

SOIL AND GROUND WATER INVESTIGATION REPORT
CORNER STORE
RIDGELAND, WISCONSIN
BRRTS NO. 03-17-223007
COMMERCE NO. 54763-9623-02

RECEIVED

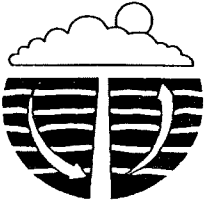
FEB 23 2011

ERS DIVISION
STEVENS POINT

FEBRUARY 22, 2011



Meridian Environmental Consulting, LLC
2711 N. Elco Rd
Fall Creek, WI 54742



Meridian Environmental Consulting, LLC

February 22, 2011

Pat Collins
Wisconsin Department of Natural Resources
890 Spruce St.
Baldwin, Wisconsin 54002

Subject: Soil and Ground Water Investigation Report with Change Order
Corner Store
100 Tonnar St (Hwy. 25)
Ridgeland, Wisconsin
BRRTS No. 03-17-223007
Commerce No. 54763-96-2302
Meridian No. 05F761

Dear Pat:

This letter provides the results of Site Investigation work completed at the Corner Store in Ridgeland, Wisconsin.

The following work was completed:

- Ten soil borings were completed and soil samples collected
- Four monitoring wells (MW-1, -2, -3, -4) and one temporary well (TMW) were installed.
- The monitoring wells were sampled.
- Ground water flow direction was measured.
- Free product was bailed from the wells.
- A potable well survey was completed.

Based on the information obtained thus far, we recommend impacted soils be excavated in spring 2011. We also recommend additional monitoring wells and associated sampling to complete the definition of the extent of impacted ground water.

BACKGROUND INFORMATION

The site is a small gasoline/convenience store located at 100 Tonnar Street (Highway 25) on the south edge of Ridgeland, Wisconsin (Figure 1)(Dunn County). The Village of Ridgeland is a small agricultural community located near the border of Dunn County and Barron County on Highway 25.

The site has a building, single dispenser island, and one underground storage tank (4,000 gallon gasoline)(Figure 2). The current underground storage tank was installed in 1999 when two former tanks were removed. The former tanks were 1000 gallon tanks containing gasoline. The age of the former tanks is unknown. The Tank Closure Assessment report is provided in Appendix A. Soil samples were collected from beneath the tanks, piping, and dispenser island. The sample "P1" (Figure 3) collected from beneath the north end of the dispenser contained 5,130 mg/kg GRO (gasoline range organics). The samples from beneath the tanks (i.e., T1, T2, T3, T4) did not contain GRO.

The petroleum release was reported to the Wisconsin Department of Natural Resources June 21, 1999. No further work was completed until April 2008 when Cedar Corporation installed a single soil boring in approximately the same location as the Closure Assessment sample P1 (Figure 3). Their report is also provided in Appendix A. The boring encountered sand to a depth of 8 feet where ground water was encountered. Petroleum impacts were measured in soil samples and a ground water sample.

According to the well log for the onsite well, a new well was installed in 1999 because the "old well to close to fuel". Since the tanks were also removed in 1999, we suspect the "old well" was impacted with petroleum. No information regarding the "old well" has been obtained at this time; it may have been a sand point.

The business is currently closed and the building is unoccupied. The owner plans to remove the underground storage tanks and associated piping in May 2011 and hopes to sell the property.

SITE INVESTIGATION

Soil Borings

On June 10, 2010, ten soil borings were installed at the site in the locations shown on Figure 3. The soil boring logs are provided in Appendix B. Continuous soil samples were collected throughout the boring depth and screened with a PID (Table 1). Selected samples were collected and analyzed for PVOC+Naphthalene. The analytical report is provided in Appendix C and summarized in Table 2. Petroleum impacts were measured in several borings.

Ground water was encountered about 6 feet below grade.

A boring (SB-7) was attempted between the pump island and the building. However, a pipe was observed approximately 8 inches below grade and the boring was halted.

Monitoring Wells

Four monitoring wells (MW-1, MW-2, MW-3, MW-4) and one temporary well (TMW) were installed in the locations shown on Figure 3. The well construction forms are provided in Appendix B.

The monitoring wells were constructed of 2-inch diameter PVC with a 10 feet screen. The wells were screened from 5 to 15 feet below grade.

The temporary well (TMW) was installed in the middle of a high traffic area. A temporary well was used to minimize impact to the pavement and drive area. The temporary well is constructed of 1-inch diameter PVC screened from 5 feet to 15 feet below grade.

Ground Water Sampling and Water Level Measurements

The monitoring wells were sampled twice (June 22 and September 21, 2010). The analytical reports are provided in Appendix C and summarized in Table 3. Petroleum impacts were measured in MW-2 (free product), MW-3, MW-4, and TMW (temporary well).

The store water supply was sampled August 6, 2010 and analyzed for PVOC+Naphthalene. The analytical report is provided in Appendix C and summarized in Table 3. No petroleum impacts were measured in this sample.

The monitoring well elevations were surveyed relative to each other and the depth to ground water measured during each sampling event. Table 4 summarizes the ground water level measurements.

Free Product Measurements

Free product was measured in MW-2 (Table 4). The free product was bailed three times (during each sampling event and July 29, 2010).

Potable Well Reconnaissance

The Village of Ridgeland residents obtain their water supply from private wells. Appendix D contains well logs from various wells in town. There are several private wells in the vicinity of the site including the onsite well.

DATA EVALUATION

Hydrogeology

The landscape around Ridgeland is agricultural with ridges and valleys. Regional drainage is to the north into the South Fork of Lower Pine Creek. The site is relatively flat with local surface drainage in a northerly direction.

Based on well records from a nearby well (Sanna Dairies Well: Appendix D), the site is underlain by sand sediments overlying sandstone bedrock. The Sanna Dairies well log interprets the sandstone bedrock as the Eau Claire Formation (Cambrian) overlying Mt. Simon Formation (Cambrian).

Figure 4 is a cross-section of the site geology based on the soil borings and the onsite well log (Appendix D). The onsite well log documents "sand and gravel" at 25 feet below grade. We interpret the "sand and gravel" to represent competent sandstone bedrock (Eau Claire Formation).

Ground water is typically quite shallow (within 10 feet of grade) across the Village and at the site. The ground water level appears to be independent of the well depth suggesting little vertical gradient.

Ground Water Flow

The ground water level measurements indicate ground water flow is northerly (Figures 5 and 6). There is a slight variation in flow direction between the two measurement dates. This may be due to rainfall events.

Extent of Impacted Soil

Petroleum impacted soil was encountered in the vicinity of the pump island (Table 2)(Figure 7). The lateral and vertical extent of impacted soil is defined adequately with the current soil boring data. The impacted soil appears to originate at the pump island and spread laterally to SB-5 and SB-6. Although SB-7 could not be completed, we suspect impacted soil extends toward the building.

The soil impacts migrated downward to the water table about 6 feet below grade.

Extent of Impacted Ground Water

Petroleum-impacted ground water was measured in MW-2 (free product), MW-3, MW-4, and the temporary well TMW. A contaminant plume has developed and extends north from the site (Figure 8). The downgradient extent of impacted ground water is not defined with the current monitoring well network.

No impacts were measured in the onsite water supply sample.

The ground water analytical data varied between the two sampling events especially in the samples from MW-3, MW-4, and TMW. This may be due to sampling/analytical error or perhaps varying flow direction (see ground water flow maps in Figures 5 and 6). More data is needed to confirm the ground water contaminant plume geometry.

The data indicates the downgradient extent of impacted soil is not defined. More monitoring wells are needed to define the downgradient extent of impacted ground water.

CONCLUSIONS

Based on the available data, we have the following conclusions:

- There is petroleum impacted soil and ground water at this site.
- The site is underlain by approximately 25 feet of sand overlying sandstone bedrock (Eau Claire Formation)
- Ground water is shallow and is found about 6 feet below grade.
- Ground water flow is northerly.
- The extent of impacted soil is defined.
- The extent of impacted ground water is not defined.

RECOMMENDATIONS

Soil Excavation

The landowner plans to remove the petroleum system in May 2011. We recommend impacted soil (Figure 7) be removed at the same time. We estimate the volume of impacted soil to be 600 tons (40 ft x 35 ft x 8 ft deep). We will coordinate the excavation to occur in conjunction with the removal of the petroleum system (tank, lines, pumps). Petroleum system removal costs will be paid by the landowner.

The excavation will extend into the ground water table to remove impacted capillary fringe soils.

Confirmation samples will be collected from the sidewalls of the excavation and analyzed for PVOC+Naphthalene.

The excavation will require the removal of MW-2. The well will be abandoned prior to its removal.

Monitoring Wells

The downgradient extent of impacted ground water has not been defined. We recommend four monitoring wells and one piezometer be installed in the locations shown in Figure 9. The monitoring wells will be screened from 5 to 15 feet below grade. The piezometer will be screened from 25 to 30 feet below grade.

MW-2 will be replaced with a monitoring well screened from 5 to 15 feet below grade.

The well locations and elevations will be surveyed.

Ground Water Sampling

The monitoring wells (MW-1, -2R, -3, -4, TMW, four new monitoring wells, piezometer) will be sampled twice (3 months apart). The samples will be analyzed for PVOC+Naphthalene.

The onsite well and the private wells across the street from the site will also be sampled twice (same time as monitoring wells). The samples will be analyzed for PVOC+Naphthalene. This will require a door-to-door meeting with the residents. Village of Ridgeland personnel have offered to assist with this effort.

Report

A report will be prepared which documents the above work. The report will include soil boring logs, monitoring well forms, results of excavation work, confirmation sampling results, and ground water sampling results. Ground water flow maps for each sampling event will be completed.

The report will include our recommendations to achieve Closure with GIS Registry for Soil and Ground Water.

COST ESTIMATE


Attached is a cost estimate for the proposed work using the current U&C Cost Schedule. We will complete commodity bidding for the excavation, trucking, and replacement of the contaminated soil. All other work will adhere to the U&C Cost Schedule.

SCHEDULE

The landowner is removing the tank system in May 2011. The soil excavation will be coordinated with this work. The monitoring wells will be installed shortly after followed by the ground water sampling.

Please contact us with any comments or questions.

Sincerely,
MERIDIAN ENVIRONMENTAL CONSULTING, LLC



Kenneth Shimko, PG
Project Manager

C: Jason Foster – former site owner
Brad Shipley – current site owner
Tim Zeichert – Commerce

CHANGE ORDER

Usual & Customary Standardized Invoice

Commerce #: 54763-96-2302

Vendor Name: Chagne Order

BRR's #: 03-17-223007

Invoice #: Change Order

Site Name: Corner Store

Invoice Date: February 2011

Site Address: 100 Tonnar St, Ridgeland

Check #: Change Order

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

TASK CODE/ACTIVITY REFERENCE CODE	TASK DESCRIPTIONS/ACTIVITY REFERENCE CODE DESCRIPTION	UNIT	MAXIMUM REIMBURSEABLE UNIT COST	UNITS INVOICED	UNIT COST CLAIMED	AMOUNT CLAIMED
1 GROUNDWATER SAMPLING						
GS05	Sample Collection	WELL	\$69.00	30.00	\$ 69.00	\$ 2,070.00
GS10	Incremental Sample Collection (natural attenuation)	WELL	\$45.40		\$ -	\$ -
GS15	Incremental Sample Collection (cadmium & lead)	WELL	\$25.00		\$ -	\$ -
GS20	Measure Water Levels (for wells not being sampled)	WELL	\$14.00		\$ -	\$ -
GS25	Primary Mob/Demob	SITE	\$598.20	2.00	\$ 598.20	\$ 1,196.40
GS30	Temp Well Abandonment	WELL	\$25.70		\$ -	\$ -
4 WASTE DISPOSAL						
CONSULTANT SERVICES						
WD05	Consultant Coordination	SITE	\$130.60	1.00	\$ 130.60	\$ 130.60
COMMODITY SERVICES						
WD10	Groundwater Sample and/or Purge	DRUM	\$40.10	1.00	\$ 40.10	\$ 40.10
WD15	Drill Cuttings	DRUM	\$103.00	4.00	\$ 103.00	\$ 412.00
WD17	Landfill Environmental Fee (support documentation must be provided)	ACTUAL COST	ACTUAL COST			
WD20	Free Product	DRUM	\$113.10		\$ -	\$ -
WD25	Primary Mob/Demob	SITE	\$274.00	1.00	\$ 274.00	\$ 274.00
6 LETTER REPORT/ADDENDUM						
LRA05	Letter Report/Addendum	LETTER	\$989.80		\$ 989.80	\$ 989.80
8 WELL ABANDONMENT						
CONSULTANT SERVICES						
WAB05	Coordination	SITE	\$155.10		\$ -	\$ -
WAB10	Water column < 30 ft	FT	\$2.40	15.00	\$ 2.40	\$ 36.00
WAB15	Water column > 30 ft	FT	\$8.40		\$ -	\$ -
WAB20	Bentonite Pellets (50lb bag - 1/4" pellet)	BAG	\$10.30	1.00	\$ 10.30	\$ 10.30
WAB25	Portland Cement (94lb bag)	BAG	\$7.80		\$ -	\$ -
WAB30	Primary Mob/Demob	SITE	\$345.00		\$ -	\$ -
COMMODITY SERVICES						
WAB35	Well Abandonment Mob/Demob	SITE	\$392.90		\$ -	\$ -
WAB40	Well Abandonment (2 inch)	FT	\$5.30		\$ -	\$ -
WAB45	Well Abandonment (4 inch)	FT	\$6.20		\$ -	\$ -
WAB50	Well Abandonment (6 inch)	FT	\$7.60		\$ -	\$ -
10 INITIAL SITE SURVEY - FEATURES AND WELL ELEVATIONS						
CONSULTANT SERVICES						
IS05	Consultant Coordination of Initial Site Survey - Features and Well Elevations	SURVEY	\$111.60		\$ -	\$ -
IS10	Subsequent Surveys	WELL	\$104.90	5.00	\$ 104.90	\$ 524.50
COMMODITY SERVICES						
IS15	Initial Survey	SURVEY	\$1,115.90		\$ -	\$ -
13 DRILLING						
CONSULTANT SERVICES						
13.a CONSULTANT OVERSIGHT DRILLING IN UNCONSOLIDATED SOILS - WITH SOIL SAMPLING						
DR05	For depth interval 0 - 25 ft bgs	FT	\$5.10	70.00	\$ 5.10	\$ 357.00
DR10	For depth interval 26 - 50 ft bgs	FT	\$5.40	5.00	\$ 5.40	\$ 27.00
DR15	For depth interval 51 - 75 ft bgs	FT	\$6.90		\$ -	\$ -
DR20	Primary Mob/Demob	SITE	\$564.80	1.00	\$ 564.80	\$ 564.80
13.b CONSULTANT OVERSIGHT DRILLING IN UNCONSOLIDATED SOILS - WITHOUT SOIL AND/OR GROUNDWATER SAMPLING						
DR25	Consultant Oversight	FT	\$1.50	15.00	\$ 1.50	\$ 22.50

TASK CODE/ACTIVITY REFERENCE CODE	TASK DESCRIPTIONS/ACTIVITY REFERENCE CODE DESCRIPTION	UNIT	MAXIMUM REIMBURSEABLE UNIT COST	UNITS INVOICED	UNIT COST CLAIMED	AMOUNT CLAIMED
DR30	Primary Mob/Demob	SITE	\$481.10		\$ -	\$ -
13.c	CONSULTANT OVERSIGHT DRILLING IN BEDROCK					
DR35	Consultant Oversight	FT	\$5.90		\$ -	\$ -
DR40	Primary Mob/Demob	SITE	\$564.80		\$ -	\$ -
	COMMODITY SERVICES					
13.d	DRILLING IN UNCONSOLIDATED SOILS - WITH SOIL SAMPLING					
DR45	0 - 25 ft bgs	FT	\$15.90	70.00	\$ 15.90	\$ 1,113.00
DR50	26 - 50 ft bgs	FT	\$17.50	5.00	\$ 17.50	\$ 87.50
DR55	51 - 75 ft bgs	FT	\$20.50		\$ -	\$ -
13.e	DRILLING IN UNCONSOLIDATED SOILS - WITHOUT SOIL AND/OR GROUNDWATER SAMPLING					
DR60	Drilling in Unconsolidated Soils	FT	\$11.40	15.00	\$ 11.40	\$ 171.00
13.f	DRILLING IN BEDROCK					
DR65	Drilling in Bedrock	FT	\$31.60		\$ -	\$ -
DR70	Bedrock Drilling Setup Charge	EACH	\$154.30		\$ -	\$ -
DR75	Air Compressor	DAY	\$406.10		\$ -	\$ -
14	MONITORING WELL INSTALLATION					
	CONSULTANT SERVICES					
	CONSULTANT OVERSIGHT MONITORING WELL INSTALLATION					
MWI05	0 - 25 ft bgs	FT	\$3.70	85.00	\$ 3.70	\$ 314.50
MWI10	26 - 75 ft bgs	FT	\$2.60	5.00	\$ 2.60	\$ 13.00
	COMMODITY SERVICES					
MWI15	2 inch PVC Casing	FT	\$15.90	90.00	\$ 15.90	\$ 1,431.00
MWI20	Well Development	WELL	\$140.60	5.00	\$ 140.60	\$ 703.00
MWI25	Mob/Demob (For development of grout or slurry sealed wells)	SITE	\$522.50		\$ -	\$ -
15	MISCELLANEOUS DRILLING ACTIVITIES AND SUPPLIES					
MDT05	Drill Rig Mob/Demob (includes decontamination)	MOB/DEMOB	\$917.50	917.50	\$ 1.00	\$ 917.50
MDT10	Well Cover/flushmount	EACH	\$193.00	193.00	\$ 5.00	\$ 965.00
MDT15	Stickup Well Cover	EACH	\$156.10		\$ -	\$ -
MDT20	Bumper Guard Posts	EACH	\$66.00		\$ -	\$ -
MDT21	Drum 55-gallon DOT steel	DRUM	\$52.50	5.00	\$ 52.50	\$ 262.50
MDT25	Commodity service provider (drilling & direct push) Per Diem (includes meals and overnight stay per person, maximum of 2 persons)	EACH	\$193.60		\$ -	\$ -
MDT30	Well Repair (Department approval is required prior to conducting this activity.)	WELL	\$80.40		\$ -	\$ -
MDT35	Borehole Abandonment	FT	\$5.20		\$ -	\$ -
MDT40	Concrete Penetration	EACH	\$69.40		\$ -	\$ -
MDT41	Private Utility Locate	EACH	\$111.60	111.60	\$ 1.00	\$ 111.60
MDT45	Pad Locks	EACH	\$7.60		\$ -	\$ -
20	SOIL BORING/MONITORING WELL PERMITS					
SBMWP05	Soil Boring/Monitoring Well Permit	PERMIT	\$234.40	1.00	\$ 234.40	\$ 234.40
SBMWP10	Permit Fee (copy of permit & fee receipt required)	PERMIT FEE	PERMIT FEE		\$ -	\$ -
21	ACCESS AGREEMENTS					
AA05	Access Agreements	PROPERTY	\$382.80		\$ -	\$ -
24	LIMITED SOIL EXCAVATION					
	CONSULTANT SERVICES					
LSE05	Consultant Oversight for Limited Soil Excavation	TON	\$4.70	600.00	\$ 4.70	\$ 2,820.00
LSE10	Mob/Demob	SITE	\$792.30	1.00	\$ 792.30	\$ 792.30
	COMMODITY SERVICES					
LSE13	Laboratory	LAB SCHEDULE	See Lab Schedule Task 24 total		\$ -	\$ 274.40
LSE15	Limited Soil Excavation	TON	\$47.00	600.00	\$ 47.00	\$ 28,200.00
LSE16	Landfill Environmental Fee (support documentation must be provided)	ACTUAL COST	ACTUAL COST			
33	SCHEDULE OF LABORATORY MAXIMUMS		SEE ATTACHED SCHEDULE			\$ 867.00
34	CONSULTANT INCREMENTAL MOB/DEMOB					
IMD05	Incremental Mob/Demob	SITE	\$273.50	1.00	\$ 273.50	\$ 273.50
CAP MAINTENANCE						
Cap Maintenance Plan	PLAN		\$304.80		\$ -	
36	CHANGE ORDER REQUEST (includes cost cap exceedence requests)					
COR05	Change Order Request	CHANGE ORDER	\$363.60	1.00	\$ 363.60	\$ 363.60
TOTAL AMOUNT CLAIMED						\$ 46,569.80

MATRIX	ANALYTE REFERENCE CODE	REIMBURSABLE ANALYTE	UNITS	MAXIMUM REIMBURSABLE UNIT COST	UNITS INVOICED	UNIT COST CLAIMED	AMOUNT CLAIMED TASK 33	AMOUNT CLAIMED TASK 24	
AIR	A1	Benzene	SAMPLE	\$42.80		\$ -	\$ -		
	A2	BETX	SAMPLE	\$47.10		\$ -	\$ -		
	A3	GRO	SAMPLE	\$43.90		\$ -	\$ -		
	A4	VOC's	SAMPLE	\$68.50		\$ -	\$ -		
WATER	W1	GRO/PVOC	SAMPLE	\$27.80		\$ -	\$ -		
	W2	PVOC	SAMPLE	\$25.70		\$ -	\$ -		
	W3	PVOC + 1,2 DCA	SAMPLE	\$41.70		\$ -	\$ -		
	W4	PVOC + Naphthalene	SAMPLE	\$28.90	30	\$ 28.90	\$ 867.00		
	W5	VOC	SAMPLE	\$68.50		\$ -	\$ -		
	W6	PAH	SAMPLE	\$69.50		\$ -	\$ -		
	W7	Lead	SAMPLE	\$11.80		\$ -	\$ -		
	W8	Cadmium	SAMPLE	\$12.90		\$ -	\$ -		
	W9	Hardness	SAMPLE	\$11.80		\$ -	\$ -		
	W10	BOD, Total	SAMPLE	\$22.50		\$ -	\$ -		
	W11	Nitrate	SAMPLE	\$10.70		\$ -	\$ -		
	W12	Total Kjeldahl	SAMPLE	\$19.30		\$ -	\$ -		
	W13	Ammonia	SAMPLE	\$16.10		\$ -	\$ -		
	W14	Sulfate	SAMPLE	\$9.70		\$ -	\$ -		
	W15	Iron	SAMPLE	\$9.70		\$ -	\$ -		
	W16	Manganese	SAMPLE	\$9.70		\$ -	\$ -		
	W17	Alkalinity	SAMPLE	\$9.70		\$ -	\$ -		
	W18	Methane	SAMPLE	\$43.90		\$ -	\$ -		
	W19	Phosphorous	SAMPLE	\$17.20		\$ -	\$ -		
	W20	VOC Method 524.2	SAMPLE	\$167.90		\$ -	\$ -		
	W21	EDB Method 504	SAMPLE	\$90.90		\$ -	\$ -		
UNITS UNIT COST CLAIMED UNIT MAX									
SOILS	S1	GRO	SAMPLE	\$23.60		\$ -	\$ -	\$0.00 \$23.60	
	S2	DRO	SAMPLE	\$28.90		\$ -	\$ -	\$0.00 \$28.90	
	S3	GRO/PVOC	SAMPLE	\$26.80		\$ -	\$ -	\$0.00 \$26.80	
	S4	PVOC	SAMPLE	\$24.60		\$ -	\$ -	\$0.00 \$24.60	
	S5	PVOC + 1,2 DCA + Naphthalene	SAMPLE	\$47.10		\$ -	\$ -	\$0.00 \$47.10	
	S6	PVOC + Naphthalene	SAMPLE	\$34.30		\$ -	\$ -	8 \$274.40 \$34.30	
	S7	VOC	SAMPLE	\$68.50		\$ -	\$ -	\$0.00 \$68.50	
	S8	SPL Extraction VOC only	SAMPLE	\$48.20		\$ -	\$ -	\$0.00 \$48.20	
	S9	PAH	SAMPLE	\$69.50		\$ -	\$ -	\$0.00 \$69.50	
	S10	Lead	SAMPLE	\$11.80		\$ -	\$ -	\$0.00 \$11.80	
	S11	Cadmium	SAMPLE	\$13.90		\$ -	\$ -	\$0.00 \$13.90	
	S12	Free Liquid	SAMPLE	\$10.70		\$ -	\$ -	\$0.00 \$10.70	
	S13	Flash Point	SAMPLE	\$24.60		\$ -	\$ -	\$0.00 \$24.60	
	S14	Grain Size - dry	SAMPLE	\$40.70		\$ -	\$ -	\$0.00 \$40.70	
	S15	Grain Size - wet	SAMPLE	\$54.60		\$ -	\$ -	\$0.00 \$54.60	
	S16	Bulk Density	SAMPLE	\$12.90		\$ -	\$ -	\$0.00 \$12.90	
	S17	Permeability	SAMPLE	\$39.60		\$ -	\$ -	\$0.00 \$39.60	
	S18	Nitrogen as Total Kjeldahl	SAMPLE	\$19.30		\$ -	\$ -	\$0.00 \$19.30	
	S19	Nitrogen as Ammonia	SAMPLE	\$16.10		\$ -	\$ -	\$0.00 \$16.10	
	S20	% Organic Matter	SAMPLE	\$27.80		\$ -	\$ -	\$0.00 \$27.80	
	S21	TOC as NPOC	SAMPLE	\$54.60		\$ -	\$ -	\$0.00 \$54.60	
	S22	Soil Moisture Content	SAMPLE	\$6.50		\$ -	\$ -	\$0.00 \$6.50	
	S23	Air Filled Porosity	SAMPLE	\$24.60		\$ -	\$ -	\$0.00 \$24.60	
	S24	% Total Solids	SAMPLE	\$6.50		\$ -	\$ -	\$0.00 \$6.50	
	S25	Field Capacity	SAMPLE	\$26.80		\$ -	\$ -	\$0.00 \$26.80	
	S26	TCLP Lead	SAMPLE	\$79.20		\$ -	\$ -	\$0.00 \$79.20	
	S27	Cation Exchange (Ca, MG, & K)	SAMPLE	\$25.70		\$ -	\$ -	\$0.00 \$25.70	
	S28	TCLP Cadmium	SAMPLE	\$79.20		\$ -	\$ -	\$0.00 \$79.20	
	S29	TCLP Benzene	SAMPLE	\$79.20		\$ -	\$ -	\$0.00 \$79.20	
	LNAPL Fluid Property Suite	LFPS01	Viscosity	SAMPLE					
			Density	SAMPLE					
Interfacial tension I (LNAPL/water [dyne/cm])			SAMPLE	\$534.60		\$ -	\$ -		
Interfacial tension II (LNAPL/air [dyne/cm])			SAMPLE						
Interfacial tension III (water/air [dyne/cm])			SAMPLE						
TASK 33 TOTAL					\$	867.00			
TASK 24 TOTAL					\$		274.40		
TOTAL LAB CHARGES							\$	1,141.40	

TABLES

Table 1: PID Readings

Corner Store
 Ridgeland, Wisconsin
 Meridian No. 05F761

Boring	Depth (ft)	PID	Comments
MW-1	3	0	
	7	0	
	11	0	
	14	0	
MW-2	3	80	gas odor
	7	50	gas odor
	11	50	odor/stained
	14	40	gas odor
MW-3	3	5	
	7	0	slight odor
	11	2	
	15	0	
MW-4	3	0	
	7	0	
	11	0	
	15	0	
TMW = SB-4	3	3	
	7	1	
SB-5	3	80	gas odor
	7	80	gas odor
SB-6	3	110	gas odor
	7	90	gas odor
SB-7	1	-	wires/pipe
SB-8	3	1	
	7	0	
SB-10	3	0	
	7	0	

Table 2: Soil Sample Analytical Results

Corner Store
Ridgeland, WI
Meridian No. 05F761

Tank Closure Assessment Soil Samples (collected May 1999)

Sample	Depth (ft)	GRO (mg/kg)
P1	3	5130
P2	3	45.3
T1	6	ND
T2	6	ND
T3	6	ND
T4	6	ND

100 Concentration exceeds Regulatory Standard

Samples Collected by Cedar Corp (October 2007)

Sample	Depth (ft)	Units	Benzene	Ethyl Benzene	MTBE	Toluene	1,2,4 TMB	1,3,5 TMB	Xylenes
P3	4-5	mg/kg	120	190	<2.7	730	350	99	980
P3	7	mg/kg	12	40	<.55	110	100	28	220
P3	ground water	ug/l	1900	500	<9.2	3200	430	120	2700

Soil Samples Collected June 2010

Sample	Depth (ft)	1,2,4-TMB	1,3,5-TMB	Total TMBs	Benzene	Ethyl benzene	m,p-Xylenes	o-xylenes	Total Xylenes	MTBE	Naphthalene	Toluene
Units		mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg	mg/kg
MW-1	3	<0.014	<0.019	<0.019	0.14	0.056	0.158	<0.017	0.158	<0.012	<0.019	0.295
MW-2	4	380	134	514	57.8	159	662	261	923	<2.30	44.6	689
MW-3	3	<0.014	<0.019	<0.019	<0.017	<0.019	<0.022	<0.017	<0.022	<0.012	<0.019	<0.018
SB-4	3	<0.014	<0.020	<0.020	<0.018	<0.020	<0.023	<0.018	<0.023	<0.012	<0.020	0.115
SB-5	3	91.7	34	125.7	3.08	32.6	117	48.9	165.9	<0.119	19.8	45.4
SB-6	3	279	98	377	29.8	107	434	175	609	<1.18	33.4	266
SB-8	3	<0.014	<0.019	<0.019	0.223	0.076	0.201	0.071	0.272	<0.012	<0.019	0.44
SB-9	3	<0.013	<0.018	<0.018	<0.016	<0.018	<0.021	<0.016	<0.021	<0.011	<0.018	<0.017
SB-10	3	0.078	0.057	0.135	0.389	0.147	0.448	0.133	0.581	<0.011	<0.019	1.19
Soil Standards												
NR720	mg/kg				0.0055	2.9			4.1			
NR746 Table 1	mg/kg	83	11		8.5	4.6			42		2.7	38
NR746 Table 2	mg/kg				1.1							

Table 3: Ground Water Analytical Results

Corner Store
Ridgeland, WI
Meridian No. 05F761

Well	Date	1,2,4 TMB (µ/L)	1,3,5 TMB (µ/L)	Total TMB's (µ/L)	Benzene (µ/L)	Ethylbenzene (µ/L)	Isopropylbenzene (µ/L)	m,p-Xylenes (µ/L)	o-Xylenes (µ/L)	Total Xylenes (µ/L)	MTBE (µ/L)	Naphthalene (µ/L)	Toluene (µ/L)
NR 140 PAL				96	0.5	140	NS			1000	12	10	200
NR 140 ES				480	5	700	NS			10000	60	100	1000
MW-1	6/22/2010	<.2	<.2	<.2	<.2	<.2	<.2	<.4	<.2	<.4	<.5	<1.0	<.4
	9/21/2010	<.4	<.44	<.44	<.31	<.5	NA	<.62	<.77	<.77	<.3	<.8	<.37
MW-2	6/22/2010	5740	1460	7200	19000	4730	156	19100	8110	27210	<50	1270	32700
	9/21/2010	23500	7360	30860	41800	14100	NA	73400	23000	96400	910	5770	99600
MW-3	6/22/2010	<.2	<.2	<.2	<.2	<.2	<.2	<.4	<.2	<.4	<.5	<1.0	<.4
	9/21/2010	62.2	8.13	70.33	872	87	NA	78.2	61.8	140	2.22	29	13
MW-4	6/22/2010	42.1	15.4	57.5	601	89.2	3.2	45.8	11.1	56.9	<.5	14.5	9.17
	9/21/2010	<.4	<.44	<.44	<.31	<.5	NA	<.62	<.77	<.77	<.3	<.8	<.37
TMW	6/22/2010	6.35	1.54	7.89	229	0.93	1.1	3.11	4.77	7.88	<.5	7.06	0.72 J
	9/21/2010	<.4	<.44	3.64	<.31	<.5	NA	<.62	0.814	0.814	<.3	<.8	<.37
Store	8/6/2010	<.4	<.44	<.44	<.31	<.5	NA	<.62	<.77	<.77	<.3	<.8	<.37

Notes:

- PAL Wisconsin Administrative Code Chapter 140 Preventative Action Limit for Ground Water
- ES Wisconsin Administrative Code Chapter 140 Enforcement Standard for Ground Water
- NS No Standard
- ND Non Detect
- Bold** Analyte Detected
- Bold** Analyte Exceeds NR 140 ES
- J Estimated concentration below laboratory quantitation level

Table 4: Ground Water Measurements

Corner Store
 Ridgeland, WI
 Meridian No. 05F761

MW-1			MW-2			MW-3		
Surface Elevation (ft)		100.5	Surface Elevation (ft)		100.66	Surface Elevation (ft)		99.42
Top of Casing Elevation (ft)		100	Top of Casing Elevation (ft)		100.16	Top of Casing Elevation (ft)		98.92
Top of Screen Elevation (ft)		95.7	Top of Screen Elevation (ft)		95.16	Top of Screen Elevation (ft)		93.92
Bottom of Screen Elevation (ft)		85.7	Bottom of Screen Elevation (ft)		85.16	Bottom of Screen Elevation (ft)		83.92
Meas. Date	DTW (ft)	GW Elev (ft)	Meas. Date	DTW (ft)	GW Elev (ft)	Meas. Date	DTW (ft)	GW Elev (ft)
6/22/2010	5.57	94.43	6/22/2010	6.93	93.23	6/22/2010	6.01	92.91
9/21/2010	5.1	94.9	9/21/2010	6.6	93.56	9/21/2010	5.59	93.33

MW-4			TMW		
Surface Elevation (ft)		100.16	Surface Elevation (ft)		99.46
Top of Casing Elevation (ft)		99.66	Top of Casing Elevation (ft)		99.21
Top of Screen Elevation (ft)		94.66	Top of Screen Elevation (ft)		94.46
Bottom of Screen Elevation (ft)		84.66	Bottom of Screen Elevation (ft)		84.46
Meas. Date	DTW (ft)	GW Elev (ft)	Meas. Date	DTW (ft)	GW Elev (ft)
6/22/2010	6.16	93.50	6/22/2010	6.43	92.78
9/21/2010	5.72	93.94	9/21/2010	5.8	93.41

Free Product Measurements (MW-2)

Date	PT (in)	Bail (gallons)
June 22, 2010	5	3
July 29, 2010	10	3
September 21, 2010	2	3

FIGURES

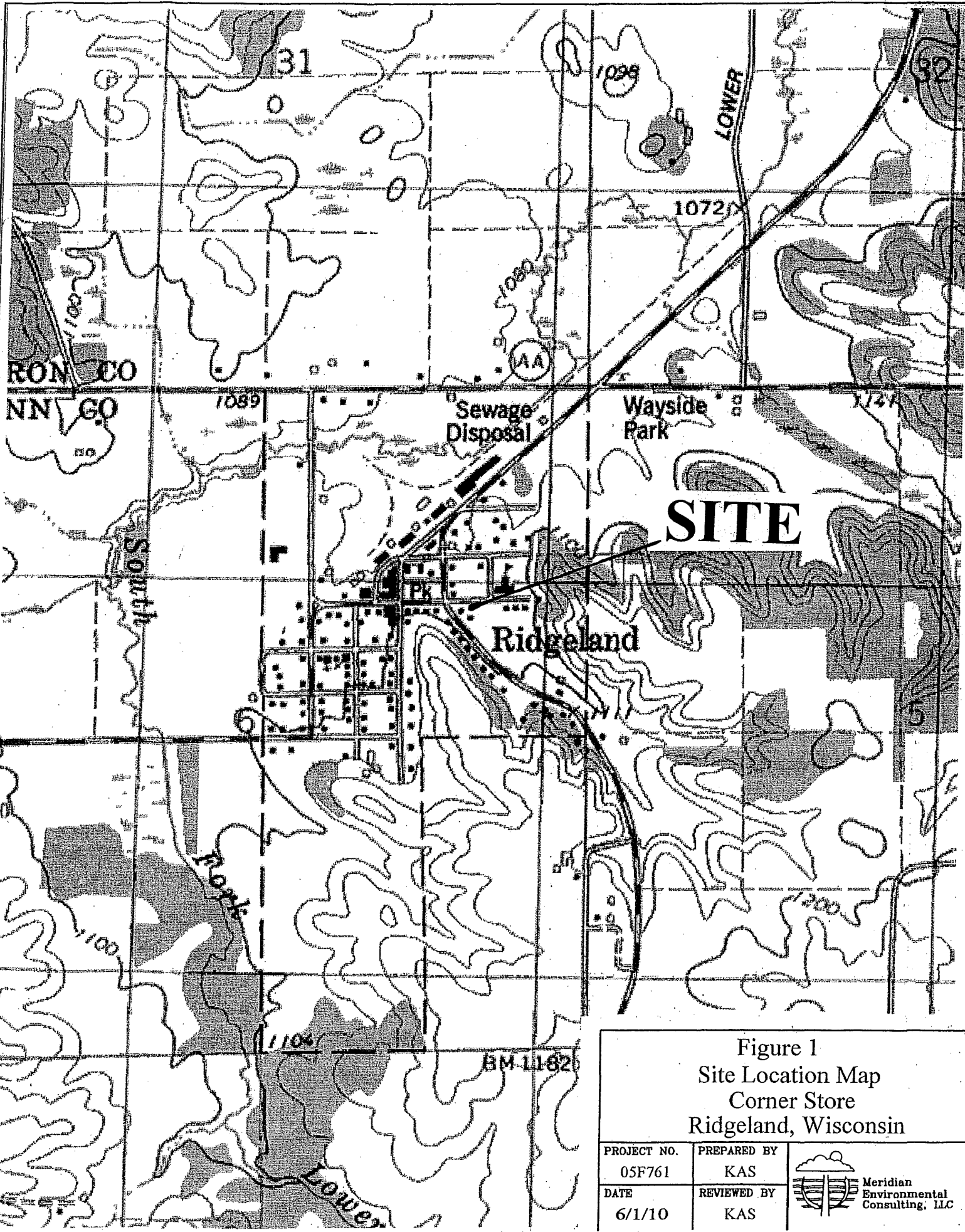

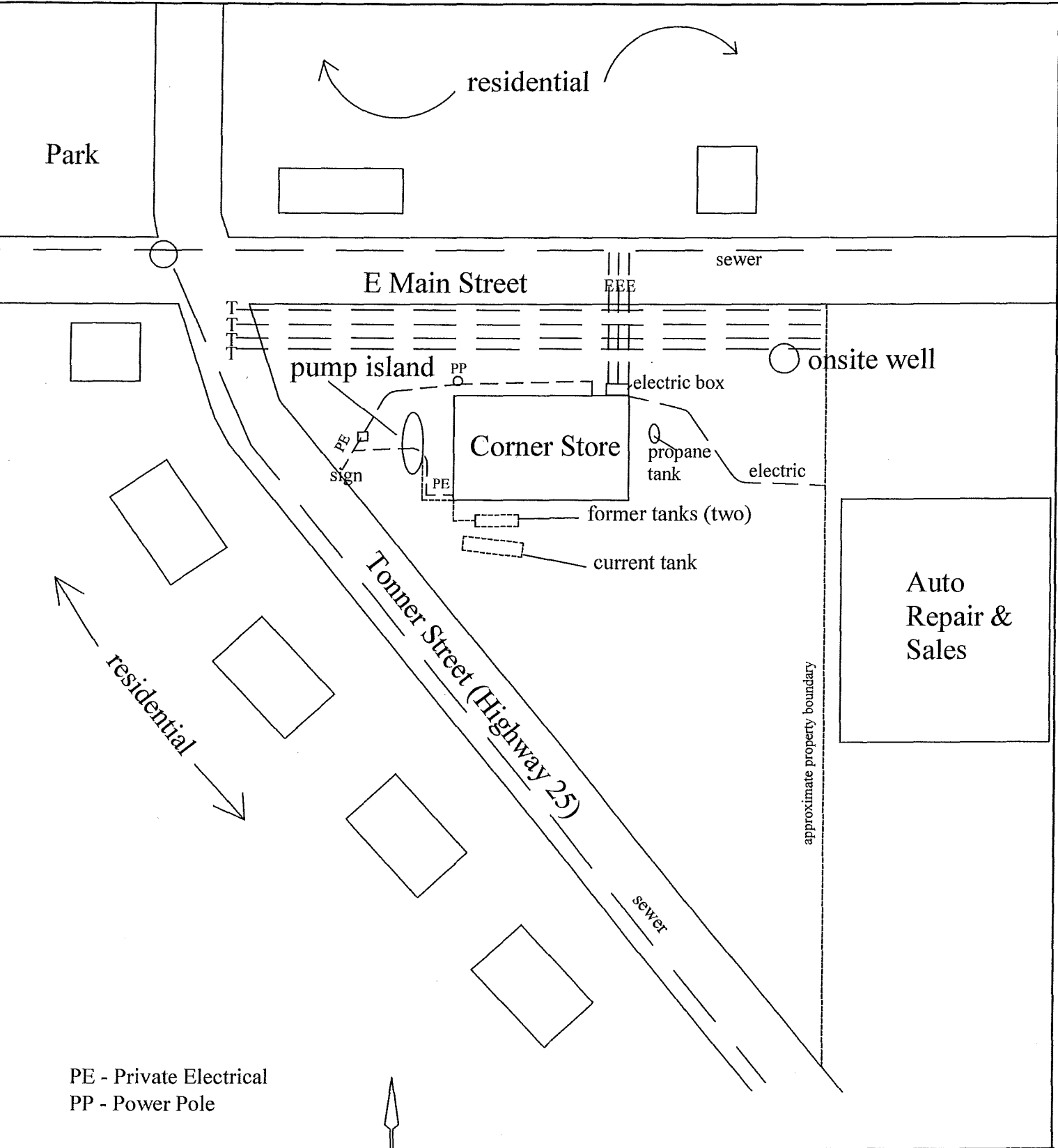


Figure 1
 Site Location Map
 Corner Store
 Ridgeland, Wisconsin

PROJECT NO. 05F761	PREPARED BY KAS	 Meridian Environmental Consulting, LLC
DATE 6/1/10	REVIEWED BY KAS	



PE - Private Electrical
 PP - Power Pole

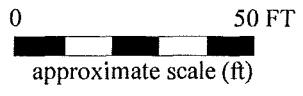
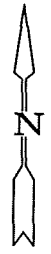



Figure 2
 Site Map
 Corner Store
 Ridgeland, Wisconsin

PROJECT NO. 05F761	PREPARED BY KAS	 Meridian Environmental Consulting, LLC
DATE 2/10/11	REVIEWED BY KAS	

E MAIN STREET

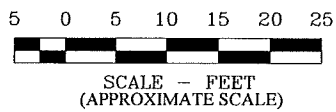
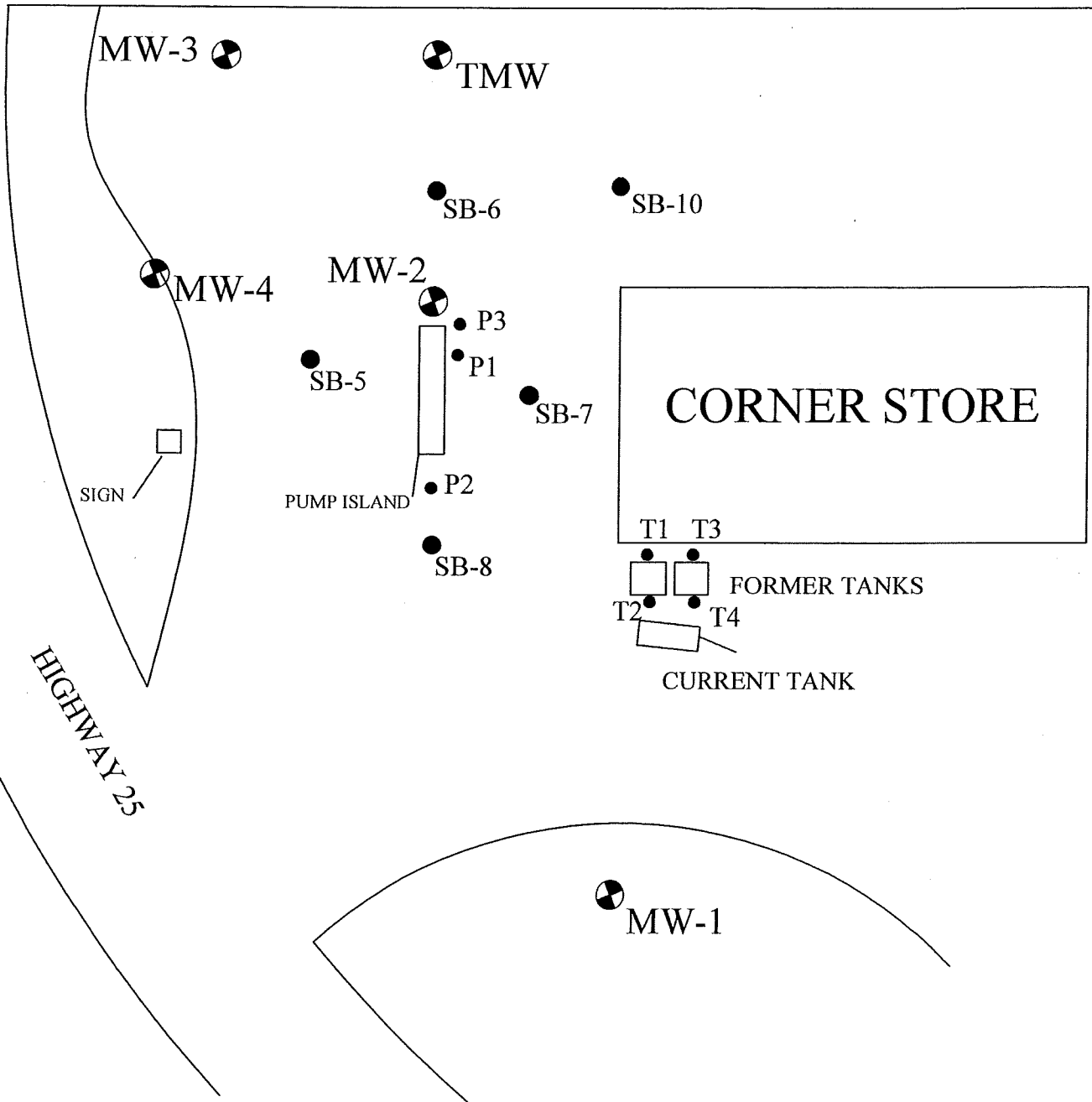



Figure 3
Soil Borings and Monitoring Wells
Fosters Corner Store
Ridgeland, Wisconsin

PROJECT NO. 05F761	PREPARED BY KAS	 Meridian Environmental Consulting, LLC
DATE 2/10/2011	REVIEWED BY KAS	

West East

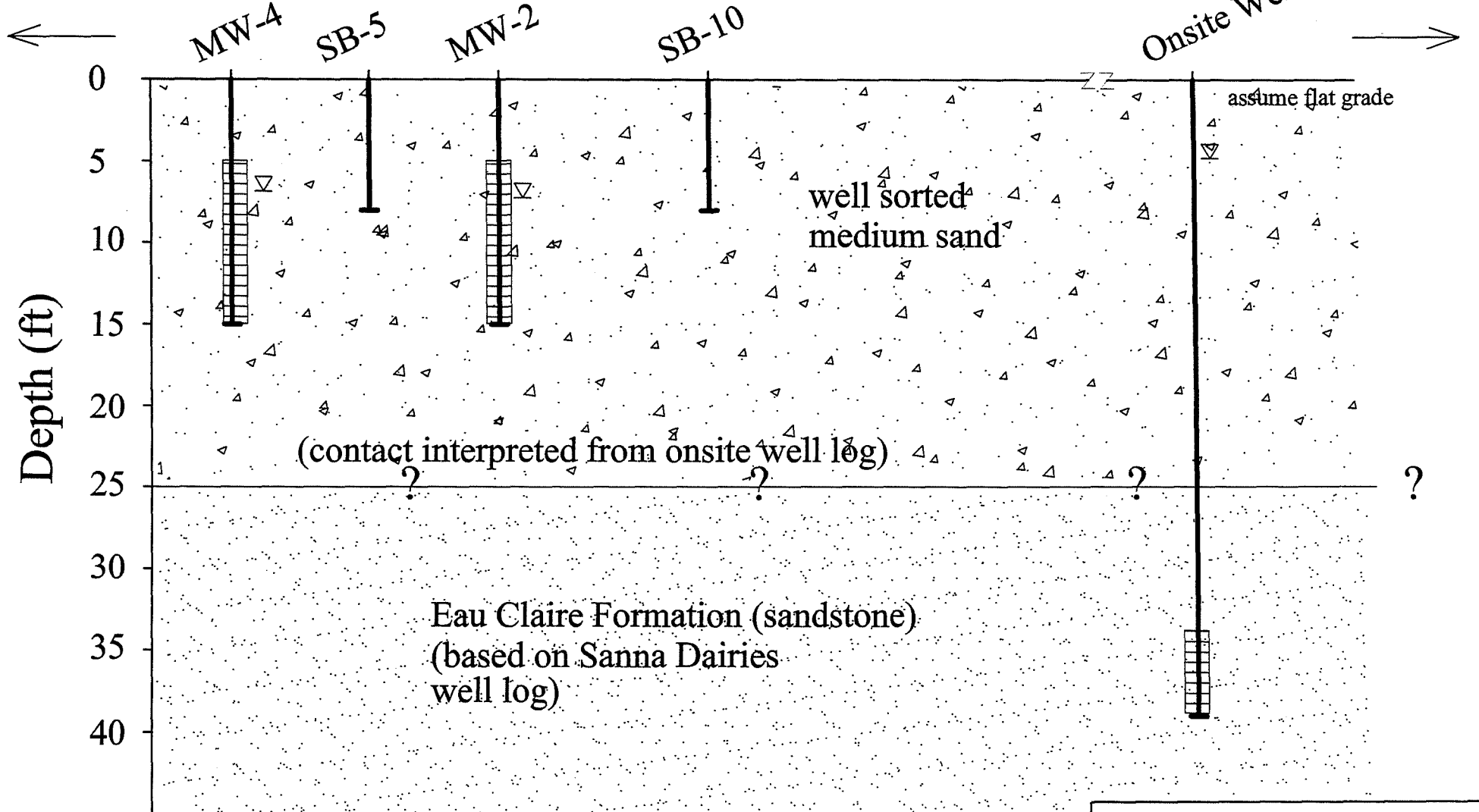

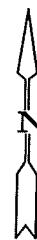


Figure 4
Cross-Section
Corner Store
Ridgeland, WI

PROJECT NO. 05F761	PREPARED BY KAS	 Meridian Environmental Consulting, LLC
DATE 2/14/11	REVIEWED BY KAS	



E MAIN STREET

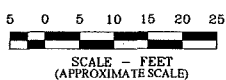
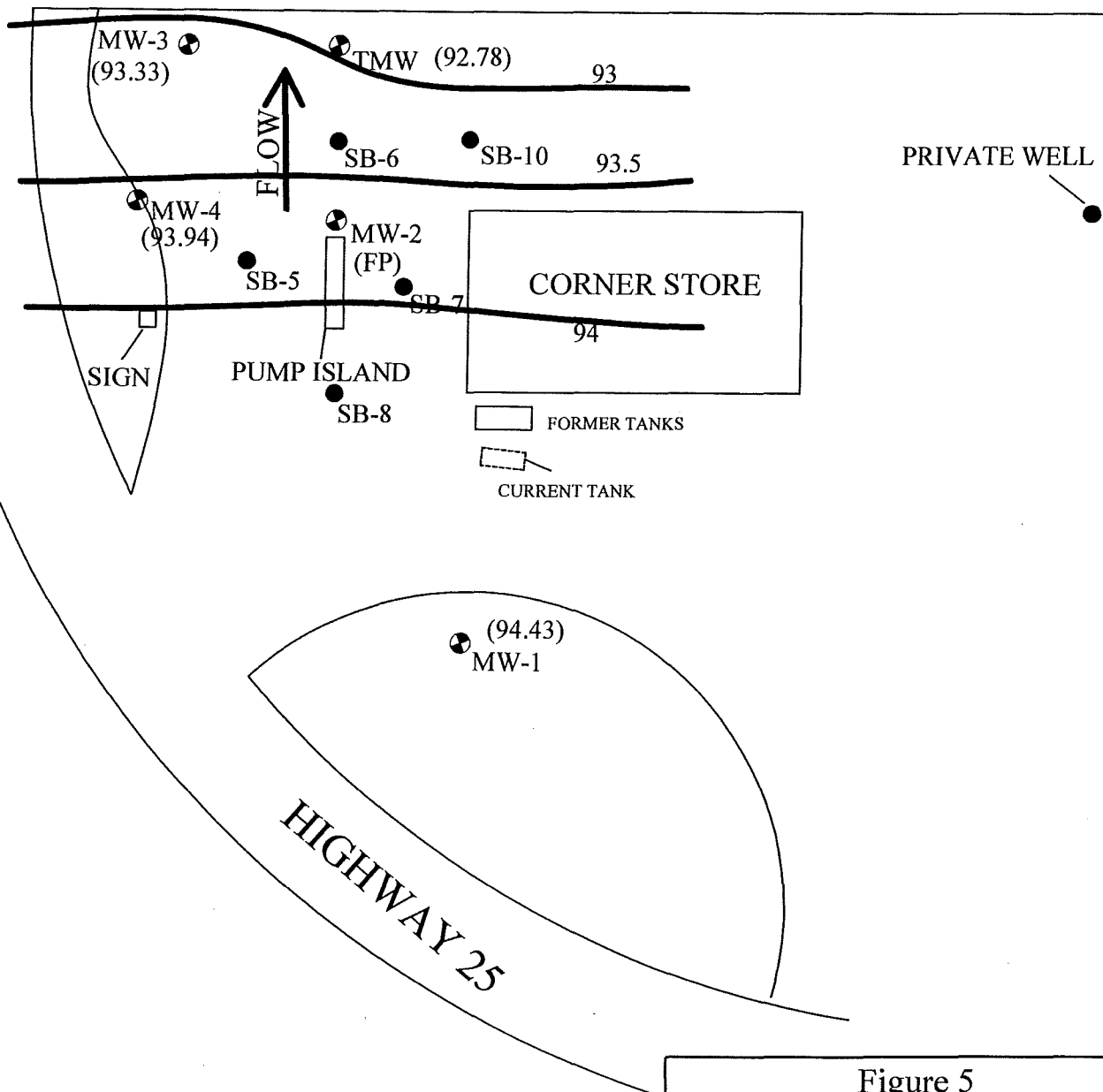

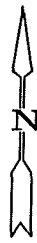


Figure 5 Ground Water Contour Map 6/22/10 Corner Store Ridgeland, Wisconsin		
PROJECT NO. 05F761	PREPARED BY KAS	 Meridian Environmental Consulting, LLC
DATE 2/10/2011	REVIEWED BY KAS	



E MAIN STREET

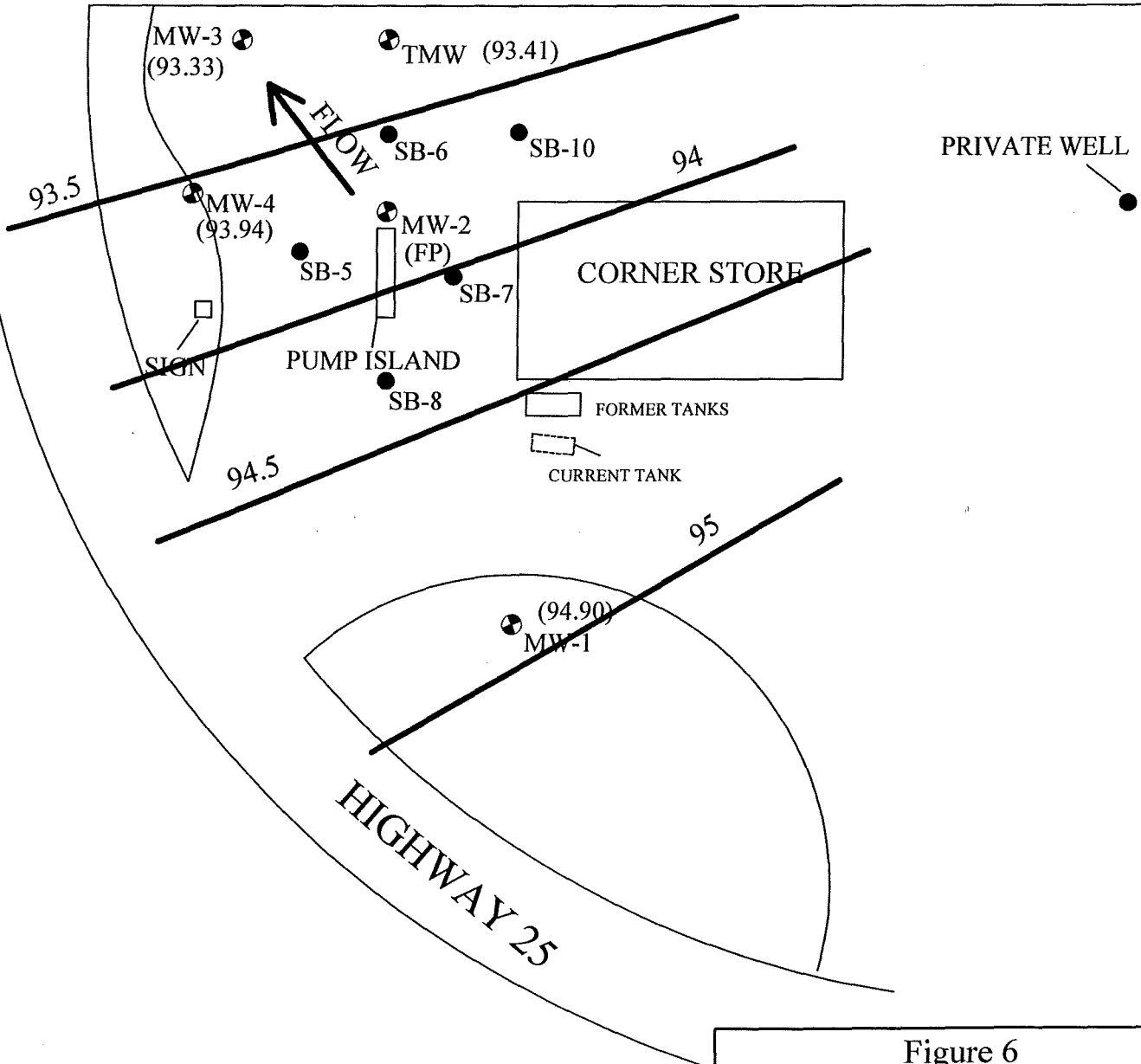
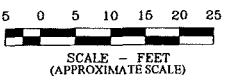



Figure 6
Ground Water Contour Map 9/21/10
Corner Store
Ridgeland, Wisconsin



PROJECT NO. 05F761	PREPARED BY KAS	 Meridian Environmental Consulting, LLC
DATE 2/10/2011	REVIEWED BY KAS	

Estimated Extent of Impacted Soil

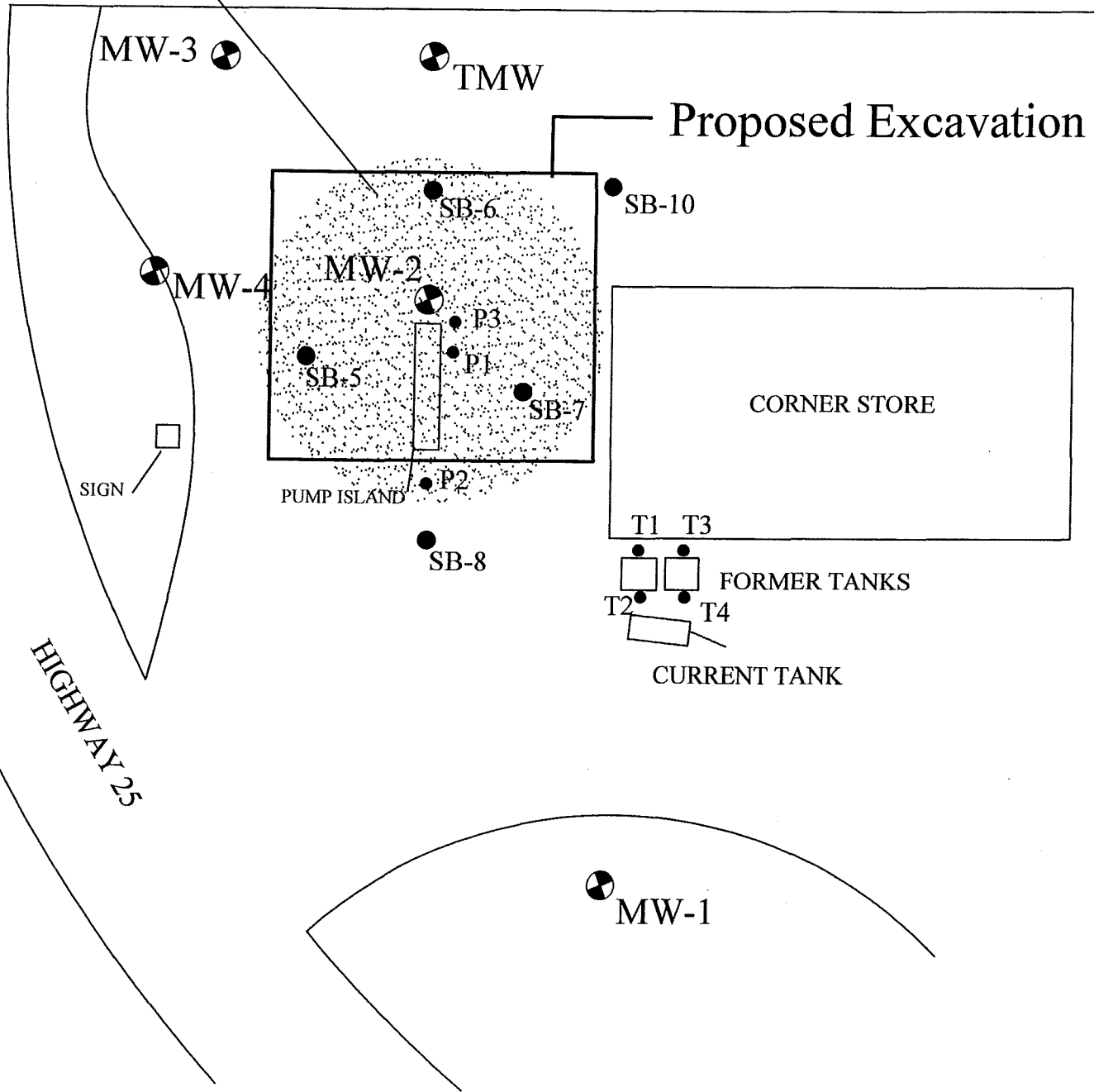



Figure 7
Extent of Impacted Soil
Fosters Corner Store
Ridgeland, Wisconsin

PROJECT NO. 05F761	PREPARED BY KAS	 Meridian Environmental Consulting, LLC
DATE 2/10/2011	REVIEWED BY KAS	

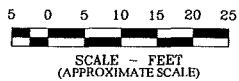
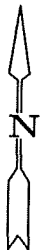
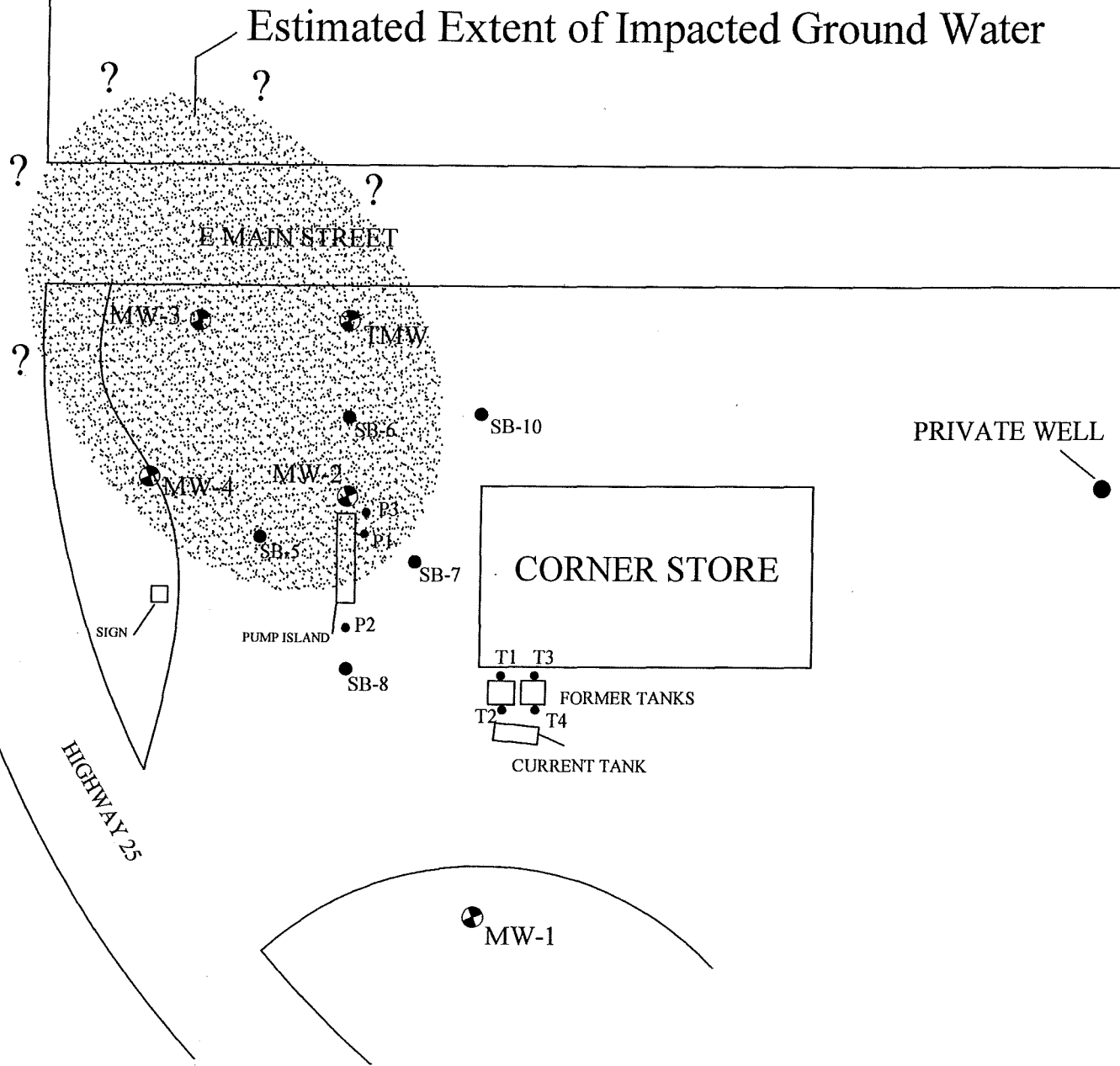



Figure 8
Extent of Impacted Ground Water
Fosters Corner Store
Ridgeland, Wisconsin

PROJECT NO. 05F761	PREPARED BY KAS	 Meridian Environmental Consulting, LLC
DATE 2/10/2011	REVIEWED BY KAS	

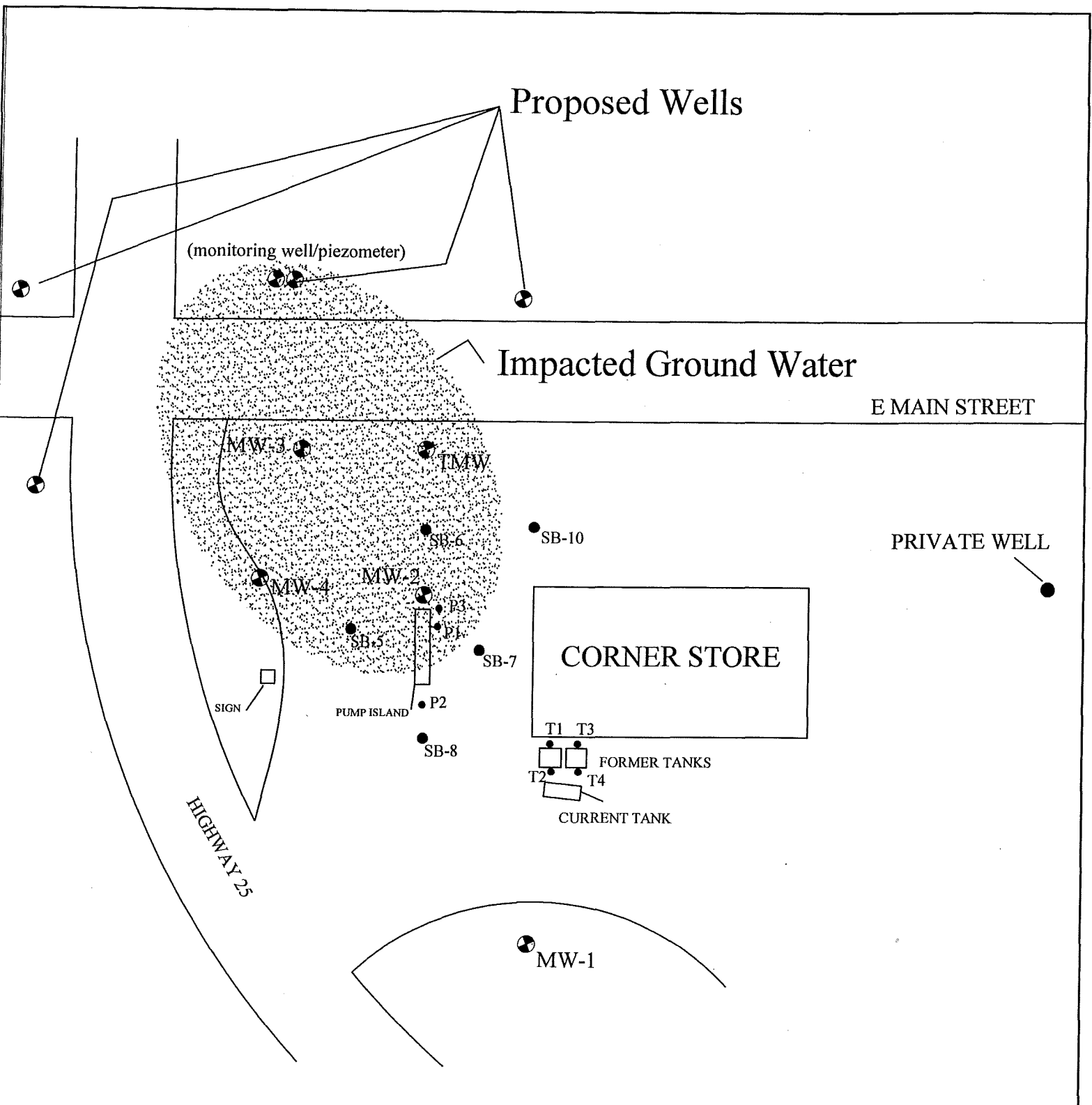



Figure 9
 Proposed Monitoring Wells
 Fosters Corner Store
 Ridgeland, Wisconsin

PROJECT NO. 05F761	PREPARED BY KAS	 Meridian Environmental Consulting, LLC
DATE 2/10/2011	REVIEWED BY KAS	

APPENDIX A

PREVIOUS WORK

1999 TANK CLOSURE ASSESSMENT

**2008 CEDAR CORP SOIL &
GROUND WATER SAMPLES**



Environmental Consulting Services, LLC
318 Woodward Avenue
Chippewa Falls, WI 54729
715-726-8684
FAX 715-726-8675

June 24, 1999

Re: Gerry's Corner Store
Tank Closure Assessment
Ridgeland, Wisconsin
ECS No. GERRY991

Pat Collins
Wisconsin Department of Natural Resources
Suite 104, 990 Hillcrest
Baldwin, WI 54002

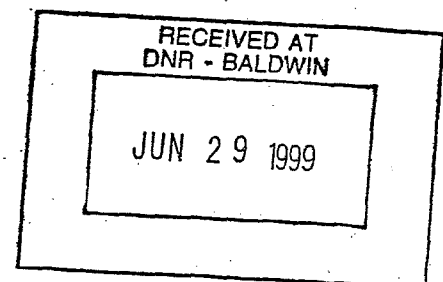
Dear Pat:

On behalf of Gerry's Corner Store, Environmental Consulting Services, LLC (ECS) is submitting this report titled "Tank Closure Assessment", dated June 1999. Two 1,000 gallon gasoline USTs were removed from the above referenced site in May 1998. Analytical results indicated that two soil samples contained gasoline range organic (GRO) compounds above the WDNR action level of 10 ppm. Samples P1 and P2 collected near the dispenser island contained GRO at 5,130 and 45.3 ppm respectively. If you have any questions regarding the results of the tank closure assessment, please contact me at 715-726-8684.

Sincerely,

A handwritten signature in cursive script that reads "David McDaniel".

David McDaniel, P.E.



Distribution List

No. of Copies

Sent to

1

Pat Collins
Wisconsin Department of Natural Resources
Suite 104, 990 Hillcrest
Baldwin, WI 54002

1

Craig Moen
Gerry's Corner Store
102 Highway 25
Ridgeland, Wisconsin 54763

Tank Closure Assessment

Gerry's Corner Store
Ridgeland, Wisconsin

Prepared for:
Gerry's Corner Store

Prepared by:
Environmental Consulting Services, LLC
318 Woodward Avenue
Chippewa Falls, WI 54729
(715) 726-8684

I, David A. McDaniel, hereby certify that I have complied with ch. ILHR 10, Wis. Adm. Code, and I am authorized to conduct tank closure assessments in the State of Wisconsin, and that, to the best of my knowledge, all of the information contained in this document is correct and the document was prepared in compliance with all applicable requirements in ch. ILHR 10, Wis. Adm. Code.

David McDaniel 45960 6-25-99
David McDaniel Certification Number Date
Certified Site Assessor

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Distribution List
Certification Page
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Figure 2 Site Plan

List of Appendices

Appendix A Project Personnel
Appendix B Closure Documentation
Appendix C Standard Operating Procedures
Appendix D Laboratory Reports

Tank Closure Assessment

Gerry's Corner Store

1.0 Introduction

This report describes the tank closure assessment conducted by Environmental Consulting Services, LLC (ECS) at Gerry's Corner Store in the Village of Ridgeland, Wisconsin. The gasoline underground storage tank (UST) system was upgraded and tanks were removed in May 1999. The purpose of the tank closure assessment was to determine if obvious petroleum releases had occurred as a result of petroleum storage or usage at the location of the UST system. Tanks were removed and an upgraded system was installed prior to arrival onsite by ECS. Tank closure information and former tank locations described in this report are based on information provided by the tank removal contractor and personnel of Gerry's Corner Store.

2.0 Site Background

The site is located at 102 STH 25 in the SE 1/4 of the NE 1/4 of Section 6, T31N, R12W as shown in Figure 1, "Site Location Map." The site is bounded by STH 25 to the west. Groundwater is reportedly located at a depth of less than 15 feet. Regional groundwater maps indicate the groundwater flow to be north-northwest.

The site is occupied by a gas station and grocery store. The pump island is located west of the store, and tanks were located south of the building. The site layout is shown on Figure 2, "Site Plan." Tanks were replaced with two new USTs that are located immediately south of the former UST locations.

3.0 Tank Closure Assessment

The USTs were removed by McDonald Petroleum Service on May 20, 1999. Personnel involved with tank closure at the site are listed in Appendix A, "Project Personnel." The tank closure checklist is included in Appendix B, "Closure Documentation." Prior to excavation of the USTs, oxygen content and explosive levels in the interior of the tanks were monitored to determine if an explosion hazard was present. Soil was excavated to expose the tops of the tanks. The tanks were removed and cleaned on site and the tank excavation was backfilled to the original surface elevation with clean sand following tank closure.

ECS collected assessment samples using a hand auger on May 27, 1999. Weather conditions during the assessment included temperatures ranging from approximately 65 to 75 degrees F. No precipitation was noted during completion of the tank closure assessment.

ECS observed slight odors in sample P1. Remaining samples contained no obvious odors. Samples were collected beneath both ends of the USTs, beneath the pump island and along piping. Samples were collected in accordance with procedures detailed in Appendix C, "Standard Operating Procedures. The sample locations are shown on Figure 2, "Site Plan." The samples were stored on ice for shipment to US Filter/Enviroscan for analysis of GRO.

Soil consisted of brown silty sand with some gravel. Hand auger borings extended to a maximum depth of about six feet. Groundwater, was not encountered in the borings.

4.0 Results

Samples collected at the dispenser (P1) and along piping (P2) contained GRO at 5,130 and 45.3 ppm respectively. Samples collected at the USTs (T1-T4) contained no detectable concentrations of GRO compounds. Analytical results are summarized in Table 1, "Analytical Results" and laboratory reports are included in Appendix D, "Laboratory Reports."

5.0 Waste Handling and Documentation

Sludge and waste liquids generated as a result of tank closure were drummed and will be transported offsite for disposal. Following tank cleaning, scrap metal including the tank

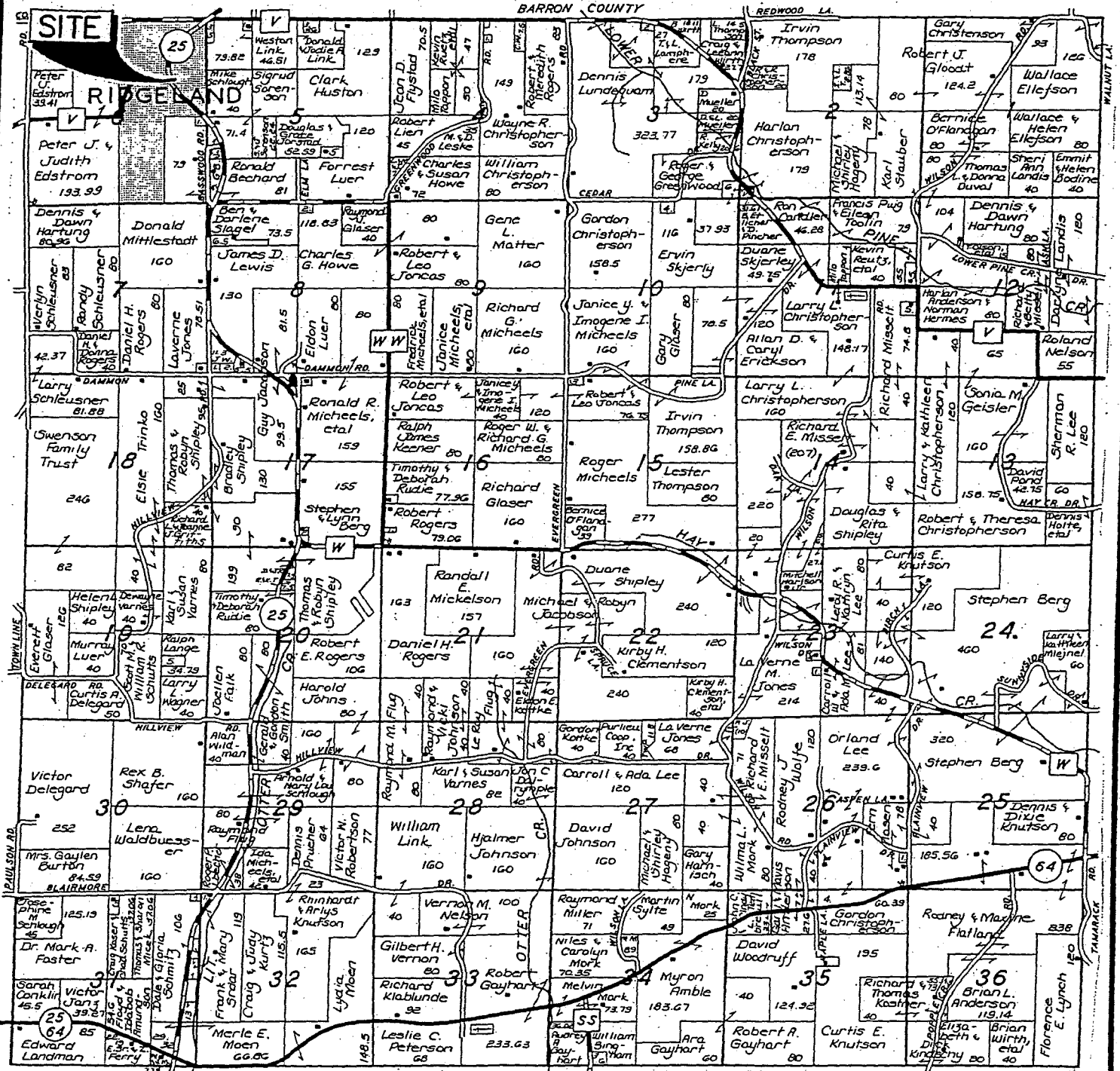
and piping was removed from the site by McDonald Petroleum and transported to Max Phillips & Sons in Eau Claire, Wisconsin.

6.0 Conclusions and Recommendations

The tank closure assessment identified contaminated soil adjacent to the dispenser island at concentrations exceeding the WDNR action level. Based on these results, Wisconsin Department of Natural Resources personnel should be notified that a release has occurred. A site investigation will be required by the WDNR to determine the extent of contamination.

WILSON

T. 31N. - R. 12W.



© 1990, Rockford Map Publs., Inc.

Dunn County, Wis.

ECS

TANK CLOSURE ASSESSMENT
GERRY'S CORNER STORE

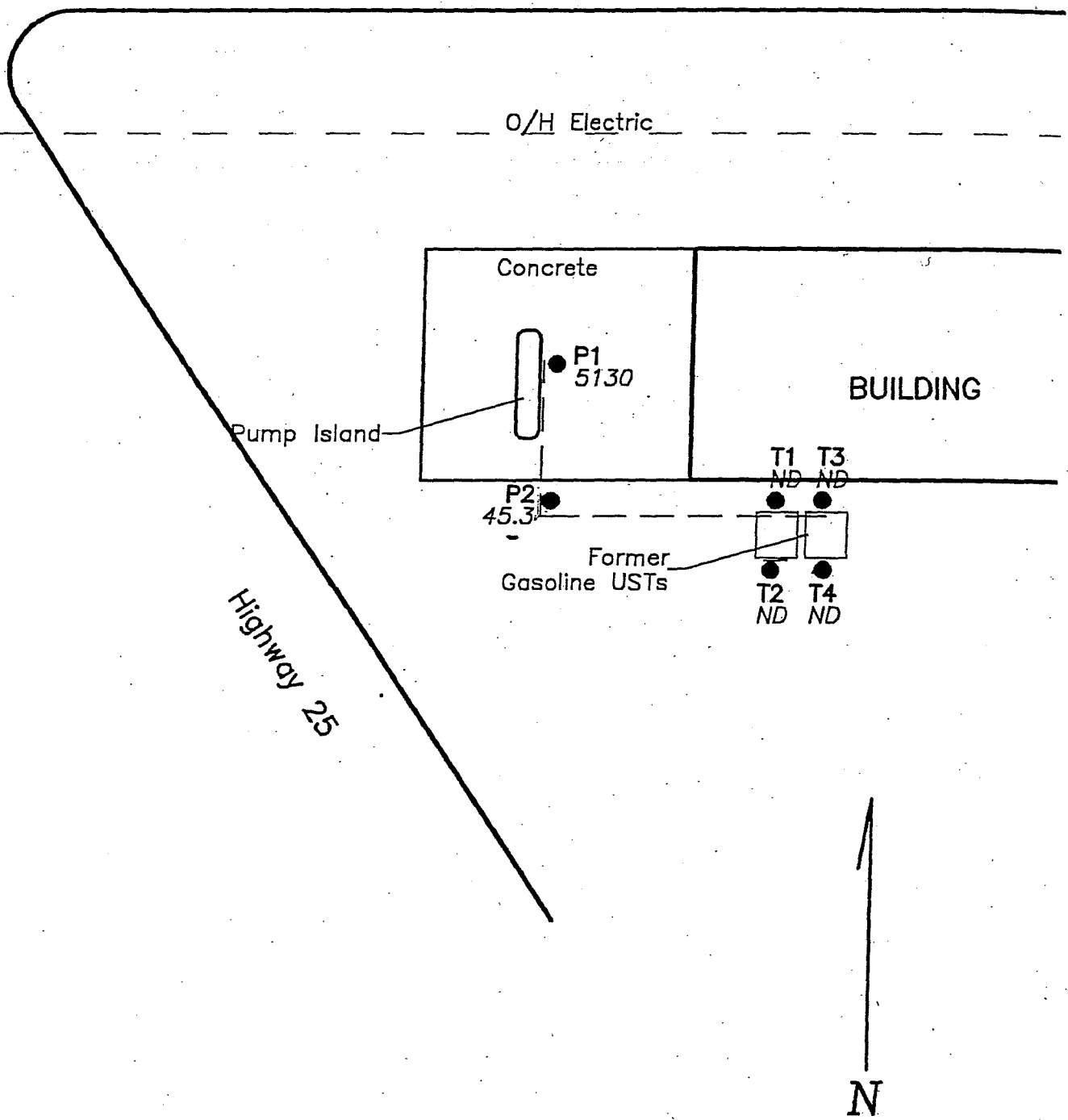
FIGURE 1
SITE LOCATION

PROJ. NO.
GERRY991
DATE
6/1/99

Table 1
Analytical Results

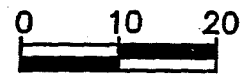
Sample ID	Depth(ft)	GRO (mg/kg)
P1	3	5,130
P2	3	45.3
T1	6	ND
T2	6	ND
T3	6	ND
T4	6	ND

ND - Indicates compounds not detected above laboratory detection limits



LEGEND

T1
ND ● Tank Assessment Sample Location
With GRO Results (mg/kg)



Approximate Scale (FT)

ECS

TANK CLOSURE ASSESSMENT
GERRY'S CORNER STORE

FIGURE 2
SITE PLAN

PROJ. NO.
GERRY991
DATE
6/24/99

-
1. **Owner**
Gerry's Corner Store
102 STH 25
Ridgeland, Wisconsin 54763
Contact: Craig Moen
Phone: (715)949-1230

 2. **Tank Assessor**
Environmental Consulting Services, LLC
318 Woodward Avenue
Chippewa Falls, WI 54729
Contact: Dave McDaniel (Cert. No. 45960)
Phone: (715) 726-8684

 3. **Certified Remover/Cleaner**
McDonald Petroleum Service
Route 3, Box 311
Chippewa Falls, WI 54729
Contact: Pat McDonald (Cert. No. 0623)
Phone: (715) 723-2059

 4. **Inspector**
Western Wisconsin Inspection
919 Fairfax Street
Altoona, WI 54720
Contact: Bruce Getten (Cert. No.5504)
Phone: (715) 833-7671

 5. **Analytical Laboratory**
US Filter/Enviroscan
301 West Military Road
Rothschild, Wisconsin, WI 54474
Wisconsin Lab Certification No. 737053130
Phone: (800) 338-7226

UNDERGROUND
PETROLEUM PRODUCT
TANK INVENTORY

Send Completed Form To:
Safety & Buildings Division
P.O. Box 7969
Madison, WI 53707
Telephone: (608) 267-5280

For Office Use Only:

Tank ID #

Information Required By Sec. 102.142, Wis. Stats.

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. Please see the reverse side for additional information on this program. An underground storage tank is defined as any tank with at least 10 percent of its total volume (included piping) located below ground level. 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 The information you provide may be used by other government agency programs [Privacy Law, s. 15.04 (1) (m)].

This registration applies to a tank that is (check one):

- 1A. In Use or 1B. Newly Installed
- 2. Abandoned With Product
- 3. Abandoned No Product (empty) or With Water
- 4. Closed - Tank Removed
- 5. Closed - Filled With Inert Material
- 6. Changed Ownership (Indicate new owner below)
- 7. Out of Service - Provide Date:

Fire Department Providing Fire Coverage Where Tank Located:

Ridgeland / Wilson

A. IDENTIFICATION: (Please Print)

1. Tank Site Name: Gerry's Corner Store Site Address: 102 Hwy 25 Site Telephone No.: (715) 949-1230

City Village Town of: Ridgeland State: WIS Zip Code: 54763 County: Dunn

2. Owner Name (mail sent here unless indicated otherwise in #3 below): Craig Moen Owner Mailing Address (mail sent here unless indicated otherwise in #3): 102 Hwy 25

City Village Town of: Ridgeland State: WIS Zip Code: 54763 County: Dunn

3. Alternate Mailing Name If Different Than #2: _____ Alternate Mailing Street Address If Different From #2: _____

City Village Town of: _____ State: _____ Zip Code: _____ County: _____

4. Tank Age (date installed, if known: or years old) _____ 5. Tank Capacity (gallons): 1000 6. Tank Manufacturer's Name (if known): _____

B. TYPE OF USER (check one):

- 1. Gas Station
- 2. Bulk Storage
- 3. Utility
- 4. Mercantile
- 5. Industrial
- 6. Government
- 7. School
- 8. Residential
- 9. Agricultural
- 10. Other (specify): _____

C. TANK CONSTRUCTION:

- 1. Bare Steel
- 2. Cathodically Protected and Coated Steel (A. Sacrificial Anodes or B. Impressed Current)
- 3. Coated Steel
- 4. Fiberglass
- 5. Other (specify): _____
- 6. Relined - Date: _____
- 7. Steel - Fiberglass Reinforced Plastic Composite
- 9. Unknown

Approval: 1. Nat'l Std. 2. UL 3. Other: _____

Is Tank Double Walled? Yes No

Overfill Protection Provided? Yes No If yes, identify type: _____

Spill Containment? Yes No

Tank leak detection method: 1. Automatic tank gauging 2. Vapor monitoring 3. Groundwater monitoring 4. Inventory control and tightness testing 5. Interstitial monitoring 6. Not required at present 7. Manual Tank Gauging (only for tanks of 1,000 gallons or less)

D. PIPING CONSTRUCTION

- 1. Bare Steel
- 2. Cathodically Protected and Coated or Wrapped Steel (A. Sacrificial Anodes or B. Impressed Current)
- 3. Coated Steel
- 4. Fiberglass
- 5. Other (specify): _____
- 9. Unknown

Piping System Type: 1. Pressurized piping with: A. auto shutoff; B. alarm; or C. flow restrictor 2. Suction piping with check valve at tank 3. Suction piping with check valve at pump and inspectable

Piping leak detection method: used if pressurized or check valve at tank: 1. Vapor monitoring 2. Interstitial monitoring 3. Groundwater monitoring 4. Tightness testing 5. Line Leak Detector 6. Not Required

Approval: 1. Nat'l Std 2. UL 3. Other: _____

Double Walled: Yes No

E. TANK CONTENTS

- 1. Diesel
- 2. Leaded
- 3. Unleaded
- 4. Fuel Oil
- 5. Gasohol
- 6. Other
- 7. Empty
- 8. Sand/Gravel/Slurry
- 9. Unknown
- 10. Premix
- 11. Waste Oil
- 12. Propane
- 13. Chemical * _____
- 14. Kerosene
- 15. Aviation

* If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste.

If Tank Closed, Give Date (mo/day/yr): 5-10-99

Has a site assessment been completed? (see reverse side for details) Yes No

If installation of a new tank is being reported, indicate who performed the installation inspection:

- 1. Fire Department
- 2. DILHR
- 3. Other (identify): _____

Name of Owner or Operator (please print): Craig Moen

Indicate Whether:

Owner or Operator

Signature of Owner or Operator: Craig Moen

Date Signed: 5-13-99

UNDERGROUND PETROLEUM PRODUCT TANK INVENTORY

Send Completed Form To:
Safety & Buildings Division
P.O. Box 7969
Madison, WI 53707
Telephone: (608) 267-5280

For Office Use Only:
Tank ID #

Information Required By Sec. 102.142, Wis. Stats.

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. Please see the reverse side for additional information on this program. An underground storage tank is defined as any tank with at least 10 percent of its total volume (included piping) located below ground level. 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
The information you provide may be used by other government agency programs (Privacy Law, s. 15.04(1)(m)).

This registration applies to a tank that is (check one):

- | | | | |
|--|--|--|---|
| 1A. <input type="checkbox"/> In Use or | 18. <input type="checkbox"/> Newly Installed | 4. <input checked="" type="checkbox"/> Closed - Tank Removed | 8. <input type="checkbox"/> Changed Ownership |
| 2. <input type="checkbox"/> Abandoned With Product | 6. <input type="checkbox"/> Closed - Filled With Inert Material | (Indicate new owner below) | |
| 3. <input type="checkbox"/> Abandoned No Product (empty) or With Water | 7. <input type="checkbox"/> Out of Service - Provide Date: _____ | | |

Fire Department Providing Fire Coverage Where Tank Located:

Ridgeland/Wilson

A. IDENTIFICATION: (Please Print)

1. Tank Site Name <i>Berry's Corner Store</i>	Site Address <i>102 Hwy 25</i>	Site Telephone No. <i>(715) 949-1230</i>
<input type="checkbox"/> City <i>Ridgeland</i>	<input checked="" type="checkbox"/> Village	<input type="checkbox"/> Town of:
2. Owner Name (mail sent here unless indicated otherwise in #3 below) <i>Craig Moen</i>	Owner Mailing Address (mail sent here unless indicated otherwise in #3) <i>102 Hwy 25</i>	County <i>Dunn</i>
<input type="checkbox"/> City <i>Ridgeland</i>	<input checked="" type="checkbox"/> Village	<input type="checkbox"/> Town of:
3. Alternate Mailing Name if Different Than #2	Alternate Mailing Street Address if Different From #2	State <i>Wis</i>
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:
4. Tank Age (date installed, if known; or years old)	5. Tank Capacity (gallons) <i>1000</i>	6. Tank Manufacturer's Name (if known)
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:

B. TYPE OF USER (check one):

- | | | | |
|--|---|-------------------------------------|---|
| 1. <input checked="" type="checkbox"/> Gas Station | 2. <input type="checkbox"/> Bulk Storage | 3. <input type="checkbox"/> Utility | 4. <input type="checkbox"/> Mercantile |
| 5. <input type="checkbox"/> Industrial | 6. <input type="checkbox"/> Government | 7. <input type="checkbox"/> School | 8. <input type="checkbox"/> Residential |
| 9. <input type="checkbox"/> Agricultural | 10. <input type="checkbox"/> Other (specify): _____ | | |

C. TANK CONSTRUCTION:

- | | |
|---|---|
| 1. <input type="checkbox"/> Bare Steel | 2. <input type="checkbox"/> Cathodically Protected and Coated Steel (A. <input type="checkbox"/> Sacrificial Anodes or B. <input type="checkbox"/> Impressed Current) |
| 3. <input type="checkbox"/> Coated Steel | 4. <input type="checkbox"/> Fiberglass |
| 5. <input type="checkbox"/> Other (specify): _____ | 6. <input type="checkbox"/> Relined - Date _____ |
| 7. <input type="checkbox"/> Steel - Fiberglass Reinforced Plastic Composite | 8. <input type="checkbox"/> Unknown |

Approval: 1. <input type="checkbox"/> Nat'l Std. 2. <input type="checkbox"/> UL 3. <input type="checkbox"/> Other:	Is Tank Double Walled? <input type="checkbox"/> Yes <input type="checkbox"/> No
Overfill Protection Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify type:	Spill Containment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Tank leak detection method: 1. <input type="checkbox"/> Automatic tank gauging 2. <input type="checkbox"/> Vapor monitoring 3. <input type="checkbox"/> Groundwater monitoring 4. <input type="checkbox"/> Inventory control and tightness testing 5. <input type="checkbox"/> Interstitial monitoring 6. <input type="checkbox"/> Not required at present 7. <input type="checkbox"/> Manual Tank Gauging (only for tanks of 1,000 gallons or less)	

D. PIPING CONSTRUCTION

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> Bare Steel | 2. <input type="checkbox"/> Cathodically Protected and Coated or Wrapped Steel (A. <input type="checkbox"/> Sacrificial Anodes or B. <input type="checkbox"/> Impressed Current) | 3. <input type="checkbox"/> Coated Steel |
| 4. <input type="checkbox"/> Fiberglass | 5. <input type="checkbox"/> Other (specify): _____ | 9. <input type="checkbox"/> Unknown |
| Piping System Type: 1. <input type="checkbox"/> Pressurized piping with: A. <input type="checkbox"/> auto shutoff; B. <input type="checkbox"/> alarm; or C. <input type="checkbox"/> flow restrictor 2. <input type="checkbox"/> Suction piping with check valve at tank 3. <input type="checkbox"/> Suction piping with check valve at pump and inspectable | | |

Piping leak detection method: used if pressurized or check valve at tank: 1. <input type="checkbox"/> Vapor monitoring 2. <input type="checkbox"/> Interstitial monitoring 3. <input type="checkbox"/> Groundwater monitoring 4. <input type="checkbox"/> Tightness testing 5. <input type="checkbox"/> Line Leak Detector 6. <input type="checkbox"/> Not Required	Double Walled: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approval: 1. <input type="checkbox"/> Nat'l Std 2. <input type="checkbox"/> UL 3. <input type="checkbox"/> Other:	

E. TANK CONTENTS

- | | | | |
|--|-------------------------------------|---|--|
| 1. <input type="checkbox"/> Diesel | 2. <input type="checkbox"/> Leaded | 3. <input checked="" type="checkbox"/> Unleaded | 4. <input type="checkbox"/> Fuel Oil |
| 5. <input type="checkbox"/> Gasohol | 6. <input type="checkbox"/> Other | 7. <input type="checkbox"/> Empty | 8. <input type="checkbox"/> Sand/Gravel/Slurry |
| 9. <input type="checkbox"/> Unknown | 10. <input type="checkbox"/> Premix | 11. <input type="checkbox"/> Waste Oil | 12. <input type="checkbox"/> Propane |
| 3. <input type="checkbox"/> Chemical * | | 14. <input type="checkbox"/> Kerosene | 15. <input type="checkbox"/> Aviation |

If # 13 is checked, indicate the chemical name(s) or number(s) of the chemical or waste.

Tank Closed, Give Date (mo/day/yr): <i>5-10-99</i>	Has a site assessment been completed? (see reverse side for details) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Installation of a new tank is being reported, indicate who performed the installation inspection: <input type="checkbox"/> Fire Department 2. <input type="checkbox"/> DILHR 3. <input type="checkbox"/> Other (identify) _____
--

Name of Owner or Operator (please print): <i>Craig Moen</i>	Indicate Whether: <input checked="" type="checkbox"/> Owner or <input type="checkbox"/> Operator
Nature of Owner or Operator: <i>Log Moen</i>	Date Signed: <i>5-13-99</i>

CHECKLIST FOR UNDERGROUND TANK CLOSURE

RETURN COMPLETED CHECKLIST TO:
Safety & Buildings Division
Fire Prevention & Underground
Storage Tank Section
P. O. Box 7969, Madison, WI 53707

**Complete one form for
each site closure.**

The information you provide may be used by other
government agency programs [Privacy Law, s. 15.04 (1)(m)].

A. IDENTIFICATION: (Please Print) Indicate whether closure is for: Tank System Tank Only Piping Only

1. Site Name Marys Corner Store			2. Owner Name Craig Moen		
Site Street Address (not P.O. Box) 102 Hwy 25			Owner Street Address 102 Hwy 25		
<input type="checkbox"/> City	<input checked="" type="checkbox"/> Village	<input type="checkbox"/> Town of:	<input type="checkbox"/> City	<input checked="" type="checkbox"/> Village	<input type="checkbox"/> Town of:
Ridgeland			Ridgeland		State WI
State WI	Zip Code 54763	County Dunn	County Dunn	Telephone No. (include area code) (715) 949-1230	
3. Closure Company Name (Print) McDonalds Petroleum			Closure Company Street Address, 8442 120th St		
Closure Company Telephone No. (include area code) (715) 723-2059			Closure Company City, State, Zip Code Chippewa Falls, WI 54729		
4. Name of Company Performing Closure Assessment ECS			Assessment Company Street Address, City, State, Zip Code 318 Woodward Av, Chippewa Falls, WI 54729		
Telephone # (include area code) (715) 726 8684	Certified Assessor Name (Print) David McDaniel	Assessor Signature <i>David McDaniel</i>	Assessor Certification No. 45960		

Tank ID #	Closure	Temp. Closure	Closure In Place	Tank Capacity	Contents *	Closure Assessment
1. 382479	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1000	03	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2. 382478	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1000	03	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N

* Indicate which product by numeric code: 01-Diesel; 02-Leaded; 03-Unleaded; 04-Fuel Oil; 05-Gasohol; 06-Other; 09-Unknown; 10-Premix; 11-Waste oil; 13-Chemical (indicate the chemical name(s) or number(s)); 14-Kerosene; 15-Aviation.

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

Check applicable box at right in response to all statements in Sections B - E.

B. TEMPORARILY OUT OF SERVICE

Written inspector approval of temporary closure obtained, which is effective until (provide date) _____

- | | Remover Verified | Inspector Verified | NA |
|--|---|--------------------------|--------------------------|
| 1. Product Removed | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Product lines drained into tank (or other container) and resulting liquid removed, AND | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| b. All product removed to bottom of suction line, OR | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| c. All product removed to within 1" of bottom. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <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"/> | <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"/> | <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"/> | <input type="checkbox"/> |
| 5. Vent lines left open. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Inventory form filed indicating temporary closure. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |

C. CLOSURE BY REMOVAL

- | | | | |
|---|--|--------------------------|--------------------------|
| 1. Product from piping drained into tank (or other container). | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Piping disconnected from tank and removed. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. All liquid and residue removed from tank using explosion proof pumps or hand pumps. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. All pump motors and suction hoses bonded to tank or otherwise grounded. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| NOTE: DROP TUBE SHOULD NOT BE REMOVED IF THE TANK IS TO BE PURGED THROUGH THE USE OF AN EDUCATOR. | | | |
| 6. Vent lines left connected until tanks purged. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Tank openings temporarily plugged so vapors exit through vent. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section F. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. 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 type="checkbox"/> | <input type="checkbox"/> |
| 10. Tank cleaned before being removed from site. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |

C. CLOSURE BY REMOVAL (continued)

- | | Remover
Verified | Inspector
Verified | NA |
|--|--|--------------------------|--------------------------|
| 11. Tank labeled in 2" high letters after removal but before being moved from site. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; DATE. | | | |
| 12. Tank vent hole (1/8 th " in uppermost part of tank) installed prior to moving the tank from site. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Inventory form filed by owner with Safety and Buildings Division indicating closure by removal. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Site security is provided while the excavation is open. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |

D. CLOSURE IN PLACE

NOTE: CLOSURES IN PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS OR LOCAL AGENT.

- | | | | |
|--|--|--------------------------|--------------------------|
| 1. Product from piping drained into tank (or other container). | | | |
| 2. Piping disconnected from tank and removed. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. All liquid and residue removed from tank using explosion proof pumps or hand pumps. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. All pump motors and suction hoses bonded to tank or otherwise grounded. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| NOTE: DROP TUBE SHOULD NOT BE REMOVED IF THE TANK IS TO BE PURGED THROUGH THE USE OF AN EDUCTOR - EDUCTOR OUTPUT 12 FT ABOVE GRADE. | | | |
| 6. Vent lines left connected until tanks purged. | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Tank openings temporarily plugged so vapors exit through vent. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section F. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Tank properly cleaned to remove all sludge and residue. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Solid inert material (sand, cyclone boiler slag, pea gravel recommended) introduced and tank filled. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Vent line disconnected or removed. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Inventory form filed by owner with Safety and Buildings Division indicating closure in place. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |

E. CLOSURE ASSESSMENTS

NOTE: DETERMINE IF A CLOSURE ASSESSMENT IS REQUIRED BY REFERRING TO ILHR 10.

- | | | | |
|--|--|--------------------------|--------------------------|
| 1. Individual conducting the assessment has a closure assessment plan (written) which is used as the basis for their work on the site. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do points of obvious contamination exist? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there strong odors in the soils? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was a field screening instrument used to pre-screen soil sample locations? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was a closure assessment omitted because of obvious contamination? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was the DNR notified of suspected or obvious contamination? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency, office and person contacted: _____ | | | |
| 7. Contamination suspected because of: <input type="checkbox"/> Odor <input type="checkbox"/> Soil Staining <input type="checkbox"/> Free Product <input type="checkbox"/> Sheen On Groundwater <input type="checkbox"/> Field Instrument Test | | | |

F. METHOD OF ACHIEVING 10% LEVEL DESCRIPTION

- Educator 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.
- Dry Ice
Dry ice introduced at 1.5 pounds per 100 gallons of tank capacity. Dry ice crushed and distributed over the greatest possible tank area. Dry ice evaporated before proceeding.
- Inert Gas (CO/2 or N/2). **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. 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.
- Tank atmosphere monitored for flammable or combustible vapor levels.
Calibrate combustible gas indicator. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank. Readings of 10% or less of the lower flammable range (LEL) obtained before removing tank from ground.

G. NOTE SPECIFIC PROBLEMS OR NONCOMPLIANCE ISSUES BELOW

H. REMOVER/CLEANER INFORMATION

Remover Name (print) Pat McDonald Remover Signature *Pat McDonald* Remover Certification No. 41295 Date Signed 5-20-99

INSPECTOR INFORMATION

Inspector Name (print) _____ Inspector Signature _____ Inspector Certification No. _____

FDID # For Location Where Inspection Performed _____ Inspector Telephone Number _____ Date Signed _____



April 30, 2008

WDNR
Attn: Pat Collins
890 Spruce Street
Baldwin, WI 54002

SUBJECT: Update of soil and groundwater sampling completed for the Corner Store site.
PECFA ID #54763-96-2302
BRRTS #03-17-223007

Dear Mr. Collins:

The following letter is a summary of the work completed for the Corner Store Site located at 100 Tonnar Street, Ridgeland, WI on April 1, 2008. The amended scope of the project consisted of:

1. Conduct one soil boring sampling at depths of 4-5 feet below surface and just above the water table.
2. Collect one groundwater sample from this same soil boring
3. Prepare a letter report including, as attachments, a map showing the boring location, the soil boring log for the boring completed on the property, the laboratory analytical reports for the soil samples collected from the boring, a synopsis of the observation during the proceedings, if necessary, and a brief discussion of the results.

Sampling Event

The Corner Store site in Ridgeland, WI was sampled on April 1, 2008. The soil boring was completed by Geiss Soils & Samples, LLC using a direct push soil probe (geoprobe). A location map of the boring and a log of the boring are attached. Two soil samples were taken from this boring; one at 4-5 feet (P-3 4-5') and the other just above the groundwater at 7 feet (P-3 7'). A water sample was also analyzed from this boring as well. The analytical reports for these samples are attached. All soil and water samples were sent to a DNR Certified Laboratory (Test America, Watertown, WI certification number – 128053530) for analysis. All shipping, sampling, and handling protocols as required by EPA were followed.

Soil Samples

The soil samples results are summarized on Table 1. These results indicate that the concentration for benzene, ethylbenzene, toluene, and xylenes exceed the regulatory acceptable levels (Wis. Adm. Code NR720 Table 1 and 2) in both samples.

Groundwater Sample

A groundwater sample was collected from 8 feet below surface through the push probe sampling device using a peristaltic pump. The ground water sample results are included on Table 2. The analytical report indicates that the regulatory acceptable concentrations for dissolved petroleum contamination in groundwater have been exceeded for benzene and toluene (Wis. Adm. Code NR 140 Table 1, Enforcement Standard) and ethylbenzene, 1,2,4 and 1,3,5-trimethylbenzenes (Wis. Adm. Code NR 140 Table 1, Preventative Action Limit).

This scope of work has been completed as requested by Pat Collins of the Wisconsin Department of Natural Resources. Please do not hesitate to contact me or Scott McCurdy at 800-472-7372 if we can be of service or answer questions on this project.

Yours truly,

CEDAR CORPORATION

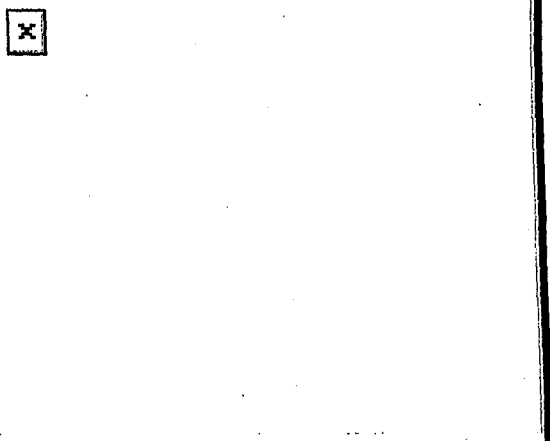
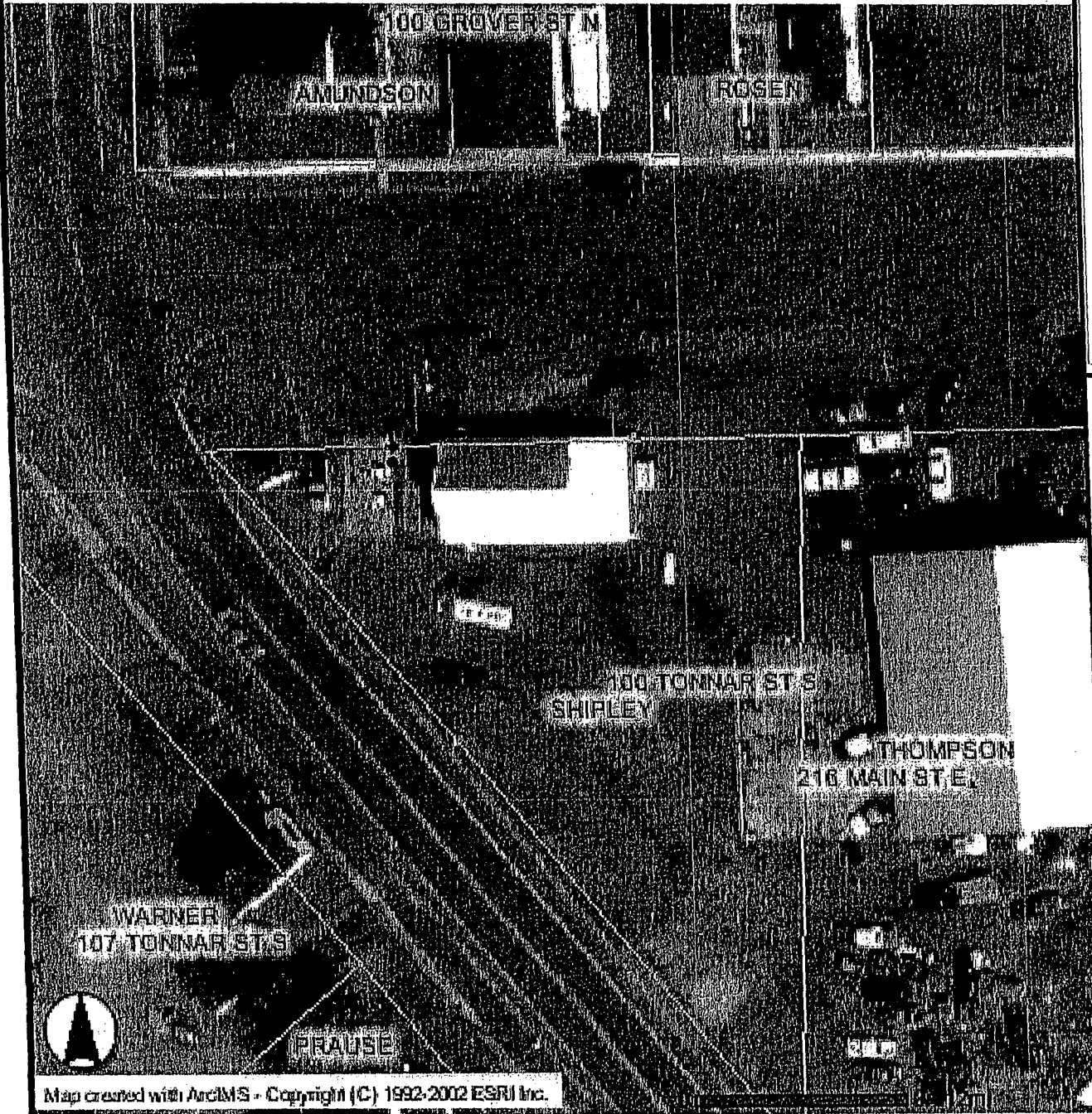


Ryan Stafne
Environmental Specialist











Enclosure

cc: Brad Shipley, N13544 530th Street, Ridgeland, WI 54763
Jason Foster, 102 Tonnar Street, Ridgeland, WI 54763

ArcIMS HTML Viewer Map



Legend

-  All_roads
-  Federal Interstate
-  Federal
-  Interstate
-  City_of_Menomonie
-  Hydro Line
-  Hydro Polygon
-  2007Address
-  2007Parcel
-  2004 6" BW

Map created with ArcIMS - Copyright (C) 1992-2002 ESRI Inc.

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

Page 1 of 1

Facility/Project Name Gerry's Corner Store		License/Permit/Monitoring Number		Boring Number P-3	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Jeff Last Name: Annis		Date Drilling Started 04 01 2008		Date Drilling Completed 04 01 2008	
Firm: Geiss Soils		MM DD YYYY 04 01 2008		MM DD YYYY 04 01 2008	
WI Unique Well No.	DNR Well ID No.	Common 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 type="checkbox"/> State Plane <u> </u> N, <u> </u> E S/C/N			Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		
SE 1/4 of NE 1/4 of Section 06 .T 31 N. R 12 E W			Lat _____ Long _____		
Facility ID		County Dunn	DNR County Code 17	Civil Town/City/ or Village Ridgeland, WI	

Sample Number and Type	Length Ail. & Recovered (ft)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geological 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					
1	36"		0-4"	4" concrete														Pet odor
	34"		4-8"	Blk - Brn Sandy Silt						M								Pet odor
			8-9"	Brown sand						M								Pet odor
			9-8'	▼ H ₂ O @ 8'						W								

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

Signature

John Steg

Firm



This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this report 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 form should be sent.

**TABLE 1
SOIL SAMPLE ANALYTICAL RESULTS
CORNER STORE
RIDGELAND, WI**

				Results reported in ug/Kg						
				Benzene	E - Benzene	MTBE	Toluene	1,2,4 TMB	1,3,5 TMB	Xylenes
Wis Adm. Code NR720, Table 1 & 2, Residual Contaminant Levels				5.5	2,900	NS	1,500	NS	NS	4,100
Wis Adm. Code NR746.06 Table 1, Residual Petroleum Product				8,500	4,600	NS	38,000	83,000	11,000	42,000
Wis Adm. Code NR746.06 Table 2, Direct Contact				1,100	NS	NS	NS	NS	NS	NS
Sample Location	Sample Depth	Sample Date	Laboratory ID							
P-3	4-5'	10/25/2007	WRD0042-01	120,000	190,000	<2700	730,000	350,000	99,000	980,000
P-3	7'	10/25/2007	WRD0042-02	12,000	40,000	<550	110,000	100,000	28,000	220,000

MTBE = Methyl tert butyl ether
 TMB = Trimethylbenzene
 E-Benzene = Ethylbenzene

ug/Kg=ppb=parts per billion
 NS = No Standard Established
 Values in Bold Typeface exceed listed table value

TABLE 2
 PVOC - GROUNDWATER ANALYTICAL RESULTS
 CORNER STORE
 RIDGELAND, WI

Sample Location	Sample Date	Benzene (ug/L)	Ethylbenzene (ppb)	MTBE (ppb)	Toluene (ppb)	1,2,4-TMB (ppb)	1,3,5-TMB (ppb)	Xylenes (ppb)
ES		5	700	60	1,000	480	480	10,000
PAL		0.5	140	12	200	96	96	1,000
P-3	04/01/08	1900	500	<9.2	3200	430	120	2700

ug/L = micrograms per liter = ppb = parts per billion
Italic Numbers indicate a concentration above PAL outlined in NR 140.10
Bold Numbers indicate a concentration above ES outlined in NR

April 09, 2008

Client: CEDAR CORPORATION
604 Wilson Avenue
Menomonie, WI 54751

Work Order: WRD0042
Project Name: Shipley-Corner Store
Project Number: Ridgeland, WI

Attn: Mr. Scott McCurdy

Date Received: 04/02/08

An executed copy of the chain of custody is also included as an addendum to this report.

If you have any questions relating to this analytical report, please contact your Laboratory Project Manager at 1-800-833-7036

SAMPLE IDENTIFICATION	LAB NUMBER	COLLECTION DATE AND TIME
P-3 4-5'	WRD0042-01	04/01/08 11:00
P-3 7'	WRD0042-02	04/01/08 11:15
P-3	WRD0042-03	04/01/08 11:30

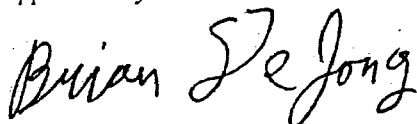
Samples were received into laboratory at a temperature of 2 °C.

Wisconsin Certification Number: 128053530

The Chain of Custody, 1 page, is included and is an integral part of this report.

Unless subcontracted, volatiles analyses (including VOC, PVOC, GRO, BTEX, and TPH gasoline) performed by TestAmerica Watertown at 1101 Industrial Drive, Units 9&10. All other analyses performed at the address shown in the heading of this report.

Approved By:



TestAmerica Watertown
Brian DeJong For Dan F. Milewsky
Project Manager

TestAmerica

THE LEADER IN ENVIRONMENTAL TESTING

602 Commerce Drive Watertown, WI 53094 * 800-833-7036 * Fax 920-261-8120

CEDAR CORPORATION
604 Wilson Avenue
Menomonie, WI 54751
Mr. Scott McCurdy

Work Order: WRD0042
Project: Shipley-Corner Store
Project Number: Ridgeland, WI

Received: 04/02/08
Reported: 04/09/08 11:26

Analyte	Sample Result	Data Qualifiers	Units	MDL	MRL	Dilution Factor	Date Analyzed	Analyst	Seq/ Batch	Method
Sample ID: WRD0042-03RE1 (P-3 - Ground Water)							Sampled: 04/01/08 11:30			
GC VOLATILES										
Benzene	1900		ug/L	10	33	40	04/07/08 18:03	EML	8040182	SW 8021
Ethylbenzene	500		ug/L	8.8	29	40	04/07/08 18:03	EML	8040182	SW 8021
Methyl tert-Butyl Ether	<9.2		ug/L	9.2	31	40	04/07/08 18:03	EML	8040182	SW 8021
Toluene	3200		ug/L	4.4	15	40	04/07/08 18:03	EML	8040182	SW 8021
1,2,4-Trimethylbenzene	430		ug/L	10	33	40	04/07/08 18:03	EML	8040182	SW 8021
1,3,5-Trimethylbenzene	120		ug/L	7.6	25	40	04/07/08 18:03	EML	8040182	SW 8021
Xylenes, total	2700		ug/L	16	52	40	04/07/08 18:03	EML	8040182	SW 8021
Surr: 4-Bromofluorobenzene (80-200%)	105 %									

CEDAR CORPORATION
 604 Wilson Avenue
 Menomonie, WI 54751
 Mr. Scott McCurdy

Work Order: WRD0042
 Project: Shipley-Corner Store
 Project Number: Ridgeland, WI

Received: 04/02/08
 Reported: 04/09/08 11:26

CCV QC DATA

Analyte	Seq/ Batch	Source Spike Result Level	Units	MDL	MRL	Dup Result	% REC	Dup %REC	REC Limits	RPD RPD	RPD Limit	Q
GC VOLATILES												
Benzene	8D07008	2000.0	ug/kg wet	N/A	N/A	1800	90		85-115			
Ethylbenzene	8D07008	2000.0	ug/kg wet	N/A	N/A	1810	90		85-115			
Methyl tert-Butyl Ether	8D07008	2000.0	ug/kg wet	N/A	N/A	1780	89		85-115			
Toluene	8D07008	2000.0	ug/kg wet	N/A	N/A	1790	90		85-115			
1,2,4-Trimethylbenzene	8D07008	2000.0	ug/kg wet	N/A	N/A	1790	90		85-115			
1,3,5-Trimethylbenzene	8D07008	2000.0	ug/kg wet	N/A	N/A	1800	90		85-115			
Xylenes, total	8D07008	6000.0	ug/kg wet	N/A	N/A	5430	90		85-115			
<i>Surrogate: 4-Bromofluorobenzene</i>	<i>8D07008</i>		ug/kg wet				<i>101</i>		<i>85-115</i>			
Benzene	8D07012	20.000	ug/L	N/A	N/A	19.0	95		85-115			
Ethylbenzene	8D07012	20.000	ug/L	N/A	N/A	18.8	94		85-115			
Methyl tert-Butyl Ether	8D07012	20.000	ug/L	N/A	N/A	19.0	95		85-115			
Toluene	8D07012	20.000	ug/L	N/A	N/A	19.0	95		85-115			
1,2,4-Trimethylbenzene	8D07012	20.000	ug/L	N/A	N/A	18.6	93		85-115			
1,3,5-Trimethylbenzene	8D07012	20.000	ug/L	N/A	N/A	18.7	93		85-115			
Xylenes, total	8D07012	60.000	ug/L	N/A	N/A	56.4	94		85-115			
<i>Surrogate: 4-Bromofluorobenzene</i>	<i>8D07012</i>		ug/L				<i>106</i>		<i>85-115</i>			
Benzene	8D08006	2000.0	ug/kg wet	N/A	N/A	1900	95		85-115			
Ethylbenzene	8D08006	2000.0	ug/kg wet	N/A	N/A	1910	96		85-115			
Methyl tert-Butyl Ether	8D08006	2000.0	ug/kg wet	N/A	N/A	1870	94		85-115			
Toluene	8D08006	2000.0	ug/kg wet	N/A	N/A	1900	95		85-115			
1,2,4-Trimethylbenzene	8D08006	2000.0	ug/kg wet	N/A	N/A	1910	95		85-115			
1,3,5-Trimethylbenzene	8D08006	2000.0	ug/kg wet	N/A	N/A	1910	95		85-115			
Xylenes, total	8D08006	6000.0	ug/kg wet	N/A	N/A	5760	96		85-115			
<i>Surrogate: 4-Bromofluorobenzene</i>	<i>8D08006</i>		ug/kg wet				<i>105</i>		<i>85-115</i>			

CEDAR CORPORATION
604 Wilson Avenue
Menomonie, WI 54751
Mr. Scott McCurdy

Work Order: WRD0042
Project: Shipley-Corner Store
Project Number: Ridgeland, WI

Received: 04/02/08
Reported: 04/09/08 11:26

LCS/LCS DUPLICATE QC DATA

Analyte	Seq/ Batch	Source Spike		MDL	MRL	Dup		% REC	Dup % REC	% REC Limits	RPD	RPD Limit	Q
		Result	Level			Units	Result						
GC VOLATILES													
Benzene	8040177	5000.0	ug/kg wet	N/A	N/A	4910	5080	98	102	80-120	3	20	
Ethylbenzene	8040177	5000.0	ug/kg wet	N/A	N/A	5000	5110	100	102	80-120	2	20	
Methyl tert-Butyl Ether	8040177	5000.0	ug/kg wet	N/A	N/A	4970	5510	99	110	80-120	10	20	
Toluene	8040177	5000.0	ug/kg wet	N/A	N/A	4960	5120	99	102	80-120	3	20	
1,2,4-Trimethylbenzene	8040177	5000.0	ug/kg wet	N/A	N/A	5010	5100	100	102	80-120	2	20	
1,3,5-Trimethylbenzene	8040177	5000.0	ug/kg wet	N/A	N/A	5010	5080	100	102	80-120	1	20	
Xylenes, total	8040177	15000	ug/kg wet	N/A	N/A	14900	15300	99	102	80-120	2	20	
<i>Surrogate: 4-Bromofluorobenzene</i>	8040177		ug/kg wet					104	107	80-200			
Benzene	8040182	20.000	ug/L	N/A	N/A	18.5	19.4	92	97	80-120	5	20	
Ethylbenzene	8040182	20.000	ug/L	N/A	N/A	18.4	19.1	92	95	80-120	4	20	
Methyl tert-Butyl Ether	8040182	20.000	ug/L	N/A	N/A	18.7	19.2	94	96	80-120	3	20	
Toluene	8040182	20.000	ug/L	N/A	N/A	18.5	19.4	93	97	80-120	4	20	
1,2,4-Trimethylbenzene	8040182	20.000	ug/L	N/A	N/A	18.4	18.6	92	93	80-120	1	20	
1,3,5-Trimethylbenzene	8040182	20.000	ug/L	N/A	N/A	18.2	18.6	91	93	80-120	2	20	
Xylenes, total	8040182	60.000	ug/L	N/A	N/A	55.3	57.1	92	95	80-120	3	20	
<i>Surrogate: 4-Bromofluorobenzene</i>	8040182		ug/L					107	112	80-200			
Benzene	8040211	5000.0	ug/kg wet	N/A	N/A	4880	4860	98	97	80-120	1	20	
Ethylbenzene	8040211	5000.0	ug/kg wet	N/A	N/A	4980	4940	100	99	80-120	1	20	
Methyl tert-Butyl Ether	8040211	5000.0	ug/kg wet	N/A	N/A	4850	5160	97	103	80-120	6	20	
Toluene	8040211	5000.0	ug/kg wet	N/A	N/A	4950	4920	99	98	80-120	1	20	
1,2,4-Trimethylbenzene	8040211	5000.0	ug/kg wet	N/A	N/A	4980	4920	100	98	80-120	1	20	
1,3,5-Trimethylbenzene	8040211	5000.0	ug/kg wet	N/A	N/A	4990	4920	100	98	80-120	1	20	
Xylenes, total	8040211	15000	ug/kg wet	N/A	N/A	14900	14700	99	98	80-120	1	20	
<i>Surrogate: 4-Bromofluorobenzene</i>	8040211		ug/kg wet					104	111	80-200			

Test America

ANALYTICAL TESTING CORPORATION

Watertown Division
602 Commerce Drive
Watertown, WI 53094

Phone 920-261-1660 or 800-833-7036
Fax 920-261-8120

To assist us in using the proper analytical methods,
is this work being conducted for regulatory purposes?
Compliance Monitoring _____

WRD0042

Client Name: Cadon Corporation Client #: _____

Address: 604 Wilson Ave

City/State/Zip Code: Monona, WI 54751

Project Manager: Scott McCuddy

Telephone Number: 715-235-9081 Fax: 715-235-2727

Sampler Name: (Print Name) Rayan Stojne

Sampler Signature: [Signature]

Project Name: Shiplay - Conner Stone

Project #: _____

Site/Location ID: Ridgeland State: WI

Report To: Cadon

Invoice To: Cadon

Quote #: PGCFA PO#: _____

TAT <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Rush (surcharges may apply)	Date Needed: _____	Fax Results: <u>Y</u> <input checked="" type="checkbox"/>	Date Sampled	Time Sampled	G = Grab, C = Composite	Field Filtered	Matrix							Other (Specify)	Analyze For:	QC Deliverables None Level 2 (Batch QC) Level 3 Level 4 Other: _____			
							SL - Sludge	DW - Drinking Water	GW - Groundwater	S - Soil/Solid	WW - Wastewater	Specify	Other				HNO ₃	HCl	NaOH
P-3 4-5'	4-1-08	1100	G	N	S														
P-3 7'	↓	1115	N	S															
P-3 H ₂ O	↓	1130	N	GW	3														7-8
Special Instructions:																			
LABORATORY COMMENTS: Init. Lab Temp: _____ Rec. Lab Temp: <u>25</u> Custody Seals: <u>Y</u> <u>N</u> <u>N/A</u> Bottles Supplied by Test America: <input checked="" type="checkbox"/> <u>N</u> Method of Shipment: <u>Drop</u>																			
Relinquished By: <u>[Signature]</u>	Date: <u>4/2/08</u>	Time: <u>1400</u>	Received By: <u>[Signature]</u>	Date: <u>4/2/08</u>	Time: <u>8:44</u>														
Relinquished By:	Date:	Time:	Received By:	Date:	Time:														
Relinquished By:	Date:	Time:	Received By:	Date:	Time:														

APPENDIX B

**SOIL BORING &
MONITORING WELL FORMS**

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

Page 1 of 1

Facility/Project Name Fosters - Ridgeland		License/Permit/Monitoring Number	Boring Number MW-1
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Dan Last Name: Coress		Date Drilling Started 06/10/2010 m m d d y y y y	Date Drilling Completed 06/10/2010 m m d d y y y y
Drilling Method Geoprobe + HSA	WT Unique Well No.	DNR Well ID No.	Well Name MW-1
Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter 8 inches	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane N , E		Lat 0 ' "	Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E
1/4 of 1 1/4 of Section 1 , T N , R R		Long 0 ' "	Feet <input type="checkbox"/> S <input type="checkbox"/> W
Facility ID	County Dunn	County Code 17	Civil Town/City/ or Village Ridgeland

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		
			5	Brown Fine-medium sand			2" PVC	0							
			10	Same wet at 8'				0							
			15	medium sand, brown well sorted, wet				0							
			20	EOB = 15'											

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

Signature  Firm **Mendota Environmental Cstls.**

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.

Facility/Project Name <u>Waters - Ridgeland</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>MW-1</u>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ "Long. _____ or _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>06/10/2010</u> m m d d y y y y
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>Langdon + Darin Geiss</u>
Distance from Waste/Source _____ ft.	Enf. Stds. 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 --- 0 ft. MSL
 B. Well casing, top elevation --- -0.5 ft. MSL
 C. Land surface elevation --- 0 ft. MSL
 D. Surface seal, bottom --- _____ ft. MSL or --- 1 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

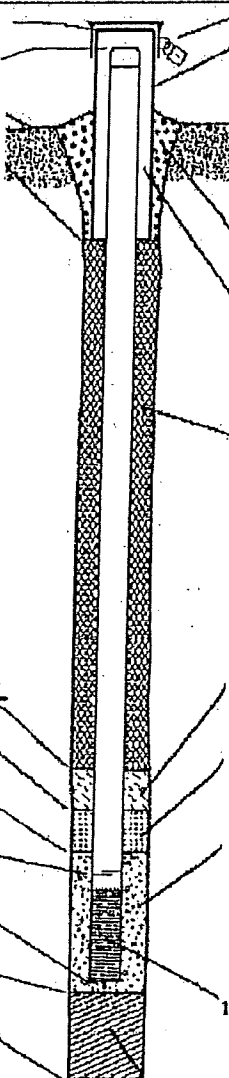
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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): _____



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. _____
 b. Volume added _____ ft³

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

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

10. Screen material:
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
 b. Manufacturer _____
 c. Slot size: _____ in.
 d. Slotted length: _____ ft.

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

E. Bentonite seal, top --- 1 ft. MSL or 1 ft.
 F. Fine sand, top --- 4 ft. MSL or 4 ft.
 G. Filter pack, top --- 4 ft. MSL or 4 ft.
 H. Screen joint, top --- 5 ft. MSL or 5 ft.
 I. Well bottom --- 15 ft. MSL or 15 ft.
 J. Filter pack, bottom --- 15 ft. MSL or 15 ft.
 K. Borehole, bottom --- 15 ft. MSL or 15 ft.
 L. Borehole, diameter --- 8 in.
 M. O.D. well casing --- 2 in.
 N. I.D. well casing --- 2 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature _____ Firm Meridian Environmental CSHg

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>Fosters</u>	County Name <u>Dunn</u>	Well Name <u>MW-1</u>
Facility License, Permit or Monitoring Number	County Code <u>17</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 30 min.

4. Depth of well (from top of well casing) 14.3 ft.

5. Inside diameter of well 2.00 in.

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

7. Volume of water removed from well 10.0 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)

Before Development After Development

11. Depth to Water (from top of well casing)
a. 5.89 ft. 6.42 ft.

Date b. 06/10/2010 06/10/2010
m m d d y y y y m m d d y y y y

Time c. _____ a.m. _____ a.m.
_____ p.m. _____ p.m.

12. Sediment in well bottom _____ inches _____ inches

13. Water clarity Clear 10 Clear 20
Turbid 15 Turbid 25
(Describe) muddy (Describe) cloudy

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: Ken Last Name: Shimko

Firm: Meridian Env. Cstly.

17. Additional comments on development:

Name and Address of Facility Contact /Owner/Responsible Party

First Name: Ken Last Name: Shimko

Facility/Firm: Meridian Environmental Cstly.

Street: 2711 N. Elco RD.

City/State/Zip: Fall Creek, WI 54747

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

Signature: [Signature]

Print Name: Kenneth Shimko

Firm: Meridian Env. Cstly.

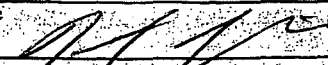
Route To: Watershed/Wastewater Waste Management
 Remediation/Revelopment Other

Page 1 of 1

Facility/Project Name Fosters - Ridgeland		License/Permit/Monitoring Number		Boring Number SB-2 / MW-2	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Danigan Last Name: Firm: Griss		Date Drilling Started 06/10/2010 m m d d y y y y	Date Drilling Completed 06/10/2010 m m d d y y y y	Drilling Method Geoprobe + HSA	
WI Unique Well No.	DNR Well ID No.	Well Name MW-2	Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter 8 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane N , E			Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		
1/4 of 1 of Section 1 , T N , R R		County Dunn		County Code 11	Civil Town/City/ or Village Ridgeland

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					P 200	RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index			
				Concrete poor recovery, sand w/wood, gas odor				80							
			5	well sorted med sand, brown, odor		5'	2" PVC	70							
			10	wet at 8' stainy at 8'				50							
			15	Same wet odor				50							
			20	EOB = 16.5'				40							

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

Signature  Firm **Menden Environmental Cstg**

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.

Facility/Project Name <u>Wastors - Ridgeland</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>MW-2</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. <u>DNR Well ID No.</u>
Facility ID	Lat. _____ Long. _____	Date Well Installed <u>06/10/2010</u> m m d d y y y y
Type of Well Well Code <u>11 / MW</u>	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: Name (first, last) and Firm <u>Langdon + Davis Geiss</u>
Distance from Waste/Source _____ ft.	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Gov. Lot Number _____
Enf. Stds. 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
- B. Well casing, top elevation -0.5 ft. MSL
- C. Land surface elevation 0 ft. MSL
- D. Surface seal, bottom _____ ft. MSL or 1 ft.

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

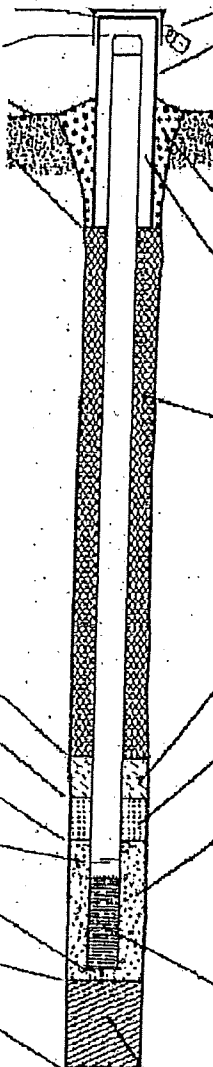
13. Sieve analysis performed? Yes No

14. Drilling method used: Rotary 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): _____



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: 8 in.
 - b. Length: 1 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. _____
b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
a. Sand
b. Volume added _____ ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
Flush threaded PVC schedule 80 24
Other
- 10. Screen material:
 - a. Screen type: Factory cut 11
Continuous slot 01
Other
 - b. Manufacturer _____
 - c. Slot size: 0.1 in.
 - d. Slotted length: 10 ft.
- 11. Backfill material (below filter pack): None 14
Other

- E. Bentonite seal, top _____ ft. MSL or 1 ft.
- F. Fine sand, top _____ ft. MSL or 3 ft.
- G. Filter pack, top _____ ft. MSL or 5 ft.
- H. Screen joint, top _____ ft. MSL or 5 ft.
- I. Well bottom _____ ft. MSL or 15 ft.
- J. Filter pack, bottom _____ ft. MSL or 16.5 ft.
- K. Borehole, bottom _____ ft. MSL or 16.5 ft.
- L. Borehole, diameter 8 in.
- M. O.D. well casing 2 in.
- N. I.D. well casing 2 in.

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

Signature [Signature] Firm Mendota Environmental Estlg.

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>Fosters</u>	County Name <u>Dunn</u>	Well Name <u>MW-2</u>
Facility License, Permit or Monitoring Number	County Code <u>17</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 30 min.
4. Depth of well (from top of well casing) 15.0 ft.
5. Inside diameter of well 2.00 in.
6. Volume of water in filter pack and well casing NA gal.
7. Volume of water removed from well 10.0 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)

- | | Before Development | After Development |
|---|---|--|
| 11. Depth to Water (from top of well casing) | a. <u>6.90</u> ft. | <u>8.30</u> ft. |
| Date | b. <u>06/10/2010</u>
m m d d y y y y | <u>06/10/2010</u>
m m d d y y y y |
| Time | c. <u> </u> : <u> </u> : <u> </u> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | <u> </u> : <u> </u> : <u> </u> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| 12. Sediment in well bottom | <u> </u> inches | <u> </u> inches |
| 13. Water clarity | Clear <input type="checkbox"/> 10
Turbid <input checked="" type="checkbox"/> 15
(Describe) <u>Muddy</u> | Clear <input type="checkbox"/> 20
Turbid <input checked="" type="checkbox"/> 25
(Describe) <u>cloudy</u> |
| Fill in if drilling fluids were used and well is at solid waste facility: | | |
| 14. Total suspended solids | <u> </u> mg/l | <u> </u> mg/l |
| 15. COD | <u> </u> mg/l | <u> </u> mg/l |

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

First Name: Ken Last Name: Shimko

Firm: Meridian Env. Cstly.

17. Additional comments on development:

Name and Address of Facility Contact /Owner/Responsible Party

First Name: Ken Last Name: Shimko

Facility/Firm: Meridian Environmental Cstly

Street: 2711 N. Elco RD.

City/State/Zip: Full Creek, WI 54747

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

Signature: [Signature]

Print Name: Kenneth Shimko

Firm: Meridian Env. Cstly.

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

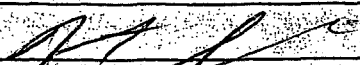
Route To: Watershed/Wastewater Waste Management
 Remediation/Revelopment Other

Page 1 of 1

Facility/Project Name Foster's - Ridgeland		License/Permit/Monitoring Number	Boring Number MW-3
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Daigden Last Name: Coriss		Date Drilling Started 06/10/2010 m m d d y y y y	Date Drilling Completed 06/10/2010 m m d d y y y y
WI Unique Well No.	DNR Well ID No. MW-3	Well Name	Drilling Method Geoprobe + HSA
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>	Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter 8 inches
State Plane N. _____ E _____	Lat. 0' _____"	Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S _____ Feet <input type="checkbox"/> W _____ Feet	
1/4 of _____ 1/4 of Section _____, T _____ N, R _____	Long. 0' _____"		
Facility ID	County Dunn	County Code 17	Civil Town/City or Village Ridgeland

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Before 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		
			5'	well sorted medium sand brown, dry		5'	2" PVC	5							
			10'	same wet at 8'				0							
			15'	same wet				2							
			15'	same, wet medium sand				0							
			20'	EOB = 16.5'											

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

Signature  Firm **Meridian Environmental Cstly.**

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.

Facility/Project Name <u>Masters - Ridgeland</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>MW-3</u>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>06/10/2010</u> m m d d y y y y
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>Langdon + Davis Geiss</u>
Distance from Waste/Source _____ ft.	Enf. Stds. 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 --- 0 --- ft. MSL
- B. Well casing, top elevation --- -0.5 --- ft. MSL
- C. Land surface elevation --- 0 --- ft. MSL
- D. Surface seal, bottom --- _____ ft. MSL or --- 1 --- ft.

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

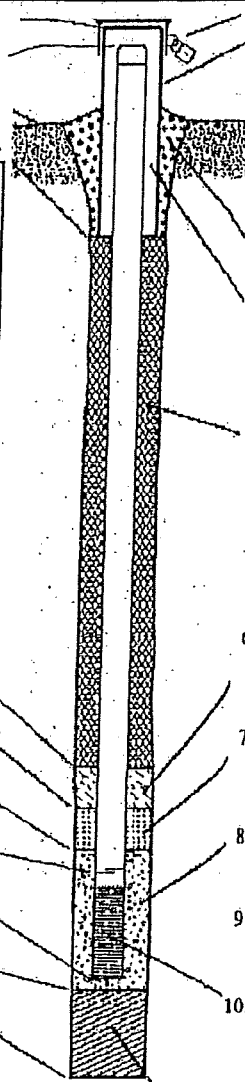
13. Sieve analysis performed? Yes No

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):



- 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. _____
 b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. Sand
 b. Volume added _____ ft³
- 9. Well casing:
 - Flush threaded PVC schedule 40 23
 - Flush threaded PVC schedule 80 24
 - Other
- 10. Screen material:
 - a. Screen type:
 - Factory cut 11
 - Continuous slot 01
 - Other
 - b. Manufacturer _____
 - c. Slot size: _____ in.
 - d. Slotted length: _____ ft.
- 11. Backfill material (below filter pack):
 - None 14
 - Other

- E. Bentonite seal, top --- _____ ft. MSL or --- 1 --- ft.
- F. Fine sand, top --- _____ ft. MSL or --- 3 --- ft.
- G. Filter pack, top --- _____ ft. MSL or --- 7.5 --- ft.
- H. Screen joint, top --- _____ ft. MSL or --- 5 --- ft.
- I. Well bottom --- _____ ft. MSL or --- 15 --- ft.
- J. Filter pack, bottom --- _____ ft. MSL or --- 16.5 --- ft.
- K. Borehole, bottom --- _____ ft. MSL or --- 16.5 --- ft.
- L. Borehole, diameter --- 8 --- in.
- M. O.D. well casing --- 2 --- in.
- N. I.D. well casing --- 2 --- in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature [Signature] Firm Meridian Environmental Cstly.

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>Fosters</u>	County Name <u>Dunn</u>	Well Name <u>MW-3</u>
Facility License, Permit or Monitoring Number	County Code <u>17</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 30 min.
4. Depth of well (from top of well casing) 15.0 ft.
5. Inside diameter of well 2.00 in.
6. Volume of water in filter pack and well casing NA gal.
7. Volume of water removed from well 10.0 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)

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. <u>6.36</u> ft.	<u>6.80</u> ft.
Date	b. <u>06/10/2010</u> m m d d y y y y	<u>06/10/2010</u> m m d d y y y y
Time	c. <u> </u> a.m. <u> </u> p.m.	<u> </u> a.m. <u> </u> p.m.
12. Sediment in well bottom	<u> </u> inches	<u> </u> inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) <u>muddy</u>	Clear <input type="checkbox"/> 20 Turbid <input checked="" type="checkbox"/> 25 (Describe) <u>cloudy</u>

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: Ken Last Name: Shinko

Firm: Meridian Env. Cstly.

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party

First Name: Ken Last Name: Shinko

Facility/Firm: Meridian Environmental Cstly.

Street: 2711 N. Elco Rd.

City/State/Zip: Fall Creek, WI 54742

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

Signature: [Signature]

Print Name: Kenneth Shinko

Firm: Meridian Env. Cstly.

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

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

Page 1 of 1

Temp well
T-4

Facility/Project Name Foster's - Ridgeland		License/Permit/Monitoring Number	Boring Number SB-41
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Dan Last Name: Griss Firm: Griss		Date Drilling Started 06/10/2010 m m d d y y y y	Date Drilling Completed 06/10/2010 m m d d y y y y
Drilling Method Geoprobe ↓ HSA	WI Unique Well No.	DNR Well ID No.	Well Name Temp well
Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter 2 inches	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>	State Plane N. _____ E _____	Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
1/4 of _____ 1/4 of Section _____ T _____ N, R _____	Lat _____ " _____ "	Long _____ " _____ "	
Facility ID	County Dunn	County Code 17	Civil Town/City/ or Village Ridgeland

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					ROD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			5	well sorted medium sand dry				3							
			8	same wet at 8'				1							
			10	same wet											
			15												
			16	EOB = 16'											
			20												

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature: [Signature] Firm: Mandana Env. CS Inc.

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.

Temp well T-4

State of Wisconsin
Department of Natural Resources

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

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

Facility/Project Name <u>Prosters - Ridgeland</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name <u>SB-4 Temp Well</u> (T-4)
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or _____ " _____ "	Wis. Unique Well No. / DNR Well ID No.
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>06/10/2010</u> m m d d y y y y
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>Langdon + Darin Geiss</u>
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	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number	

A. Protective pipe, top elevation --- 0 ft. MSL
 B. Well casing, top elevation --- 0.5 ft. MSL
 C. Land surface elevation --- 0 ft. MSL
 D. Surface seal, bottom --- 1 ft. MSL or _____ ft.

12. USCS classification of soil near screen:
 OP GM GC GW 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): _____

1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: _____ in. 2
 b. Length: _____ ft. 0.5
 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. _____
 b. Volume added _____ ft³

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

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

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

b. Manufacturer _____
 c. Slot size: _____ in. 0.1
 d. Slotted length: _____ ft. 10

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

E. Bentonite seal, top --- ft. MSL or 1 ft.
 F. Fine sand, top --- ft. MSL or 3 ft.
 G. Filter pack, top --- ft. MSL or 5 ft.
 H. Screen joint, top --- ft. MSL or 5 ft.
 I. Well bottom --- ft. MSL or 15 ft.
 J. Filter pack, bottom --- ft. MSL or 16 ft.
 K. Borehole, bottom --- ft. MSL or 16 ft.
 L. Borehole, diameter --- 2 in.
 M. O.D. well casing --- 1 in.
 N. I.D. well casing --- 1 in.

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

Signature [Signature] Firm Meridian Environmental Estlg.

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.

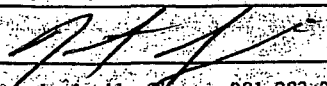
Route To: Watershed/Wastewater Waste Management
 Remediation/Revelopment Other

Page 1 of 1

Facility/Project Name Fosters - Ridgeland		License/Permit/Monitoring Number	Boring Number SR-5
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Dan Last Name: Griss Firm: Griss		Date Drilling Started 06/10/2010 m m d d y y y y	Date Drilling Completed 06/10/2010 m m d d y y y y
WI Unique Well No.	DNR Well ID No.	Well Name	Drilling Method Geoprobe
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		Final Static Water Level Feet MSL	Surface Elevation Feet MSL
State Plane N. E		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
1/4 of 1/4 of Section T N R		Long	
Facility ID	County Dunn	County Code 17	Civil Town/City or Village Ridgeland

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		
			5	Medium sand, dry, odor				80							
				Same wet at 8'				80							
			10	EOB = 8'											
			15												
			20												

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

Signature  Firm **Mendota Environmental Cstly.**

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.

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.

SB-5

Verification Only of Fill and Seal

Route to:

Drinking Water

Watershed/Wastewater

Remediation/Redevelopment

Waste Management

Other:

1. Well Location Information

County: Dunn WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (Degrees and Minutes): _____ ' N
_____ ' W

Method Code (see instructions): _____

1/4 / 1/4 or Gov't Lot #: _____ Section: _____ Township: _____ Range: E W

Well Street Address: _____

Well City, Village or Town: _____ Well ZIP Code: _____

Subdivision Name: _____ Lot #: _____

2. Facility / Owner Information

Facility Name: Foster's Corner Store

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: _____

City of Present Owner: Ridgeland State: WI ZIP Code: _____

Reason For Removal From Service: Soil boring WI Unique Well # of Replacement Well: _____

3. Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 06/10/2010

If a Well Construction Report is available, please attach: _____

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): Geoprobe

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 8 Casing Diameter (in.): NA

Lower Drillhole Diameter (in.): 2 Casing Depth (ft.): NA

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): _____

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks or Volume (Circle one)	Mix Ratio or Mud Weight
<u>Bentonite chips / granular</u>	<u>Surface</u>	<u>8</u>	<u>14</u>	

6. Comments

SB-5

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Meredian Env. Sltg. License #: _____ Date of Filling & Sealing (mm/dd/yyyy): 6-10-10

Street or Route: Z711 N. Elco Rd Telephone Number: (715) 832-6608

City: Fall Creek State: WI ZIP Code: 54742 Signature of Person Doing Work: _____ Date Signed: 6-10-10

DNR Use Only

Date Received: _____ Noted By: _____

Comments: _____


Route To: Watershed/Wastewater Waste Management
 Remediation/Development Other

Page 1 of 1

Facility/Project Name Fosters - Ridgeland		License/Permit/Monitoring Number	Boring Number SB-6
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Dan Last Name: Gross		Date Drilling Started 06/10/2010 m m d d y y y y	Date Drilling Completed 06/10/2010 m m d d y y y y
WI Unique Well No.	DNR Well ID No.	Well Name	Drilling Method Geoprobe
		Final Static Water Level Feet MSL	Surface Elevation Feet MSL
			Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		Local Grid Location	
State Plane N <input type="checkbox"/> E <input type="checkbox"/>		Lat 0 ' " <input type="checkbox"/> N <input type="checkbox"/> E	
1/4 of 1 of Section 1 , T N , R R		Long 0 ' " Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID	County Dunn	County Code 111	Civil Town/City/Village Ridgeland

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		
			5	Fine sand, dry, odor				110							
			10	same wet at 8'				90							
			15	EOB = 8'											
			20												

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

Signature  Firm **Meridian Environmental**

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.

SB-6

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				2. Facility / Owner Information			
County <u>Dunn</u>		WI Unique Well # of Removed Well		Facility Name <u>Fosters Corner Store</u>		Facility ID (FID or PWS)	
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner	
_____ 'N		_____		_____		Present Well Owner	
_____ 'W		_____		_____		Mailing Address of Present Owner	
1/4	1/4	Section	Township	Range	<input type="checkbox"/> E <input type="checkbox"/> W		
or Gov't Lot #		N		City of Present Owner <u>Ridgeland</u>			
Well Street Address				State <u>WI</u>			
Well City, Village or Town <u>Ridgeland</u>				ZIP Code <u>54742</u>			
Subdivision Name				Lot #		City of Present Owner <u>Ridgeland</u>	

Reason For Removal From Service <u>soil boring</u>		WI Unique Well # of Replacement Well	
3. Well / Drillhole / Borehole Information		Original Construction Date (mm/dd/yyyy) <u>06/10/2010</u>	
<input type="checkbox"/> Monitoring Well	If a Well Construction Report is available, please attach.		
<input type="checkbox"/> Water Well			
<input checked="" type="checkbox"/> Borehole / Drillhole			
Construction Type:			
<input type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	
<input checked="" type="checkbox"/> Other (specify): <u>Geoprobe</u>			

Formation Type:		Required Method of Placing Sealing Material	
<input type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
Total Well Depth From Ground Surface (ft.) <u>8</u>		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	
Casing Diameter (in.) <u>NA</u>		<input type="checkbox"/> Other (Explain): _____	
Lower Drillhole Diameter (in.) <u>2</u>		Sealing Materials	
Casing Depth (ft.) <u>NA</u>		<input type="checkbox"/> Neat Cement Grout	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
If yes, to what depth (feet)?		<input type="checkbox"/> Sand-Cement (Concrete) Grout	
Depth to Water (feet)		<input type="checkbox"/> Bentonite-Sand Slurry "	
		<input checked="" type="checkbox"/> Bentonite Chips	
		For Monitoring Wells and Monitoring Well Boreholes Only:	
		<input type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Bentonite - Cement Grout	
		<input checked="" type="checkbox"/> Granular Bentonite	
		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole			
<u>Bentonite chips / granular</u>		From (ft.) <u>Surface</u>	To (ft.) <u>8</u>
		No. Yards, Sacks or Volume (circle one) <u>1/4</u>	Mix Ratio or Mud Weight

6. Comments
SB-6

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>Mendian Env. CITS</u>		License #	Date of Filling & Sealing (mm/dd/yyyy) <u>06/10/2010</u>	Date Received	Noted By
Street or Route <u>2711 N. FELLO RD</u>		Telephone Number <u>(715) 832-6608</u>		Comments	
City <u>Fall Creek</u>	State <u>WI</u>	ZIP Code <u>54742</u>	Signature of Person Doing Work 	Date Signed <u>6-10-10</u>	

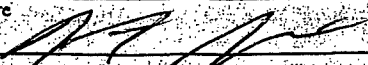
Route To: Watershed/Wastewater Waste Management
 Remediation/Revelopment Other

Page 1 of 1

Facility/Project Name Fosters - Ridgeland		License/Permit/Monitoring Number	Boring Number SB-7
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Dan Last Name: Griss		Date Drilling Started 06/10/2010 m m d d y y y y	Date Drilling Completed 06/10/2010 m m d d y y y y
Firm: Griss		Drilling Method Geoprobe + Hand Auger	
WI Unique Well No.	DNR Well ID No.	Well Name	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		Final Static Water Level Feet MSL	Surface Elevation Feet MSL
State Plane <input type="checkbox"/> N <input type="checkbox"/> E		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E	
1/4 of Section <input type="checkbox"/> T <input type="checkbox"/> N, R <input type="checkbox"/>		Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID	County Dunn	County Code 17	Civil Town/City/or Village Ridgeland

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					P 200	RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index			
			8"	concrete, steel obstruction											
			5	being halted because of buried piping (electrical?)											
			10												
			15												
			20												

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

Signature  Firm **Mendon Environmental Cstg**

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.

SB-7

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: Dunn WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (Degrees and Minutes): _____ ' N
 _____ ' W

Method Code (see instructions): _____

1/4 / 1/4: _____ Section: _____ Township: _____ Range: E W
 or Gov't Lot #: _____

Well Street Address: _____

2. Facility / Owner Information

Facility Name: Foster's Corner Store

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: _____

City of Present Owner: Ridgeland State: WI ZIP Code: _____

Well City, Village or Town: Ridgeland Well ZIP Code: _____

Subdivision Name: _____ Lot #: _____

Reason For Removal From Service: soil boring WI Unique Well # of Replacement Well: _____

3. Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 06/10/2010

If a Well Construction Report is available, please attach: _____

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): Hand Auger

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 1 Casing Diameter (in.): NA

Lower Drillhole Diameter (in.): 2 Casing Depth (ft.): NA

Was well annular space grouted? Yes No Unknown

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

Required Method of Placing Sealing Material:
 Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): _____

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>concrete</u>	<u>Surface</u>	<u>1</u>	<u>~ 1/2 bag</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Meridian Env. City. License #: _____ Date of Filling & Sealing (mm/dd/yyyy): 6-10-10

Street or Route: 2711 N. Elco Rd Telephone Number: (715) 832 6608

City: Fall Creek State: WI ZIP Code: 54742 Signature of Person Doing Work: [Signature] Date Signed: 6-10-10

DNR Use Only

Date Received: _____ Noted By: _____

Comments: _____


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

Page 1 of 1

Facility/Project Name Fosters - Ridgeland		License/Permit/Monitoring Number	Boring Number SB-8
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Dan Last Name: Griss Firm: Griss		Date Drilling Started 06/10/2010 m m d d y y y y	Date Drilling Completed 06/10/2010 m m d d y y y y
Drilling Method Geoprobe	WT Unique Well No.	DNR Well ID No.	Well Name
Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter 2 inches	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		Local Grid Location	
State Plane N, E		Lat 0' "	
1/4 of 1/4 of Section T, N, R		Long 0' "	
Facility ID		County Dunn	County Code 17
		Civil Town/City or Village Ridgeland	

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		
			5	Fine sand, dry, no odor				1							
				some wet at 8'				0							
			10	EOB = 8'											
			15												
			20												

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

Signature  Firm **Meridian Environmental Collg.**

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SB-8

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				2. Facility / Owner Information			
County <u>Dunn</u>		WI Unique Well # of Removed Well		Facap #		Facility Name <u>Fosters Corner Store</u>	
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)		Facility ID (FID or PWS)		License/Permit/Monitoring #	
_____ ° _____ ' N		_____		Original Well Owner		Present Well Owner	
_____ ° _____ ' W		_____		Mailing Address of Present Owner		City of Present Owner <u>Ridgeland</u> State <u>WI</u> ZIP Code _____	
1/4	1/4	Section	Township	Range	<input type="checkbox"/> E		
or Gov't Lot #				N	<input type="checkbox"/> W		
Well Street Address							
Well City, Village or Town <u>Ridgeland</u>				Well ZIP Code			
Subdivision Name				Lot #			

Reason For Removal From Service soil borings WI Unique Well # of Replacement Well _____

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <u>06/10/2010</u>		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Borehole / Drillhole				Screen removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type:				Casing left in place?			
<input type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Was casing cut off below surface?	
<input checked="" type="checkbox"/> Other (specify): <u>Geoprobe</u>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Did sealing material rise to surface?	
Formation Type:				Did material settle after 24 hours?			
<input type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		If yes, was hole retopped?	
Total Well Depth From Ground Surface (ft.) <u>8</u>		Casing Diameter (in.) <u>NA</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		If bentonite chips were used, were they hydrated with water from a known safe source?	
Lower Drillhole Diameter (in.) <u>2</u>		Casing Depth (ft.) <u>NA</u>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Required Method of Placing Sealing Material	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
If yes, to what depth (feet)?		Depth to Water (feet)		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
				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 checked="" type="checkbox"/> Bentonite Chips			
				For Monitoring Wells and Monitoring Well Boreholes Only:			
				<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
				<input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used To Fill Well / Drillhole				From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Bentonite chips / granular</u>				Surface	<u>8</u>	<u>1/4</u>	

6. Comments
SB-8

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>Meridian Env. City</u>		License #	Date of Filling & Sealing (mm/dd/yyyy) <u>06/10/2010</u>	Date Received	Noted By
Street or Route <u>2711 N. Elco Rd</u>		Telephone Number <u>(715) 832-6608</u>		Comments	
City <u>Fall Creek</u>	State <u>WI</u>	ZIP Code <u>54742</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>6-10-10</u>	

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

Page 1 of 1

Facility/Project Name Foster's - Ridgeland		License/Permit/Monitoring Number		Boring Number MW-4 (SB-9)	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Benjamin Last Name: Coriss		Date Drilling Started 06/10/2010 m m d d y y y y	Date Drilling Completed 06/10/2010 m m d d y y y y	Drilling Method Geoprobe + HSA	
WI Unique Well No.	DNR Well ID No.	Well Name MW-4	Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter 8 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/>			Local Grid Location		
State Plane N <input type="checkbox"/> E <input type="checkbox"/>			Lat 0 ' " <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/>		
1/4 of 1 of Section 1 , T N , R R			Long 0 ' " <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>		
Facility ID		County Dunn	County Code 11	Civil Town/City or Village Ridgeland	

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		
			5	Fine sand, dry				0							
			8	Same, wet at 8'				0							
			10					0							
			15	Same, medium sand well sorted, wet				0							
			16	EOB = 16				0							
			20												

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

Signature [Signature] Firm Meridian Environmental Solty.

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.

Facility/Project Name <u>Wastess - Ridgeland</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>MW-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. / DNR Well ID No.
Facility ID	Lat. _____ Long. _____	Date Well Installed <u>06/10/2010</u> m d d y y y
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>Langdon + Darin Geiss</u>
Distance from Waste/Source _____ ft.	Enf. Stds. 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
	Gov. Lot Number _____	

- A. Protective pipe, top elevation --- 0 ft. MSL
- B. Well casing, top elevation --- -0.5 ft. MSL
- C. Land surface elevation --- 0 ft. MSL
- D. Surface seal, bottom --- 1 ft. MSL or _____ ft.

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

13. Sieve analysis performed? Yes No

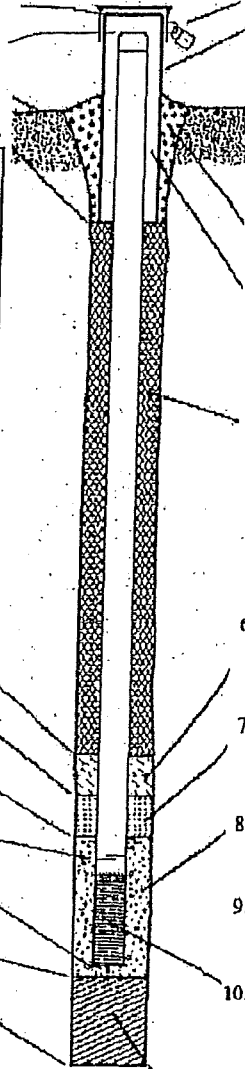
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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): _____



- 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. _____
 b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. Sand
 b. Volume added _____ ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material:
 - a. Screen type: Factory cut 11
Continuous slot 01
Other
 - b. Manufacturer _____
 - c. Slot size: _____ in.
 - d. Slotted length: _____ ft.
- 11. Backfill material (below filter pack): None 14
Other

- E. Bentonite seal, top --- ft. MSL or 1 ft.
- F. Fine sand, top --- ft. MSL or 3 ft.
- G. Filter pack, top --- ft. MSL or 5 ft.
- H. Screen joint, top --- ft. MSL or 5 ft.
- I. Well bottom --- ft. MSL or 15 ft.
- J. Filter pack, bottom --- ft. MSL or 16 ft.
- K. Borehole, bottom --- ft. MSL or 16 ft.
- L. Borehole, diameter 8 in.
- M. O.D. well casing 2 in.
- N. I.D. well casing 2 in.

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

Signature: [Signature] Firm: Meridian Environmental Cstly.

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>Fosters</u>	County Name <u>Dunn</u>	Well Name <u>MW-4</u>
Facility License, Permit or Monitoring Number	County Code <u>17</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 30 min.
4. Depth of well (from top of well casing) 15.0 ft.
5. Inside diameter of well 2.00 in.
6. Volume of water in filter pack and well casing NA gal.
7. Volume of water removed from well 10.0 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)

- | | Before Development | After Development |
|---|---|--|
| 11. Depth to Water (from top of well casing) | a. <u>6.83</u> ft. | <u>7.25</u> ft. |
| Date | b. <u>06/10/2016</u> | <u>06/10/2010</u> |
| | m m d d y y y y | m m d d y y y y |
| Time | c. _____ <input type="checkbox"/> a.m. _____ <input type="checkbox"/> p.m. | _____ <input type="checkbox"/> a.m. _____ <input type="checkbox"/> p.m. |
| 12. Sediment in well bottom | _____ inches | _____ inches |
| 13. Water clarity | Clear <input type="checkbox"/> 10
Turbid <input checked="" type="checkbox"/> 15
(Describe) <u>Muddy</u> | Clear <input type="checkbox"/> 20
Turbid <input checked="" type="checkbox"/> 25
(Describe) <u>Cloudy</u> |
| 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: Ken Last Name: Shimko
 Firm: Meridian Env. Cslty.

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party
 First Name: Ken Last Name: Shimko
 Facility/Firm: Meridian Environmental Cslty.
 Street: 2711 N. Elco RD.
 City/State/Zip: Fall Creek, WI 54742

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

Signature: [Signature]
 Print Name: Kenneth Shimko
 Firm: Meridian Env. Cslty.


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

Page 1 of 1

Facility/Project Name Fosters - Ridgeland		License/Permit/Monitoring Number	Boring Number SB-10
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Dan Last Name: Griss Firm: Griss		Date Drilling Started 06/10/2010 m m d d y y y y	Date Drilling Completed 06/10/2010 m m d d y y y y
WI Unique Well No.	DNR Well ID No.	Well Name	Drilling Method Geoprobe
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		Final Static Water Level Feet MSL	Surface Elevation Feet MSL
State Plane N, E		Borehole Diameter 2 inches	
1/4 of Section T N, R		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID	County Dunn	County Code	Civil Town/City or Village Ridgeland

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		
			5	topsoil ~ 2', then fine sand. dry				0							
			10	Fine medium sand, wet at 8'				0							
			15												
			20	EOB = 8'											

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

Signature  Firm **Merridian Environmental Cslty**

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.

SB-10

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: Dunn WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (Degrees and Minutes): _____ 'N
_____ 'W

Method Code (see instructions): _____

1/4 / 1/4 or Gov't Lot #: _____ Section: _____ Township: _____ Range: E W

Well Street Address: _____

2. Facility / Owner Information

Facility Name: Foster's Corner Store

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: _____

City of Present Owner: Bridgeland State: WI ZIP Code: _____

Reason For Removal From Service: soil boring WI Unique Well # of Replacement Well: _____

3. Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 06/10/2010

If a Well Construction Report is available, please attach: _____

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): gabrie

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 8 Casing Diameter (in.): NA

Lower Drillhole Diameter (in.): 2 Casing Depth (ft.): NA

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): _____

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	From (ft.)	To (ft.)	No. Yards, Sacks or Volume (circle one)	Mix Ratio or Mud Weight
<u>Bentonite chips/granular</u>	<u>Surface</u>	<u>8'</u>	<u>1/2</u>	<u>---</u>

6. Comments

SB-10

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <u>Merridian Env. Co. LLC</u>	License #	Date of Filling & Sealing (mm/dd/yyyy) <u>06/10/2010</u>	DNR Use Only	
Street or Route <u>2711 N. Elco Rd</u>	City <u>Fall Creek</u>	State <u>WI</u>	ZIP Code <u>54742</u>	Signature of Person Doing Work <u>[Signature]</u>
Telephone Number <u>(715) 832-6608</u>	Date Received	Noted By	Comments	
Date Signed <u>6-10-10</u>				

APPENDIX C

ANALYTICAL REPORTS

SIEMENS

June 23, 2010

Meridian Environmental Consulting, LLC
2711 North Elco Road
Fall Creek, WI 54742

Attn: Ken Shimko

REPORT NO.: 1006310

PROJECT NO.: Fosters

Please find enclosed the analytical report, including the Sample Summary, Sample Narrative and Chain of Custody for your sample set received June 15, 2010.

All analyses were performed in accordance with NELAC Standards using approved methods as indicated on this report.

If you have any questions about the results, please call. Thank you for using Siemens Water Technologies for your analytical needs.

Sincerely,

Siemens Water Technologies



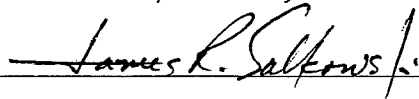
Bruce Schertz

Lab Manager

Enviroscan Analytical™ Services

I certify that the data contained in this report has been generated and reviewed in accordance with the Siemens Water Technologies Quality Assurance Program. Exceptions, if any, are discussed in the sample narrative. Samples will be retained for 30 days from the date of this report, then disposed in an appropriate manner. Siemens Water Technologies Corp. reserves the right to return samples identified as hazardous. Release of this Final Report is authorized as verified by the following signature. The contents of this report apply to the sample(s) analyzed. No duplication of this report is allowed except in its entirety.

Reviewed by: _____



Certifications:

Wisconsin 737053130
Minnesota 055-999-302
Illinois 100317



Siemens Water Technologies Corp.

301 West Military Road
Rothschild, WI 54474

Tel: 800-338-7226
Fax: 715-355-3221

www.siemens.com/enviroscan

SIEMENS

SAMPLE SUMMARY

<u>Lab Id</u>	<u>Client Sample Id</u>	<u>Date/Time</u>	<u>Matrix</u>
1006310-01	MW-1 3'	06/10/10 00:00	Soil
1006310-02	MW-2 4'	06/10/10 00:00	Soil
1006310-03	MW-3 3'	06/10/10 00:00	Soil
1006310-04	SB-4 3	06/10/10 00:00	Soil
1006310-05	SB-5 3'	06/10/10 00:00	Soil
1006310-06	SB-6 3'	06/10/10 00:00	Soil
1006310-07	SB-8 3'	06/10/10 00:00	Soil
1006310-08	SB-9 3'	06/10/10 00:00	Soil
1006310-09	SB-10 3'	06/10/10 00:00	Soil
1006310-10	MeOH Blank	06/10/10 00:00	Soil

SIEMENS

Meridian Environmental Consulting, LLC
2711 North Elco Road
Fall Creek, WI 54742

PROJECT NO. : Fosters
REPORT NO. : 1006310
DATE REC'D: 06/15/10 18:29
REPORT DATE : 06/23/10 12:38
PREPARED BY : BMS

Attn: Ken Shimko
Sample ID: MW-1 3'

Matrix: Soil

Sample Date/Time: 06/10/10 0:00

Lab No. : 1006310-01

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
<u>EPA 8021B</u>								
1,2,4-Trimethylbenzene	ND	mg/kg dry	0.014	0.026	1.05		06/18/10	ALZ
1,3,5-Trimethylbenzene	ND	mg/kg dry	0.019	0.026	1.05		06/18/10	ALZ
Benzene	0.140	mg/kg dry	0.017	0.026	1.05		06/18/10	ALZ
Ethylbenzene	0.056	mg/kg dry	0.019	0.026	1.05		06/18/10	ALZ
m&p-Xylene	0.158	mg/kg dry	0.022	0.026	1.05		06/18/10	ALZ
Methyl Tert Butyl Ether	ND	mg/kg dry	0.012	0.026	1.05		06/18/10	ALZ
Naphthalene	ND	mg/kg dry	0.019	0.026	1.05		06/18/10	ALZ
o-Xylene	ND	mg/kg dry	0.017	0.026	1.05		06/18/10	ALZ
Toluene	0.295	mg/kg dry	0.018	0.026	1.05		06/18/10	ALZ

Sample ID: MW-2 4'

Matrix: Soil

Sample Date/Time: 06/10/10 0:00

Lab No. : 1006310-02

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
<u>EPA 8021B</u>								
1,2,4-Trimethylbenzene	380	mg/kg dry	2.72	5.23	209		06/22/10	ALZ
1,3,5-Trimethylbenzene	134	mg/kg dry	3.77	5.23	209		06/22/10	ALZ
Benzene	57.8	mg/kg dry	3.35	5.23	209		06/22/10	ALZ
Ethylbenzene	159	mg/kg dry	3.77	5.23	209		06/22/10	ALZ
m&p-Xylene	662	mg/kg dry	4.40	5.23	209		06/22/10	ALZ
Methyl Tert Butyl Ether	ND	mg/kg dry	2.30	5.23	209		06/22/10	ALZ
Naphthalene	44.6	mg/kg dry	3.77	5.23	209		06/22/10	ALZ
o-Xylene	261	mg/kg dry	3.35	5.23	209		06/22/10	ALZ
Toluene	689	mg/kg dry	3.56	5.23	209		06/22/10	ALZ

SIEMENS

Meridian Environmental Consulting, LLC
2711 North Elco Road
Fall Creek, WI 54742

PROJECT NO. : Fosters
REPORT NO. : 1006310
DATE REC'D: 06/15/10 18:29
REPORT DATE : 06/23/10 12:38
PREPARED BY : BMS

Attn: Ken Shimko
Sample ID: MW-3 3'

Matrix: Soil

Sample Date/Time: 06/10/10 0:00

Lab No. : 1006310-03

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8021B								
1,2,4-Trimethylbenzene	ND	mg/kg dry	0.014	0.027	1.07		06/22/10	ALZ
1,3,5-Trimethylbenzene	ND	mg/kg dry	0.019	0.027	1.07		06/22/10	ALZ
Benzene	ND	mg/kg dry	0.017	0.027	1.07		06/22/10	ALZ
Ethylbenzene	ND	mg/kg dry	0.019	0.027	1.07		06/22/10	ALZ
m&p-Xylene	ND	mg/kg dry	0.022	0.027	1.07		06/22/10	ALZ
Methyl Tert Butyl Ether	ND	mg/kg dry	0.012	0.027	1.07		06/22/10	ALZ
Naphthalene	ND	mg/kg dry	0.019	0.027	1.07		06/22/10	ALZ
o-Xylene	ND	mg/kg dry	0.017	0.027	1.07		06/22/10	ALZ
Toluene	ND	mg/kg dry	0.018	0.027	1.07		06/22/10	ALZ

Sample ID: SB-4 3

Matrix: Soil

Sample Date/Time: 06/10/10 0:00

Lab No. : 1006310-04

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8021B								
1,2,4-Trimethylbenzene	ND	mg/kg dry	0.014	0.028	1.11		06/22/10	ALZ
1,3,5-Trimethylbenzene	ND	mg/kg dry	0.020	0.028	1.11		06/22/10	ALZ
Benzene	ND	mg/kg dry	0.018	0.028	1.11		06/22/10	ALZ
Ethylbenzene	ND	mg/kg dry	0.020	0.028	1.11		06/22/10	ALZ
m&p-Xylene	ND	mg/kg dry	0.023	0.028	1.11		06/22/10	ALZ
Methyl Tert Butyl Ether	ND	mg/kg dry	0.012	0.028	1.11		06/22/10	ALZ
Naphthalene	ND	mg/kg dry	0.020	0.028	1.11		06/22/10	ALZ
o-Xylene	ND	mg/kg dry	0.018	0.028	1.11		06/22/10	ALZ
Toluene	0.115	mg/kg dry	0.019	0.028	1.11		06/22/10	ALZ

SIEMENS

Meridian Environmental Consulting, LLC
2711 North Elco Road
Fall Creek, WI 54742

PROJECT NO. : Fosters
REPORT NO. : 1006310
DATE REC'D: 06/15/10 18:29
REPORT DATE : 06/23/10 12:38
PREPARED BY : BMS

Attn: Ken Shimko
Sample ID: SB-5 3'

Matrix: Soil

Sample Date/Time: 06/10/10 0:00

Lab No. : 1006310-05

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8021B								
1,2,4-Trimethylbenzene	91.7	mg/kg dry	0.140	0.270	10.8		06/18/10	ALZ
1,3,5-Trimethylbenzene	34.0	mg/kg dry	0.194	0.270	10.8		06/18/10	ALZ
Benzene	3.08	mg/kg dry	0.172	0.270	10.8		06/18/10	ALZ
Ethylbenzene	32.6	mg/kg dry	0.194	0.270	10.8		06/18/10	ALZ
m&p-Xylene	117	mg/kg dry	0.226	0.270	10.8		06/18/10	ALZ
Methyl Tert Butyl Ether	ND	mg/kg dry	0.119	0.270	10.8		06/18/10	ALZ
Naphthalene	19.8	mg/kg dry	0.194	0.270	10.8		06/18/10	ALZ
o-Xylene	48.9	mg/kg dry	0.172	0.270	10.8		06/18/10	ALZ
Toluene	45.4	mg/kg dry	0.183	0.270	10.8		06/18/10	ALZ

Sample ID: SB-6 3'

Matrix: Soil

Sample Date/Time: 06/10/10 0:00

Lab No. : 1006310-06

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8021B								
1,2,4-Trimethylbenzene	279	mg/kg dry	1.39	2.68	107		06/22/10	ALZ
1,3,5-Trimethylbenzene	98.0	mg/kg dry	1.93	2.68	107		06/22/10	ALZ
Benzene	29.8	mg/kg dry	1.72	2.68	107		06/22/10	ALZ
Ethylbenzene	107	mg/kg dry	1.93	2.68	107		06/22/10	ALZ
m&p-Xylene	434	mg/kg dry	2.25	2.68	107		06/22/10	ALZ
Methyl Tert Butyl Ether	ND	mg/kg dry	1.18	2.68	107		06/22/10	ALZ
Naphthalene	33.4	mg/kg dry	1.93	2.68	107		06/22/10	ALZ
o-Xylene	175	mg/kg dry	1.72	2.68	107		06/22/10	ALZ
Toluene	266	mg/kg dry	1.82	2.68	107		06/22/10	ALZ

SIEMENS

Meridian Environmental Consulting, LLC
2711 North Elco Road
Fall Creek, WI 54742

PROJECT NO. : Fosters
REPORT NO. : 1006310
DATE REC'D: 06/15/10 18:29
REPORT DATE : 06/23/10 12:38
PREPARED BY : BMS

Attn: Ken Shimko
Sample ID: SB-8 3'

Matrix: Soil

Sample Date/Time: 06/10/10 0:00

Lab No. : 1006310-07

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
<u>EPA 8021B</u>								
1,2,4-Trimethylbenzene	ND	mg/kg dry	0.014	0.026	1.05		06/22/10	ALZ
1,3,5-Trimethylbenzene	ND	mg/kg dry	0.019	0.026	1.05		06/22/10	ALZ
Benzene	0.223	mg/kg dry	0.017	0.026	1.05		06/22/10	ALZ
Ethylbenzene	0.076	mg/kg dry	0.019	0.026	1.05		06/22/10	ALZ
m&p-Xylene	0.201	mg/kg dry	0.022	0.026	1.05		06/22/10	ALZ
Methyl Tert Butyl Ether	ND	mg/kg dry	0.012	0.026	1.05		06/22/10	ALZ
Naphthalene	ND	mg/kg dry	0.019	0.026	1.05		06/22/10	ALZ
o-Xylene	0.071	mg/kg dry	0.017	0.026	1.05		06/22/10	ALZ
Toluene	0.440	mg/kg dry	0.018	0.026	1.05		06/22/10	ALZ

Sample ID: SB-9 3'

Matrix: Soil

Sample Date/Time: 06/10/10 0:00

Lab No. : 1006310-08

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
<u>EPA 8021B</u>								
1,2,4-Trimethylbenzene	ND	mg/kg dry	0.013	0.025	1		06/22/10	ALZ
1,3,5-Trimethylbenzene	ND	mg/kg dry	0.018	0.025	1		06/22/10	ALZ
Benzene	ND	mg/kg dry	0.016	0.025	1		06/22/10	ALZ
Ethylbenzene	ND	mg/kg dry	0.018	0.025	1		06/22/10	ALZ
m&p-Xylene	ND	mg/kg dry	0.021	0.025	1		06/22/10	ALZ
Methyl Tert Butyl Ether	ND	mg/kg dry	0.011	0.025	1		06/22/10	ALZ
Naphthalene	ND	mg/kg dry	0.018	0.025	1		06/22/10	ALZ
o-Xylene	ND	mg/kg dry	0.016	0.025	1		06/22/10	ALZ
Toluene	ND	mg/kg dry	0.017	0.025	1		06/22/10	ALZ

SIEMENS

Meridian Environmental Consulting, LLC
 2711 North Elco Road
 Fall Creek, WI 54742

PROJECT NO. : Fosters
 REPORT NO. : 1006310
 DATE REC'D: 06/15/10 18:29
 REPORT DATE : 06/23/10 12:38
 PREPARED BY : BMS

Attn: Ken Shimko
 Sample ID: SB-10 3'

Matrix: Soil

Sample Date/Time: 06/10/10 0:00

Lab No. : 1006310-09

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8021B								
1,2,4-Trimethylbenzene	0.078	mg/kg dry	0.014	0.026	1.04		06/22/10	ALZ
1,3,5-Trimethylbenzene	0.057	mg/kg dry	0.019	0.026	1.04		06/22/10	ALZ
Benzene	0.389	mg/kg dry	0.017	0.026	1.04		06/22/10	ALZ
Ethylbenzene	0.147	mg/kg dry	0.019	0.026	1.04		06/22/10	ALZ
m&p-Xylene	0.448	mg/kg dry	0.022	0.026	1.04		06/22/10	ALZ
Methyl Tert Butyl Ether	ND	mg/kg dry	0.011	0.026	1.04		06/22/10	ALZ
Naphthalene	ND	mg/kg dry	0.019	0.026	1.04		06/22/10	ALZ
o-Xylene	0.133	mg/kg dry	0.017	0.026	1.04		06/22/10	ALZ
Toluene	1.19	mg/kg dry	0.018	0.026	1.04		06/22/10	ALZ

Sample ID: MeOH Blank

Matrix: Soil

Sample Date/Time: 06/10/10 0:00

Lab No. : 1006310-10

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8021B								
1,2,4-Trimethylbenzene	ND	mg/kg	0.013	0.025	1		06/18/10	ALZ
1,3,5-Trimethylbenzene	ND	mg/kg	0.018	0.025	1		06/18/10	ALZ
Benzene	ND	mg/kg	0.016	0.025	1		06/18/10	ALZ
Ethylbenzene	ND	mg/kg	0.018	0.025	1		06/18/10	ALZ
m&p-Xylene	ND	mg/kg	0.021	0.025	1		06/18/10	ALZ
Methyl Tert Butyl Ether	ND	mg/kg	0.011	0.025	1		06/18/10	ALZ
Naphthalene	ND	mg/kg	0.018	0.025	1		06/18/10	ALZ
o-Xylene	ND	mg/kg	0.016	0.025	1		06/18/10	ALZ
Toluene	ND	mg/kg	0.017	0.025	1		06/18/10	ALZ

SIEMENS

Qualifier Descriptions

LOD = Limit of Detection (Dilution Corrected)
LOQ = Limit of Quantitation (Dilution Corrected)
Reporting Limit = LOQ (Dilution Corrected)
ND = Not Detected
COMP = Complete
SUBCON = Subcontracted analysis
mv = millivolts
pci/L = picocuries per Liter
mL/L = milliliters per Liter
mg = milligram

When the word "dry" follows the units on the result page the sample results are dry weight corrected.

LODs and LOQs are dry weight corrected for all soils except WI GRO and EPA 8021 methanol and WI DNR methylene chloride preserved soils.

Definitions

ug/l = Micrograms per Liter = parts per billion (ppb)
ug/kg = Micrograms per kilogram = parts per billion (ppb)
mg/l = Milligrams per liter = parts per million (ppm)
mg/kg = Milligrams per kilogram = parts per million (ppm)
NOT PRES = Not Present
ppth = Parts per thousand
* = Result outside established limits.
mg/m³ = Milligrams per meter cubed
ng/L = Nanograms per Liter = Parts per trillion (ppt)
> = Greater Than

Methanol Soils for WI GRO and EPA 8021 are reported to the LOQ.

Company Name Mendota Env. Cs Hg		Project Foster's	
Report Mailing Address 2711 N. Elko Rd Fall Creek, WI 54742		Contact Name, Phone, Fax, Email Ken Shimko 715-832-6608	
Invoice Address		Purchase Order #	Invoice Contact and Phone No.

Matrix: Drinking Water Groundwater Wastewater Soil/Solid Other: _____

Wis. PECFA Project subject to U&C? Yes No

For Compliance Monitoring? Yes No State: _____
(If Yes, please specify Agency or Regulation) Agency/Reg.: _____

Turnaround Request: Normal (10 Bus. Days)
 Rush (Must be pre-approved by Lab and is subject to surcharges)
Date Needed: _____

WO No. **1006310**

Analyses Requested							Lab Use Only		
PDOC + Waph							Delivered by:	Walk-in	<u>Courier</u>
							Ship Cont. OK?	<input checked="" type="radio"/> Y <input type="radio"/> N	NA
							Samples Leaking?	<input type="radio"/> Y <input checked="" type="radio"/> N	NA
							Seals OK?	<input checked="" type="radio"/> Y <input type="radio"/> N	NA
							Rec'd on Ice?	<input checked="" type="radio"/> Y <input type="radio"/> N	NA
							Sample Receiving Comments: 3.0°C		

Dunkam

Lab Use Only	Sample		No. of Containers		Sample ID	Comments
	Date	Time	Comp	Grab		
1	6/10/10				MW-1 3'	TS sup, Zo=AG jar w/ Mett
2					MW-2 4'	
3					MW-3 3'	
4					SB-4 3	
5					SB-5 3'	
6					SB-6 3'	
7					SB-8 3'	
8					SB-9 3'	
9					SB-10 3'	
10					Trip Blank meet 1 vial	

Chain of Custody Record

Relinquished By:	Date	Time	Received By:
<i>[Signature]</i>	6/14/10	8am	
	6-15-10	1:29	<i>[Signature]</i>

SIEMENS

Client: Meridian Env. Consulting Date Received: 6 / 15 / 10
1006310
Analytical Number: -1 through -10

Check all deviations from the EPA or WDNR sample protocol.

- Sample(s) received at _____ °C which is above the EPA and WDNR limit of 4°C.
- VOC vial(s) received with headspace.
- Sample(s) received in bottles not furnished by Siemens Water Technologies. The preservation method, if used, is unknown.
- Sample(s) were not properly preserved per EPA or WDNR protocol for the following analyses:
 - _____
- Sample(s) were received beyond the EPAWDNR holding time for the following analyses:
 - _____
- Sample date/time not supplied by client. Actual holding time is unknown.
- GRO / PVOC / VOC / DRO (circle) sample(s) are <19.5 grams. This report is the qualifier flag for that QC failure. The client has been contacted for further instructions. Analytical number(s) of the sample(s) under weight are:
 - _____
- GRO / ~~PVOC~~ / VOC (circle) sample(s) were between 26.4 and 35.4 grams. Methanol was added in a 1:1 ratio in the lab. Analytical number(s) of the sample(s) affected are:
 - 1006310 - 8A + 2mb.
- GRO / PVOC / VOC / DRO (circle) sample(s) are >35.4 grams and are required to be rejected. This report is the qualifier flag for that QC failure. The client has been contacted for further instructions. Analytical number(s) of the sample(s) affected are:
 - _____
- Other problems:
 - _____

Client contacted concerning the above deviations:

_____ notified of the above deviation(s) on ____ / ____ / ____ @

_____ contact name
_____ am/pm by _____ and the client ordered the following:
_____ initial

- Proceed with analyses as ordered.
- Proceed with analyses after taking the following corrective action:
 - _____
- Do NOT proceed with analyses.

Siemens Water Technologies Corp.

301 West Military Road
Rothschild, WI 54474

Tel: (800)338-7226
Fax: (715)355-3221

SIEMENS

June 30, 2010

Meridian Environmental Consulting, LLC
2711 North Elco Road
Fall Creek, WI 54742

Attn: Ken Shimko

REPORT NO.: 1006449

PROJECT NO.: Fosters

Please find enclosed the analytical report, including the Sample Summary, Sample Narrative and Chain of Custody for your sample set received June 24, 2010.

All analyses were performed in accordance with NELAC Standards using approved methods as indicated on this report.

If you have any questions about the results, please call. Thank you for using Siemens Water Technologies for your analytical needs.

Sincerely,

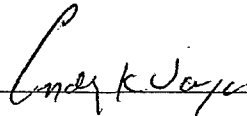
Siemens Water Technologies



James Salkowski
Lab Director
Enviroscan Analytical™ Services

I certify that the data contained in this report has been generated and reviewed in accordance with the Siemens Water Technologies Quality Assurance Program. Exceptions, if any, are discussed in the sample narrative. Samples will be retained for 30 days from the date of this report, then disposed in an appropriate manner. Siemens Water Technologies Corp. reserves the right to return samples identified as hazardous. Release of this Final Report is authorized as verified by the following signature. The contents of this report apply to the sample(s) analyzed. No duplication of this report is allowed except in its entirety.

Reviewed by: _____



Certifications:

Wisconsin 737053130
Minnesota 055-999-302
Illinois 100317



Siemens Water Technologies Corp.

301 West Military Road
Rothschild, WI 54474

Tel: 800-338-7226
Fax: 715-355-3221
www.siemens.com/enviroscan

SIEMENS

SAMPLE SUMMARY

<u>Lab Id</u>	<u>Client</u>	<u>Sample Id</u>	<u>Date/Time</u>	<u>Matrix</u>
1006449-01	MW-1		06/22/10 00:00	Ground Water
1006449-02	MW-2		06/22/10 00:00	Ground Water
1006449-03	MW-3		06/22/10 00:00	Ground Water
1006449-04	MW-4		06/22/10 00:00	Ground Water
1006449-05	TMW		06/22/10 00:00	Ground Water
1006449-06	Trip Blank		06/22/10 00:00	Water

SIEMENS

Meridian Environmental Consulting, LLC
 2711 North Elco Road
 Fall Creek, WI 54742

PROJECT NO. : Fosters
 REPORT NO. : 1006449
 DATE REC'D : 06/24/10 10:15
 REPORT DATE : 06/30/10 09:42
 PREPARED BY : JRS

Attn: Ken Shimko

Sample ID: MW-1 Matrix: Ground Water Sample Date/Time: 06/22/10 0:00 Lab No. : 1006449-01

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8260B								
1,1,1,2-Tetrachloroethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
1,1,1-Trichloroethane	ND	ug/L	0.50	1.70	1		06/29/10	MRD
1,1,2,2-Tetrachloroethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1,2-Trichloroethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1-Dichloroethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1-Dichloroethylene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1-Dichloropropylene	ND	ug/L	0.80	2.70	1		06/29/10	MRD
1,2,3-Trichlorobenzene	ND	ug/L	0.50	1.70	1		06/29/10	MRD
1,2,3-Trichloropropane	ND	ug/L	1.00	3.30	1		06/29/10	MRD
1,2,4-Trichlorobenzene	ND	ug/L	0.50	1.70	1		06/29/10	MRD
1,2,4-Trimethylbenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
1,2-Dibromo-3-chloropropane	ND	ug/L	1.30	4.30	1		06/29/10	MRD
1,2-Dibromoethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
1,2-Dichlorobenzene	ND	ug/L	0.80	2.70	1		06/29/10	MRD
1,2-Dichloroethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
1,2-Dichloropropane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,3,5-Trimethylbenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
1,3-Dichlorobenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
1,3-Dichloropropane	ND	ug/L	0.20	0.67	1		06/29/10	MRD
1,4-Dichlorobenzene	ND	ug/L	0.80	2.70	1		06/29/10	MRD
2,2-Dichloropropane	ND	ug/L	1.00	3.30	1		06/29/10	MRD
2-Chlorotoluene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
4-Chlorotoluene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
4-Isopropyltoluene	ND	ug/L	0.40	1.33	1		06/29/10	MRD
Benzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Bromobenzene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Bromochloromethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Bromodichloromethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Bromoform	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Bromomethane	ND	ug/L	1.00	3.30	1		06/29/10	MRD
Butylbenzene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Carbon Tetrachloride	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Chlorobenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Chloroethane	ND	ug/L	0.70	2.30	1		06/29/10	MRD
Chloroform	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Chloromethane	ND	ug/L	0.40	1.30	1	CSH	06/29/10	MRD

SIEMENS

Meridian Environmental Consulting, LLC
 2711 North Elco Road
 Fall Creek, WI 54742

PROJECT NO. : Fosters
 REPORT NO. : 1006449
 DATE REC'D 06/24/10 10:15
 REPORT DATE : 06/30/10 09:42
 PREPARED BY : JRS

Attn: Ken Shimko

Sample ID: MW-1 Matrix: Ground Water Sample Date/Time: 06/22/10 0:00 Lab No. : 1006449-01

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
<u>EPA 8260B Continued</u>								
cis-1,2-Dichloroethylene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
cis-1,3-Dichloropropylene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Dibromochloromethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Dibromomethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Dichlorodifluoromethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Ethylbenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Hexachlorobutadiene	ND	ug/L	1.00	3.30	1		06/29/10	MRD
Isopropyl Ether	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Isopropylbenzene (Cumene)	ND	ug/L	0.20	0.67	1		06/29/10	MRD
m,p-Xylenes	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Methylene Chloride	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Methyl-tert-Butyl Ether	ND	ug/L	0.50	1.70	1		06/29/10	MRD
Naphthalene	ND	ug/L	1.00	3.30	1		06/29/10	MRD
o-Xylene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Propylbenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
sec-Butylbenzene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Styrene	ND	ug/L	0.10	0.50	1		06/29/10	MRD
tert-Butylbenzene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Tetrachloroethene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Toluene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
trans-1,2-Dichloroethylene	ND	ug/L	0.50	1.70	1		06/29/10	MRD
trans-1,3-Dichloropropylene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Trichloroethene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Trichlorofluoromethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Vinyl chloride	ND	ug/L	0.20	0.67	1		06/29/10	MRD

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Meridian Environmental Consulting, LLC
 2711 North Elco Road
 Fall Creek, WI 54742

PROJECT NO. : Fosters
 REPORT NO. : 1006449
 DATE REC'D 06/24/10 10:15
 REPORT DATE : 06/30/10 09:42
 PREPARED BY : JRS

Attn: Ken Shimko

Sample ID: MW-2

Matrix: Ground Water

Sample Date/Time: 06/22/10 0:00

Lab No. : 1006449-02

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8260B								
1,1,1,2-Tetrachloroethane	ND	ug/L	30.0	100	100		06/29/10	MRD
1,1,1-Trichloroethane	ND	ug/L	50.0	170	100		06/29/10	MRD
1,1,2,2-Tetrachloroethane	ND	ug/L	40.0	130	100		06/29/10	MRD
1,1,2-Trichloroethane	ND	ug/L	40.0	130	100		06/29/10	MRD
1,1-Dichloroethane	ND	ug/L	40.0	130	100		06/29/10	MRD
1,1-Dichloroethylene	ND	ug/L	40.0	130	100		06/29/10	MRD
1,1-Dichloropropylene	ND	ug/L	80.0	270	100		06/29/10	MRD
1,2,3-Trichlorobenzene	ND	ug/L	50.0	170	100		06/29/10	MRD
1,2,3-Trichloropropane	ND	ug/L	100	330	100		06/29/10	MRD
1,2,4-Trichlorobenzene	ND	ug/L	50.0	170	100		06/29/10	MRD
1,2,4-Trimethylbenzene	5740	ug/L	20.0	67.0	100		06/29/10	MRD
1,2-Dibromo-3-chloropropane	ND	ug/L	130	430	100		06/29/10	MRD
1,2-Dibromoethane	ND	ug/L	30.0	100	100		06/29/10	MRD
1,2-Dichlorobenzene	ND	ug/L	80.0	270	100		06/29/10	MRD
1,2-Dichloroethane	ND	ug/L	30.0	100	100		06/29/10	MRD
1,2-Dichloropropane	ND	ug/L	40.0	130	100		06/29/10	MRD
1,3,5-Trimethylbenzene	1460	ug/L	20.0	67.0	100		06/29/10	MRD
1,3-Dichlorobenzene	ND	ug/L	20.0	67.0	100		06/29/10	MRD
1,3-Dichloropropane	ND	ug/L	20.0	67.0	100		06/29/10	MRD
1,4-Dichlorobenzene	ND	ug/L	80.0	270	100		06/29/10	MRD
2,2-Dichloropropane	ND	ug/L	100	330	100		06/29/10	MRD
2-Chlorotoluene	ND	ug/L	30.0	100	100		06/29/10	MRD
4-Chlorotoluene	ND	ug/L	30.0	100	100		06/29/10	MRD
4-Isopropyltoluene	ND	ug/L	40.0	133	100		06/29/10	MRD
Benzene	19000	ug/L	200	670	1000		06/29/10	MRD
Bromobenzene	ND	ug/L	30.0	100	100		06/29/10	MRD
Bromochloromethane	ND	ug/L	40.0	130	100		06/29/10	MRD
Bromodichloromethane	ND	ug/L	40.0	130	100		06/29/10	MRD
Bromoform	ND	ug/L	20.0	67.0	100		06/29/10	MRD
Bromomethane	ND	ug/L	100	330	100		06/29/10	MRD
Butylbenzene	ND	ug/L	40.0	130	100		06/29/10	MRD
Carbon Tetrachloride	ND	ug/L	30.0	100	100		06/29/10	MRD
Chlorobenzene	ND	ug/L	20.0	67.0	100		06/29/10	MRD
Chloroethane	ND	ug/L	70.0	230	100		06/29/10	MRD
Chloroform	ND	ug/L	20.0	67.0	100		06/29/10	MRD
Chloromethane	ND	ug/L	40.0	130	100	CSH	06/29/10	MRD

SIEMENS

Meridian Environmental Consulting, LLC
2711 North Elco Road
Fall Creek, WI 54742

PROJECT NO. : Fosters
REPORT NO. : 1006449
DATE REC'D 06/24/10 10:15
REPORT DATE : 06/30/10 09:42
PREPARED BY : JRS

Attn: Ken Shimko

Sample ID: MW-2

Matrix: Ground Water

Sample Date/Time: 06/22/10 0:00

Lab No. : 1006449-02

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution</u> <u>Factor</u>	<u>Qualifiers</u>	<u>Date</u> <u>Analyzed</u>	<u>Analyst</u>
<u>EPA 8260B Continued</u>								
cis-1,2-Dichloroethylene	ND	ug/L	40.0	130	100		06/29/10	MRD
cis-1,3-Dichloropropylene	ND	ug/L	20.0	67.0	100		06/29/10	MRD
Dibromochloromethane	ND	ug/L	40.0	130	100		06/29/10	MRD
Dibromomethane	ND	ug/L	40.0	130	100		06/29/10	MRD
Dichlorodifluoromethane	ND	ug/L	30.0	100	100		06/29/10	MRD
Ethylbenzene	4730	ug/L	20.0	67.0	100		06/29/10	MRD
Hexachlorobutadiene	ND	ug/L	100	330	100		06/29/10	MRD
Isopropyl Ether	ND	ug/L	30.0	100	100		06/29/10	MRD
Isopropylbenzene (Cumene)	156	ug/L	20.0	67.0	100		06/29/10	MRD
m,p-Xylenes	19100	ug/L	40.0	130	100		06/29/10	MRD
Methylene Chloride	ND	ug/L	40.0	130	100		06/29/10	MRD
Methyl-tert-Butyl Ether	ND	ug/L	50.0	170	100		06/29/10	MRD
Naphthalene	1270	ug/L	100	330	100		06/29/10	MRD
o-Xylene	8110	ug/L	20.0	67.0	100		06/29/10	MRD
Propylbenzene	ND	ug/L	20.0	67.0	100		06/29/10	MRD
sec-Butylbenzene	ND	ug/L	30.0	100	100		06/29/10	MRD
Styrene	ND	ug/L	10.0	50.0	100		06/29/10	MRD
tert-Butylbenzene	ND	ug/L	30.0	100	100		06/29/10	MRD
Tetrachloroethene	ND	ug/L	30.0	100	100		06/29/10	MRD
Toluene	32700	ug/L	400	1300	1000		06/29/10	MRD
trans-1,2-Dichloroethylene	ND	ug/L	50.0	170	100		06/29/10	MRD
trans-1,3-Dichloropropylene	ND	ug/L	40.0	130	100		06/29/10	MRD
Trichloroethene	ND	ug/L	40.0	130	100		06/29/10	MRD
Trichlorofluoromethane	ND	ug/L	30.0	100	100		06/29/10	MRD
Vinyl chloride	ND	ug/L	20.0	67.0	100		06/29/10	MRD

SIEMENS

Meridian Environmental Consulting, LLC
 2711 North Elco Road
 Fall Creek, WI 54742

PROJECT NO. : Fosters
 REPORT NO. : 1006449
 DATE REC'D 06/24/10 10:15
 REPORT DATE : 06/30/10 09:42
 PREPARED BY : JRS

Attn: Ken Shimko

Sample ID: MW-3 Matrix: Ground Water Sample Date/Time: 06/22/10 0:00 Lab No. : 1006449-03

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8260B								
1,1,1,2-Tetrachloroethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
1,1,1-Trichloroethane	ND	ug/L	0.50	1.70	1		06/29/10	MRD
1,1,2,2-Tetrachloroethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1,2-Trichloroethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1-Dichloroethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1-Dichloroethylene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1-Dichloropropylene	ND	ug/L	0.80	2.70	1		06/29/10	MRD
1,2,3-Trichlorobenzene	ND	ug/L	0.50	1.70	1		06/29/10	MRD
1,2,3-Trichloropropane	ND	ug/L	1.00	3.30	1		06/29/10	MRD
1,2,4-Trichlorobenzene	ND	ug/L	0.50	1.70	1		06/29/10	MRD
1,2,4-Trimethylbenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
1,2-Dibromo-3-chloropropane	ND	ug/L	1.30	4.30	1		06/29/10	MRD
1,2-Dibromoethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
1,2-Dichlorobenzene	ND	ug/L	0.80	2.70	1		06/29/10	MRD
1,2-Dichloroethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
1,2-Dichloropropane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,3,5-Trimethylbenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
1,3-Dichlorobenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
1,3-Dichloropropane	ND	ug/L	0.20	0.67	1		06/29/10	MRD
1,4-Dichlorobenzene	ND	ug/L	0.80	2.70	1		06/29/10	MRD
2,2-Dichloropropane	ND	ug/L	1.00	3.30	1		06/29/10	MRD
2-Chlorotoluene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
4-Chlorotoluene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
4-Isopropyltoluene	ND	ug/L	0.40	1.33	1		06/29/10	MRD
Benzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Bromobenzene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Bromochloromethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Bromodichloromethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Bromoform	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Bromomethane	ND	ug/L	1.00	3.30	1		06/29/10	MRD
Butylbenzene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Carbon Tetrachloride	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Chlorobenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Chloroethane	ND	ug/L	0.70	2.30	1		06/29/10	MRD
Chloroform	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Chloromethane	ND	ug/L	0.40	1.30	1	CSH	06/29/10	MRD

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Meridian Environmental Consulting, LLC
 2711 North Elco Road
 Fall Creek, WI 54742

PROJECT NO. : Fosters
 REPORT NO. : 1006449
 DATE REC'D 06/24/10 10:15
 REPORT DATE : 06/30/10 09:42
 PREPARED BY : JRS

Attn: Ken Shimko

Sample ID: MW-3 Matrix: Ground Water Sample Date/Time: 06/22/10 0:00 Lab No. : 1006449-03

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
<u>EPA 8260B Continued</u>								
cis-1,2-Dichloroethylene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
cis-1,3-Dichloropropylene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Dibromochloromethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Dibromomethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Dichlorodifluoromethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Ethylbenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Hexachlorobutadiene	ND	ug/L	1.00	3.30	1		06/29/10	MRD
Isopropyl Ether	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Isopropylbenzene (Cumene)	ND	ug/L	0.20	0.67	1		06/29/10	MRD
m,p-Xylenes	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Methylene Chloride	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Methyl-tert-Butyl Ether	ND	ug/L	0.50	1.70	1		06/29/10	MRD
Naphthalene	ND	ug/L	1.00	3.30	1		06/29/10	MRD
o-Xylene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Propylbenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
sec-Butylbenzene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Styrene	ND	ug/L	0.10	0.50	1		06/29/10	MRD
tert-Butylbenzene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Tetrachloroethene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Toluene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
trans-1,2-Dichloroethylene	ND	ug/L	0.50	1.70	1		06/29/10	MRD
trans-1,3-Dichloropropylene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Trichloroethene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Trichlorofluoromethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Vinyl chloride	ND	ug/L	0.20	0.67	1		06/29/10	MRD

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Meridian Environmental Consulting, LLC
 2711 North Elco Road
 Fall Creek, WI 54742

PROJECT NO. : Fosters
 REPORT NO. : 1006449
 DATE REC'D 06/24/10 10:15
 REPORT DATE : 06/30/10 09:42
 PREPARED BY : JRS

Attn: Ken Shimko

Sample ID: MW-4 Matrix: Ground Water Sample Date/Time: 06/22/10 0:00 Lab No. : 1006449-04

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8260B								
1,1,1,2-Tetrachloroethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
1,1,1-Trichloroethane	ND	ug/L	0.50	1.70	1		06/29/10	MRD
1,1,2,2-Tetrachloroethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1,2-Trichloroethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1-Dichloroethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1-Dichloroethylene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1-Dichloropropylene	ND	ug/L	0.80	2.70	1		06/29/10	MRD
1,2,3-Trichlorobenzene	ND	ug/L	0.50	1.70	1		06/29/10	MRD
1,2,3-Trichloropropane	ND	ug/L	1.00	3.30	1		06/29/10	MRD
1,2,4-Trichlorobenzene	ND	ug/L	0.50	1.70	1		06/29/10	MRD
1,2,4-Trimethylbenzene	42.1	ug/L	0.20	0.67	1		06/29/10	MRD
1,2-Dibromo-3-chloropropane	ND	ug/L	1.30	4.30	1		06/29/10	MRD
1,2-Dibromoethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
1,2-Dichlorobenzene	ND	ug/L	0.80	2.70	1		06/29/10	MRD
1,2-Dichloroethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
1,2-Dichloropropane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,3,5-Trimethylbenzene	15.4	ug/L	0.20	0.67	1		06/29/10	MRD
1,3-Dichlorobenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
1,3-Dichloropropane	ND	ug/L	0.20	0.67	1		06/29/10	MRD
1,4-Dichlorobenzene	ND	ug/L	0.80	2.70	1		06/29/10	MRD
2,2-Dichloropropane	ND	ug/L	1.00	3.30	1		06/29/10	MRD
2-Chlorotoluene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
4-Chlorotoluene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
4-Isopropyltoluene	ND	ug/L	0.40	1.33	1		06/29/10	MRD
Benzene	601	ug/L	2.00	6.70	10		06/29/10	MRD
Bromobenzene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Bromochloromethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Bromodichloromethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Bromoform	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Bromomethane	ND	ug/L	1.00	3.30	1		06/29/10	MRD
Butylbenzene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Carbon Tetrachloride	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Chlorobenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Chloroethane	ND	ug/L	0.70	2.30	1		06/29/10	MRD
Chloroform	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Chloromethane	ND	ug/L	0.40	1.30	1	CSH	06/29/10	MRD

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Meridian Environmental Consulting, LLC
 2711 North Elco Road
 Fall Creek, WI 54742

PROJECT NO. : Fosters
 REPORT NO. : 1006449
 DATE REC'D 06/24/10 10:15
 REPORT DATE : 06/30/10 09:42
 PREPARED BY : JRS

Attn: Ken Shimko

Sample ID: MW-4 Matrix: Ground Water Sample Date/Time: 06/22/10 0:00 Lab No. : 1006449-04

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8260B Continued								
cis-1,2-Dichloroethylene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
cis-1,3-Dichloropropylene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Dibromochloromethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Dibromomethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Dichlorodifluoromethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Ethylbenzene	89.2	ug/L	0.20	0.67	1		06/29/10	MRD
Hexachlorobutadiene	ND	ug/L	1.00	3.30	1		06/29/10	MRD
Isopropyl Ether	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Isopropylbenzene (Cumene)	3.20	ug/L	0.20	0.67	1		06/29/10	MRD
m,p-Xylenes	45.8	ug/L	0.40	1.30	1		06/29/10	MRD
Methylene Chloride	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Methyl-tert-Butyl Ether	ND	ug/L	0.50	1.70	1		06/29/10	MRD
Naphthalene	14.5	ug/L	1.00	3.30	1		06/29/10	MRD
o-Xylene	11.1	ug/L	0.20	0.67	1		06/29/10	MRD
Propylbenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
sec-Butylbenzene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Styrene	ND	ug/L	0.10	0.50	1		06/29/10	MRD
tert-Butylbenzene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Tetrachloroethene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Toluene	9.17	ug/L	0.40	1.30	1		06/29/10	MRD
trans-1,2-Dichloroethylene	ND	ug/L	0.50	1.70	1		06/29/10	MRD
trans-1,3-Dichloropropylene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Trichloroethene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Trichlorofluoromethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Vinyl chloride	ND	ug/L	0.20	0.67	1		06/29/10	MRD

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Meridian Environmental Consulting, LLC
 2711 North Elco Road
 Fall Creek, WI 54742

PROJECT NO. : Fosters
 REPORT NO. : 1006449
 DATE REC'D 06/24/10 10:15
 REPORT DATE : 06/30/10 09:42
 PREPARED BY : JRS

Attn: Ken Shimko

Sample ID: TMW

Matrix: Ground Water

Sample Date/Time: 06/22/10 0:00

Lab No. : 1006449-05

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8260B								
1,1,1,2-Tetrachloroethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
1,1,1-Trichloroethane	ND	ug/L	0.50	1.70	1		06/29/10	MRD
1,1,2,2-Tetrachloroethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1,2-Trichloroethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1-Dichloroethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1-Dichloroethylene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1-Dichloropropylene	ND	ug/L	0.80	2.70	1		06/29/10	MRD
1,2,3-Trichlorobenzene	ND	ug/L	0.50	1.70	1		06/29/10	MRD
1,2,3-Trichloropropane	ND	ug/L	1.00	3.30	1		06/29/10	MRD
1,2,4-Trichlorobenzene	ND	ug/L	0.50	1.70	1		06/29/10	MRD
1,2,4-Trimethylbenzene	6.35	ug/L	0.20	0.67	1		06/29/10	MRD
1,2-Dibromo-3-chloropropane	ND	ug/L	1.30	4.30	1		06/29/10	MRD
1,2-Dibromoethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
1,2-Dichlorobenzene	ND	ug/L	0.80	2.70	1		06/29/10	MRD
1,2-Dichloroethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
1,2-Dichloropropane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,3,5-Trimethylbenzene	1.54	ug/L	0.20	0.67	1		06/29/10	MRD
1,3-Dichlorobenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
1,3-Dichloropropane	ND	ug/L	0.20	0.67	1		06/29/10	MRD
1,4-Dichlorobenzene	ND	ug/L	0.80	2.70	1		06/29/10	MRD
2,2-Dichloropropane	ND	ug/L	1.00	3.30	1		06/29/10	MRD
2-Chlorotoluene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
4-Chlorotoluene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
4-Isopropyltoluene	ND	ug/L	0.40	1.33	1		06/29/10	MRD
Benzene	229	ug/L	2.00	6.70	10		06/29/10	MRD
Bromobenzene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Bromochloromethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Bromodichloromethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Bromoform	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Bromomethane	ND	ug/L	1.00	3.30	1		06/29/10	MRD
Butylbenzene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Carbon Tetrachloride	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Chlorobenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Chloroethane	ND	ug/L	0.70	2.30	1		06/29/10	MRD
Chloroform	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Chloromethane	ND	ug/L	0.40	1.30	1	CSH	06/29/10	MRD

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Meridian Environmental Consulting, LLC
 2711 North Elco Road
 Fall Creek, WI 54742

PROJECT NO. : Fosters
 REPORT NO. : 1006449
 DATE REC'D 06/24/10 10:15
 REPORT DATE : 06/30/10 09:42
 PREPARED BY : JRS

Attn: Ken Shimko

Sample ID: TMW

Matrix: Ground Water

Sample Date/Time: 06/22/10 0:00

Lab No. : 1006449-05

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution</u> <u>Factor</u>	<u>Qualifiers</u>	<u>Date</u> <u>Analyzed</u>	<u>Analyst</u>
<u>EPA 8260B Continued</u>								
cis-1,2-Dichloroethylene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
cis-1,3-Dichloropropylene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Dibromochloromethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Dibromomethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Dichlorodifluoromethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Ethylbenzene	0.93	ug/L	0.20	0.67	1		06/29/10	MRD
Hexachlorobutadiene	ND	ug/L	1.00	3.30	1		06/29/10	MRD
Isopropyl Ether	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Isopropylbenzene (Cumene)	1.10	ug/L	0.20	0.67	1		06/29/10	MRD
m,p-Xylenes	3.11	ug/L	0.40	1.30	1		06/29/10	MRD
Methylene Chloride	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Methyl-tert-Butyl Ether	ND	ug/L	0.50	1.70	1		06/29/10	MRD
Naphthalene	7.06	ug/L	1.00	3.30	1		06/29/10	MRD
o-Xylene	4.77	ug/L	0.20	0.67	1		06/29/10	MRD
Propylbenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
sec-Butylbenzene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Styrene	ND	ug/L	0.10	0.50	1		06/29/10	MRD
tert-Butylbenzene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Tetrachloroethene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Toluene	0.72	ug/L	0.40	1.30	1	J	06/29/10	MRD
trans-1,2-Dichloroethylene	ND	ug/L	0.50	1.70	1		06/29/10	MRD
trans-1,3-Dichloropropylene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Trichloroethene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Trichlorofluoromethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Vinyl chloride	ND	ug/L	0.20	0.67	1		06/29/10	MRD

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 Fall Creek, WI 54742

PROJECT NO. : Fosters
 REPORT NO. : 1006449
 DATE REC'D 06/24/10 10:15
 REPORT DATE : 06/30/10 09:42
 PREPARED BY : JRS

Attn: Ken Shimko

Sample ID: Trip Blank

Matrix: Water

Sample Date/Time: 06/22/10 0:00

Lab No. : 1006449-06

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution</u> <u>Factor</u>	<u>Qualifiers</u>	<u>Date</u> <u>Analyzed</u>	<u>Analyst</u>
EPA 8260B								
1,1,1,2-Tetrachloroethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
1,1,1-Trichloroethane	ND	ug/L	0.50	1.70	1		06/29/10	MRD
1,1,2,2-Tetrachloroethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1,2-Trichloroethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1-Dichloroethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1-Dichloroethylene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,1-Dichloropropylene	ND	ug/L	0.80	2.70	1		06/29/10	MRD
1,2,3-Trichlorobenzene	ND	ug/L	0.50	1.70	1		06/29/10	MRD
1,2,3-Trichloropropane	ND	ug/L	1.00	3.30	1		06/29/10	MRD
1,2,4-Trichlorobenzene	ND	ug/L	0.50	1.70	1		06/29/10	MRD
1,2,4-Trimethylbenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
1,2-Dibromo-3-chloropropane	ND	ug/L	1.30	4.30	1		06/29/10	MRD
1,2-Dibromoethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
1,2-Dichlorobenzene	ND	ug/L	0.80	2.70	1		06/29/10	MRD
1,2-Dichloroethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
1,2-Dichloropropane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
1,3,5-Trimethylbenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
1,3-Dichlorobenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
1,3-Dichloropropane	ND	ug/L	0.20	0.67	1		06/29/10	MRD
1,4-Dichlorobenzene	ND	ug/L	0.80	2.70	1		06/29/10	MRD
2,2-Dichloropropane	ND	ug/L	1.00	3.30	1		06/29/10	MRD
2-Chlorotoluene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
4-Chlorotoluene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
4-Isopropyltoluene	ND	ug/L	0.40	1.33	1		06/29/10	MRD
Benzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Bromobenzene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Bromochloromethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Bromodichloromethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Bromoform	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Bromomethane	ND	ug/L	1.00	3.30	1		06/29/10	MRD
Butylbenzene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Carbon Tetrachloride	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Chlorobenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Chloroethane	ND	ug/L	0.70	2.30	1		06/29/10	MRD
Chloroform	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Chloromethane	ND	ug/L	0.40	1.30	1	CSH	06/29/10	MRD

SIEMENS

Meridian Environmental Consulting, LLC
 2711 North Elco Road
 Fall Creek, WI 54742

PROJECT NO. : Fosters
 REPORT NO. : 1006449
 DATE REC'D 06/24/10 10:15
 REPORT DATE : 06/30/10 09:42
 PREPARED BY : JRS

Attn: Ken Shimko

Sample ID: Trip Blank

Matrix: Water

Sample Date/Time: 06/22/10 0:00

Lab No. : 1006449-06

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
<u>EPA 8260B Continued</u>								
cis-1,2-Dichloroethylene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
cis-1,3-Dichloropropylene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Dibromochloromethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Dibromomethane	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Dichlorodifluoromethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Ethylbenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Hexachlorobutadiene	ND	ug/L	1.00	3.30	1		06/29/10	MRD
Isopropyl Ether	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Isopropylbenzene (Cumene)	ND	ug/L	0.20	0.67	1		06/29/10	MRD
m,p-Xylenes	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Methylene Chloride	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Methyl-tert-Butyl Ether	ND	ug/L	0.50	1.70	1		06/29/10	MRD
Naphthalene	ND	ug/L	1.00	3.30	1		06/29/10	MRD
o-Xylene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
Propylbenzene	ND	ug/L	0.20	0.67	1		06/29/10	MRD
sec-Butylbenzene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Styrene	ND	ug/L	0.10	0.50	1		06/29/10	MRD
tert-Butylbenzene	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Tetrachloroethene	0.41	ug/L	0.30	1.00	1	J	06/29/10	MRD
Toluene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
trans-1,2-Dichloroethylene	ND	ug/L	0.50	1.70	1		06/29/10	MRD
trans-1,3-Dichloropropylene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Trichloroethene	ND	ug/L	0.40	1.30	1		06/29/10	MRD
Trichlorofluoromethane	ND	ug/L	0.30	1.00	1		06/29/10	MRD
Vinyl chloride	ND	ug/L	0.20	0.67	1		06/29/10	MRD

SIEMENS

Qualifier Descriptions

J	Estimated concentration below laboratory quantitation level.
CSH	Check standard for this analyte exhibited a high bias. Sample results may also be biased high.

Definitions

LOD = Limit of Detection (Dilution Corrected)
LOQ = Limit of Quantitation (Dilution Corrected)
Reporting Limit = LOQ (Dilution Corrected)
ND = Not Detected
COMP = Complete
SUBCON = Subcontracted analysis
mv = millivolts
pci/L = picocuries per Liter
mL/L = milliliters per Liter
mg = milligram

When the word "dry" follows the units on the result page the sample results are dry weight corrected.

LODs and LOQs are dry weight corrected for all soils except WI GRO, EPA 8021 and WI DNR/EPA 8260B methanol and WI DNR methylene chloride preserved soils being reported to the State of Wisconsin.

ug/l = Micrograms per Liter = parts per billion (ppb)
ug/kg = Micrograms per kilogram = parts per billion (ppb)
mg/l = Milligrams per liter = parts per million (ppm)
mg/kg = Milligrams per kilogram = parts per million (ppm)
NOT PRES = Not Present
ppth = Parts per thousand
* = Result outside established limits.
mg/m³ = Milligrams per meter cubed
ng/L = Nanograms per Liter = Parts per trillion (ppt)
> = Greater Than

State of Wisconsin Methanol Soils for WI GRO, WI DNR/EPA 8260B and EPA 8021 are reported to the LOQ.

Company Name <i>Meridian Env-Cstg.</i>		Project <i>Fosters</i>
Report Mailing Address <i>2711 N. Elco Rd Fall Creek, WI 54742</i>		Contact Name, Phone, Fax, Email <i>Ken Shinko 715-832-6608</i>
Invoice Address	Purchase Order #	Invoice Contact and Phone No.

Matrix: Drinking Water Groundwater Wastewater Soil/Solid Other: _____

Wis. PECFA Project subject to U&C? Yes No

For Compliance Monitoring? Yes No State: _____
(If Yes, please specify Agency or Regulation) Agency/Reg.: _____

Turnaround Request: Normal (10 Bus. Days)
 Rush (Must be pre-approved by Lab and is subject to surcharges)
Date Needed: _____

WO No. *1006449*

Analyses Requested										Lab Use Only		
<i>VOC</i>										Delivered by: <input checked="" type="radio"/> Walk-in <input checked="" type="radio"/> Courier <i>Dunham</i>		
										Ship Cont. OK? <input checked="" type="radio"/> Y <input type="radio"/> N	NA	
										Samples Leaking? <input checked="" type="radio"/> Y <input type="radio"/> N	NA	
										Seals OK? <input checked="" type="radio"/> Y <input type="radio"/> N	NA	
										Rec'd on Ice? <input checked="" type="radio"/> Y <input type="radio"/> N	NA	
Sample Receiving Comments: <i>36°C</i>												

Lab Use Only	Sample		No. of Containers		Sample ID							Comments
	Date	Time	Comp	Grab								
-01	<i>6/22/10</i>				<i>MW-1</i>	<i>+</i>						<i>3 vials HCL</i>
-02	<i>↓</i>				<i>MW-2</i>	<i>↓</i>						
-03	<i>↓</i>				<i>MW-3</i>	<i>↓</i>						
-04	<i>↓</i>				<i>MW-4</i>	<i>↓</i>						
-05	<i>↓</i>				<i>TMW</i>	<i>↓</i>						
-06					<i>Trip Blank</i>							<i>TB#157 5/11/10</i>

Chain of Custody Record

Relinquished By:	Date	Time	Received By:
<i>[Signature]</i>	<i>6/22/10</i>	<i>8pm</i>	
	<i>6/24/10</i>	<i>10:15</i>	<i>[Signature]</i>

SIEMENS

August 16, 2010

Meridian Environmental Consulting, LLC
2711 North Elco Road
Fall Creek, WI 54742

Attn: Ken Shimko

REPORT NO.: 1008134

PROJECT NO.: Fosters

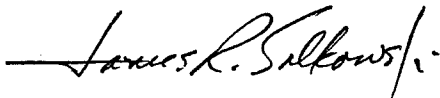
Please find enclosed the analytical report, including the Sample Summary, Sample Narrative and Chain of Custody for your sample set received August 10, 2010.

All analyses were performed in accordance with NELAC Standards using approved methods as indicated on this report.

If you have any questions about the results, please call. Thank you for using Siemens Water Technologies for your analytical needs.

Sincerely,

Siemens Water Technologies



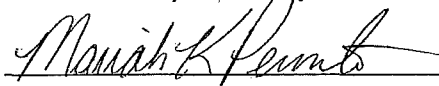
James Salkowski

Lab Director

Enviroscan Analytical™ Services

I certify that the data contained in this report has been generated and reviewed in accordance with the Siemens Water Technologies Quality Assurance Program. Exceptions, if any, are discussed in the sample narrative. Samples will be retained for 30 days from the date of this report, then disposed in an appropriate manner. Siemens Water Technologies Corp. reserves the right to return samples identified as hazardous. Release of this Final Report is authorized as verified by the following signature. The contents of this report apply to the sample(s) analyzed. No duplication of this report is allowed except in its entirety.

Reviewed by:



Certifications:

Wisconsin 737053130
Minnesota 055-999-302
Illinois 100317



Siemens Water Technologies Corp.

301 West Military Road
Rothschild, WI 54474

Tel: 800-338-7226
Fax: 715-355-3221

www.siemens.com/enviroscan

SIEMENS

SAMPLE SUMMARY

<u>Lab Id</u>	<u>Client</u>	<u>Sample Id</u>	<u>Date/Time</u>	<u>Matrix</u>
1008134-01	Store		08/06/10 00:00	Ground Water
1008134-02	Trip Blank		08/06/10 00:00	Water

SIEMENS

Meridian Environmental Consulting, LLC
2711 North Elco Road
Fall Creek, WI 54742

PROJECT NO. : Fosters
REPORT NO. : 1008134
DATE REC'D: 08/10/10 09:59
REPORT DATE : 08/16/10 10:29
PREPARED BY : JRS

Attn: Ken Shimko
Sample ID: Store

Matrix: Ground Water

Sample Date/Time: 08/06/10 0:00

Lab No. : 1008134-01

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
<u>EPA 8021B</u>								
1,2,4-Trimethylbenzene	ND	ug/L	0.400	2.00	1		08/12/10	ALZ
1,3,5-Trimethylbenzene	ND	ug/L	0.440	2.00	1		08/12/10	ALZ
Benzene	ND	ug/L	0.310	2.00	1		08/12/10	ALZ
Ethylbenzene	ND	ug/L	0.500	2.00	1		08/12/10	ALZ
m&p-Xylene	ND	ug/L	0.620	2.10	1		08/12/10	ALZ
Methyl Tert Butyl Ether	ND	ug/L	0.300	2.00	1		08/12/10	ALZ
Naphthalene	ND	ug/L	0.800	2.66	1		08/12/10	ALZ
o-Xylene	ND	ug/L	0.770	2.00	1		08/12/10	ALZ
Toluene	ND	ug/L	0.370	2.00	1		08/12/10	ALZ

Sample ID: Trip Blank

Matrix: Water

Sample Date/Time: 08/06/10 0:00

Lab No. : 1008134-02

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
<u>EPA 8021B</u>								
1,2,4-Trimethylbenzene	ND	ug/L	0.400	2.00	1		08/12/10	ALZ
1,3,5-Trimethylbenzene	ND	ug/L	0.440	2.00	1		08/12/10	ALZ
Benzene	ND	ug/L	0.310	2.00	1		08/12/10	ALZ
Ethylbenzene	ND	ug/L	0.500	2.00	1		08/12/10	ALZ
m&p-Xylene	ND	ug/L	0.620	2.10	1		08/12/10	ALZ
Methyl Tert Butyl Ether	ND	ug/L	0.300	2.00	1		08/12/10	ALZ
Naphthalene	ND	ug/L	0.800	2.66	1		08/12/10	ALZ
o-Xylene	ND	ug/L	0.770	2.00	1		08/12/10	ALZ
Toluene	ND	ug/L	0.370	2.00	1		08/12/10	ALZ

SIEMENS

Qualifier Descriptions

LOD = Limit of Detection (Dilution Corrected)
LOQ = Limit of Quantitation (Dilution Corrected)
Reporting Limit = LOQ (Dilution Corrected)
ND = Not Detected
COMP = Complete
SUBCON = Subcontracted analysis
mv = millivolts
pci/L = picocuries per Liter
mL/L = milliliters per Liter
mg = milligram

When the word "dry" follows the units on the result page the sample results are dry weight corrected.

LODs and LOQs are dry weight corrected for all soils except WI GRO and EPA 8021 methanol and WI DNR methylene chloride preserved soils.

Definitions

ug/l = Micrograms per Liter = parts per billion (ppb)
ug/kg = Micrograms per kilogram = parts per billion (ppb)
mg/l = Milligrams per liter = parts per million (ppm)
mg/kg = Milligrams per kilogram = parts per million (ppm)
NOT PRES = Not Present
ppth = Parts per thousand
* = Result outside established limits.
mg/m³ = Milligrams per meter cubed
ng/L = Nanograms per Liter = Parts per trillion (ppt)
> = Greater Than

Methanol Soils for WI GRO and EPA 8021 are reported to the LOQ.

Company Name Meridian Env. City.	Project Foster	
Report Mailing Address 2711 N. Blco Rd Fall Creek, WI 54742	Contact Name, Phone, Fax, Email Ken Shimko 715-832-6608	
Invoice Address	Purchase Order #	Invoice Contact and Phone No.

Matrix: Drinking Water Groundwater Wastewater Soil/Solid Other: _____

Wis. PECFA Project subject to U&C? Yes No

For Compliance Monitoring? Yes No State: _____
(If Yes, please specify Agency or Regulation) Agency/Reg.: _____

Turnaround Request: [Normal (10 Bus. Days)
[] Rush (Must be pre-approved by Lab and is subject to surcharges)
Date Needed: _____

WO No: **1008134**

Analyses Requested	Lab Use Only		
	PVOC trough	Delivered by:	Walk-in
Ship Cont. OK?		<input checked="" type="radio"/> Y <input type="radio"/> N	NA
Samples Leaking?		<input checked="" type="radio"/> Y <input type="radio"/> N	NA
Seals OK?		<input checked="" type="radio"/> Y <input type="radio"/> N	NA
Recd on Ice?		<input checked="" type="radio"/> Y <input type="radio"/> N	NA
Sample Receiving Comments: 24			

Lab Use Only	Sample		No. of Containers		Sample ID	X	Comments
	Date	Time	Comp	Grab			
<input checked="" type="checkbox"/>	8/6/10			3	store		3 vials Hce
<input checked="" type="checkbox"/>				2	Trip Blank		2 vials Hce 6-17-10 TB158

Chain of Custody Record

Relinquished By:	Date	Time	Received By:
	8/9/10	8 am	
	8/10/10	0959	

SIEMENS

October 05, 2010

Meridian Environmental Consulting, LLC
2711 North Elco Road
Fall Creek, WI 54742

Attn: Ken Shimko

REPORT NO.: 1009415

PROJECT NO.: Fosters

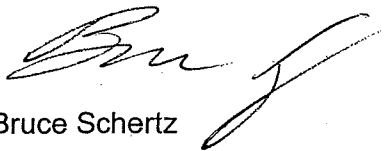
Please find enclosed the analytical report, including the Sample Summary, Sample Narrative and Chain of Custody for your sample set received September 22, 2010.

All analyses were performed in accordance with NELAC Standards using approved methods as indicated on this report.

If you have any questions about the results, please call. Thank you for using Siemens Water Technologies for your analytical needs.

Sincerely,

Siemens Water Technologies



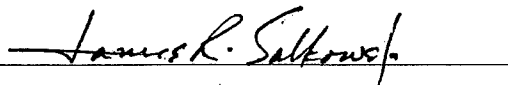
Bruce Schertz

Lab Manager

Enviroscan Analytical™ Services

I certify that the data contained in this report has been generated and reviewed in accordance with the Siemens Water Technologies Quality Assurance Program. Exceptions, if any, are discussed in the sample narrative. Samples will be retained for 30 days from the date of this report, then disposed in an appropriate manner. Siemens Water Technologies Corp. reserves the right to return samples identified as hazardous. Release of this Final Report is authorized as verified by the following signature. The contents of this report apply to the sample(s) analyzed. No duplication of this report is allowed except in its entirety.

Reviewed by:



Certifications:

Wisconsin 737053130
Minnesota 055-999-302
Illinois 100317



Siemens Water Technologies Corp.

301 West Military Road
Rothschild, WI 54474

Tel: 800-338-7226
Fax: 715-355-3221

www.siemens.com/enviroscan

SIEMENS

SAMPLE SUMMARY

<u>Lab Id</u>	<u>Client</u> <u>Sample Id</u>	<u>Date/Time</u>	<u>Matrix</u>
1009415-01	MW-1	09/21/10 13:00	Ground Water
1009415-02	MW-2	09/21/10 13:00	Ground Water
1009415-03	MW-3	09/21/10 13:00	Ground Water
1009415-04	MW-4	09/21/10 13:00	Ground Water
1009415-05	TMW-1	09/21/10 13:00	Ground Water
1009415-06	Trip Blank	09/21/10 00:00	Water

SIEMENS

Meridian Environmental Consulting, LLC
 2711 North Elco Road
 Fall Creek, WI 54742

PROJECT NO. : Fosters
 REPORT NO. : 1009415
 DATE REC'D: 09/22/10 13:24
 REPORT DATE : 10/05/10 15:35
 PREPARED BY : BMS

Attn: Ken Shimko

Sample ID: MW-1

Matrix: Ground Water

Sample Date/Time: 09/21/10 13:00

Lab No. : 1009415-01

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8021B								
1,2,4-Trimethylbenzene	ND	ug/L	0.400	2.00	1		09/30/10	ALZ
1,3,5-Trimethylbenzene	ND	ug/L	0.440	2.00	1		09/30/10	ALZ
Benzene	ND	ug/L	0.310	2.00	1		09/30/10	ALZ
Ethylbenzene	ND	ug/L	0.500	2.00	1		09/30/10	ALZ
m&p-Xylene	ND	ug/L	0.620	2.10	1		09/30/10	ALZ
Methyl Tert Butyl Ether	ND	ug/L	0.300	2.00	1		09/30/10	ALZ
Naphthalene	ND	ug/L	0.800	2.66	1		09/30/10	ALZ
o-Xylene	ND	ug/L	0.770	2.00	1		09/30/10	ALZ
Toluene	ND	ug/L	0.370	2.00	1		09/30/10	ALZ

Sample ID: MW-2

Matrix: Ground Water

Sample Date/Time: 09/21/10 13:00

Lab No. : 1009415-02

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8021B								
1,2,4-Trimethylbenzene	23500	ug/L	80.0	400	200		09/30/10	ALZ
1,3,5-Trimethylbenzene	7360	ug/L	88.0	400	200		09/30/10	ALZ
Benzene	41800	ug/L	310	2000	1000		10/04/10	ALZ
Ethylbenzene	14100	ug/L	100	400	200		09/30/10	ALZ
m&p-Xylene	73400	ug/L	620	2100	1000		10/04/10	ALZ
Methyl Tert Butyl Ether	910	ug/L	60.0	400	200		09/30/10	ALZ
Naphthalene	5770	ug/L	160	532	200		09/30/10	ALZ
o-Xylene	23000	ug/L	154	400	200		09/30/10	ALZ
Toluene	99600	ug/L	370	2000	1000		10/04/10	ALZ

SIEMENS

Meridian Environmental Consulting, LLC
 2711 North Elco Road
 Fall Creek, WI 54742

PROJECT NO. : Fosters
 REPORT NO. : 1009415
 DATE REC'D: 09/22/10 13:24
 REPORT DATE : 10/05/10 15:35
 PREPARED BY : BMS

Attn: Ken Shimko
 Sample ID: MW-3

Matrix: Ground Water

Sample Date/Time: 09/21/10 13:00

Lab No. : 1009415-03

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8021B								
1,2,4-Trimethylbenzene	62.2	ug/L	0.400	2.00	1		09/30/10	ALZ
1,3,5-Trimethylbenzene	8.13	ug/L	0.440	2.00	1		09/30/10	ALZ
Benzene	872	ug/L	6.20	40.0	20		10/04/10	ALZ
Ethylbenzene	87.0	ug/L	0.500	2.00	1		09/30/10	ALZ
m&p-Xylene	78.2	ug/L	0.620	2.10	1		09/30/10	ALZ
Methyl Tert Butyl Ether	2.22	ug/L	0.300	2.00	1		09/30/10	ALZ
Naphthalene	29.0	ug/L	0.800	2.66	1		09/30/10	ALZ
o-Xylene	61.8	ug/L	0.770	2.00	1		09/30/10	ALZ
Toluene	13.0	ug/L	0.370	2.00	1		09/30/10	ALZ

Sample ID: MW-4

Matrix: Ground Water

Sample Date/Time: 09/21/10 13:00

Lab No. : 1009415-04

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8021B								
1,2,4-Trimethylbenzene	ND	ug/L	0.400	2.00	1		10/04/10	ALZ
1,3,5-Trimethylbenzene	ND	ug/L	0.440	2.00	1		10/04/10	ALZ
Benzene	ND	ug/L	0.310	2.00	1		10/04/10	ALZ
Ethylbenzene	ND	ug/L	0.500	2.00	1		10/04/10	ALZ
m&p-Xylene	ND	ug/L	0.620	2.10	1		10/04/10	ALZ
Methyl Tert Butyl Ether	ND	ug/L	0.300	2.00	1		10/04/10	ALZ
Naphthalene	ND	ug/L	0.800	2.66	1		10/04/10	ALZ
o-Xylene	ND	ug/L	0.770	2.00	1		10/04/10	ALZ
Toluene	ND	ug/L	0.370	2.00	1		10/04/10	ALZ

SIEMENS

Meridian Environmental Consulting, LLC
2711 North Elco Road
Fall Creek, WI 54742

PROJECT NO. : Fosters
REPORT NO. : 1009415
DATE REC'D: 09/22/10 13:24
REPORT DATE : 10/05/10 15:35
PREPARED BY : BMS

Attn: Ken Shimko
Sample ID: TMW-1

Matrix: Ground Water

Sample Date/Time: 09/21/10 13:00

Lab No. : 1009415-05

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8021B								
1,2,4-Trimethylbenzene	ND	ug/L	0.400	2.00	1		10/04/10	ALZ
1,3,5-Trimethylbenzene	ND	ug/L	0.440	2.00	1		10/04/10	ALZ
Benzene	3.64	ug/L	0.310	2.00	1		10/04/10	ALZ
Ethylbenzene	ND	ug/L	0.500	2.00	1		10/04/10	ALZ
m&p-Xylene	ND	ug/L	0.620	2.10	1		10/04/10	ALZ
Methyl Tert Butyl Ether	ND	ug/L	0.300	2.00	1		10/04/10	ALZ
Naphthalene	ND	ug/L	0.800	2.66	1		10/04/10	ALZ
o-Xylene	0.814	ug/L	0.770	2.00	1	J	10/04/10	ALZ
Toluene	ND	ug/L	0.370	2.00	1		10/04/10	ALZ

Sample ID: Trip Blank

Matrix: Water

Sample Date/Time: 09/21/10 0:00

Lab No. : 1009415-06

	<u>Results</u>	<u>Units</u>	<u>LOD</u>	<u>LOQ</u>	<u>Dilution Factor</u>	<u>Qualifiers</u>	<u>Date Analyzed</u>	<u>Analyst</u>
EPA 8021B								
1,2,4-Trimethylbenzene	ND	ug/L	0.400	2.00	1		09/30/10	ALZ
1,3,5-Trimethylbenzene	ND	ug/L	0.440	2.00	1		09/30/10	ALZ
Benzene	ND	ug/L	0.310	2.00	1		09/30/10	ALZ
Ethylbenzene	ND	ug/L	0.500	2.00	1		09/30/10	ALZ
m&p-Xylene	ND	ug/L	0.620	2.10	1		09/30/10	ALZ
Methyl Tert Butyl Ether	ND	ug/L	0.300	2.00	1		09/30/10	ALZ
Naphthalene	ND	ug/L	0.800	2.66	1		09/30/10	ALZ
o-Xylene	ND	ug/L	0.770	2.00	1		09/30/10	ALZ
Toluene	ND	ug/L	0.370	2.00	1		09/30/10	ALZ

SIEMENS

Qualifier Descriptions

J

Estimated concentration below laboratory quantitation level.

Definitions

LOD = Limit of Detection (Dilution Corrected)
LOQ = Limit of Quantitation (Dilution Corrected)
Reporting Limit = LOQ (Dilution Corrected)
ND = Not Detected
COMP = Complete
SUBCON = Subcontracted analysis
mv = millivolts
pci/L = picocuries per Liter
mL/L = milliliters per Liter
mg = milligram

When the word "dry" follows the units on the result page the sample results are dry weight corrected.

LODs and LOQs are dry weight corrected for all soils except WI GRO and EPA 8021 methanol and WI DNR methylene chloride preserved soils.

ug/l = Micrograms per Liter = parts per billion (ppb)
ug/kg = Micrograms per kilogram = parts per billion (ppb)
mg/l = Milligrams per liter = parts per million (ppm)
mg/kg = Milligrams per kilogram = parts per million (ppm)
NOT PRES.= Not Present
ppth = Parts per thousand
* = Result outside established limits.
mg/m³ = Milligrams per meter cubed
ng/L = Nanograms per Liter = Parts per trillion (ppt)
> = Greater Than

Methanol Soils for WI GRO and EPA 8021 are reported to the LOQ.

Company Name <i>Mendota Env. Cnty.</i>		Project <i>Foster's</i>	
Report Mailing Address <i>2711 W. Elco Rd Fall Creek, WI</i>		Contact Name, Phone, Fax, Email <i>Ken Shindler 715-832-6608</i>	
Invoice Address <i>54742</i>		Purchase Order #	Invoice Contact and Phone No.

Matrix: Drinking Water Groundwater Wastewater Soil/Solid Other: _____

Wis. PECFA Project subject to U&C? Yes No

For Compliance Monitoring? Yes No State: _____
(If Yes, please specify Agency or Regulation) Agency/Reg.: _____

Turnaround Request: Normal (10 Bus. Days)
 Rush (Must be pre-approved by Lab and is subject to surcharges)
Date Needed: _____

WO No. *1009415*

Analyses Requested										Lab Use Only		
<i>PROJECT WASH</i>										Delivered by: <input checked="" type="radio"/> Walk-in <input type="radio"/> Courier <i>Dunham</i>		
										Ship. Cont. OK? <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA		
										Samples Leaking? <input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA		
										Seals OK? <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> NA		
										Rec'd on Ice? <input type="radio"/> Y <input checked="" type="radio"/> N <input type="radio"/> NA		
										Sample Receiving Comments: <i>14°C</i>		
										Comments		
										<i>3 vials HCC</i>		
										<i>TB #159 7/29/10</i>		

Lab Use Only	Sample		No. of Containers		Sample ID
	Date	Time	Comp	Grab	
-01	<i>9/21/10</i>	<i>1:00 PM</i>			<i>MW-1</i>
-02	↓				<i>MW-2</i>
-03					<i>MW-3</i>
-04					<i>MW-4</i>
-05	↓				<i>TMW-1</i>
-06			<i>1</i>		<i>Trip Blank</i>

Chain of Custody Record

Relinquished By:	Date	Time	Received By:
<i>[Signature]</i>	<i>9/21/10</i>	<i>3:20</i>	
	<i>9-22-10</i>	<i>13:24</i>	<i>[Signature]</i>

APPENDIX D

POTABLE WELL LOGS

WISCONSIN UNIQUE WELL NUMBER
Source: WELL CONSTRUCTION **MY574**

State of WI-Private Water Systems-DG/2 Form 3300-77A
 Department Of Natural Resources, Box 7921 (Rev 02/02)bw
 Madison, WI 53707

Property Owner **MOCH, CRAIG/THE CORNER STORE** Telephone Number **715-949-1230**
 Mailing Address **HWY 25**
 City **RIDGELAND** State **WI** Zip Code **54763**
 County of Well Location **17 DUNN** Co Well Permit No **W** Well Completion Date **May 3, 1999**

1. Well Location Depth **39** FT
 T=Town C=City V=Village
T of WILSON Fire#
 Street Address or Road Name and Number
HWY 25
 Subdivision Name Lot# Block#

Well Constructor **DAVID M BEECROFT** License # **6242** Facility ID (Public) **617055120**
 Address **3142 15TH ST** Public Well Plan Approval#
 City **FREDERIC** State **WI** Zip Code **54837** Date Of Approval
 Hicap Permanent Well # Common Well # Specific Capacity **.5** gpm/ft

Gov't Lot **or** **SW 1/4 of NE 1/4 of Section 6 T 31 N;R 12 W**
 Latitude Deg. **45** Min. **12.2059**
 Longitude Deg. **91** Min. **53.6913**
2. Well Type **2** (See item 12 below) Lat/Long Method **GPS003**
 1=New 2=Replacement 3=Reconstruction
 of previous unique well # **GV393** constructed in _____

3. Well Serves # of homes and or **GAS STATION** High Capacity: Well? **N** Property? **N**
N (eg: barn, restaurant, church, school, industry, etc.)
 M=Munic O=OTM N=NonCom P=Private Z=Other X=NonPot A=Anode L=Loop H=Drillhole

Reason for replaced or reconstructed Well?
OLD WELL TO CLOSE TO FUEL
1 1=Drilled 2=Driven Point 3=Jetted 4=Other

- 4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties?** **Y**
 Well located in floodplain? **N**
 Distance in feet from well to nearest: (including proposed)
- | | | |
|---------------------------------|--|--|
| 1. Landfill | 9. Downspout/ Yard Hydrant | 17. Wastewater Sump |
| 25 2. Building Overhang | 10. Privy | 18. Paved Animal Barn Pen |
| 3. 1=Septic 2= Holding Tank | 11. Foundation Drain to Clearwater | 19. Animal Yard or Shelter |
| 4. Sewage Absorption Unit | 12. Foundation Drain to Sewer | 20. Silo |
| 5. Nonconforming Pit | 13. Building Drain
1=Cast Iron or Plastic 2=Other | 21. Barn Gutter |
| 6. Buried Home Heating Oil Tank | 50 14. Building Sewer 2 1=Gravity 2=Pressure
2 1=Cast Iron or Plastic 2=Other | 22. Manure Pipe 1=Gravity 2=Pressure
1=Cast iron or Plastic 2=Other |
| 105 7. Buried Petroleum Tank | 15. Collector Sewer: ___ units ___ in. diam. | 23. Other manure Storage |
| 8. 1=Shoreline 2= Swimming Pool | 16. Clearwater Sump | 24. Ditch |
| | | 1225. Other NR 812 Waste Source |

5. Drillhole Dimensions and Construction Method

From (ft)	To (ft)	Upper Enlarged Drillhole	Lower Open Bedrock
6.0	surface	39	
		1. Rotary - Mud Circulation	
		2. Rotary - Air	
		3. Rotary - Air and Foam	
		4. Drill-Through Casing Hammer	
		5. Reverse Rotary	
		X 6. Cable-tool Bit 6 in. dia	
		7. Temp. Outer Casing Removed?	
		Other	

8. Geology

Geology Codes	Geology Type, Caving/Noncaving, Color, Hardness, etc	From (ft.)	To (ft.)
C	CLAY	0	3
S	SAND	3	25
Y	SAND & GRAVEL	25	39

6. Casing Liner Screen Material, Weight, Specification

Dia. (in.)	Material, Weight, Specification	From (ft.)	To (ft.)
6.0	IPSCO BLACK STEEL ASTM A-53 18.97 .280 WALL WELDED	surface	34
4.0	Screen type, material & slot size TELESCOPE STAINLESS 20 SLOT	34	39

9. Static Water Level **4.0** feet **B** ground surface
 A=Above B=Below
11. Well Is: 24 in. A Grade
 A=Above B=Below
 Developed? **Y**
 Disinfected? **Y**
 Capped? **Y**

10. Pump Test
 Pumping level **24.0** ft. below surface
 Pumping at **10.0** GP M **1.0** Hrs

7. Grout or Other Sealing Material

Method	Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
		surface		

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property? **Y**
 If no, explain
13. Initials of Well Constructor or Supervisory Driller **DMB** Date Signed **5/3/99**
 Initials of Drill Rig Operator (Mandatory unless same as above) Date Signed

WELL NO. 2, SANNA DAIRIES, RIDGELAND, WIS.

Mead, Ward and Hunt, Engineers Milaeger Well Drilling Co.,
 NW, SE, NW, NE, NE 1/4 sec. 6, T. 31 N., R. 12 W. Contractors, 1946
 Samples examined by F. T. Thwaites, Nos. 127059-127126

(OTS)ETM

D R I	45	0-20	20		Drift, no samples	18" water 24" pipe 16" pipe cemented 40
		20-45	25		Gravel, glacial, very sandy	
E A U C L A I R E	245	45-65	20		Sandstone, silty to fine, light gray, dolomitic	51 15" hole 200 12" hole
		65-90	25		Sandstone, medium to silty, light gray	
		90-100	10		Sandstone, medium-coarse to fine, lt. gray	
		100-110	10		Sandstone, coarse to medium, very lt. gray	
		110-140	30		Sandstone, medium-coarse to fine, light gray	
		140-160	20		Sandstone, medium to fine, gray	
		160-180	20		Sandstone, silty to fine, gray	
		180-195	15		Shale, silty, gray	
		195-205	10		Sandstone, silty to medium, gray	
		205-210	5		Shale, gray	
		210-230	20		Sandstone, medium to silty, light gray	
		230-240	10		Siltstone, sandy, light gray	
		240-250	10		Sandstone, silty to medium, light gray	
		250-270	20		Sandstone, medium to fine, gray	
		270-275	5		Sandstone, coarse to medium, gray	
275-285	10		Sandstone, medium to silty, light gray			
285-290	5		Shale, silty, light gray			
M T S	70	290-315	25		Sandstone, fine to coarse, white	
		315-320	5		Sandstone, silty to fine, white	
		320-335	15		Sandstone, fine to medium, white	
		335-360	25		Sandstone, medium to fine, light gray	

Formations: Drift; Eau Claire; Mt. Simon
 Tested at 800 g.p.m. specific capacity = 14 g.p.m./ft.

WISCONSIN UNIQUE WELL NUMBER
Source: ELECTRONICALLY **WI364**

State of WI-Private Water Systems-DG/2 Form 3300-77A
 Department Of Natural Resources, Box 7921 (Rev 02/02)bw
 Madison, WI 53707

Property Owner **HETHERINGTON, JOSH & TALENA** Telephone Number **- -**
 Mailing Address **110 MAIN STREET**
 City **RIDGELAND** State **WI** Zip Code **54763**
 County of Well Location **17 DUNN** Co Well Permit No **W** Well Completion Date **November 1, 2006**

1. Well Location Depth **80** FT
 T=Town C=City V=Village
 V of **RIDGELAND** Fire# **110**

Well Constructor **AQUA-SERVICE INC** License # **6083** Facility ID (Public)
 Address **1386 24 1/2 ST** Public Well Plan Approval#
 City **CAMERON** State **WI** Zip Code **54822** Date Of Approval
 Hicap Permanent Well # Common Well # Specific Capacity **5** gpm/ft

Street Address or Road Name and Number **MAIN STREET**
 Subdivision Name Lot# Block #

Gov't Lot or **SW 1/4 of NE 1/4 of Section 6 T 31 N;R 12 W**
 Latitude Deg. Min. Longitude Deg. Min.

2. Well Type 2 (See item 12 below) Lat/Long Method
 1=New 2=Replacement 3=Reconstruction
 of previous unique well # _____ constructed in _____

3. Well Serves # of homes and or
P (eg: barn, restaurant, church, school, industry, etc.)
 High Capacity Well? **N**
 Property? **N**
 M=Munic O=OTM N=NonCom P=Private Z=Other X=NonPot A=Anode L=Loop H=Drillhole

Reason for replaced or reconstructed Well?
point well in basement
1 1=Drilled 2=Driven Point 3=Jetted 4=Other

- 4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties?** **Y**
 Well located in floodplain? **N**
 Distance in feet from well to nearest: (including proposed)
- | | | |
|---------------------------------|---|--------------------------------------|
| 1. Landfill | 9. Downspout/ Yard Hydrant | 17. Wastewater Sump |
| 12. Building Overhang | 10. Privy | 18. Paved Animal Barn Pen |
| 3. 1=Septic 2= Holding Tank | 11. Foundation Drain to Clearwater | 19. Animal Yard or Shelter |
| 4. Sewage Absorption Unit | 12. Foundation Drain to Sewer | 20. Silo |
| 5. Nonconforming Pit | 13. Building Drain | 21. Barn Gutter |
| 6. Buried Home Heating Oil Tank | 1=Cast Iron or Plastic 2=Other | 22. Manure Pipe 1=Gravity 2=Pressure |
| 7. Buried Petroleum Tank | 30 14. Building Sewer 1=Gravity 2=Pressure | 1=Cast iron or Plastic 2=Other |
| 8. 1=Shoreline 2= Swimming Pool | 15. Collector Sewer: ___ units ___ in . diam. | 23. Other manure Storage |
| | 16. Clearwater Sump | 24. Ditch |
| | | 25. Other NR 812 Waste Source |

5. Drillhole Dimensions and Construction Method

From To		Upper Enlarged Drillhole	Lower Open Bedrock
Dia. (in.)	(ft)	(ft)	(ft)
10.0	surface	40	
6.0	40	80	

- 1. Rotary - Mud Circulation _____
 - 2. Rotary - Air _____
 X - 3. Rotary - Air and Foam _____
 - 4. Drill-Through Casing Hammer
 - 5. Reverse Rotary
 - 6. Cable-tool Bit _ n. dia _____
 X - 7. Temp. Outer Casing _10_ in. dia. _10_ depth ft.
 Removed ? X
 Other _____

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc	From (ft.)	To (ft.)
TVX_	Tan/Brown, Non-Caving, Sand & Clay	0	10
YVN_	Yellow, Non-Caving, Sandstone	10	80

6. Casing Liner Screen

Dia. (in.)	Material, Weight, Specification	From (ft.)	To (ft.)
6.0	new steel pipe, PE, 19#/ft CHINA	surface	40
6.0	open sandstone	40	80

Dia. (in.) Screen type, material & slot size From To

9. Static Water Level
15.0 feet **B** ground surface
 A=Above B=Below

10. Pump Test
 Pumping level **19.0** ft. below surface
 Pumping at **20.0** GP M **2.0** Hrs

11. Well Is: 18 in. A Grade
 Developed? **Y** A=Above B=Below
 Disinfected? **Y**
 Capped? **Y**

7. Grout or Other Sealing Material

Method	Tremie Pipe - Pumped	From (ft.)	To (ft.)	# Sacks Cement
	Kind of Sealing Material			
	Neat cement grout	surface	40.0	12 S

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property? **Y**
 If no, explain _____

13. Initials of Well Constructor or Supervisory Driller **JW** Date Signed **11/10/06**
 Initials of Drill Rig Operator (Mandatory unless same as above) **JH** Date Signed **11/10/06**

WISCONSIN UNIQUE WELL NUMBER
Source: WELL CONSTRUCTION **00005**

Property Owner: LEE, APRIL Telephone: 715-949-1886
 Mailing Address: 135 TONNAR
 City: RIDGELAND State: WI Zip Code: 54763
 County of Well Location: 17 DUNN Co Well Permit No: W Well Completion Date: October 20, 2000

State of WI-Private Water Systems-DG/2 Form 3300-77A
 Department Of Natural Resources, Box 7921 (Rev 02/02)bw
 Madison, WI 53707

1. Well Location Depth 82 FT.
 T=Town C=City V=Village
 V of RIDGELAND Fire# 135
 Street Address or Road Name and Number
 TONNAR
 Subdivision Name Lot# Block #

Well Constructor: AQUA-SERVICE INC License #: 6083 Facility ID (Public)
 Address: 1386 24 1/2 ST Public Well Plan Approval#
 City: CAMERON State: WI Zip Code: 54822 Date Of Approval
 Hicap Permanent Well # Common Well # Specific Capacity: .9 gpm/ft

Gov't Lot **OR** SE 1/4 of NE 1/4 of Section 6 T 31 N;R 12 W
 Latitude Deg. Min.
 Longitude Deg. Min.

3. Well Serves # of homes and or P (eg: barn, restaurant, church, school, industry, etc.)
 High Capacity: Well? N Property? N
 M=Munic O=OTM N=NonCom P=Private Z=Other X=NonPot A=Anode L=Loop H=Drillhole

2. Well Type 2 (See item 12 below) Lat/Long Method
 1=New 2=Replacement 3=Reconstruction
 of previous unique well # _____ constructed in _____
 Reason for replaced or reconstructed Well?
 1 1=Drilled 2=Driven Point 3=Jetted 4=Other

4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties?
 Well located in floodplain? Distance in feet from well to nearest: (including proposed)
- 1. Landfill
 - 20. Building Overhang
 - 3. 1=Septic 2= Holding Tank
 - 4. Sewage Absorption Unit
 - 5. Nonconforming Pit
 - 6. Buried Home Heating Oil Tank
 - 7. Buried Petroleum Tank
 - 8. 1=Shoreline 2= Swimming Pool
 - 9. Downspout/ Yard Hydrant
 - 10. Privy
 - 11. Foundation Drain to Clearwater
 - 12. Foundation Drain to Sewer
 - 13. Building Drain
 1=Cast Iron or Plastic 2=Other
 - 55 14. Building Sewer 1 1=Gravity 2=Pressure
 1 1=Cast Iron or Plastic 2=Other
 - 15. Collector Sewer: ___ units ___ in. diam.
 - 16. Clearwater Sump
 - 17. Wastewater Sump
 - 18. Paved Animal Barn Pen
 - 19. Animal Yard or Shelter
 - 20. Silo
 - 21. Barn Gutter
 - 22. Manure Pipe 1=Gravity 2=Pressure
 1=Cast iron or Plastic 2=Other
 - 23. Other manure Storage
 - 24. Ditch
 - 25. Other NR 812 Waste Source

5. Drillhole Dimensions and Construction Method

From (ft)	To (ft)	Upper Enlarged Drillhole	Lower Open Bedrock
6.0	surface	82	

- 1. Rotary - Mud Circulation _____
- 2. Rotary - Air _____
- 3. Rotary - Air and Foam _____
- 4. Drill-Through Casing Hammer
- 5. Reverse Rotary
- 6. Cable-tool Bit _____ n. dia _____
- 7. Temp. Outer Casing _____ in. dia. _____ depth ft. Removed?
- Other _____

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc	From (ft.)	To (ft.)
__I__	TOP SOIL	0	1
__QS__	CAVING SAND	1	33
__Y_S__	CAVING & NONCAVING YELLOW	33	41
__N__	SANDSTONE	41	82

6. Casing Liner Screen

Dia. (in.)	Material, Weight, Specification	From (ft.)	To (ft.)
6.0	NEW STEEL PIPE PE 19#/FT SAWHILL	surface	42
6.0	OPEN SANDSTONE	42	82

Dia. (in.) Screen type, material & slot size From To

9. Static Water Level 16.0 feet B ground surface A=Above B=Below
10. Pump Test Pumping level 32.0 ft. below surface Pumping at 15.0 GP M 3.0 Hrs
11. Well Is: 14 in. A Grade A=Above B=Below
 Developed? Y Disinfected? Y Capped? Y

7. Grout or Other Sealing Material

Method	From (ft.)	To (ft.)	# Sacks Cement
GRANULAR BENTONITE AS CASING	surface		2 S

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property? Y
 If no, explain _____
13. Initials of Well Constructor or Supervisory Driller JW Date Signed 10/20/00
 Initials of Drill Rig Operator (Mandatory unless same as above) Date Signed

WISCONSIN UNIQUE WELL NUMBER
Source: ELECTRONICALLY **WI389**

State of WI-Private Water Systems-DG/2
 Department Of Natural Resources, Box 7921
 Madison, WI 53707
 Form 3300-77A
 (Rev 02/02)bw

Property Owner **SIEBERT, JIM** Telephone Number **715 -497 -5886**

1. Well Location Depth **82** FT
 T=Town C=City V=Village
V of RIDGELAND Fire# **145**

Mailing Address **145 TONNAR**

City **RIDGELAND** State **WI** Zip Code **54763**

Street Address or Road Name and Number
TONNAR

County of Well Location **17 DUNN** Co Well Permit No **W** Well Completion Date **January 27, 2007**

Subdivision Name Lot# Block#

Well Constructor **AQUA-SERVICE INC** License # **6083** Facility ID (Public)

Gov't Lot **or SE 1/4 of NE 1/4 of Section 6 T 31 N;R 12 W**

Address **1386 24 1/2 ST** Public Well Plan Approval#

Latitude Deg. Min. Longitude Deg. Min.

City **CAMERON** State **WI** Zip Code **54822** Date Of Approval

2. Well Type 2 (See item 12 below) Lat/Long Method

Hicap Permanent Well # Common Well # Specific Capacity **1.5** gpm/ft

1=New 2=Replacement 3=Reconstruction
 of previous unique well # _____ constructed in _____

3. Well Serves # of homes and or P (eg: barn, restaurant, church, school, industry, etc.) High Capacity: Well? **N** Property? **N**

Reason for replaced or reconstructed Well?
well in basement
1 1=Drilled 2=Driven Point 3=Jetted 4=Other

4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties? Y

- Well located in floodplain? **N**
 Distance in feet from well to nearest: (including proposed)
- 1. Landfill
 - 18 2. Building Overhang
 - 3. 1=Septic 2= Holding Tank
 - 4. Sewage Absorption Unit
 - 5. Nonconforming Pit
 - 6. Buried Home Heating Oil Tank
 - 7. Buried Petroleum Tank
 - 8. 1=Shoreline 2= Swimming Pool
 - 9. Downspout/ Yard Hydrant
 - 10. Privy
 - 11. Foundation Drain to Clearwater
 - 12. Foundation Drain to Sewer
 - 20 13. Building Drain 1
 1=Cast Iron or Plastic 2=Other
 - 16 14. Building Sewer 1 1=Gravity 2=Pressure
 1=Cast Iron or Plastic 2=Other
 - 15. Collector Sewer: ___ units ___ in . diam.
 - 16. Clearwater Sump
 - 17. Wastewater Sump
 - 18. Paved Animal Barn Pen
 - 19. Animal Yard or Shelter
 - 20. Silo
 - 21. Barn Gutter
 - 22. Manure Pipe 1=Gravity 2=Pressure
 1=Cast iron or Plastic 2=Other
 - 23. Other manure Storage
 - 24. Ditch
 - 25. Other NR 812 Waste Source

5. Drillhole Dimensions and Construction Method

From (ft)	To (ft)	Upper Enlarged Drillhole	Lower Open Bedrock
10.0	surface	40	
6.0	40	82	

1. Rotary - Mud Circulation _____
 2. Rotary - Air _____
 3. Rotary - Air and Foam _____
 4. Drill-Through Casing Hammer
 5. Reverse Rotary
 6. Cable-tool Bit _____ n. dia _____
 7. Temp. Outer Casing _____ in. dia. _____ depth ft.
 Removed?
 Other

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc	From (ft.)	To (ft.)
TVS_	Tan/Brown, Non-Caving, Sand	0	15
YVN_	Yellow, Non-Caving, Sandstone	15	65
GVN_	Gray, Non-Caving, Sandstone	65	82

6. Casing Liner Screen

Dia. (in.)	Material, Weight, Specification	From (ft.)	To (ft.)
6.0	new steel pipe, PE, 19#/ft CHINA	surface	41

Dia. (in.) Screen type, material & slot size From To

9. Static Water Level
20.0 feet **B** ground surface
 A=Above B=Below

11. Well Is: 20 in. A Grade
 A=Above B=Below

Developed? **Y**
 Disinfected? **Y**
 Capped? **Y**

10. Pump Test
 Pumping level **30.0** ft. below surface
 Pumping at **15.0** GP M **2.0** Hrs

7. Grout or Other Sealing Material

Method	Tremie Pipe - Pumped	From (ft.)	To (ft.)	# Sacks Cement
	Kind of Sealing Material			
	Neat cement grout	surface	40.0	14 S

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property? Y
 If no, explain

13. Initials of Well Constructor or Supervisory Driller Date Signed
JW 2/2/07

Initials of Drill Rig Operator (Mandatory unless same as above) Date Signed
DC 2/2/07

treat as original
WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
 See Instructions on Reverse Side

Du-16

RECEIVED

OCT 18 1948

1. County Dunn Town Ridgeland Village Ridgeland City Ridgeland
2. Location Ridgeland, Wisconsin **NW, SE, NW, NE, NE, sec 6, T31N, R12W**
3. Owner or Agent Sanna Dairies, Inc.
4. Address Ridgeland, Wisconsin
5. From well to nearest: Building 80 ft; sewer --- ft; drain --- ft; septic tank --- ft; dry well or filter bed --- ft; abandoned well --- ft.
6. Well is intended to supply water for: Dairy

7. DRILLHOLE OR EXCAVATION:

Dia. (in.)	From (ft.)	To (ft.)
26	0	46
17	46	51
15	51	200
12	200	360

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
24	Steel	0	46
16	Steel	0	51

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	51

10. FORMATIONS:

Kind	Thick-ness (ft.)	Total Depth (ft.)
Drift	0	45
Eau Claire sandstone	45	200
Mt. Simon sandstone	200	360

11. MISCELLANEOUS DATA:

- Yield test: 8 Hrs. at 800 GPM. Construction of the well was completed on October 1948
- Depth from surface to water: 18 ft. The well is terminated --- inches (above) (below) the permanent grade.
- Water-level when pumping: 75 ft. Was the well disinfected upon completion? Yes No
- Water sample sent to laboratory at Yes No on 19 Was the well sealed watertight upon completion? Yes No

Signature *R. Smiley*
 Registered Well Driller

Complete Mail Address
MILAEGER WELL DRILLING CO.
 4600 W. Durleigh St.
 MILWAUKEE, WIS.

FEB 25 1970

WELL CONSTRUCTOR'S REPORT

STATE OF WISCONSIN DEPARTMENT OF NATURAL RESOURCES Box 450 Madison, Wisconsin 53701

Well-6

WHITE COPY - DIVISION'S COPY GREEN COPY - DRILLER'S COPY YELLOW COPY - OWNER'S COPY MAR 27 1970

1. COUNTY Dunn CHECK ONE Town Village City Ridgeland NAME

2. LOCATION (Number and Street or 1/4 section, section, township and range. Also give subdivision name, lot and block numbers when available.) Block 23 - Village of Ridgeland

3. OWNER AT TIME OF DRILLING Clarence A. Amundson T31N R12W Sec 6

4. OWNER'S COMPLETE MAIL ADDRESS Ridgeland, Wis.

5. Distance in feet from well to nearest: BUILDING SANITARY SEWER FLOOR DRAIN FOUNDATION DRAIN WASTE WATER DRAIN (Record answer in appropriate block) C.I. TILE C.I. TILE SEWER CONNECTED INDEPENDENT C.I. TILE

CLEAR WATER DRAIN SEPTIC TANK PRIVY SEEPAGE PIT ABSORPTION FIELD BARN SILO ABANDONED WELL SINK HOLE C.I. TILE

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.) None

6. Well is intended to supply water for: Private

7. DRILLHOLE and 10. FORMATIONS table with columns for Dia. (in.), From (ft.), To (ft.), Kind, and To (ft.)

8. CASING, LINER, CURBING, AND SCREEN table with columns for Dia. (in.), Kind and Weight, From (ft.), To (ft.)

9. GROUT OR OTHER SEALING MATERIAL table with columns for Kind, From (ft.), To (ft.)

Well construction completed on 9-30 1968

11. MISCELLANEOUS DATA Yield test: 4 Hrs. at 6 GPM Well is terminated 8 inches above below final grade.

Depth from surface to normal water level 28 ft. Well disinfected upon completion Yes No

Depth to water level when pumping 28 ft. Well sealed watertight upon completion Yes No

Water sample sent to Madison laboratory on: 11-5 1968

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumprooms, access pits, etc., should be given on reverse side.

SIGNATURE Albert W. Mowbray COMPLETE MAIL ADDRESS Registered Well Driller

Table with columns: COLIFORM TEST RESULT (2995), GAS - 24 HRS., GAS - 48 HRS., CONFIRMED, REMARKS

WELL CONSTRUCTOR'S REPORT

DEPARTMENT OF RESOURCE DEVELOPMENT

FEB 25 1970

Wel. 6

1. COUNTY Dunn CHECK ONE Town Village City Ridgeland NAME MAR 27 1970

2. LOCATION (Number and Street or 1/4 section, section, township and range. Also give subdivision name, lot, and block numbers when available.)
Lot 12 Block 10 Village of Ridgeland T31N, R12W Sec. 6

3. OWNER AT TIME OF DRILLING
Farmers State Bank

4. OWNER'S COMPLETE MAIL ADDRESS
Ridgeland, Wisconsin

5. Distance in feet from well to nearest:

(Record answer in appropriate block)	BUILDING		SANITARY SEWER		FLOOR DRAIN		FOUNDATION DRAIN		WASTE WATER DRAIN	
	C. I.	TILE	C. I.	TILE	C. I.	TILE	SEWER CONNECTED	INDEPENDENT	C. I.	TILE
	6 ft	14	0	0	25	0	0	0	0	0

CLEAR WATER DRAIN		SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARN	SILLO	ABANDONED WELL	SINK HOLE
C. I.	TILE								
0	0	0	0	0	0	0	0	0	0

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)
City Sewer

6. Well is intended to supply water for:
Private

7. DRILLHOLE						10. FORMATIONS			
Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)	Kind		From (ft.)	To (ft.)
8	Surface	36	4	36	61	Sand		Surface	9
						Sand rock		9	50

8. CASING, LINER, CURBING, AND SCREEN			
Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4	Heavy, threaded 11#	Surface	41
<i>11# pipe Threaded & Coupled</i>			

9. GROUT OR OTHER SEALING MATERIAL			
Kind	From (ft.)	To (ft.)	
Puddled Clay	Surface	9	
Best Cement	9	37	Well construction completed on <u>10-6-68</u> 19

11. MISCELLANEOUS DATA

Yield test: 4 hrs Hrs. at 8 GPM Well is terminated 8 inches above below final grade

Depth from surface to normal water level 9 ft. Well disinfected upon completion Yes No

Depth to water level when pumping 12 ft. Well sealed watertight upon completion Yes No

Water sample sent to Madison laboratory on: 10-8-68 19

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumphrooms, access pits, etc., should be given on reverse side.

SIGNATURE *Albert R. Moore* Registered Well Driller COMPLETE MAIL ADDRESS Downing, Wisconsin 54734

Please do not write in space below

COLIFORM TEST RESULT	GAS - 24 HRS.	GAS - 48 HRS.	CONFIRMED	REMARKS

WELL CONSTRUCTOR'S REPORT

DEPARTMENT OF RESOURCE DEVELOPMENT

1. COUNTY Dunn CHECK ONE Town Village City Ridgeland NAME

2. LOCATION (Number and Street or 1/4 section, section, township and range. Also give subdivision name, lot and block numbers when available.)
Lots 7-8-9 Block 37 Class 9 Section 6 T31N R12W

3. OWNER AT TIME OF DRILLING
Herb Mickelson

4. OWNER'S COMPLETE MAIL ADDRESS
Ridgeland, Wisconsin

5. Distance in feet from well to nearest:

BUILDING	SANITARY SEWER	FLOOR DRAIN	FOUNDATION DRAIN	WASTE WATER DRAIN
8 ft	C.I. 55 TILE 0	C.I. 55 TILE 0	SEWER CONNECTED 0 INDEPENDENT 0	C.I. 0 TILE 0

CLEAR WATER DRAIN	SEPTIC TANK	PRIVY	SEEPAGE PIT	ABSORPTION FIELD	BARE	SILLO	ABANDONED WELL	SINK HOLE
C.L. 0 TILE 0	0	0	0	City Sewer 0	0	0	0	0

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.)
None

6. Well is intended to supply water for:
Private

7. DRILLHOLE						10. FORMATIONS			
Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)	Kind	From (ft.)	To (ft.)	
8	Surface	37	4	37	59	Clay	Surface	9	
						Sandstone	9	59	

8. CASING, LINER, CURBING, AND SCREEN			
Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4	Heavy, threaded 11# New	Surface	40

9. GROUT OR OTHER SEALING MATERIAL		
Kind	From (ft.)	To (ft.)
Puddled Clay	Surface	8
Neat Cement	8	38

11. MISCELLANEOUS DATA

Yield test: 3 Hrs. at 8 GPM

Well construction completed on 10-14-68 19

Well is terminated 16 inches above below final grade

Depth from surface to normal water level 19 ft. Well disinfected upon completion Yes No

Depth to water level when pumping 20 ft. Well sealed watertight upon completion Yes No

Water sample sent to Madison laboratory on: 10-14-68 19

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumprooms, access pits, etc., should be given on reverse side.

SIGNATURE [Signature] COMPLETE MAIL ADDRESS Downing, Wisconsin 54734 B#1

Registered Well Driller

Please do not write in space below

COLIFORM TEST RESULT	GAS - 24 HRS.	GAS - 48 HRS.	CONFIRMED	REMARKS
----------------------	---------------	---------------	-----------	---------

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
See Instructions on Reverse Side

No. 6
6 1965
SANTA FE ENGINEERING

1. County Dunn Town Village Ridgeland City Check one and give name
2. Location Lot 1 Block 13 Sect 6 J-31-N R-12-W
Name of street and number of premise or Section, Town and Range numbers
3. Owner or Agent Charlie Dietert
Name of individual, partnership or firm
4. Mail Address Ridgeland Wis.
Complete address required
5. From well to nearest: Building 5 ft; sewer ft; drain ft; septic tank ft;
dry well or filter bed 8.5 ft; abandoned well ft.
(bury)
6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
8	0	35			
4	35	66			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4"	full weight steel pipe 16 lb	35	66
4"	open bore	35	66

9. GROUT:

Kind	From (ft.)	To (ft.)
Best Cement pressure grout	0	35

11. MISCELLANEOUS DATA:

Yield test: Hrs. at 10 GPM.
Depth from surface to water-level: 10 ft.
Water-level when pumping: 15 ft.
Water sample was sent to the state laboratory at:
Madison on Mar 22 1965
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
light loam	0	2
gravelly sand, soil	2	8
fill formation	8	14
Dry sand stone	14	22
sandstone, shale some water	22	31
sand stone dry	31	44
sandstone shale water	44	66

Construction of the well was completed on:
Mar 16 1965

The well is terminated 12 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
Yes No

Was the well sealed watertight upon completion?
Yes No

Signature Kramer Lalan Registered Well Driller
Weyerhaeuser Wis Complete Mail Address
Please do not write in space below

Rec'd No.
Ans'd
Interpretation

10 ml 10 ml 10 ml 10 ml 10 ml
Gas—24 hrs.
48 hrs.
Confirm
B. Coli
Examiner

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
See Instructions on Reverse Side

1. County DUNN Town
Village RIDGELAND
City Check one and give name

2. Location CONNER ST. BLOCK 20 SEC. 6 TN. 31N R 12 W.
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent RALPH HANSON
Name of individual, partnership or firm

4. Mail Address BOX 42 RIDGELAND WI S.
Complete address required

5. From well to nearest: Building 5 ft; sewer --- ft; drain --- ft; septic tank 60 ft;
 dry well or filter bed 75 ft; abandoned well --- ft.

6. Well is intended to supply water for: HOUSEHOLD

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
9	0	21-5			
4	21-5	53			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4	STD STEEL PIPE	0	37

9. GROUT:

Kind	From (ft.)	To (ft.)
CEMENT	0	21-5

11. MISCELLANEOUS DATA:

Yield test: 9 Hrs. at 8 GPM.
 Depth from surface to water-level: 18 ft.
 Water-level when pumping: 21 ft.
 Water sample was sent to the state laboratory at:
CHETEK on OCT. 21 1958
City

10. FORMATIONS:

Kind	ENVIRONMENTAL SANITATION	
	(ft.)	(ft.)
CLAY	0	2
SAND	2	11
SANDSTONE	11	53

Construction of the well was completed on:
OCT. 20 1958

The well is terminated 14 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes No

Was the well sealed watertight upon completion?
 Yes No

Signature Ralph Hanson
Registered Well Driller

Route 1 Box 23 Ridgeland
Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____
 Ans'd _____
 Interpretation _____

10 ml _____ 10 ml _____ 10 ml _____ 10 ml _____ 10 ml _____
 Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli _____
 Examiner _____

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

1. County DUNN Town RIDGELAND
 Village RIDGELAND
 City Check one and give name

2. Location LOTS 11 & 12 BLOCK 4 Sec 6, 31N, 12W **RECEIVED**
 Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent UNITED LUTHERN CHURCH **DEC 26 1957**
 Name of individual, partnership or firm

4. Mail Address RIDGELAND WIS. **ENVIRONMENTAL SANITATION**
 Complete address required

5. From well to nearest: Building 4 ft; sewer ----ft; drain ----ft; septic tank 27 ft;
 dry well or filter bed 67 ft; abandoned well ----ft.

6. Well is intended to supply water for HOUSEHOLD

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	26			
4	26	53-8			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4	STD. STEEL PIPE	0	39-2

9. GROUT:

Kind	From (ft.)	To (ft.)
CEMENT	0	26

11. MISCELLANEOUS DATA:

Yield test: 22 Hrs. at 6 GPM.
 Depth from surface to water-level: 14 ft.
 Water-level when pumping: ----- ft.
 Water sample was sent to the state laboratory at:
CHETEK on DEC. 17 1957
 City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
CLAY	0	6
SAND	6	16
SANDSTONE	16	53-8

Construction of the well was completed on:

DEC. 16 1957

The well is terminated 30 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?

Yes No

Was the well sealed watertight upon completion?

Yes No

Signature Stan Aueron
Registered Well Driller

RT. 1 BOX 23 HILLSDALE WIS.
Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____

Ans'd _____

Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coli _____

SEE OTHER SIDE

Examiner _____

INSTRUCTIONS

ALL INFORMATION INDICATED ON THE FACE OF THIS FORM MUST BE GIVEN

PLEASE BE GUIDED BY THE FOLLOWING:

Numbers below correspond to numbers of items of the form on the opposite side.

1. Name of the County and the name of the Town, Village or City. Indicate which is given.
2. If Rural: Number and the 1/4 of the Section, the number of the Town North, and the number of the Range East or West. If Urban: Name of the Street and the number of the Premise.
3. Name of the Owner. If the name of the owner cannot be given, give instead the name of the Agent. Indicate which is given.
4. Name of the Street and the number of the Premise or the number of the Mail Route, the name of the Post Office and the name of the State.
5. Distance, in feet, from the well to the nearest building and to each source of pollution shown.
6. Indicate: Home, farm, school, tavern, creamery, community, industry, etc.
7. Show the diameter and depth of the initial drillhole or excavation and each reduction in size to bottom. If well was reconstructed, show diameter and depth of original well on first line.
8. Show diameter and kind of casing pipe, liner pipe or curbing and actual position in the well, measured from the surface.
9. Show kind of material (mud or cement) used in sealing the annular space, from and to what depths from the surface. If neither was used indicate "none".
10. Show thickness of each formation and the total depth at the base thereof.
11. Provide the data indicated.

Note: The Well Construction Report (Well Log) may be forwarded with the water sample from a newly constructed or reconstructed well, instead of the report requested by the State Laboratory of Hygiene, on the form which accompanies the sample bottle.

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, subsurface pumphooms, access pits, etc., may be given here:

Reconstructed new well

Casing was removed and upper drillhole reamed to a diameter of 10 inches to a depth of 26 feet

Drillhole was cleaned and casing replaced

Cement grout was placed and well disinfected and tested for capacity

DO NOT FILM

If more space is needed another sheet may be attached.

JUN 27 1980

State of Wisconsin
Department of Natural Resources
Box 7921
Madison, Wisconsin 53707

NOTE:

White Copy - Division's Copy
Green Copy - Driller's Copy
Yellow Copy - Owner's Copy

WELL CONSTRUCTOR'S REPORT
Form 3300-15 Rev. 12-76

OCT 16 1980

1. COUNTY Monroe CHECK (✓) ONE: Town Village City Name Ridgeland

2. LOCATION Lot 4, NE 1/4, S 6 Township 31N Range 12W 3. NAME OWNER AGENT AT TIME OF DRILLING CHECK (✓) ONE
OR - Grid or Street No. Street Name Block 15 ADDRESS Ridgeland Farmers Union

AND If available subdivision name, lot & block No. Nth edge of Ridgeland along Hwy 25 POST OFFICE Ridgeland, Wis 54763

4. Distance in feet from well to nearest: (Record answer in appropriate block)

Building	Sanitary Bldg. Drain	Sanitary Bldg. Sewer	Floor Drain Connected To:	Storm Bldg. Drain	Storm Bldg. Sewer
	C.I. Other	C.I. Other	C.I. Sewer Other Sewer	C.I. Other	C.I. Other

Street Sewer San. Storm Other Sewers C.I. Other Foundation Drain Connected to: Sewer Clearwater Dr. Sewage Sump Clearwater Sump Sewage Sump C.I. Other Clearwater Sump Clearwater Sump

Privy Pet Waste Pit Pit: Nonconforming Existing Well Pump Tank Subsurface Pumproom Nonconforming Existing Barn Gutter Animal Barn Pen Animal Yard Silo With Pit Glass Lined Storage Facility Silo w/ Pit Earthen Silage Storage Trench Or Pit

Temporary Manure Stack Watertight Liquid Manure Tank Solid Manure Storage Structure Subsurface Gasoline or Oil Tank Waste Pond or Land Disposal Unit (Specify Type) Other (Give Description)

5. Well is intended to supply water for: gas station

6. DRILLHOLE

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	Surface	40			
6	40	81			

7. CASING, LINER, CURBING AND SCREEN

Dia. (in.)	Material, Weight, Specification & Method of Assembly	From (ft.)	To (ft.)
6"	ASTM-A53 milled steel pipe 20 ft lift	Surface	41
6"	open hole	41	81

8. GROUT OR OTHER SEALING MATERIAL

Kind	From (ft.)	To (ft.)
port cement	Surface	40

11. MISCELLANEOUS DATA
Yield Test: 2 Hrs. at 15 GPM
Depth from surface to normal water level 18 Ft.
Depth of water level when pumping 19 Ft. Stabilized Yes No

9. FORMATIONS

Kind	From (ft.)	To (ft.)
top soil	Surface	2
shale	2	25
shale	25	38
sandstone	38	81

10. TYPE OF DRILLING MACHINE USED

<input type="checkbox"/> Cable Tool	<input type="checkbox"/> Rotary-hammer w/drilling mud & air	<input type="checkbox"/> Jetting with
<input type="checkbox"/> Rotary-air w/drilling mud	<input checked="" type="checkbox"/> Rotary-hammer & air	<input type="checkbox"/> Air
<input type="checkbox"/> Rotary-w/drilling mud	<input type="checkbox"/> Reverse Rotary	<input type="checkbox"/> Water

Well construction completed on 5/29 1980
Well is terminated 12 inches above final grade below
Well disinfected upon completion Yes No
Well sealed watertight upon completion Yes No

Water sample sent to Madison laboratory on 5/30 1980

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, method of finishing the well, amount of cement used in grouting, blasting, etc., should be given on reverse side.

Signature James Hoffmeyer Registered Well Driller Complete Mail Address RT1 Cameron, Wis 54872

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH DU-25-U
See Instructions on Reverse Side

1. County Waukesha Town Village City Ridgeland Check one and give name
2. Location Lot 5 Block 18 T31NR12W, NE Sec 6?
Name of street and number of premise or Sec. Tn. and R. numbers
3. Owner or Agent E. H. Lues
Name of individual, partnership or firm
4. Mail Address Ridgeland Wisconsin
Complete address required
5. From well to nearest: Building 110 ft; sewer — ft; drain — ft; septic tank — ft;
dry well or filter bed — ft; abandoned well — ft.
6. Well is intended to supply water for: Service Station

JUN 1 1950
BUREAU OF
SANITATION

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)
<u>4</u>	<u>0</u>	<u>39.</u>

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
<u>top Soil</u>	<u>0</u>	<u>9.</u>
<u>Sand</u>	<u>9</u>	<u>21</u>
<u>Sand Stone</u>	<u>21</u>	<u>39.</u>

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind	From (ft.)	To (ft.)
<u>4</u>	<u>Standard Black pipe</u>	<u>0</u>	<u>29-6</u>

9. GROUT:

Kind	From (ft.)	To (ft.)
<u>Clay fill</u>	<u>7</u>	<u>3</u>
<u>Cement</u>	<u>3</u>	<u>0</u>

11. MISCELLANEOUS DATA:

Yield test: 6 Hrs. at 4 GPM.

Depth from surface to water: 7 ft.

Water-level when pumping: 7 ft.

Water sample sent to laboratory at Madison on May 22 1950

Signature Carl Severson
Registered Well Driller

Construction of the well was completed on May 15 1950

The well is terminated 10 inches above, below the permanent ground surface.

Was the well disinfected upon completion?
Yes No

Was the well sealed watertight upon completion?
Yes No

Route 1 Box 23
Complete Mail Address

Willadal Wisconsin

DEC 15 1971

WELL CONSTRUCTOR'S REPORT

Wei-6

STATE OF WISCONSIN DEPARTMENT OF NATURAL RESOURCES Box 450 Madison, Wisconsin 53701

WHITE COPY - DIVISION'S COPY GREEN COPY - DRILLER'S COPY YELLOW COPY - OWNER'S COPY

FEB 1 1972

1. COUNTY DUMN CHECK ONE [] Town [X] Village [X] City NAME RIDGELAND

2. LOCATION (Number and Street or 1/4 section, section, township and range. Also give subdivision name, lot and block numbers when available.) UNKNOWN NE Sec 6 T31N R 12W Block # 4

3. OWNER AT TIME OF DRILLING LOWELL WEBER

4. OWNER'S COMPLETE MAIL ADDRESS RIDGELAND, WISCONSIN

5. Distance in feet from well to nearest: BUILDING SANITARY SEWER FLOOR DRAIN FOUNDATION DRAIN WASTE WATER DRAIN CLEAR WATER DRAIN SEPTIC TANK PRIVY SEEPAGE PIT ABSORPTION FIELD BARN SILO ABANDONED WELL SINK HOLE

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.) NONE

6. Well is intended to supply water for: PRIVATE

7. DRILLHOLE table with columns: Dia. (in.), From (ft.), To (ft.), Dia. (in.), From (ft.), To (ft.)

8. CASING, LINER, CURBING, AND SCREEN table with columns: Dia. (in.), Kind and Weight, From (ft.), To (ft.)

9. GROUT OR OTHER SEALING MATERIAL table with columns: Kind, From (ft.), To (ft.)

Well construction completed on OCT 15 19 69

11. MISCELLANEOUS DATA Yield test: 8 Hrs. at 6 GPM Well is terminated 8 inches [X] above [] below final grade

Depth from surface to normal water level 17 ft. Well disinfected upon completion [X] Yes [] No

Depth to water level when pumping 17 ft. Well sealed watertight upon completion [X] Yes [] No

Water sample sent to Madison laboratory on: 3-23-70 19

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumphrooms, access pits, etc., should be given on reverse side.

SIGNATURE [Signature] COMPLETE MAIL ADDRESS DOWNING, WISCONSIN 54734 Registered Well Driller

Please do not write in space below COLIFORM TEST RESULT 3006 GAS - 24 HRS. GAS - 48 HRS. CONFIRMED REMARKS REV. 11-68

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
See Instructions on Reverse Side

1. County Dunn Town Ridgeland
Village Check one and give name
City

2. Location Elliot St. Lot 7 Block 3 Sec 4 Tn. 31 Range 12 West NE Sec 6
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Ralph E. and Florence K. Peterson
Name of individual, partnership or firm

4. Mail Address Ridgeland Wisconsin
Complete address required

5. From well to nearest: Building 90 ft; sewer none ft; drain 90 ft; septic tank 90 ft;
dry well or filter bed 100 ft; abandoned well 80 ft.

6. Well is intended to supply water for: Household

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
9	0	31-8	4	37	65
5	31-8	37			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
4	Std. steel pipe	0	41-7

9. GROUT:

Kind	From (ft.)	To (ft.)
Cement	0	31
Clay	31	37

11. MISCELLANEOUS DATA:

Yield test: 21 Hrs. at 10 GPM.
Depth from surface to water-level: 19 ft.
Water-level when pumping: 19 ft.
Water sample was sent to the state laboratory at:
Chetek on May 22 1959
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay	0	14
Sandstone	14	65

RECEIVED
JUN 4 1959
ENVIRONMENTAL
SANITATION

Construction of the well was completed on:
May 22 1959

The well is terminated 22 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
Yes No

Was the well sealed watertight upon completion?
Yes No

Signature *Stanley A. Peterson*
Registered Well Driller

Paul J. Dallas
Complete Mail Address

Please do not write in space below

Rec'd _____ No. _____
Ans'd _____
Interpretation _____

10 ml 10 ml 10 ml 10 ml 10 ml
Gas—24 hrs. _____
48 hrs. _____
Confirm _____
B. Coli _____
Examiner _____

JAN 21 1973

WELL CONSTRUCTOR'S REPORT
FORM 3300-15

STATE OF WISCONSIN
DEPARTMENT OF NATURAL RESOURCES
Box 450
Madison, Wisconsin 53701

NOTE
WHITE COPY - DIVISION'S COPY
GREEN COPY - DRILLER'S COPY
YELLOW COPY - OWNER'S COPY

1. COUNTY Dunn CHECK ONE Town Village City NAME Wilson

2. LOCATION - 1/4 Section NE 1/4 Section 6 Township T31N Range R-12W 3. OWNER AT TIME OF DRILLING John Brendel

OR - Grid or street no. Street name ADDRESS

AND - If available subdivision name, lot & block no. POST OFFICE Ridgeland Wis.

4. Distance in feet from well to nearest: BUILDING SANITARY SEWER FLOOR DRAIN FOUNDATION DRAIN WASTE WATER DRAIN
C.I. TILE C.I. TILE SEWER CONNECTED INDEPENDENT C.I. TILE
(Record answer in appropriate block) 20 OPEN When Drilled

CLEAR WATER DRAIN SEPTIC TANK PRIVY SEEPAGE PIT ABSORPTION FIELD BARN SILO ABANDONED WELL SINK HOLE
C.I. TILE

OTHER POLLUTION SOURCES (Give description such as dump, quarry, drainage well, stream, pond, lake, etc.) None

5. Well is intended to supply water for: Restaurant

6. DRILLHOLE 9. FORMATIONS
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.) Kind From (ft.) To (ft.)
10 Surface 45 6 45 82 5 Surface 45
6 45 82 6 45 82 lime 45 82

7. CASING, LINER, CURBING, AND SCREEN
Dia. (in.) Kind and Weight From (ft.) To (ft.)
6" New Black steel 1545 Surface 45
6" Capon Pipe 45 82

8. GROUT OR OTHER SEALING MATERIAL 10. TYPE OF DRILLING MACHINE USED
Kind From (ft.) To (ft.) Cable Tool Direct Rotary Reverse Rotary
Cement Surface 45 Rotary - air w/drilling mud Rotary - hammer with drilling mud & air Jetting with Air Water
Well construction completed on 10-26 1972

11. MISCELLANEOUS DATA
Yield test: 3 Hrs. at 15 GPM Well is terminated 12 inches above below final grade
Depth from surface to normal water level 15 ft. Well disinfected upon completion Yes No
Depth to water level when pumping 25 ft. Well sealed watertight upon completion Yes No

Water sample sent to Madison laboratory on: 10-26 1972

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, sub-surface pumprooms, access pits, etc., should be given on reverse side.

SIGNATURE Martin COMPLETE MAIL ADDRESS Wilson Wis 54025
Deane Selvig Registered Well Driller

Please do not write in space below
COLIFORM TEST RESULT 3008 GAS - 24 HRS. GAS - 48 HRS. CONFIRMED REMARKS

MAR 29 1979

1. COUNTY <u>Blair</u>		CHECK (✓) ONE:		Name <u>Nelson</u>	
		<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City			
2. LOCATION <u>SW/NE 6</u>		Township <u>31 N</u>		Range <u>12 W</u>	
OR - Grid or Street No.		Street Name		3. NAME <input type="checkbox"/> OWNER <input type="checkbox"/> AGENT AT TIME OF DRILLING CHECK (✓) ONE	
AND - If available subdivision name, lot & block No.				ADDRESS <u>Redyland Housing Project</u>	
POST OFFICE <u>Redyland</u>					
4. Distance in feet from well to nearest: (Record answer in appropriate block)		Building <u>21</u>		Sanitary Bldg. Drain	
		Sanitary Bldg. Sewer		Floor Drain Connected To:	
		Storm Bldg. Drain		Storm Bldg. Sewer	
		C.I.		C.I.	
		Other		Other	
		C.I. Sewer		Other Sewer	
		C.I.		Other	
Street Sewer		Other Sewers		Foundation Drain Connected to:	
San. Storm		C.I. Other		Sewage Sump	
				Clearwater Sump	
				Septic Tank	
				Holding Tank	
				Sewage Absorption Unit	
				Seepage Pit	
				Seepage Bed	
				Seepage Trench	
Privy		Pet Waste Pit		Pit: Nonconforming Existing	
				Well	
				Pump	
				Tank	
				Subsurface Pumproom	
				Barn Gutter	
				Animal Barn Pen	
				Animal Yard	
				Silo With Pit	
				Glass Lined Storage Facility	
				Silo w/o Pit	
				Earthen Silage Storage Trench Or Pit	
Temporary Manure Stack		Watertight Liquid Manure Tank		Solid Manure Storage Structure	
				Subsurface Gasoline or Oil Tank	
				Waste Pond or Land Disposal Unit (Specify Type)	
				Other (Give Description)	
5. Well is intended to supply water for: <u>Housing project</u>		9. FORMATIONS			
6. DRILLHOLE		Kind		From (ft.) To (ft.)	
Dia. (in.) From (ft.) To (ft.) Dia. (in.) From (ft.) To (ft.)		<u>top soil</u>		Surface 2	
<u>10</u> Surface <u>40</u>		<u>soft sandstone</u>		<u>2</u> <u>22</u>	
<u>6</u> <u>40</u> <u>98</u>		<u>hard sandstone + chert</u>		<u>22</u> <u>98</u>	
7. CASING, LINER, CURBING AND SCREEN					
Material, Weight, Specification & Method of Assembly		From (ft.) To (ft.)			
Dia. (in.) <u>6" metal pipe 20 ft</u> <u>T&C ASTM-A53</u> surface		<u>41</u>			
<u>6" open bore</u>		<u>41</u> <u>98</u>			
8. GROUT OR OTHER SEALING MATERIAL		Kind		From (ft.) To (ft.)	
<u>port cement</u>		Surface		<u>40</u>	
11. MISCELLANEOUS DATA		Yield Test: <u>3</u> Hrs. at <u>20</u> GPM		Well construction completed on <u>7/31</u> 19 <u>78</u>	
Depth from surface to normal water level <u>34</u> Ft.		Well is terminated <u>12</u> inches <input checked="" type="checkbox"/> above <input type="checkbox"/> below final grade		Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Depth of water level when pumping <u>35</u> Ft. Stabilized <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Well sealed watertight upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Water sample sent to <u>Madison</u> laboratory on <u>8/1</u> 19 <u>78</u>					

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, method of finishing the well, amount of cement used in grouting, blasting, etc., should be given on reverse side.

Signature James A. Kuchawicz Registered Well Driller Complete Mail Address Rt 1 Wyalusing Wis

Well Construction Report For
WISCONSIN UNIQUE WELL NUMBER **HZ 934**

Property Owner **Jim Burdick** Telephone Number **(715) 949-1306**

Mailing Address **321 Elliot St.**
 City **Ridgeland** State **WI** Zip Code **54763**

County of Well Location **Dunn** Co. Well Permit No. **W** Well Completion Date (mm-dd-yy) **05-30-95**

State of Wisconsin
 Private Water Supply - WS/2
 Department of Natural Resources
 Box 7921
 Madison, WI 53707 (Please type or print using a black pen.)
JUL 5 1995

Well Constructor (Business Name) **Aqua Service, Inc.** License # **6083**

Address **1386 24 1/2 St.**
 City **Cameron** State **WI** Zip Code **54822**

2. Mark well location with a dot in correct 40-acre parcel of section. **N**

+	-	-
-	•	-
-	+	-

W **S** E

1. Well Location Please use decimals instead of fractions.
 Town City Village Fire # (If avail.)
 of **Ridgeland - Wisconsin**
 Grid or Street Address or Road Name and Number (If avail.) **321 Elliot Street**
 Subdivision Name _____ Lot # _____ Block # _____

Gov't Lot # _____ or **SW** 1/4 of **NE** 1/4 of Section **6**, T **31** N; R **12** E W

3. Well Type New Replacement Reconstruction
 of previous unique well # _____ constructed in 19 _____
 Reason for new, replaced or reconstructed well? **paint in basement**
 Drilled Driven Point Jetted Other _____

4. Well serves **1** # of homes and or _____ High Capacity: Well? Yes No Property? Yes No

5. Well located on highest point of property, consistent with the general layout and surroundings? Yes No If no, explain on back side.

Well located in floodplain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9. Downspout/Yard Hydrant _____	17. Wastewater Sump _____
Distance in Feet From Well To Nearest:	10. Privy _____	18. Paved Animal Barn Pen _____
1. Landfill _____	11. Foundation Drain to Clearwater _____	19. Animal Yard or Shelter _____
6 2. Building Overhang _____	12. Foundation Drain to Sewer _____	20. Silo - Type _____
3. Septic or Holding Tank (circle one) _____	13. Building Drain _____	21. Barn Gutter _____
4. Sewage Absorption Unit _____	<input type="checkbox"/> Cast Iron or Plastic <input type="checkbox"/> Other _____	22. Manure Pipe <input type="checkbox"/> Gravity <input type="checkbox"/> Pressure _____
5. Nonconforming Pit 95 _____	14. Building Sewer <input checked="" type="checkbox"/> Gravity <input type="checkbox"/> Pressure _____	<input type="checkbox"/> Cast Iron or Plastic <input type="checkbox"/> Other _____
6. Buried Home Heating Oil Tank _____	<input checked="" type="checkbox"/> Cast Iron or Plastic <input type="checkbox"/> Other _____	23. Other Manure Storage _____
7. Buried Petroleum Tank 65 _____	15. Collector or Street Sewer _____	Other NR 112 Waste Source _____
8. Shoreline/Swimming Pool _____	16. Clearwater Sump _____	24. _____

6. Drillhole Dimensions

Dia. (in.)	From (ft.)	To (ft.)
10	surface	37
6	37	80

Method of constructing upper enlarged drillhole only.

1. Rotary - Mud Circulation
 2. Rotary - Air
 3. Rotary - Foam
 4. Reverse Rotary
 5. Cable-tool Bit _____ in. dia.
 6. Temp. Outer Casing **10** in. dia. Removed? Yes No
 If no, explain _____
 7. Other _____

9. Geology

Type, Caving/Noncaving, Color, Hardness, Etc.	From (ft.)	To (ft.)
I top soil	Surface	1
C clay	1	5
H shale	5	12
NH sandrock + shale	12	80

DNR USE ONLY

7. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification	From (ft.)	To (ft.)
6"	new steel pipe 19#/ft PE	surface	40
	ASTM-A53B Sawhill		

Dia. (in.)	screen type, material & slot size	From (ft.)	To (ft.)
6"	open sandrock	40	80

10. Static Water Level _____ ft. above ground surface
20 ft. below ground surface

11. Pump Test
 Pumping Level **42** ft. below surface
 Pumping at **15** GPM for **3** hours

12. Well Is: Above Grade Below Grade
 Yes No
 Developed? Yes No
 Disinfected? Yes No
 Capped? Yes No

8. Grout or Other Sealing Material

Method	Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
	neat cement grout	surface	37	12
	Pumped			

13. Did you permanently seal all unused, noncomplying, or unsafe wells?
 Yes No If no, explain **not requested**

14. Signature of Point Driver or Licensed Supervisory Driller _____ Date Signed **W6-15-95**
 Signature of Drill Rig Operator (Mandatory unless same as above) _____ Date Signed _____

WISCONSIN UNIQUE WELL NUMBER
Source: WELL CONSTRUCTION **TI126**

State of WI-Private Water Systems-DG/2 Form 3300-77A
 Department Of Natural Resources, Box 7921 (Rev 02/02)bw
 Madison, WI 53707

Property Owner **KLEFSTAD, ROGER** Telephone Number **- -**
 Mailing Address **1154 BARRON DUNN AVE**
 City **RIDGELAND** State **WI** Zip Code **54763**
 County of Well Location **17 DUNN** Co Well Permit No **W** Well Completion Date **August 20, 2007**

1. Well Location Depth **83** FT
 T=Town C=City V=Village Fire# **310**
V of RIDGELAND
 Street Address or Road Name and Number **FULLER ST**
 Subdivision Name Lot# Block#

Well Constructor **DAHL WELL DRILLING LLC** License # **6724** Facility ID (Public)
 Address **1236 HAGAN RD** Public Well Plan Approval#
 City **GLENWOOD CITY** State **WI** Zip Code **54013** Date Of Approval
 Hicap Permanent Well # Common Well # Specific Capacity **gpm/ft**

Gov't Lot or **SW 1/4 of NE 1/4 of Section 6 T 31 N;R 12 W**
 Latitude Deg. Min. Longitude Deg. Min.

2. Well Type 2 (See item 12 below) Lat/Long Method
 1=New 2=Replacement 3=Reconstruction
 of previous unique well # _____ constructed in _____
 Reason for replaced or reconstructed Well?
1 1=Drilled 2=Driven Point 3=Jetted 4=Other

3. Well Serves # of homes and or
P (eg: barn, restaurant, church, school, industry, etc.) High Capacity: Well? **N** Property? **N**
 M=Munic O=OTM N=NonCom P=Private Z=Other X=NonPot A=Anode L=Loop H=Drillhole

- 4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties?**
 Well located in floodplain? **N**
 Distance in feet from well to nearest: (including proposed)
- | | | |
|---------------------------------|--|--------------------------------------|
| 1. Landfill | 9. Downspout/ Yard Hydrant | 17. Wastewater Sump |
| 8 2. Building Overhang | 10. Privy | 18. Paved Animal Barn Pen |
| 3. 1=Septic 2= Holding Tank | 11. Foundation Drain to Clearwater | 19. Animal Yard or Shelter |
| 4. Sewage Absorption Unit | 12. Foundation Drain to Sewer | 20. Silo |
| 5. Nonconforming Pit | 32 13. Building Drain 1 | 21. Barn Gutter |
| 6. Buried Home Heating Oil Tank | 1=Cast Iron or Plastic 2=Other | 22. Manure Pipe 1=Gravity 2=Pressure |
| 7. Buried Petroleum Tank | 36 14. Building Sewer 1 1=Gravity 2=Pressure | 1=Cast iron or Plastic 2=Other |
| 8. 1=Shoreline 2= Swimming Pool | 1=Cast Iron or Plastic 2=Other | 23. Other manure Storage |
| | 15. Collector Sewer: ___ units ___ in. diam. | 24. Ditch |
| | 16. Clearwater Sump | 25. Other NR 812 Waste Source |

5. Drillhole Dimensions and Construction Method

From		To	Upper Enlarged Drillhole	Lower Open Bedrock
Dia.(in.)	(ft)	(ft)		
8.8	surface	39	-- 1. Rotary - Mud Circulation _____	
			X -- 2. Rotary - Air _____	
			-- 3. Rotary - Air and Foam _____	X
6.0	39	83	-- 4. Drill-Through Casing Hammer	
			-- 5. Reverse Rotary	
			-- 6. Cable-tool Bit _____ n. dia _____	
			-- 7. Temp. Outer Casing _____ in. dia. _____ depth ft.	
			Removed ?	
			Other	

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc	From (ft.)	To (ft.)
1	TOPSOIL	0	2
	TVCS BROWN CLAY SANDY NONCAVING	2	11
	T_N_ BROWN SANDSTONE	11	83

6. Casing Liner Screen Material, Weight, Specification

Dia. (in.)	Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6.0	IPSCO ASTM A53 WELDED 18.97#/FT STEEL .280	surface	39

7. Grout or Other Sealing Material

Method	Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
TREMIE PUMPED	NEAT CEMENT	surface	39.0	13 S

9. Static Water Level
25.0 feet **B** ground surface
 A=Above B=Below

10. Pump Test
 Pumping level **36.0** ft. below surface
 Pumping at **15.0** GP **1.0** Hrs

11. Well Is: 14 in. A Grade
 A=Above B=Below
 Developed? **Y**
 Disinfected? **Y**
 Capped? **Y**

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property? **Y**
 If no, explain

13. Initials of Well Constructor or Supervisory Driller **AD** Date Signed **10/18/08**
 Initials of Drill Rig Operator (Mandatory unless same as above) Date Signed

WISCONSIN UNIQUE WELL NUMBER
Source: WELL CONSTRUCTION **TN317**

Property Owner: **LEHN, CORY** Telephone Number: **715-837-1760**

Mailing Address: **551 16TH ST**

City: **HILLSDALE** State: **WI** Zip Code: **54733**

County of Well Location: **17 DUNN** Co Well Permit No: **W** Well Completion Date: **July 4, 2006**

State of Wi-Private Water Systems-DG/2
 Department Of Natural Resources, Box 7921
 Madison, WI 53707

Form 3300-77A
 (Rev 02/02)bw

Depth **60** FT

1. Well Location
 T=Town C=City V=Village
C of RIDGE LAND Fire#

Street Address or Road Name and Number
409 DIAMOND

Subdivision Name Lot# Block#

Well Constructor: **KRAMER WELL DRILLING INC** License #: **45** Facility ID (Public)

Address: **N3055 COUNTY W** Public Well Plan Approval#

City: **WEYERHAEUSER** State: **WI** Zip Code: **54895** Date Of Approval

Hicap Permanent Well # Common Well # Specific Capacity (gpm/ft)

Gov't Lot **or** **SW 1/4 of NE 1/4 of Section 6 T 31 N;R 12 W**

Latitude Deg. Min. Longitude Deg. Min.

2. Well Type 1 (See item 12 below) Lat/Long Method

1=New 2=Replacement 3=Reconstruction

of previous unique well # _____ constructed in _____

Reason for replaced or reconstructed Well?

1 1=Drilled 2=Driven Point 3=Jetted 4=Other

3. Well Serves # of homes and or
P (eg: barn, restaurant, church, school, industry, etc.) High Capacity: Well? **N** Property? **N**

M=Munic O=OTM N=NonCom P=Private Z=Other X=NonPot A=Anode L=Loop H=Drillhole

4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties? **Y**

Well located in floodplain? **N**

Distance in feet from well to nearest: (including proposed)

1. Landfill	9. Downspout/ Yard Hydrant	17. Wastewater Sump
6 2. Building Overhang	10. Privy	18. Paved Animal Barn Pen
3. 1=Septic 2= Holding Tank	11. Foundation Drain to Clearwater	19. Animal Yard or Shelter
4. Sewage Absorption Unit	12. Foundation Drain to Sewer	20. Silo
5. Nonconforming Pit	13. Building Drain	21. Barn Gutter
6. Buried Home Heating Oil Tank	1=Cast Iron or Plastic 2=Other	22. Manure Pipe 1=Gravity 2=Pressure
7. Buried Petroleum Tank	36 14. Building Sewer 1 1=Gravity 2=Pressure	1=Cast iron or Plastic 2=Other
8. 1=Shoreline 2= Swimming Pool	11=Cast Iron or Plastic 2=Other	23. Other manure Storage
	15. Collector Sewer: ___ units ___ in. diam.	24. Ditch
	16. Clearwater Sump	25. Other NR 812 Waste Source

5. Drillhole Dimensions and Construction Method

From (ft)	To (ft)	Upper Enlarged Drillhole	Lower Open Bedrock
9.0	surface	36	
6.0	36	60	

- 1. Rotary - Mud Circulation _____
 X - 2. Rotary - Air _____ X
 - 3. Rotary - Air and Foam _____
 - 4. Drill-Through Casing Hammer
 - 5. Reverse Rotary
 - 6. Cable-tool Bit _____ n. dia _____
 - 7. Temp. Outer Casing _____ in. dia. _____ depth ft. Removed?
 Other

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc	From (ft.)	To (ft.)
__	TOPSOIL	0	1
YVN	NON CAVING YELLOW SANDSTONE	1	60

6. Casing Liner Screen

Dia. (in.)	Material, Weight, Specification	From (ft.)	To (ft.)
6.0	PE WHEATLAND STEEL 19LBS/FT ASTM A53	surface	36

Manufacturer & Method of Assembly

9. Static Water Level
27.0 feet **B** ground surface
 A=Above B=Below

10. Pump Test
 Pumping level **47.0** ft. below surface
 Pumping at **20.0** GP M **1.0** Hrs

11. Well Is: **22** in. **A** Grade
 A=Above B=Below
 Developed? **Y**
 Disinfected? **Y**
 Capped? **Y**

7. Grout or Other Sealing Material

Method	From (ft.)	To (ft.)	# Sacks Cement
TREMIE PRESSURE			
NEAT CEMENT	surface	36.0	7 S

Kind of Sealing Material

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property?
 If no, explain **NA**

13. Initials of Well Constructor or Supervisory Driller **GJ** Date Signed **7/10/06**

Initials of Drill Rig Operator (Mandatory unless same as above) **AH** Date Signed **7/10/06**

WISCONSIN UNIQUE WELL NUMBER
Source: WELL CONSTRUCTION **QU745**

Property Owner: RIDGELAND COMMUNITY CENTER Telephone Number: 715-949-1248

Mailing Address: 200 DIAMOND ST

City: RIDGELAND State: WI Zip Code: 54763

County of Well Location: 17 DUNN Co Well Permit No: W Well Completion Date: July 18, 2002

State of Wi-Private Water Systems-DG/2 Department Of Natural Resources, Box 7921 Madison, WI 53707 Form 3300-77A (Rev 02/02)bw

1. Well Location Depth 80 FT

T=Town C=City V=Village T of WILSON Fire#

Street Address or Road Name and Number

Subdivision Name Lot# Block #

Well Constructor: KRAMER WELL DRILLING INC License #: 45 Facility ID (Public)

Address: N3055 COUNTY W Public Well Plan Approval#

City: WEYERHAEUSER State: WI Zip Code: 54895 Date Of Approval

Hicap Permanent Well # Common Well # Specific Capacity: .4 gpm/ft

Gov't Lot or SW 1/4 of NE 1/4 of Section 6 T 31 N;R 12 W

Latitude Deg. Min. Longitude Deg. Min.

2. Well Type 1 (See item 12 below) Lat/Long Method

1=New 2=Replacement 3=Reconstruction

of previous unique well # _____ constructed in _____

Reason for replaced or reconstructed Well?

1 1=Drilled 2=Driven Point 3=Jetted 4=Other

3. Well Serves # of homes and or CENTER High Capacity: Well? N Property? N

N (eg: barn, restaurant, church, school, industry, etc.)

M=Munic O=OTM N=NonCom P=Private Z=Other X=NonPot A=Anode L=Loop H=Drillhole

4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties? Y

Well located in floodplain? N Distance in feet from well to nearest: (including proposed)

1. Landfill	9. Downspout/ Yard Hydrant	17. Wastewater Sump
6 2. Building Overhang	10. Privy	18. Paved Animal Barn Pen
3. 1=Septic 2= Holding Tank	11. Foundation Drain to Clearwater	19. Animal Yard or Shelter
4. Sewage Absorption Unit	12. Foundation Drain to Sewer	20. Silo
5. Nonconforming Pit	13. Building Drain	21. Barn Gutter
6. Buried Home Heating Oil Tank	1=Cast Iron or Plastic 2=Other	22. Manure Pipe 1=Gravity 2=Pressure
7. Buried Petroleum Tank	60 14. Building Sewer 1 1=Gravity 2=Pressure	1=Cast iron or Plastic 2=Other
8. 1=Shoreline 2= Swimming Pool	15. Collector Sewer: ___ units ___ in. diam.	23. Other manure Storage
	16. Clearwater Sump	24. Ditch
		25. Other NR 812 Waste Source

5. Drillhole Dimensions and Construction Method

From (ft)	To (ft)	Upper Enlarged Drillhole	Lower Open Bedrock
9.0	surface	37	
6.0	37	80	

1. Rotary - Mud Circulation _____

2. Rotary - Air _____ X

X 3. Rotary - Air and Foam _____

4. Drill-Through Casing Hammer _____

5. Reverse Rotary _____

6. Cable-tool Bit _____ n. dia _____

X 7. Temp. Outer Casing 10 in. dia. 3 depth ft. Removed? X

Other _____

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc	From (ft.)	To (ft.)
1	TOPSOIL	0	1
TVC	NON CAVING BR CLAY	1	3
YVN	NON CAVING YELLOW SANDSTONE	3	80

6. Casing Liner Screen

Dia. (in.)	Material, Weight, Specification	From (ft.)	To (ft.)
6.0	PE WHEATLAND STL 19 LBX/FT ASTM A-53	surface	38

Material, Weight, Specification: PE WHEATLAND STL 19 LBX/FT ASTM A-53

Manufacturer & Method of Assembly

Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)

9. Static Water Level 18.0 feet B ground surface A=Above B=Below

10. Pump Test Pumping level 60.0 ft. below surface Pumping at 15.0 GP M 1.0 Hrs

11. Well Is: 27 in. A Grade A=Above B=Below

Developed? Y Disinfected? Y Capped? Y

7. Grout or Other Sealing Material

Method	Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
TRIMIE PRESSURE	NEAT CEMENT	surface	37.0	7 S

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property? Y

If no, explain _____

13. Initials of Well Constructor or Supervisory Driller: GJ Date Signed: 7/26/02

Initials of Drill Rig Operator (Mandatory unless same as above) _____ Date Signed _____

First Water Quality Test For
WISCONSIN UNIQUE WELL NUMBER FX 032

Property Owner **DAVID MATTISON** Telephone Number **(715) 944-1031**

Mailing Address **Box 172**

City **RIDGE LAND** State **WI.** Zip Code **54763**

County of Well Location **DUNN** Co. Well Permit No. **W** Well Completion Date (mm-dd-yy) **08-20-92**

State of Wisconsin
 Private Water Supply - WS/2
 Department of Natural Resources
 Box 7921
 Madison, WI 53707

SEP 2 1992
 (Please type or print using a black pen.)

Well Constructor (Business Name) **TRAMER WELL DRILLING** License # **45**

Address **N3055 COUNTY RD. W**

City **WEYERHAEUSER, WI.** State **WI.** Zip Code **54895**

2. Mark well location with a dot in correct 40-acre parcel of section. **N**

+	+	+
+	+	+
+	+	+

1. Well Location Please use decimals instead of fractions.

Town City Village Fire # (If avail.)

of **Wilson**

Grid or Street Address or Road Name and Number (If avail.)

Subdivision Name _____ Lot # _____ Block # _____

Gov't Lot # _____ or **SW** 1/4 of **NE** 1/4 of Section **6**, T **31** N; R **12** E W

3. Well Type New

Replacement Reconstruction

of previous unique well # _____ constructed in 19 _____

Reason for new, replaced or reconstructed well? **Low volume in point well**

Drilled Driven Point Jetted Other _____

4. Well serves **1** # of homes and or _____

(Ex: barn, restaurant, church, school, industry, etc.)

High Capacity: Well? Yes No Property? Yes No

5. Well located on highest point of property, consistent with the general layout and surroundings? Yes No If no, explain on back side.

Well located in floodplain? Yes No Distance in Feet From Well To Nearest:

1. Landfill	9. Downspout/Yard Hydrant	17. Wastewater Sump
11 2. Building Overhang	10. Privy	18. Paved Animal Barn Pen
3. Septic or Holding Tank (circle one)	11. Foundation Drain to Clearwater	19. Animal Yard or Shelter
4. Sewage Absorption Unit	12. Foundation Drain to Sewer	20. Silo - Type _____
5. Nonconforming Pit	13. Building Drain	21. Barn Gutter
6. Buried Home Heating Oil Tank	<input type="checkbox"/> Cast Iron or Plastic <input type="checkbox"/> Other	22. Manure Pipe <input type="checkbox"/> Gravity <input type="checkbox"/> Pressure
7. Buried Petroleum Tank	35 14. Building Sewer <input checked="" type="checkbox"/> Gravity <input type="checkbox"/> Pressure	<input type="checkbox"/> Cast Iron or Plastic <input type="checkbox"/> Other
8. Shoreline/Swimming Pool	<input checked="" type="checkbox"/> Cast Iron or Plastic <input type="checkbox"/> Other	23. Other Manure Storage _____
	15. Collector or Street Sewer	Other NR 112 Waste Source _____
	16. Clearwater Sump	24. _____

6. Drillhole Dimensions

Dia. (in.)	From (ft.)	To (ft.)
6	surface	47

Method of constructing upper enlarged drillhole only.

1. Rotary - Mud Circulation

2. Rotary - Air

3. Rotary - Foam

4. Reverse Rotary

5. Cable-tool Bit _____ in. dia.

6. Temp. Outer Casing _____ in. dia.

Removed? Yes No

If no, explain _____

7. Other _____

9. Geology

DNR USE ONLY	Type, Caving/Noncaving, Color, Hardness, Etc.	From (ft.)	To (ft.)
I	top soil	Surface	1
QS	caving BR sand	1	34
YN	caving noncaving yellow sandstone	34	37
GN	noncaving gray sandstone	37	47

7. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6	P.E. Sawhill steel	surface	37
	19165/4 Astm A-53		

10. Static Water Level

_____ ft. above ground surface

10 ft. below ground surface

11. Pump Test

Pumping Level **12** ft. below surface

Pumping at **45** GPM for **1** hours

12. Well Is:

13 in. Above Grade Below

Developed? Yes No

Disinfected? Yes No

Capped? Yes No

8. Grout or Other Sealing Material

Method	From (ft.)	To (ft.)	# Sacks Cement
not needed	surface	—	

13. Did you permanently seal all unused, noncomplying, or unsafe wells?
 Yes No If no, explain **owner will**

14. Signature of Point Driver or Licensed Supervisory Driller Date Signed
Hary Jozak **GS** **8/24/92**

Signature of Drill Rig Operator (Mandatory unless same as above), Date Signed
Hary Jozak **GS** **8/24/92**

Well Construction Report For
WISCONSIN UNIQUE WELL NUMBER DF 263

SEP 14
 State of Wisconsin
 Department of Natural Resources
 Private Water Supply - WS/2
 Box 7921
 1990 Madison, WI 53707

Property Owner LOIS M. INTYRE Telephone Number 749-1600
 Mailing Address 111 STATTON ST.
 City RIDGELAND State WI. Zip Code 54763
 County of Well Location DUNN County Well Location Permit No. W ~ Well Completion Date 09 06 90
 M M D D Y Y

1. Location (Please type or print using a black pen.)
 Town City Village Fire # (if available)
 of Wilson
 Grid or Street Address or Road Name and Number (if available)

(17) Well Constructor (Business Name) Registration #
KRAMER WELL DRILLING, INC. 46
 Address N 3055 COUNTY RD. W
 City WEYERHAEUSER, WI. State WI. Zip Code 54995

2. Mark well location in correct 40-acre parcel of section.
 N
 E
 S
 W

Subdivision Name _____ Lot # _____ Block # _____
 Gov't Lot # _____ or SW 1/4 of NE 1/4 of Section 6; T 31 N; R 12 E W

3. Well Type New Replacement Reconstruction
 of unique well # _____ constructed in 19 _____
 Reason for new, replaced or reconstructed well?
Replace point

4. Well serves 1 # of homes and/or _____ High Capacity Well? Yes No
 (ex: barn, restaurant, church, school, industry, etc.) High Capacity Property? Yes No
 Drilled Driven Point Jetted Other

5. Well Located on Highest Point of Property, Consistent with the General Layout and Surroundings? Yes No If no, explain on back side.
 Well Located in Floodplain? Yes No
 Distance In Feet From Well To Nearest:
 1. Landfill 6
 2. Building Overhang _____
 3. Septic or Holding Tank _____
 4. Sewage Absorption Unit _____
 5. Nonconforming Pit _____
 6. Buried Home Heating Oil Tank _____
 7. Buried Petroleum Tank _____
 8. Shoreline/Swimming Pool _____

9. Downspout/Yard Hydrant _____
 10. Privy _____
 11. Foundation Drain to Clearwater _____
 12. Foundation Drain to Sewer _____
 13. Building Drain _____
 Cast Iron or Plastic Other
 14. Building Sewer 15 Gravity Pressure
 Cast Iron or Plastic Other
 15. Collector or Street Sewer _____
 16. Clearwater Sump _____

17. Wastewater Sump _____
 18. Paved Animal Barn Pen _____
 19. Animal Yard or Shelter _____
 20. Silo - Type _____
 21. Barn Gutter _____
 22. Manure Pipe Gravity Pressure
 Cast Iron or Plastic Other
 23. Other Manure Storage _____
 Other NR 112 Waste Source _____
 24. _____

6. Drillhole Dimensions
 Dia. (in.) From (ft.) To (ft.)
6 surface 60

Method of constructing upper enlarged drillhole only.
 1. Rotary - Mud Circulation
 2. Rotary - Air
 3. Rotary - Foam
 4. Reverse Rotary
 5. Cable-tool Bit _____ in. dia.
 6. Temp. Outer Casing _____ in. dia.
 Removed? Yes No
 If no, explain _____
 7. Other _____

9. Geology
 Type, Caving/Noncaving, Color, Hardness, Etc. From (ft.) To (ft.)

<u>I top soil</u>	surface	<u>0</u>
<u>BS caving BR sand</u>	<u>1</u>	<u>35</u>
<u>HN hard sandstone</u>	<u>35</u>	<u>60</u>

7. Casing, Liner, Screen
 Material, Weight, Specification From (ft.) To (ft.)
 Dia. (in.) Mfg. & Method of Assembly

<u>6</u>	<u>P.E. Sawhill Steel</u>	surface	<u>40</u>
	<u>19 1/2 # ASTM A-53</u>		

10. Static Water Level _____ ft. above ground level
10 ft. below ground surface

11. Pump Test
 Pumping Level 6 ft. below surface
 Pumping at 6 GPM for 1 hours

12. Well Is: Above Grade Below Grade
 Developed? Yes No
 Disinfected? Yes No
 Capped? Yes No

8. Grout or Other Sealing Material
 Method _____ From (ft.) To (ft.) # Sacks Cement
 Kind of Sealing Material

<u>not needed</u>	surface	—	
-------------------	---------	---	--

13. Did you permanently seal all unused, noncomplying, or unsafe wells?
 Yes No If no, explain not get

14. Signature of Point Driver or Registered Driller Date Signed
Larry Jorjich GJ 9-12-90
 Signature of Drill Rig Operator Date Signed
Larry Jorjich GJ 9-12-90

First Water Quality Test For
WISCONSIN UNIQUE WELL NUMBER FW 334

State of Wisconsin
 Private Water Supply - WS/2
 Department of Natural Resources
 Box 7921
 Madison, WI 53707

(Please type or print
 using a black pen.)

Property Owner **MRS. LAVINA E. HANSON**

Telephone Number **(715) 944-1123**

Mailing Address **BOX 37**

City **RIDGE LAND**

State **WI** Zip Code **54763**

County of Well Location **Dunn**

Co. Well Permit No. **W**

Well Completion Date (mm-dd-yy) **10-24-94**

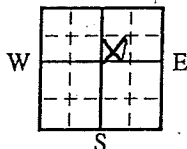
Well Constructor (Business Name) **17 KRAMER WELL DRILLING**

License # **45**

2. Mark well location with a dot in correct 40-acre parcel of section. N

Address **N3055 COUNTY RD. W**

City **WEYERHAEUSER, WI.** State **WI.** Zip Code **54895**



1. Well Location Please use decimals instead of fractions.

Town City Village Fire # (if avail.)

of **Wilson**

Grid or Street Address or Road Name and Number (if avail.)

Subdivision Name Lot # Block #

Gov't Lot # or **SW** 1/4 of **NE** 1/4 of

Section **6**, T **31** N; R **12** E W

3. Well Type New

Replacement Reconstruction

of previous unique well # _____ constructed in 19 _____

Reason for new, replaced or reconstructed well?

Low volume in old well

4. Well serves **1** # of homes and or _____
 (Ex: barn, restaurant, church, school, industry, etc.)

High Capacity:
 Well? Yes No
 Property? Yes No

5. Well located on highest point of property, consistent with the general layout and surroundings? Yes No If no, explain on back side.

Well located in floodplain? Yes No

Distance in Feet From Well To Nearest:

- 6** 1. Landfill
- 2. Building Overhang
- 3. Septic or Holding Tank (circle one)
- 4. Sewage Absorption Unit
- 5. Nonconforming Pit **35**
- 6. Buried Home Heating Oil Tank
- 7. Buried Petroleum Tank
- 8. Shoreline/Swimming Pool

9. Downspout/Yard Hydrant

10. Privy

11. Foundation Drain to Clearwater

12. Foundation Drain to Sewer

13. Building Drain

Cast Iron or Plastic Other

14. Building Sewer Gravity Pressure

Cast Iron or Plastic Other

15. Collector or Street Sewer

16. Clearwater Sump

17. Wastewater Sump

18. Paved Animal Barn Pen

19. Animal Yard or Shelter

20. Silo - Type _____

21. Barn Gutter

22. Manure Pipe Gravity Pressure

Cast Iron or Plastic Other

23. Other Manure Storage _____

Other NR 112 Waste Source _____

24. _____

6. Drillhole Dimensions
 Dia. (in.) From To (ft.) (ft.)

6	surface	35

Method of constructing upper enlarged drillhole only.

- 1. Rotary - Mud Circulation
- 2. Rotary - Air
- 3. Rotary - Foam
- 4. Reverse Rotary
- 5. Cable-tool Bit _____ in. dia.
- 6. Temp. Outer Casing _____ in. dia.
 Removed? Yes No
 If no, explain _____
- 7. Other _____

DNR USE ONLY

9. Geology Type, Caving/Noncaving, Color, Hardness, Etc.

From To (ft.) (ft.)

1-1	top soil	Surface	1
Q5	caving BR sand	1	21
QX	caving + noncaving yellow sand + clay	21	33
VN	noncaving yellow sand stone	33	35

7. Casing, Liner, Screen Material, Weight, Specification From To (ft.) (ft.)

6	P.E. Sawmill Steel	surface	34
	1 1/2 lbs / ft ASTM A-53		

10. Static Water Level _____ ft. above ground surface
10 ft. below ground surface

12. Well Is: **13** in. Above Grade Below

11. Pump Test Pumping Level **12** ft. below surface
 Pumping at **15** GPM for **1** hours

Developed? Yes No
 Disinfected? Yes No
 Capped? Yes No

8. Grout or Other Sealing Material Method From To # Sacks Cement (ft.) (ft.)

not needed	surface	—	—
-------------------	---------	---	---

13. Did you permanently seal all unused, noncomplying, or unsafe wells? Yes No If no, explain **pump installer will**

14. Signature of Point Driver or Licensed Supervisory Driller Date Signed
Gary Jayas GJ 10/28/94
 Signature of Drill Rig Operator (Mandatory unless same as above) Date Signed
Gary Jayas GJ 10/28/94

First Water Quality Test For
WISCONSIN UNIQUE WELL NUMBER FS 484

State of Wisconsin
 Private Water Supply - WS/2
 Department of Natural Resources
 Box 7921
 Madison, WI 53707

JUL 12 1994

(Please type or print
 using a black pen.)

Property Owner **RIM3 HAIR UNLIMITED FINANCIAL** Telephone Number **(715) 949-1200**

Mailing Address **P.O. Box 162 DIAMOND ST.**

City **RIDGE LAND** State **WI** Zip Code **54763**

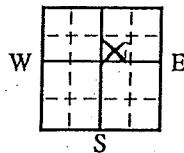
County of Well Location **DUNN** Co. Well Permit No. **W** Well Completion Date (mm-dd-yy) **06.27.94**

Well Constructor (Business Name) **17 KRAMER WELL DRILLING #5** License # **45**

Address **N3055 COUNTY RD. W**

City **WEYERHAEUSER, WI.** State **WI.** Zip Code **54895**

2. Mark well location with a dot in correct 40-acre parcel of section. **N**



1. Well Location Please use decimals instead of fractions.

Town City Village Fire # (If avail.)
 of **WISCONSIN**

Grid or Street Address or Road Name and Number (If avail.)

Subdivision Name _____ Lot # _____ Block # _____

Gov't Lot # _____ or **SW** 1/4 of **NE** 1/4 of

Section **6**, T **31** N; R **12** E W

3. Well Type New

Replacement Reconstruction

of previous unique well # _____ constructed in 19 _____
 Reason for new, replaced or reconstructed well?

Low volume in point well

Drilled Driven Point Jetted Other _____

4. Well serves _____ # of homes and or _____
 (Ex: barn, restaurant, church, school, industry, etc.)

High Capacity:
 Well? Yes No
 Property? Yes No

5. Well located on highest point of property, consistent with the general layout and surroundings? Yes No If no, explain on back side.

Well located in floodplain? Yes No
 Distance in Feet From Well To Nearest:

- 3 1. Landfill
- 2. Building Overhang
- 3. Septic or Holding Tank (circle one)
- 4. Sewage Absorption Unit
- 5. Nonconforming Pit
- 6. Buried Home Heating Oil Tank
- 7. Buried Petroleum Tank
- 8. Shoreline/Swimming Pool

- 9. Downspout/Yard Hydrant
- 10. Privy
- 11. Foundation Drain to Clearwater
- 12. Foundation Drain to Sewer
- 13. Building Drain
 - Cast Iron or Plastic Other
- 92 14. Building Sewer Gravity Pressure
 - Cast Iron or Plastic Other
- 15. Collector or Street Sewer
- 16. Clearwater Sump

- 17. Wastewater Sump
- 18. Paved Animal Barn Pen
- 19. Animal Yard or Shelter
- 20. Silo - Type _____
- 21. Barn Gutter
- 22. Manure Pipe Gravity Pressure
 - Cast Iron or Plastic Other
- 23. Other Manure Storage _____
- Other NR 112 Waste Source _____
- 24. _____

6. Drillhole Dimensions
 From To
 Dia. (in.) (ft.) (ft.)

6	surface	40

Method of constructing upper enlarged drillhole only.

- 1. Rotary - Mud Circulation
- 2. Rotary - Air
- 3. Rotary - Foam
- 4. Reverse Rotary
- 5. Cable-tool Bit _____ in. dia.
- 6. Temp. Outer Casing _____ in. dia.
 Removed? Yes No
 If no, explain _____
- 7. Other _____

DNR USE ONLY

9. Geology Type, Caving/Noncaving, Color, Hardness, Etc. From To (ft.) (ft.)

I	top soil	Surface	1
15	caving BR sand	1	26
24	caving BR sand + gravel	26	40

7. Casing, Liner, Screen Material, Weight, Specification From To Dia. (in.) Manufacturer & Method of Assembly (ft.) (ft.)

6	P.E. Sawmill Steel	surface	36
	1916 spec ASTM A-53		

10. Static Water Level _____ ft. above ground surface
 _____ ft. below ground surface

12. Well Is: 13 in. Above Grade Below

11. Pump Test Pumping Level 10 ft. below surface
 Pumping at 15 GPM for 1 hours

Developed? Yes No
 Disinfected? Yes No
 Capped? Yes No

8. Grout or Other Sealing Material Method Kind of Sealing Material From To # Sacks Cement (ft.) (ft.)

not needed	surface	-	

13. Did you permanently seal all unused, noncomplying, or unsafe wells?
 Yes No If no, explain **pump installer will**

14. Signature of Point Driver or Licensed Supervisory Driller Date Signed
Barry Joseph GJ **7/11/94**

Signature of Drill Rig Operator (Mandatory unless same as above) Date Signed
Barry Joseph GJ **7/11/94**

Make additional comments on reverse side about geology, additional screens, water quality, etc.
 Comments on reverse side _____ (Check , if yes)

SEE OTHER SIDE

Well Construction Report For **EN 473**
WISCONSIN UNIQUE WELL NUMBER

State of Wisconsin
 Department of Natural Resources
 Private Water Supply - WS/2
 Box 7921
 Madison, WI 53707

JUN 29 1992

Property Owner **Area Schools** Telephone Number **715 537-5612**
 Mailing Address **100 W. River Ave.**

City **Barron** State **WI** Zip Code **54812**

County of Well Location **Dunn** County Well Location Permit No. **W** Well Completion Date **06/15/92**
 M M D D Y Y

1. Location (Please type or print using a black pen.)
 Town City Village Fire # (if available)
 of **RIDGELAND**

Grid or Street Address or Road Name and Number (if available)

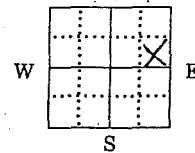
Subdivision Name Lot # Block #

Well Constructor (Business Name) **Aqua-Service Inc.** Registration # **561**

Address **1386 24 1/2 St.**

City **Cameron** State **WI** Zip Code **54622**

2. Mark well location in correct 40-acre parcel of section.



Gov't Lot # _____ or **SE 1/4** of **NE 1/4** of Section **6**; T **31 N**; R **12** E W

3. Well Type New Replacement Reconstruction

of unique well # _____ constructed in 19_____. Reason for new, replaced or reconstructed well?

4. Well serves 1 # of homes and/or SCHOOL High Capacity Well? Yes No
 (ex: barn, restaurant, church, school, industry, etc.) High Capacity Property? Yes No

Drilled Driven Point Jetted Other

5. Well Located on Highest Point of Property, Consistent with the General Layout and Surroundings? Yes No If no, explain on back side.

Well Located in Floodplain? Yes No
 Distance In Feet From Well To Nearest:

1. Landfill 55
2. Building Overhang
3. Septic or Holding Tank
4. Sewage Absorption Unit
5. Nonconforming Pit
6. Buried Home Heating Oil Tank
7. Buried Petroleum Tank
8. Shoreline/Swimming Pool

9. Downspout/Yard Hydrant
10. Privy
11. Foundation Drain to Clearwater
12. Foundation Drain to Sewer
13. Building Drain Cast Iron or Plastic Other
14. Building Sewer Gravity Pressure Cast Iron or Plastic Other
15. Collector or Street Sewer 164
16. Clearwater Sump

17. Wastewater Sump
18. Paved Animal Barn Pen
19. Animal Yard or Shelter
20. Silo - Type _____
21. Barn Gutter
22. Manure Pipe Gravity Pressure Cast Iron or Plastic Other
23. Other Manure Storage _____
24. 107 OTHER WELL

6. Drillhole Dimensions			Method of constructing upper enlarged drillhole only.
Dia. (in.)	From (ft.)	To (ft.)	
10"	surface	64	<input type="checkbox"/> 1. Rotary - Mud Circulation <input checked="" type="checkbox"/> 2. Rotary - Air <input type="checkbox"/> 3. Rotary - Foam <input type="checkbox"/> 4. Reverse Rotary <input type="checkbox"/> 5. Cable-tool Bit _____ in. dia. <input checked="" type="checkbox"/> 6. Temp. Outer Casing <u>10</u> in. dia. Removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____ <input type="checkbox"/> 7. Other _____
6"	64	140	

7. Casing, Liner, Screen			
Dia. (in.)	Material, Weight, Specification Mfg. & Method of Assembly	From (ft.)	To (ft.)
6"	NEW STEEL 19 1/2 ft P.E ASTM A53B Sawhill USA	surface	66
4"	OPEN SANDROCK	66	140
Dia. (in.)	screen type and material	From	To

8. Grout or Other Sealing Material			
Method	Kind of Sealing Material	From (ft.)	To (ft.)
NEAT CEMENT		surface	64
CEMENT		surface	64

9. Geology Type, Caving/Noncaving, Color, Hardness, Etc.	From To (ft.) (ft.)	
	CLAY	surface
SAND + CLAY MIX	5	10
SOFT SANDSTONE	10	15
SANDSTONE (yel. Be.)	15	30
SANDSTONE (Lt Be.)	30	60
SANDSTONE + SHALE	60	70
GREY SANDSTONE	70	98
SANDSTONE Yellow Br.	98	140

10. Static Water Level _____ ft. above ground level 35 ft. below ground surface

11. Pump Test 38.5
 Pumping Level 38 1/2 ft. below surface
 Pumping at 30 GPM for 8 hours

12. Well Is: Above Grade Below Grade
 Developed? Yes No
 Disinfected? Yes No
 Capped? Yes No

13. Did you permanently seal all unused, noncomplying, or unsafe wells?
 Yes No If no, explain NOT REQUESTED

14. Signature of Point Driver or Registered Driller [Signature] Date Signed 6/24/92
 Signature of Drill Rig Operator [Signature] Date Signed 6/24/92

Make additional comments on reverse side about geology, etc.

WISCONSIN UNIQUE WELL NUMBER
Source: ELECTRONICALLY **WH321**

Property Owner: **WIRTH, CRAIG** Telephone Number: **715-296-6909**

Mailing Address: **109 ELLIOT STREET**

City: **RIDGELAND** State: **WI** Zip Code: **54763**

County of Well Location: **17 DUNN** Co Well Permit No: **W** Well Completion Date: **August 21, 2006**

State of Wi-Private Water Systems-DG/2
 Department Of Natural Resources, Box 7921
 Madison, WI 53707

Form 3300-77A
 (Rev 02/02)bw

1. Well Location Depth **80** FT

T=Town C=City V=Village
 V of **RIDGELAND** Fire# **620**

Street Address or Road Name and Number
ELLIOT ST

Subdivision Name Lot# Block #

Well Constructor: **AQUA-SERVICE INC** License #: **6083** Facility ID (Public)

Address: **1386 24 1/2 ST** Public Well Plan Approval#

City: **CAMERON** State: **WI** Zip Code: **54822** Date Of Approval

Hicap Permanent Well # Common Well # Specific Capacity: **1.3** gpm/ft

Gov't Lot or **NW 1/4 of NE 1/4 of Section 6 T 31 N;R 12 W**

Latitude Deg. Min. Longitude Deg. Min.

2. Well Type 1 (See item 12 below) Lat/Long Method

1=New 2=Replacement 3=Reconstruction
 of previous unique well # _____ constructed in _____

Reason for replaced or reconstructed Well?
1 1=Drilled 2=Driven Point 3=Jetted 4=Other

3. Well Serves # of homes and or
P (eg: barn, restaurant, church, school, industry, etc.) High Capacity: Well? **N** Property? **N**

M=Munic O=OTM N=NonCom P=Private Z=Other X=NonPot A=Anode L=Loop H=Drillhole

- 4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties?** **Y**
- Well located in floodplain? **N**
 Distance in feet from well to nearest: (including proposed)
- | | | |
|---------------------------------|--|--|
| 1. Landfill | 9. Downspout/ Yard Hydrant | 17. Wastewater Sump |
| 35 2. Building Overhang | 10. Privy | 18. Paved Animal Barn Pen |
| 3. 1=Septic 2= Holding Tank | 11. Foundation Drain to Clearwater | 19. Animal Yard or Shelter |
| 4. Sewage Absorption Unit | 12. Foundation Drain to Sewer | 20. Silo |
| 5. Nonconforming Pit | 13. Building Drain
1=Cast Iron or Plastic 2=Other | 21. Barn Gutter |
| 6. Buried Home Heating Oil Tank | 60 14. Building Sewer 1 1=Gravity 2=Pressure
1=Cast Iron or Plastic 2=Other | 22. Manure Pipe 1=Gravity 2=Pressure
1=Cast iron or Plastic 2=Other |
| 7. Buried Petroleum Tank | 15. Collector Sewer: ___ units ___ in. diam. | 23. Other manure Storage |
| 8. 1=Shoreline 2= Swimming Pool | 16. Clearwater Sump | 24. Ditch |
| | | 25. Other NR 812 Waste Source |

5. Drillhole Dimensions and Construction Method

From		To	Upper Enlarged Drillhole	Lower Open Bedrock
Dia. (in.)	(ft)	(ft)		
10.0	surface	40	- 1. Rotary - Mud Circulation _____	
			- 2. Rotary - Air _____	
6.0	40	80	X - 3. Rotary - Air and Foam _____	
			- 4. Drill-Through Casing Hammer	
			- 5. Reverse Rotary	
			- 6. Cable-tool Bit _____ n. dia _____	
			X - 7. Temp. Outer Casing _10_ in. dia. _20_ depth ft. Removed? X	
			Other	

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc	From (ft.)	To (ft.)
TVS_	Tan/Brown, Non-Caving, Sand	0	20
YVN_	Yellow, Non-Caving, Sandstone	20	80

6. Casing Liner Screen

Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)
6.0	new steel pipe, PE, 19#/ft IPSCO	surface	40

9. Static Water Level
16.0 feet **B** ground surface
 A=Above B=Below

10. Pump Test
 Pumping level **31.0** ft. below surface
 Pumping at **20.0** GP M **20.0** Hrs

11. Well Is: **24 in.** **A** Grade
 A=Above B=Below
 Developed? **Y**
 Disinfected? **Y**
 Capped? **Y**

7. Grout or Other Sealing Material

Method	Tremie Pipe - Pumped	From (ft.)	To (ft.)	# Sacks Cement
	Kind of Sealing Material			
	Neat cement grout	surface	40.0	18 S

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property?
 If no, explain

13. Initials of Well Constructor or Supervisory Driller Date Signed
JW 9/18/06

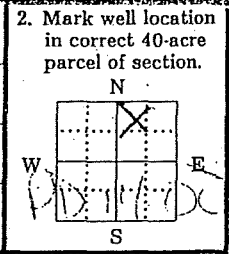
Initials of Drill Rig Operator (Mandatory unless same as above) Date Signed
JH 9/18/06

Well Construction Report For
WISCONSIN UNIQUE WELL NUMBER **EO 545**
 Property Owner **SPORTSMAN BAR** Telephone Number **(715) 747-1666**
 Mailing Address **P.O. BOX**
 City **RIDGELAND** State **WI.** Zip Code **54763**
 County of Well Location **DUNN** County Well Location Permit No. **W -** Well Completion Date **05 18 92**
 M M D D Y Y

State of Wisconsin
 Department of Natural Resources
 Private Water Supply - WS/2
 Box 7921
 Madison, WI 53707

1. Location (Please type or print using a black pen.)
 Town City Village Fire # (if available)
 of **Wilson**
 Grid or Street Address or Road Name and Number (if available)
 Subdivision Name Lot # Block #

17 Well Constructor (Business Name) Registration #
KRAMER WELL DRILLING, INC. 45
 Address
N3055 COUNTY RD. W
 City State Zip Code
WEYERHAEUSER, WI. 54895



Gov't Lot # or NW 1/4 of NE 1/4 of Section **6**; T **31** N; R **12** E W

3. Well Type New Replacement Reconstruction
 of unique well # _____ constructed in 19 _____
 Reason for new, replaced or reconstructed well?
point in pit

4. Well serves _____ # of homes and/or **Tavern**
 (ex: barn, restaurant, church, school, industry, etc.) High Capacity Well? Yes No
 High Capacity Property? Yes No

Drilled Driven Point Jetted Other

5. Well Located on Highest Point of Property, Consistent with the General Layout and Surroundings? Yes No If no, explain on back side.
 Well Located in Floodplain? Yes No
 Distance In Feet From Well To Nearest:
 1. Landfill _____
 2. Building Overhang **3**
 3. Septic or Holding Tank _____
 4. Sewage Absorption Unit _____
 5. Nonconforming Pit _____
 6. Buried Home Heating Oil Tank _____
 7. Buried Petroleum Tank _____
 8. Shoreline/Swimming Pool _____
 9. Downspout/Yard Hydrant _____
 10. Privy _____
 11. Foundation Drain to Clearwater _____
 12. Foundation Drain to Sewer _____
 13. Building Drain _____
 Cast Iron or Plastic Other
 14. Building Sewer Gravity Pressure
 Cast Iron or Plastic Other
 15. Collector or Street Sewer _____
 16. Clearwater Sump _____
 17. Wastewater/Sump _____
 18. Paved Animal Barn Pen _____
 19. Animal Yard or Shelter _____
 20. Silo - Type _____
 21. Barn Gutter _____
 22. Manure Pipe Gravity Pressure
 Cast Iron or Plastic Other
 23. Other Manure Storage _____
 Other NR 112 Waste Source _____
 24. _____

6. Drillhole Dimensions

Dia. (in.)	From (ft.)	To (ft.)
6	surface	39

Method of constructing upper enlarged drillhole only.
 1. Rotary - Mud Circulation
 2. Rotary - Air
 3. Rotary - Foam
 4. Reverse Rotary
 5. Cable-tool Bit _____ in. dia.
 6. Temp. Outer Casing _____ in. dia.
 Removed? Yes No
 If no, explain _____
 7. Other _____

9. Geology

Type, Caving/Noncaving, Color, Hardness, Etc.	From (ft.)	To (ft.)
top soil	surface	1
caving BR sand	1	24
caving BR sand + gravel	24	39

7. Casing, Liner, Screen

Dia. (in.)	Material, Weight, Specification, Mfg. & Method of Assembly	From (ft.)	To (ft.)
6	P/E Sawhill Steel 19165# A53	surface	35

10. Static Water Level _____ ft. above ground level
 _____ ft. below ground surface
 11. Pump Test
 Pumping Level **10** ft. below surface
 Pumping at **15** GPM for **1** hours
 12. Well Is:
 Above Below Grade
 Developed? Yes No
 Disinfected? Yes No
 Capped? Yes No

8. Grout or Other Sealing Material

Method	From (ft.)	To (ft.)	# Sacks Cement
Kind of Sealing Material			
not needed	surface	-	

13. Did you permanently seal all unused, noncomplying, or unsafe wells?
 Yes No If no, explain **pump installer will**
 14. Signature of Point Driver or Registered Driller Date Signed
Gary Bryab **65** **5/26/92**
 Signature of Drill Rig Operator Date Signed
Gary Bryab **65** **5/26/92**

Well Construction Report For
WISCONSIN UNIQUE WELL NUMBER E0 544

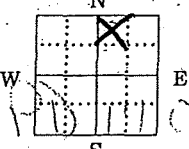
State of Wisconsin
 Department of Natural Resources
 Private Water Supply - WS/2
 Box 7921
 Madison, WI 53707

MAY 27 1992

Property Owner: **RIDGELAND FARMERS UN. (715) 744-1105** Telephone Number
 Mailing Address: **P.O. Box**
 City: **RIDGELAND** State: **WI.** Zip Code: **54763**
 County of Well Location: **DUNN** County Well Location Permit No.: **W ~** Well Completion Date: **05/18/92**
M M D D Y Y

1. Location (Please type or print using a black pen.)
 Town City Village Fire # (if available)
 of **Wilson**
 Grid or Street Address or Road Name and Number (if available)

Well Constructor (Business Name) Registration #
KRAMER WELL DRILLING 45
 Address:
N3055 COUNTY RD. W
 City: **WEYERHAEUSER, WI. 54895** State: **WI.** Zip Code: **54895**

2. Mark well location in correct 40-acre parcel of section.


Subdivision Name _____ Lot # _____ Block # _____
 Gov't Lot # _____ or **NW** 1/4 of **NE** 1/4 of Section **6**; T **31** N; R **12** E W

3. Well Type New Replacement Reconstruction
 of unique well # _____ constructed in 19 _____
 Reason for new, replaced or reconstructed well?
Not potable, to fill sprayer trucks
 Drilled Driven Point Jetted Other

4. Well serves # of homes and/or **tankers** High Capacity Well? Yes No
 (ex: barn, restaurant, church, school, industry, etc.) High Capacity Property? Yes No

5. Well Located on Highest Point of Property, Consistent with the General Layout and Surroundings? Yes No If no, explain on back side.
 Well Located in Floodplain? Yes No
 Distance In Feet From Well To Nearest:
 1. Landfill **5**
 2. Building Overhang
 3. Septic or Holding Tank
 4. Sewage Absorption Unit
 5. Nonconforming Pit
 6. Buried Home Heating Oil Tank
 7. Buried Petroleum Tank
 8. Shoreline/Swimming Pool
 9. Downspout/Yard Hydrant
 10. Privy
 11. Foundation Drain to Clearwater
 12. Foundation Drain to Sewer
 13. Building Drain Cast Iron or Plastic Other
 14. Building Sewer Gravity Pressure Cast Iron or Plastic Other
 15. Collector or Street Sewer
 16. Clearwater Sump
 17. Wastewater Sump
 18. Paved Animal Barn Pen
 19. Animal Yard or Shelter
 20. Silo - Type
 21. Barn Gutter
 22. Manure Pipe Gravity Pressure Cast Iron or Plastic Other
 23. Other Manure Storage
 Other NR 112 Waste Source
 24.

6. Drillhole Dimensions
 From To
 Dia. (in.) (ft.) (ft.)
6 surface **80**
 Method of constructing upper enlarged drillhole only:
 1. Rotary - Mud Circulation
 2. Rotary - Air
 3. Rotary - Foam
 4. Reverse Rotary
 5. Cable-tool Bit _____ in. dia.
 6. Temp. Outer Casing _____ in. dia. Removed? Yes No
 If no, explain _____
 7. Other _____

9. Geology	From (ft.)	To (ft.)
Top soil	surface	1
caving BR sand	1	24
caving BR sand + gravel	24	39
non caving shale + sand	39	49
non caving gray sandstone	49	75
non caving white sandstone	75	80

7. Casing, Liner, Screen
 Material, Weight, Specification From To
 Dia. (in.) Mfg. & Method of Assembly (ft.) (ft.)
6 **PIE Sawhill steel** surface **50**
19/15
ASTM A-53

10. Static Water Level
 ft. above ground level
14 ft. below ground surface
 11. Pump Test
 Pumping Level **65** ft. below surface
 Pumping at **50** GPM for **2** hours
 12. Well Is:
 Above Grade
 Below Grade
 Developed? Yes No
 Disinfected? Yes No
 Capped? Yes No

8. Grout or Other Sealing Material
 Method From To #
 Kind of Sealing Material (ft.) (ft.) Sacks Cement
not needed surface **-**

13. Did you permanently seal all unused, noncomplying, or unsafe wells?
 Yes No If no, explain _____
 14. Signature of Point Driver or Registered Driller Date Signed
Hary Grijak GS 5/22/92
 Signature of Drill Rig Operator Date Signed
Hary Grijak GS 5/22/92

Make additional comments on reverse side about geology, etc.

Well Construction Report For **DF 262**
WISCONSIN UNIQUE WELL NUMBER

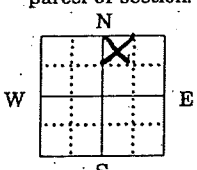
Property Owner BRIAN WIRTH Telephone Number (715) 799-1249
Mailing Address _____
City RIDGELAND State WI. Zip Code 54742
County of Well Location DUNN County Well Permit No. W Well Completion Date 8/10/90
M M D D Y Y

State of Wisconsin
Department of Natural Resources
Private Water Supply - WS/2
Box 7921
Madison, WI 53707

SEP 14 1990

1. Location (Please type or print using a black pen.)
 Town City Village Fire # (if available) _____
of Wilson
Grid or Street Address or Road Name and Number (if available) _____
Subdivision Name _____ Lot # _____ Block # _____

Well Constructor (Business Name) Registration #
KRAMER WELL DRILLING 45
Address
N3055 COUNTY RD. W
City WEYERHAEUSER, WI. 54895 State _____ Zip Code _____

2. Mark well location in correct 40-acre parcel of section.


Gov't Lot # _____ or NW 1/4 of NE 1/4 of
Section 6; T31 N; R 12 E W

3. Well Type New Replacement Reconstruction
of unique well # _____ constructed in 19 _____
Reason for new, replaced or reconstructed well?
new home
 Drilled Driven Point Jetted Other _____

4. Well serves 1 # of homes and/or _____ High Capacity Well? Yes No
(ex: barn, restaurant, church, school, industry, etc.) High Capacity Property? Yes No

5. Well Located on Highest Point of Property, Consistent with the General Layout and Surroundings? Yes No If no, explain on back side.
Well Located in Floodplain? Yes No
Distance In Feet From Well To Nearest:
18 1. Landfill
18 2. Building Overhang
_____ 3. Septic or Holding Tank
_____ 4. Sewage Absorption Unit
_____ 5. Nonconforming Pit
_____ 6. Buried Home Heating Oil Tank
_____ 7. Buried Petroleum Tank
_____ 8. Shoreline/Swimming Pool
_____ 9. Downspout/Yard Hydrant
_____ 10. Privy
_____ 11. Foundation Drain to Clearwater
_____ 12. Foundation Drain to Sewer
_____ 13. Building Drain
_____ 14. Building Sewer Gravity Pressure
25 Cast Iron or Plastic Other
 Cast Iron or Plastic Other
_____ 15. Collector or Street Sewer
_____ 16. Clearwater Sump
_____ 17. Wastewater Sump
_____ 18. Paved Animal Barn Pen
_____ 19. Animal Yard or Shelter
_____ 20. Silo - Type _____
_____ 21. Barn Gutter
_____ 22. Manure Pipe Gravity Pressure
 Cast Iron or Plastic Other
_____ 23. Other Manure Storage _____
Other NR 112 Waste Source _____
_____ 24. _____

6. Drillhole Dimensions
Dia. (in.) From (ft.) To (ft.)
6 surface 60
Method of constructing upper enlarged drillhole only.
 1. Rotary - Mud Circulation
 2. Rotary - Air
 3. Rotary - Foam
 4. Reverse Rotary
 5. Cable-tool Bit _____ in. dia.
 6. Temp. Outer Casing _____ in. dia.
Removed? Yes No
If no, explain _____
 7. Other _____

9. Geology
Type, Caving/Noncaving, Color, Hardness, Etc. From (ft.) To (ft.)
I top soil surface 1
Q5 caving BR sand 1 27
SN soft ~~hard~~ yellow sandstone 27 35
HN hard sandstone 35 60

7. Casing, Liner, Screen
Dia. (in.) Material, Weight, Specification From (ft.) To (ft.)
6 P.E. Sawhill Steel surface 40
19 lbs
ASTM A-53

10. Static Water Level
9 ft. above ground level
9 ft. below ground surface
11. Pump Test
Pumping Level 45 ft. below surface
Pumping at 15 GPM for 1 hours
12. Well Is:
12 in. Above Below Grade
Developed? Yes No
Disinfected? Yes No
Capped? Yes No

8. Grout or Other Sealing Material
Method _____ From (ft.) To (ft.) # Sacks Cement
Kind of Sealing Material
not needed surface _____

13. Did you permanently seal all unused, noncomplying, or unsafe wells?
 Yes No If no, explain _____
14. Signature of Point Driver or Registered Driller Date Signed
Mary Joryah GS 9-12-90
Signature of Deal Reg Operator Date Signed
Mary Joryah GS 9-12-90

WISCONSIN UNIQUE WELL NUMBER
Source: WELL CONSTRUCTION **LF644**

State of Wi-Private Water Systems-DG/2 Form 3300-77A
 Department Of Natural Resources, Box 7921 (Rev 02/02)bw
 Madison, WI 53707

Property Owner **MALON, ART** Telephone Number **715-949-1839**
 Mailing Address **BOX 231**

1. Well Location Depth **74** FT
 T=Town C=City V=Village Fire#
T of WILSON

City **RIDGELAND** State **WI** Zip Code **54763**

Street Address or Road Name and Number

County of Well Location **17 DUNN** Co Well Permit No **W** Well Completion Date **September 19, 1996**

Subdivision Name Lot# Block#

Well Constructor **KRAMER WELL DRILLING INC** License # **45** Facility ID (Public)

Gov't Lot or **NE 1/4 of NE 1/4 of Section 6 T 31 N;R 12 W**

Address **N3055 COUNTY W** Public Well Plan Approval#

Latitude Deg. Min. Longitude Deg. Min.

City **WEYERHAEUSER** State **WI** Zip Code **54895** Date Of Approval

2. Well Type 2 (See item 12 below) Lat/Long Method

Hicap Permanent Well # Common Well # Specific Capacity **gpm/ft**

1=New 2=Replacement 3=Reconstruction
 of previous unique well # _____ constructed in **0**

3. Well Serves # of homes and or P (eg: barn, restaurant, church, school, industry, etc.) High Capacity: Well? **N** Property? **N**

Reason for replaced or reconstructed Well?
POINT IN BASEMENT
1 1=Drilled 2=Driven Point 3=Jetted 4=Other

4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties? Y

- Well located in floodplain? **N**
 Distance in feet from well to nearest: (including proposed)
- 1. Landfill
 - 15 2. Building Overhang
 - 3. 1=Septic 2= Holding Tank
 - 4. Sewage Absorption Unit
 - 5. Nonconforming Pit
 - 6. Buried Home Heating Oil Tank
 - 7. Buried Petroleum Tank
 - 8. 1=Shoreline 2= Swimming Pool
 - 9. Downspout/ Yard Hydrant
 - 10. Privy
 - 11. Foundation Drain to Clearwater
 - 12. Foundation Drain to Sewer
 - 13. Building Drain
 1=Cast Iron or Plastic 2=Other
 - 25 14. Building Sewer 1 1=Gravity 2=Pressure
 1 1=Cast Iron or Plastic 2=Other
 - 55 15. Collector Sewer: ___ units ___ in . diam.
 - 16. Clearwater Sump
 - 17. Wastewater Sump
 - 18. Paved Animal Barn Pen
 - 19. Animal Yard or Shelter
 - 20. Silo
 - 21. Barn Gutter
 - 22. Manure Pipe 1=Gravity 2=Pressure
 1=Cast iron or Plastic 2=Other
 - 23. Other manure Storage
 - 24. Ditch
 - 25. Other NR 812 Waste Source

5. Drillhole Dimensions and Construction Method

From (ft)	To (ft)	Upper Enlarged Drillhole	Lower Open Bedrock
		- 1. Rotary - Mud Circulation _____	
		X - 2. Rotary - Air _____	
		X - 3. Rotary - Air and Foam _____	
		- 4. Drill-Through Casing Hammer	
		- 5. Reverse Rotary	
		- 6. Cable-tool Bit _____ n. dia _____	
		X - 7. Temp. Outer Casing 10 in. dia. _____ depth ft. Removed? X	
		Other	

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc	From (ft.)	To (ft.)
1	TOP SOIL	0	1
QY	CAVING BR SAND @ GRAVEL	1	18
QN	CAVING @ NON CAVING YELLOW	18	20
Y_N_	NON CAVING YELLOW SANDSTONE	20	34
G_N_	NON CAVING GRAY SANDSTONE	34	74

6. Casing Liner Screen

Dia. (in.)	Material, Weight, Specification	From (ft.)	To (ft.)
6.0	P E SAWHILL STEEL 19 LBS PER FT ASTM A53	surface	62

9. Static Water Level
28.0 feet **B** ground surface
 A=Above B=Below

10. Pump Test
 Pumping level **40.0** ft. below surface
 Pumping at **6.0** GP M **2.0** Hrs

11. Well Is: **18 in.** A Grade
 A=Above B=Below
 Developed? **Y**
 Disinfected? **Y**
 Capped? **Y**

7. Grout or Other Sealing Material

Method	Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
TREMIE PRESSURE	NEAT CEMENT	surface	61.0	20 S

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property? N
 If no, explain **PUMP INSTALLER WILL**

13. Initials of Well Constructor or Supervisory Driller **GJ** Date Signed **9/26/96**
 Initials of Drill Rig Operator (Mandatory unless same as above) Date Signed

WISCONSIN UNIQUE WELL NUMBER
Source: WELL CONSTRUCTION **TN318**

Property Owner: RIDGELAND CHETEK CO-OP Telephone Number: 715-949-1165

Mailing Address: PO BOX 155
 City: RIDGELAND State: WI Zip Code: 54763

County of Well Location: 17 DUNN Co Well Permit No: W Well Completion Date: July 4, 2006

State of WI-Private Water Systems-DG/2 Department Of Natural Resources, Box 7921 Madison, WI 53707 Form 3300-77A (Rev 02/02)bw

1. Well Location Depth 50 FT
 T=Town C=City V=Village C of RIDGELAND Fire#
 Street Address or Road Name and Number

Subdivision Name Lot# Block#

Well Constructor: KRAMER WELL DRILLING INC License #: 45 Facility ID (Public)
 Address: N3055 COUNTY W Public Well Plan Approval#
 City: WEYERHAEUSER State: WI Zip Code: 54895 Date Of Approval
 Hicap Permanent Well # Common Well # Specific Capacity: 1.1 gpm/ft

Gov't Lot or NE 1/4 of NE 1/4 of Section 6 T 31 N;R 12 W
 Latitude Deg. Min. Longitude Deg. Min.
 2. Well Type 2 (See item 12 below) Lat/Long Method
 1=New 2=Replacement 3=Reconstruction
 of previous unique well # _____ constructed in _____

3. Well Serves # of homes and or STORE N (eg: barn, restaurant, church, school, industry, etc.)
 High Capacity Well? N Property? N

Reason for replaced or reconstructed Well?
NON COMPLYING OLD WELL
 1 1=Drilled 2=Driven Point 3=Jetted 4=Other

4. Is the well located upslope or sideslope and not downslope from any contamination sources, including those on neighboring properties? Y
 Well located in floodplain? N Distance in feet from well to nearest: (including proposed)
- 1. Landfill
 - 2. Building Overhang
 - 3. 1=Septic 2= Holding Tank
 - 4. Sewage Absorption Unit
 - 5. Nonconforming Pit
 - 6. Buried Home Heating Oil Tank
 - 7. Buried Petroleum Tank
 - 8. 1=Shoreline 2= Swimming Pool
 - 9. Downspout/ Yard Hydrant
 - 10. Privy
 - 11. Foundation Drain to Clearwater
 - 12. Foundation Drain to Sewer
 - 13. Building Drain
1=Cast Iron or Plastic 2=Other
 - 52 14. Building Sewer 1 1=Gravity 2=Pressure
1=Cast Iron or Plastic 2=Other
 - 15. Collector Sewer: ___ units ___ in. diam.
 - 16. Clearwater Sump
 - 17. Wastewater Sump
 - 18. Paved Animal Barn Pen
 - 19. Animal Yard or Shelter
 - 20. Silo
 - 21. Barn Gutter
 - 22. Manure Pipe 1=Gravity 2=Pressure
1=Cast iron or Plastic 2=Other
 - 23. Other manure Storage
 - 24. Ditch
 - 25. Other NR 812 Waste Source

5. Drillhole Dimensions and Construction Method

From (ft)	To (ft)	Upper Enlarged Drillhole	Lower Open Bedrock
6.0	surface	50	
		- 1. Rotary - Mud Circulation _____	
		- 2. Rotary - Air _____	
		- 3. Rotary - Air and Foam _____	
		- 4. Drill-Through Casing Hammer	
		- 5. Reverse Rotary	
		- 6. Cable-tool Bit ___ n. dia _____	
		- 7. Temp. Outer Casing ___ in. dia. ___ depth ft. Removed?	
		Other	

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc	From (ft.)	To (ft.)
__	TOP SOIL	0	1
TQY	CAVING BR SAND & GRAVEL	1	24
YQS	CAVING YELLOW SAND	24	36
GVN	NON CAVING GRAY SANDSTONE	36	50

6. Casing Liner Screen

Dia. (in.)	Material, Weight, Specification	From (ft.)	To (ft.)
6.0	PE WHEATLAND STEEL 19 LBS/FT ASTM A-53	surface	36
Dia. (in.)	Screen type, material & slot size	From	To

9. Static Water Level 12.0 feet B ground surface A=Above B=Below
 10. Pump Test Pumping level 30.0 ft. below surface Pumping at 20.0 GP M 1.0 Hrs
 11. Well Is: 21 in. A Grade Developed? Y Disinfected? Y Capped? Y

7. Grout or Other Sealing Material

Method	From (ft.)	To (ft.)	# Sacks Cement
MOUNDED			
Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement
GRANULAR BENTONITE	surface		

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property? Y
 If no, explain PUMP INSTALLER DID
 13. Initials of Well Constructor or Supervisory Driller GJ Date Signed 7/10/06
 Initials of Drill Rig Operator (Mandatory unless same as above) AH Date Signed 7/10/06

WISCONSIN UNIQUE WELL NUMBER
Source: WELL CONSTRUCTION **UK707**

Property Owner: BYGD, SANDRA Telephone Number: - - -
 Mailing Address: PO BOX 242
 City: RIDGELAND State: WI Zip Code: 54763
 County of Well Location: 17 DUNN Co Well Permit No: W Well Completion Date: May 30, 2008

State of WI-Private Water Systems-DG/2 Department Of Natural Resources, Box 7921 Madison, WI 53707 Form 3300-77A (Rev 02/02)bw

1. Well Location Depth 28 FT
 T=Town C=City V=Village V of RIDGLAND Fire# E5316
 Street Address or Road Name and Number: E5316 CO RD V
 Subdivision Name Lot# Block#

Well Constructor: TOM GUSTUM License #: 4813 Facility ID (Public):
 Address: GUSTUM SEPTIC SERVICE Public Well Plan Approval#:
 City: NEW AUBURN State: WI Zip Code: 54757 Date Of Approval:
 Hicap Permanent Well #: Common Well #: Specific Capacity: gpm/ft

Gov't Lot or: NE 1/4 of NE 1/4 of Section 6 T 31 N;R 12 W
 Latitude Deg. Min. Longitude Deg. Min.
2. Well Type 3 (See item 12 below) Lat/Long Method
 1=New 2=Replacement 3=Reconstruction
 of previous unique well # _____ constructed in _____

3. Well Serves # of homes and or **MACHINE SHOP** High Capacity: Well? N Property? N
 N (eg: barn, restaurant, church, school, industry, etc.)
 M=Munic O=OTM N=NonCom P=Private Z=Other X=NonPot A=Anode L=Loop H=Drillhole

Reason for replaced or reconstructed Well?
POINT-PLUGGED SCREEN
 2 1=Drilled 2=Driven Point 3=Jetted 4=Other

- 4. Is the well located upslope or sideslope or not downslope from any contamination sources, including those on neighboring properties?**
 Well located in floodplain? N Distance in feet from well to nearest: (including proposed)
- | | | |
|---------------------------------|--|--|
| 1. Landfill | 9. Downspout/ Yard Hydrant | 17. Wastewater Sump |
| 2. Building Overhang | 10. Privy | 18. Paved Animal Barn Pen |
| 3. 1=Septic 2= Holding Tank | 11. Foundation Drain to Clearwater | 19. Animal Yard or Shelter |
| 4. Sewage Absorption Unit | 12. Foundation Drain to Sewer | 20. Silo |
| 5. Nonconforming Pit | 10 13. Building Drain 1
1=Cast Iron or Plastic 2=Other | 21. Barn Gutter |
| 6. Buried Home Heating Oil Tank | 10 14. Building Sewer 1 1=Gravity 2=Pressure
1=Cast Iron or Plastic 2=Other | 22. Manure Pipe 1=Gravity 2=Pressure
1=Cast iron or Plastic 2=Other |
| 7. Buried Petroleum Tank | 15. Collector Sewer: ___ units ___ in . diam. | 23. Other manure Storage |
| 8. 1=Shoreline 2= Swimming Pool | 16. Clearwater Sump | 24. Ditch |
| | | 25. Other NR 812 Waste Source |

5. Drillhole Dimensions and Construction Method

From (ft)	To (ft)	Upper Enlarged Drillhole	Lower Open Bedrock
		1. Rotary - Mud Circulation _____	
		2. Rotary - Air _____	
		3. Rotary - Air and Foam _____	
		4. Drill-Through Casing Hammer	
		5. Reverse Rotary	
		6. Cable-tool Bit _ n. dia _____ 50	
		7. Temp. Outer Casing _ in. dia. _____ depth ft. Removed?	
		Other	

8. Geology

Geology Codes	Type, Caving/Noncaving, Color, Hardness, etc	From (ft.)	To (ft.)
S	SAND	0	28

6. Casing Liner Screen

Dia. (in.)	Material, Weight, Specification	From (ft.)	To (ft.)
1.3	STEEL SCH 40 WHEATLAND PIPE	surface	25

9. Static Water Level 3.0 feet B ground surface A=Above B=Below
10. Pump Test Pumping level ft. below surface Pumping at GP Hrs
11. Well Is: 12 in. A Grade Developed? Y Disinfected? Y Capped? Y
 A=Above B=Below

7. Grout or Other Sealing Material

Method	From (ft.)	To (ft.)	# Sacks Cement
Kind of Sealing Material	surface		

12. Did you notify the owner of the need to permanently abandon and fill all unused wells on this property? N
 If no, explain: PULLED OLD POINT WENT IN SAME HOLE
13. Initials of Well Constructor or Supervisory Driller Date Signed: TG 6/16/08
Initials of Drill Rig Operator (Mandatory unless same as above) Date Signed:

MAR 7 1978

State of Wisconsin
Department of Natural Resources
Box 7921
Madison, Wisconsin 53707

NOTE:

White Copy - Division's Copy
Green Copy - Driller's Copy
Yellow Copy - Owner's Copy

WELL CONSTRUCTOR'S REPORT
Form 3300-15 Rev. 12-76

1. COUNTY DUNN CHECK (✓) ONE: Town Village City Name RIDGELAND

2. LOCATION NE-NE Section 6 Township 31N Range 12W 3. NAME OWNER AGENT AT TIME OF DRILLING CHECK (✓) ONE UREIL JOHANSON

OR - Grid or Street No. Street Name ADDRESS

AND - If available subdivision name, lot & block No. POST OFFICE RIDGELAND WIS

4. Distance in feet from well to nearest: (Record answer in appropriate block)

Building		Sanitary Bldg. Drain		Sanitary Bldg. Sewer		Floor Drain Connected To:		Storm Bldg. Drain		Storm Bldg. Sewer	
		C.I.	Other	C.I.	Other	C.I. Sewer	Other Sewer	C.I.	Other	C.I.	Other
	<u>11</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Street Sewer		Other Sewers		Foundation Drain Connected to:		Sewage Sump		Clearwater Sump	Septic Tank	Holding Tank	Sewage Absorption Unit				
San.	Storm	C.I.	Other	Sewer	Clearwater Dr.	Sewage Sump	Clearwater Sump				Seepage Pit		Seepage Bed		Seepage Trench
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Privy	Pet Waste Pit	Pit: Nonconforming Existing		Subsurface Pumproom		Barn Gutter	Animal Barn Pen	Animal Yard	Silo With Pit	Glass Lined Storage Facility	Silo w/o Pit	Earthen Silage Storage Trench Or Pit	
		Well	Pump	Nonconforming Existing									
<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Temporary Manure Stack 0 Watertight Liquid Manure Tank 0 Solid Manure Storage Structure 0 Subsurface Gasoline or Oil Tank 0 Waste Pond or Land Disposal Unit (Specify Type) 0 Other (Give Description) NO SEPTIC CONSTRUCTION OR DRUMBIN G STARTED YET.

5. Well is intended to supply water for: SINGLE FAMILY DWELLING

6. DRILLHOLE

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)	Kind	From (ft.)	To (ft.)
<u>10</u>	Surface	<u>13</u>				<u>TOPSOIL</u>	Surface	<u>2</u>
<u>6</u>	<u>13</u>	<u>80</u>				<u>SAND & GRAVEL</u>	<u>2</u>	<u>50</u>
						<u>SAND ROCK</u>	<u>50</u>	<u>80</u>

7. CASING, LINER, CURBING AND SCREEN

Dia. (in.)	Material, Weight, Specification & Method of Assembly	From (ft.)	To (ft.)
<u>6"</u>	<u>NEW TFC</u> <u>19.15 LBS/FT</u> <u>ASTM A53</u>	Surface	<u>55</u>

8. GROUT OR OTHER SEALING MATERIAL

Kind	From (ft.)	To (ft.)
<u>DRILLING CUTTINGS</u>	Surface	<u>13</u>

10. TYPE OF DRILLING MACHINE USED

Cable Tool Rotary-hammer w/drilling mud & air Jetting with

Rotary-air w/drilling mud Rotary-hammer & air Air

Rotary-w/drilling mud Reverse Rotary Water

11. MISCELLANEOUS DATA

Yield Test: 4 Hrs. at 10 GPM Well is terminated 8 inches above final grade below

Depth from surface to normal water level 19 Ft. Well disinfected upon completion Yes No

Depth of water level when pumping 23 Ft. Stabilized Yes No Well sealed watertight upon completion Yes No

Water sample sent to MADISON laboratory on 5-10 1978

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, method of finishing the well, amount of cement used in grouting, blasting, etc., should be given on reverse side. HELDOR R.E. DAHL

Signature Robert M. ... Complete Mail Address Downing Wis

Registered Well Driller

3010