

TO: Bruce Nimz
PO Box 2056
Eagle River, WI 54521

FROM: RICH EAKINS - WAUSAU

SUBJECT-MESSAGE

Bruce,

I've been assigned to follow up on getting Mr. Christiansen to sample, clean up, etc the Sylvan Products site. I'm trying to set an inspection date of 9/18-20/89. ~~What day~~ Since Tom Serow is unavailable to accompany me on the inspection, I would ask if you could come along. The primary reason is to tell if any of the drums have moved, disappeared or whatever. Christiansen always seems a little more cooperative with a warden around. Is one of these days better for you? If so or if you can't make it, please let me know. My # is 848-2201

SIGNED

Rich Eakins

DATE

9/13/07

REPLY

Thanks

SENDER RETAIN THIS COPY

SIGNED

DATE

Partial Instructions

See Chapter 4 "Completing Lab Slips" of the *Environmental Field Sampling Handbook* for further instructions and definitions.

The ID number and Point/Well (PW) fields should contain the appropriate IDs, left justified, for the program system the sample is for:

Program	ID Number	Example	PW	Example
Water Supply — Privates	SID # OR	026003450	Well #	002 (opt)
	Unique Well #	00004567	Blank	
Water Supply — Publics RAW	PWS ID #	241005670	Well #	002
	DIST PWS ID #	241005670	Blank	
Solid Waste/Hazardous Waste	License #	00130	Point ID	AD6
Wastewater	Permit #	0000030	Outfall #	001
Water Resources (STORET)	Storet #	265013	Basin #	051

The ID/Water System Name field should be the "entity" name, and depends on the program the sample is for. For example, Facility, Site, Licensee, River/Lake, Owner, etc.

The Route Code is a four digit code which will be used to route the completed lab slip from the SLOH to whoever wants the results.

- First two digits — Program code: WW, SW, WS, EE, etc.
- Third digit — District code: 1, 2, 4, 6, 7, 8
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County Code

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Buffalo	06	Kenosha	30	Rock	54
Burnett	07	Kewaunee	31	Rusk	55
Calumet	08	La Crosse	32	St. Croix	56
Chippewa	09	Lafayette	33	Sauk	57
Clark	10	Langlade	34	Sawyer	58
Columbia	11	Lincoln	35	Shawano	59
Crawford	12	Manitowoc	36	Sheboygan	60
Dane	13	Marathon	37	Taylor	61
Dodge	14	Marinette	38	Trempealeau	62
Door	15	Marquette	39	Vernon	63
Douglas	16	Menominee	40	Vilas	64
Dunn	17	Milwaukee	41	Walworth	65
Eau Claire	18	Monroe	42	Washburn	66
Florence	19	Oconto	43	Washington	67
Fond du Lac	20	Oneida	44	Waukesha	68
Forest	21	Outagamie	45	Waupaca	69
Grant	22	Ozaukee	46	Waushara	70
Green	23	Pepin	47	Winnebago	71
Green Lake	24	Pierce	48	Wood	72

if New Facility

Bill to: Solid Waste Hazardous Waste Wastewater Water Supply Spills Other

I.D. Number _____ Point/Well # _____ Field No. _____ County # 64 Route Code SW7

I.D. Name S-23-1 P.O. or City Sylvan Property

Collection Date 09/19/89 Time: 12:21 Sample Location Soil beneath drum S-23

Description

Send Report To: Rich Gabins DNR Wausau

Account Number SW027

Collected By Rich Gabins

Phone (715) 848-2201

Check any appropriate:

S Split E Enforcement B Field Blank S Surface Source T Treated

Free Chlorine Residual (Field) _____ mg/L
Free Chlorine Residual (Lab) _____ mg/L

Detection limits (ug/L) are indicated by []	Detected	ug/L
— Benzene [1.0]	X 025	< 0.25
— Bromobenzene [4.0]	— 046	—
— Bromodichloromethane [2.0]**	— 051	—
— Bromoform [5.0]**	— 053	—
— Bromomethane [1.0]	— 055	—
— Carbon Disulfide [5.0]	— 071	—
— Carbon Tetrachloride [2.0]	— 073	—
— Chlorobenzene [2.0]	— 083	—
— Chloroethane [2.0]	— 087	—
— 2-Chloroethylvinyl ether [4.0]	— 093	—
— Chloroform [1.0]**	— 095	—
— o-Chlorotoluene [1.0]	— 108	—
— p-Chlorotoluene [1.0]	— 110	—
— Dibromomethane [2.0]	— 146	—
— Dibromochloromethane [2.0]**	— 147	—
— 1,2-Dibromo-3-Chloropropane [7.0]	— 148	—
— 1,2-Dichlorobenzene [2.0]	— 153	—
— 1,3-Dichlorobenzene [2.0]	— 155	—
— 1,4-Dichlorobenzene [2.0]	— 157	—
— 1,1-Dichloroethane [1.0]	— 165	—
— 1,2-Dichloroethane [1.0]	— 167	—
— 1,2-Dichloroethylene, cis [1.0]	— 168	—
— 1,1-Dichloroethylene [1.0]	— 169	—
— 1,2-Dichloroethylene, trans [1.0]	— 170	—
— 1,3-Dichloropropane [1.0]	— 178	—
— 1,1-Dichloropropene [2.0]	— 180	—
— 1,2-Dichloropropane [1.0]	— 181	—

- MW Monitoring Well
- LY Lysimeter
- LE Leachate
- SE Sediment
- SU Surface Water
- PW Private Well
- EF Effluent
- IF Influent
- SO Soil
- OI Oil
- SL Sludge
- OT Other
- OW Waste



Analysis Type:

- Q GC/MS Screen and Quantification
- S GC/MS Screen
- O Parameter Specific

(NOTE: if followup enter previous sample no.) _____

Water System Type (Water Supply Use ONLY)

- M Community-Municipal
- O Community-OTM
- N Non-community
- P Private
- X Non-potable
- Sample Type:
 - D (SDWA) Compliance Sample
 - C (SDWA) Check
 - W Raw Water if New Well
 - I Miscellaneous Distribution

Detected	ug/L
— 2,2-Dichloropropane [2.0]	— 182
— 1,3-Dichloropropene, cis [2.5]	— 183
— 1,3-Dichloropropene, trans [2.5]	— 185
— Ethylbenzene [1.0]	X 233
— Ethylene Dibromide [1.0]	— 236
— Methyl ethyl ketone (MEK) [12]	— 319
— Methylene Chloride [5.0]	— 325
— Styrene [2.0]	— 393
— 1,1,1,2-Tetrachloroethane [3.0]	— 396
— 1,1,2,2-Tetrachloroethane [3.0]	— 397
— Tetrachloroethylene [1.0]	— 399
— Tetrahydrofuran (THF) [200]	— 401
— Toluene [1.0]	X 411
— 1,2,4-Trichlorobenzene [1.0]	— 419
— 1,1,1-Trichloroethane [1.0]	— 421
— 1,1,2-Trichloroethane [2.0]	— 423
— Trichloroethylene [1.0]	— 425
— Trichlorofluoromethane [1.0]	— 427
— Trichlorotrifluoroethane [3.0]	— 428
— 1,2,3-Trichloropropane [2.0]	— 432
— Vinyl Chloride [1.0]	— 434
— Xylenes [2.0]	X 437

** Total Trihalomethanes

NO Detects

89-90 0921

Date Received And Sample No.

SEP 20 1989

2104

89-90 0921 HA

Date Reported

DPD A092709 CALT

Partial Instructions

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	Unique Well #	00004567	Blank	
Water Supply — Publics RAW DIST	PWS ID #	241005670	Well #	002
	PWS ID #	241005670	Blank	
Solid Waste/Hazardous Waste	License #	00130	Point ID	AD6
Wastewater	Permit #	0000030	Outfall #	001
Water Resources (STORET)	Storet #	265013	Basin #	051

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Crawford	12	Manitowoc	36	Sheboygan	60
Dane	13	Marathon	37	Taylor	61
Dodge	14	Marinette	38	Trempealeau	62
Door	15	Marquette	39	Vernon	63
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Dunn	17	Milwaukee	41	Walworth	65
Eau Claire	18	Monroe	42	Washburn	66
Florence	19	Oconto	43	Washington	67
Fond du Lac	20	Oneida	44	Waukesha	68
Forest	21	Outagamie	45	Waupaca	69
Grant	22	Ozaukee	46	Waushara	70
Green	23	Pepin	47	Winnebago	71
Green Lake	24	Pierce	48	Wood	72

if New Facility

Bill to: Solid Waste

Hazardous Waste

Wastewater

Water Supply

Spills

Other

I.D. Number _____

Point/Well # _____

Field No. _____

County # 64 Route Code SW 7

I.D. Name 5-21-1

P.O. or City Sylvan Property

Collection Date 09/19/89

Time: 12:00

Sample Location Drum 5-21

Description

Send Report To:

RICH EAKINS
DNR - Wausau

Account Number SW027

Collected By R Eakins

Phone (715) 848-2201

Check any appropriate:

- S Split
- E Enforcement
- B Field Blank
- S Surface Source
- T Treated

Free Chlorine Residual (Field) _____ mg/L

Free Chlorine Residual (Lab) _____ mg/L

Detection limits (ug/L) are indicated by []	Detected	ug/L
Benzene [1.0]	<u>X</u> 025	_____
Bromobenzene [4.0]	046	_____
Bromodichloromethane [2.0]**	051	_____
Bromoform [5.0]**	053	_____
Bromomethane [1.0]	055	_____
Carbon Disulfide [5.0]	071	_____
Carbon Tetrachloride [2.0]	073	_____
Chlorobenzene [2.0]	083	_____
Chloroethane [2.0]	087	_____
2-Chloroethylvinyl ether [4.0]	093	_____
Chloroform [1.0]**	095	_____
0-Chlorotoluene [1.0]	108	_____
P-Chlorotoluene [1.0]	110	_____
Dibromomethane [2.0]	146	_____
Dibromochloromethane [2.0]**	147	_____
1,2-Dibromo-3-Chloropropane [7.0]	148	_____
1,2-Dichlorobenzene [2.0]	153	_____
1,3-Dichlorobenzene [2.0]	155	_____
1,4-Dichlorobenzene [2.0]	157	_____
1,1-Dichloroethane [1.0]	165	_____
1,2-Dichloroethane [1.0]	167	_____
1,2-Dichloroethylene, cis [1.0]	168	_____
1,1-Dichloroethylene [1.0]	169	_____
1,2-Dichloroethylene, trans [1.0]	170	_____
1,3-Dichloropropane [1.0]	178	_____
1,1-Dichloropropene [2.0]	180	_____
1,2-Dichloropropane [1.0]	181	_____

- MW Monitoring Well
- LY Lysimeter
- LE Leachate
- SE Sediment
- SU Surface Water
- PW Private Well
- EF Effluent
- IF Influent
- SO Soil
- OI Oil
- SL Sludge
- OT Other
- OW Waste



Analysis Type: % level

Q GC/MS Screen and Quantification

S GC/MS Screen

O Parameter Specific

(NOTE: if followup enter previous sample no.) _____

X Flash Point

Water System Type (Water Supply Use ONLY)

- M Community-Municipal
- O Community-OTM
- N Non-community
- P Private
- X Non-potable
- Sample Type:
 - D (SDWA) Compliance Sample
 - C (SDWA) Check
 - (Initial Sample Date) _____
 - W Raw Water if New Well
 - I Miscellaneous Distribution

	Detected	ug/L
2,2-Dichloropropane [2.0]	182	_____
1,3-Dichloropropene, cis [2.5]	183	_____
1,3-Dichloropropene, trans [2.5]	185	_____
Ethylbenzene [1.0]	<u>X</u> 233	_____
Ethylene Dibromide [1.0]	236	_____
Methylethylketone (MEK) [12]	<u>X</u> 319	_____
Methylene Chloride [5.0]	325	_____
Styrene [2.0]	393	_____
1,1,1,2-Tetrachloroethane [3.0]	396	_____
1,1,2,2-Tetrachloroethane [3.0]	397	_____
Tetrachloroethylene [1.0]	399	_____
Tetrahydrofuran (THF) [200]	401	_____
Toluene [1.0]	<u>X</u> 411	_____
1,2,4-Trichlorobenzene [1.0]	419	_____
1,1,1-Trichloroethane [1.0]	421	_____
1,1,2-Trichloroethane [2.0]	423	_____
Trichloroethylene [1.0]	425	_____
Trichlorofluoromethane [1.0]	427	_____
Trichlorotrifluoroethane [3.0]	428	_____
1,2,3-Trichloropropane [2.0]	432	_____
Vinyl Chloride [1.0]	434	_____
Xylenes [2.0]	<u>X</u> 437	_____

** Total Trihalomethanes _____

Flash Point

NO Detects

> 140°F

Date Received And Sample No. 89-90 0981 SEP 21 1989

Date Reported UPD A092789CALF

ambient - 0.5 ml h.s

2126 KS9811A

Partial Instructions

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	Unique Well #	00004567	Blank	
Water Supply — Publics RAW	PWS ID #	241005670	Well #	002
	DIST PWS ID #	241005670	Blank	
Solid Waste/Hazardous Waste Wastewater	License #	00130	Point ID	AD6
	Permit #	0000030	Outfall #	001
Water Resources (STORET)	Storet #	265013	Basin #	051

The ID/Water System Name field should be the "entity" name, and depends on the program the sample is for. For example, Facility, Site, Licensee, River/Lake, Owner, etc.

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Green Lake	24	Pierce	48	Wood	72

If New Facility

Bill To: Solid Waste Hazardous Waste Wastewater Water Supply Spills Other _____

I.D. Number _____ Point/Well # _____ Field No. _____ County # _____ Route Code _____

I.D. Name 5-21-1 P.O. or City _____

Collection Date / / Time: : Sample Location _____

Description _____

Send Report To:

Account Number SW027

Collected By _____

Phone (____) _____

Check any appropriate:
 S Split E Enforcement B Field Blank
 Z Surface Source T Treated

- MW Monitoring Well EF Effluent OW Waste
- LY Lysimeter IF Influent
- LE Leachate SO Soil
- SE Sediment OI Oil
- SU Surface Water SL Sludge
- PW Private Well OT Other



Water System Type (Water Supply Use ONLY)

- M Community-Municipal
- O Community-OTM
- N Non-community
- P Private
- X Non-potable

Sample Type:
 W Raw Water if New Well
 I Miscellaneous Distribution

	Concentration
<input type="checkbox"/> Gasoline	_____
<input type="checkbox"/> Fuel Oil #1	_____
<input type="checkbox"/> Fuel Oil #2	_____
<input type="checkbox"/> Priority Pollutant Scan (Non-VOC)	_____
<input type="checkbox"/> PCB	_____
<input type="checkbox"/> Dieldrin	_____
<input type="checkbox"/> o,p DDE	_____
<input type="checkbox"/> p,p DDE	_____
<input type="checkbox"/> o,p DDD	_____
<input type="checkbox"/> p,p DDD	_____
<input type="checkbox"/> o,p DDT	_____
<input type="checkbox"/> p,p DDT	_____
<input type="checkbox"/> c-Chlordane	_____
<input type="checkbox"/> t-Chlordane	_____
<input type="checkbox"/> c-Nonachlor	_____
<input type="checkbox"/> t-Nonachlor	_____

<input type="checkbox"/> Aldrin	_____
<input type="checkbox"/> Endrin	_____
<input type="checkbox"/> Hexachlorobenzene	_____
<input type="checkbox"/> Alpha BHC	_____
<input type="checkbox"/> Gamma BHC	_____
<input type="checkbox"/> Methoxychlor	_____
<input type="checkbox"/> Toxaphene	_____
<input checked="" type="checkbox"/> Pentachlorophenol	<u>< 0.05 ug/g</u>
<u>Fingerprint if possible</u>	<u>Lube Oil</u>

Comments: _____

Partial Instructions

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	DIST PWS ID #	241005670	Blank	
Solid Waste/Hazardous Waste	License #	00130	Point ID	AD6
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Water Resources (STORET)	Storet #	265013	Basin #	051

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BAYFIELD	04	JEFFERSON	28	RACINE	52
BROWN	05	JUNEAU	29	RICHLAND	53
BUFFALO	06	KENOSHA	30	ROCK	54
BURNETT	07	KEWAUNEE	31	RUSK	55
CALUMET	08	LA CROSSE	32	ST. CROIX	56
CHIPPEWA	09	LAFAYETTE	33	SAUK	57
CLARK	10	LANGLADE	34	SAWYER	58
COLUMBIA	11	LINCOLN	35	SHAWANO	59
CRAWFORD	12	MANITOWOC	36	SHEBOYGAN	60
DANE	13	MARATHON	37	TAYLOR	61
DODGE	14	MARINETTE	38	TREMPEALEAU	62
DOOR	15	MARQUETTE	39	VERNON	63
DOUGLAS	16	MENOMINEE	40	VILAS	64
DUNN	17	MILWAUKEE	41	WALWORTH	65
EAU CLAIRE	18	MONROE	42	WASHBURN	66
FLORENCE	19	OCONTO	43	WASHINGTON	67
FOND DU LAC	20	ONEIDA	44	WAUKESHA	68
FOREST	21	OUTAGAMIE	45	WAUPACA	69
GRANT	22	OZAUKEE	46	WAUSHARA	70
GREEN	23	PEPIN	47	WINNEBAGO	71
GREEN LAKE	24	PIERCE	48	WOOD	72

if New Facility

Bill to: Solid Waste Hazardous Waste Wastewater Water Supply Spills Other

I.D. Number _____ Point/Well # _____ Field No. _____ County # 64 Route Code SW7

I.D. Name S-23-2 P.O. or City _____

Collection Date 09/19/89 Time: 12:27 Sample Location Soil from base of drum S-23

Description

Send Report To: Rich Ekins DNR Wausau

Account Number SW026

Collected By Rich Ekins

Phone (715) 848-2201

Check all appropriate:

S Split F Filtered R RCRA B Field Blank E Enforcement

- MW Monitoring Well
- LY Lysimeter
- LE Leachate
- SE Sediment
- SU Surface Water
- PW Private Well
- EF Effluent - OW Waste
- IF Influent
- SO Soil
- OI Oil
- SL Sludge
- OT Other

SOIL **ENF**

Depth to Groundwater 72002

Water Elevation (MSL) 00842 247

Temperature (°C) 00010 131

Cond-fld (Uncorrected) _____

Cond-fld (uMHOS/CM@25°C) 00872 115

Ph-Field (su) 00400 096

BOD estimate _____

Compliance Sample? Yes No

- Alkalinity (as CaCO)
- Ammonia-N
- Arsenic (As) ICP as per D.K.P. PTB
- Barium (Ba)
- BOD₅ Day
- Boron (B)
- Cadmium (Cd)
- Calcium (Ca)
- COD
- Cond-Lab(uMHOS)@25°C
- Chloride (Cl)
- Chromium (Cr)
- Chromium Hex
- Copper (Cu)
- Fluoride (F)
- Hardness (as CaCO₃)
- Iron (Fe)

- Lead (Pb)
- Magnesium (Mg)
- Manganese (Mn)
- Mercury (Hg)
- NO₃ + NO₂ (as N)
- Kjeldahl-N
- pH - Lab (Su)
- Selenium (Se)
- Sodium (Na)
- Sulfate (SO₄)
- Total Solids
- Total Dis. Solids
- Zinc (Zn)

Comments or add. parameters
EP tox if conc high enough

Analyses for SOLIDS are reported in mg/Kg. NON-SOLIDS are reported in mg/L or ug/L depending on parameter and whether Total or Dissolved.

R.H. Laessig, PhD., Director
Wisconsin State Laboratory of Hygiene
Madison, Wisconsin 53706

Date Received And Sample No. _____
Date Reported _____
SEP 21 09 027931

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Adair	05	Juneau	29	Richland	53
Adair	06	Kenosha	30	Rock	54
Adair	07	Kewaunee	31	Rusk	55
Adair	08	La Crosse	32	St. Croix	56
Adair	09	Lafayette	33	Sauk	57
Adair	10	Langlade	34	Sawyer	58
Adair	11	Lincoln	35	Shawano	59
Adair	12	Manitowoc	36	Sheboygan	60
Adair	13	Marathon	37	Taylor	61
Adair	14	Marinette	38	Trempealeau	62
Adair	15	Marquette	39	Vernon	63
Adair	16	Menominee	40	Vilas	64
Adair	17	Milwaukee	41	Walworth	65
Adair	18	Monroe	42	Washburn	66
Adair	19	Oconto	43	Washington	67
Adair	20	Outagamie	44	Waukesha	68
Adair	21	Outagamie	45	Waupaca	69
Adair	22	Ozaukee	46	Waushara	70
Adair	23	Pepin	47	Winnebago	71
Adair	24	Pierce	48	Wood	72

if New Facility Bill to: Solid Waste Hazardous Waste Wastewater Water Supply Spills Other

I.D. Number _____ Point/Well # _____ Field No. _____ County # 64 Route Code SW7

I.D. Name S-27-1 P.O. or City _____

Collection Date 09/19/89 Time: 12:15 Sample Location Soil from bottom of drum S-27

Description _____

Send Report To: Rich Eskins
DNR Wausau

Account Number SW026

Collected By Rich Eskins

Phone (715) 848-2201

Check all appropriate:
 S Split F Filtered R RCRA E Enforcement B Field Blank

<input type="checkbox"/> MW Monitoring Well	<input type="checkbox"/> EF Effluent - OW Waste
<input type="checkbox"/> LY Lysimeter	<input type="checkbox"/> IF Influent
<input type="checkbox"/> LE Leachate	<input checked="" type="checkbox"/> SO Soil
<input type="checkbox"/> SE Sediment	<input type="checkbox"/> OI Oil
<input type="checkbox"/> SU Surface Water	<input type="checkbox"/> SL Sludge
<input type="checkbox"/> PW Private Well	<input type="checkbox"/> OT Other

Depth to Groundwater 72002
Water Elevation (MSL) 00842 247
Temperature (°C) 00010 131
Cond-fld (Uncorrected) _____
Cond-fld (uMHOS/CM@25°C) 00872 115
Ph-Field (su) 00400 096
BOD estimate _____
Compliance Sample? Yes No

SOL



Alkalinity (as CaCO)
 Ammonia-N
 Arsenic (As) ICP as per DR-P MTD
 Barium (Ba)
 BOD₅ Day
 Boron (B)
 Cadmium (Cd)
 Calcium (Ca)
 COD
 Cond-Lab(uMHOS)@25°C
 Chloride (Cl)
 Chromium (Cr)
 Chromium Hex
 Copper (Cu)
 Fluoride (F)
 Hardness (as CaCO₃)
 Iron (Fe)

Lead (Pb)
 Magnesium (Mg)
 Manganese (Mn)
 Mercury (Hg) X
 NO₃ + NO₂ (as N)
 Kjeldahl-N
 pH - Lab (Su)
 Selenium (Se)
 Sodium (Na)
 Sulfate (SO₄)
 Total Solids
 Total Dis. Solids
 Zinc (Zn)

Comments or add. parameters
EP tox if conc high enough

Analyses for SOLIDS are reported in mg/Kg. NON-SOLIDS are reported in mg/L or ug/L depending on parameter and whether Total or Dissolved.

R.H. Laessig, PhD., Director
Wisconsin State Laboratory of Hygiene
Madison, Wisconsin 53706

Date Received And Sample No. _____

Date Reported SEP 21 89 027929

Partial Instructions

See Chapter 4 "Completing Lab Slips" of the *Environmental Field Sampling Handbook* for further instructions and definitions.

The ID number and Point/Well (PW) fields should contain the appropriate IDs, left justified, for the program system the sample is for:

Program	ID Number	Example	PW	Example
Water Supply — Privates	SID # OR Unique Well #	026003450 00004567	Well # Blank	002 (opt)
Water Supply — Publics RAW	PWS ID #	241005670	Well #	002
DIST	PWS ID #	241005670	Blank	
Solid Waste/Hazardous Waste	License #	00130	Point ID	AD6
Wastewater	Permit #	0000030	Outfall #	001
Water Resources (STORET)	Storet #	265013	Basin #	051

The ID/Water System Name field should be the "entity" name, and depends on the program the sample is for. For example, Facility, Site, Licensee, River/Lake, Owner, etc.

The Route Code is a four digit code which will be used to route the completed lab slip from the SLOH to whoever wants the results.

- First two digits — Program code: WW, SW, WS, EE, etc.
- Third digit — District code: 1, 2, 4, 6, 7, 8
- Fourth digit — Area Office code: 1, 2, 3, 4 (see DNR Handbook)

County Code

Adams	01	Iowa	25	Polk	49
Ashland	02	Iron	26	Portage	50
Barron	03	Jackson	27	Price	51
Bayfield	04	Jefferson	28	Racine	52
Brown	05	Juneau	29	Richland	53
Buffalo	06	Kenosha	30	Rock	54
Burnett	07	Kewaunee	31	Rusk	55
Calumet	08	La Crosse	32	St. Croix	56
Chippewa	09	Lafayette	33	Sauk	57
Clark	10	Langlade	34	Sawyer	58
Columbia	11	Lincoln	35	Shawano	59
Crawford	12	Manitowoc	36	Sheboygan	60
Dane	13	Marathon	37	Taylor	61
Dodge	14	Marquette	38	Trempealeau	62
Door	15	Marquette	39	Vernon	63
Douglas	16	Menominee	40	Vilas	64
Dunn	17	Milwaukee	41	Walworth	65
Eau Claire	18	Monroe	42	Washburn	66
Florence	19	Oconto	43	Washington	67
Fond du Lac	20	Oneida	44	Waukesha	68
Forest	21	Outagamie	45	Waupaca	69
Grant	22	Ozaukee	46	Waushara	70
Green	23	Pepin	47	Winnebago	71
Green Lake	24	Pierce	48	Wood	72

if New Facility
Bill to: Solid Waste Hazardous Waste Wastewater Water Supply Spills Other

I.D. Number _____ Point/Well # _____ Field No. _____ County # 64 Route Code SW 7

I.D. Name 5-27-2 P.O. or City _____

Collection Date 09/19/89 Time: 12:17 Sample Location Residue from drum 5-27

Description _____

Send Report To: Rich Eakins WDNR

Account Number SW026

Collected By Rich Eakins

Phone (715) 848-2201

Check all appropriate:

- S Split
- F Filtered
- R RCRA
- E Enforcement
- B Field Blank

- MW Monitoring Well
- LY Lysimeter
- LE Leachate
- SE Sediment
- SU Surface Water
- PW Private Well
- EF Effluent - OW Waste
- IF Influent
- SO Soil
- OI Oil
- SL Sludge
- OT Other

Depth to Groundwater 72002

Water Elevation (MSL) 00842 247

Temperature (°C) 00010 131

Cond-fld (Uncorrected) _____

Cond-fld (uMHOS/CM@25°C) 00872 115

Ph-Field (su) 00400 096

BOD estimate _____

Compliance Sample? Yes No

- Alkalinity (as CaCO)
- Ammonia-N
- Arsenic (As) *IL Pass per D.K-P 197B*
- Barium (Ba)
- BOD₅ Day
- Boron (B)
- Cadmium (Cd)
- Calcium (Ca)
- COD
- Cond-Lab(uMHOS)@25°C
- Chloride (Cl)
- Chromium (Cr)
- Chromium Hex
- Copper (Cu)
- Fluoride (F)
- Hardness (as CaCO₃)
- Iron (Fe)

- Lead (Pb)
- Magnesium (Mg)
- Manganese (Mn)
- Mercury (Hg)
- NO₃ + NO₂ (as N)
- Kjeldahl-N
- pH - Lab (Su)
- Selenium (Se)
- Sodium (Na)
- Sulfate (SO₄)
- Total Solids
- Total Dis. Solids
- Zinc (Zn)

Comments or add. parameters
EP tox if conc high enough

Analyses for SOLIDS are reported in mg/Kg. NON-SOLIDS are reported in mg/L or ug/L depending on parameter and whether Total or Dissolved.

R.H. Laessig, Ph.D., Director
Wisconsin State Laboratory of Hygiene
Madison, Wisconsin 53706

Date Received And Sample No. SEP 21 89 027930
Date Reported _____

Partial Instructions

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The ID number and Point/Well (PW) fields should contain the appropriate IDs, left justified, for the program system the sample is for:

Program	ID Number	Example	PW	Example
Water Supply — Privates	SID # OR Unique Well #	026003450 00004567	Well # Blank	002 (opt)
Water Supply — Publics RAW	PWS ID #	241005670	Well #	002
DIST	PWS ID #	241005670	Blank	
Land Waste/Hazardous Waste	License #	00130	Point ID	AD6
Wastewater	Permit #	0000030	Outfall #	001
Water Resources (STORET)	Storet #	265013	Basin #	051

The ID/Water System Name field should be the "entity" name, and depends on the program the sample is for. For example, Facility, Site, Licensee, River/Lake, Owner, etc.

The Route Code is a four digit code which will be used to route the completed lab slip from the LOH to whoever wants the results.

- First two digits — Program code: WW, SW, WS, EE, etc.
- Third digit — District code: 1, 2, 4, 6, 7, 8
- Fourth digit — Area Office code: 1, 2, 3, 4 (see DNR Handbook)

County Code

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Benton	05	Juneau	29	Richland	53
Buffalo	06	Kenosha	30	Rock	54
Burnett	07	Kewaunee	31	Rusk	55
Butler	08	La Crosse	32	St. Croix	56
Chippewa	09	Lafayette	33	Sauk	57
Clark	10	Langlade	34	Sawyer	58
Columbia	11	Lincoln	35	Shawano	59
Crawford	12	Manitowoc	36	Sheboygan	60
Dane	13	Marathon	37	Taylor	61
Dodge	14	Marquette	38	Trempealeau	62
Doolittle	15	Marquette	39	Vernon	63
Douglas	16	Menominee	40	Vilas	64
Dunn	17	Milwaukee	41	Walworth	65
EAU Claire	18	Monroe	42	Washburn	66
Florence	19	Oconto	43	Washington	67
Fond du Lac	20	Oneida	44	Waukesha	68
Forest	21	Outagamie	45	Waupaca	69
Grant	22	Ozaukee	46	Waushara	70
Green	23	Pepin	47	Winnebago	71
Green Lake	24	Pierce	48	Wood	72

CHAIN OF CUSTODY RECORD

SAMPLE COLLECTOR Rich Eskins TITLE/WORK STATION H.W. Specialist, Warsaw TELEPHONE NO. 715 848 2201

PROPERTY OWNER Sylvan PROPERTY ADDRESS Phelps TELEPHONE NO. _____

PHOTOGRAPHS (Optional): YES NO (Circle One)

FACILITY PROPERTY OWNER SPLIT SAMPLES
 ACCEPTED _____ SIGNATURE _____
 REJECTED _____ SIGNATURE _____

SAMPLE NO.	DATE	TIME	COMP.	GRAB.	STATION LOCATION	LAB ID	COMMENTS
					SAMPLE DESCRIPTION	NUMBER	
5-27-2	9/19/89	12:17		✓	residue from drum 5-27	27929	
5-27-1	9/19/89	12:15		✓	soil base of drum 5-27	27930	
5-23-2	9/19/89	12:27		✓	soil base of drum 5-23	27931	

I hereby certify that I received, properly handled, and disposed of these samples as noted below:

Richard Eskins 9/22/89 Packed for US mail 5:15 PM

Relinquished by:(Signature)	Date/Time	Received by:(Signature)	Relinquished by:(Signature)	Date/Time	Received by:(Signature)
Relinquished by:(Signature)	Date/Time	Received by:(Signature)	Received for Laboratory by:(Signature)	Date/Time	
			<u>R. Kennedy</u>	<u>9/21/89 7:16 AM</u>	

Disposition of Unused Portion of Sample
 Dispose _____ Retain for _____ days
 Return _____ Other _____

CHAIN OF CUSTODY RECORD

SAMPLE COLLECTOR Rich Ekins TITLE/WORK STATION H.W. Specialist / Wausau TELEPHONE NO. 715 848 2201

PROPERTY OWNER Sylvan (Christiansen) PROPERTY ADDRESS Phelps WI TELEPHONE NO. _____

PHOTOGRAPHS (Optional): YES NO (Circle One)

FACILITY PROPERTY OWNER SPLIT SAMPLES
ACCEPTED _____ SIGNATURE _____

REJECTED _____ SIGNATURE _____

SAMPLE NO.	DATE	TIME	COMP.	GRAB.	STATION LOCATION	LAB ID NUMBER	COMMENTS
					SAMPLE DESCRIPTION		
5-21-1	9/19/89	12:00		X	Liquid from drum 5-21	981	oily waste liquid

I hereby certify that I received, properly handled, and disposed of these samples as noted below:

Richard Ekins 9/20/89 Repacked at 4:00 for UPS shipment

Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Relinquished by: (Signature)	Date/Time	Received by: (Signature)
Relinquished by: (Signature)	Date/Time	Received by: (Signature)	Received for Laboratory by: (Signature)	Date/Time	
			<u>David Dejenhardt</u>	<u>9/21/89 4:00 pm.</u>	

Disposition of Unused Portion of Sample
 Dispose _____ Retain for _____ days
 Return _____ Other _____