

DEPARTMENT OF NATURAL RESOURCES  
BRRTS TRACKING FORM 5/01

53913-2403-01

UID: 03 57-274340

FID:

PMN:

RECEIVED

Programs: LUST ERP

VP

GP

AUG 02 2005

ERS DIVISION

County Sauk

Site Name Mc Gann Furniture

Address 201 Third Ave.

Municipality Baraboo WI

Zip Code 53913

Notification Date 6-29-01

RP Letter Date 7-02-01

Closure Date

Priority

   HIGH

   MED

   LOW

Risk

   HIGH

   MED

   LOW

Factors

   Free Product > .01

   ES w/100' of private well or

   ES w/1000' of Municipal well

   Priv/Public well > PAL

   Bedrock cont. > ES

   Co-Contamination

   ASTs

   Spill

RESPONSIBLE PARTY

Name

Casey Mc Gann + Brian Baxter

Company

Address

201 Third Ave

Baraboo WI 53913

Phone:

608 356-9489

cc:

Substances

   Gasoline    Pb

   Diesel

   ☒ Fuel Oil

   Waste Oil

   VOCs

   Unknown

   Ag Chem

   Metals

   RCRA HW

   ChlorSolvents

Impacts

   Cont. Private Well

   Cont. Public Well

   Groundwater Contamin.

   ☒ Soil Contamination

   Surface Water Impacts

   Direct Contact

   Free Product

   Expanding plume



## ACTION CODES

Action

Code

Date

Comment

Action

Code

Date

Comment

1- Notification	1	6-29-01				
2- RP Letter Sent	2	7-02-01				
3- NON	99	7-02-01				
4- Enforcement Conference	35	8-31-01				
8- Significant Violator	36	8-31-01				
33- Tank Closure/ Site Assessment	76	7-29-05				
35- Site Investigation WP (w/o fee)						
36- SI WP Approved						
81- SI WP NOT Approved						
37- Site Investigation Report						
38- SIR Approved						
140- SIR NOT Approved						
39- Rem. Act. Opt. Rep. Received (w/o fee)						
40- RAOR Approved						
82- RAOR NOT Approved						
151- Construction Doc. Report Received (w/o fee)						
153- Construction Doc. Report Approved						
154- Construction Doc. Report NOT Approved						
43- Status Report						
61- Landspreading Request Received (w/fee)						
62- Landspreading Request Approved						
65- Landspreading Request NOT Approved						
92- O&M Report Received (w/o fee)						
93- O&M Report Approved						
94- O&M Report NOT Approved						
76- Transfer to DCOM						
89- DCOM Transfer Back to DNR						
79- Closure Request Received (w/fee)						
179- Closure Request Receive (w/o fee)						
183- No Further Action Request (w/fee)						
80- Closure NOT Approve						
84- Conditional Closure						
48- PAL Exemption Required for Closure						
50- Groundwater Use Restriction Required						
51- Deed Affidavit Required for Closure						
52- Deed Restriction Required for Closure						
86- Site Specific Conditions Required for Closure						
83- Close-out under NR708.09						
11- Activity Closed						



# Wisconsin Department of Financial Institutions

## Strengthening Wisconsin's Financial Future

Search for:

mcgann furniture

Search Records

[Search](#)[Advanced Search](#)[Name Availability](#)

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**Corporate Records**

Result of lookup for 1M17357 (at 3/21/2016 9:52 AM )

## MCGANN FURNITURE, INC.

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You can: [File an Annual Report](#) - [Request a Certificate of Status](#) - [File a Registered Agent/Office Update Form](#)

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**Vital Statistics**

**Entity ID** 1M17357

**Registered Effective Date** 12/10/1973

**Period of Existence** PER

**Status** Restored to Good Standing [Request a Certificate of Status](#)

**Status Date** 10/01/2007

**Entity Type** Domestic Business

**Annual Report Requirements** Business Corporations are required to file an Annual Report under s.180.1622 WI Statutes.

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**Addresses**

**Registered Agent Office** ROBERT CASEY MCGANN  
201 3RD AVE  
BARABOO , WI 53913  
[File a Registered Agent/Office Update Form](#)

**Principal Office** 201 3RD AVE  
BARABOO , WI 53913  
UNITED STATES OF AMERICA

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**Historical Information****Annual Reports**

Year	Reel	Image	Filed By	Stored On
2015	000	0000	online	database
2014	000	0000	online	database
2013	000	0000	online	database
2012	000	0000	online	database
2011	000	0000	online	database



2010	000	0000	online	database
2009	000	0000	online	database
2008	000	0000	online	database
2007	000	0000	online	database
2006	111	1111	paper	image
1994	029	1373	paper	microfilm
1992	023	0185	paper	microfilm
1991	023	1108	paper	microfilm
1990	029	1673	paper	microfilm
1989	021	1221	paper	microfilm
1987	027	1364	paper	microfilm

[File an Annual Report - Order a Document Copy](#)

**Certificates of  
Newly-elected  
Officers/Directors**

None

**Old Names**

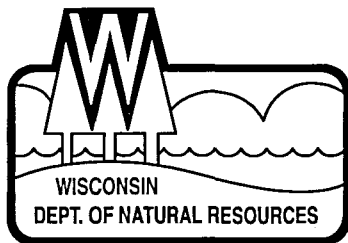
Change Date	Name
Current	MCGANN FURNITURE, INC.
10/11/1983	MCGANN - KURTZ CO., INC.

**Chronology**

Effective Date	Transaction	Filed Date	Description
12/10/1973	Incorporated/Qualified/Registered	12/10/1973	
04/08/1980	Change of Registered Agent	04/08/1980	
10/11/1983	Amendment	10/11/1983	CHG NAME
10/01/1985	In Bad Standing	10/01/1985	
11/19/1985	Restored to Good Standing	11/19/1985	
10/01/1989	In Bad Standing	10/01/1989	
11/16/1989	Restored to Good Standing	11/16/1989	
01/30/1992	Change of Registered Agent	01/31/1992	
10/01/1994	Delinquent	10/01/1994	
01/18/1995	Notice of Administrative Dissolution	01/18/1995	952000927
03/14/1995	Restored to Good Standing	03/14/1995	
10/01/1996	Delinquent	10/01/1996	
09/24/2007	Notice of Administrative Dissolution	09/24/2007	
10/01/2007	Restored to Good Standing	10/01/2007	
12/20/2007	Change of Registered Agent	12/20/2007	FM16-E-Form
12/07/2009	Change of Registered Agent	12/07/2009	FM16-E-Form

[Order a Document Copy](#)





## State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Scott Walker, Governor  
Cathy Stepp, Secretary  
Mark Aquino, Regional Director

South Central Region Headquarters  
3911 Fish Hatchery Road  
Fitchburg, Wisconsin 53711-5397  
Telephone 608-275-3266  
FAX 608-275-3338  
TTY Access via relay - 711

August 20, 2015

Casey Mc Gann and Brian Baxter  
Mc Gann Furniture  
201 Third Avenue  
Baraboo, WI 53913

Subject: **Notice of Non-Compliance** for Mc Gann Furniture,  
201 Third Ave, Baraboo, WI  
BRRTs No: 03-57-274340

Dear Sirs:

The Department of Natural Resources' (the Department) Remediation and Redevelopment (RR) Program recently reviewed the case file for the above-named site. Based upon this review, the Department found it has not received any semi-annual progress reports for this site; therefore you are not in compliance with RR program reporting requirements.

Section NR 700.11(1)(a), Wis. Adm. Code, requires responsible parties to submit semi-annual site progress reports to the Department until final case closure is granted by the Department. The contents of the reports summarize the completed work at the site or facility. All sites that are "open" or "conditionally closed" in the Bureau for Remediation and Redevelopment Tracking System (BRRTS) database are subject to this semi-annual reporting requirement.

The Department was notified on June 29, 2001 of petroleum contamination encountered during tank removal activities. The Department notified you on July 2, 2001 of your responsibilities to investigate the degree and extent of contamination and clean up the site. Your legal responsibilities are defined both in statute and in administrative codes. The hazardous substances spill law, Section 292.11(3), Wisconsin Statutes, states:

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

Chapters NR 700 through NR 749 of the Wisconsin Administrative Code establish requirements for emergency and interim actions, public information, site investigations, design and operation of remedial action systems, and case closure. Chapter NR 708, Wis. Adm. Code, includes provisions for immediate actions in response to limited contamination. Chapter NR 140, Wis. Adm. Code, establishes groundwater standards for contaminants that reach groundwater.



To bring this site back in to compliance you must complete the required reporting or submit a closure request including a summary of investigative and cleanup work to date. A copy of the reporting form is enclosed for your reference. The closure request summary should also include a GIS package indicating the location of the residual contaminated soils. Current closure request forms (form 4400-202 RR 11/13) and fees should be submitted to me at the above address. The semi-annual reporting requirement will continue until your site is granted final closure.

You should note that failure to take the actions required in s. 292.11, Wis. Stats., to address this contamination might lead me to recommend that this case be reviewed for Department enforcement actions. One possible action involves the Department recording a notice of residual contamination on the property's deed under s. NR 728.11, Wis. Adm. Code. The deed notice would inform any potential purchaser of the property of the presence of the contamination, and this notice would remain in effect until the contamination has been addressed. For more environmentally serious situations, the Department has the ability, through our stepped enforcement process, to take additional enforcement actions, up to and including referral of the case for prosecution by the Department of Justice. Such referrals could result in court-stipulated actions and monetary forfeitures.

If you are experiencing problems selecting an environmental consultant, locating the reporting or closure request information, or if you have other questions concerning the cleanup or reporting process, please do not hesitate call me at (608) 273-5613. Thank you for your attention to this matter.

Sincerely,



Woody Myers  
Project Manager  
Remediation & Redevelopment Program

Attachment: NR 700 Semi-Annual Site Progress Report





## State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Scott Walker, Governor  
Cathy Stepp, Secretary  
Mark Aquino, Regional Director

South Central Region Headquarters  
3911 Fish Hatchery Road  
Fitchburg, Wisconsin 53711-5397  
Telephone 608-275-3266  
FAX 608-275-3338  
TTY Access via relay - 711

July 14, 2014

Casey Mc Gann and Brian Baxter  
Mc Gann Furniture  
201 Third Avenue  
Baraboo, WI 53913

Subject: Mc Gann Furniture, 201 Third Ave, Baraboo, WI  
BRRTs No: 03-57-274340

Dear Sirs:

The Department of Natural Resources' Remediation and Redevelopment Program (the Department) recently reviewed the case file for the above named site and determined that the information is not current. The Department was notified on June 29, 2001 of petroleum contamination encountered during tank removal activities. The Department notified you on July 2, 2001 of your responsibilities to investigate the degree and extent of contamination and clean up the site. Your legal responsibilities are defined both in statute and in administrative codes. The hazardous substances spill law, Section 292.11(3), Wisconsin Statutes, states:

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

Wisconsin Administrative Code chapters NR 700 through NR 749 establish requirements for emergency and interim actions, public information, site investigations, design and operation of remedial action systems, and case closure. Chapter NR 708 includes provisions for immediate actions in response to limited contamination. Wisconsin Administrative Code chapter NR 140 establishes groundwater standards for contaminants that reach groundwater.

Since that notification the department has received a site investigation work plan which was approved August 31, 2001. A report submitted by MSA showed that five soil borings were advanced in the area of the former heating oil tank. The results of this work indicate that your site may meet the criteria for site closure.

Therefore, the Department is requesting that you provide a closure request including a summary of investigative and cleanup work to date. The summary should also include a GIS package indicating the location for the residual contaminated soils. Current closure request forms (form 4400-202 RR 11/13) and fees should be submitted to me at the above address.

You should note that failure to take the actions required by s. 292.11, Wis. Stats., to address this contamination might lead me to recommend that this case be reviewed for Department



enforcement actions. One possible action involves the Department recording a notice of residual contamination on the property's deed under section NR 728.11, Wis. Adm. Code. The deed notice would inform any potential purchaser of the property of the presence of the contamination, and this notice would remain in effect until the contamination has been addressed. For more environmentally serious situations, the Department has the ability through our stepped enforcement process to take additional enforcement actions, up to and including referral of the case for prosecution by the Department of Justice. Such referrals will result in court-stipulated actions and monetary forfeitures.

If you are experiencing problems selecting an environmental consultant or if you have other questions concerning the cleanup process, please do not hesitate to write or call me at (608) 273-5613. Thank you for your attention to this matter.





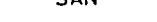
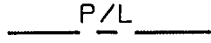
Sincerely,

Woody Myers  
Project Manager  
Remediation & Redevelopment Program

cc: MSA Professional Services, Baraboo WI



# LEGEND

-  PROPOSED SOIL BORING
-  POWER POLE
-  OHE OVERHEAD ELECTRIC
-  G NATURAL GAS
-  SAN SANITARY SEWER
-  P/L PROPERTY LINE

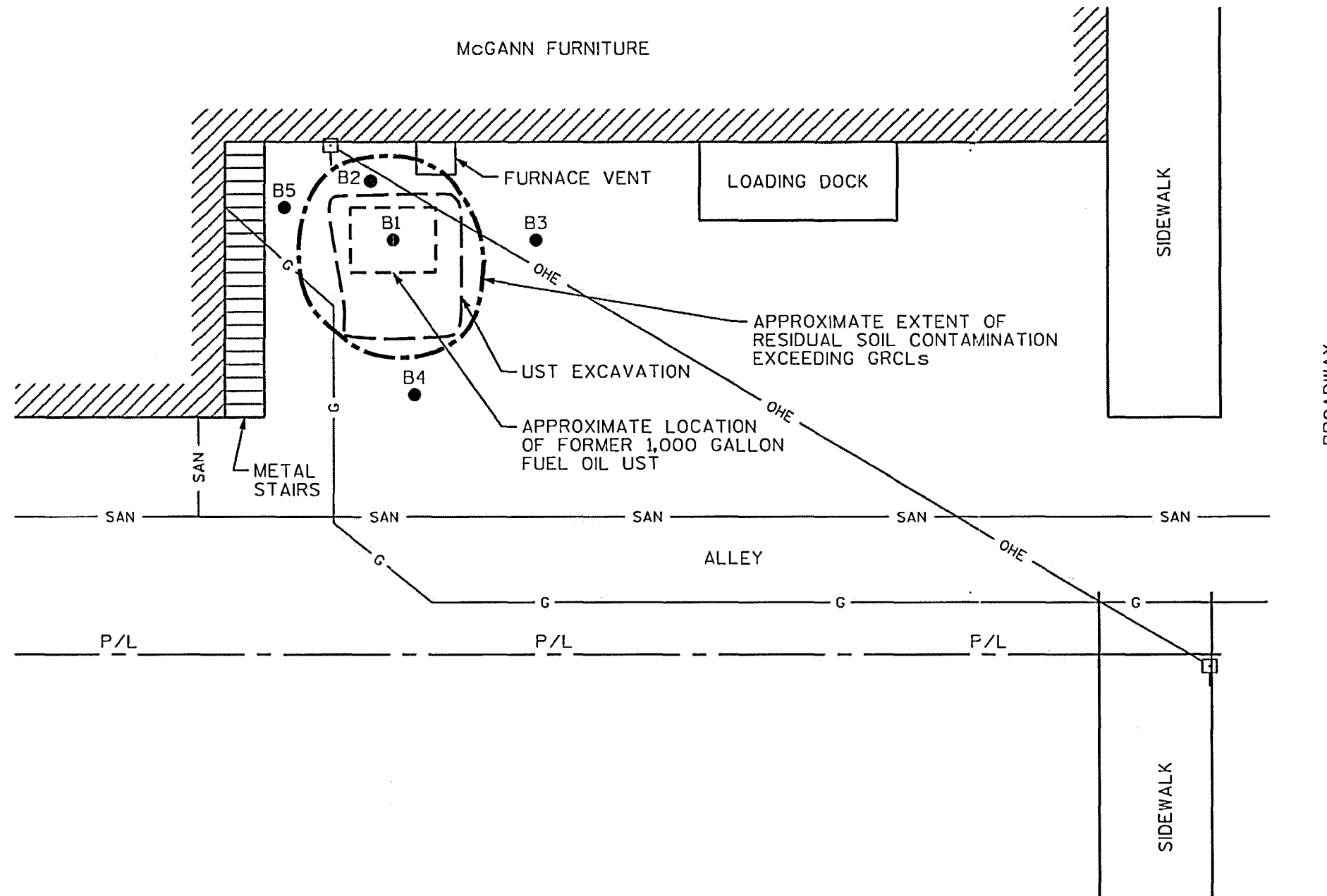


FIGURE 2

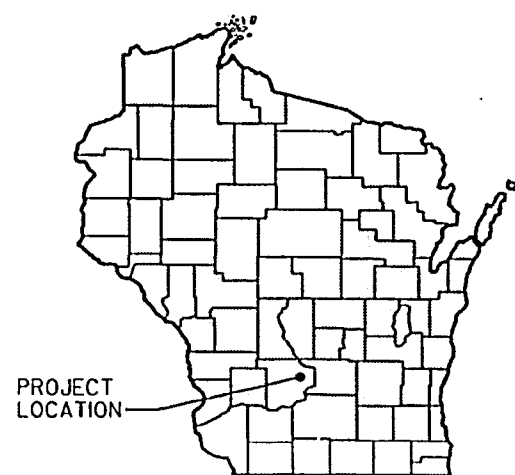
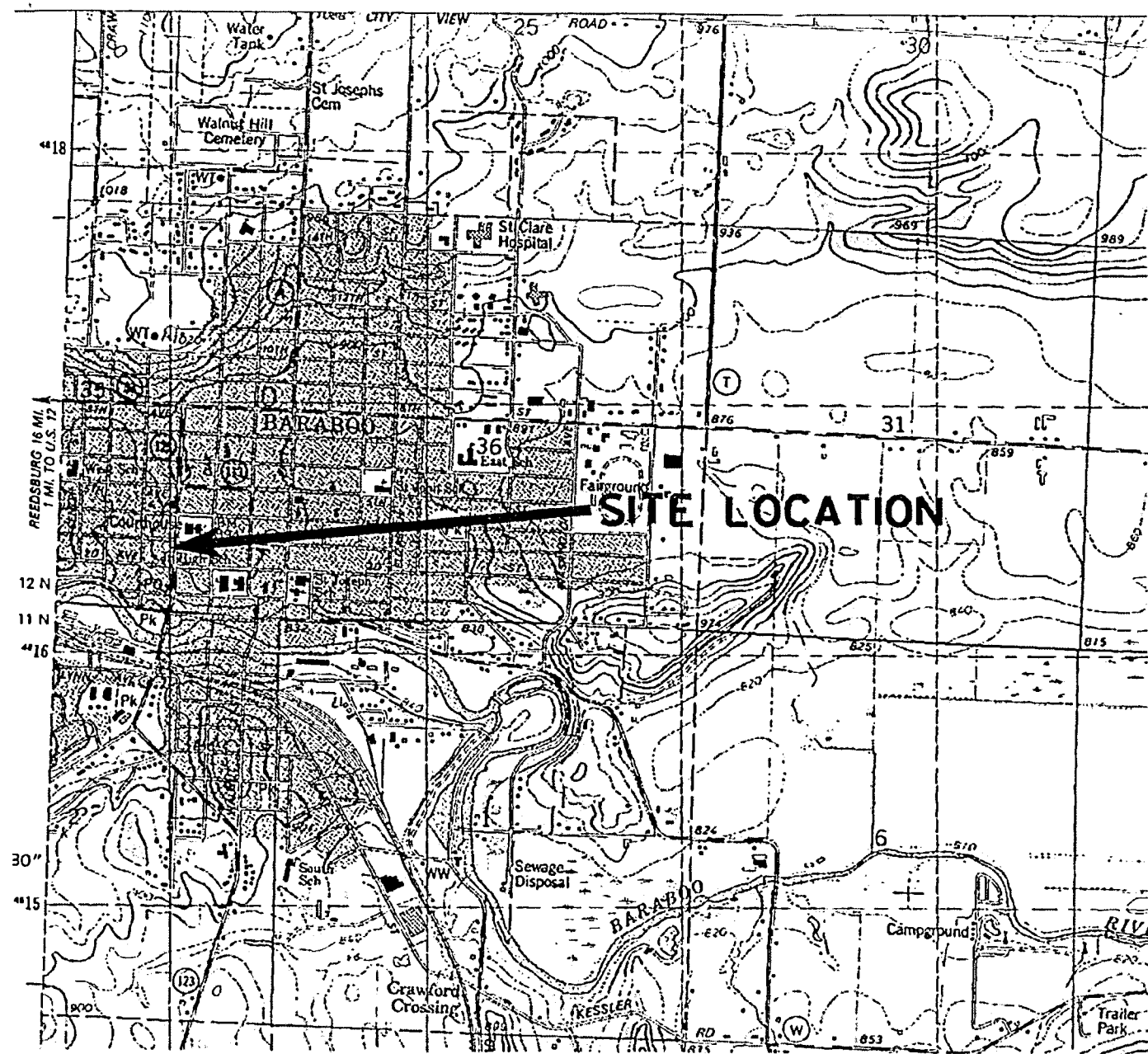
**SITE LAYOUT,  
SOIL BORING LOCATIONS  
AND APPROXIMATE EXTENT OF  
RESIDUAL CONTAMINATION**

McGANN FURNITURE  
BARABOO, WISCONSIN

**MSA**  
TRANSPORTATION • MUNICIPAL  
DEVELOPMENT • ENVIRONMENTAL  
1230 South Boulevard Baraboo, WI 53913  
608-356-2771 1-800-362-4505 Fax 608-356-2770  
© MSA PROFESSIONAL SERVICES

DRAWN BY RHM	DATE 4-28-06	SHEET ..... of .....
CHECKED BY	SCALE AS NOTED	FILE NO. 212944BB





2000 0 2000  
SCALE IN FEET



Baraboo Quadrangle  
Wisconsin - Sauk Co.  
7.5 Minute Series (Topographic)

NW/4 Baraboo 15 Minute Quadrangle  
Contour Interval 20 Feet  
1981

**MSA**  
PROFESSIONAL SERVICES

TRANSPORTATION • MUNICIPAL • REMEDIATION  
DEVELOPMENT • ENVIRONMENTAL  
1230 South Boulevard Baraboo, WI 53913  
608-356-2771 1-800-362-4505 Fax: 608-356-2770

FIGURE 1  
SITE LOCATION MAP

McGANN FURNITURE  
BARABOO, WISCONSIN

212944AA



**ATTACHMENT C**  
**Soil Sample Laboratory Reports**







**TABLE 1**  
**Soil Sample PID Screening Results**  
**August 31, 2001**  
**McGann Furniture, Baraboo**

<b>SAMPLE DEPTH (ft)</b>	<b>B1</b>	<b>B2</b>	<b>B3</b>	<b>B4</b>	<b>B4</b>
0-4	0	0	0	0	0
4-6	40	0	0	0	0
6-8	40	23	0	0	0
8-10	42	0	0	0	0
10-12	61	0	0	0	0
12-14	27	0	0	0	0
14-16	2	0	0	0	0
16-18	0	0	EOB 16'	EOB 16'	EOB 16'
18-20	0	EOB 20'			
20-23	0				
	EOB 23'				

**NOTES:**

Samples screened with Organic Vapor Monitor

with a 10.6 eV lamp calibrated with isobutylene span gas.

Blank spaces indicates no sample was screened at that depth.

EOB = end of boring

Concentrations in PID units







**TABLE 2**  
**Analytical Soil Sample Results**  
**August 31, 2001**  
**McGann Furniture, Baraboo**

Sample Number Depth (Feet)	B1				B2		B3	B4	B5	NR 720	NR 746	NR 746
	3'	4.1-8'	10-12'	18-20'	6-8'	14-16'	14-16'	12-14'	12-14'	GRCL	Table 1	Table 2
DRO		<b>1300</b>	<b>440</b>	<1.4	<b>170</b>	<1.4	<1.5	<1.5	<1.5	100		
PVOCs												
MTBE	<0.025	<0.025	<0.09	<0.025	<0.025	<0.025	<0.025	<0.025	<0.025			
Benzene	<0.025	<0.025	<0.1	<0.025	<0.025	<0.025	<0.025	<0.025	<0.025	0.005	8.5	1.1
Toluene	<0.025	<0.025	<0.1	<0.025	<0.025	<0.025	<0.025	<0.025	<0.025	1.5	38	
Ethylbenzene	<0.025	0.25	<0.1	<0.025	<0.025	<0.025	<0.025	<0.025	<0.025	2.9	4.6	
m & p-Xylene	<0.025	0.61	<0.2	<0.025	<0.025	<0.025	<0.025	<0.025	<0.025	4.1*	42*	
o-Xylene	<0.025	0.13	0.32	<0.025	<0.025	<0.025	<0.025	<0.025	<0.025	4.1*	42*	
1,3,5-TMB	<0.025	0.6	0.78	<0.025	0.031	<0.025	<0.025	<0.025	<0.025		11	
1,2,4-TMB	<0.025	0.95	0.66	<0.025	0.042	<0.025	<0.025	<0.025	<0.025		83	
										Suggested GRCLs		
PAHs										GW	DC	
1-Methylnaphthalene		2.8	13	<0.017						23	1100	
2-Methylnaphthalene		<0.17	<0.016	<0.016						20	600	
Acenaphthylene		<b>0.86</b>	<0.018	0.08						0.7	18	
Benzo(a)pyrene		<b>0.09</b>	<0.0022	<0.0022						48	0.0088	
Benzo(b)fluoranthene		0.12	<0.00066	<0.00064						360	0.088	
Benzo(g,h,i)perylene		0.095	<0.0014	<0.0013						6800	1.8	
Benzo(k)fluoranthene		0.15	<0.00076	<0.00075						870	0.88	
Fluoranthene		1.1	0.9	<0.0008						500	600	
Indeno(1,2,3-cd)pyrene		0.085	<0.0015	<0.0015						680	0.088	
Naphthalene		<0.17	<b>4.8</b>	<0.016						0.4	20	
Phenanthrene		0.99	0.86	<0.0034						1.8	18	
Pyrene		<0.031	<0.003	<0.0029						8700	500	

## NOTES:

Concentrations are in mg/Kg

Depths are in feet below ground surface

GRCLs = Generic Residual Concentration Limits

GRCLs for PAHs from WDNR Interim Guidance

GW indicates groundwater pathway

DC indicates direct contact pathway

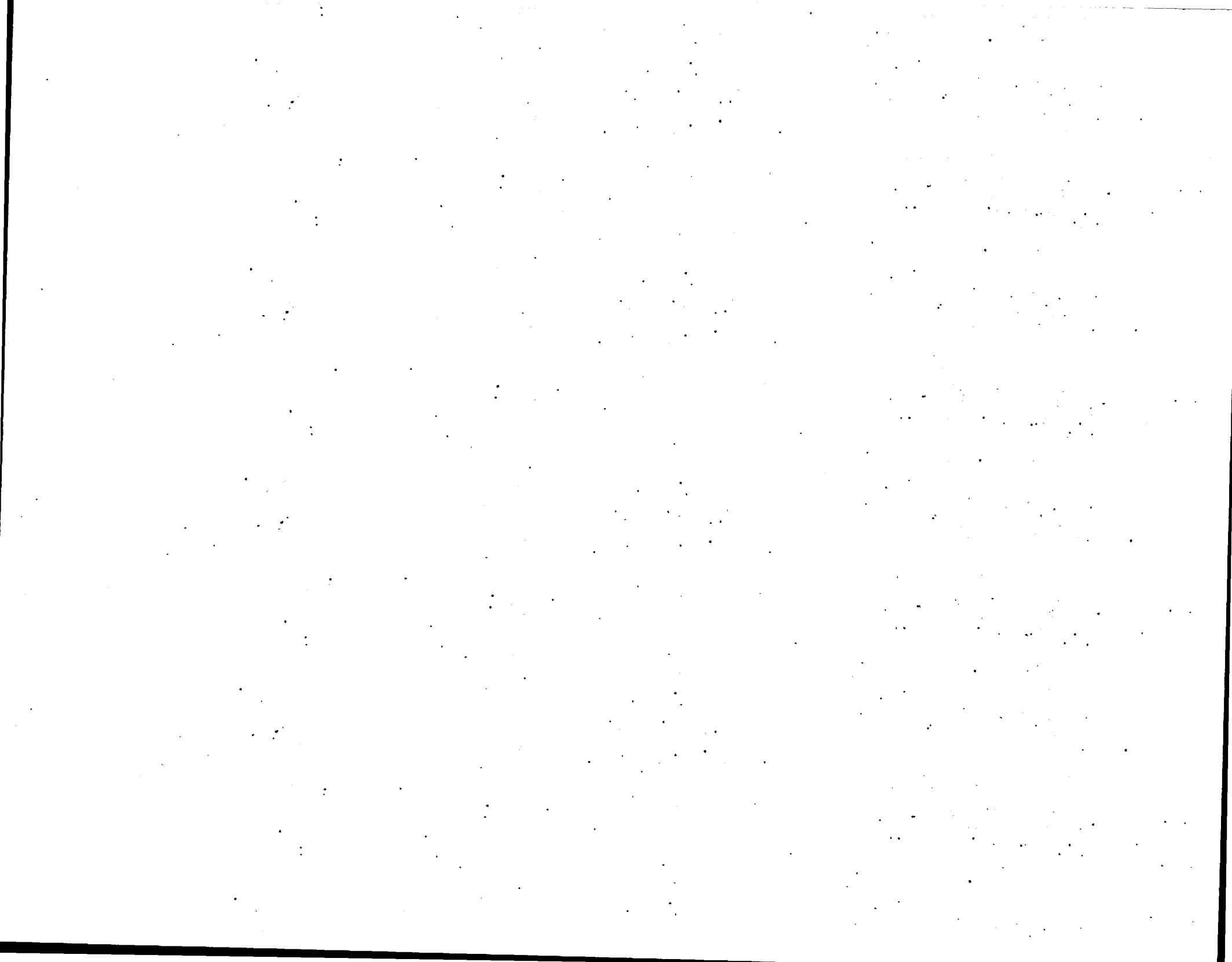
Bold numbers indicate concentrations above Table 1, Table 2 or Suggested GRCL values

\* = concentration is for total xylenes

Table 1 values - indicators of residual petroleum product in soil pores

Table 2 values - direct contact







## **ATTACHMENT B**

### **Soil Boring Logs and Borehole Abandonment Forms**



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

Page 1 of 1

Facility/Project Name <b>McGann's Furniture</b>			License/Permit/Monitoring Number		Boring Number <b>B1</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Dave Paulson Soil Essentials</b>			Date Drilling Started <b>8/31/2001</b>		Date Drilling Completed <b>8/31/2001</b>	
Drilling Method <b>Disrect Push</b>						
WI Unique Well No.	DNR Well ID No.	Common Well Name	Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter <b>2.0 inches</b>	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/>			Local Grid Location			
State Plane <b>N, E S/C/N</b>			Lat <b>43° 28' 10.0"</b>			
SW 1/4 of SE 1/4 of Section <b>35, T 12 N, R 6 E</b>			Long <b>89° 44' 40.0"</b>			
Facility ID			County <b>Sauk</b>	County Code <b>57</b>	Civil Town/City/ or Village <b>Baraboo</b>	

Sample		Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Att. & Recovered (in)								Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
1 CS	48 16		2	Fill: Tan to brown fine to silty fine sand, with occasional asphalt pieces.	SP			0						
2 CS	48 25		4	Fill: Grayish brown to gray silty fine to coarse grained sand, with gravel.	SM			40						
3 CS	48 36		8					42						
4 CS	48 32		10	Brown silty fine to coarse grained sand, with gravel. Glacial till.				61						
			12					27						
			14					2						
5 CS	48 41		16		SM			0						
			18					0						
			20					0						
6 CS	36 40		22					0						
				EOB @ 23 ft. Refusal										

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

Signature <i>Ken Arnold</i>	Firm <b>MSA Professional Services, Inc.</b> 1230 South Boulevard Baraboo, WI 53913	Tel: 608-356-277 Fax: 608-356-277
-----------------------------	---	--------------------------------------

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



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

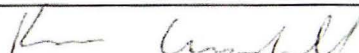
Page 1 of 1

Facility/Project Name <b>McGann's Furniture</b>			License/Permit/Monitoring Number		Boring Number <b>B2</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Dave Paulson Soil Essentials</b>			Date Drilling Started <b>8/31/2001</b>		Date Drilling Completed <b>8/31/2001</b>	
Drilling Method <b>Disrect Push</b>						
WI Unique Well No.	DNR Well ID No.	Common Well Name	Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter <b>2.0 inches</b>	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/>			Local Grid Location			
State Plane <b>N, E S/C/N</b>			Lat <b>43° 28' 10.0"</b>			
<b>SW 1/4 of SE 1/4 of Section 35, T 12 N, R 6 E</b>			Long <b>89° 44' 40.0"</b>			
			Feet <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W			

Facility ID	County <b>Sauk</b>	County Code <b>57</b>	Civil Town/City/ or Village <b>Baraboo</b>
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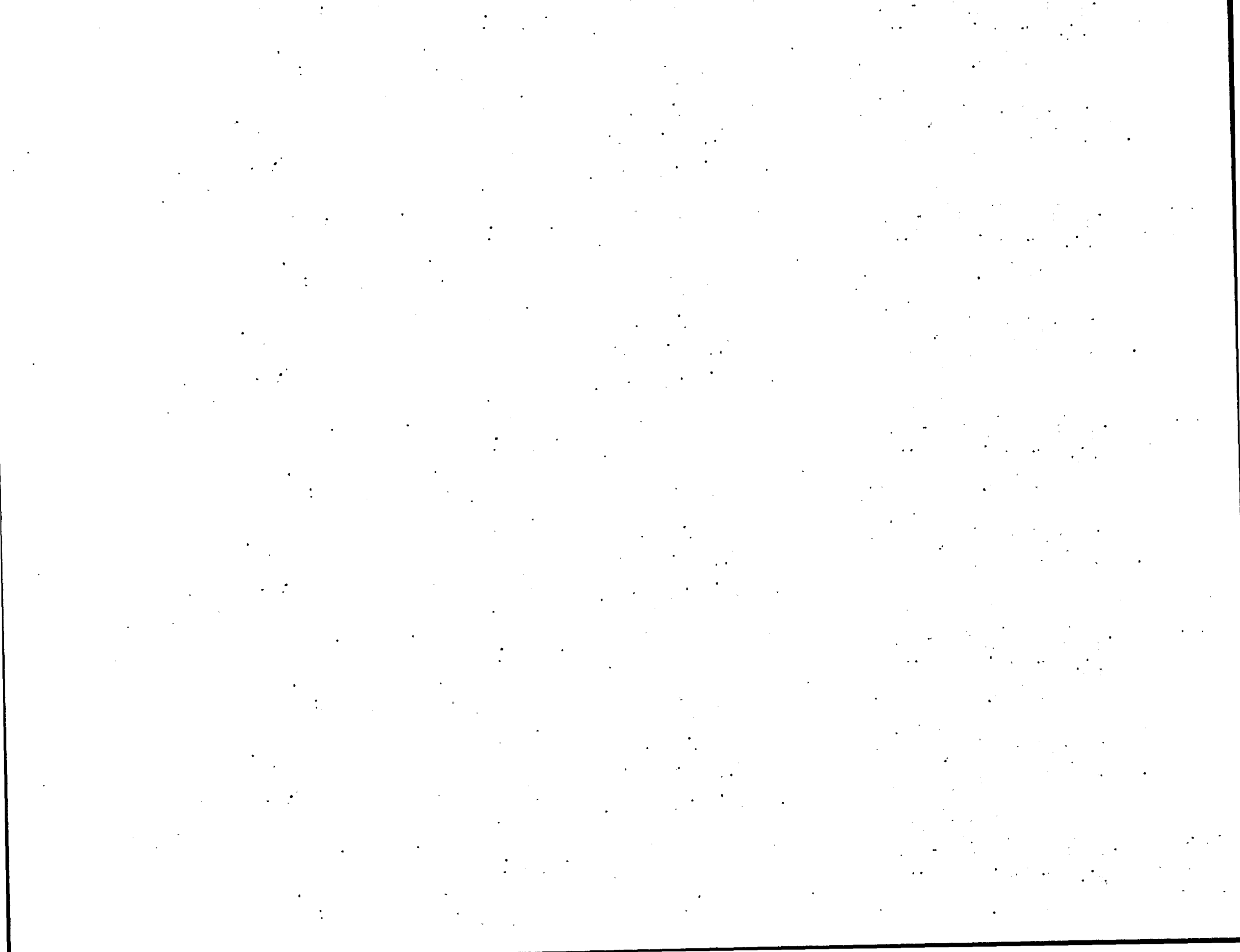
Sample		Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Att. & Recovered (in)								Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
1 CS	48 16		2	Fill: Asphalt surface, over silty sand and gravel	SM									
2 CS	48 25		4	Fill: Brown fine to medium grained sand, with silty layers.	SP-SM			0						
			6											
			8					23						
3 CS	48 36		10	Fill: Black silt, with glass and gravel.	ML									
			12	Glacial till. Brown silty fine to coarse grained sand, with gravel. With a gravelly layer at 14 ft.				0						
4 CS	48 32		14											
			16		SM			0						
5 CS	48 41		18											
			20	EOB @ 20 ft.				0						

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

Signature 	Firm <b>MSA Professional Services, Inc.</b> 1230 South Boulevard Baraboo, WI 53913	Tel: 608-356-277 Fax: 608-356-277
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This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.













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

Page 1 of 1

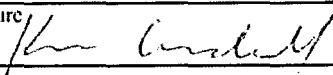
Facility/Project Name <b>McGann's Furniture</b>			License/Permit/Monitoring Number		Boring Number <b>B3</b>
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Dave Paulson Soil Essentials</b>			Date Drilling Started <b>8/31/2001</b>	Date Drilling Completed <b>8/31/2001</b>	Drilling Method <b>Disrect Push</b>
WI Unique Well No.	DNR Well ID No.	Common Well Name	Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter <b>2.0 inches</b>

Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/>			Local Grid Location		
State Plane SW 1/4 of SE 1/4 of Section 35, T 12 N, R 6 E			Lat 43° 28' 10.0" Long 89° 44' 40.0"		
			Feet <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W		

Facility ID	County <b>Sauk</b>	County Code <b>57</b>	Civil Town/City/ or Village <b>Baraboo</b>
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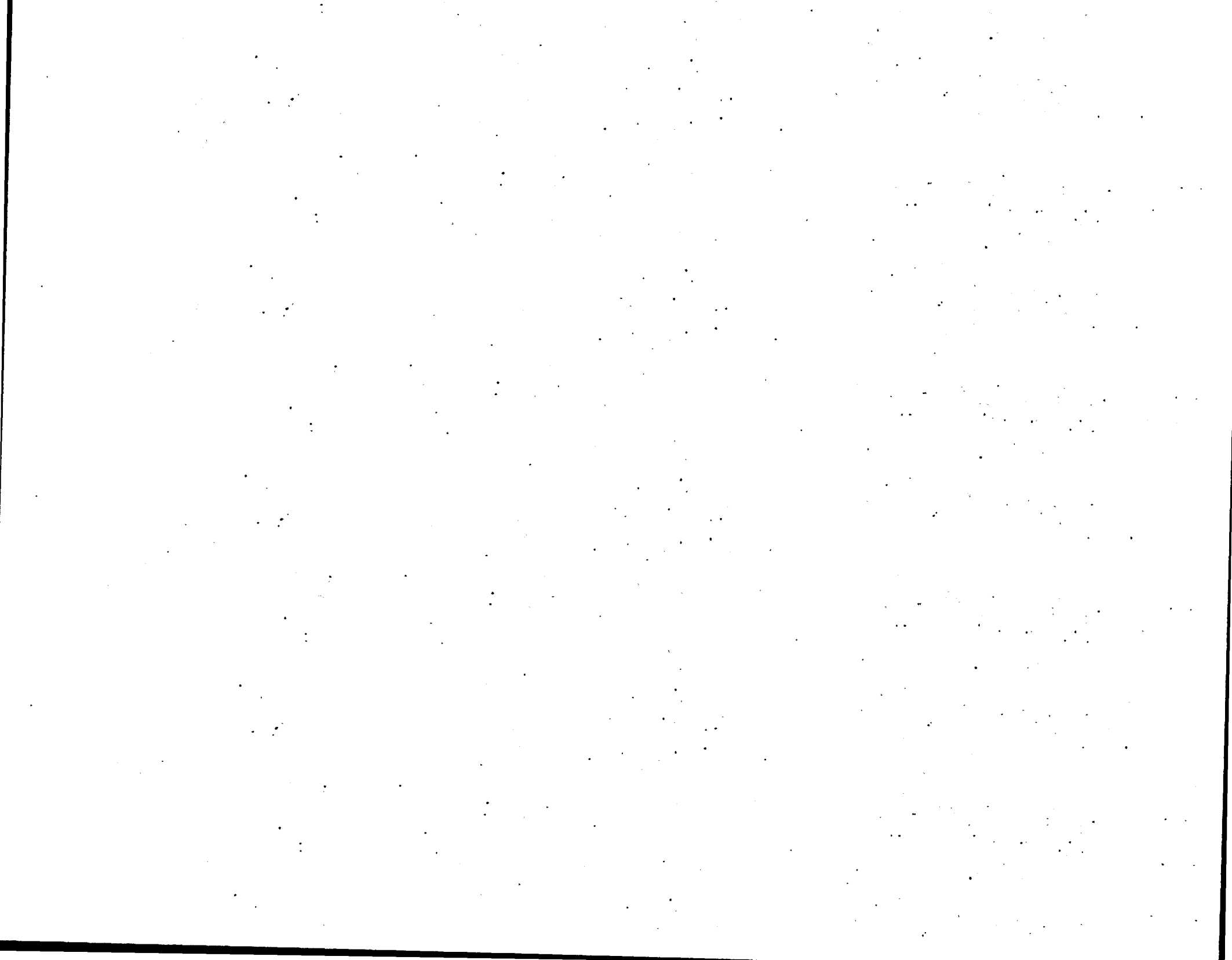
Sample		Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Att. & Recovered (in)								Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
1 CS	48 36		2	Fill: Asphalt surface, over silty sand and gravel	SM									
2 CS	48 22		4	Brown silty fine to medium grained sand, with little gravel.	SM			0						
3 CS	48 40		8	Brown fine to medium grained sand with trace silt and gravel				0						
4 CS	48 42		12		SP			0						
			16	EOB @ 16 ft.				0						
														

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

Signature 	Firm <b>MSA Professional Services, Inc.</b> 1230 South Boulevard Baraboo, WI 53913	Tel: 608-356-277 Fax: 608-356-277
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Route To: Watershed/Wastewater ☐ Waste Management ☐  
Remediation/Redevelopment ☒ Other ☐

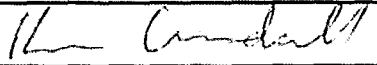
Page 1 of 1

Facility/Project Name McGann's Furniture			License/Permit/Monitoring Number		Boring Number B4	
Boring Drilled By: Name of crew chief (first, last) and Firm Dave Paulson Soil Essentials			Date Drilling Started 8/31/2001		Date Drilling Completed 8/31/2001	
Drilling Method Disrect Push						
WI Unique Well No.	DNR Well ID No.	Common Well Name	Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter 2.0 inches	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/>			Local Grid Location			
State Plane SW 1/4 of SE 1/4 of Section 35, T 12 N, R 6 E			Lat 43° 28' 10.0" <input type="checkbox"/> N <input type="checkbox"/> E Long 89° 44' 40.0" <input type="checkbox"/> S <input type="checkbox"/> W			

Facility ID	County Sauk	County Code 57	Civil Town/City/ or Village Baraboo
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Sample		Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Att. & Recovered (in)								Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
1 CS	48 44		2	Fill: Asphalt surface, over silty sand and gravel	SM									
				Brown silty clay	CL-MI			0						
2 CS	48 40		4	Brown sandy silt	ML									
			6											
3 CS	48 36		8	Brown fine to coarse sand with gravel, little silt. Glacial till.				0						
			10											
4 CS	48 44		12		SW			0						
			14											
			16	EOB @ 16 ft.				0						

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

Signature 	Firm MSA Professional Services, Inc. 1230 South Boulevard Baraboo, WI 53913	Tel: 608-356-277 Fax: 608-356-277
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Route To: Watershed/Wastewater ☐ Waste Management ☐  
Remediation/Redevelopment ☒ Other ☐

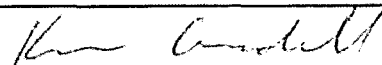
Page 1 of 1

Facility/Project Name <b>McGann's Furniture</b>			License/Permit/Monitoring Number		Boring Number <b>B5</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Dave Paulson Soil Essentials</b>			Date Drilling Started <b>8/31/2001</b>		Date Drilling Completed <b>8/31/2001</b>	
Drilling Method <b>Disrect Push</b>						
WI Unique Well No.	DNR Well ID No.	Common Well Name	Final Static Water Level Feet MSL		Surface Elevation Feet MSL	
					Borehole Diameter <b>2.0 inches</b>	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/>			State Plane <b>N, E S/C/N</b>		Local Grid Location	
SW 1/4 of SE 1/4 of Section <b>35</b> , T <b>12</b> N, R <b>6</b> E			Lat <b>43° 28' 10.0"</b>		Feet <input type="checkbox"/> N <input type="checkbox"/> E	
			Long <b>89° 44' 40.0"</b>		Feet <input type="checkbox"/> S <input type="checkbox"/> W	

Facility ID	County <b>Sauk</b>	County Code <b>57</b>	Civil Town/City/ or Village <b>Baraboo</b>
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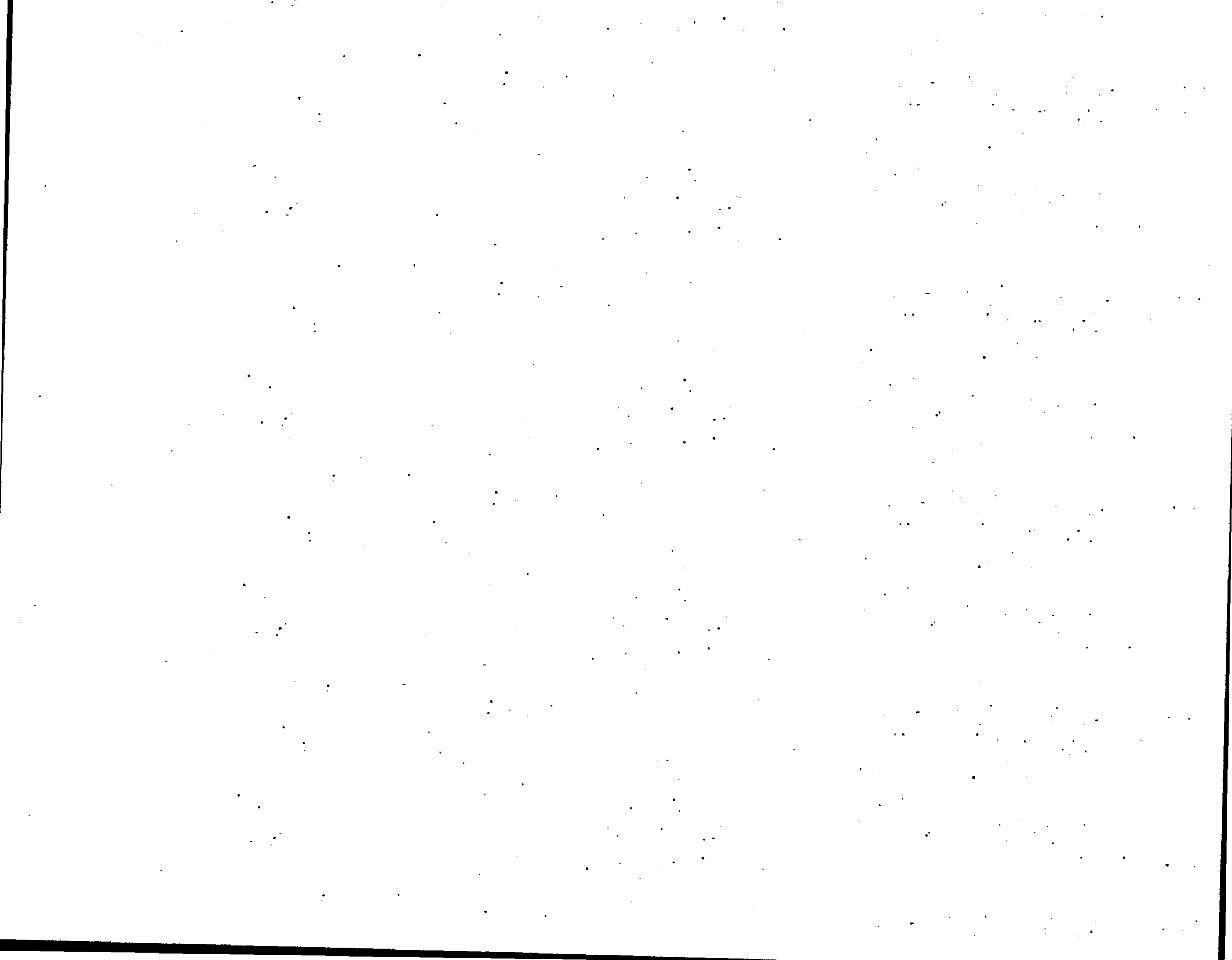
Sample		Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Att. & Recovered (in)								Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
1 CS	48 12			Asphalt surface over sand and gravel	SW									
			2	Brown fine grained sand, Fill.	SP									
2 CS	48 36		4	Brown silty sand with gravel.	SM			0						
			6											
3 CS	48 24		8					0						
			10	Brown fine to coarse grained sand with gravel. Gravelly at 10 to 11 ft. Glacial till.										
4 CS	48 42		12		SW			0						
			14											
			16	EOB at 16 ft.				0						

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

Signature 	Firm <b>MSA Professional Services, Inc.</b> 1230 South Boulevard Baraboo, WI 53913	Tel: 608-356-277 Fax: 608-356-277
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Route to: ☐ Drinking Water ☐ Watershed/Wastewater ☐ Waste Management ☐ Remediation/Redevelopment ☐ Other \_\_\_\_\_

(1) GENERAL INFORMATION		(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Sauk	McGann's Furniture
Common Well Name <u>B1</u>		Gov't Lot (if applicable)	
SW 1/4 of SE 1/4 of Sec. <u>35</u> ; T. <u>12</u> N; R. <u>6</u> E Grid Location <input checked="" type="checkbox"/> E <input type="checkbox"/> W _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Facility ID _____ License/Permit/Monitoring No. _____  Street Address of Well _____  City, Village, or Town <u>Baraboo</u>	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat <u>43° 28' 10.0"</u> Long <u>89° 44' 40.0"</u> or _____ State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Present Well Owner <u>McGann Furniture</u> Original Owner _____ Street Address or Route of Owner <u>201 3rd Street</u> City, State, Zip Code <u>Baraboo, WI 53913</u>	
Reason For Abandonment <u>Completed sampling</u>		WI Unique Well No. of Replacement Well _____	
(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date <u>8/31/2001</u> <input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Drillhole / Borehole Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____ Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock Total Well Depth (ft) <u>23.0</u> Casing Diameter (in.) _____ (From ground surface) Casing Depth (ft.) _____ Lower Drillhole Diameter (in.) <u>2.0</u> Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, To What Depth? _____ Feet Depth to Water (Feet) _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Casing Cut Off Below Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No Did Sealing Material Rise to Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped <input type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain) Gravity (Bentonite Chips) Sealing Materials For monitoring wells and monitoring well boreholes only <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite-Cement Grout <input type="checkbox"/> Clay-Sand Slurry <input type="checkbox"/> Bentonite - Sand Slurry <input type="checkbox"/> Bentonite-Sand Slurry <input type="checkbox"/> Chipped Bentonite	
(5) Sealing Material Used		From (Ft.)	To (Ft.)
Granular Bentonite		Surface	23.0
			0.8
			Neat
(6) Comments _____ _____ _____			
(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Soil Essentials		8/31/01	
Signature of Person Doing Work <u>[Signature]</u>		Date Signed <u>4/25/06</u>	
Street or Route		Telephone Number	
W6306 HWY 39		608 527-2355	
City, State, Zip Code			
New Glarus, WI 53571			
FOR DNR OR COUNTY USE ONLY			
Date Received		Noted By	
Comments			



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

(1) GENERAL INFORMATION			(2) FACILITY / OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name	
		Sauk	McGann's Furniture	
Common Well Name <u>B2</u> Gov't Lot (if applicable)			Facility ID	License/Permit/Monitoring No.
Grid Location <u>SW</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>35</u> ; T. <u>12</u> N; R. <u>6</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W			Street Address of Well	
<u>      </u> ft. <input type="checkbox"/> N. <input type="checkbox"/> S., <u>      </u> ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			City, Village, or Town	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>			<u>Baraboo</u>	
Lat. <u>43° 28' 10.0"</u> Long. <u>89° 44' 40.0"</u> or			Present Well Owner	
State Plane <u>      </u> ft. N. <u>      </u> ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			<u>McGann Furniture</u>	
Reason For Abandonment			Original Owner	
<u>Completed sampling</u>			<u>      </u>	
WI Unique Well No. of Replacement Well			Street Address or Route of Owner	
			<u>201 3rd Street</u>	
			City, State, Zip Code	
			<u>Baraboo, WI 53913</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION	(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL
Original Construction Date <u>8/31/2001</u>	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Monitoring Well	Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Water Well	Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Drillhole / Borehole	Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No
If a Well Construction Report is available, please attach.	Was Casing Cut Off Below Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type:	Did Sealing Material Rise to Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug	Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Other (Specify) <u>      </u>	If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
Formation Type:	Required Method of Placing Sealing Material
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped
Total Well Depth (ft) <u>20.0</u> Casing Diameter (in.) <u>      </u>	<input type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain) Gravity
(From ground surface) Casing Depth (ft.) <u>      </u>	(Bentonite Chips)
Lower Drillhole Diameter (in.) <u>2.0</u>	Sealing Materials
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Neat Cement Grout
If Yes, To What Depth? <u>      </u> Feet	<input type="checkbox"/> Sand-Cement (Concrete) Grout
Depth to Water (Feet) <u>      </u>	<input type="checkbox"/> Concrete
	<input type="checkbox"/> Clay-Sand Slurry
	<input type="checkbox"/> Bentonite-Sand Slurry
	<input type="checkbox"/> Chipped Bentonite

(5) Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
Granular Bentonite	Surface	20.0	0.7	Neat

(6) Comments

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment
Soil Essentials		8/31/01
Signature of Person Doing Work		Date Signed
<u>[Signature]</u>		<u>4/26/06</u>
Street or Route	Telephone Number	
W6306 HWY 39	608 527-2355	
City, State, Zip Code		
New Glarus, WI 53571		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	







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

(1) GENERAL INFORMATION

WI Unique Well No.	DNR Well ID No.	County
		Sauk
Common Well Name <u>B3</u> Gov't Lot (if applicable)		
<u>SW</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>35</u> ; T. <u>12</u> N; R. <u>6</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>		
Lat <u>43° 28' 10.0"</u> Long <u>89° 44' 40.0"</u> or _____ S <input type="checkbox"/> C <input type="checkbox"/> N		
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		
Reason For Abandonment		WI Unique Well No. of Replacement Well
Completed sampling		

(2) FACILITY /OWNER INFORMATION

Facility Name	
McGann's Furniture	
Facility ID	License/Permit/Monitoring No.
Street Address of Well	
City, Village, or Town	
Baraboo	
Present Well Owner	Original Owner
McGann Furniture	
Street Address or Route of Owner	
201 3rd Street	
City, State, Zip Code	
Baraboo, WI 53913	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION

Original Construction Date <u>8/31/2001</u>
<input type="checkbox"/> Monitoring Well
<input type="checkbox"/> Water Well
<input checked="" type="checkbox"/> Drillhole / Borehole
If a Well Construction Report is available, please attach.
Construction Type:
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug
<input type="checkbox"/> Other (Specify) _____
Formation Type:
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock
Total Well Depth (ft) <u>16.0</u> Casing Diameter (in.) _____
(From ground surface) Casing Depth (ft.) _____
Lower Drillhole Diameter (in.) <u>2.0</u>
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If Yes, To What Depth? _____ Feet
Depth to Water (Feet) _____

(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL

Pump & Piping Removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
Liner(s) Removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
Screen Removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
Casing Left in Place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Casing Cut Off Below Surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did Sealing Material Rise to Surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did Material Settle After 24 Hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, Was Hole Retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe - Gravity	<input type="checkbox"/> Conductor Pipe - Pumped
<input type="checkbox"/> Screened & Poured	<input type="checkbox"/> Other (Explain) Gravity
(Bentonite Chips)	
Sealing Materials	For monitoring wells and monitoring well boreholes only
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Bentonite Chips
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input checked="" type="checkbox"/> Granular Bentonite
<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite-Cement Grout
<input type="checkbox"/> Clay-Sand Slurry	<input type="checkbox"/> Bentonite - Sand Slurry
<input type="checkbox"/> Bentonite-Sand Slurry	
<input type="checkbox"/> Chipped Bentonite	

(5)	Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
	Granular Bentonite	Surface	16.0	0.56	Neat

(6) Comments

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment
Soil Essentials		8/31/01
Signature of Person Doing Work	Date Signed	
<i>[Signature]</i>	4/26/06	
Street or Route	Telephone Number	
W6306 HWY 39	608 527-2355	
City, State, Zip Code		
New Glarus, WI 53571		

FOR DNR OR COUNTY USE ONLY	
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Comments	



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

(1) GENERAL INFORMATION			(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name	
		Sauk	McGann's Furniture	
Common Well Name		Gov't Lot (if applicable)	Facility ID	License/Permit/Monitoring No.
B4				
Grid Location			Street Address of Well	
SW 1/4 of SE 1/4 of Sec. 35 ; T. 12 N; R. 6		<input checked="" type="checkbox"/> E <input type="checkbox"/> W	City, Village, or Town	
ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			Baraboo	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>			Present Well Owner	Original Owner
Lat 43° 28' 10.0" Long 89° 44' 40.0" or			McGann Furniture	
State Plane ft. N. ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			Street Address or Route of Owner	
Reason For Abandonment		WI Unique Well No. of Replacement Well	201 3rd Street	
Completed sampling			City, State, Zip Code	
			Baraboo, WI 53913	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION	(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL
Original Construction Date 8/31/2001	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Monitoring Well	Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Water Well	Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Drillhole / Borehole	Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type:	Was Casing Cut Off Below Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug	Did Sealing Material Rise to Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (Specify)	Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Formation Type:	If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Required Method of Placing Sealing Material
Total Well Depth (ft) 16.0 Casing Diameter (in.)	<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped
(From ground surface) Casing Depth (ft.)	<input type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain) Gravity
Lower Drillhole Diameter (in.) 2.0	(Bentonite Chips)
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Sealing Materials
If Yes, To What Depth? Feet	<input type="checkbox"/> Neat Cement Grout
Depth to Water (Feet)	<input type="checkbox"/> Sand-Cement (Concrete) Grout
	<input type="checkbox"/> Concrete
	<input type="checkbox"/> Clay-Sand Slurry
	<input type="checkbox"/> Bentonite-Sand Slurry
	<input type="checkbox"/> Chipped Bentonite
	For monitoring wells and monitoring well boreholes only
	<input type="checkbox"/> Bentonite Chips
	<input checked="" type="checkbox"/> Granular Bentonite
	<input type="checkbox"/> Bentonite-Cement Grout
	<input type="checkbox"/> Bentonite - Sand Slurry

(5) Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
Granular Bentonite	Surface	16.0	0.6	Neat

(6) Comments

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment
Soil Essentials		8/31/01
Signature of Person Doing Work		Date Signed
		4/26/06
Street or Route	Telephone Number	
W6306 HWY 39	608 527-2355	
City, State, Zip Code		
New Glarus, WI 53571		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	



Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

<b>(1) GENERAL INFORMATION</b>			<b>(2) FACILITY / OWNER INFORMATION</b>	
WI Unique Well No.	DNR Well ID No.	County Sauk	Facility Name McGann's Furniture	
Common Well Name <u>B5</u> Gov't Lot (if applicable)			Facility ID	License/Permit/Monitoring No.
<u>SW</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>35</u> ; T. <u>12</u> N; R. <u>6</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W Grid Location <u>      </u> ft. <input type="checkbox"/> N. <input type="checkbox"/> S., <u>      </u> ft. <input type="checkbox"/> E. <input type="checkbox"/> W. Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat <u>43° 28' 10.0"</u> Long <u>89° 44' 40.0"</u> or State Plane <u>      </u> ft. N. <u>      </u> ft. E. <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N Zone Reason For Abandonment <u>Completed sampling</u> WI Unique Well No. of Replacement Well			Street Address of Well	
			City, Village, or Town Baraboo	
			Present Well Owner McGann Furniture	Original Owner
			Street Address or Route of Owner 201 3rd Street	
			City, State, Zip Code Baraboo, WI 53913	

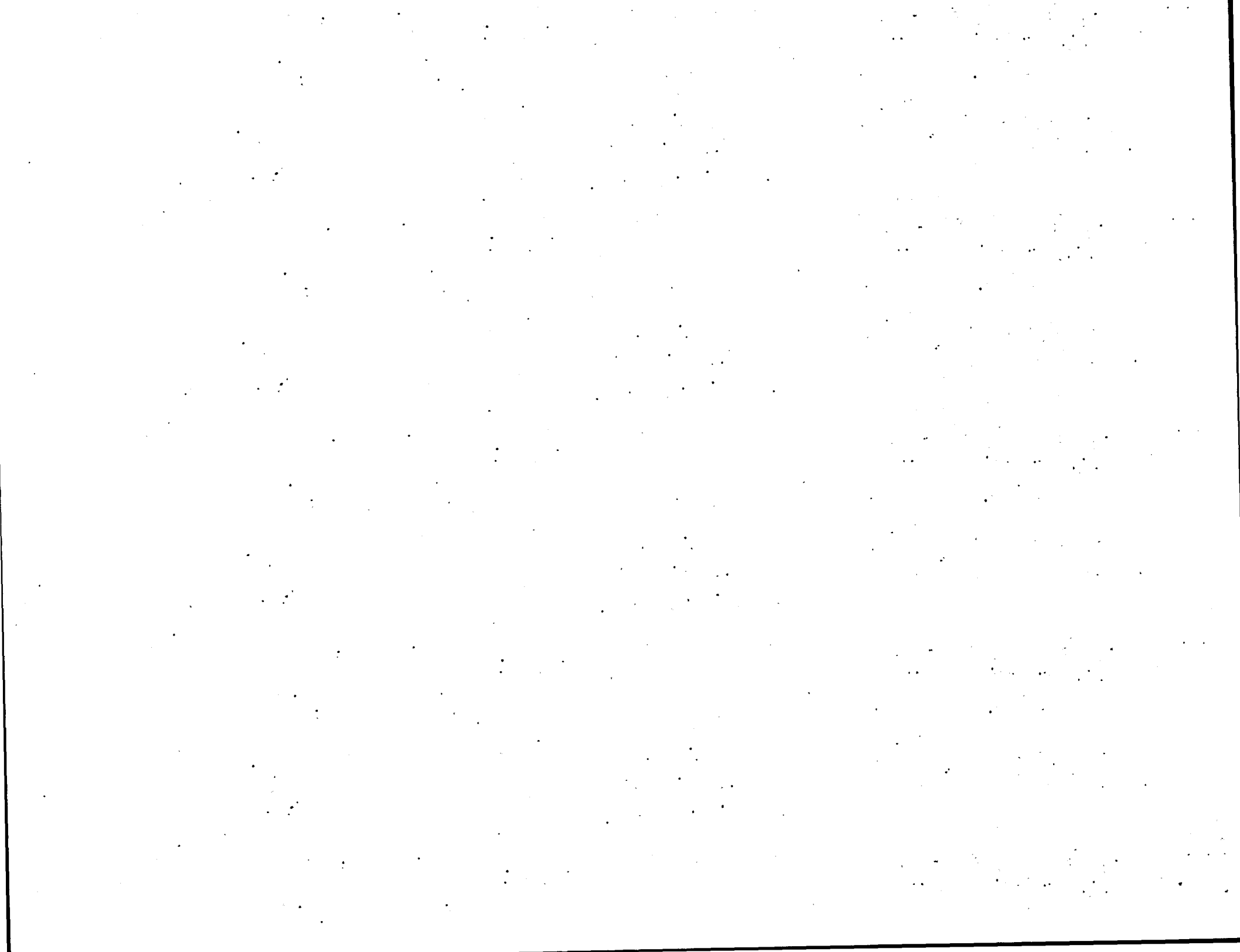
<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>		<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>			
Original Construction Date <u>8/31/2001</u> <input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Drillhole / Borehole Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock Total Well Depth (ft) <u>16.0</u> Casing Diameter (in.) (From ground surface) Casing Depth (ft.) Lower Drillhole Diameter (in.) <u>2.0</u> Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, To What Depth? <u>      </u> Feet Depth to Water (Feet)		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No Was Casing Cut Off Below Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No Did Sealing Material Rise to Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped <input type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain) Gravity (Bentonite Chips) Sealing Materials For monitoring wells and monitoring well boreholes only <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite-Cement Grout <input type="checkbox"/> Clay-Sand Slurry <input type="checkbox"/> Bentonite - Sand Slurry <input type="checkbox"/> Bentonite-Sand Slurry <input type="checkbox"/> Chipped Bentonite			
(5) Sealing Material Used		From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
Granular Bentonite		Surface	16.0	0.56	Neat

(6) Comments

(7) Name of Person or Firm Doing Sealing Work Soil Essentials		Date of Abandonment 8/31/01
Signature of Person Doing Work <i>[Signature]</i>		Date Signed 9/26/06
Street or Route W6306 HWY 39	Telephone Number 608 527-2355	
City, State, Zip Code New Glarus, WI 53571		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	







August 29, 2001

Mark Putra  
Hydrogeologist  
Wisconsin Department of Natural Resources  
N7725 Hwy 28  
Horicon, WI 53032



Re: McGann Furniture, 201 Third Avenue, Baraboo  
Work Plan  
BRRTS # 03-57-274340

Dear Mr. Putra:

MSA has been hired as environmental consultant to investigate and remediate leakage from the 1,000 gallon heating oil underground storage tank (UST) at 201 Third Avenue. Figure 1 shows the site location. The site is located in the SE1/4, SE1/4, Sec 35, T12N, R6E, Baraboo Township, Sauk County. This letter presents the work plan for the investigation. The initial phase of the site investigation (SI) is scheduled for August 31, 2001.

### Site Background

The site contact for McGann Furniture is Brian Baxter at (608) 356-4989. The UST was removed by Marrell, Inc. on June 6, 2001. One soil sample was collected from beneath the UST and 6,600 mg/kg DRO was detected in the sample. The site was reported to the WDNR on June 29, 2001. The NR 716.07 SI scoping did not indicate any additional items or potential impacts present at the site. The former UST was located in the back (south) of the building. Figure 2 shows the site layout and former UST location. The Tank Inventory Form and Analytical Report from the closure assessment are attached.

### Site Geology

Soils in the area are a tight clay glacial till, with boulders. The depth to ground water is estimated to be at least 50 feet. The area is served by municipal water and there are no water supply wells within 1,000 feet of the site. Groundwater discharges to the Baraboo River, about one-quarter mile south of the site. Sandstone bedrock underlies the glacial till. The depth to bedrock is unknown.



Mark Putra  
August 29, 2001

### **Proposed Scope of Site Investigation**

A minimum of four boreholes will be advanced using a geoprobe to define the extent of soil contamination. One boring will be drilled directly through the former tank bed to determine the depth of contamination and the other three laterally outward to determine the horizontal extent of contamination. Each bore will extend to the bottom of the zone of contamination, to the water table, or to refusal, whichever comes first. One or two soil samples will be collected from each bore and sent to a laboratory and analyzed for DRO and PVOCs. Selected soil samples from beneath the former UST will be analyzed for PAHs. If groundwater is encountered in any of the boreholes, groundwater samples will also be collected and sent to a laboratory and analyzed for PVOCs. One soil sample will be collected from within 4 ft of the surface and analyzed for PVOCs to evaluate the risk of direct contact. The proposed boring locations are shown on Figure 2.

Based on field observations, additional boreholes may be drilled and sampled if necessary to determine the lateral extent of the contamination. If the contamination extends off the property or to the water table, additional soil borings or groundwater monitoring wells will be required to determine the extent of the contamination associated with the fuel oil UST. After reviewing the results of the scope of work described above, it will be determined if an additional phase of SI will be required.

Please call if you have any questions concerning the project.

Sincerely,

MSA Professional Services, Inc.



Kenneth S. Gradall, P.G.  
Hydrogeologist

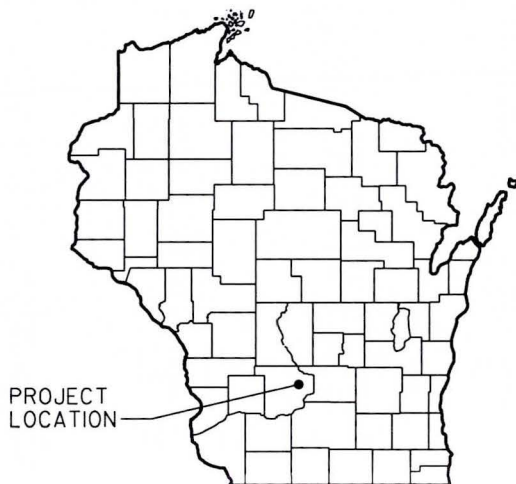
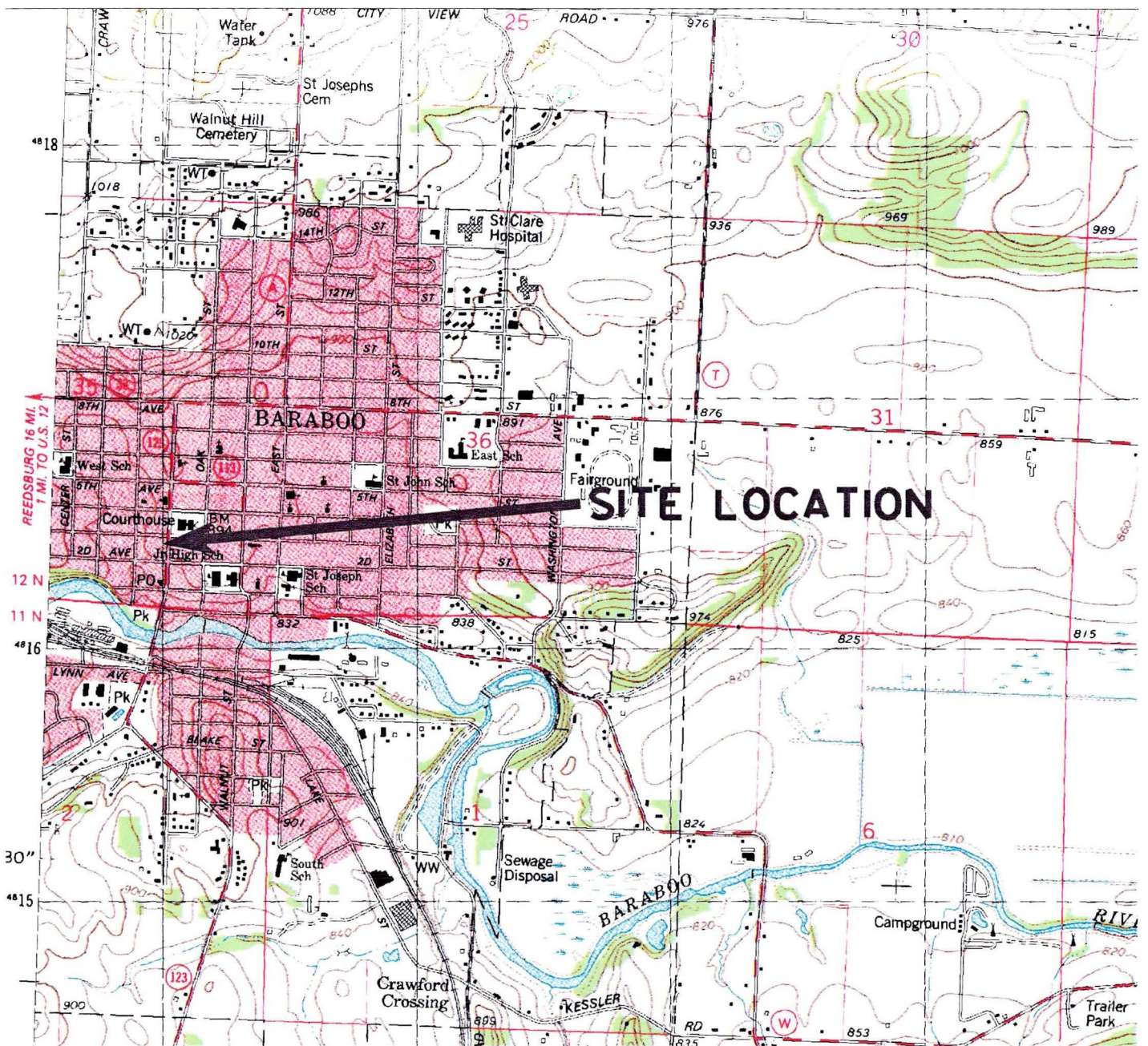
KSG:dd

#### List of Attachments:

- Figures 1 & 2
- Tank Inventory Form
- Closure Assessment Analytical Report

cc: Casey McGann and Brian Baxter, Owners  
Richard Lyster, MSA





2000 0 2000  
SCALE IN FEET



# Baraboo Quadrangle Wisconsin - Sauk Co. 7.5 Minute Series (Topographic)

NW/4 Baraboo 15 Minute Quadrangle  
Contour Interval 20 Feet  
1981

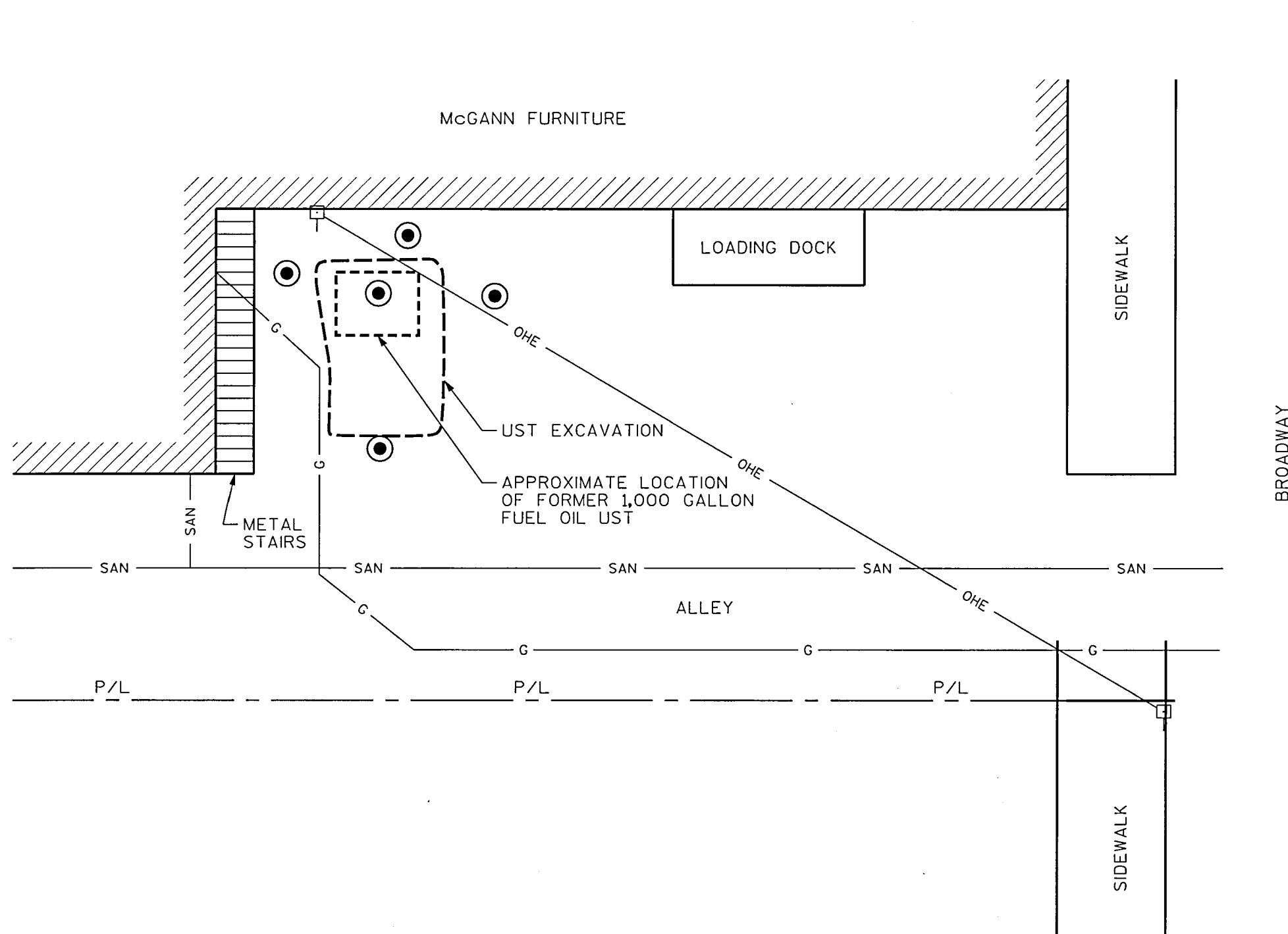
FIGURE 1  
SITE LOCATION MAP

McGANN FURNITURE  
BARABOO, WISCONSIN







**MSA**  
PROFESSIONAL SERVICES

TRANSPORTATION • MUNICIPAL • REMEDIATION  
DEVELOPMENT • ENVIRONMENTAL  
1230 South Boulevard Baraboo, WI 53913  
608-356-2771 1-800-362-4505 Fax: 608-356-2770





# **LEGEND**

-  PROPOSED SOIL BORING
-  POWER POLE
-  OHE — OVERHEAD ELECTRIC
-  G — NATURAL GAS
-  SAN — SANITARY SEWER
-  P/L — PROPERTY LINE

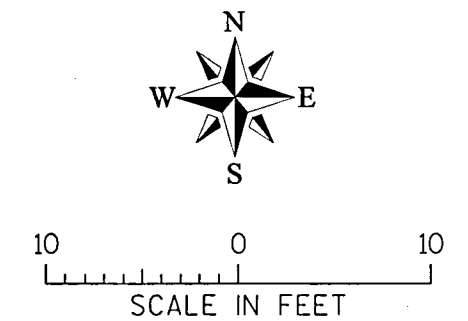


FIGURE 2

## **SITE LAYOUT AND PROPOSED SOIL BORING LOCATIONS**

McGANN FURNITURE  
BARABOO, WISCONSIN

**MSA**  
PROFESSIONAL SERVICES

TRANSPORTATION • MUNICIPAL  
DEVELOPMENT • ENVIRONMENTAL  
1230 South Boulevard Baraboo, WI 53913  
608-356-2771 1-800-362-4505 Fax: 608-356-2770  
© MSA PROFESSIONAL SERVICES

DRAWN BY	RHM	DATE	8-28-01	SHEET	..... of .....
CHECKED BY		SCALE	AS NOTED	FILE NO.	212944AB



File by:
Reg Obj #:

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

Send Completed Form To:  
Department of Commerce  
Bureau of Storage Tank Regulation  
P.O. Box 7837  
Madison, WI 53707-7837

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? ☐ Yes ☐ No. If yes, are you correcting/updating information only? ☐ Yes ☐ No  
Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

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

<b>A. IDENTIFICATION (Please Print)</b>		Site Address	Site Telephone Number
1. Tank Site Name <u>McHann Furniture</u>		<u>201 3rd Ave</u>	<u>(608) 356-9489</u>
<input checked="" type="checkbox"/> City <u>Baraboo</u>	<input type="checkbox"/> Village <input type="checkbox"/> Town of:	State <u>Wi</u>	Zip Code <u>53917</u>
2. Tank Owner Name <u>Casey McHann &amp; Brian Barker</u>		Mailing Address <u>201 3rd Ave</u>	Telephone Number <u>608-356-9489</u>
<input checked="" type="checkbox"/> City <u>Baraboo</u>	<input type="checkbox"/> Village <input type="checkbox"/> Town of:	State <u>Wi</u>	Zip Code <u>53913</u>
3. Previous Name		Previous site address if different than #1	
B. Site ID #:		Facility ID #:	Customer ID #:
C. Tank Capacity (gallons): <u>1000</u>		Tank Age (age or date installed):	

<b>D. LAND OWNER TYPE (check one)</b>			
<input type="checkbox"/> County	<input type="checkbox"/> Federal Leased	<input type="checkbox"/> Federal Owned	<input type="checkbox"/> Municipal
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> State	<input type="checkbox"/> Tribal Nation	<input type="checkbox"/> Other Government
<b>E. OCCUPANCY TYPE (check one)</b>			
<input type="checkbox"/> Gas/Retail Sales	<input type="checkbox"/> Bulk Storage	<input type="checkbox"/> Industrial	<input checked="" type="checkbox"/> Mercantile/Commercial
<input type="checkbox"/> Agricultural (crop or livestock production)	<input type="checkbox"/> Backup or Emergency Generator	<input type="checkbox"/> Utility	<input type="checkbox"/> Residential
<input type="checkbox"/> School <input type="checkbox"/> Other (specify):			
<b>F. Tank Construction:</b>		<b>Cathodic Protection</b>	<b>Overfill Protection?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Bare Steel	<input checked="" type="checkbox"/> Coated Steel	<input type="checkbox"/> Sacrificial Anodes	<b>Spill Containment?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Steel - Fiberglass Reinforced Plastic Composite	<input type="checkbox"/> Impressed Current	<b>Tank Double Walled?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Lined (date):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> N/A	
<b>G. Primary Tank Leak Detection Method:</b>		<input type="checkbox"/> Automatic tank gauging	<input type="checkbox"/> Groundwater monitoring
<input type="checkbox"/> Inventory control and tightness testing	<input type="checkbox"/> Interstitial monitoring	<input type="checkbox"/> Statistical Inventory Reconciliation (SIR)	<input type="checkbox"/> Vapor monitoring
<input checked="" type="checkbox"/> Manual tank gauging (only for tanks of 1,000 gallons or less)			<input type="checkbox"/> Unknown
<b>H. Piping Construction:</b>		<b>Cathodic Protection</b>	<b>Pipe Double Walled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Bare Steel	<input type="checkbox"/> Coated Steel	<input type="checkbox"/> Sacrificial Anodes	
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Flexible	<input type="checkbox"/> Impressed Current	
<input type="checkbox"/> Copper	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> N/A	
<b>I. Primary Piping System Type:</b> <input type="checkbox"/> Pressurized piping with <input type="checkbox"/> A. <input type="checkbox"/> auto shutoff; B. <input type="checkbox"/> alarm, or C. <input type="checkbox"/> flow restrictor <input type="checkbox"/> Unknown			
<input type="checkbox"/> Suction piping with check valve at tank <input checked="" type="checkbox"/> Suction piping with check valve at pump and inspectable <input type="checkbox"/> Not needed if waste oil			
<b>J. Piping Leak Detection Method:</b> (used if pressurized or check valve at tank): <input type="checkbox"/> SIR <input type="checkbox"/> Tightness testing <input type="checkbox"/> Electronic line leak monitor			
<input type="checkbox"/> Groundwater monitoring <input type="checkbox"/> Vapor monitoring <input type="checkbox"/> Interstitial monitoring <input checked="" type="checkbox"/> Not required <input type="checkbox"/> Unknown			

<b>K. Vapor Recovery/Stage II</b> CARB #:				
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Other (specify):			
<input type="checkbox"/> Flexible	<input type="checkbox"/> Operational - Provide Date (mo/day/yr):			
<b>L. TANK CONTENTS (Current, or previous product if tank now empty)</b>				
<input type="checkbox"/> Diesel	<input type="checkbox"/> Leaded	<input type="checkbox"/> Unleaded	<input checked="" type="checkbox"/> Fuel Oil	<input type="checkbox"/> Gasohol
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Empty*	<input type="checkbox"/> Sand/Gravel/Slurry*	<input type="checkbox"/> Unknown*	<input type="checkbox"/> Premix
<input type="checkbox"/> Waste/Used Motor Oil	<input type="checkbox"/> Chemical _____	<input type="checkbox"/> Kerosene	<input type="checkbox"/> Aviation	<input type="checkbox"/> Hazardous Waste*
(Indicate chemical name and number)				

\* If chosen, this tank is NOT PECFA eligible.

<b>M. If Tank Closed, Abandoned or Out of Service, give date (mo/day/yr):</b> <u>6-6-2001</u>	<b>Geo Latitude:</b>	<b>Geo Longitude:</b>
	<b>Has a site assessment been completed? (see reverse side for details)</b>	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Owner or Operator Name (please print):</b> <u>BRIAN K. BAXTER</u>	<b>Indicate whether:</b>
<b>Owner or Operator Signature:</b> <u>[Signature]</u>	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator
	<b>Date Signed</b> <u>6-6-2001</u>

Note: Refer to comments on reverse side of form.





Commonwealth  
Technology, Inc.  
Laboratory Division

1230 Lange Court  
Baraboo, WI 53913-3109  
Phone: (800) 228-3012  
Fax: (608) 356-2766  
EMail: bld@ctienv.com

## ANALYTICAL REPORT

1 of 1

MARELL INC.  
TANYA HERBECK  
E18763 ST HWY 33  
HILLSBORO, WI 54634

Project Name: MCGANN FURNITURE  
Contract #: 1482  
Project #:  
Folder #: 17042  
Purchase Order #:  
Arrival Temperature: See COC  
Report Date: 6/18/01  
Date Received: 6/6/01  
Reprint Date:

CTI LAB#:	73198	Sample Description:	14" UNDER TANK EAST END	Sampled:	6/6/01	1020
-----------	-------	---------------------	-------------------------	----------	--------	------

Analyte	Result	Units	LOD	LOQ	Dilution	Qualifier	Prep Date	Analysis Date	Analyst	Method
Solids, Percent	93.0	%	N/A	N/A	1			6/6/01	TAR	EPA 5030A
<b>Organic Results</b>										
Diesel Range Organics	6600	mg/kg	150	480	100	L	6/8/01	6/15/01	KJJ	WDNR DRO

Notes: \* Indicates Value in between LOD and LOQ.

All samples were received intact and properly preserved unless otherwise noted. The results reported relate only to the samples tested. This report shall not be reproduced, except in full, without written approval of this laboratory. The Chain of Custody is attached.

Submitted by: \_\_\_\_\_

Record Review

WI DNR Lab Certification Number: 15-7066030  
DATCP Certification Number: 105-000289

Solid sample results reported on a Dry Weight Basis



## QC Qualifiers

<u>Code</u>	<u>Description</u>
A	Analyte averaged calibration criteria within acceptable limits.
B	Analyte detected in associated Method Blank.
C	Toxicity present in BOD sample.
D	Diluted Out.
E	Safe, No Total Coliform detected.
F	Unsafe, Total Coliform detected, no E. Coli detected.
G	Unsafe, Total Coliform detected and E. Coli detected.
H	Holding time exceeded.
J	Estimated value. The result is less than the reporting limit, but greater than the MDL.
L	Significant peaks were detected outside the chromatographic window.
M	Matrix spike and/or Matrix Spike Duplicate recovery outside acceptance limits.
N	Insufficient BOD oxygen depletion.
O	Complete BOD oxygen depletion.
P	Concentration of analyte differs more than 40% between primary and confirmation analysis.
Q	Laboratory Control Sample outside acceptance limits.
R	See Narrative at end of report.
S	Surrogate and/or Internal standard recovery outside acceptance limits due to apparent matrix effects.
T	Sample received with Improper preservation or temperature.
V	Raised Quantitation or Reporting Limit due to limited sample amount or dilution for matrix background Interference.
W	Sample amount received was below program minimum.
X	Analyte exceeded calibration range.
Y	Replicate/Duplicate precision outside acceptance limits.
Z	Calibration criteria exceeded.



# Commonwealth Technology, Inc.



Formerly the Laboratory Division of Mid-State Associates, Inc.

1230 Lange Court  
Baraboo, WI 53913  
(608) 356-2760  
FAX: (608) 356-2766

Is this a PECFA project? (Please indicate "Yes" or "No") \_\_\_\_\_

17042

SAMPLE COLLECTOR: <u>Tonye</u>			COMPANY: <u>MARELL INC</u>			TELEPHONE # (include area code): <u>608-489-2544</u>				
PROJECT NUMBER: _____			PROJECT NAME: <u>McGANN Furniture</u>							
I HEREBY CERTIFY THAT I RECEIVED, PROPERLY HANDLED, AND DISPOSED OF THESE SAMPLES AS NOTED BELOW:										
INVOICE ADDRESS (must be completed): <u>E18703 Hwy 33 Hillsboro, WI 54634</u>				REPORT ADDRESS (must be completed): <u>E18703 Hwy 33 Hillsboro</u>						
DATE & TIME OF RELINQUISHMENT: <u>6/6/2001 10:34</u>			RELINQUISHED BY (signature): <u>Tonye</u>			RECEIVED BY (signature): _____				
DATE & TIME OF RELINQUISHMENT: _____			RELINQUISHED BY (signature): _____			RECEIVED BY LABORATORY (signature): _____				
DATE / TIME OF RECEPTION: _____			DATE / TIME OF RECEPTION: <u>6/6/01 1050</u>							
FIELD ID NUMBER	DATE COLLECTED	TIME COLLECTED	SAMPLE		PRESERV. TYPE	LOCATION / DESCRIPTION	TYPE OF ANALYSES REQUIRED (please circle)	LAB USE ONLY PROF. W/MOH7 * IF YES	NO. / TYPE OF CONTAINERS	LAB I.D.
			TYPE	DEVICE						
1	6/6/2001	10:20	Sole	Sh		14" x 6" x 6" Tank East End	<input checked="" type="checkbox"/> DRO GRO GRO/PVOC PVOC Pb Cd % SOLIDS FLASHPOINT VOC-LUST VOC-8021 SIEVE #200 SIEVE PAINT FILTER PAH Other (please list): _____			73/98
							DRO GRO GRO/PVOC PVOC Pb Cd % SOLIDS FLASHPOINT VOC-LUST VOC-8021 SIEVE #200 SIEVE PAINT FILTER PAH Other (please list): _____			
							DRO GRO GRO/PVOC PVOC Pb Cd % SOLIDS FLASHPOINT VOC-LUST VOC-8021 SIEVE #200 SIEVE PAINT FILTER PAH Other (please list): _____			
							DRO GRO GRO/PVOC PVOC Pb Cd % SOLIDS FLASHPOINT VOC-LUST VOC-8021 SIEVE #200 SIEVE PAINT FILTER PAH Other (please list): _____			
ICE PRESENT: <u>(YES) NO</u>			Folder #: 17042			please list): GRO GRO/PVOC PVOC Pb Cd % SOLIDS FLASHPOINT UST VOC-8021 SIEVE #200 SIEVE PAINT FILTER PAH please list):				
TEMPERATURE <u>12.1</u> °C			Company: MARELL INC.			please list): GRO GRO/PVOC PVOC Pb Cd % SOLIDS FLASHPOINT UST VOC-8021 SIEVE #200 SIEVE PAINT FILTER PAH please list):				
INITIALS <u>KB</u>			Project: MCGANN FURNITURE			please list): GRO GRO/PVOC PVOC Pb Cd % SOLIDS FLASHPOINT UST VOC-8021 SIEVE #200 SIEVE PAINT FILTER PAH please list):				
DATE <u>6-6-01</u> TIME <u>1045</u>			Logged By: NJR PM: HGC			please list): GRO GRO/PVOC PVOC Pb Cd % SOLIDS FLASHPOINT UST VOC-8021 SIEVE #200 SIEVE PAINT FILTER PAH Other (please list): _____				
						Other (please list): DRO GRO GRO/PVOC PVOC Pb Cd % SOLIDS FLASHPOINT VOC-LUST VOC-8021 SIEVE #200 SIEVE PAINT FILTER PAH Other (please list): _____				
SAMPLE CONDITIONS / COMMENTS:								CHECKED	ARRIVAL TEMPERATURE	





RECEIVED  
AUG 02 2005  
ERS DIVISION

August 2, 2001



Mark Putra  
Hydrogeologist  
Wisconsin Department of Natural Resources  
N7725 Hwy 28  
Horicon, WI 53032

Re: Reported Contamination - McGann Furniture, Baraboo  
BRRTS # 03-57-274340

Dear Mr. Putra:

MSA Professional Services, Inc. has been hired by McGann Furniture to investigate the extent of contamination at the site located at 201 Third Avenue in Baraboo. A work plan for the site investigation will be submitted to the WDNR.

If you have any questions regarding this site, please call me or Richard Lyster, the project manager.

Sincerely,

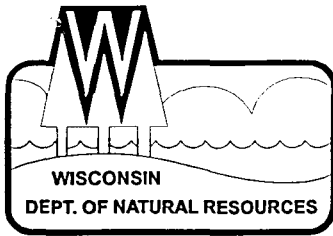
MSA Professional Services, Inc.

Kristi Du Bois, P.E.  
Senior Project Engineer

KD:dd

cc: Casey McGann and Brian Baxter, Owners  
Ken Gradall, MSA  
Richard Lyster, MSA





## State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Scott McCallum, Governor  
Darrell Bazzell, Secretary  
Ruthe E. Badger, Regional Director

South Central Region Headquarters  
3911 Fish Hatchery Road  
Fitchburg, Wisconsin 53711-5397  
Telephone 608-275-3266  
FAX 608-275-3338  
TDD 608-275-3231

**RECEIVED**

AUG 02 2005

**ERS DIVISION**

BRRTS # 03-57-274340

July 2, 2001

Casey McGann  
& Brian Baxter  
201 Third Ave.  
Baraboo WI 53913

**SUBJECT:** Reported Contamination at McGann Furniture, 201 Third Ave., Baraboo WI

Dear Sir or Madam:

On June 29, 2001 Tanya Herbeck of Marell Inc. notified the Department of Natural Resources that soil contamination via fuel oil had been detected at the site listed above.

Based on the information submitted to the Wisconsin Department of Natural Resources (WDNR), we believe you are responsible for restoring the environment at the referenced site under Section 292, Wisconsin Stats., known as the hazardous substances spill law.

This letter describes your legal responsibilities, explains what you need to do to investigate and clean up the contamination, and provides you with information about cleanups, environmental consultants, possible financial assistance, and working cooperatively with the Departments of Natural Resources and Commerce.

### **Legal Responsibilities:**

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

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

Wisconsin Administrative Code chapters NR 700 through NR 749 establish requirements for emergency and interim actions, public information, site investigations, design and operation of remedial action systems, and case closure. Chapter NR 708 includes provisions for immediate actions in response to limited contamination. Wisconsin Administrative Code chapter NR 140 establishes groundwater standards for contaminants that reach groundwater.

### **Steps to Take:**

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



*Quality Natural Resources Management  
Through Excellent Customer Service*





1. Within the next 30 days, you must submit written verification (such as a letter from the consultant) that you have hired an environmental consultant.
2. Within the next 60 days, your consultant must submit a workplan and schedule for the investigation. The consultant must follow the DNR administrative codes and technical guidance documents.

Once an investigation has established the type and severity of contamination involved at your site, your consultant will be able to determine whether the Department of Commerce or the Department of Natural Resources has authority over the case. The decision will be reviewed by agency staff, and you will be notified by mail if the case is being transferred to Commerce. In general, cases involving petroleum products that have leaked from either above ground or underground storage systems will be reviewed by the Commerce, unless high risk criteria are involved.

3. Please inform the appropriate agency of what is being done at your site. If the site meets criteria for a "simple site", progress reports must be submitted semi-annually, beginning 6 months from the initial notification date. If the site meets criteria for a "complex site", a complete site investigation report and a draft remedial options report must be submitted within 30 days of completion. In addition, you or your consultant must provide a brief report at least every 90 days. Quarterly reports need only include one or two pages of text, plus any relevant maps and tables. Should conditions at your site warrant, we may require more frequent contacts.

If you want a formal response from the agency on a specific submittal, please be aware that a review fee is required in accordance with s. NR 749, Wis. Adm. Code. If a fee is not submitted with your reports, you should proceed under the advice of your consultant to complete the site investigation to maintain your compliance with the spills law and chs. NR 700 through NR 749. **Do not delay the investigation of your site by waiting for an agency response.** We have provided detailed technical guidance to environmental consultants. Your consultant is expected to know our technical procedures and administrative codes and should be able to answer your questions on meeting cleanup requirements." Unless you are notified that your case has been transferred to Commerce, all correspondence regarding this site should be sent to:

Larry Lester  
Remediation and Redevelopment Program  
Wisconsin Department of Natural Resources  
3911 Fish Hatchery Road  
Fitchburg, WI 53711

Unless otherwise requested, please send only one copy of plans and reports. To speed processing, correspondence should reference the BRRS and FID numbers (if assigned) shown at the top of this letter.

**Information for Site Owners:**

Information to help you select a consultant, and materials on controlling costs, understanding the cleanup process, and choosing a site cleanup method are enclosed. For information on obtaining limited liability under Section 292.15, Wisconsin Stats., please see our website at <http://www.dnr.state.wi.us/org/aw/rr/liability>.

**Financial Assistance:**

Reimbursement from the Petroleum Environmental Cleanup Fund (PECFA) is available for the costs of cleaning up contamination from eligible petroleum storage tanks. Please refer to the enclosed information sheet entitled *Site Remediation Using PECFA* for more information on eligibility and regulations for this program. Funding is also available for cleanup at some drycleaning sites.



Thank you for your cooperation.

Sincerely,

*Andy Heikemuller*  
for

Larry Lester

Telephone: (608) 275-3465

Enclosures

cc: ☒ File

Tanya Herbeck, Marell Inc., E18763 Hwy 33, Hillsboro WI 54634





## State of Wisconsin \ DEPARTMENT OF NATURAL RESOURCES

Jim Doyle, Governor  
Scott Hassett, Secretary  
Ruthe E. Badger, Regional Director

South Central Region Headquarters  
3911 Fish Hatchery Road  
Fitchburg, Wisconsin 53711-5397  
Telephone 608-275-3266  
FAX 608-275-3338  
TDD 608-275-3231

July 29, 2005

BRRTS # 03-57-274340

Casey McGann  
Brian Baxter  
201 Third Avenue  
Baraboo WI 53913

RECEIVED

AUG 02 2005

ERS DIVISION

**SUBJECT: Transfer of your file: McGann Furniture, 201 Third Ave. Baraboo**

To Whom It May Concern:

This letter is to notify you that the Department of Natural Resources has an open file regarding contamination at the above site, and that this file is being transferred to the Department of Commerce. Commerce staff will make the decision with regard to closure.

The State of Wisconsin divides the jurisdiction for sites contaminated by petroleum storage tank systems between the DNR and the Department of Commerce (Commerce). This is based on statutory definitions of high, medium and low risk sites. Under this statute, oversight of sites falling under the definition of "low or medium risk" is the responsibility of Commerce rather than our agency. Your consultant has advised us that your site falls under the definition of "low or medium risk". As such, further reviews of submittals and all technical assistance will need to be provided by staff at Commerce. Thank you for the efforts you have made to date to address the contamination.

All future contacts regarding this site should be directed to Commerce at (608) 266-8516. Correspondence should be directed to this address

WI Department of Commerce  
PO Box 8044  
Madison WI 53707-8044

Please include both your PECFA claim number, if you have one, and your DNR ID# on all correspondence.

Sincerely,

Wendy Weihermuller Program Assistant  
Remediation & Redevelopment  
Telephone: (608) 275-3212

Cc: file

→ Kenneth Gradall, MSA 1230 South Blvd. Baraboo WI 53913



Quality Natural Resources Management  
Through Excellent Customer Service





Kuehling, Harlan H.

---

**From:** Kuehling, Harlan H.  
**Sent:** Tuesday, June 28, 2005 10:20 AM  
**To:** 'Ken Gradall'  
**Subject:** RE: McGann Furniture Site Investigation Status (BRRTS#03-57-274340)

Thanks for the update, Ken. We'll transfer the site to Commerce.

Hank

**RECEIVED**

**AUG 02 2005**

**ERS DIVISION**

-----Original Message-----

**From:** Ken Gradall [mailto:KENG@msa-ps.com]  
**Sent:** Tuesday, June 28, 2005 9:43 AM  
**To:** Kuehling, Harlan H.  
**Cc:** Kristi DuBois; Dick Lyster  
**Subject:** Re: McGann Furniture Site Investigation Status (BRRTS#03-57-274340)

Hi Hank,

We completed the site investigation (SI) in 2001 and found the extent of the soil contamination. Five soil borings were performed. The contamination did not extend to the water table. After the completion of the SI, we were not authorized to proceed. After your e-mail, we contacted the client, and they told us to proceed with the closure request.

The SI found no evidence of groundwater contamination, therefore we request the site be transferred to Commerce.

Thanks,

Ken

>>> "Kuehling, Harlan H." <Harlan.Kuehling@dnr.state.wi.us> 6/22/2005

>>> 10:01 AM >>>

Hi, Ken,

The most recent correspondence in our file for this site is a proposal, dated August 29, 2001, from you for completing a minimum of four soil borings. Is MSA still the consultant for this site? If so, has any SI work been completed at this site by your firm, and if there has, what has been done?

Thanks.

Hank

P Hank Kuehling, P.G.  
Remediation & Redevelopment Hydrogeologist South Central Region  
3911 Fish Hatchery Road  
Wisconsin Department of Natural Resources  
(\*) phone: (608) 275-3286  
(\*) fax: (608) 275-3338  
(\*) e-mail: harlan.kuehling@dnr.state.wi.us

Kenneth S. Gradall  
MSA Professional Services, Inc.  
1230 South Blvd  
Baraboo, WI 53913  
608-356-2771  
Keng@msa-ps.com



June 29

Wisconsin Department of Natural Resources

Notification of Petroleum Contamination from Underground / Aboveground Storage Tank Systems

Please complete this form and FAX it to the appropriate WDNR contact person (see list on back page) immediately upon discovery of a release from an UST / AST system.

TO: WDNR, Attn: Madison

63-57-274340

FAX #: \_\_\_\_\_

PLEASE PRINT

1. Name, company, mailing address and phone number of person reporting the discharge:

Marell Inc  
E18763 Hwy 33

Tanya Herbeck  
608-489-2546

Hillsboro, WI 54634

2. Site Information

Name of site at which discharge occurred (local name of site/business -- not responsible party name, unless a residence):

McHann Furniture

Location (actual street address, not PO box; if no street address, describe as precisely as possible, i.e., 1/4 mile NW of CTHs 60 & 123 on E side of CTH 60):

201 3rd Ave

Municipality (city, village, township in which the site is located -- not mailing address):

Baraboo

County:

Sauk

Legal Description: SE 1/4, SE 1/4, Section 35, Tn 12N, Range 6 E / W

3. Responsible Party (RP) and/or RP Representative Information

RP / Business Name: Casey McHann & Brian Baxter

Contact Person (if different): 201 3rd Ave

Mailing Address (with zip code): Baraboo, WI 53913

Telephone Number:

608-356-9489

4. Identity, physical state and quantity of the hazardous substance discharged (check all that apply):

☐ Unleaded gasoline  
☐ Leaded gasoline  
☐ Diesel

☒ Fuel oil  
☐ Waste oil  
☐ Other \_\_\_\_\_

5. Impacts to the environment (enter "K" for known/confirmed or "P" for potential for all that apply):

☐ Fire/explosion threat  
☐ Contaminated private wells (# of wells) \_\_\_\_\_  
☐ Contaminated public wells

☒ Soil contamination  
☐ Surface water impacts  
☐ Floating product



\_\_\_\_\_ Groundwater contamination

\_\_\_\_\_ Other \_\_\_\_\_

6. Contamination was discovered as a result of:

☒ Tank closure assessment \_\_\_\_\_ Site assessment \_\_\_\_\_ (other) \_\_\_\_\_

On what date: 6/4/2001

Additional Comments:

Spillage on top and around Sides Fill cap Knocked off  
and Tank had been Taking on rain water  
Tank also had pin holes

See IdB Results

FAX numbers to report leaking tank sites in DNR's five regions are as follows:

**Northeast Region (920-492-5859)**

Underground Tanks: Attention - Janis DeBrock

Aboveground Tanks: Attention - Roxanne Chronert

Brown, Calumet, Door, Fond du Lac (*except City of Waupun*), Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Shawano, Waupaca, Waushara, Winnebago Counties

**Northern Region (715-365-8932); Attention - Janet Kazda:**

Ashland, Barron, Bayfield, Burnett, Douglas, Forest, Florence, Iron, Langlade, Lincoln, Oneida, Polk, Price, Rusk, Sawyer, Taylor, Vilas, Washburn Counties

**South Central Region (608-275-3338); Attention - Marilyn Jahnke:**

Columbia, Crawford, Dane, Dodge, Fond du Lac (*City of Waupun only*), Grant, Green, Iowa, Jefferson, Lafayette, Richland, Rock, Sauk Counties

**Southeast Region (414-229-0810); Attention - Mike Farley:**

Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha Counties

**West Central Region (715-839-6076); Attention - John Grump:**

Adams, Buffalo, Chippewa, Clark, Dunn, Eau Claire, Jackson, Juneau, LaCrosse, Marathon, Monroe, Pepin, Pierce, Portage, St. Croix, Trempealeau, Vernon, Wood Counties





Commonwealth  
Technology, Inc.  
Laboratory Division

1230 Lange Court  
Baraboo, WI 53913-3109  
Phone: (800) 228-3012  
Fax: (608) 356-2766  
EMail: bld@ctienv.com

## ANALYTICAL REPORT

1 of 1

MARELL INC.  
TANYA HERBECK  
E18763 ST HWY 33  
HILLSBORO, WI 54634

Project Name: MCGANN FURNITURE  
Contract #: 1482  
Project #:  
Folder #: 17042  
Purchase Order #:  
Arrival Temperature: See COC  
Report Date: 6/18/01  
Date Received: 6/6/01  
Reprint Date:

CTI LAB#:	73198	Sample Description:	14" UNDER TANK EAST END	Sampled:	6/6/01	1020
-----------	-------	---------------------	-------------------------	----------	--------	------

Analyte	Result	Units	LOD	LOQ	Dilution	Qualifier	Prep Date	Analysis Date	Analyst	Method
Solids, Percent	93.0	%	N/A	N/A	1			6/6/01	TAR	EPA 5030A
Organic Results										
Diesel Range Organics	6600	mg/kg	150	480	100	L	6/8/01	6/15/01	KJJ	WDNR DRO

Notes: \* Indicates Value in between LOD and LOQ.

All samples were received intact and properly preserved unless otherwise noted. The results reported relate only to the samples tested. This report shall not be reproduced, except in full, without written approval of this laboratory. The Chain of Custody is attached.

Submitted by: \_\_\_\_\_

Record Reviewer

WI DNR Lab Certification Number: 15-7066030  
DATCP Certification Number: 105-000289



# Commonwealth Technology, Inc.

Formerly the Laboratory Division of Mid-State Associates, Inc.



1-800-228-3072  
1230 Lange Court  
Baraboo, WI 53913  
(608) 356-2760  
FAX: (608) 356-2766

Is this a PECFA project? (Please indicate "Yes" or "No") \_\_\_\_\_

17042

SAMPLE COLLECTOR: <u>Tonye</u>			COMPANY: <u>Marell Inc</u>			TELEPHONE # (include area code): <u>608-489-2544</u>			
PROJECT NUMBER: _____			PROJECT NAME: <u>McGANN Furniture</u>						
I HEREBY CERTIFY THAT I RECEIVED, PROPERLY HANDLED, AND DISPOSED OF THESE SAMPLES AS NOTED BELOW:									
INVOICE ADDRESS (must be completed): <u>E18703 Hwy 33 Hillsboro, WI 54634</u>			REPORT ADDRESS (must be completed): <u>E18703 Hwy 33 Hillsboro</u>						
DATE & TIME OF RELINQUISHMENT: <u>6/6/2001 10:34</u>			RELINQUISHED BY (signature): <u>[Signature]</u>			RECEIVED BY (signature): <u>[Signature]</u>			
DATE & TIME OF RELINQUISHMENT:			RELINQUISHED BY (signature):			RECEIVED BY LABORATORY (signature): <u>[Signature]</u>			
FIELD ID NUMBER	DATE COLLECTED	TIME COLLECTED	SAMPLE TYPE / DEVICE		PRESERV. TYPE	LOCATION / DESCRIPTION	TYPE OF ANALYSES REQUIRED (please circle)	LAB USE ONLY PROF. W/MAOH? * IF YES	
1	6/6/2001	10:20	Soil Fly			14" End of Tank East End	<input checked="" type="checkbox"/> DRO GRO GRO/PVOC PVOC Pb Cd % SOLIDS FLASHPOINT <input type="checkbox"/> VOC-LUST VOC-8021 SIEVE #200 SIEVE PAINT FILTER PAH Other (please list):	73/98	
							DRO GRO GRO/PVOC PVOC Pb Cd % SOLIDS FLASHPOINT VOC-LUST VOC-8021 SIEVE #200 SIEVE PAINT FILTER PAH Other (please list):		
							DRO GRO GRO/PVOC PVOC Pb Cd % SOLIDS FLASHPOINT VOC-LUST VOC-8021 SIEVE #200 SIEVE PAINT FILTER PAH Other (please list):		
							DRO GRO GRO/PVOC PVOC Pb Cd % SOLIDS FLASHPOINT VOC-LUST VOC-8021 SIEVE #200 SIEVE PAINT FILTER PAH Other (please list):		
ICE PRESENT: <u>YES</u> NO			Folder #: 17042						
TEMPERATURE <u>12.1</u> °C			Company: MARELL INC.						
INITIALS <u>KB</u>			Project MCGANN FURNITURE						
DATE <u>6-6-01</u> TIME <u>1045</u>			Logged By: NJR PM: HGC						
			DRO GRO GRO/PVOC PVOC Pb Cd % SOLIDS FLASHPOINT VOC-LUST VOC-8021 SIEVE #200 SIEVE PAINT FILTER PAH Other (please list):						
			DRO GRO GRO/PVOC PVOC Pb Cd % SOLIDS FLASHPOINT VOC-LUST VOC-8021 SIEVE #200 SIEVE PAINT FILTER PAH Other (please list):						
SAMPLE CONDITIONS / COMMENTS:								ARRIVAL TEMPERATURE	
								CHECKED	



## QC Qualifiers

<u>Code</u>	<u>Description</u>
A	Analyte averaged calibration criteria within acceptable limits.
B	Analyte detected in associated Method Blank.
C	Toxicity present in BOD sample.
D	Diluted Out.
E	Safe, No Total Coliform detected.
F	Unsafe, Total Coliform detected, no E. Coli detected.
G	Unsafe, Total Coliform detected and E. Coli detected.
H	Holding time exceeded.
J	Estimated value. The result is less than the reporting limit, but greater than the MDL.
L	Significant peaks were detected outside the chromatographic window.
M	Matrix spike and/or Matrix Spike Duplicate recovery outside acceptance limits.
N	Insufficient BOD oxygen depletion.
O	Complete BOD oxygen depletion.
P	Concentration of analyte differs more than 40% between primary and confirmation analysis.
Q	Laboratory Control Sample outside acceptance limits.
R	See Narrative at end of report.
S	Surrogate and/or Internal standard recovery outside acceptance limits due to apparent matrix effects.
T	Sample received with improper preservation or temperature.
V	Raised Quantitation or Reporting Limit due to limited sample amount or dilution for matrix background interference.
W	Sample amount received was below program minimum.
X	Analyte exceeded calibration range.
Y	Replicate/Duplicate precision outside acceptance limits.
Z	Calibration criteria exceeded.

WI DNR Lab Certification Number: 15-7066030  
DATCP Certification Number: 105-000289



Complete one form for each site closure.

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

## CHECKLIST FOR TANK CLOSURE

CHECK ONE:  
☒ UNDERGROUND  
☐ ABOVEGROUND

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

RETURN COMPLETED CHECKLIST TO:

Wisconsin Department of Commerce  
ERS Division  
Bureau of Storage Tank Regulation  
P.O. Box 7837  
Madison, WI 53707-7837

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

1. Site Name <i>McHann Furniture</i>		2. Owner Name <i>Casey McHann &amp; Brian Baxter</i>	
Site Street Address (not P.O. Box) <i>201 3rd Ave</i>		Owner Street Address <i>201 3rd Ave</i>	
<input checked="" type="checkbox"/> City <i>Baraboo</i>	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	<input checked="" type="checkbox"/> City <i>Baraboo</i>
State <i>Wi</i>	Zip Code <i>53913</i>	County <i>Sauk</i>	Telephone No. (include area code) <i>(608) 356-9489</i>
3. Closure Company Name (print) <i>MARELL INC</i>		Closure Company Street Address <i>E18763 Hwy 33</i>	
Closure Company Telephone No. (include area code) <i>(608) 489-2546</i>		Closure Company City, State, Zip Code <i>Hillsboro, WI 54634</i>	
4. Name of Company Performing Closure Assessment		Assessment Company Street Address, City, State, Zip Code	
Telephone No. (include area code) ( )	Certified Assessor Name (print)	Assessor Signature	Assessor Certification No.

Tank ID #	Closure	Temp. Closure	Closure in Place	Tank Capacity	Contents*	Closure Assessment
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1000	Fuel oil	<input type="checkbox"/> Y <input type="checkbox"/> N
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input 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

\* Indicate which product: Diesel; Leaded; Unleaded; Fuel Oil; Gasohol; Aviation Fuel; Kerosene; Premix; Waste/Used Motor Oil; Flammable/Combustible Hazardous Waste; Chemical (indicate the chemical name(s)) \_\_\_\_\_ and CAS number(s) \_\_\_\_\_; Other \_\_\_\_\_

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) \_\_\_\_\_

1. Product Removed

- a. Product lines drained into tank (or other container) and resulting liquid removed, AND .....  
b. All product removed to bottom of suction line, OR .....  
c. All product removed to within 1" of bottom. ....

2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped. ....

3. All product lines at the islands or pumps located elsewhere are removed and capped, OR .....  
4. Dispensers/pumps left in place but locked and power disconnected. ....  
5. Vent lines left open. ....  
6. Inventory form filed indicating temporary closure. ....

Remover Verified ☐ Y ☐ N Inspector Verified ☐ Y ☐ N NA ☐ Y ☐ N ☐ NA

C. CLOSURE BY REMOVAL

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

☒ Y ☐ N ☐ NA  
☒ Y ☐ N ☐ NA  
☒ Y ☐ N ☐ NA  
☒ Y ☐ N ☐ NA  
☒ Y ☐ N ☐ NA  
☒ Y ☐ N ☐ NA  
☒ Y ☐ N ☐ NA  
☒ Y ☐ N ☐ NA  
☒ Y ☐ N ☐ NA  
☒ Y ☐ N ☐ NA



C. CLOSURE BY REMOVAL (continued)

- |   | Remover<br>Verified  | Inspector<br>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" 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. Form ERS-7437 or ERS-8731 filed by owner with the Dept. of Commerce 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 COMMERCE OR LOCAL AGENT.

- |  |   |                          |                          |
|--|---|--------------------------|--------------------------|
| 1. Product from piping drained into tank (or other container) .....  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 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 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 the Department of Commerce 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 COMM 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 checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there strong odors in the soils? .....  | <input checked="" type="checkbox"/> Y <input 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 type="checkbox"/> N            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was a closure assessment omitted because of obvious contamination? .....  | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was the DNR notified of suspected or obvious contamination? .....   | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency, office and person contacted: <u>DNR Madison</u>  |  |                          |                          |
| 7. Contamination suspected because of: <input checked="" type="checkbox"/> Odor <input checked="" 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

- ☒ Eductor Or Diffused Air Blower  
Eductor driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground.  
Diffused air blower bonded and drop tube removed. Air pressure not exceeding 5 psig.
- ☐ 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

*Spillage on top and around sides. It was open taking in Rain water  
Tank had pin hole*

H. REMOVER/CLEANER INFORMATION

<u>Danya Herbeck</u>	<u>Danya Herbeck</u>	<u>42580</u>	<u>6/6/00</u>
Remover Name (print)	Remover Signature	Remover Certification No.	Date Signed

I. INSPECTOR INFORMATION

Inspector Name (print)	Inspector Signature	Inspector Certification No.
FDID # For Location Where Inspection Performed	Inspector Telephone Number	Date Signed