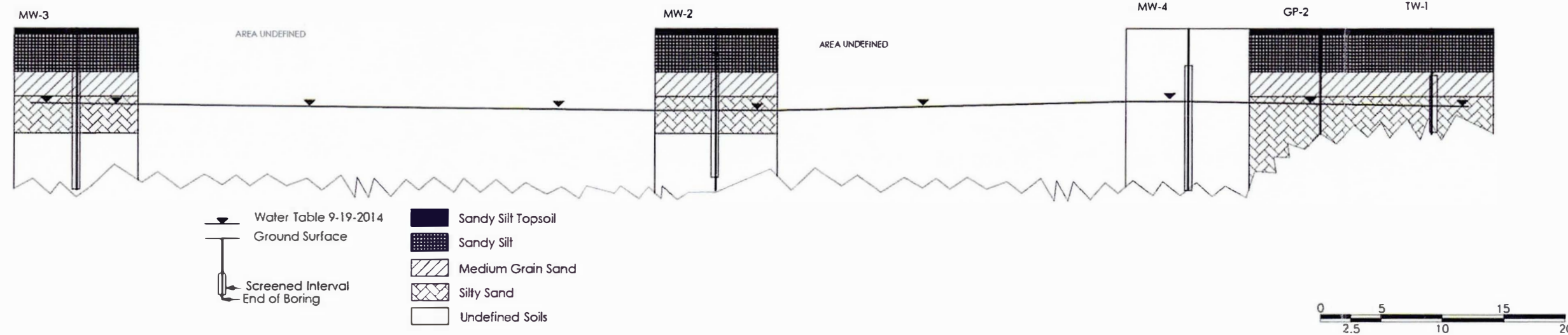
SEE ATTACHMENTS

B.3.A. GEOLOGIC CROSS SECTION FIGURE (1)

B.3.B GROUNDWATER ISOCONCENTRATION (1)

B.3.C. GROUNDWATER FLOW DIRECTION (2)

B.3.D. MONITORING WELLS (1)

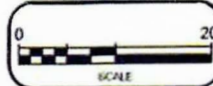


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GEOLOGIC CROSS-SECTION FIGURE
Former Deer Trail Cafe
LeRoy Pederson
Granton
Clark County, WI

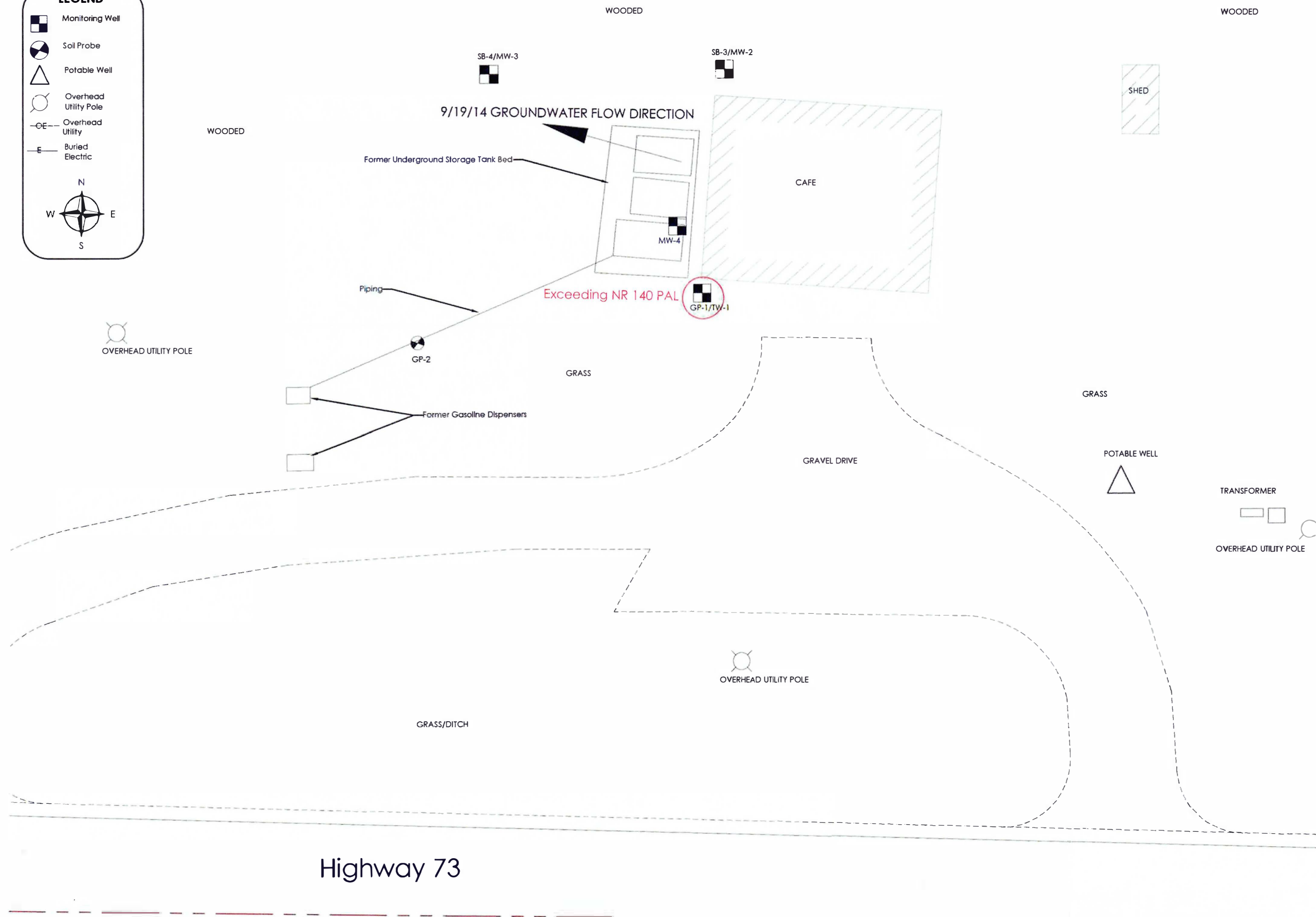
REVISIONS	NO.	BY	DATE



DATE: 10.27.2014
GEC FILE NO: 2-1013-332
SHEET NO:

LEGEND

- Monitoring Well
- Soil Probe
- Potable Well
- Overhead Utility Pole
- Overhead Utility
- Buried Electric



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GROUNDWATER ISOCONCENTRATION MAP
Former Deer Trail Cafe
LeRoy Pederson
Granton
Clark County, WI

REVISIONS	NO.	BY	DATE

SCALE

DATE: 10.27.2014
GEC FILE NO: 2-1013-332
SHEET NO: **B.3.b.**

LEGEND

Monitoring Well

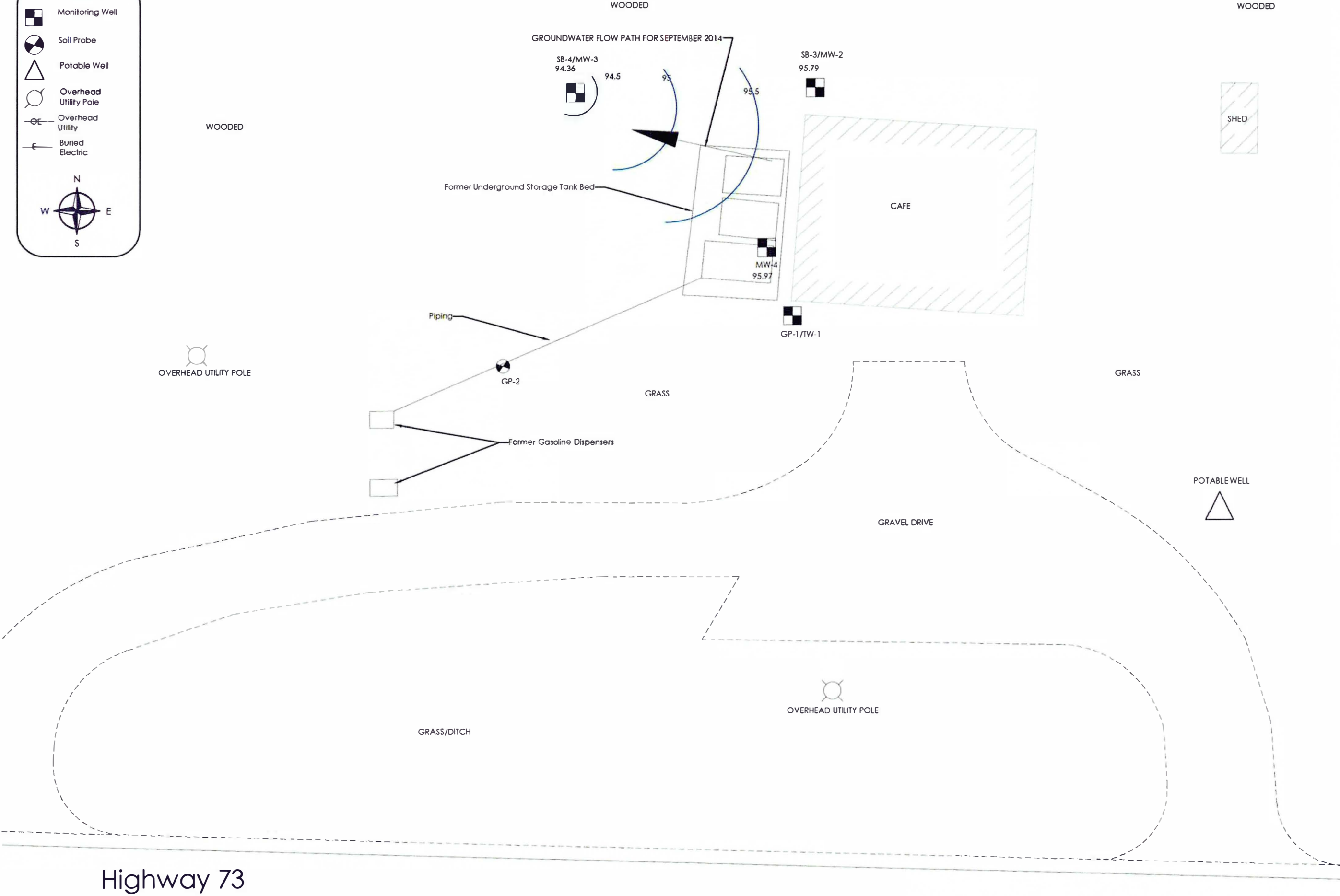
Soil Probe

Potable Well

Overhead Utility Pole

Overhead Utility

Buried Electric



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GROUNDWATER FLOW
 September 19, 2014
 Former Deer Trail Cafe
 LeRoy Pederson
 Granton
 Clark County, WI

REVISIONS	NO	BY	DATE

DRAWN BY: ALL DATE: 10.27.2014 REF: FILE NO: 2-1013-332 SHEET NO: B.3.c.

B.4 VAPOR MAPS AND OTHER MEDIA

B.4.A. VAPOR INTRUSION MAP (NONE)

B.4.B OTHER MEDIA OF CONCERN (NONE)

B.4.C. OTHER (NONE)

B.4.A. VAPOR INTRUSION MAP

NOT APPLICABLE – ANALYTICAL RESULTS DID NOT INDICATE SOIL CONTAMINATION ABOVE NR 720 RCL IN ANY SAMPLES COLLECTED. FIELD SCREENED SOIL SAMPLES DID NOT INDICATE AFFECTED SOILS WITHIN THE UPPER 4 FEET.

**B.4.B OTHER MEDIA OF CONCERN (E.G. SEDIMENT OR
SURFACE WATER)**

NOT APPLICABLE – NO SURFACE WATER ON-SITE

B-4.C. OTHER

NOT APPLICABLE

ATTACHMENTD
MAINTENANCE PLAN (S)

D.1 LOCATION MAPS

- ANALYTICAL RESULTS DID NOT INDICATE SOIL CONTAMINATION ABOVE THE NR 720 DIRECT CONTACT LEVELS.
- ANALYTICAL RESULTS DID NOT INDICATE GROUNDWATER CONTAMINATION ABOVE THE NR 140 ES.
- THE SOURCE OF CONTAMINATION WAS REMOVED WHEN THE UNDERGROUND STORAGE TANKS WERE REMOVED IN 2012, SOIL CONTAMINATION DOES NOT APPEAR TO BE IN THE UPPER FOUR FEET OF THE SOIL COLUMN.

THEREFORE, IT DOES NOT APPEAR A MAINTENANCE PLAN IS REQUIRED.

D.2. BRIEF DESCRIPTIONS

ANALYTICAL RESULTS DID NOT INDICATE PETROLEUM CONTAMINATION IN
SOIL OR GROUNDWATER ABOVE THE NR 140 ES, OR NR 720 RCL

D.3. DESCRIPTION OF MAINTENANCE ACTION(S)

ANALYTICAL RESULTS DID NOT INDICATE PETROLEUM CONTAMINATION IN SOIL OR GROUNDWATER ABOVE THE NR 140 ES, OR NR 720 RCL. THEREFORE MAINTENANCE ACTION IS NOT REQUIRED.

D.4. INSPECTION LOGS

NOT APPLICABLE

D.5. CONTACT INFORMATION

ANALYTICAL RESULTS DID NOT INDICATE PETROLEUM CONTAMINATION IN SOIL OR GROUNDWATER ABOVE THE NR 140 ES, OR NR 720 RCL. THEREFORE A MAINTENANCE PLAN IS NOT APPLICABLE

D.6 PHOTOGRAPHS

D.6.A – NO PHOTOGRAPHS AVAILABLE

D.6.B – NO PHOTOGRAPHS AVAILABLE

ATTACHMENT E
MONITORING WELL

All monitoring wells will be found and abandoned upon closure.

3/15/62

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

Page 1 of 2

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

☐ Verification Only of Fill and Seal

Route to:

☐ Drinking Water

☐ Watershed/Wastewater

☒ Remediation/Redevelopment

☐ Waste Management

☐ Other: _____

1. Well Location Information

County

CLARK

WI Unique Well # of
Removed Well

Map #

2. Facility / Owner Information

Facility Name

Former Deer Trail Cafe

Facility ID (FID or PWS)

License/Permit/Monitoring #

MW-3

Original Well Owner

LeRoy Pederson

Present Well Owner

LeRoy Pederson

Mailing Address of Present Owner

1221 East 18th Street

City of Present Owner

Marshfield

State

WI

ZIP Code

54449-

Latitude / Longitude (Degrees and Minutes)

Method Code (see instructions)

____° ____' ____" N
____° ____' ____" W

1/4 SE

1/4 SW

Section

Township

Range

☒ E

or Gov't Lot #

5

23

N

1

☐ W

Well Street Address

W1930 Hwy 73

Well City, Village or Town

Granton

Well ZIP Code

54436-

Subdivision Name

Lot #

Reason For Removal From Service

No longer needed

WI Unique Well # of Replacement Well

3. Well / Drillhole / Borehole Information

☒ Monitoring Well

☐ Water Well

☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)

6/6/2014

If a Well Construction Report is available,
please attach.

Construction Type:

☒ Drilled

☐ Driven (Sandpoint)

☐ Dug

☐ Other (specify): _____

Formation Type:

☒ Unconsolidated Formation

☐ Bedrock

Total Well Depth From Ground Surface (ft.)

14 ft

Casing Diameter (in.)

2 in

Lower Drillhole Diameter (in.)

Casing Depth (ft.)

Was well annular space grouted?

☐ Yes

☒ No

☐ Unknown

If yes, to what depth (feet)?

Depth to Water (feet)

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?

☐ Yes

☐ No

☒ N/A

Liner(s) removed?

☐ Yes

☐ No

☒ N/A

Screen removed?

☒ Yes

☐ No

☐ N/A

Casing left in place?

☐ Yes

☒ No

☐ N/A

Was casing cut off below surface?

☒ Yes

☐ No

☒ N/A

Did sealing material rise to surface?

☐ Yes

☒ No

☐ N/A

Did material settle after 24 hours?

☐ Yes

☒ No

☐ N/A

If yes, was hole retopped?

☐ Yes

☐ No

☒ N/A

If bentonite chips were used, were they hydrated
with water from a known safe source?

☐ Yes

☐ No

☒ N/A

Required Method of Placing Sealing Material

☐ Conductor Pipe-Gravity

☐ Conductor Pipe-Pumped

☐ Screened & Poured
(Bentonite Chips)

☒ Other (Explain): Gravity

Sealing Materials

☐ Neat Cement Grout

☐ Clay-Sand Slurry (11 lb./gal. wt.)

☐ Sand-Cement (Concrete) Grout

☐ Bentonite-Sand Slurry "

☐ Concrete

☒ Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

☒ Bentonite Chips

☐ Bentonite - Cement Grout

☐ Granular Bentonite

☐ Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole

Bentonite Chip

From (ft.)

To (ft.)

Sacks Sealant

Surface

14

0.45

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing

License #

Date of Filling & Sealing (mm/dd/yyyy)

3/16/2015

Date Received

Noted By

Schaper Excavating and Petroleum

Street or Route

W4396 County Road E

Telephone Number

(608) 742-4686

Comments

City

Pardeeville

State

WI

ZIP Code

53954-

Signature of Person Doing Work

Date Signed

3/18/15

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

Page 1 of 2

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

☐ Verification Only of Fill and Seal

Route to:

☐ Drinking Water

☐ Watershed/Wastewater

☒ Remediation/Redevelopment

☐ Waste Management

☐ Other: _____

1. Well Location Information

County **CLARK** WI Unique Well # of Removed Well _____ Hicap # _____

Latitude / Longitude (Degrees and Minutes) _____ 'N
_____ 'W Method Code (see instructions) _____

1/4 SE 1/4 SW Section **5** Township **23** Range **1** ☒ E ☐ W
or Gov't Lot # _____

Well Street Address **W1930 Hwy 73**

Well City, Village or Town **Granton** Well ZIP Code **54436-**

Subdivision Name _____ Lot # _____

Reason For Removal From Service _____ WI Unique Well # of Replacement Well _____
No longer needed

3. Well / Drillhole / Borehole Information

☒ Monitoring Well

☐ Water Well

☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)
6/6/2014

If a Well Construction Report is available, please attach.

Construction Type:

☒ Drilled

☐ Driven (Sandpoint)

☐ Dug

☐ Other (specify): _____

Formation Type:

☒ Unconsolidated Formation

☐ Bedrock

Total Well Depth From Ground Surface (ft.) **14ft.** Casing Diameter (in.) **2in**

Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) _____

Was well annular space grouted? ☐ Yes ☒ No ☐ Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet) _____

5. Material Used To Fill Well / Drillhole

Bentonite Chip

2. Facility / Owner Information

Facility Name **Former Deer Trail Cafe**

Facility ID (FID or PWS) _____

License/Permit/Monitoring # **MW-2**

Original Well Owner **LeRoy Pederson**

Present Well Owner **LeRoy Pederson**

Mailing Address of Present Owner **1221 East 18th Street**

City of Present Owner **Marshfield** State **WI** ZIP Code **54449-**

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed? ☐ Yes ☐ No ☒ N/A

Liner(s) removed? ☐ Yes ☐ No ☒ N/A

Screen removed? ☒ Yes ☐ No ☐ N/A

Casing left in place? ☐ Yes ☒ No ☐ N/A

Was casing cut off below surface? ☐ Yes ☐ No ☒ N/A

Did sealing material rise to surface? ☐ Yes ☒ No ☐ N/A

Did material settle after 24 hours? ☐ Yes ☒ No ☐ N/A

If yes, was hole retopped? ☐ Yes ☐ No ☒ N/A

If bentonite chips were used, were they hydrated with water from a known safe source? ☐ Yes ☐ No ☒ N/A

Required Method of Placing Sealing Material

☐ Conductor Pipe-Gravity ☐ Conductor Pipe-Pumped

☐ Screened & Poured (Bentonite Chips) ☒ Other (Explain): **Gravity**

Sealing Materials

☐ Neat Cement Grout

☐ Clay-Sand Slurry (11 lb/gal. wt.)

☐ Sand-Cement (Concrete) Grout

☐ Bentonite-Sand Slurry

☐ Concrete

☒ Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

☒ Bentonite Chips

☐ Bentonite - Cement Grout

☐ Granular Bentonite

☐ Bentonite - Sand Slurry

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing **Schaper Excavating and Petroleum** License # _____ Date of Filling & Sealing (mm/dd/yyyy) **3/16/2015** DNR Use Only Date Received _____ Noted By _____

Street or Route **W4396 County Road E** Telephone Number **(608) 742-4686** Comments _____

City **Pardeeville** State **WI** ZIP Code **53954-** Signature of Person Doing Work **[Signature]** Date Signed **3/18/15**

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

Page 1 of 2

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to:

☐ Drinking Water

☐ Watershed/Wastewater

☒ Remediation/Redevelopment

☐ Waste Management

☐ Other: _____

1. Well Location Information

County **CLARK** WI Unique Well # of Removed Well _____ Hicap # _____

Latitude / Longitude (Degrees and Minutes) Method Code (see instructions)

_____'N
_____'W

1/4 SE 1/4 SW Section Township Range ☒ E
or Gov't Lot # 5 23 N 1 ☐ W

Well Street Address

W1930 Hwy 73

Well City, Village or Town

Granton

Well ZIP Code

54436-

Subdivision Name

Lot #

Reason For Removal From Service

No longer needed

WI Unique Well # of Replacement Well

3. Well / Drillhole / Borehole Information

☒ Monitoring Well

☐ Water Well

☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)

5/22/2014

If a Well Construction Report is available, please attach.

Construction Type:

☒ Drilled

☐ Driven (Sandpoint)

☐ Dug

☐ Other (specify): _____

Formation Type:

☒ Unconsolidated Formation

☐ Bedrock

Total Well Depth From Ground Surface (ft.)

84.4

Casing Diameter (in.)

1.0

Lower Drillhole Diameter (in.)

Casing Depth (ft.)

Was well annular space grouted?

☐ Yes

☒ No

☐ Unknown

If yes, to what depth (feet)?

Depth to Water (feet)

5. Material Used To Fill Well / Drillhole

Bentonite Chip

From (ft.)

To (ft.)

Sacks Sealant

Surface

0.25

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing

Schaper Excavating and Petroleum

License #

Date of Filling & Sealing (mm/dd/yyyy)

3/16/2015

Date Received

Noted By

Street or Route

W4396 County Road E

Telephone Number

(608) 742-4686

Comments

City

Pardeeville

State

WI

ZIP Code

53954-

Signature of Person Doing Work

John Schaper

Date Signed

3/18/15

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

☐ Verification Only of Fill and Seal

Route to:

☐ Drinking Water

☐ Watershed/Wastewater

☐ Remediation/Redevelopment

☐ Waste Management

☐ Other: _____

1. Well Location Information

County CLARK	WI Unique Well # of Removed Well ____ GP2 ____	Hicap # _____
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' N ____ ° ____ ' W		
1/4 1/4 SE 1/4 SW	Section 5	Township 23 N
or Gov't Lot #	Range 1	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address W1930 Hwy 73		
Well City, Village or Town Granton		Well ZIP Code _____
Subdivision Name _____		Lot # _____

2. Facility / Owner Information

Facility Name Former Deer Trail Cafe		
Facility ID (FID or PWS) _____		
License/Permit/Monitoring # _____		
Original Well Owner LeRoy Pederson		
Present Well Owner LeRoy Pederson		
Mailing Address of Present Owner 1221 East 18th Street		
City of Present Owner Marshfield	State WI	ZIP Code 54449-

Reason For Removal From Service No longer needed	WI Unique Well # of Replacement Well _____
--	---

3. Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 5/22/2014 If a Well Construction Report is available, please attach.
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 8	Casing Diameter (in.) _____
Lower Drillhole Diameter (in.) _____	Casing Depth (ft.) _____
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? _____	Depth to Water (feet) _____

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity	
Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole

From (ft.)	To (ft.)	
Bentonite Chip	Surface	8 0.25

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing General Engineering Company			License # _____		Date of Filling & Sealing (mm/dd/yyyy) 5/22/2014		DNR Use Only Date Received _____		Noted By _____		
Street or Route 916 Silver Lake Drive			Telephone Number (608) 742-2169			Comments _____					
City Portage			State WI		ZIP Code 53901-		Signature of Person Doing Work 			Date Signed _____	

ATTACHMENT F

NOTIFICATION TO OWNERS OF IMPACTED PROPERTIES

CONTAMINATION DID NOT TRAVEL OFF-SITE, THEREFORE A NOTIFICATION IS
NOT NECESSARY.

ATTACHMENTG

SOURCE LEGAL DOCUMENTS

G.1. DEED- SOURCE PROPERTY AND OTHER IMPACTED PROPERTIES

A COPY OF THE DEED IS ATTACHED, HOWEVER, CONTAMINATION IN SOIL OR GROUNDWATER DID NOT EXCEED NR 720 RCL STANDARDS OR NR 140 ES STANDARDS, SO A GIS PACKAGE SHOULD NOT BE REQUIRED.

U 0833 P 965

TERMINATION OF DECEDENT'S
PROPERTY INTEREST

DOC # 555930

Recorded

NOV. 29, 2007 AT 02:00PM

Use black ink

DECEDENT'S NAME <u>Margaret Pederson</u>	DATE OF DEATH <u>7-27-06</u>		
ADDRESS OF DECEDENT AT DATE OF DEATH <u>W1930 St. Hwy 73</u>	CITY <u>Granton Wi.</u>	ST <u>WI.</u>	ZIP <u>54436</u>

Lois Hagedorn
Lynette Mueller, Dep
 LOIS HAGEDORN, CLARK CO REGISTER OF DEEDS

PRESENTATION OF DEATH CERTIFICATE

I certify that I have viewed a certified copy of the decedent's death certificate.

Lois Hagedorn, Lynette Mueller, Dep 11-29-07
 REGISTER OF DEEDS SIGNATURE DATE

Fee Amount: \$25.00

Interest in property is terminated under (please check appropriate statute):

☒ s. 867.045 which pertains to property in which the decedent was a joint tenant, had a vendor's or mortgagee's interest, or had a life estate. (You must provide a copy of the document establishing interest in property.)

☐ s. 867.046 which pertains to property of a decedent specified in a marital property agreement; survivorship marital property; or a third party confirmation. (You must provide a copy of the document establishing interest in property.)

Name and return address:

Carol Blatter
N13706 CTY.E.
Curtiss, WI. 54422

050.008.000

Parcel Identification Number

Presentation of recorded document establishing interest in real estate.

DOCUMENT# VOLUME/REEL PAGE/IMAGE RECORDS/DEEDS

483520 6100 609

Description of the real estate.

☐ See Attachedsee attached form

Description of personal property (if any) being transferred.

You may list savings accounts, checking accounts and securities on attached pages. Indicate person(s) receiving property.

DECLARATION: I(We) declare that this document is, to the best of my(our) knowledge and belief, true, correct and complete and is in conformity with the provisions and limitations of the Wisconsin Statutes.

(If more space is needed, attach pages.)

Name and Address (List all remaindermen/ beneficiaries)	Applicant's Interest in Property (ie: spouse, remainderman)	Applicant Signature(Notarized) (Print or type name below signature)	Date
<u>LeRoy Pederson</u> <u>W1930 St. Hwy. 73</u> <u>Granton, WI. 54436</u>	<u>remainderman</u>	<i>LeRoy Pederson</i>	<u>11</u> <u>11-29-07</u>

This document was drafted
by: (print or type name below)Carol BlatterSTATE OF WISCONSIN, County of
Subscribed and sworn to before me on:

by the above named person(s):

NOTE: SEE DIRECTIONS.
 Wisconsin Register of Deeds
 Association Form MT-110
 Website Version 03/2007

Signature of Notary or other person
authorized to administer an oath (as per
s 706.06, 706.07)

Print or type name: Lynette Mueller
 Title: Notary

Date Commission Expires: 3-29-09

THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.

NUMBER 483520	INDEXED TO: Register of Deeds, Clark Co., WI	RETURN TO: <u>DN</u>
Vol. <u>610 D</u>	<u>+ Pt SE SW 6-23-1E</u>	
Page <u>609</u>	Paid \$ _____ Cash <input type="checkbox"/> Chg. \$ _____ Check <input checked="" type="checkbox"/> Total \$ <u>10</u>	

483520
Document Number

WARRANTY DEED

MARGARET PEDERSON

conveys and warrants to LE ROY PEDERSON

the following described real estate in CLARK County,
State of Wisconsin: THE FOLLOWING
PROPERTY: 510 ACRES IN
SE-SW SEC. 5 TWP. 23 NR
1E, WILL BE TRANSFERED
IN OWNERSHIP TO LEROY
PEDERSON WITH MARGARET
RETAINING LIFE ESTATE RIGHTS.

RECORDED ON 09/22/99
AT 4:56 P.M. IN VOL. 610
OF RECORDS PAGE 609
CLARK COUNTY WI BY,

John Pederson
pd. 10.00 09/23/99

Recording Area

Name and Return Address
LEROY PEDERSON
W 1930 STATE HWY 73
GRANTON, WI.
54431

FEE
77.25 (8)
EXEMPT

Exceptions to warranties: Easements, highways, reservations, and restrictions in use or of record.

This 15 homestead property. Dated this 22nd day of September, 1999.

Margaret Pederson
MARGARET PEDERSON

AUTHENTICATION
Signature(s) _____
authenticated this _____ day of _____, 19____

TITLE: MEMBER STATE BAR OF WISCONSIN
(If not, _____
authorized by SS 706.06, Wis. Statutes)

* Names of persons signing in any capacity should be
typed or printed below their signatures.
CAROL BLATTNER
This instrument was drafted by (type or print name)

ACKNOWLEDGMENT

STATE OF WISCONSIN

Clark County. Personally came before me
this 22nd day of September, 1999 the above named

Margaret Pederson

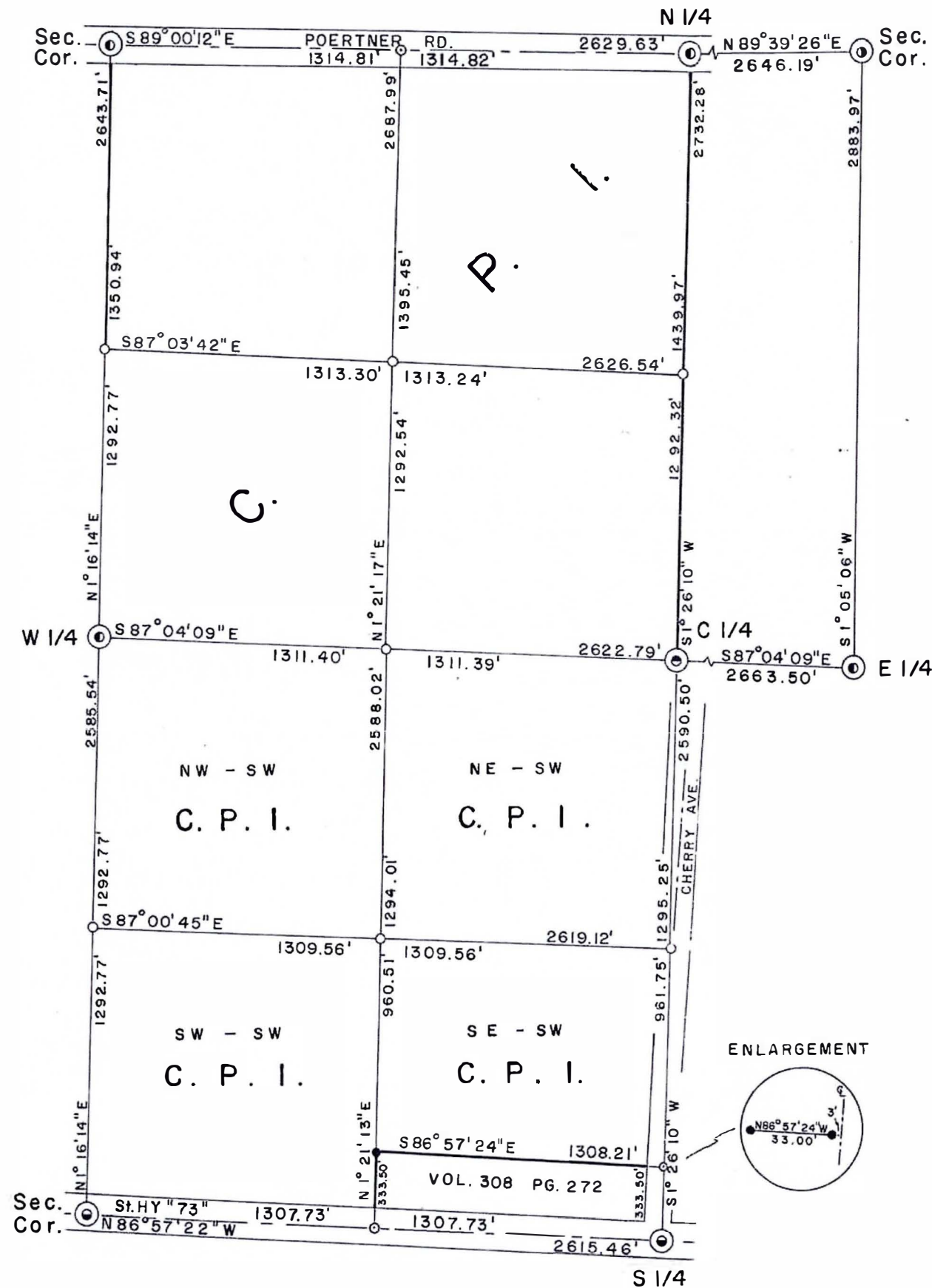
to me known to be the person who executed the
foregoing instrument and acknowledged it to be his.

John Pederson
type or print name John Pederson
Notary Public Clark County, Wis.

My Commission is permanent. (If not, state expiration
date: 4-22-2001, 19____)

G.2. CERTIFIED SURVEY MAP

SEE ATTACHMENT



SECTION 5 T.23N.-R.1E. TOWN OF SHERWOOD CLARK COUNTY, WIS.

- LEGEND -

- 1" Iron Pipe w/ 2" Alloy Cap Set
- 1" Iron Pipe w/ Ref. Cor. Set
- 1" Iron Pipe Set
- ⊙ 2-1/4" Alum. Pipe w/ 3-1/4" Alloy Cap Set
- ⊙ 2" Iron Pipe w/ 3-1/4" Brass Cap Set
- ⊙ Railroad Spike Set
- ⊙ 2" Iron Pipe w/ 3-1/4" Brass Cap Set Previously
- C.P.I. Boundary Line



- SURVEYOR'S CERTIFICATE -

I, Glen Barker, authorized by Consolidated Papers Inc., hereby certify that these described lines and parcels were surveyed under my direction and that the survey is correct to the best of my knowledge and belief.

Certified at Rhinelander, Wisconsin.

Date 11-5-97
Glen Barker
Glen Barker W.R.L.S. No 1682



G.3. VERIFICATION OF ZONING

AN OFFICIAL ZONING MAP WAS NOT AVAILABLE FROM THE TOWN OF SHERWOOD OR CLARK COUNTY WISCONSIN. HOWEVER, THERE IS NO NR 140 ES EXCEEDANCE, OR NR 720 SOIL EXCEEDANCES.

2013 Property Record | Clark County, WI

2013 Tax Bill

Property information is valid as of 11/08/14
When paying delinquent taxes contact the County Treasurer's Office for exact payoff amount.

OWNER

LEROY PEDERSON
%CAROL BLATTLER1221 E 18TH ST
MARSHFIELD, WI 54449

CO-OWNER(S)

PROPERTY INFORMATION

Parcel ID: 050.0080.000
School Districts:
PITTSVILLE SD 4368

Section	Town	Range
5	23N	1E

Lot:

Block:

Plat Name

PROPERTY DESCRIPTION

Legal description not valid for conveyances

S 10 ACRES IN SE-SW SEC 5 TWP 23 N R 1 E

Property Address:

W1930 ST HWY 73 GRANTON 54436

Municipality:

TOWN OF SHERWOOD

DEED INFORMATION

Volume	Page	Document #
610	199	0
610	609	0
833	965	0

TAX INFORMATION

Net Tax Before Credits: 695.94

Lottery Credit: 106.26

First Dollar Credit: 62.39

Net Tax After: 527.29

	Amt. Due	Amt. Paid	Balance
Net Tax:	527.29	.00	527.29
Special Assessment:	.00	.00	.00
Special Charges:	.00	.00	.00
Delinquent Charges:	.00	.00	.00
Woodland Tax:	.00	.00	.00
Private Forest Crop:	.00	.00	.00
Managed Forest Crop:	.00	.00	.00
Tax Interest:	52.73	.00	52.73
Tax Penalty:	26.36	.00	26.36
Other Charges Due:	.00	.00	.00
Total:	606.38	.00	606.38

LAND VALUATION

Assessed values not finalized until after Board of Review.

Code	Acres	Land Value	Improvements	Total
GL1	2.00	7,000	16,900	23900
GL6	8.00	14,400	0	14400
	10.0	21,400	16,900	38,300

Total Acres: 10.00

Assessment Ratio: 1.0302

Mill Rate: .01817071

Fair Market Value: 37,200

INSTALLMENT

Enter Municipality Payment Instructions Here.

Period	End Date	Amount
1	1/31/2014	210.52
2	7/31/2014	316.77

PAYMENT HISTORY (POSTED PAYMENTS)

Date	Receipt #	Type	Amount	Interest	Penalty	Total
------	-----------	------	--------	----------	---------	-------

G.4. SIGNED STATEMENT

SEE ATTACHED

In accordance with NR 726.05 paragraph (3)(a)4.g. (for groundwater contamination) and/or NR 726.05 paragraph (3)(b)4.f. (for soil contamination), the responsible party hereby affirms the following information:

"To the best of my knowledge, the legal description information attached to this package, and described below are accurate. Groundwater contamination exceeding the NR 140 ES as defined in the Wisconsin Administrative Code does not extend onto any neighboring properties excluding public street right-of ways or railroad right-of-ways."

The Former Deer Trail Café property is located at W1930 Highway 73, in the Town of Sherwood, Clark County, Wisconsin (Parcel number 050.0080.000). Legal description for the property is S 10 ACRES IN SE – SW SEC 5 TWP 23 N R 1 E.

The subject site is located within the southeast $\frac{1}{4}$ of the southwest $\frac{1}{4}$ of section 05, Township 23 North, Range 01 East of Clark County, Wisconsin.

LeRoy Pederson

Owner, Former Deer Trail Café

11-12-14

Date

owner

Title

Carol Blatter
(sister)

ATTACHMENT C
DOCUMENTATION OF REMEDIAL ACTION

C.1. SITE INVESTIGATION DOCUMENTATION

ATTACHED ARE THE FOLLOWING SITE INVESTIGATION DOCUMENTATION
FORMS

- SOIL BORING LOGS FOR GP-1, GP-2, B-3, B-4 AND B-5
- BORING ABANDONMENT FORM FOR GP-2
- MONITORING WELL CONSTRUCTION LOGS FOR TW-1, MW-2, MW-3
AND MW-4
- WELL DEVELOPMENT LOGS

Route To: Watershed/Wastewater ☐ Waste Management ☐
Remediation/Revelopment ☐ Other ☐

Page 1 of 1

Facility/Project Name Former Deer Trail Cafe			License/Permit/Monitoring Number		Boring Number GP-1 / TW-1
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Dusty Last Name: _____ Firm: On-Site Environmental			Date Drilling Started 5/22/2014 m m d d y y y y	Date Drilling Completed 5/22/2014 m m d d y y y y	Drilling Method hollow stem auger
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level _____ Feet MSL	Surface Elevation _____ Feet MSL	Borehole Diameter _____ inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location N State Plane _____ N, _____ E SE 1/4 of SW 1/4 of Section 5, T 23 N, R 1 E			Lat _____ Long _____	Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S _____ Feet <input type="checkbox"/> W	
Facility ID		County CLARK	County Code 10	Civil Town/City/ or Village Granton	

Sample			Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
Number and Type	Length Att. & Recovered (in)	Blow Counts							Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			0.0 - 0.5 0.5 - 3.0	Brown Sandy Silt Topsoil Brown Sandy Silt											
			3.0 - 5.0	Medium Grain Sand											Moist
			5.0 - 7.9	Brownish Red Silty Sand with Clay Seam at Approximately 6'											Wet at 6'
			7.9 - 8.0	Auger Refusal - EOB											

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature *Lynn Bradley* Firm General Engineering Company

This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.

Route To: Watershed/Wastewater ☐ Waste Management ☐
Remediation/Revelopment ☐ Other ☐

Page 1 of 1

Facility/Project Name Former Deer Trail Cafe			License/Permit/Monitoring Number		Boring Number GP-2
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Dusty Last Name:			Date Drilling Started 5/22/2014	Date Drilling Completed 5/22/2014	Drilling Method hollow stem auger
Firm: On-Site Environmental			Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter inches
WI Unique Well No.	DNR Well ID No.	Well Name			
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane N , E			Local Grid Location		
SE 1/4 of SW 1/4 of Section 5 , T 23 N, R 1 E			Lat 0 ' " Long 0 ' "		
Facility ID		County CLARK	County Code 10	Civil Town/City/ or Village Granton	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
			0.0 - 0.6	Brown to Tan Sandy Silt Topsoil										Moist
			0.6 - 5.0	Medium Grain Sand										
			5.0 - 7.9	Brown Silty Sand to Gray Sand to Gray/Brown Sandy Silt										Wet at 6'
			7.9 - 8.0	Auger Refusal - EOB										

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature *Dusty Bradley* Firm General Engineering Company

This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.

Route To: Watershed/Wastewater ☐ Waste Management ☐
Remediation/Revelopment ☐ Other ☐

Page 1 of

Facility/Project Name Former Deer Trail Cafe			License/Permit/Monitoring Number		Boring Number GP-3/MW-2	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Darrin Last Name:			Date Drilling Started 6/ / 2 / 14 m m d d y y y y		Date Drilling Completed 6/ / 2 / 14 m m d d y y y y	
Firm: Geiss Soil & Samples LLC			Drilling Method hollow stem auger			
WI Unique Well No.		DNR Well ID No.	Well Name		Final Static Water Level Feet MSL	
					Surface Elevation Feet MSL	
Borehole Diameter inches						
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane N , E			Lat 0 ' "		Local Grid Location	
SE 1/4 of SW 1/4 of Section 5, T 23 N, R 1 E			Long 0 ' "		<input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S Feet <input type="checkbox"/> W	
Facility ID		County CLARK	County Code 10		Civil Town/City/ or Village Granton	

Sample			Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
Number and Type	Length Att. & Recovered (in)	Blow Counts							Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			0.0 - 0.5	Brown Sandy Silt Topsoil											Moist at 3'
			0.5 - 3.0	Brown Sandy Silt											
			3.0 - 4.0	Light Borwn Silty Sand											Wet at 6'
			4.0 - 5.0	Light Brown Medium Grain Sand											
			5.0 - 8.0	Light Brown to Tan Medium to Coarse Sand 4" Sandy Silt Seam at 6'											
			8.0 - 13.0	Blind Drilled to EOB											

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature *Darrin Bradley* Firm General Engineering Company

This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.

Route To: Watershed/Wastewater ☐ Waste Management ☐
Remediation/Revelopment ☐ Other ☐

Page 1 of

Facility/Project Name Former Deer Trail Cafe			License/Permit/Monitoring Number		Boring Number GP-4/MW-3	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Darrin Last Name:			Date Drilling Started 6/ / 2 / 14 m m d d y y y y		Date Drilling Completed 6/ / 2 / 14 m m d d y y y y	
Firm: Geiss Soil & Samples LLC			Drilling Method hollow stem auger			
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL		Surface Elevation Feet MSL	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane N. E			Lat 0 ' "		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W	
SE 1/4 of SW 1/4 of Section 5 , T 23 N, R 1 E			Long 0 ' "			
Facility ID		County CLARK	County Code 10	Civil Town/City/ or Village Granton		

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
			0.0 - 0.5	Brown Sandy Silt Topsoil										Moist at 3'
			0.5 - 3.5	Grey to Tan Silty Sand										
			3.5 - 4.5	Grey Sandy Silt										
			4.5 - 8.0	Tan to Light Brown Medium to Coarse Silty Sand with 4" clay seam at 6' and 8'										Wet at 6'
			8.0 - 13.0	Blind Drilled to EOB										

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature *Jim Bradley* Firm **General Engineering Company**

This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.

Route To: Watershed/Wastewater ☐ Waste Management ☐
Remediation/Revelpment ☐ Other ☐

Page 1 of 1

Facility/Project Name Former Deer Trail Cafe			License/Permit/Monitoring Number		Boring Number GP-5/MW-4	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Darrin Last Name: _____ Firm: Geiss Soil & Samples LLC			Date Drilling Started 6/ / 2 / 14 m m d d y y y y		Date Drilling Completed 6/ / 2 / 14 m m d d y y y y	
Drilling Method hollow stem auger			Final Static Water Level _____ Feet MSL		Surface Elevati n _____ Feet MSL	
WI Unique Well No.		DNR Well ID No.		Well Name		Borehole Diameter _____ inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane _____ N. _____ E			Lat _____ Long _____		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
SE 1/4 of SW 1/4 of Section 5, T 23 N, R 1 E			County CLARK		County Code 10	
Facility ID			Civil Town/City/ or Village Granton			

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
			0.0 - 13.0	Blind Drilled to EOB										Red Dense Clay at 10' to 13'
			2											
			4											
			6											
			8											
			10											
			12											
			14											

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature *Gymn Bradley* Firm General Engineering Company

This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.

Route to: Watershed/Wastewater ☐ Waste Management ☐
Remediation/Redevelopment ☐ Other ☐

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name Former Deer Trail Cafe		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name TW-1	
Facility License, Permit or Monitoring No.		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well ID No.	
Facility ID		Lat. _____ Long. _____ or _____		Date Well Installed <u>5</u> / <u>2</u> / <u>014</u>	
Type of Well Well Code <u>11</u> / <u>mw</u>		Section Location of Waste/Source SE <u>1/4</u> of SW <u>1/4</u> of Sec. <u>5</u> T. <u>23</u> N. R. <u>1</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm Dusty	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		On-Site Environmental	
Enf. Stds. Apply <input type="checkbox"/>		Gov. Lot Number			

A. Protective pipe, top elevation _____ ft. MSL
B. Well casing, top elevation _____ ft. MSL
C. Land surface elevation _____ ft. MSL
D. Surface seal, bottom _____ ft. MSL or _____ ft.

12. USCS classification of soil near screen:
GP ☐ GM ☐ GC ☐ GW ☐ SW ☐ SP ☐
SM ☐ SC ☐ ML ☐ MH ☐ CL ☐ CH ☐
Bedrock ☐

13. Sieve analysis performed? ☐ Yes ☒ No

14. Drilling method used: Rotary ☐ 5 0
Hollow Stem Auger ☐ 4 1
Other ☐

15. Drilling fluid used: Water ☐ 0 2 Air ☐ 0 1
Drilling Mud ☐ 0 3 None ☐ 9 9

16. Drilling additives used? ☐ Yes ☐ No

Describe _____

17. Source of water (attach analysis, if required): _____

E. Bentonite seal, top _____ ft. MSL or _____ ft.

F. Fine sand, top _____ ft. MSL or _____ ft.

G. Filter pack, top _____ ft. MSL or _____ ft.

H. Screen joint, top _____ ft. MSL or _____ ft.

I. Well bottom _____ ft. MSL or 8 ft.

J. Filterpack, bottom _____ ft. MSL or _____ ft.

K. Borehole, bottom _____ ft. MSL or 8 ft.

L. Borehole, diameter _____ in.

M. O.D. well casing _____ in.

N. I.D. well casing _____ in.

1. Cap and lock? ☒ Yes ☐ No
2. Protective cover pipe:
a. Inside diameter: _____ in.
b. Length: _____ ft.
c. Material: Steel ☐ 0 4
Other ☐
d. Additional protection? ☒ Yes ☐ No
If yes, describe: PVC Cap

3. Surface seal: Bentonite ☐ 3 0
Concrete ☐ 0 1
Other ☐

4. Material between well casing and protective pipe:
Bentonite ☐ 3 0
Other ☐

5. Annular space seal: a. Granular/Chipped Bentonite ☐ 3 3
b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry ☐ 3 5
c. _____ Lbs/gal mud weight Bentonite slurry ☐ 3 1
d. _____ % Bentonite Bentonite-cement grout ☐ 5 0
e. _____ Ft³ volume added for any of the above
f. How installed: Tremie ☐ 0 1
Tremie pumped ☐ 0 2
Gravity ☐ 0 8

6. Bentonite seal: a. Bentonite granules ☐ 3 3
b. ☐ 1/4 in. ☐ 3/8 in. ☐ 1/2 in. Bentonite chips ☐ 3 2
c. _____ Other ☐

7. Fine sand material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 ☐ 2 3
Flush threaded PVC schedule 80 ☐ 2 4
Other ☐

10. Screen material:
a. Screen type: Factory cut ☐ 1 1
Continuous slot ☐ 0 1
Other ☐
b. Manufacturer _____
c. Slot size: _____ in.
d. Slotted length: _____ ft.

11. Backfill material (below filter pack): None ☐ 1 4
Other ☐

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature [Signature] Firm General Engineering Company

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route to: Watershed/Wastewater ☐ Waste Management ☐
Remediation/Redevelopment ☐ Other ☐

Facility/Project Name <u>Former Deer Trail Cafe</u>		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name <u>#2</u>	
Facility License, Permit or Monitoring No.		Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well ID No.	
Facility ID		St. Plane ft. N. ft. E. S/C/N		Date Well Installed <u>8/6/16/2014</u> m m d d y y v v	
Type of Well Well Code <u>11, MW</u>		Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N. R. <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm <u>Darrin Prentice</u> <u>Geiss Soil & Samples LLC</u>	
Distance from Waste/Source ft. <u>11</u>		Enf. Sids. Apply <input type="checkbox"/>		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
B. Well casing, top elevation _____ ft. MSL		2. Protective cover pipe: a. Inside diameter: <u>4</u> in. b. Length: <u>5</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>	
C. Land surface elevation _____ ft. MSL		d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____	
D. Surface seal, bottom _____ ft. MSL or <u>0</u> ft.		3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>	
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>	
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above	
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>		f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08	
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99		6. Bentonite seal: a. Benimite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>	
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Fine sand material: Manufacturer, product name & mesh size a. <u>#15 Red Flint</u> b. Volume added _____ ft ³	
Describe: _____		8. Filter pack material: Manufacturer, product name & mesh size a. <u>#40 Red Flint</u> b. Volume added _____ ft ³	
17. Source of water (attach analysis, if required): _____		9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>	
E. Bentonite seal, top _____ ft. MSL or <u>0</u> ft.	F. Fine sand, top _____ ft. MSL or <u>1.5</u> ft.	10. Screen material: <u>PVC</u> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>	
G. Filter pack, top _____ ft. MSL or <u>1.7</u> ft.	H. Screen joint, top _____ ft. MSL or <u>2</u> ft.	b. Manufacturer <u>Monoflex</u> c. Slot size: <u>0.010</u> in. d. Slotted length: <u>10</u> ft.	
I. Well bottom _____ ft. MSL or <u>12</u> ft.	J. Filter pack, bottom _____ ft. MSL or <u>14</u> ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/>	
K. Borehole, bottom _____ ft. MSL or <u>14</u> ft.	L. Borehole, diameter <u>8.25</u> in.		
M. O.D. well casing <u>2.40</u> in.	N. I.D. well casing <u>2.06</u> in.		

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature Darrin Prentice Firm Geiss Soil & Samples LLC

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 92, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route to: Watershed/Wastewater ☐ Waste Management ☐
Remediation/Redevelopment ☐ Other ☐

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name Former Deer Trail Cafe		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name #3	
Facility License, Permit or Monitoring No.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well ID No.	
Facility ID		Lat. " Long. " or		Date Well Installed 6/16/2014	
Type of Well Well Code 11, MW		Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N. R. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Installed By: Name (first, last) and Firm Darvin Prentice Geiss Soil & Samples LLC	
Distance from Waste/Source ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number	
Enf. Stds. Apply <input type="checkbox"/>					

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
B. Well casing, top elevation _____ ft. MSL		2. Protective cover pipe: a. Inside diameter: 4 in. b. Length: 5 ft. c. Material: Steel <input checked="" type="checkbox"/> 0.4 Other <input type="checkbox"/>	
C. Land surface elevation _____ ft. MSL		d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____	
D. Surface seal, bottom _____ ft. MSL or 0 ft.		3. Surface seal: Bentonite <input checked="" type="checkbox"/> 3.0 Concrete <input type="checkbox"/> 0.1 Other <input type="checkbox"/>	
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 3.0 Other <input type="checkbox"/>	
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 3.3 b. _____ Lbs/gal mud weight _____ Bentonite-sand slurry <input type="checkbox"/> 3.5 c. _____ Lbs/gal mud weight _____ Bentonite slurry <input type="checkbox"/> 3.1 d. _____ % Bentonite _____ Bentonite-cement grout <input type="checkbox"/> 5.0 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0.1 Tremie pumped <input type="checkbox"/> 0.2 Gravity <input checked="" type="checkbox"/> 0.8	
14. Drilling method used: Rotary <input type="checkbox"/> 5.0 Hollow Stem Auger <input checked="" type="checkbox"/> 4.1 Other <input type="checkbox"/>		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3.5 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 3.2 c. _____ Other <input type="checkbox"/>	
15. Drilling fluid used: Water <input type="checkbox"/> 0.2 Air <input type="checkbox"/> 0.1 Drilling Mud <input type="checkbox"/> 0.3 None <input checked="" type="checkbox"/> 9.9		7. Fine sand material: Manufacturer, product name & mesh size a. #15 Red Flint b. Volume added _____ ft ³	
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____		8. Filter pack material: Manufacturer, product name & mesh size a. #40 Red Flint b. Volume added _____ ft ³	
17. Source of water (attach analysis, if required): _____		9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2.3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2.4 Other <input type="checkbox"/>	
E. Bentonite seal, top _____ ft. MSL or 0 ft.		10. Screen material: PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 1.1 Continuous slot <input type="checkbox"/> 0.1 Other <input type="checkbox"/>	
F. Fine sand, top _____ ft. MSL or 2 ft.		b. Manufacturer Monoflex c. Slot size: 0.02 in. d. Slotted length: 16 ft.	
G. Filter pack, top _____ ft. MSL or 2.5 ft.		11. Backfill material (below filter pack): None <input type="checkbox"/> 1.4 Other <input checked="" type="checkbox"/>	
H. Screen joint, top _____ ft. MSL or 3 ft.			
I. Well bottom _____ ft. MSL or 13 ft.			
J. Filter pack, bottom _____ ft. MSL or 14 ft.			
K. Borehole, bottom _____ ft. MSL or 14 ft.			
L. Borehole, diameter 8.25 in.			
M. O.D. well casing 2.40 in.			
N. I.D. well casing 2.06 in.			

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature **Darvin Prentice** Firm **Geiss Soil & Samples LLC**

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route to:

Watershed/Wastewater ☐Waste Management ☐Remediation/Redevelopment ☐Other ☐

Facility/Project Name <u>Former Deer Trail Cafe</u>		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name <u>#4</u>	
Facility License, Permit or Monitoring No.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>	
Facility ID		St. Plane <input type="checkbox"/> ft. N. <input type="checkbox"/> ft. E. <input type="checkbox"/> S/C/N		Date Well Installed <u>8/16/2014</u>	
Type of Well Well Code <u>11, MW</u>		Section Location of Waste/Source 1/4 of <input type="checkbox"/> 1/4 of Sec. <input type="checkbox"/> T. <input type="checkbox"/> N. <input type="checkbox"/> R. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Installed By: Name (first, last) and Firm <u>Darrin Prentice</u> <u>Geiss Soil & Samples LLC</u>	
Distance from Waste/Source <input type="checkbox"/> ft.		Enf. Stds. Apply <input type="checkbox"/>		Gov. Lot Number <input type="checkbox"/>	
Source <input type="checkbox"/> ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known			

A. Protective pipe, top elevation ☐ ft. MSL

B. Well casing, top elevation ☐ ft. MSL

C. Land surface elevation ☐ ft. MSL

D. Surface seal, bottom ☐ ft. MSL or ☐ ft.

12. USCS classification of soil near screen:
GP ☐ GM ☐ GC ☐ OW ☐ SW ☐ SP ☐
SM ☐ SC ☐ ML ☐ MH ☐ CL ☐ CH ☐
Bedrock ☐

13. Sieve analysis performed? ☐ Yes ☒ No

14. Drilling method used: Rotary ☐ 50
Hollow Stem Auger ☒ 41
Other ☐

15. Drilling fluid used: Water ☐ 02 Air ☐ 01
Drilling Mud ☐ 03 None ☒ 99

16. Drilling additives used? ☐ Yes ☒ No

Describe ☐

17. Source of water (attach analysis, if required): ☐

E. Bentonite seal, top ☐ ft. MSL or ☐ ft.

F. Fine sand, top ☐ ft. MSL or ☐ ft.

G. Filter pack, top ☐ ft. MSL or ☐ ft.

H. Screen joint, top ☐ ft. MSL or ☐ ft.

I. Well bottom ☐ ft. MSL or ☐ ft.

J. Filter pack, bottom ☐ ft. MSL or ☐ ft.

K. Borehole, bottom ☐ ft. MSL or ☐ ft.

L. Borehole, diameter 8.25 in.

M. O.D. well casing 2.40 in.

N. I.D. well casing 2.06 in.

1. Cap and lock? ☒ Yes ☐ No

2. Protective cover pipe:
a. Inside diameter: ☐ in.
b. Length: ☐ ft.
c. Material: Steel ☒ 04
Other ☐

d. Additional protection? ☐ Yes ☒ No
If yes, describe: ☐

3. Surface seal: Bentonite ☒ 30
Concrete ☐ 01
Other ☐

4. Material between well casing and protective pipe: Bentonite ☒ 30
Other ☐

5. Annular space seal: a. Granular/Chipped Bentonite ☒ 33
b. ☐ Lbs/gal mud weight ☐ Bentonite-sand slurry ☐ 35
c. ☐ Lbs/gal mud weight ☐ Bentonite slurry ☐ 31
d. ☐ % Bentonite ☐ Bentonite-cement grout ☐ 50
e. ☐ Ft³ volume added for any of the above
f. How installed: Tremie ☐ 01
Tremie pumped ☐ 02
Gravity ☒ 08

6. Bentonite seal: a. Bentonite granules ☐ 33
b. ☐ 1/4 in. ☒ 3/8 in. ☐ 1/2 in. Bentonite chips ☒ 32
c. ☐ Other ☐

7. Fine sand material: Manufacturer, product name & mesh size
a. #15 Red Flint
b. Volume added ☐ ft³

8. Filter pack material: Manufacturer, product name & mesh size
a. #40 Red Flint
b. Volume added ☐ ft³

9. Well casing: Flush threaded PVC schedule 40 ☒ 23
Flush threaded PVC schedule 80 ☐ 24
Other ☐

10. Screen material: PVC
a. Screen type: Factory cut ☒ 11
Continuous slot ☐ 01
Other ☐

b. Manufacturer Monoflex
c. Slot size: 0.010 in.
d. Slotted length: 15 ft.

11. Backfill material (below filter pack): None ☐ 14
Other ☒

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature

Darrin Prentice

Firm

Geiss Soil & Samples LLC

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 251, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route to: Watershed/Wastewater ☐ Waste Management ☐
Remediation/Redevelopment ☒ Other ☐

Facility/Project Name Former Deer Trail Cafe	County Name CLARK	Well Name TW-1
Facility License, Permit or Monitoring Number	County Code 10	Wis. Unique Well Number DT01
		DNR Well ID Number _____

1. Can this well be purged dry? ☒ Yes ☐ No

2. Well development method

- surged with bailer and bailed ☒ 41
surged with bailer and pumped ☐ 61
surged with block and bailed ☐ 42
surged with block and pumped ☐ 62
surged with block, bailed and pumped ☐ 70
compressed air ☐ 20
bailed only ☐ 10
pumped only ☐ 51
pumped slowly ☐ 50
Other ☐ _____

3. Time spent developing well 30 min.

4. Depth of well (from top of well casing) 9 ft.

5. Inside diameter of well 0.4 in.

6. Volume of water in filter pack and well casing _____ gal.

7. Volume of water removed from well 1 gal.

8. Volume of water added (if any) _____ gal.

9. Source of water added _____

10. Analysis performed on water added? ☐ Yes ☐ No
(If yes, attach results)

17. Additional comments on development:

11. Depth to Water (from top of well casing)
Before Development After Development
a. 5.77 ft. 6.16 ft.
Date b. 11/7/014
m m d d y y y y m m d d y y y y
Time c. 11:30 X a.m. 12:00 X p.m.
_____ p.m. _____ a.m.

12. Sediment in well bottom _____ inches _____ inches

13. Water clarity Clear ☐ 10 Clear ☐ 20
Turbid X 15 Turbid X 25
(Describe) (Describe)
Dark Brown to Same
Red, Thick
Sediment

Fill in if drilling fluids were used and well is at solid waste facility:

14. Total suspended solids _____ mg/l _____ mg/l

15. COD _____ mg/l _____ mg/l

16. Well developed by: Name (first, last) and Firm
First Name: Lynn Last Name: Bradley
Firm: General Engineering Company

Name and Address of Facility Contact/Owner/Responsible Party

First Name: LeRoy Last Name: Pederson

Facility/Firm: _____

Street: 1221 East 18th Street

City/State/Zip: Marshfield WI 54449-

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: 

Print Name: Lynn Bradley

Firm: General Engineering Company

NOTE: See instructions for more information including a list of county codes and well type codes.

Route to: Watershed/Wastewater ☐

Waste Management ☐

Remediation/Redevelopment ☒

Other ☐

Facility/Project Name <u>Former Deer Trail Cafe</u>	County Name <u>Clark</u>	Well Name <u>GP-3/mw-2</u>
Facility License, Permit or Monitoring Number	County Code <u>10</u>	Wis. Unique Well Number _____
		DNR Well ID Number _____

1. Can this well be purged dry? ☐ Yes ☒ No

2. Well development method

- | | |
|--------------------------------------|---|
| surged with bailer and bailed | <input checked="" type="checkbox"/> 4 1 |
| surged with bailer and pumped | <input type="checkbox"/> 6 1 |
| surged with block and bailed | <input type="checkbox"/> 4 2 |
| surged with block and pumped | <input type="checkbox"/> 6 2 |
| surged with block, bailed and pumped | <input type="checkbox"/> 7 0 |
| compressed air | <input type="checkbox"/> 2 0 |
| bailed only | <input type="checkbox"/> 1 0 |
| pumped only | <input type="checkbox"/> 5 1 |
| pumped slowly | <input type="checkbox"/> 5 0 |
| Other _____ | <input type="checkbox"/> _____ |

3. Time spent developing well 120 min.

4. Depth of well (from top of well casing) 14.82 ft.

5. Inside diameter of well 02.06 in.

6. Volume of water in filter pack and well casing _____ gal.

7. Volume of water removed from well 40.0 gal.

8. Volume of water added (if any) _____ gal.

9. Source of water added _____

10. Analysis performed on water added? ☐ Yes ☐ No
(If yes, attach results)

17. Additional comments on development:

11. Depth to Water Before Development After Development

a. 05.78 ft. 08.04 ft.

Date b. 06/28/2014
m m / d d / y y y y

Time c. 11:00 ☒ a.m. 1:00 ☒ p.m.

12. Sediment in well bottom _____ inches

13. Water clarity Clear ☐ 1 0 Clear ☐ 2 0
Turbid ☒ 1 5 Turbid ☐ 2 5
(Describe) Reddish brown (Describe)

Fill in if drilling fluids were used and well is at solid waste facility:

14. Total suspended _____ mg/l _____ mg/l
solids

15. COD _____ mg/l _____ mg/l

16. Well developed by: Name (first, last) and Firm

First Name: Lynn Last Name: Bradley

Firm: General Engineering Company

Name and Address of Facility Contact /Owner/Responsible Party

First Name: LeRoy Last Name: Pederson

Facility/Firm: _____

Street: 1221 East 18th Street

City/State/Zip: Marshfield, WI 54449

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: [Signature]

Print Name: Lynn Bradley

Firm: General Engineering Company

Route to: Watershed/Wastewater ☐ Waste Management ☐
Remediation/Redevelopment ☐ Other ☐

Facility/Project Name <u>Former Deer Trail Cafe</u>	County Name <u>Clark</u>	Well Name <u>MW-3</u>
Facility License, Permit or Monitoring Number	County Code <u>10</u>	Wis. Unique Well Number _____
		DNR Well ID Number _____

1. Can this well be purged dry? ☒ Yes ☐ No

2. Well development method

- surged with bailer and bailed ☒ 4 1
surged with bailer and pumped ☐ 6 1
surged with block and bailed ☐ 4 2
surged with block and pumped ☐ 6 2
surged with block, bailed and pumped ☐ 7 0
compressed air ☐ 2 0
bailed only ☐ 1 0
pumped only ☐ 5 1
pumped slowly ☐ 5 0
Other ☐

3. Time spent developing well 120 min.

4. Depth of well (from top of well casing) 15.1 ft.

5. Inside diameter of well 2.06 in.

6. Volume of water in filter pack and well casing _____ gal.

7. Volume of water removed from well 20.0 gal.

8. Volume of water added (if any) _____ gal.

9. Source of water added _____

10. Analysis performed on water added? ☐ Yes ☐ No
(If yes, attach results)

17. Additional comments on development:

Before Development After Development

11. Depth to Water (from top of well casing) a. 4.95 ft. 11.40 ft.

Date b. 06/28/2014
m m d d y y y y m m d d y y y y

Time c. 11:00 ☒ a.m. 01:00 ☒ p.m.

12. Sediment in well bottom _____ inches _____ inches

13. Water clarity Clear ☐ 1 0 Clear ☐ 2 0
Turbid ☐ 1 5 Turbid ☐ 2 5
(Describe) brown (Describe) _____
turbid to _____
tan _____

Fill in if drilling fluids were used and well is at solid waste facility:

14. Total suspended _____ mg/l _____ mg/l
solids

15. COD _____ mg/l _____ mg/l

16. Well developed by: Name (first, last) and Firm

First Name: Lynn Last Name: Bradley
Firm: General Engineering Company

Name and Address of Facility Contact/Owner/Responsible Party

First Name: LeRoy Last Name: Pederson

Facility/Firm: _____

Street: 1221 East 18th Street

City/State/Zip: Marshfield, WI 54449

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: [Signature]

Print Name: Lynn Bradley

Firm: General Engineering Company

Route to: Watershed/Wastewater ☐ Waste Management ☐
Remediation/Redevelopment ☒ Other ☐

Facility/Project Name <u>Former Deer Trail Cafe</u>	County Name <u>Clark</u>	Well Name <u>MW-4</u>
Facility License, Permit or Monitoring Number	County Code <u>10</u>	Wis. Unique Well Number _____
		DNR Well ID Number _____

1. Can this well be purged dry? ☐ Yes ☒ No

2. Well development method

- surged with bailer and bailed ☒ 41
surged with bailer and pumped ☐ 61
surged with block and bailed ☐ 42
surged with block and pumped ☐ 62
surged with block, bailed and pumped ☐ 70
compressed air ☐ 20
bailed only ☐ 10
pumped only ☐ 51
pumped slowly ☐ 50
Other ☐ _____

3. Time spent developing well 60 min.

4. Depth of well (from top of well casing) 15.1 ft.

5. Inside diameter of well 2.06 in.

6. Volume of water in filter pack and well casing _____ gal.

7. Volume of water removed from well 25.0 gal.

8. Volume of water added (if any) _____ gal.

9. Source of water added _____

10. Analysis performed on water added? ☐ Yes ☐ No
(If yes, attach results)

17. Additional comments on development:

11. Depth to Water (from top of well casing)

Before Development After Development
a. 5.25 ft. 11.15 ft.

Date b. 06/28/2014
m m d d y y y y

Time c. 1:00 ☐ a.m. 2:00 ☒ p.m.

12. Sediment in well bottom _____ inches

13. Water clarity Clear ☐ 10 Turbid ☐ 20
(Describe) brown (Describe)
turbid to
cloudy

Fill in if drilling fluids were used and well is at solid waste facility:

14. Total suspended _____ mg/l _____ mg/l
solids

15. COD _____ mg/l _____ mg/l

16. Well developed by: Name (first, last) and Firm

First Name: Lynn Last Name: Bradley

Firm: General Engineering Company

Name and Address of Facility Contact/Owner/Responsible Party

First Name: LeRoy Last Name: Pederson

Facility/Firm: _____

Street: 1221 East 18th Street

City/State/Zip: Marshfield, WI 54449

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: [Signature]

Print Name: Lynn Bradley

Firm: General Engineering Company

C.2. INVESTIGATION WASTE

THERE ARE TWO 55-GALLON SOIL DRUMS ON-SITE WHICH WILL BE DISPOSED OF PRIOR TO FINAL CLOSURE.

C.3. NR 720.19 ANALYSIS

THE NR 720 RCL SPREADSHEET WAS UTILIZED FOR THIS INVESTIGATION, AND
THERE WERE NO EXCEEDANCES

C.4. CONSTRUCTION DOCUMENTATION

NOT APPLICABLE – THERE IS NO REMEDIATION SYSTEM

C.5. DECOMMISSIONING OF REMEDIAL SYSTEMS

NOT APPLICABLE – NO REMEDIATION SYSTEM IS ON-SITE

C.6. Photos

NO PHOTOS WERE TAKEN, NO REMEDIATION WAS PERFORMED.

C.7. OTHER

NOT APPLICABLE

State of Wisconsin
DEPARTMENT OF NATURAL RESOURCES
P.O. Box 8044
Madison, WI 53708-8044

Scott Walker, Governor
Cathy Stepp, Secretary
Telephone 608-266-2621
Toll Free 1-888-936-7463
TTY Access via relay - 711



99v

January 13, 2014

LeRoy Pederson
C/O Carol Blattler
1221 E. 18th St.
Marshfield, WI 54449

RE: **PECFA Deductible Waiver /Deferral and Reduction Approved**

PECFA # 54436-9999-30-A DNR BRRTS # 03-10-560428
Deer Trail Café (Former), W1930 Hwy 73, Granton

Dear Mr. Pederson:

Please find enclosed a copy of the recorded Notice of Lien associated with your deferred PECFA deductible as indicated in my November 5, 2013 correspondence. This is in reference to the petroleum release investigation and clean-up activities at the above indicated site, for which General Engineering is your Agent.

If I can be of further assistance, please contact me by phone or mail.

Sincerely,

David Swimm
PECFA Financial Coordinator
(608) 264-8766 fax (608) 267-1381

Encl: Copy of recorded Notice of Lien

cc: Gina Keenan, DNR Project Manager (email w/o encl.)
Lynn Bradley, General Engineering (email w/o encl.)



November 5, 2013

LeRoy Pederson
C/O Carol Blattler
1221 E. 18th St.
Marshfield, WI 54449

RE: **PECFA Deductible Waiver /Deferral and Reduction Approved**
PECFA # 54436-9999-30-A DNR BRRTS # 03-10-560428
Deer Trail Café (Former), W1930 Hwy 73, Granton

Dear Mr. Pederson:

We received your application to reduce the PECFA deductible on October 22, 2013 and your application to waiver/defer the deductible on November 4, 2013. Based on the financial information submitted, we are **approving both a reduction of the PECFA reimbursement deductible to \$2,500.00 and are waiving/deferring the deductible at this time.** This approval is based upon the documents that you submitted that support your inability to pay the full deductible. The amount of the deductible for your site is **\$2,500.00. The lien that will be put on the property will also read: \$2,500.000.** Since a lien will be recorded, this waiver of deductible is effectively a deferral of the deductible (i.e., will need to be paid in the future).

A lien will be placed on the property with the register of deeds of Clark County in which this property is located. As soon as the lien is processed and recorded with the county, a notice of lien will be mailed to you.

For your records I have attached copies of both of your applications indicating their approval. Thank you again for your efforts to protect Wisconsin's environment. If you have any questions, please contact me in writing at the letterhead address or by telephone at 608-264-8766.

Sincerely,

David Swimm
PECFA Financial Coordinator
Remediation and Redevelopment Program

encl. PECFA - Reduction of Deductible Application
PECFA - Waiver/Deferral of Deductible Application

cc: Gina Keenan, DNR Project Manager (email)
Lynn Bradley, General Engineering (email)

State of Wisconsin

DEPARTMENT OF NATURAL RESOURCES

West Central Region Headquarters
1300 West Clairemont Avenue
Eau Claire WI 54702-4001

Scott Walker, Governor
Cathy Stepp, Secretary
Daniel Baumann, Regional Director
Telephone 715-839-3700
FAX 715-839-6076
TTY Access via relay - 711



June 10, 2013

Mr. Leroy Pederson
c/o Carol Blatter
N13706 County Road E
Curtiss, Wisconsin 54422

Subject: Reported Contamination at Former Deer Trail Café, W1930 Hwy 73, Granton, WI. BRRTS#03-10-560428.

Dear Mr. Pederson:

On April 15th, 2013, Ms. Lynn Bradley of General Engineering Company notified the Wisconsin Department of Natural Resources ("WDNR") on your behalf that petroleum contamination had been detected at the site described above.

Based on the information that has been submitted to the WDNR regarding this site, we believe you are responsible for investigating and restoring the environment at the above-described site under Section 292.11, Wisconsin Statutes, known as the hazardous substances spills law.

This letter describes the legal responsibilities of a person who is responsible under section 292.11, Wis. Stats., explains what you need to do to investigate and clean up the contamination, and provides you with information about cleanups, environmental consultants, possible financial assistance, and working cooperatively with the WDNR, Department of Safety and Professional Services (DSPS) or the Department of Agriculture, Trade and Consumer Protection (DATCP).

Legal Responsibilities:

Your legal responsibilities are defined both in statute and in administrative codes. The hazardous substances spill law, Section 292.11 (3) Wisconsin Statutes, states:

- **RESPONSIBILITY.** A person who possesses or controls a hazardous substance which is discharged or who causes the discharge of a hazardous substance shall take the actions necessary to restore the environment to the extent practicable and minimize the harmful effects from the discharge to the air, lands, or waters of the state.

Wisconsin Administrative Code chapters NR 700 through NR 749 establish requirements for emergency and interim actions, public information, site investigations, design and operation of remedial action systems, and case closure. Wisconsin Administrative Code chapter NR 140 establishes groundwater standards for contaminants that reach groundwater.

Steps to Take:

The longer contamination is left in the environment, the farther it can spread and the more it may cost to clean up. Quick action may lessen damage to your property and neighboring properties and reduce your costs in investigating and cleaning up the contamination. To ensure that your cleanup complies with Wisconsin's laws and administrative codes, you should hire a professional environmental consultant who understands what needs to be done. These are the first steps to take:

1. Within the next 30 days, by July 10th, 2013, you should submit written verification (such as a letter from the consultant) that you have hired an environmental consultant. If you do not take action within this time frame, the WDNR may initiate enforcement action against you.
2. Within the next 60 days, by August 11th, 2013, your consultant should submit a work plan and schedule for the investigation. The consultant must comply with the requirements in the NR 700 Wis. Adm. Code rule series and should adhere to current WDNR technical guidance documents.

In addition, within 30 days of completion of the site investigation, your consultant should submit a Site Investigation Report to the WDNR or other agency with administrative authority.

For sites with petroleum contamination, when your investigation has established the degree and extent of contamination, your consultant will be able to determine whether the Department of Safety and Professional Services or the WDNR has authority over the case. For agrichemicals, your case will be transferred to the Department of Agriculture, Trade and Consumer Protection for oversight.

Sites where discharges to the environment have been reported are entered into the Bureau for Remediation and Redevelopment Tracking System ("BRRTS"), a version of which appears on the WDNR's internet site. You may view the information related to your site at any time (<http://dnr.wi.gov/botw/SetUpBasicSearchForm.do>) and use the feedback system to alert us to any errors in the data.

If you want a formal written response from the department on a specific submittal, please be aware that a review fee is required in accordance with ch. NR 749, Wis. Adm. Code. If a fee is not submitted with your reports, you should proceed under the advice of your consultant to complete the site investigation and cleanup to maintain your compliance with the spills law and chapters NR 700 through NR 749. Do not delay the investigation of your site by waiting for an agency response. We have provided detailed technical guidance to environmental consultants. Your consultant is expected to know our technical procedures and administrative rules and should be able to answer your questions on meeting cleanup requirements.

All correspondence regarding this site should be sent to:

Gina Keenan
Remediation and Redevelopment Program
Wisconsin Department of Natural Resources
1300 West Clairemont Avenue
Eau Claire, Wisconsin 54702

Unless otherwise requested, please send only one copy of plans and reports. In addition to the paper copy, an electronic copy may also be submitted. To speed processing, correspondence should reference the BRRTS and FID numbers (if assigned) shown at the top of this letter.

Site Investigation and Vapor Pathway Analysis

As you develop the site investigation work plan, we want to remind you to include an assessment of the vapor intrusion pathway. Chapter NR 716, Wisconsin Administrative Code outlines the requirements for investigation of contamination in the environment. Specifically, s. NR 716.11(3)(a) requires that the field investigation determine the "nature, degree and extent, both areal and vertical, of the hazardous substances or environmental pollution in all affected media". In addition, section

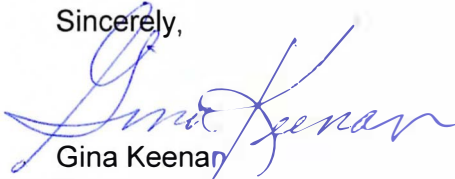
NR 716.11(5) specifies that the field investigation include an evaluation of the "pathways for migration of the contamination, including drainage improvements, utility corridors, bedrock and permeable material or soil along which vapors, free product or contaminated water may flow".

You will need to include documentation with the Site Investigation Report that explains how the assessment was done. If the pathway is being ruled out, then the report needs to provide the appropriate justification for reaching this conclusion. If the pathway cannot be ruled out, then investigation and, if appropriate, remedial action must be taken to address the risk presented prior to submitting the site for closure. The WDNR has developed guidance to help responsible parties and their consultants comply with the requirements described above. The guidance includes a detailed explanation of how to assess the vapor intrusion pathway and provides criteria which identify when an investigation is necessary. The guidance is available at:
<http://dnr.wi.gov/files/PDF/pubs/rr/RR800.pdf>.

If you have questions, please call Gina Keenan at 715-839-3765 for more information or visit the RR web site at the address above.

Thank you for your cooperation.

Sincerely,



Gina Keenan
Hydrogeologist
Remediation & Redevelopment Program

cc: Lynn Bradley, General Engineering Company, P.O. Box 340, 916 Silver Lake Drive, Portage,
WI 53901
WCR case file



STATE OF WISCONSIN

Department of Safety and Professional Services

P.O. Box 8044
Madison, Wisconsin 53708-8044

Email: dps@wisconsin.gov

Web: <http://dps.wi.gov>

Governor Scott Walker

Secretary Dave Ross

May 30, 2013

Robert Broeren
Broeren Oil Inc
8067 Cty Rd D
Kaukauna, WI 54130

RE: **Cost Cap Modification Denied - Bid Round 46**

PECFA # 54660-2509-15-A DNR BRRTS # 03-42-001051
Tomah Mini Mart, 215 W Clifton St, Tomah

On April 1, 2013, the Wisconsin Department of Safety and Professional Services (DPS) received a cost cap modification request for the site referenced above. The SOW and existing reimbursement cost cap were established using the DPS public bidding process.

Your request to modify the cost cap in the amount of \$2,124.30 for one additional round of groundwater monitoring is **denied**.

The scope of work and associated funding cap established in bid round 46 (January 5, 2007) specified a total of sixteen rounds of quarterly groundwater monitoring be completed; eight rounds during operation of the remedial system and eight rounds after the system was shut down. Reports submitted to DPS show only twelve mobilizations for groundwater monitoring. Therefore, work required in the bid scope of work has not yet been completed. Ample funding should remain to complete additional groundwater monitoring.

This site is under the regulatory jurisdiction of the Department of Natural Resources (DNR) and all clean-up decisions, including closure, remain the responsibility of DNR. Please direct any questions about the remedial activities at this site to the DNR project manager, Gina Keenan, at 715-839-3765. The bidding process is the responsibility of DPS and all correspondence throughout the bidding process will originate from DPS. Comments and questions regarding the bidding process should be directed to DPS.

If you have any questions about this letter, please contact me in writing at the letterhead address or by telephone at (608) 261-5404.

Sincerely,

A handwritten signature in black ink, appearing to read "Gena M. Larson", is written over a horizontal line.

Gena M. Larson
Hydrogeologist
PECFA Site Review Section

cc: Doug Winkie, Douglas Engineering Environmental Services
Gina Keenan, DNR (via email)



May 22, 2013

Mr. Leroy Pederson
c/o Carol Blatter
N13706 County Road E
Curtiss, Wisconsin 54422

Subject: Reported Contamination at Former Deer Trail Café, W1930 Hwy 73, Granton, WI. BRRTS#03-10-560428.

Dear Mr. Pederson:

On April 15th, 2013, Ms. Lynn Bradley of General Engineering Company notified the Wisconsin Department of Natural Resources ("WDNR") on your behalf that petroleum contamination had been detected at the site described above.

Based on the information that has been submitted to the WDNR regarding this site, we believe you are responsible for investigating and restoring the environment at the above-described site under Section 292.11, Wisconsin Statutes, known as the hazardous substances spills law.

This letter describes the legal responsibilities of a person who is responsible under section 292.11, Wis. Stats., explains what you need to do to investigate and clean up the contamination, and provides you with information about cleanups, environmental consultants, possible financial assistance, and working cooperatively with the WDNR, Department of Safety and Professional Services (DSPS) or the Department of Agriculture, Trade and Consumer Protection (DATCP).

Legal Responsibilities:

Your legal responsibilities are defined both in statute and in administrative codes. The hazardous substances spill law, Section 292.11 (3) Wisconsin Statutes, states:

- **RESPONSIBILITY.** A person who possesses or controls a hazardous substance which is discharged or who causes the discharge of a hazardous substance shall take the actions necessary to restore the environment to the extent practicable and minimize the harmful effects from the discharge to the air, lands, or waters of the state.

Wisconsin Administrative Code chapters NR 700 through NR 749 establish requirements for emergency and interim actions, public information, site investigations, design and operation of remedial action systems, and case closure. Wisconsin Administrative Code chapter NR 140 establishes groundwater standards for contaminants that reach groundwater.

Steps to Take:

The longer contamination is left in the environment, the farther it can spread and the more it may cost to clean up. Quick action may lessen damage to your property and neighboring properties and reduce your costs in investigating and cleaning up the contamination. To ensure that your cleanup complies with Wisconsin's laws and administrative codes, you should hire a professional environmental consultant who understands what needs to be done. These are the first steps to take:

1. Within the next 30 days, by June 21st, 2013, you should submit written verification (such as a letter from the consultant) that you have hired an environmental consultant. If you do not take action within this time frame, the WDNR may initiate enforcement action against you.
2. Within the next 60 days, by July 22nd, 2013, your consultant should submit a work plan and schedule for the investigation. The consultant must comply with the requirements in the NR 700 Wis. Adm. Code rule series and should adhere to current WDNR technical guidance documents.

In addition, within 30 days of completion of the site investigation, your consultant should submit a Site Investigation Report to the WDNR or other agency with administrative authority.

For sites with petroleum contamination, when your investigation has established the degree and extent of contamination, your consultant will be able to determine whether the Department of Safety and Professional Services or the WDNR has authority over the case. For agrichemicals, your case will be transferred to the Department of Agriculture, Trade and Consumer Protection for oversight.

Sites where discharges to the environment have been reported are entered into the Bureau for Remediation and Redevelopment Tracking System ("BRRTS"), a version of which appears on the WDNR's internet site. You may view the information related to your site at any time (<http://dnr.wi.gov/botw/SetUpBasicSearchForm.do>) and use the feedback system to alert us to any errors in the data.

If you want a formal written response from the department on a specific submittal, please be aware that a review fee is required in accordance with ch. NR 749, Wis. Adm. Code. If a fee is not submitted with your reports, you should proceed under the advice of your consultant to complete the site investigation and cleanup to maintain your compliance with the spills law and chapters NR 700 through NR 749. Do not delay the investigation of your site by waiting for an agency response. We have provided detailed technical guidance to environmental consultants. Your consultant is expected to know our technical procedures and administrative rules and should be able to answer your questions on meeting cleanup requirements.

All correspondence regarding this site should be sent to:

Gina Keenan
Remediation and Redevelopment Program
Wisconsin Department of Natural Resources
1300 West Clairemont Avenue
Eau Claire, Wisconsin 54702

Unless otherwise requested, please send only one copy of plans and reports. In addition to the paper copy, an electronic copy may also be submitted. To speed processing, correspondence should reference the BRRTS and FID numbers (if assigned) shown at the top of this letter.

Site Investigation and Vapor Pathway Analysis

As you develop the site investigation work plan, we want to remind you to include an assessment of the vapor intrusion pathway. Chapter NR 716, Wisconsin Administrative Code outlines the requirements for investigation of contamination in the environment. Specifically, s. NR 716.11(3)(a) requires that the field investigation determine the "nature, degree and extent, both areal and vertical, of the hazardous substances or environmental pollution in all affected media". In addition, section

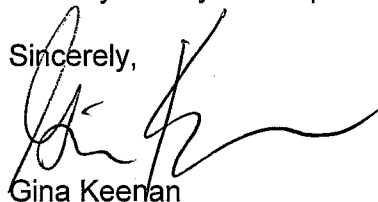
NR 716.11(5) specifies that the field investigation include an evaluation of the "pathways for migration of the contamination, including drainage improvements, utility corridors, bedrock and permeable material or soil along which vapors, free product or contaminated water may flow".

You will need to include documentation with the Site Investigation Report that explains how the assessment was done. If the pathway is being ruled out, then the report needs to provide the appropriate justification for reaching this conclusion. If the pathway cannot be ruled out, then investigation and, if appropriate, remedial action must be taken to address the risk presented prior to submitting the site for closure. The WDNR has developed guidance to help responsible parties and their consultants comply with the requirements described above. The guidance includes a detailed explanation of how to assess the vapor intrusion pathway and provides criteria which identify when an investigation is necessary. The guidance is available at:
<http://dnr.wi.gov/files/PDF/pubs/rr/RR800.pdf>.

If you have questions, please call Gina Keenan at 715-839-3765 for more information or visit the RR web site at the address above.


Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gina Keenan', with a long horizontal flourish extending to the right.

Gina Keenan
Hydrogeologist
Remediation & Redevelopment Program

cc: Lynn Bradley, General Engineering Company, P.O. Box 340, 916 Silver Lake Drive, Portage,
WI 53901
WCR case file


**General Engineering
Company**
P.O. Box 340
916 Silver Lake Drive
Portage, WI 53901



Dec 4-15-2013
GK
608-742-2169 (Office)
608-742-2592 (Fax)
gec@generalengineering.net
www.generalengineering.net

April 9, 2013

Mr. Darrell Christy
Wisconsin Department of Safety and Professional Services
Box 8095
Eau Claire, WI 54702

RP letter

RE: Underground Storage Tank Site Assessment
Former Deer Trail Cafe
W1930 Hwy 73
Granton, Clark County, Wisconsin

Dear Mr. Christy,

Attached with this letter are the Tank System Service Closure Assessment Forms Part A and Part B, for the Former Deer Trail Café project located at W1930 Highway 73, in Granton, Clark County, Wisconsin (Attachment 1). A Site Location Map is included in Attachment 2.

The main structure on the property was formerly utilized as a convenience store and cafe. The structure currently appears to be used as a residence. Three underground storage tanks were located just west of the structure, with the dispenser islands located southwest of the tank system. A site plan is exhibited on Figure 2, in Attachment 2.

On September 27, 2012, three gasoline underground storage tanks, 2,000-gallon and two (2) 1,000-gallon in capacity were properly removed from the area directly west of the structure on the subject site. The underground storage tanks were removed and cleaned by Schaper Excavating and Petroleum of Portage, Wisconsin. Photographs of the underground storage tanks are included in Attachment 3.

General Engineering Company performed site assessment soil samples beneath the tank, from the sidewalls of the excavation, beneath the piping and dispensers. Soil samples were submitted to Pace Analytical for laboratory analysis of gasoline range organics (GRO), diesel range organics (DRO), petroleum volatile organic compounds (PVOC) and Naphthalene. Analytical results from one soil sample (SS-1) collected on the east bottom end of the tanks exhibited concentrations of DRO and GRO above the NR 720 residual contaminant levels (RCL). In addition, some PVOC compounds and naphthalene were detected at concentrations above the laboratory limit of detection. Analytical results from the remaining soil samples did not indicate the presence of petroleum compounds in excess of the laboratory limit of detection. A copy of a site map exhibiting the sample locations is included in Attachment 2. In addition, a copy of the analytical results and Chain of Custody are also included in Attachments 4.



Consulting Engineering • Structural Engineering • Building Design • Environmental Services
Grant Procurement & Administration • Land Surveying • Zoning Administration • Building Inspection • GIS Services



Underground Storage Tank Site Assessment
Former Deer Trail Cafe
W1930 Hwy 73, Granton, WI

Further investigation activities may have to be performed to evaluate the petroleum affected soils on the east end of the excavation. If you have any questions, or need any further information, please contact me at 608-742-2169.

Respectfully Submitted,

GENERAL ENGINEERING COMPANY


Lynn M. Bradley
Environmental Project Manager

Attachments:

- 1 – Tank System Service and Closure Assessment Forms Part A and B
- 2 – Figures
- 3 – Photographs
- 4 – Analytical Results and Chain of Custody Documentation

c: Schaper Excavating and Petroleum, W11435 Adney Road, Portage, WI 53901
Gina Keenan, WDNR, 1300 W. Clairemont Avenue, P.O. Box 4001 Eau Claire, WI 54702-4001

ATTACHMENT 1

Complete One Form for Each System Service Event

The information you provide may be used
for a condard purpos 5
[Privacy Law, s.15.04 (1) (m), Wis. Stats.]

TANK SYSTEM SERVICE AND CLOSURE ASSESSMENT REPORT

CHECK ONE:

☒ UNDERGROUND
☐ ABOVEGROUND

FOR PORTIONS OF THE FORM THAT
DO NOT APPLY CHECK THE 'N/A' BOX

RETURN COMPLETED CHECKLIST TO:

Wisconsin Department of Commerce
ERS Division
Bureau of Petroleum Products and
Tanks
P.O. Box 7837
Madison, WI 53707-7837

Part A - To be completed by contractor performing repair or closure

A. TYPE OF SERVICE ☒ CLOSURE ☐ REPAIR/UPGRADE ☐ CHANGE-IN-SERVICE
Indicate portion of system being serviced if a repair, upgrade or change-in-service is being performed
☒ Remote fill ☒ Tank ☒ Piping ☐ Transition/containment sump ☐ Spill bucket ☐ Dispenser

B. IDENTIFICATION (Please Print)

1. Facility Name: Former Deer Trail Cafe
Facility Street Address (not P.O. Box): W 1930 Hwy 73
Municipality: Granton

2. Owner Name: Lenox Pederson
3. Contact Name: Lenox Pederson Job Title:

Post Office: W 1930 Hwy 73 State: WI Zip Code: 54446

City: ☒ Village: ☐ Town of: Granton

Post Office: Loyal State: WI Zip Code: 54446

County: Clark Telephone No. (include area code):

4. Primary Service Contractor Section 8 above
Schaper Exc + Rem LLC
Service Contractor Telephone No. (include area code): (608) 742-4686
Service Contractor Street Address: W 1935 Adney Rd
Service Contractor City, State, Zip Code: Portage WI 53901

C. TANK SYSTEM DETAIL (Complete for all service activities)

a	b	c	d	e	f	g	h
Tank ID #	Type of Closure	Tank Material of Construction	Piping Material of Construction	Tank Capacity (gallons)	Contents	Release - System Integrity Compromised (e.g. holes, cracks, loose connection, etc)?	If "Yes" to "g", Then Specify Source & Cause of Release ²
1385190	P	Steel	Steel	2500	LG	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
1385192	P	Steel	Steel	1000	LG	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
	P	Steel	Steel	1000	LG	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
						<input type="checkbox"/> Y <input type="checkbox"/> N	
						<input type="checkbox"/> Y <input type="checkbox"/> N	

1. Indicate type of closure: P = Permanent, TOS = Temporarily Out-of-Service, CIP = Closure in-Place
2. Indicate type of product: DL = Diesel, LG = Leaded Gasoline, UG = Unleaded Gasoline, FO = Fuel Oil, GH = Gasohol, AF = Aviation Fuel, K = Kerosene, PX = Premix, WO = Waste/Used Motor Oil, FCHZW = Flammable/Combustible Hazardous Waste, OC = Other Chemical (indicate the chemical name(s))

CAS number(s):
3. Source of release: T = tank, P = piping, D = dispenser, STP = submersible turbine pump, DP = delivery problem, O = other
4. Cause of release: S = spill, O = overflow, POMD = physical or mechanical damage, C = corrosion, IP = installation problem, G = other
5. Has release been reported to the Department of Natural Resources? ☐ Yes ☐ No ☐ Release not evident at this time

D. CLOSURES (Check applicable box at right in response to all statements in section D)

Written notification was provided to the local agent 15 days in advance of closure date. ☒ Y ☐ N ☐ NA
All local permits were obtained before beginning closure. ☒ Y ☐ N ☐ NA
JUST Form ERS-7437 or AST Form ERS-8731 filed by owner with the Dept. of Commerce indicating closure. ☒ Y ☐ N ☐ NA
NOTE: TANK INVENTORY FORM ERS-7437 or ERS-8731 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH CLOSURE or CHANGE-IN-SERVICE CHECKLIST

D.1 <input type="checkbox"/> TEMPORARILY OUT-OF-SERVICE	Remover Verified	Inspector Verified	NA
1. Product removed:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
a. Product drained into tank (or other container) and liquid removed, and	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. All product removed to bottom of suction line, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. All product removed to within 1" of bottom.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
3. All product lines at the islands or pumps located elsewhere are removed and capped, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

4. Dispensers/pumps left in place but locked and power disconnected.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
5. Vent lines left open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
6. Inventory form filed indicating temporarily out-of-service (TOS) closure.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

D.2 ☒ CLOSURE BY REMOVAL OR IN-PLACE

1. General Requirements			
a. Product from piping drained into tank (or other container).	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. Piping disconnected from tank and removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. All liquid and residue removed from tank using explosion-proof pumps or hand pumps.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
d. All pump motors and suction hoses bonded to tank or otherwise grounded.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
e. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
f. Vent lines left connected until tanks purged.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
g. Tank openings temporarily plugged so vapors exit through vent.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
h. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section E.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
2. Specific Closure-by-Removal Requirements			
a. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. Tank cleaned before being removed from site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. Tank labeled in 2" high letters after removal but before being moved from site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE, FORMER CONTENTS, VAPOR STATE, VAPOR FREEING TREATMENT, DATE.			
d. Tank vent hole (1/8" in uppermost part of tank) installed prior to moving the tank from site.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>
e. Site security is provided while the excavation is open.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
3. Specific Closure-In-Place Requirements			
NOTE: CLOSURES IN-PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF COMMERCE OR LOCAL AGENT.			
a. Tank properly cleaned to remove all sludge and residue.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
b. Solid inert material (sand, cyclone boiler slag, or pea gravel recommended) introduced and tank filled.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
c. Vent line disconnected or removed.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
d. Inventory form filed by owner with the Department of Commerce indicating closure in-place.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

E. REPAIR, UPGRADE OR CHANGE-IN-SERVICE

Written notification was provided to the local agent 15 days in advance of service date. ☐ Y ☐ N ☐ NA
All local permits were obtained before beginning service. ☐ Y ☐ N ☐ NA
Form ERS-7437 or ERS-8731 filed by owner with the Department of Commerce indicating change-in-service. ☐ Y ☐ N ☐ NA

F. METHOD OF VAPOR FREEING OF TANK

☒ Displacement of vapors by eductor or diffused air blower.
Eductor driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground.
Diffused air blower bonded and drop tube removed. Air pressure not exceeding 5 psig.
☐ Inert gas using dry ice or liquid carbon dioxide.
☐ Inert gas using CO₂ or N₂. NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. LEL METERS MAY NOT FUNCTION ACCURATELY. THE TANK MAY NOT BE ENTERED IN THIS STATE WITHOUT SPECIAL EQUIPMENT.
Gas introduced through a single opening at a point near the bottom of the tank at the end of the tank opposite the vent.
Gas introduced under low pressure not to exceed 5 psig to reduce static electricity. Gas introducing device grounded.
Readings of 10% or less of the lower flammable range (LEL) or 0% oxygen obtained before removing tank from ground.
Tank atmosphere monitored for flammable or combustible vapor levels prior to and during cleaning and cutting.
Calibrate combustible gas indicator and/or oxygen meter prior to use. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank.

G. REMOVER/CLEANER INFORMATION

Remover/Cleaner Name (print): Richard Schaper Remover/Cleaner Signature: Richard Schaper Certification No.: 929000 Date Signed: 9/27/12
I attest that the procedures and information which I have provided as the tank closure contractor are correct and comply with Comm 10.
Company expected to perform soil contamination assessment: General Eng. Portage

H. INSPECTOR INFORMATION

Inspector Name (print): Daniel Christy Inspector Signature: Daniel J. Christy Inspector Cert #: 35105 LPO Agency #:
FDID # For Location Where Inspection Performed: Granton 1001 Inspector Telephone Number: 715-878-4499 Date Signed: 9/27/12

Part B – To be completed by environmental professional

Submit original Part B to the WDNR along with a copy of Part A

I. TANK-SYSTEM SITE ASSESSMENT (TSSA)

Site Name: Former Deer Trail Cafe

Address: W1930 Hwy 73, Granton, WI

Note: Site name and address must match with Part A Section 1.

To determine if a TSSA is required, see Comm 10 and section II part B of ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS.

If a TSSA is required, then follow the procedures detailed in ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS.

1. Site Information

a. Has there been a previously documented release at this site? ☐ Y ☒ N

If yes, provide the DSPS # N/A, or DNR BRRT's # N/A.

b. Number of active tanks¹ at facility prior to completion of current services USTs 3 ASTs .

(NOTE 1: Do not include previously closed systems or system components.)

c. Excavation/trench dimensions (in feet). (Photos must be provided.)

EXCAVATION/TRENCH #	LENGTH	WIDTH	DEPTH
<u>3 1</u>	<u>22</u>	<u>30</u>	<u>6'</u>

2. Visual Excavation/Trench Inspection (Photos must be provided for "Yes" responses, except item b.)

Do any of the following conditions exist in or about the excavation(s)?

a. Stained soils: ☒ Y ☐ N b. Petroleum odor: ☒ Y ☐ N c. Water in excavation/trench: ☒ Y ☐ N

d. Free product in the excavation/trench: ☐ Y ☐ N e. Sheen or free product on water: ☐ Y ☐ N

3. Geology/Hydrogeology

a. Depth to groundwater feet b. Indicate type of geology² S

(Note 2: Use these symbols individually or in combination as appropriate: C = Clay, SLT = Silt, S = Sand, Gr = Gravel)

4. Receptors

a. Water supply well(s) within 250 feet of the facility? ☒ Y ☐ N If yes, specify Southeast of House ≈ 154'
b. Surface water(s) within 1000 feet of the facility? ☒ Y ☐ N If yes, specify Creek ≈ 500' North of tank Pit from tank

5. Sampling

a. Follow the procedures detailed in ASSESSMENT AND REPORTING OF SUSPECTED AND OBVIOUS RELEASES FROM UNDERGROUND AND ABOVEGROUND STORAGE TANK SYSTEMS.

b. Complete Tables 1 and 2 as appropriate. (Attach chain-of-custody and laboratory analytical reports.)

c. Attach a detailed map of site features and sample locations.

J. NOTE RELEVANT OBSERVATIONS, SPECIFIC PROBLEMS OR CONCERNS BELOW

Underground Storage tanks were filled w/ water so
a vacuum truck was called to pump. One
tank was rusted so water spilled from tank-
The water was pumped from the excavation
and disposed of by Chief Liquid Waste - Winneconne
WI

TABLE 1 SOIL FIELD SCREENING & GRO/DRO LABORATORY ANALYTICAL RESULTS-FOR PETROLEUM PRODUCTS

Sample ID #	Sample Location & Soil/Geologic Description	Sample Collection Method				Depth Below Tank/Piping (feet)	Field Screening Result (ppm)	GRO (mg/kg)	DRO (mg/kg)
		Grab	Shelby Tube	Direct Push	Split Spoon				
1	E bottom End of tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2'	160	106	3910
2	East Sidewall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4'	0	<2.9	3.8
3	West bottom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2'	0	<2.9	<0.85
4	Gas bottom	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2'	0	<3.7	
5	South Wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4'	0	<3.0	
6	Piping Run	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2'	0	<2.9	
7	Dispenser 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2'	0	<2.9	
8	Dispenser 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2'	0	<2.6	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

TABLE 2 SOIL LABORATORY ANALYTICAL RESULTS-FOR PETROLEUM PRODUCTS

Sample ID #	BENZENE	TOLUENE	ETHYLBENZENE	MTBE	TRIMETHYL - BENZENES (TOTAL)	XYLENES (TOTAL)	NAPHTHALENE
	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg	ug/kg
1	<50	78.20	230	<50	1450	710	1000
2	<25	<25	<25	<25	<50	<75	<25
3	<25	<25	<25	<25	<50	<75	<25
4	<29.9	<29.9	<29.9	<29.9	<59.8	<89.7	<29.9
5	<25	<25	<25	<25	<50	<75	<25
6	<25	<25	<25	<25	<50	<75	<25
7	<25	<25	<25	<25	<50	<75	<25
8	<25	<25	<25	<25	<50	<75	<25

K. TANK-SYSTEM SITE ASSESSMENT INFORMATION

☐ As a tank-system site assessor certified under Wis. Admin. Code section Comm 5.83, it is my opinion that there is no indication of a release of a regulated substance to the environment.

☐ Sampling at the site indicates there has been a release to the environment. Pursuant to Wis. Admin. Code section Comm 10.585 (2) (a) and Wis. Stats. section 292.11 (2) (a), the owner or operator or contractor performing work under chapter Comm 10 shall immediately report any release of a regulated substance to the Wisconsin Department of Natural Resources. Failure to do so may result in forfeitures of a minimum of \$10 and a maximum of \$5000 for each violation under Wis. Stats. section 101.09 (5). Each day of continued violation and each tank are treated as separate offenses.

Lynn Bradley
Tank-System Site Assessor Name (print)

Lynn Bradley
Tank-System Site Assessor Signature

242016
Certification Number #

608-742-2169
Tank-System Site Assessor Telephone Number

3-15-13
Date Signed

General Engineering
Company Name

TDID#:
Reg Obj #:

UNDERGROUND **FLAMMABLE/COMBUSTIBLE/HAZARDOUS** **LIQUID STORAGE TANK REGISTRATION** Information Required By Section 101.142, Wis. Stats.

Send Completed Form To:
 Department of Commerce
 Bureau of Petroleum Products and
 Tanks
 P.O. Box 7837
 Madison, WI 53707-7837

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? ☒ Yes ☐ No If yes, are you correcting/updating information only? ☐ Yes ☐ No

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

This registration applies to a tank status that is (check one):		Fire Department providing fire coverage where tank is located:
<input type="checkbox"/> In Use	<input checked="" type="checkbox"/> Closed - Tank Removed	<input checked="" type="checkbox"/> City <input type="checkbox"/> Village
<input type="checkbox"/> Newly Installed	<input type="checkbox"/> Closed - Filled with Inert Materials	<input type="checkbox"/> Town of:
<input type="checkbox"/> Abandoned with Product	<input type="checkbox"/> Abandon with Water	Granton 1001
<input type="checkbox"/> Abandoned without Product (empty)	<input type="checkbox"/> Temporarily Out of Service - Provide Date: _____	

A. IDENTIFICATION (Please Print)		
1. Tank Site Name	Site Street Address	Site Telephone Number
Former Deer Trail Cafe	W1930 Hwy 73	()
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:	State	Zip Code
Granton	WISCONSIN	
2. Tank Owner Name	Mailing Address	Telephone Number
Leroy Pederson	500 N. Division St #115	()
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:	State	Zip Code
Loyal	WI	54446
3. Property Owner Name (if different than tank owner)	Property Owner Address if different than #1	

B. Site ID #: 1385190	Facility ID #: 724607	Customer ID #: 1224039
------------------------------	------------------------------	-------------------------------

C. Tank Capacity (gallons): 2500	Tank Age (age or date installed): ???	Vehicle fueling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

D. LAND OWNER TYPE (check one) Refer to back	
<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal Leased <input type="checkbox"/> Federal Owned <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Municipal <input type="checkbox"/> Other Government <input checked="" type="checkbox"/> Private	

E. OCCUPANCY TYPE (check one) Refer to back	
<input checked="" type="checkbox"/> Retail Fuel Sales <input type="checkbox"/> Bulk Storage <input type="checkbox"/> Terminal Storage <input type="checkbox"/> Mercantile/Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> School	
<input type="checkbox"/> Agricultural (crop or livestock production) <input type="checkbox"/> Backup or Emergency Generator <input type="checkbox"/> Gov't Fleet <input type="checkbox"/> Utility <input type="checkbox"/> Other (specify):	

F. Tank Construction:		Overfill Protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Bare Steel <input type="checkbox"/> Coated Steel <input type="checkbox"/> Stainless steel <input type="checkbox"/> Steel - Fiberglass Reinforced Plastic Composite		Spill Containment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fiberglass <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Lined (date): _____	

G. Tank Cathodic Protection: <input type="checkbox"/> Sacrificial Anodes <input type="checkbox"/> Impressed Current <input checked="" type="checkbox"/> N/A	Tank Double Walled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

H. Primary Tank Leak Detection Method:	
<input type="checkbox"/> Automatic tank gauging <input type="checkbox"/> Interstitial monitoring <input checked="" type="checkbox"/> Electronic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inventory control and tightness testing	
<input type="checkbox"/> Manual tank gauging (only for tanks of 1,000 gallons or less) <input type="checkbox"/> Statistical Inventory Reconciliation (SIR) <input type="checkbox"/> Unknown	

I. Piping Construction:	
<input checked="" type="checkbox"/> Bare Steel <input type="checkbox"/> Coated Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible <input type="checkbox"/> Copper <input type="checkbox"/> Unknown <input type="checkbox"/> NA <input type="checkbox"/> Other _____	

J. Piping Cathodic Protection: <input type="checkbox"/> Sacrificial Anodes <input type="checkbox"/> Impressed Current <input checked="" type="checkbox"/> N/A	Pipe Double Walled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--

K. Primary Piping System Type: <input type="checkbox"/> Pressurized piping with <input checked="" type="checkbox"/> A. <input type="checkbox"/> auto shutoff; B. <input type="checkbox"/> alarm, or C. <input type="checkbox"/> flow restrictor <input type="checkbox"/> Unknown	
<input type="checkbox"/> Suction piping with check valve at tank <input checked="" type="checkbox"/> Suction piping with check valve at pump and inspectable <input type="checkbox"/> Not needed if waste oil	

L. Piping Leak Detection Method: <input type="checkbox"/> Interstitial monitoring <input checked="" type="checkbox"/> Electronic: <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Sump sensor <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Tightness testing <input type="checkbox"/> Electronic line leak monitor <input type="checkbox"/> SIR <input type="checkbox"/> Not required <input checked="" type="checkbox"/> Unknown	

M. Vapor Recovery/Stage II <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible <input type="checkbox"/> Other: _____ CARB #: _____	
<input type="checkbox"/> Operational - Provide Date (mo./day/yr.): _____	<input type="checkbox"/> Non-Operational - Provide Date (mo./day/yr.): _____

N. TANK CONTENTS (Current, or previous product (if tank now empty))	
<input checked="" type="checkbox"/> Leaded <input type="checkbox"/> Unleaded <input type="checkbox"/> Gasohol <input type="checkbox"/> E85 <input type="checkbox"/> Diesel <input type="checkbox"/> Bio-diesel <input type="checkbox"/> Aviation <input type="checkbox"/> Premix <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> New Oil	
<input type="checkbox"/> Waste/Used Motor Oil <input type="checkbox"/> Hazardous Waste* <input type="checkbox"/> Unknown <input type="checkbox"/> Empty* <input type="checkbox"/> Sand/Gravel/Slurry* <input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Chemical* Name _____	CAS #: _____

* NOT PECFA eligible.

O. If Tank Closed, Abandoned or Out of Service	Geo Latitude: _____	Geo Longitude: _____
Give date (mo./day/yr.): 9/27/2012	Has a site assessment been completed? (see reverse side for details)	
Tank Owner Name (please print):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Tank Owner Signature (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.)	Date
<i>Daniel J. CAS</i> DPS-ERS	9/27/2012

TDID#:
Reg Obj #:

UNDERGROUND

FLAMMABLE/COMBUSTIBLE/HAZARDOUS

LIQUID STORAGE TANK REGISTRATION

Information Required By Section 101.142, Wis. Stats.

Send Completed Form To:
 Department of Commerce
 Bureau of Petroleum Products and
 Tanks
 P.O. Box 7837
 Madison, WI 53707-7837

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? ☒ Yes ☐ No If yes, are you correcting/updating information only? ☐ Yes ☐ No

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

This registration applies to a tank status that is (check one):		Fire Department providing fire coverage where tank is located: <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Granton 1001
<input type="checkbox"/> In Use	<input checked="" type="checkbox"/> Closed - Tank Removed	
<input type="checkbox"/> Newly Installed	<input type="checkbox"/> Closed - Filled with Inert Materials	
<input type="checkbox"/> Abandoned with Product	<input type="checkbox"/> Abandon with Water	
<input type="checkbox"/> Abandoned without Product (empty)	<input type="checkbox"/> Temporarily Out of Service - Provide Date: _____	

A. IDENTIFICATION (Please Print)		
1. Tank Site Name Former Deer Trail Cafe	Site Street Address W1930 Hwy 73	Site Telephone Number ()
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Granton	State WISCONSIN	Zip Code 54446
		County Clark
2. Tank Owner Name Leroy Pederson	Mailing Address 500 N. Division St #115	Telephone Number ()
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Loyal	State WI	Zip Code 54446
		County Clark
3. Property Owner Name (if different than tank owner)	Property Owner Address if different than #1	

B. Site ID #: 1385192	Facility ID #: 724607	Customer ID #: 1224039
-----------------------	-----------------------	------------------------

C. Tank Capacity (gallons): 1000	Tank Age (age or date installed): ???	Vehicle fueling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------------	---------------------------------------	--

D. LAND OWNER TYPE (check one) Refer to back		
<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal Leased
<input type="checkbox"/> Federal Owned	<input type="checkbox"/> Tribal Nation	<input type="checkbox"/> Municipal
<input type="checkbox"/> Other Government	<input checked="" type="checkbox"/> Private	

E. OCCUPANCY TYPE (check one) Refer to back		
<input checked="" type="checkbox"/> Retail Fuel Sales	<input type="checkbox"/> Bulk Storage	<input type="checkbox"/> Terminal Storage
<input type="checkbox"/> Agricultural (crop or livestock production)	<input type="checkbox"/> Backup or Emergency Generator	<input type="checkbox"/> Gov't Fleet
<input type="checkbox"/> Utility	<input type="checkbox"/> Other (specify):	

F. Tank Construction:		Overfill Protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spill Containment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Bare Steel	<input type="checkbox"/> Coated Steel	
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Lined (date): _____	

G. Tank Cathodic Protection:	<input type="checkbox"/> Sacrificial Anodes	<input type="checkbox"/> Impressed Current	<input checked="" type="checkbox"/> N/A	Tank Double Walled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------	---	--	---	---

H. Primary Tank Leak Detection Method:		
<input type="checkbox"/> Automatic tank gauging	<input type="checkbox"/> Interstitial monitoring	<input checked="" type="checkbox"/> Electronic: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Manual tank gauging (only for tanks of 1,000 gallons or less)	<input type="checkbox"/> Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/> Inventory control and tightness testing
		<input type="checkbox"/> Unknown

I. Piping Construction:	<input checked="" type="checkbox"/> Bare Steel	<input type="checkbox"/> Coated Steel	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Flexible	<input type="checkbox"/> Copper	<input type="checkbox"/> Unknown	<input type="checkbox"/> NA	<input type="checkbox"/> Other
-------------------------	--	---------------------------------------	--	-------------------------------------	-----------------------------------	---------------------------------	----------------------------------	-----------------------------	--------------------------------

J. Piping Cathodic Protection:	<input type="checkbox"/> Sacrificial Anodes	<input type="checkbox"/> Impressed Current	<input checked="" type="checkbox"/> N/A	Pipe Double Walled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------------------------	---	--	---	---

K. Primary Piping System Type:	<input type="checkbox"/> Pressurized piping with	<input checked="" type="checkbox"/> A. auto shutoff; B. alarm, or C. flow restrictor	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Suction piping with check valve at tank	<input checked="" type="checkbox"/> Suction piping with check valve at pump and inspectable	<input type="checkbox"/> Not needed if waste oil

L. Piping Leak Detection Method:	<input type="checkbox"/> Interstitial monitoring	<input checked="" type="checkbox"/> Electronic: <input type="checkbox"/> NO <input type="checkbox"/> YES	<input checked="" type="checkbox"/> Sump sensor	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Tightness testing	<input type="checkbox"/> Electronic line leak monitor	<input type="checkbox"/> SIR	<input type="checkbox"/> Not required
			<input checked="" type="checkbox"/> Unknown	

M. Vapor Recovery/Stage II	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Flexible	<input type="checkbox"/> Other: _____	CARB #: _____
	<input type="checkbox"/> Operational - Provide Date (mo./day/yr.): _____	<input type="checkbox"/> Non-Operational - Provide Date (mo./day/yr.): _____		

N. TANK CONTENTS (Current, or previous product (if tank now empty))		
<input checked="" type="checkbox"/> Leaded	<input type="checkbox"/> Unleaded	<input type="checkbox"/> Gasohol
<input type="checkbox"/> E85	<input type="checkbox"/> Diesel	<input type="checkbox"/> Bio-diesel
<input type="checkbox"/> Aviation	<input type="checkbox"/> Premix	<input type="checkbox"/> Fuel Oil
<input type="checkbox"/> Kerosene	<input type="checkbox"/> New Oil	
<input type="checkbox"/> Waste/Used Motor Oil	<input type="checkbox"/> Hazardous Waste*	<input type="checkbox"/> Unknown
<input type="checkbox"/> Empty*	<input type="checkbox"/> Sand/Gravel/Slurry*	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Chemical* Name _____	CAS #: _____	

* NOT PECFA eligible.

O. If Tank Closed, Abandoned or Out of Service	Geo Latitude:	Geo Longitude:
Give date (mo./day/yr.): 9/27/2012	Has a site assessment been completed? (see reverse side for details)	
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Tank Owner Name (please print):

Tank Owner Signature (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.)	Date
<i>Samuel J. [Signature]</i> DSRS-ERS	9/27/2012

TDID#:
Reg Obj #:

UNDERGROUND FLAMMABLE/COMBUSTIBLE/HAZARDOUS LIQUID STORAGE TANK REGISTRATION

Information Required By Section 101.142, Wis. Stats.

Send Completed Form To:
Department of Commerce
Bureau of Petroleum Products and
Tanks
P.O. Box 7837
Madison, WI 53707-7837

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? ☒ Yes ☐ No If yes, are you correcting/updating information only? ☐ Yes ☐ No

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

This registration applies to a tank status that is (check one):		Fire Department providing fire coverage where tank is located: <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Granton 1001
<input type="checkbox"/> In Use	<input checked="" type="checkbox"/> Closed - Tank Removed	
<input type="checkbox"/> Newly Installed	<input type="checkbox"/> Closed - Filled with Inert Materials	
<input type="checkbox"/> Abandoned with Product	<input type="checkbox"/> Abandon with Water	
<input type="checkbox"/> Abandoned without Product (empty)	<input type="checkbox"/> Temporarily Out of Service - Provide Date: _____	

A. IDENTIFICATION (Please Print)		
1. Tank Site Name Former Deer Trail Cafe	Site Street Address W1930 Hwy 73	Site Telephone Number ()
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Granton	State WISCONSIN	Zip Code 54446
2. Tank Owner Name Leroy Pederson	Mailing Address 500 N. Division St #115	Telephone Number ()
<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Loyal	State Wi	Zip Code 54446
3. Property Owner Name (if different than tank owner)	Property Owner Address if different than #1	

B. Site ID #: 1005492	Facility ID #: 724607	Customer ID #: 1224039
----------------------------------	-----------------------	------------------------

C. Tank Capacity (gallons): 1000	Tank Age (age or date installed): ???	Vehicle fueling: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------------	---------------------------------------	--

D. LAND OWNER TYPE (check one) Refer to back		
<input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal Leased <input type="checkbox"/> Federal Owned <input type="checkbox"/> Tribal Nation <input type="checkbox"/> Municipal <input type="checkbox"/> Other Government <input checked="" type="checkbox"/> Private		

E. OCCUPANCY TYPE (check one) Refer to back		
<input checked="" type="checkbox"/> Retail Fuel Sales <input type="checkbox"/> Bulk Storage <input type="checkbox"/> Terminal Storage <input type="checkbox"/> Mercantile/Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> School		
<input type="checkbox"/> Agricultural (crop or livestock production) <input type="checkbox"/> Backup or Emergency Generator <input type="checkbox"/> Gov't Fleet <input type="checkbox"/> Utility <input type="checkbox"/> Other (specify):		

F. Tank Construction:		Overfill Protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spill Containment? Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Bare Steel <input type="checkbox"/> Coated Steel <input type="checkbox"/> Stainless steel <input type="checkbox"/> Steel - Fiberglass Reinforced Plastic Composite		
<input type="checkbox"/> Fiberglass <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____	Lined (date): _____	
G. Tank Cathodic Protection: <input type="checkbox"/> Sacrificial Anodes <input type="checkbox"/> Impressed Current <input checked="" type="checkbox"/> N/A		Tank Double Walled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

H. Primary Tank Leak Detection Method:		
<input type="checkbox"/> Automatic tank gauging <input type="checkbox"/> Interstitial monitoring <input checked="" type="checkbox"/> Electronic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inventory control and tightness testing		
<input type="checkbox"/> Manual tank gauging (only for tanks of 1,000 gallons or less) <input type="checkbox"/> Statistical Inventory Reconciliation (SIR) <input type="checkbox"/> Unknown		

I. Piping Construction:	
<input checked="" type="checkbox"/> Bare Steel <input type="checkbox"/> Coated Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible <input type="checkbox"/> Copper <input type="checkbox"/> Unknown <input type="checkbox"/> NA <input type="checkbox"/> Other _____	

J. Piping Cathodic Protection: <input type="checkbox"/> Sacrificial Anodes <input type="checkbox"/> Impressed Current <input checked="" type="checkbox"/> N/A	Pipe Double Walled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

K. Primary Piping System Type: <input type="checkbox"/> Pressurized piping with <input checked="" type="checkbox"/> A. <input type="checkbox"/> auto shutoff; B. <input type="checkbox"/> alarm, or C. <input type="checkbox"/> flow restrictor <input type="checkbox"/> Unknown	
<input type="checkbox"/> Suction piping with check valve at tank <input checked="" type="checkbox"/> Suction piping with check valve at pump and inspectable <input type="checkbox"/> Not needed if waste oil	

L. Piping Leak Detection Method: <input type="checkbox"/> Interstitial monitoring <input checked="" type="checkbox"/> Electronic: <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Sump sensor <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Tightness testing <input type="checkbox"/> Electronic line leak monitor <input type="checkbox"/> SIR <input type="checkbox"/> Not required <input checked="" type="checkbox"/> Unknown	

M. Vapor Recovery/Stage II <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flexible <input type="checkbox"/> Other: _____	CARB #: _____
<input type="checkbox"/> Operational - Provide Date (mo./day/yr.): _____	<input type="checkbox"/> Non-Operational - Provide Date (mo./day/yr.): _____

N. TANK CONTENTS (Current, or previous product (if tank now empty))	
<input checked="" type="checkbox"/> Leaded <input type="checkbox"/> Unleaded <input type="checkbox"/> Gasohol <input type="checkbox"/> E85 <input type="checkbox"/> Diesel <input type="checkbox"/> Bio-diesel <input type="checkbox"/> Aviation <input type="checkbox"/> Premix <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Kerosene <input type="checkbox"/> New Oil	
<input type="checkbox"/> Waste/Used Motor Oil <input type="checkbox"/> Hazardous Waste* <input type="checkbox"/> Unknown <input type="checkbox"/> Empty* <input type="checkbox"/> Sand/Gravel/Slurry* <input type="checkbox"/> Other (specify): _____	

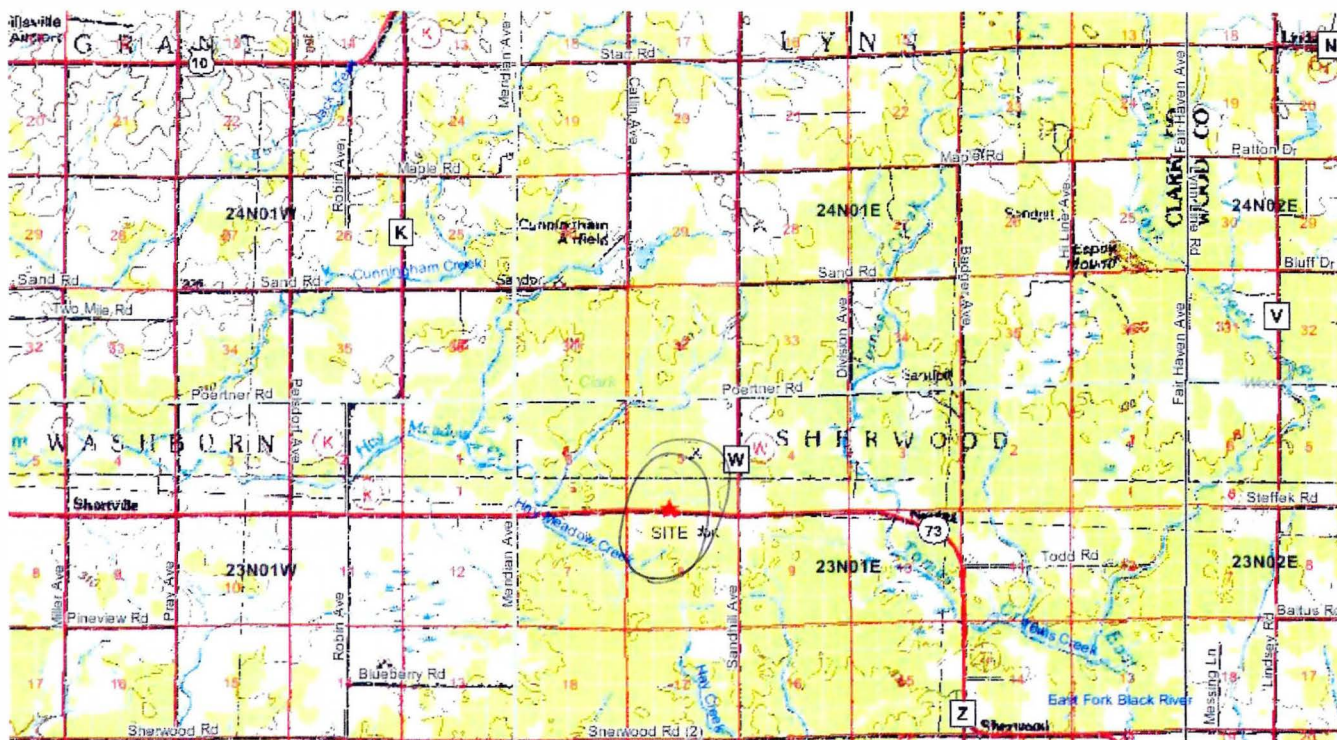
<input type="checkbox"/> Chemical* Name _____	CAS #: _____
---	--------------

* NOT PECFA eligible.	Geo Latitude: _____	Geo Longitude: _____
O. If Tank Closed, Abandoned or Out of Service Give date (mo./day/yr.): 9/27/2012	Has a site assessment been completed? (see reverse side for details) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Tank Owner Name (please print):

Tank Owner Signature (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.) <i>James J. Chis</i>	Date 9/27/2012
--	-------------------

ATTACHMENT 2



House that
use to be grocery
store.
- likely Home @ site
- likely DECA eligible

~~Settled~~

Longitude
Lat.

- 90.408193

→ 44.495930

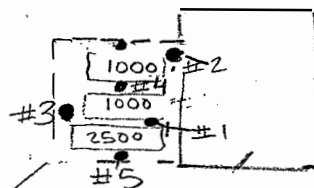
~~Settled~~

SW 1/4 Sec 5 T23N R1E

Former Deer Trail Cafe
1937 Hwy 73
Granton, WI

Wooded

Residence/
↓ Store

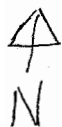


Utility
Pole

#1
Dispenser
#2

grass

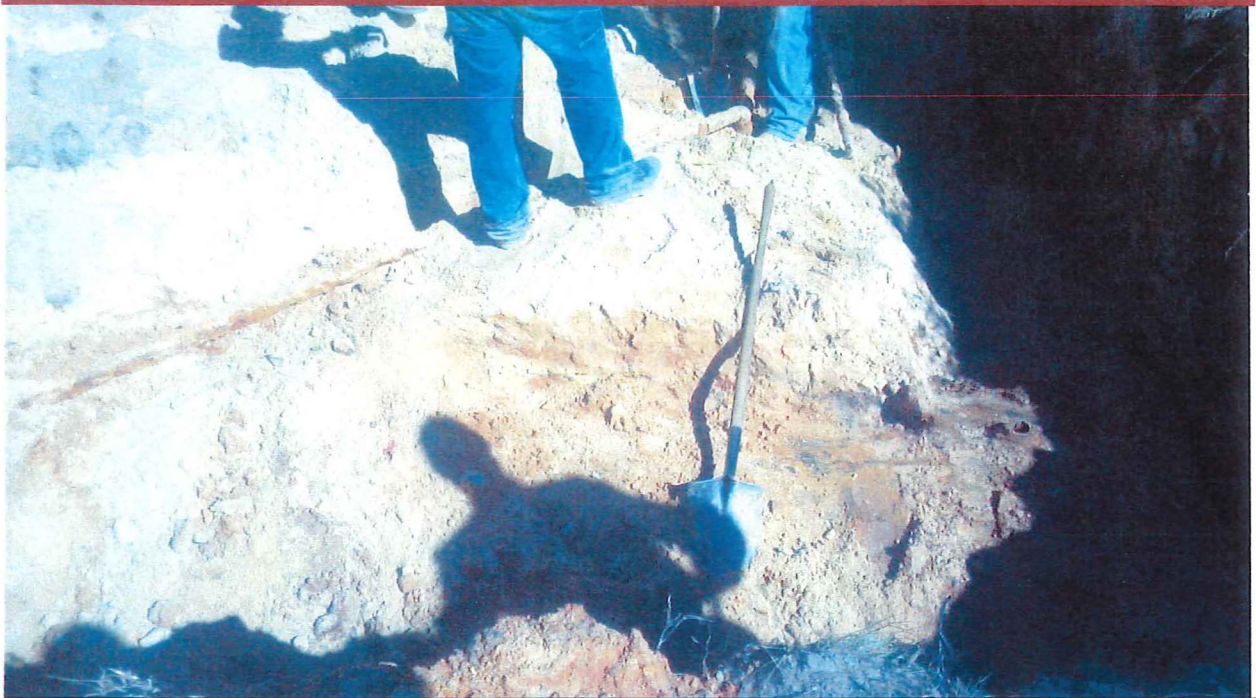
● Potable
Well



100'

ATTACHMENT 3

PHOTOGRAPHS
UNDERGROUND STORAGE TANK ASSESSMENT
FORMER DEER TRAIL CAFÉ – W1930 HWY 73, GRANTON, WI



PHOTOGRAPH OF THE SOUTH TANK, SHOWING WATER LEAKING FROM TANK



PHOTOGRAPH OF THE 1,000-GALLON UNKNOWN TANK

PHOTOGRAPHS
UNDERGROUND STORAGE TANK ASSESSMENT
FORMER DEER TRAIL CAFÉ – W1930 HWY 73, GRANTON, WI



PHOTOGRAPH OF PUMPING OF THE TANK EXCAVATION AND PUMPING OF TANKS



PHOTOGRAPH OF 2000 GALLON LEADED GASOLINE UST

PHOTOGRAPHS
UNDERGROUND STORAGE TANK ASSESSMENT
FORMER DEER TRAIL CAFÉ – W1930 HWY 73, GRANTON, WI



PHOTOGRAPH OF TWO 1,000-GALLON UNDERGROUND STORAGE TANKS



PHOTOGRAPH OF THE UNDERGROUND STORAGE TANK EXCAVATION

PHOTOGRAPHS
UNDERGROUND STORAGE TANK ASSESSMENT
FORMER DEER TRAIL CAFÉ – W1930 HWY 73, GRANTON, WI

SS-6
PIPING
RUN



PHOTOGRAPH OF THE PIPING RUN



PHOTOGRAPH OF THE SOUTHWEST PORTION OF THE SITE VIEWING NORTHEAST

ATTACHMENT 4

October 10, 2012

Lynn Bradley
General Engineering
916 Silver Lake Dr
Portage, WI 53901

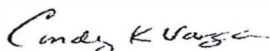
RE: Project: SCHAPER FORMER DEER TRAIL CAFE
Pace Project No.: 4067966

Dear Lynn Bradley:

Enclosed are the analytical results for sample(s) received by the laboratory on September 29, 2012. The results relate only to the samples included in this report. Results reported herein conform to the most current TNI standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Cindy Varga

cindy.varga@pacelabs.com
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

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CERTIFICATIONS

Project: SCHAPER FORMER DEER TRAIL CAFE
Pace Project No.: 4067966

Green Bay Certification IDs

1241 Bellevue Street, Green Bay, WI 54302
Florida/NELAP Certification #: E87948
Illinois Certification #: 200050
Kentucky Certification #: 82
Louisiana Certification #: 04168
Minnesota Certification #: 055-999-334

New York Certification #: 11888
North Carolina Certification #: 503
North Dakota Certification #: R-150
South Carolina Certification #: 83006001
US Dept of Agriculture #: S-76505
Wisconsin Certification #: 405132750

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SAMPLE SUMMARY

Project: SCHAPER FORMER DEER TRAIL CAFE

Pace Project No.: 4067966

Lab ID	Sample ID	Matrix	Date Collected	Date Received
4067966001	PIPING RUN	Solid	09/27/12 12:00	09/29/12 07:50
4067966002	DISPENSER 1	Solid	09/27/12 12:02	09/29/12 07:50
4067966003	DISPENSER 2	Solid	09/27/12 12:02	09/29/12 07:50
4067966004	E BOTTOM END OF TANK	Solid	09/27/12 14:30	09/29/12 07:50
4067966005	SS-5 SOUTH WALL ✓	Solid	09/27/12 15:45	09/29/12 07:50
4067966006	SS-4 GAS BOTTOM ✓	Solid	09/27/12 15:30	09/29/12 07:50
4067966007	EAST SIDEWALL #2	Solid	09/27/12 14:35	09/29/12 07:50
4067966008	WEST BOTTOM #3 ✓	Solid	09/27/12 14:35	09/29/12 07:50

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SAMPLE ANALYTE COUNT

Project: SCHAPER FORMER DEER TRAIL CAFE
Pace Project No.: 4067966

Lab ID	Sample ID	Method	Analysts	Analytes Reported
4067966001	PIPING RUN	WI MOD GRO	PMS	11
		ASTM D2974-87	SKW	1
4067966002	DISPENSER 1	WI MOD GRO	PMS	11
		ASTM D2974-87	SKW	1
4067966003	DISPENSER 2	WI MOD GRO	PMS	11
		ASTM D2974-87	SKW	1
4067966004	E BOTTOM END OF TANK	WI MOD DRO	DAL	1
		WI MOD GRO	PMS	11
		ASTM D2974-87	SKW	1
4067966005	SS-5 SOUTH WALL	WI MOD GRO	PMS	11
		ASTM D2974-87	SKW	1
4067966006	SS-4 GAS BOTTOM	WI MOD GRO	PMS	11
		ASTM D2974-87	SKW	1
4067966007	EAST SIDEWALL #2	WI MOD DRO	DAL	1
		WI MOD GRO	PMS	11
		ASTM D2974-87	SKW	1
4067966008	WEST BOTTOM #3	WI MOD DRO	DAL	1
		WI MOD GRO	PMS	11
		ASTM D2974-87	SKW	1

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ANALYTICAL RESULTS

Project: SCHAPER FORMER DEER TRAIL CAFE
Pace Project No.: 4067966

Sample: PIPING RUN Lab ID: 4067966001 Collected: 09/27/12 12:00 Received: 09/29/12 07:50 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 11:57	71-43-2	W
Ethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 11:57	100-41-4	W
Gasoline Range Organics	<2.9 mg/kg		2.9	2.9	1	10/01/12 09:17	10/02/12 11:57		
Methyl-tert-butyl ether	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 11:57	1634-04-4	W
Naphthalene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 11:57	91-20-3	W
Toluene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 11:57	108-88-3	W
1,2,4-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 11:57	95-63-6	W
1,3,5-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 11:57	108-67-8	W
m&p-Xylene	<50.0 ug/kg		120	50.0	1	10/01/12 09:17	10/02/12 11:57	179601-23-1	W
o-Xylene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 11:57	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	101 %		80-120		1	10/01/12 09:17	10/02/12 11:57	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	12.4 %		0.10	0.10	1		10/02/12 15:04		

Sample: DISPENSER 1 Lab ID: 4067966002 Collected: 09/27/12 12:02 Received: 09/29/12 07:50 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 12:23	71-43-2	W
Ethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 12:23	100-41-4	W
Gasoline Range Organics	<2.7 mg/kg		2.7	2.7	1	10/01/12 09:17	10/02/12 12:23		
Methyl-tert-butyl ether	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 12:23	1634-04-4	W
Naphthalene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 12:23	91-20-3	W
Toluene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 12:23	108-88-3	W
1,2,4-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 12:23	95-63-6	W
1,3,5-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 12:23	108-67-8	W
m&p-Xylene	<50.0 ug/kg		120	50.0	1	10/01/12 09:17	10/02/12 12:23	179601-23-1	W
o-Xylene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 12:23	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	101 %		80-120		1	10/01/12 09:17	10/02/12 12:23	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	7.1 %		0.10	0.10	1		10/02/12 15:04		

ANALYTICAL RESULTS

Project: SCHAPER FORMER DEER TRAIL CAFE
Pace Project No.: 4067966

Sample: DISPENSER 2 Lab ID: 4067966003 Collected: 09/27/12 12:02 Received: 09/29/12 07:50 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 10:40	71-43-2	W
Ethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 10:40	100-41-4	W
Gasoline Range Organics	<2.6 mg/kg		2.6	2.6	1	10/01/12 09:17	10/02/12 10:40		
Methyl-tert-butyl ether	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 10:40	1634-04-4	W
Naphthalene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 10:40	91-20-3	W
Toluene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 10:40	108-88-3	W
1,2,4-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 10:40	95-63-6	W
1,3,5-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 10:40	108-67-8	W
m&p-Xylene	<50.0 ug/kg		120	50.0	1	10/01/12 09:17	10/02/12 10:40	179601-23-1	W
o-Xylene	<25.0 ug/kg		60.0	25.0	1	10/01/12 09:17	10/02/12 10:40	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	101 %		80-120		1	10/01/12 09:17	10/02/12 10:40	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	4.7 %		0.10	0.10	1		10/02/12 15:04		

Sample: E BOTTOM END OF TANK Lab ID: 4067966004 Collected: 09/27/12 14:30 Received: 09/29/12 07:50 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIDRO GCS Analytical Method: WI MOD DRO Preparation Method: WI MOD DRO									
Diesel Range Organics	3910 mg/kg		188	93.6	100	10/03/12 12:00	10/10/12 11:56		
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<50.0 ug/kg		120	50.0	2	10/01/12 09:17	10/02/12 18:21	71-43-2	W
Ethylbenzene	230 ug/kg		148	61.5	2	10/01/12 09:17	10/02/12 18:21	100-41-4	
Gasoline Range Organics	106 mg/kg		6.2	6.2	2	10/01/12 09:17	10/02/12 18:21		
Methyl-tert-butyl ether	<50.0 ug/kg		120	50.0	2	10/01/12 09:17	10/02/12 18:21	1634-04-4	W
Naphthalene	1000 ug/kg		148	61.5	2	10/01/12 09:17	10/02/12 18:21	91-20-3	
Toluene	78.2J ug/kg		148	61.5	2	10/01/12 09:17	10/02/12 18:21	108-88-3	
1,2,4-Trimethylbenzene	868 ug/kg		148	61.5	2	10/01/12 09:17	10/02/12 18:21	95-63-6	
1,3,5-Trimethylbenzene	582 ug/kg		148	61.5	2	10/01/12 09:17	10/02/12 18:21	108-67-8	
m&p-Xylene	542 ug/kg		295	123	2	10/01/12 09:17	10/02/12 18:21	179601-23-1	
o-Xylene	168 ug/kg		148	61.5	2	10/01/12 09:17	10/02/12 18:21	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	118 %		80-120		2	10/01/12 09:17	10/02/12 18:21	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	18.8 %		0.10	0.10	1		10/02/12 15:05		

ANALYTICAL RESULTS

Project: SCHAPER FORMER DEER TRAIL CAFE
Pace Project No.: 4067966

Sample: SS-5 SOUTH WALL Lab ID: 4067966005 Collected: 09/27/12 15:45 Received: 09/29/12 07:50 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 12:31	71-43-2	W
Ethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 12:31	100-41-4	W
Gasoline Range Organics	<3.0 mg/kg		3.0	3.0	1	10/03/12 07:52	10/03/12 12:31		
Methyl-tert-butyl ether	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 12:31	1634-04-4	W
Naphthalene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 12:31	91-20-3	W
Toluene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 12:31	108-88-3	W
1,2,4-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 12:31	95-63-6	W
1,3,5-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 12:31	108-67-8	W
m&p-Xylene	<50.0 ug/kg		120	50.0	1	10/03/12 07:52	10/03/12 12:31	179601-23-1	W
o-Xylene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 12:31	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	100 %		80-120		1	10/03/12 07:52	10/03/12 12:31	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	16.8 %		0.10	0.10	1		10/02/12 15:05		

Sample: SS-4 GAS BOTTOM Lab ID: 4067966006 Collected: 09/27/12 15:30 Received: 09/29/12 07:50 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<29.9 ug/kg		71.7	29.9	1	10/03/12 07:52	10/03/12 12:56	71-43-2	W
Ethylbenzene	<29.9 ug/kg		71.7	29.9	1	10/03/12 07:52	10/03/12 12:56	100-41-4	W
Gasoline Range Organics	<3.7 mg/kg		3.7	3.7	1	10/03/12 07:52	10/03/12 12:56		
Methyl-tert-butyl ether	<29.9 ug/kg		71.7	29.9	1	10/03/12 07:52	10/03/12 12:56	1634-04-4	W
Naphthalene	<29.9 ug/kg		71.7	29.9	1	10/03/12 07:52	10/03/12 12:56	91-20-3	W
Toluene	<29.9 ug/kg		71.7	29.9	1	10/03/12 07:52	10/03/12 12:56	108-88-3	W
1,2,4-Trimethylbenzene	<29.9 ug/kg		71.7	29.9	1	10/03/12 07:52	10/03/12 12:56	95-63-6	W
1,3,5-Trimethylbenzene	<29.9 ug/kg		71.7	29.9	1	10/03/12 07:52	10/03/12 12:56	108-67-8	W
m&p-Xylene	<59.8 ug/kg		143	59.8	1	10/03/12 07:52	10/03/12 12:56	179601-23-1	W
o-Xylene	<29.9 ug/kg		71.7	29.9	1	10/03/12 07:52	10/03/12 12:56	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	100 %		80-120		1	10/03/12 07:52	10/03/12 12:56	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	19.2 %		0.10	0.10	1		10/02/12 15:05		

ANALYTICAL RESULTS

Project: SCHAPER FORMER DEER TRAIL CAFE
Pace Project No.: 4067966

Sample: EAST SIDEWALL #2 Lab ID: 4067966007 Collected: 09/27/12 14:35 Received: 09/29/12 07:50 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIDRO GCS Analytical Method: WI MOD DRO Preparation Method: WI MOD DRO									
Diesel Range Organics	3.8 mg/kg		2.1	1.0	1	10/03/12 12:00	10/10/12 12:02		1q
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 13:22	71-43-2	W
Ethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 13:22	100-41-4	W
Gasoline Range Organics	<2.9 mg/kg		2.9	2.9	1	10/03/12 07:52	10/03/12 13:22		
Methyl-tert-butyl ether	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 13:22	1634-04-4	W
Naphthalene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 13:22	91-20-3	W
Toluene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 13:22	108-88-3	W
1,2,4-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 13:22	95-63-6	W
1,3,5-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 13:22	108-67-8	W
m&p-Xylene	<50.0 ug/kg		120	50.0	1	10/03/12 07:52	10/03/12 13:22	179601-23-1	W
o-Xylene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 13:22	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	101 %		80-120		1	10/03/12 07:52	10/03/12 13:22	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	15.2 %		0.10	0.10	1		10/02/12 15:05		

Sample: WEST BOTTOM #3 Lab ID: 4067966008 Collected: 09/27/12 14:35 Received: 09/29/12 07:50 Matrix: Solid

Results reported on a "dry-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIDRO GCS Analytical Method: WI MOD DRO Preparation Method: WI MOD DRO									
Diesel Range Organics	<0.85 mg/kg		1.7	0.85	1	10/03/12 12:00	10/10/12 11:27		
WIGRO GCV Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
Benzene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 13:47	71-43-2	W
Ethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 13:47	100-41-4	W
Gasoline Range Organics	<2.9 mg/kg		2.9	2.9	1	10/03/12 07:52	10/03/12 13:47		
Methyl-tert-butyl ether	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 13:47	1634-04-4	W
Naphthalene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 13:47	91-20-3	W
Toluene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 13:47	108-88-3	W
1,2,4-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 13:47	95-63-6	W
1,3,5-Trimethylbenzene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 13:47	108-67-8	W
m&p-Xylene	<50.0 ug/kg		120	50.0	1	10/03/12 07:52	10/03/12 13:47	179601-23-1	W
o-Xylene	<25.0 ug/kg		60.0	25.0	1	10/03/12 07:52	10/03/12 13:47	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	100 %		80-120		1	10/03/12 07:52	10/03/12 13:47	98-08-8	
Percent Moisture Analytical Method: ASTM D2974-87									
Percent Moisture	15.0 %		0.10	0.10	1		10/02/12 15:34		

Date: 10/10/2012 04:02 PM

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QUALITY CONTROL DATA

Project: SCHAPER FORMER DEER TRAIL CAFE
Pace Project No.: 4067966

QC Batch: GCV/9086 Analysis Method: WI MOD GRO
QC Batch Method: TPH GRO/PVOC WI ext. Analysis Description: WIGRO Solid GCV
Associated Lab Samples: 4067966001, 4067966002, 4067966003, 4067966004

METHOD BLANK: 683982 Matrix: Solid
Associated Lab Samples: 4067966001, 4067966002, 4067966003, 4067966004

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,2,4-Trimethylbenzene	ug/kg	<25.0	60.0	10/02/12 08:32	
1,3,5-Trimethylbenzene	ug/kg	<25.0	60.0	10/02/12 08:32	
Benzene	ug/kg	<25.0	60.0	10/02/12 08:32	
Ethylbenzene	ug/kg	<25.0	60.0	10/02/12 08:32	
Gasoline Range Organics	mg/kg	<2.5	2.5	10/02/12 08:32	
m&p-Xylene	ug/kg	<50.0	120	10/02/12 08:32	
Methyl-tert-butyl ether	ug/kg	<25.0	60.0	10/02/12 08:32	
Naphthalene	ug/kg	<25.0	60.0	10/02/12 08:32	
o-Xylene	ug/kg	<25.0	60.0	10/02/12 08:32	
Toluene	ug/kg	<25.0	60.0	10/02/12 08:32	
a,a,a-Trifluorotoluene (S)	%	100	80-120	10/02/12 08:32	

LABORATORY CONTROL SAMPLE & LCSD: 683983

683984

Parameter	Units	Spike Conc.	LCS Result	LCSD Result	LCS % Rec	LCSD % Rec	% Rec Limits	RPD	Max RPD	Qualifiers
1,2,4-Trimethylbenzene	ug/kg	1000	1050	1070	105	107	80-120	2	20	
1,3,5-Trimethylbenzene	ug/kg	1000	1040	1060	104	106	80-120	2	20	
Benzene	ug/kg	1000	977	986	98	99	80-120	1	20	
Ethylbenzene	ug/kg	1000	1020	1040	102	104	80-120	2	20	
Gasoline Range Organics	mg/kg	10	9.5	9.5	95	95	80-120	0	20	
m&p-Xylene	ug/kg	2000	2060	2090	103	104	80-120	1	20	
Methyl-tert-butyl ether	ug/kg	1000	919	891	92	89	80-120	3	20	
Naphthalene	ug/kg	1000	1040	1030	104	103	80-120	0	20	
o-Xylene	ug/kg	1000	1030	1050	103	105	80-120	1	20	
Toluene	ug/kg	1000	995	1010	100	101	80-120	1	20	
a,a,a-Trifluorotoluene (S)	%				103	103	80-120			

QUALITY CONTROL DATA

Project: SCHAPER FORMER DEER TRAIL CAFE
Pace Project No.: 4067966

QC Batch: GCV/9100 Analysis Method: WI MOD GRO
QC Batch Method: TPH GRO/PVOC WI ext. Analysis Description: WIGRO Solid GCV
Associated Lab Samples: 4067966005, 4067966006, 4067966007, 4067966008

METHOD BLANK: 685330 Matrix: Solid
Associated Lab Samples: 4067966005, 4067966006, 4067966007, 4067966008

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,2,4-Trimethylbenzene	ug/kg	<25.0	60.0	10/03/12 10:48	
1,3,5-Trimethylbenzene	ug/kg	<25.0	60.0	10/03/12 10:48	
Benzene	ug/kg	<25.0	60.0	10/03/12 10:48	
Ethylbenzene	ug/kg	<25.0	60.0	10/03/12 10:48	
Gasoline Range Organics	mg/kg	<2.5	2.5	10/03/12 10:48	
m&p-Xylene	ug/kg	<50.0	120	10/03/12 10:48	
Methyl-tert-butyl ether	ug/kg	<25.0	60.0	10/03/12 10:48	
Naphthalene	ug/kg	<25.0	60.0	10/03/12 10:48	
o-Xylene	ug/kg	<25.0	60.0	10/03/12 10:48	
Toluene	ug/kg	<25.0	60.0	10/03/12 10:48	
a,a,a-Trifluorotoluene (S)	%	100	80-120	10/03/12 10:48	

LABORATORY CONTROL SAMPLE & LCSD: 685724

685725

Parameter	Units	Spike Conc.	LCS Result	LCSD Result	LCS % Rec	LCSD % Rec	% Rec Limits	RPD	Max RPD	Qualifiers
1,2,4-Trimethylbenzene	ug/kg	1000	1090	1060	109	106	80-120	3	20	
1,3,5-Trimethylbenzene	ug/kg	1000	1080	1050	108	105	80-120	3	20	
Benzene	ug/kg	1000	1080	1050	108	105	80-120	2	20	
Ethylbenzene	ug/kg	1000	1070	1040	107	104	80-120	3	20	
Gasoline Range Organics	mg/kg	10	10.2	10.3	102	103	80-120	1	20	
m&p-Xylene	ug/kg	2000	2170	2110	109	105	80-120	3	20	
Methyl-tert-butyl ether	ug/kg	1000	1030	964	103	96	80-120	6	20	
Naphthalene	ug/kg	1000	1090	1060	109	106	80-120	3	20	
o-Xylene	ug/kg	1000	1080	1050	108	105	80-120	3	20	
Toluene	ug/kg	1000	1070	1030	107	103	80-120	3	20	
a,a,a-Trifluorotoluene (S)	%				102	102	80-120			

QUALITY CONTROL DATA

Project: SCHAPER FORMER DEER TRAIL CAFE
Pace Project No.: 4067966

QC Batch: OEXT/16315 Analysis Method: WI MOD DRO
QC Batch Method: WI MOD DRO Analysis Description: WIDRO GCS
Associated Lab Samples: 4067966004, 4067966007, 4067966008

METHOD BLANK: 685313 Matrix: Solid

Associated Lab Samples: 4067966004, 4067966007, 4067966008

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Diesel Range Organics	mg/kg	<0.99	2.0	10/10/12 09:31	

LABORATORY CONTROL SAMPLE & LCSD: 685314

685315

Parameter	Units	Spike Conc.	LCS Result	LCSD Result	LCS % Rec	LCSD % Rec	% Rec Limits	RPD	Max RPD	Qualifiers
Diesel Range Organics	mg/kg	40	36.1	35.8	90	90	70-120	1	20	

QUALITY CONTROL DATA

Project: SCHAPER FORMER DEER TRAIL CAFE
Pace Project No.: 4067966

QC Batch: PMST/7652 Analysis Method: ASTM D2974-87
QC Batch Method: ASTM D2974-87 Analysis Description: Dry Weight/Percent Moisture
Associated Lab Samples: 4067966001, 4067966002, 4067966003, 4067966004, 4067966005, 4067966006, 4067966007

SAMPLE DUPLICATE: 685044

Parameter	Units	4067681001 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	17.4	16.5	5	10	

QUALITY CONTROL DATA

Project: SCHAPER FORMER DEER TRAIL CAFE
Pace Project No.: 4067966

QC Batch:	PMST/7653	Analysis Method:	ASTM D2974-87
QC Batch Method:	ASTM D2974-87	Analysis Description:	Dry Weight/Percent Moisture
Associated Lab Samples:	4067966008		

SAMPLE DUPLICATE: 685082

Parameter	Units	4068047003 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	7.5	7.2	3	10	

QUALIFIERS

Project: SCHAPER FORMER DEER TRAIL CAFE
Pace Project No.: 4067966

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PRL - Pace Reporting Limit.

RL - Reporting Limit.

S - Surrogate

1,2-Diphenylhydrazine (8270 listed analyte) decomposes to Azobenzene.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

ANALYTE QUALIFIERS

1q	The sample weight in the container did not meet method specifications. Sample was sub-sampled to meet method criteria.
W	Non-detect results are reported on a wet weight basis.

QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: SCHAPER FORMER DEER TRAIL CAFE
Pace Project No.: 4067966

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
4067966004	E BOTTOM END OF TANK	WI MOD DRO	OEXT/16315	WI MOD DRO	GCSV/8479
4067966007	EAST SIDEWALL #2	WI MOD DRO	OEXT/16315	WI MOD DRO	GCSV/8479
4067966008	WEST BOTTOM #3	WI MOD DRO	OEXT/16315	WI MOD DRO	GCSV/8479
4067966001	PIPING RUN	TPH GRO/PVOC WI ext.	GCV/9086	WI MOD GRO	GCV/9087
4067966002	DISPENSER 1	TPH GRO/PVOC WI ext.	GCV/9086	WI MOD GRO	GCV/9087
4067966003	DISPENSER 2	TPH GRO/PVOC WI ext.	GCV/9086	WI MOD GRO	GCV/9087
4067966004	E BOTTOM END OF TANK	TPH GRO/PVOC WI ext.	GCV/9086	WI MOD GRO	GCV/9087
4067966005	SS-5 SOUTH WALL	TPH GRO/PVOC WI ext.	GCV/9100	WI MOD GRO	GCV/9101
4067966006	SS-4 GAS BOTTOM	TPH GRO/PVOC WI ext.	GCV/9100	WI MOD GRO	GCV/9101
4067966007	EAST SIDEWALL #2	TPH GRO/PVOC WI ext.	GCV/9100	WI MOD GRO	GCV/9101
4067966008	WEST BOTTOM #3	TPH GRO/PVOC WI ext.	GCV/9100	WI MOD GRO	GCV/9101
4067966001	PIPING RUN	ASTM D2974-87	PMST/7652		
4067966002	DISPENSER 1	ASTM D2974-87	PMST/7652		
4067966003	DISPENSER 2	ASTM D2974-87	PMST/7652		
4067966004	E BOTTOM END OF TANK	ASTM D2974-87	PMST/7652		
4067966005	SS-5 SOUTH WALL	ASTM D2974-87	PMST/7652		
4067966006	SS-4 GAS BOTTOM	ASTM D2974-87	PMST/7652		
4067966007	EAST SIDEWALL #2	ASTM D2974-87	PMST/7652		
4067966008	WEST BOTTOM #3	ASTM D2974-87	PMST/7653		

LM

4067966

Section A

Required Client Information:

Company: GENERAL ENGINEERING COMPANY
Address: 916 SILVER LAKE DRIVE
PORTAGE, WI 53901
Email To: lbradley@generalengineering.net
Phone: 608-742-2169 Fax: 608-742-2592
Requested Due Date/TAT:

Section B

Required Project Information:

Report To: LYNN BRADLEY
Copy To:
Project Name: Former Deer Trail Café
Project Number: Schaper

Section C

Invoice Information:

Attention: LYNN BRADLEY
Company Name: GENERAL ENGINEERING COMPANY
Address: 916 SILVER LAKE DRIVE, PORTAGE, WI 53901
Pace Quote Reference:
Pace Project Manager:
Pace Profile #:

Page: of

REGULATORY AGENCY

☐ NPDES ☐ GROUND WATER ☐ DRINKING WATER
☐ UST ☐ RCRA ☐ OTHER

SITE LOCATION ☐ GA ☐ IL ☐ IN ☐ MI ☐ C
☐ OH ☐ SC ☐ WI ☐ OTHER

Filtered (Y/N)

Requested
An:

GRAP/DOC and Naphth.
% Solid
ORO
Residual Chlorine (Y/N)

Pace Project
Number
Lab I.D.

ITEM #	Section D Required Client Information			Valid Matrix Codes		MATRIX CODE	SAMPLE TYPE G=GRAB C=COMP	COLLECTED				SAMPLE TEMP AT COLLECTION	#OF CONTAINERS	Preservatives								Requested Analysis	Pace Project Number Lab I.D.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
	SAMPLE ID (A-Z, 0-9 / -)	Character per box. MUST BE UNIQUE	One Samples IDs	MATRIX DRINKING WATER WATER WASTE WATER PRODUCT SOLID/SOLID OIL WIFE AIR OTHER TISUE	CODE DW WT WW P B CL WP AR OT IS			COMPOSITE START		COMPOSITE END/GRAB				Unpreserved	H ₂ SO ₄	HNO ₃	HCl	NaOH	Na ₂ S ₂ O ₃	Methanol	Other																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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1	Piping Run	001	1-4oz PA	1-4oz MF	S	G	9/27/12	12:00				2	1						1			X	X																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			

Additional Comments:

RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
<i>[Signature]</i>			<i>[Signature]</i>				Y/N	Y/N	Y/N
<i>[Signature]</i>			<i>[Signature]</i>				Y/N	Y/N	Y/N
Wlatco	9/29/12	0750	Melissa Vinnema	9/29/12	0750	ROI	Y/N	Y/N	Y/N
							Y/N	Y/N	Y/N

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER:

Lynn Bradley

SIGNATURE of SAMPLER:

DATE Signed (MM / DD / YY)

Temp in °C

Received on
Ice

Custody
Sealed Cooler

Samples Intact



Sample Condition Upon Receipt

Client Name: General Engineering Project # 4067966

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client ☒ Commercial ☐ Pace Other Watts

Tracking #: 240789

Custody Seal on Cooler/Box Present: ☐ yes ☒ no Seals intact: ☐ yes ☒ no

Custody Seal on Samples Present: ☐ yes ☒ no Seals intact: ☐ yes ☒ no

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None Other

Thermometer Used NA

Type of Ice: ☒ Wet ☐ Blue ☐ Dry ☐ None

Cooler Temperature ROI

Biological Tissue is Frozen: ☐ yes ☒ no

Temp Blank Present: ☐ yes ☒ no

Temp should be above freezing to 6°C for all sample except Biota.
Biota Samples should be received ≤ 0°C.

Comments:

Optional:
Proj. Due Date
Proj. Name:

Person examining contents:
Date: 9-29-12
Initials: MV

Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name & Signature on COC:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	4. <u>No signature 9/29/12 MV</u>
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes date/time/ID/Analysis Matrix: <u>S</u>		
All containers needing preservation have been checked.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
All containers needing preservation are found to be in compliance with EPA recommendation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
exceptions: VOA, coliform, TOC, O&G, WI-DRO (water)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial when completed
		Lot # of added preservative
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

Client Notification/ Resolution: _____ Field Data Required? Y / N
 Person Contacted: _____ Date/Time: _____
 Comments/ Resolution: _____

Project Manager Review: CK Date: 10/1/12

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)