Six Month Influent Characterization

6/13/00		7/20/00		8/7/00	
Hach Hex Ch	SLOH Hex Ch	Hach Hex Ch	SLOH Hex Ch	Hach Hex	SLOH Hex
0.3	0.1650	1.3	2.7	2.8	3.4

9/13/00 501		9/13/00 Blind Sample 502		10/18/00 →	
Hach	SLOH	Hach	SLOH	Hach	SLOH
2.0	1.6	4.0-4.25	3.90	2.25	2.41*

* Holding Time Exceeded

JENNIFER HUFFMAN - WDNR
3369 W BREWSTER ST
APPLETON WI 54914

ENFORCEMENT

Sample(s) will be disposed of ninety days from the date the sample is reported, unless this form is completed and returned to:

Attn: Julie
Inorganic Chemistry Unit
Wis. State Lab. of Hygiene
2601 Agriculture Drive
P.O. Box 7996
Madison, WI 53707-7996

Collector: HUFFMAN

District/Area: North East

Phone Number:

Sample Number(s): IL012031

Report date: 01/25/01

___Retain sample(s) for ___ days.
___Retain sample(s) until further notice.

State Laboratory of Hygiene
University of Wisconsin Center for Health Sciences
2601 Agriculture Drive, Madison, WI 53707-7996
R.H. Laessig, Ph.D., Director D.F. Kurtycz, M.D., Medical Director

---

Environmental Science Section (608) 224-6277 DNR LAB ID 113133790
Inorganic chemistry

Id: 445014460 Point/Well/..: 001 Field #: S01 Route: RR40
Collection Date: 11/20/00 Time: 14:30 County: 45 (Outagamie)
From: NW MAUTHE SUPERFUND SITE 725 S OUTAGAMIE APPLETON
Description: UNTREATED INFLUENT SAMPLE COLLECTED FROM STORAGE TANK
To: JENNIFER HUFFMAN Type: Compliance
DNR Source: Influent
APPLETON
Account number: RR019 Collected by: HUFFMAN
Enforcement
Date Received: 11/21/00 Labslip #: IL012031 Reported: 01/25/01

ALUMINUM, TOTAL REC, ICP (SW846 6010B)	ND (LOD=31 UG/L)
ARSENIC, TOTAL REC, AA FURN (SM 3113B)	ND (LOD=0.8 UG/L)
CADMIUM, TOTAL REC, AA FURN (SM 3113B)	0.06 UG/L
detected between 0.04 (LOD) and 0.12 (LOQ) UG/L	
CHROMIUM, TOTAL REC, ICP (SW846 6010B)	2200. UG/L
CHROMIUM, HEXAVALENT (USGS I-1230-85)	2400. UG/L
COPPER, TOTAL REC, ICP (SW846 6010B)	ND (LOD=5 UG/L)
CYANIDE (EPA 335.4)	ND (LOD=0.004 MG/L)
DIG, TOTAL REC, ICP, LIQUIDS (SW846 3005A)	DIG MET
DIG, TOTAL REC, AA FURN, LIQUID (SM 3030E)	DIG MET
DIG 760.1, TOT REC, LIQ, AS/SE ONLY (SW846 7060A)	DIG MET
LEAD, TOTAL REC, AA FURN (SM 3113B)	ND (LOD=0.8 UG/L)
MERCURY, AA COLD VAPOR (EPA 245.1)	ND (LOD=0.03 UG/L)
NICKEL, TOTAL REC, ICP (SW846 6010B)	ND (LOD=9 UG/L)
ZINC, TOTAL REC, ICP (SW846 6010B)	ND (LOD=19 UG/L)
TEMPERATURE ON RECEIPT	ICED C
ICP TEST	ICP

State of Wisconsin
Laboratory of Hygiene

Inorganic Test Request

Form 4800-15 (R 2/99) Page 1 of 2

License #, I.D. Number, Permit or STORET	Point, Well or Outfall #	Field Number	County #	Route Code
445014460	001	S01	45	RR4

Waterbody Number	Sample Address or Location
	N.W. Mauthe Superfund Site, 725 S. Outagamie, Appleton

Sample Point Description: Untreated Influent Sample Collected from Storage Tank

Send Report To

First Name	Last Name
Jennifer	Huffman

Address: WDNR 3369 W. Brewster St.

City	State	Zip
Appleton	WI	54914

Date Results Needed (MM/DD/YYYY)	Fax Res?	Fax Number
12-20-2000	No	—

Account Number	Collected By
RR019	Jennifer Huffman

Lakes Grant or WR Project #	Telephone Number
	920-832-1803

Begin or Grab Date (MM/DD/YYYY)	Begin Time (24-hr clock)
11-20-2000	14:30
End Date - For Composite Samples Only (MM/DD/YYYY)	End Time (24-hr clock) - For Composite Samples Only

Sample Type (Non WS):

- [ ] SU Surface Water
- [ ] NP Storm Water
- [ ] SE Sediment
- [ ] SL Sludge
- [ ] LE Leachate
- [ ] TI Tissue
- [ ] EF Effluent (Treated Wastewater)
- [x] IF Influent (Untreated Wastewater)
- [ ] MW Monitoring Well
- [ ] LY Lysimeter
- [ ] SO Soil
- [ ] OI Oil
- [ ] OW Waste

For Lab Use: Priority

Water System Type (Water Supply Use ONLY):

- [ ] MC Community-Municipality
- [ ] OC Com.-Other than Municipal
- [ ] TN Transient Non-Community
- [ ] NN Non-Transient Non-Community
- [ ] P Private
- [ ] X Non-Potable

Sample Sources (WS ONLY):

- [ ] D Distribution
- [ ] E Entry Point
- [ ] W Well

Sample Type (SDWA ONLY):

- [ ] D Compliance Sample
- [ ] C Confirmation
- [ ] W Raw Water Sample
- [ ] I Investigation

Is Sample Chlorinated? [ ] Yes [x] No

Check any appropriate: [ ] S Split [ ] B Field Blank [x] E Enforcement [x] Y Compliance

Depth of Sample (feet or meters) ___ F or M ___ . ___

Field Parameters - Optional

Sample Temperature - field (°C)		___ . ___
Ambient Air Temperature - field (°C)		___ . ___
DO field (mg/l)		___ . ___
pH (su) field		___ . ___
Secchi Depth (feet or meters)	___ F or M	___ . ___
Cloud Cover %		___ %
Cond-fld (µMHOS/CM@25°C)		___
Gage Height (ft)		___ . ___
Flow cfs		___ . ___
Flow MGD		___
Depth to Groundwater (ft)		___
Turbidity (NTU)		___ . ___

Plastic Quart Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Total Solids
- [ ] Vol. Total Solids
- [ ] Susp. Solids (≥ 10 mg/l)
- [ ] TSS Low Level **(Submit Additional Sample)**
- [ ] Vol. Susp. Solids
- [ ] Total Dissolved Solids
- [ ] BOD Dissolved
- [ ] BOD_5 Total (≥ 6 mg/l)
- [ ] BOD Total Low Level **(Submit Additional Sample)**
- [ ] Alkalinity, pH, & Conductivity
- [ ] pH only (non-Waste or non-Compliance)
- [ ] Chloride
- [ ] Color
- [ ] Fluoride
- [ ] Sulfate
- [ ] Sulfide **(notify lab before collecting sample)**
- [ ] Turbidity

BOD Estimate Required ___ mg/l

- [x] Cyanide, Total
- [ ] Cyanide, Amendable to Chlorination
- [ ] Chlorophyl A ([ ] Uncorrected or [ ] Corrected)

(if Field Filtered, give ml ___ filtered)

60 ml Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] NO + NO as Nitrogen (Drinking Water)
- [ ] Nitrite (NO) as Nitrogen
- [ ] Diss.-Orthophosphate
- [ ] Diss. Silica

Quart Mason Jar (Also TCLP Metals)

- [ ] Oil & Grease
- [ ] pH (Waste Samples Only)

250 ml Bottle for Nutrients or Metals - Check each of the following boxes that apply

Metals Bottle **(Acidify W/Nitric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Low Level Metals (e.g., Surface Waters by ICP/MS) Note: Special Bottles Needed
- [ ] TCLP (Toxicity Characteristic Leaching Procedure)(*TC Regulated Metals)(Use Mason Jar)
- [x] Total Recoverable Metals
  - [x] Aluminum
  - [ ] Antimony
  - [x] Arsenic*
  - [ ] Barium*
  - [ ] Beryllium
  - [ ] Boron
  - [x] Cadmium*
  - [ ] Calcium
  - [x] Chromium, Total*
  - [x] Chromium, Hexavalent[1]
  - [x] Copper
  - [ ] Hardness-as $CaCO_3$
  - [ ] Iron
  - [x] Lead
  - [ ] Magnesium
  - [ ] Manganese
  - [x] Mercury*
  - [ ] Molybdenum
  - [x] Nickel
  - [ ] Potassium
  - [ ] Selenium
  - [ ] Silver
  - [ ] Sodium
  - [ ] Thallium
  - [x] Zinc

[1] Cool to 4°C Only

Results ASAP. Please!

Nutrients Bottle **(Acidify W/Sulfuric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Tot.-Phosphorus
- [ ] Ammonia-N
- [ ] Total Kjeldahl-N
- [ ] NO_2 + NO_3 as Nitrogen
- [ ] Chemical Oxygen Demand (COD)

Please indicate which analyte groups (if any) have been field filtered by checking the box and noting on the lid of the sample bottle.

Bacti Bottle

- [ ] MFFCC*
- [ ] Fecal Strep.*

MFFCC Estimate: ___

*Samples for both water chemistry and water bacteriology should be submitted in separate bottles with separate test request forms.

Additional parameters

EMF

Nov 2 1 00 0 1 2 0 3 1

Partial Instructions

See Chapter 4 "Lab Slips" of the *Field Procedures Manual* (see http://intranet/int/es/science/ls/fpm/IV.htm) for further instructions and definitions.

The **ID Number, Permit or STORET and Point/Well fields** should contain the appropriate IDs, left justified, for the program system the sample is for:

Program	ID Number	Example	Pt./Well	Example
Water Supply - Privates	Unique Well #	AA999	Blank	
Water Supply - Publics RAW	PWS ID #	24100567	Well #	002
Water Supply - Publics DIST	PWS ID #	24100567	Blank	
Waste Management	License #	00130	Point ID	AD6
Watershed Management	Permit #	0000030	Outfall #	001
Fish Management & Habitat Protection	Storet #	265013	Blank	
Remediation & Redevelopment	CERCLIS #	006094197	Point ID	001
Remediation & Redevelopment	FID	268181770	Point ID	001
Remediation & Redevelopment	Brownfields #	000000003	Point ID	001

The **Sample Address or Location field** should be the "entity" name, and depends on the program the sample is for. For example, Facility, Site, Licensee, River/Lake, Owner, etc. Following this information, include the address of the facility or site (if appropriate).

The **Sample Point Description field** should include a description of the point within the property that the sample was collected. For example, secondary settling tank effluent or faucet prior to pressure tank.

The **Route Code** is a four-character code, which will be used to route the sample results from SLOH to whoever wants the results ("Send Report To:" field). These results are routed by the State Laboratory of Hygiene Computer.

First two characters	- Program code: WT, WA, DG, FH, etc.
Third character	- Region code: 1, 2, 4, 6, 7, 8 (see http://intranet/int/es/science/ls/fpm/IV.htm)
Fourth character	- Blank

The **Account Number** must be completed in order for the samples to be billed to the correct funding source. If you are unsure what the proper account number is refer to http://intranet/int/es/science/ls/Account.htm or contact the DNR Laboratory Coordinator or the State Laboratory of Hygiene.

The **Lake Grant or WR Project # field** should include the Lake Planning Grant Number or the Water Resources Approved Monitoring Plan Number.

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	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

State of Wisconsin
Department of Natural Resources

CHAIN OF CUSTODY RECORD
LUST PROGRAM
Form 4400-151 Rev. 4-93

Note: Use of this form is voluntary but is requested by the Department pursuant to ch. NR 149, NR 500-540, NR 158 and NR 419, Wis. Adm. Code. Personally identifiable information will be used for no other purpose.

Sample Collector(s)	Title/Work Station/Company	Telephone Number (include area code)
Jennifer Huffman	Hydrogeologist/Appleton/WDNR	920-832-1803
Property Owner	**Property Address**	**Telephone Number (include area code)**
Carol Mauthe	725 S. Outagamie St., Appleton, WI	None Available

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

Relinquished by (Signature)	Date/Time	Received By (Signature)
Jennifer Huffman	11/20/00, 15:15	Dan Gilbertson 11-21-00 9:40
Relinquished by (Signature)	Date/Time	Received By (Signature)
Dan Gilbertson	11/21/00 9:50	Chr Mlsny
Relinquished by (Signature)	Date/Time	Received for Laboratory By (Signature)

Sample Condition on Receipt by Laboratory
LABORATORY USE ONLY

Temperature of temperature blank:

If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Field ID Number[1]	Date Collected	Time Collected	Sample Type[2]	Sample Device[3]	Preserv. Type	Field Screening	Description	Analysis Type	Lab ID Number	No./Type of Containers	Cracked /Broken	Improperly Sealed	Good Condition	Other Comments
SO1	11/20/00	14:30 JBH	GW	*	HNO_3, Ice	None	Untreated Influent	Al, As, Cd, Ch, Cu, Pb, Ni, Zn	IL 8 1203					
↓	↓	↓	↓	↓	Ice	↓	↓	Hexavalent Chromium						
↓	↓	↓	↓	↓	NaOH, Ice	↓	↓	Cyanide, total						
↓	↓	↓	↓	↓	HNO_3, Ice	↓	↓	Mercury total						

[1]Sample description must clearly correlate the sample ID to the sampling location shown on a map.
[2]Specify groundwater, surface water, soil, leachate, sludge, etc.
[3]Type of sampling device; split spoon, hand auger, metal spatula, soil syringe, etc.

DEPARTMENT USE/OPTIONAL FOR SOIL SAMPLERS

Disposition of unused portion of sample

Laboratory should: ☒ Dispose ☐ Retain for _ days ☐ Return ☐ Other

* Collected from Sample tap on Storage Tank.

DEPARTMENT USE ONLY

Split Samples: Offered? ☐ Yes ☒ No (Check One)
Accepted? ☐ Yes ☐ No (Check One)

Accepted By: _____ Signature

Chain of Custody #s: 34175 & 34176

CORRESPONDENCE/MEMORANDUM

State of Wisconsin

DATE: November 22, 2000

TO: Mauthe Site Superfund File

FROM: Jennifer Huffman - NER JBH

SUBJECT: Influent Characterization Sample Collection on November 20, 2000

The purpose of this memo is to document the collection of an untreated groundwater sample from the storage tank at the Mauthe Pretreatment building and having it analyzed for several metals. This was the last of six monthly sampling events to characterize the untreated influent. The sample, S01, was collected directly into the sample jars at the sample tap on the storage tank. The storage tank sample tap was purged of approximately 2 gallons prior to sample collection. On November 20, 2000 at 14:30, I collected sample S01 for the following:

- One Quart sample container for total cyanide analysis, preserved with NaOH to a pH greater than 12 and placed in a cooler with ice.
- One 250 ml sample container for total metals analysis of aluminum, arsenic, cadmium, chromium, copper, lead, nickel, and zinc. Sample was preserved with HNO3 to a pH less than 2 and placed in a cooler with ice.
- One 250 ml sample container for mercury analysis, preserved with HNO3 to a pH less than 2 and placed in a cooler with ice.
- One 250 ml sample container for hexavalent chromium analysis and placed in a cooler with ice.

I also collected a split sample of S01 at the same time and analyzed it on site for hexavalent chromium using the Hach Test kit. The result from the first analysis was greater than 1.5 mg/l and out of the range of the test kit. So a fresh split sample was reanalyzed by diluting 10 ml of it with 40 ml distilled water, placing 10 ml of the diluted sample in the test tube, and adding one pillow of reagent. An estimated reading of 0.5 mg/l was determined using the color disc. This result was multiplied by a factor of 5 that resulted in an estimated concentration of 2.5 mg/l. The dilution and analysis were performed according to directions received from the Hach Company dated August 7, 2000. These results will be compared to the results from the State Lab of Hygiene.

The analysis request and chain of custody form for sample S01 was filled out and placed in the cooler with the sample containers. The samples were sent at approximately 3:30 pm on November 20, 2000 to the State Lab of Hygiene via overnight courier. The courier was UPS Ground and the tracking number was 1Z8274340340890524. According to the UPS web site tracking information, they were delivered to the SLOH at 9:15 am on November 21, 2000.

Attachments

Cc: Gary Edelstein – RR/3 (w/attachments)

State of Wisconsin
Laboratory of Hygiene

Inorganic Test Request

Form 4800-15 (R 2/99) Page 1 of 2

License #, I.D. Number, Permit or STORET	Point, Well or Outfall #	Field Number	County #	Route Code
445014460	001	S01	45	RR4

Waterbody Number	Sample Address or Location
	N.W. Mauthe Superfund Site, 725 S. Outagamie, Appleton

Sample Point Description: Untreated Influent Sample Collected from Storage Tank

Send Report To

First Name	Last Name
Jennifer	Huffman

Address: WDNR 3369 W. Brewster St.

City	State	Zip
Appleton	WI	54914

Date Results Needed (MM/DD/YYYY)	Fax Res?	Fax Number
12-20-2000	No	—

Account Number	Collected By
RR019	Jennifer Huffman

Lakes Grant or WR Project #	Telephone Number
	920-832-1803

Begin or Grab Date (MM/DD/YYYY)	Begin Time (24-hr clock)
11-20-2000	14:30

End Date - For Composite Samples Only (MM/DD/YYYY)	End Time (24-hr clock) - For Composite Samples Only

Sample Type (Non WS):

- ☐ SU Surface Water
- ☐ NP Storm Water
- ☐ SE Sediment
- ☐ SL Sludge
- ☐ LE Leachate
- ☐ TI Tissue
- ☐ EF Effluent (Treated Wastewater)
- ☒ IF Influent (Untreated Wastewater)
- ☐ MW Monitoring Well
- ☐ LY Lysimeter
- ☐ SO Soil
- ☐ OI Oil
- ☐ OW Waste

For Lab Use Priority

Water System Type (Water Supply Use ONLY):

- ☐ MC Community-Municipality
- ☐ OC Com.-Other than Municipal
- ☐ TN Transient Non-Community
- ☐ NN Non-Transient Non-Community
- ☐ P Private
- ☐ X Non-Potable

Sample Sources (WS ONLY):

- ☐ D Distribution
- ☐ E Entry Point
- ☐ W Well

Sample Type (SDWA ONLY):

- ☐ D Compliance Sample
- ☐ C Confirmation
- ☐ W Raw Water Sample
- ☐ I Investigation

Is Sample Chlorinated? ☐ Yes ☒ No

Check any appropriate: ☐ S Split ☐ B Field Blank ☒ E Enforcement ☒ Y Compliance

Depth of Sample (feet or meters) ___ F or M ____.

Field Parameters - Optional

Sample Temperature - field (°C)		____.__
Ambient Air Temperature - field (°C)		____.__
DO field (mg/l)		____.__
pH (su) field		____.__
Secchi Depth (feet or meters)	___ F or M	____.__
Cloud Cover %		___ %
Cond-fld (µMHOS/CM@25°C)		____
Gage Height (ft)		____.__
Flow cfs		____.__
Flow MGD		____
Depth to Groundwater (ft)		____
Turbidity (NTU)		____.__

Plastic Quart Bottle

☐ Sample Bottle Field Filtered? (Check box if yes)

- ☐ Total Solids
- ☐ Vol. Total Solids
- ☐ Susp. Solids (≥ 10 mg/l)
- ☐ TSS Low Level (Submit Additional Sample)
- ☐ Vol. Susp. Solids
- ☐ Total Dissolved Solids
- ☐ BOD Dissolved
- ☐ BOD_5 Total (≥ 6 mg/l)
- ☐ BOD Total Low Level (Submit Additional Sample)
- ☐ Alkalinity, pH, & Conductivity
- ☐ pH only (non-Waste or non-Compliance)
- ☐ Chloride
- ☐ Color
- ☐ Fluoride
- ☐ Sulfate
- ☐ Sulfide (notify lab before collecting sample)
- ☐ Turbidity

BOD Estimate Required ____ mg/l

- ☒ Cyanide, Total
- ☐ Cyanide, Amendable to Chlorination
- ☐ Chlorophyl A (☐ Uncorrected or ☐ Corrected)

(if Field Filtered, give ml ____ filtered)

60 ml Bottle

☐ Sample Bottle Field Filtered? (Check box if yes)

- ☐ NO + NO as Nitrogen (Drinking Water)
- ☐ Nitrite (NO) as Nitrogen
- ☐ Diss.-Orthophosphate
- ☐ Diss. Silica

Quart Mason Jar (Also TCLP Metals)

- ☐ Oil & Grease
- ☐ pH (Waste Samples Only)

250 ml Bottle for Nutrients or Metals - Check each of the following boxes that apply

Metals Bottle (Acidify W/Nitric Acid)

☐ Sample Bottle Field Filtered? (Check box if yes)

☐ Low Level Metals (e.g., Surface Waters by ICP/MS) Note: Special Bottles Needed

☐ TCLP (Toxicity Characteristic Leaching Procedure)(*TC Regulated Metals)(Use Mason Jar)

☒ Total Recoverable Metals

- ☒ Aluminum
- ☐ Antimony
- ☒ Arsenic*
- ☐ Barium*
- ☐ Beryllium
- ☐ Boron
- ☒ Cadmium*
- ☐ Calcium
- ☒ Chromium, Total*
- ☒ Chromium, Hexavalent[1]
- ☒ Copper
- ☐ Hardness-as $CaCO_3$
- ☐ Iron
- ☒ Lead
- ☐ Magnesium
- ☐ Manganese
- ☒ Mercury*
- ☐ Molybdenum
- ☒ Nickel
- ☐ Potassium
- ☐ Selenium
- ☐ Silver
- ☐ Sodium
- ☐ Thallium
- ☒ Zinc

[1] Cool to 4°C Only

Results ASAP. Please!

Nutrients Bottle (Acidify W/Sulfuric Acid)

☐ Sample Bottle Field Filtered? (Check box if yes)

- ☐ Tot.-Phosphorus
- ☐ Ammonia-N
- ☐ Total Kjeldahl-N
- ☐ $NO_2 + NO_3$ as Nitrogen
- ☐ Chemical Oxygen Demand (COD)

Please indicate which analyte groups (if any) have been field filtered by checking the box and noting on the lid of the sample bottle.

Bacti Bottle

- ☐ MFFCC*
- ☐ Fecal Strep.*

MFFCC Estimate: ____

*Samples for both water chemistry and water bacteriology should be submitted in separate bottles with separate test request forms.

Additional parameters

State of Wisconsin
Department of Natural Resources

CHAIN OF CUSTODY RECORD
LUST PROGRAM
Form 4400-151 Rev. 4-93

Note: Use of this form is voluntary but is requested by the Department pursuant to ch. NR 149, NR 500-540, NR 158 and NR 419, Wis. Adm. Code. Personally identifiable information will be used for no other purpose.

Sample Collector(s)	Title/Work Station/Company	Telephone Number (include area code)
Jennifer Huffman	Hydrogeologist/Appleton/WDNR	920-832-1803
Property Owner	**Property Address**	**Telephone Number (include area code)**
Carol Mauthe	725 S. Outagamie St, Appleton, WI	None Available

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

Relinquished by (Signature)	Date/Time	Received By (Signature)
Jennifer Huffman	11/20/00, 15:15	
Relinquished by (Signature)	Date/Time	Received By (Signature)
Relinquished by (Signature)	Date/Time	Received for Laboratory By (Signature)

Sample Condition on Receipt by Laboratory
LABORATORY USE ONLY

Temperature of temperature blank:

If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Field ID Number[1]	Date Collected	Time Collected	Sample Type[2]	Sample Device[3]	Preserv. Type	Field Screening	Description	Analysis Type	Lab ID Number	No./Type of Containers	Cracked /Broken	Improperly Sealed	Good Condition	Other Comments
SO1	11/20/00	14:30 JBH	GW	*	HNO_3, Ice	None	Untreated Influent	Al, As, Cd, Cr, Cu, Pb, Ni, Zn						
					Ice			Hexavalent Chromium						
					NaOH, Ice			Cyanide, total						
					HNO_3, Ice			Mercury total						

[1]Sample description must clearly correlate the sample ID to the sampling location shown on a map.
[2]Specify groundwater, surface water, soil, leachate, sludge, etc.
[3]Type of sampling device; split spoon, hand auger, metal spatula, soil syringe, etc.

DEPARTMENT USE/OPTIONAL FOR SOIL SAMPLERS

Disposition of unused portion of sample

Laboratory should: ☒ Dispose ☐ Retain for _ days ☐ Return ☐ Other

* Collected from Sample tap on Storage Tank.

DEPARTMENT USE ONLY

Split Samples: Offered? ☐ Yes ☒ No (Check One)
Accepted? ☐ Yes ☐ No (Check One)

Accepted By: _____ Signature

Chain of Custody #s: 34175 & 34176

#67

EXPRESS CONV CTRS
BLUEMOUND #67
920-830-1774

11/20/00 14:43
ICE 20# $2.79T
TOTAL $2.93
CASH $5.00

TL/NOTAX $2.79
TAX PD $0.14
CHANGE $2.07
RECEIPT NO. 2-6736

OFFICIAL FUEL
SUPPLIER TO THE
GREEN BAY PACKERS!

Ice For Sample Shipment

274 RRNE 275 4 RRSD

Packaging Store®

1722 West Wisconsin Ave.
Appleton, WI 54914
(920) 738-7710
(920) 738-7747 (FAX)

PKG. I.D. № 484659 -A

DATE 11/20/00

TO

Name: State Lab of Hygiene — Phone (If Available): (608) 224-6280

Company (If Applies): Inorganic Chemistry Unit

Street Address: 2601 Agriculture Drive — Suite/Apt.:

City: Madison — State: WI — Zip Code • Required: 53718

FROM

Name: Jennifer Huffman — Company (If Applies): WDNR

Address: 3369 W. Brewster St.

City: Appleton — State: WI — Zip Code: 54914

Sender's Phone: (920) 832-1803

Store Packed? Yes☐ If No☒ Customer releases the Handle With Care Packaging Store from any liability from damage. I have read, and agree to the terms and limits of liabiltiy on the reverse side of this form.

Signature _____

SETTLEMENT IS BASED ON ACTUAL CASH VALUE

CONTENTS OF EACH BOX		CASH VALUE	SHIPPING WEIGHT	FREIGHT & HANDLING
A	Water Samples	$100	22	8.13
B				
C				
D	Tax # ES4069			

Please, how did you first hear of us?
☐Store Location ☐Yellow Pages ☐Coupon
☐Television/Radio ☐Newspaper Ad ☐Other
☐Referred By _____

Prepack Release
_____ Mgr. has inspected and agrees to ship as store pack.

Total Cash Value 100? Cash Value Premium N/C

Clerk MC Pick-up/Delivery Charge _____

DCR/C.O.D. Amount _____ Remittance _____ Charge _____

Ground ☐ Via: UPS Zone _____

Overnight Air ☐ 2nd Day Air ☐ 3 Day Air ☐ Via: _____

Other: Type of Service Added Value Via: UPS 6.00

PACKAGING MATERIALS

QTY.	DESCRIPTION	UNIT PRICE	AMOUNT

Custom Packaging
Service Charge
Sales Tax (Rent Ex)

PLACE TRACKING # STICKER HERE
1Z82743403 40890524

DATE SHIPPED 11/20/2000

TOTAL CHARGES 15.13

AN INDEPENDENTLY OWNED & OPERATED FRANCHISE

TERMS AND LIMITS OF LIABILITY

1. If your shipment does not arrive within 15 working days, notify THE HANDLE WITH CARE PACKAGING STORE, hereafter referred to as (HWCPS), listed on the front of this shipping ticket.

2. This HWCPS is an independently owned and operated franchise, and is not an agent, servant, or employee of the Packaging Store Inc.

3. If there is damage to your shipment:
   a) Note such damage on the carrier's delivery document before signing. (Failure to do so may prevent the acceptance of any claim.)
   b) Retain ALL cartons, packaging materials, and merchandise in the same condition as they arrived until further notice from HWCPS.
   c) Alert the HWCPS listed on the front of this shipping ticket WITHIN 48 hours for further instructions.
   d) Do not release any damaged goods or containers to a carrier or its representatives without first contacting the HWCPS listed on the front of this shipping ticket.

4. Valuation - HWCPS shall not be liable, in case of loss or damage for more than:
   a) The actual cash market value of the said property at the point of destination on the date of disaster, with proper deduction for depreciation however caused, nor;
   b) The amount it would cost to repair or replace the said property at point of destination on the date of disaster, with proper deduction for depreciation however caused, nor;
   c) The amount it would cost to repair or replace the said property with material of like kind and quality, with proper deduction for depreciation however caused, or the amount declared by the customer, whichever amount is the lesser.

   NOTE: The original commercial invoice, receipt, or current appraisal (appraisal must be less than one year old) is necessary as proof of value. Declaring a value on this shipping ticket is not an accepted proof of value.

5. Cash value protection is one way only from HWCPS to the consignee. There is no liability after the consignee accepts by opening or signing for the shipment, refuses the shipment, or shipment is returned as undeliverable.

6. HWCPS is not responsible for incorrectly addressed tickets. If an address correction is made by the carrier, the customer agrees to pay for such service rather than have the parcel(s) returned.

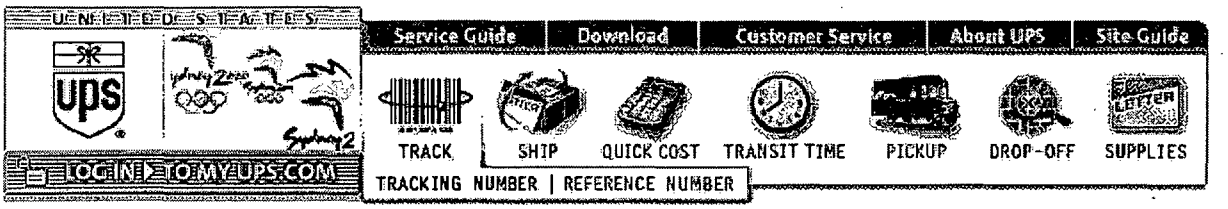
7. HWCPS liability is limited to the amount of cash value documented on the front of this shipping ticket. Items not packed by the HWCPS can be protected for disappearance only, not for damage.

8. Liability covers only the merchandise. For example, a value coveage cannot be purchased for freight costs, carton and packaging material costs, custom packaging costs, or costs related to late delivery.

9. HWCPS in no event shall be liable for any consequential, incidental, or special damages which may arise from disappearance, damage, non-delivery, or delay of any shipment. This limitation shall apply to and include, but not be limited to, damages for loss of profit, loss of income, or a loss of bargain.

10. Under no circumstances will any claim be considered if received after 6 months from shipping date.

7/93



Tracking Detail

Status:	**Delivered**
Delivered on:	Nov 21, 2000 9:15 A.M.
Signed by:	BLAIR
Location:	RECEIVER
Delivered to:	MADISON, WI, US
Shipped or Billed on:	Nov 20, 2000
Tracking Number:	1Z 827 434 03 4089 052 4
Service Type:	GROUND
Weight:	21.00 Lbs

PACKAGE PROGRESS

Date	Time	Location	Activity
Nov 21, 2000	9:15 A.M.	CAPITAL, WI, US	DELIVERY
	6:00 A.M.	CAPITAL, WI, US	DESTINATION SCAN
	5:00 A.M.	CAPITAL, WI, US	ARRIVAL SCAN
	3:25 A.M.	OAK CREEK, WI, US	DEPARTURE SCAN
	12:20 A.M.	OAK CREEK, WI, US	LOCATION SCAN
Nov 20, 2000	11:27 P.M.	OAK CREEK, WI, US	UNLOAD SCAN
	9:47 P.M.	OAK CREEK, WI, US	ARRIVAL SCAN
	6:30 P.M.	OSHKOSH, WI, US	DEPARTURE SCAN
	5:17 P.M.	US	PICKUP MANIFEST RECEIVED
	5:10 P.M.	OSHKOSH, WI, US	ORIGIN SCAN

Tracking results provided by UPS: Nov 22, 2000 11:34 A.M. Eastern Time (USA)

BACK TO TRACKING SUMMARY

Top of Page

Home | Track | Ship | Quick Cost | Transit Time | Pickup | Drop-off | Supplies
Service Guide | Download | Customer Service | About UPS | Site Guide | MY UPS.COM

DNR NORTHEAST REGION

From: Sharon Denzel **Date:_____**

___Dan Helf
___M. Schuelke
___K. Hutchison
___J. Hadzima
___M. Gansberg
___C. Robaidek
___R. Behrens – Walnut St.
___K. Scherer – Walnut Street
___G. Paplham – Walnut Street
___L. Heinen – Mishicot
___L. Braatz – Sturgeon Bay
___N. Kutchery – Peshtigo
___J. Schedgick – Oshkosh
___K. O'Connor – Oshkosh
___J. Moeller - Oshkosh

___B. Barnum
___R. Stoll
___J. Young
___K. Khatri
___M. DeBaker
___J. McDonough
___K. Burton
___J. LeClerc
___L. Jameson
___S. Kempky (Payroll)
___C. Schramm

Jennifer Huffman
Appleton DNR

State Laboratory of Hygiene
University of Wisconsin Center for Health Sciences
2601 Agriculture DR, Madison WI 53718
R.H. Laessig, Ph.D., Director D.F. Kurtycz, M.D., Medical Director

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Environmental Science Section (608) 224-6277 DNR LAB ID 113133790
Inorganic chemistry (#5 of 10 on 11/13/00, unseen)

Id: 445014460 Point/Well/..: 001 Field #: S01 Route: RR40
Collection Date: 10/18/00 Time: 14:10 County: 45 (Outagamie)
From: N.W. MAUTHE SUPERFUND SITE 725 S OUTAGAMIE ST APPLETON
Description: UNTREATED INFLUENT SAMPLE COLLECTED FROM STORAGE TANK
To: JENNIFER HUFFMAN Type: Compliance
DNR Source: Influent
APPLETON
Account number: RR019 Collected by: HUFFMAN
Date Received: 10/19/00 Labslip #: IL010051 Reported: 11/10/00

ALUMINUM, TOTAL REC, ICP (SW846 6010B)	110.	UG/L
ARSENIC, TOTAL REC, ICP (SW846 6010B)	ND (LOD=12	UG/L)
CADMIUM, TOTAL REC, ICP (SW846 6010B)	ND (LOD=2	UG/L)
CHROMIUM, TOTAL REC, ICP (SW846 6010B)	2900.	UG/L
CHROMIUM, HEXAVALENT (USGS I-1230-85)	*2414	UG/L #1
COPPER, TOTAL REC, ICP (SW846 6010B)	5.	UG/L
detected between 5 (LOD) and 16 (LOQ) UG/L		
CYANIDE (EPA 335.4)	*0.006	MG/L #2
DIG, TOTAL REC, ICP, LIQUIDS (SW846 3005A)	DIG MET	
LEAD, TOTAL REC, ICP (SW846 6010B)	ND (LOD=13	UG/L)
MERCURY, AA COLD VAPOR (EPA 245.1)	ND (LOD=0.03	UG/L)
NICKEL, TOTAL REC, ICP (SW846 6010B)	ND (LOD=9	UG/L)
ZINC, TOTAL REC, ICP (SW846 6010B)	42.	UG/L
detected between 19 (LOD) and 62 (LOQ) UG/L		
TEMPERATURE ON RECEIPT	ICED	C

--- Footnotes ---
Remark #1: SAMPLE RECEIVED PAST HOLDING TIME, RESULT APPROX
Remark #2: HOLDING TIME EXCEEDED BY 2 DAYS

CORRESPONDENCE/MEMORANDUM

State of Wisconsin

DATE: October 19, 2000

TO: Mauthe Site Superfund File

FROM: Jennifer Huffman - NER JBH

SUBJECT: Blind Sample Analysis On October 18, 2000

On October 18, 2000, a blind sample, S02, was analyzed on site using the Hach kit by John Stoeger. S02 had been prepared as a blind sample and the purpose of analyzing this was to test the accuracy of both the SLOHs and Hach kits hexavalent chromium analytical method. This was the same blind sample solution out of the same bottle that was used by me on September 13, 2000. The blind sample was previously spiked with a known concentration of hexavalent chromium and provided by Environmental Resource Associates (ERA) to the WDNR. I had asked John Stoeger to analyze the blind sample to see if his interpretation of the concentration with the Hach Kit was different than mine.

The split sample S02 was analyzed on site at approximately 14:10. John found the result of the first analysis was greater than 1.5 mg/l and out of the range of the test kit. So he prepared a split sample and reanalyzed by diluting 10 ml of it with 40 ml distilled water, placing 10 ml of the diluted sample in the test tube, and adding one pillow of reagent. John estimated that the concentration of the diluted sample was 1.0 mg/l using the color disc. This result was multiplied by a factor of 5 that resulted in an estimated concentration of 5.0 mg/l. John performed the dilution and analysis according to directions received from the Hach Company dated August 7, 2000. These results were higher than what I obtained at 4.0 to 4.25 mg/l the previous month with the same sample solution from the same bottle. The SLOH results for the September 13, 2000 sample of S02 was 3.9 mg/l. After John's interpretation, I estimated the dilute concentration of the same vial at 0.8 mg/l. That result multiplied by 5 equals 4.0 mg/l. It appears that John perceives the color after the reagent is added to be slightly darker than my perception. If this were consistently the case, then John's interpretation of the results would tend to be higher than what is present in the sample and overestimate the hexavalent chromium concentration.

CORRESPONDENCE/MEMORANDUM

State of Wisconsin

DATE: October 19, 2000

TO: Mauthe Site Superfund File

FROM: Jennifer Huffman - NER JBH

SUBJECT: Influent Characterization Sample Collection on October 18, 2000

The purpose of this memo is to document the collection of an untreated groundwater sample from the storage tank at the Mauthe Pretreatment building and having it analyzed for several metals. This was the fifth of six monthly sampling events to characterize the untreated influent. The sample, S01, was collected directly into the sample jars at the sample tap on the storage tank. The storage tank sample tap was purged of approximately 2 gallons prior to sample collection. On October18, 2000 at 14:10, I collected sample S01 for the following:

- One Quart sample container for total cyanide analysis, preserved with NaOH to a pH greater than 12 and placed in a cooler with ice.
- One 250 ml sample container for total metals analysis of aluminum, arsenic, cadmium, chromium, copper, lead, nickel, and zinc. Sample was preserved with HNO3 to a pH less than 2 and placed in a cooler with ice.
- One 250 ml sample container for mercury analysis, preserved with HNO3 to a pH less than 2 and placed in a cooler with ice.
- One 250 ml sample container for hexavalent chromium analysis and placed in a cooler with ice.

John Stoeger also collected a split sample of S01 at the same time and analyzed it on site for hexavalent chromium using the Hach Test kit. The result from the first analysis was greater than 1.5 mg/l and out of the range of the test kit. So a fresh split sample was reanalyzed by diluting 10 ml of it with 40 ml distilled water, placing 10 ml of the diluted sample in the test tube, and adding one pillow of reagent. An estimated reading of 0.45 mg/l was determined using the color disc. This result was multiplied by a factor of 5 that resulted in an estimated concentration of 2.25 mg/l. The dilution and analysis were performed according to directions received from the Hach Company dated August 7, 2000. These results will be compared to the results from the State Lab of Hygiene.

The analysis request and chain of custody form for sample S01 was filled out and placed in the cooler with the sample containers. The samples were sent at approximately 3:30 pm on October 18, 2000 to the State Lab of Hygiene via overnight courier. The courier was UPS Ground and the tracking number was 1Z8274340340120374. According to the UPS web site tracking information, they were delivered to the SLOH at 3:12 pm on October 19, 2000. If this is true, then the holding time was exceeded for the hexavalent chromium sample.

Attachments

Cc: Gary Edelstein – RR/3 (w/attachments)

State of Wisconsin
Laboratory of Hygiene

Inorganic Test Request

Form 4800-15 (R 2/99) Page 1 of 2

License #, I.D. Number, Permit or STORET	Point, Well or (Outfall #)	Field Number	County #	Route Code
445014460	001	SO1	45	RR4

Waterbody Number: _____

Sample Address or Location: N.W. Mauthe Superfund Site, 725 S. Outagamie St., Appleton

Sample Point Description: Untreated Influent Sample Collected from Storage Tank.

Send Report To

First Name	Last Name
Jennifer	Huffman

Address: WDNR 3369 W. Brewster St.

City: Appleton | State: WI | Zip: 54914

Date Results Needed (MM/DD/YYYY)	Fax Res?	Fax Number
10-13-2000	No	—

Account Number	Collected By
RR019	J. Huffman

Lakes Grant or WR Project #	Telephone Number
_____	920832-1803

Begin or Grab Date (MM/DD/YYYY)	Begin Time (24-hr clock)
10/18/2000	14:10

End Date - For Composite Samples Only (MM/DD/YYYY)	End Time (24-hr clock) - For Composite Samples Only

Sample Type (Non WS):

- ☐ SU Surface Water
- ☐ NP Storm Water
- ☐ SE Sediment
- ☐ SL Sludge
- ☐ LE Leachate
- ☐ TI Tissue
- ☐ EF Effluent (Treated Wastewater)
- ☒ IF Influent (Untreated Wastewater)
- ☐ MW Monitoring Well
- ☐ LY Lysimeter
- ☐ SO Soil
- ☐ OI Oil
- ☐ OW Waste

For Lab Use: Priority

Water System Type (Water Supply Use ONLY):

- ☐ MC Community-Municipality
- ☐ OC Com.-Other than Municipal
- ☐ TN Transient Non-Community
- ☐ NN Non-Transient Non-Community
- ☐ P Private
- ☐ X Non-Potable

Sample Sources (WS ONLY):

- ☐ D Distribution
- ☐ E Entry Point
- ☐ W Well

Sample Type (SDWA ONLY):

- ☐ D Compliance Sample
- ☐ C Confirmation
- ☐ W Raw Water Sample
- ☐ I Investigation

Is Sample Chlorinated? ☐ Yes ☒ No

Check any appropriate: ☐ S Split ☐ B Field Blank ☐ E Enforcement ☒ Y Compliance

Depth of Sample (feet or meters) ___ (F or M) — — —

Field Parameters - Optional

Sample Temperature - field (°C)		— — — — . —
Ambient Air Temperature - field (°C)		— — — — . —
DO field (mg/l)		— — — — . —
pH (su) field		— — — . —
Secchi Depth (feet or meters)	___ (F or M)	— — — — — . —
Cloud Cover %		— — — %
Cond-fld (µMHOS/CM@25°C)		— — — — — —
Gage Height (ft)		— — — — . —
Flow cfs		— — — — — — . —
Flow MGD		— — — — — —
Depth to Groundwater (ft)		— — — — — —
Turbidity (NTU)		— — — — — . — —

Plastic Quart Bottle

☐ Sample Bottle Field Filtered? (Check box if yes)

- ☐ Total Solids
- ☐ Vol. Total Solids
- ☐ Susp. Solids (≥ 10 mg/l)
- ☐ TSS Low Level (Submit Additional Sample)
- ☐ Vol. Susp. Solids
- ☐ Total Dissolved Solids
- ☐ BOD Dissolved
- ☐ BOD_5 Total (≥ 6 mg/l)
- ☐ BOD Total Low Level (Submit Additional Sample)
- ☐ Alkalinity, pH, & Conductivity
- ☐ pH only (non-Waste or non-Compliance)
- ☐ Chloride
- ☐ Color
- ☐ Fluoride
- ☐ Sulfate
- ☐ Sulfide (notify lab before collecting sample)
- ☐ Turbidity

BOD Estimate Required — — — — — mg/l

- ☒ Cyanide, Total
- ☐ Cyanide, Amendable to Chlorination
- ☐ Chlorophyl A (☐ Uncorrected or ☐ Corrected)

(if Field Filtered, give ml — — — — — filtered)

60 ml Bottle

☐ Sample Bottle Field Filtered? (Check box if yes)

- ☐ NO + NO as Nitrogen (Drinking Water)
- ☐ Nitrite (NO) as Nitrogen
- ☐ Diss.-Orthophosphate
- ☐ Diss. Silica

Quart Mason Jar (Also TCLP Metals)

- ☐ Oil & Grease
- ☐ pH (Waste Samples Only)

250 ml Bottle for Nutrients or Metals - Check each of the following boxes that apply

Metals Bottle (Acidify W/Nitric Acid)

☐ Sample Bottle Field Filtered? (Check box if yes)

☐ Low Level Metals (e.g., Surface Waters by ICP/MS) Note: Special Bottles Needed

☐ TCLP (Toxicity Characteristic Leaching Procedure)(*TC Regulated Metals)(Use Mason Jar)

☒ Total Recoverable Metals

- ☒ Aluminum
- ☐ Antimony
- ☒ Arsenic*
- ☐ Barium*
- ☐ Beryllium
- ☐ Boron
- ☒ Cadmium*
- ☐ Calcium
- ☒ Chromium, Total*
- ☒ Chromium, Hexavalent[1]
- ☒ Copper
- ☐ Hardness-as $CaCO_3$
- ☐ Iron
- ☒ Lead
- ☐ Magnesium
- ☐ Manganese
- ☒ Mercury*
- ☐ Molybdenum
- ☒ Nickel
- ☐ Potassium
- ☐ Selenium
- ☐ Silver
- ☐ Sodium
- ☐ Thallium
- ☒ Zinc

[1] Cool to 4°C Only

Nutrients Bottle (Acidify W/Sulfuric Acid)

☐ Sample Bottle Field Filtered? (Check box if yes)

- ☐ Tot.-Phosphorus
- ☐ Ammonia-N
- ☐ Total Kjeldahl-N
- ☐ $NO_2 + NO_3$ as Nitrogen
- ☐ Chemical Oxygen Demand (COD)

Please indicate which analyte groups (if any) have been field filtered by checking the box and noting on the lid of the sample bottle.

Bacti Bottle

- ☐ MFFCC*
- ☐ Fecal Strep.*

MFFCC Estimate: — — — — —

*Samples for both water chemistry and water bacteriology should be submitted in separate bottles with separate test request forms.

Additional parameters

State of Wisconsin
Department of Natural Resources

CHAIN OF CUSTODY RECORD
LUST PROGRAM
Form 4400-151 Rev. 4-93

Note: Use of this form is voluntary but is requested by the Department pursuant to ch. NR 149, NR 500-540, NR 158 and NR 419, Wis. Adm. Code. Personally identifiable information will be used for no other purpose.

Sample Collector(s)	Title/Work Station/Company	Telephone Number (include area code)
Jennifer Huffman	Hydrogeologist/Appleton/WDNR	920-832-1803
Property Owner	**Property Address**	**Telephone Number (include area code)**
Carol Mauthe	725 S. Outagamie St., Appleton, WI	None Available

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

Relinquished by (Signature)	Date/Time	Received By (Signature)
Jennifer Huffman	10/18/00, 15:00	
Relinquished by (Signature)	Date/Time	Received By (Signature)
Relinquished by (Signature)	Date/Time	Received for Laboratory By (Signature)

Sample Condition on Receipt by Laboratory
LABORATORY USE ONLY

Temperature of temperature blank:

If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Field ID Number[1]	Date Collected	Time Collected	Sample Type[2]	Sample Device[3]	Preserv. Type	Field Screening	Description	Analysis Type	Lab ID Number	No./Type of Containers	Cracked /Broken	Improperly Sealed	Good Condition	Other Comments
SO1	10/18/00	14:10	GW	*	HNO_3, Ice	None	Untreated Influent	Al, As, Cd, Ch, Cu, Pb, Ni, Zn						
					Ice			Hexavalent Chromium						
					NaOH, Ice			Cyanide, total						
					HNO_3, Ice			Mercury, total						

[1]Sample description must clearly correlate the sample ID to the sampling location shown on a map.
[2]Specify groundwater, surface water, soil, leachate, sludge, etc.
[3]Type of sampling device; split spoon, hand auger, metal spatula, soil syringe, etc.

DEPARTMENT USE/OPTIONAL FOR SOIL SAMPLERS

Disposition of unused portion of sample

Laboratory should: ☒ Dispose ☐ Retain for _ days ☐ Return ☐ Other

DEPARTMENT USE ONLY

Split Samples: Offered? ☐ Yes ☒ No (Check One)
Accepted? ☐ Yes ☐ No (Check One)

Accepted By: _____ Signature

* From sample tap on storage tank.

Chain of Custody seal #s 34173 34174

Packaging Store®

1722 West Wisconsin Ave.
Appleton, WI 54914
(920) 738-7710
(920) 738-7747 (FAX)

PKG. I.D. № 484657 -A

DATE 10 / 18 / 2000

TO

Name: State Lab of Hygiene — Phone (If Available): (608) 224-6280
Company (If Applies): Inorganic Chemistry Unit
Street Address: 2601 Agriculture Drive — Suite/Apt.:
City: Madison — State: WI — Zip Code • Required: 53718

FROM

Name: Jennifer Huffman — Company (If Applies): WDNR
Address: 3369 W. Brewster St
City: Appleton — State: WI — Zip Code: 54914

Sender's Phone: (920) 832-1803

Store Packed? Yes☐ If No☐ Customer releases the Handle With Care Packaging Store from any liability from damage. I have read, and agree to the terms and limits of liabiltiy on the reverse side of this form.

Signature ____

SETTLEMENT IS BASED ON ACTUAL CASH VALUE

	CONTENTS OF EACH BOX	CASH VALUE	SHIPPING WEIGHT	FREIGHT & HANDLING
A	Water Samples	–	22	9.13
B				
C	E 540690			
D				

Please, how did you first hear of us?
☐Store Location ☐Yellow Pages ☐Coupon
☐Television/Radio ☐Newspaper Ad ☐Other
☐Referred By ____

Prepack Release ____ Mgr. has inspected and agrees to ship as store pack.

Total Cash Value ____ Cash Value Premium ____
Clerk m Pick-up/Delivery Charge ____
DCR/C.O.D. Amount ____ Remittance ____ Charge ____
Ground ☐ Via: UPS Zone 2
Overnight Air ☐ 2nd Day Air ☐ 3 Day Air ☐ Via: ____
Other: Type of Service Added Hand Via: 6.00

PACKAGING MATERIALS

QTY.	DESCRIPTION	UNIT PRICE	AMOUNT

Custom Packaging	
Service Charge	1.00
Sales Tax	Tax Ex.
TOTAL CHARGES	16.13

PLACE TRACKING # STICKER HERE
1Z8274340340120374

DATE SHIPPED 10/18/00

AN INDEPENDENTLY OWNED & OPERATED FRANCHISE

Sample Shipment 274 RRNE 2754 RRSD

67

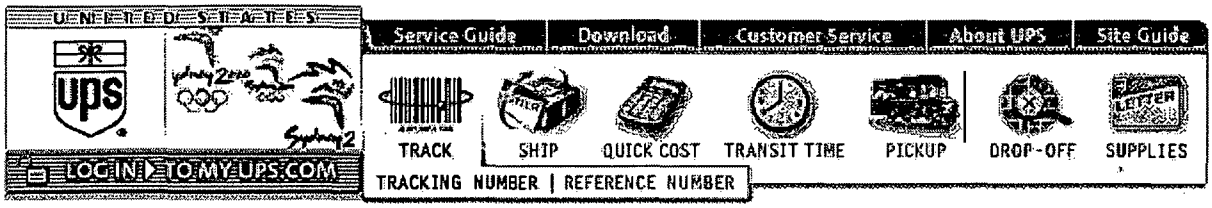
EXPRESS CONV CTRS
BLUEMOUND #67
920-830-1774

10/18/00	15:02
HOMETOWN	$0.99
TOTAL	$0.99
CASH	$1.00
TL/NOTAX	$0.99
TAX PD	$0.00
CHANGE	$0.01

RECEIPT NO. 2-9322

OFFICIAL FUEL
SUPPLIER TO THE
GREEN BAY PACKERS!

I Co



Tracking Detail

Status: **In Transit**
Scheduled Delivery: Oct 19, 2000
Shipped to: MADISON, WI, US
Shipped or Billed on: Oct 18, 2000

Tracking Number: 1Z 827 434 03 4012 037 4
Service Type: GROUND
Weight: 22.00 Lbs

PACKAGE PROGRESS

Date	Time	Location	Activity
Oct 19, 2000	3:12 P.M.	CAPITAL, WI, US	DELIVERY
	6:25 A.M.	CAPITAL, WI, US	DESTINATION SCAN
	5:00 A.M.	CAPITAL, WI, US	ARRIVAL SCAN
	3:36 A.M.	OAK CREEK, WI, US	DEPARTURE SCAN
	1:35 A.M.	OAK CREEK, WI, US	LOCATION SCAN
	12:39 A.M.	OAK CREEK, WI, US	UNLOAD SCAN
Oct 18, 2000	10:52 P.M.	OAK CREEK, WI, US	ARRIVAL SCAN
	8:15 P.M.	OSHKOSH, WI, US	DEPARTURE SCAN
	7:25 P.M.	OSHKOSH, WI, US	ORIGIN SCAN
	5:06 P.M.	US	PICKUP MANIFEST RECEIVED

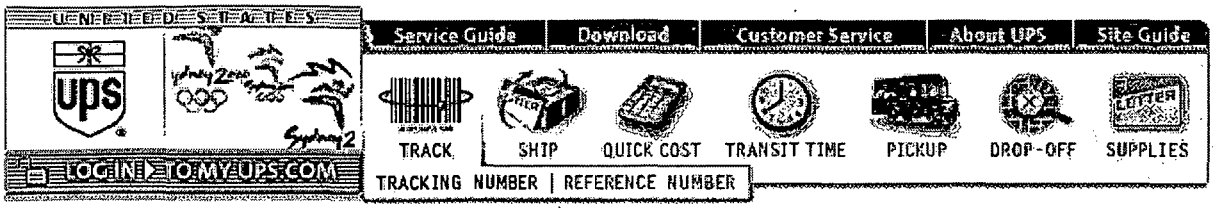
Tracking results provided by UPS: Oct 19, 2000 4:59 P.M. Eastern Time (USA)

NOTICE: UPS authorizes you to use UPS tracking systems solely to track shipments tendered by or for you to UPS for delivery and for no other purpose. Any other use of UPS tracking systems and information is strictly prohibited.

BACK TO TRACKING SUMMARY

Top of Page

Home | Track | Ship | Quick Cost | Transit Time | Pickup | Drop-off | Supplies
Service Guide | Download | Customer Service | About UPS | Site Guide | MY UPS.COM



Tracking Detail

Status:	**Delivered**
Delivered on:	Oct 19, 2000 3:12 P.M.
Signed by:	WOEHUL
Location:	OFFICE
Delivered to:	MADISON, WI, US
Shipped or Billed on:	Oct 18, 2000
Tracking Number:	1Z 827 434 03 4012 037 4
Service Type:	GROUND
Weight:	22.00 Lbs

PACKAGE PROGRESS

Date	Time	Location	Activity
Oct 19, 2000	3:12 P.M.	CAPITAL, WI, US	DELIVERY
	6:25 A.M.	CAPITAL, WI, US	DESTINATION SCAN
	5:00 A.M.	CAPITAL, WI, US	ARRIVAL SCAN
	3:36 A.M.	OAK CREEK, WI, US	DEPARTURE SCAN
	1:35 A.M.	OAK CREEK, WI, US	LOCATION SCAN
	12:39 A.M.	OAK CREEK, WI, US	UNLOAD SCAN
Oct 18, 2000	10:52 P.M.	OAK CREEK, WI, US	ARRIVAL SCAN
	8:15 P.M.	OSHKOSH, WI, US	DEPARTURE SCAN
	7:25 P.M.	OSHKOSH, WI, US	ORIGIN SCAN
	5:06 P.M.	US	PICKUP MANIFEST RECEIVED

Tracking results provided by UPS: Nov 20, 2000 1:25 P.M. Eastern Time (USA)

BACK TO TRACKING SUMMARY

Top of Page

RECEIVED
OCT 2 2000
WDNR
NER - APPLETON

JENNIFER HUFFMAN - WDNR
3369 W BREWSTER ST
APPLETON WI 54914

--

ENFORCEMENT

Sample(s) will be disposed of ninety days from the date the sample is reported, unless this form is completed and returned to:

Attn: Julie
Inorganic Chemistry Unit
Wis. State Lab. of Hygiene
2601 Agriculture Drive
P.O. Box 7996
Madison, WI 53707-7996

Collector: HUFFMAN

District/Area: North East

Phone Number:

Sample Number(s): IL007123

Report date: 09/29/00

___Retain sample(s) for ___ days.
___Retain sample(s) until further notice.

State Laboratory of Hygiene
University of Wisconsin Center for Health Sciences
2601 Agriculture Drive, Madison, WI 53707-7996
R.H. Laessig, Ph.D., Director D.F. Kurtycz, M.D., Medical Director

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Environmental Science Section (608) 224-6277 DNR LAB ID 113133790
Inorganic chemistry

Id: 445014460 Point/Well/..: 001 Field #: S01 Route: RR40
Collection Date: 09/13/00 Time: 14:00 County: 45 (Outagamie)
From: MW MAUTHE SUPERFUND SITE 725 S OUTAGAMIE ST APPLETON
Description: UNTREATED INFLUENT SAMPLE COLLECTED FROM STORAGE TANK
To: JENNIFER HUFFMAN Type: Compliance
DNR Source: Influent
APPLETON
Account number: RR019 Collected by: HUFFMAN
Enforcement
Date Received: 09/14/00 Labslip #: IL007123 Reported: 09/29/00

ALUMINUM, TOTAL REC, ICP (SW846 6010B)	63.	UG/L
detected between 31 (LOD) and 100 (LOQ) UG/L		
ARSENIC, TOTAL REC, ICP (SW846 6010B)	ND (LOD=12	UG/L)
CADMIUM, TOTAL REC, ICP (SW846 6010B)	ND (LOD=2	UG/L)
CHROMIUM, TOTAL REC, ICP (SW846 6010B)	1600.	UG/L
CHROMIUM, HEXAVALENT (USGS I-1230-85)	1600.	UG/L
COPPER, TOTAL REC, ICP (SW846 6010B)	7.	UG/L
detected between 5 (LOD) and 16 (LOQ) UG/L		
CYANIDE (EPA 335.4)	0.006	MG/L
detected between 0.004 (LOD) and 0.012 (LOQ) MG/L		
DIG, TOTAL REC, ICP, LIQUIDS (SW846 3005A)	DIG MET	
LEAD, TOTAL REC, ICP (SW846 6010B)	ND (LOD=13	UG/L)
MERCURY, AA COLD VAPOR (EPA 245.1)	ND (LOD=0.03	UG/L)
NICKEL, TOTAL REC, ICP (SW846 6010B)	15.	UG/L
detected between 9 (LOD) and 32 (LOQ) UG/L		
ZINC, TOTAL REC, ICP (SW846 6010B)	ND (LOD=19	UG/L)
TEMPERATURE ON RECEIPT	ICED	C
ICP TEST	ICP	

State of Wisconsin
Laboratory of Hygiene

Inorganic Test Request

Form 4800-15 (R 2/99) Page 1 of 2

License #, I.D. Number, Permit or STORET	Point, Well or Outfall #	Field Number	County #	Route Code
44501446O	001	SO1	45	RR4

Waterbody Number: _____

Sample Address or Location: N.W. Mauthe Superfund Site, 725 S. Outagamie St, Appleton

Sample Point Description: Untreated Influent sample collected from Storage Tank.

Send Report To

First Name	Last Name
Jennifer	Huffman

Address: WDNR 3369 W. Brewster St.

City: Appleton | State: WI | Zip: 54914

Date Results Needed (MM/DD/YYYY)	Fax Res?	Fax Number
10-13-2000	No	—

Account Number	Collected By
RR019	J. Huffman

Lakes Grant or WR Project #	Telephone Number
_____	920-832-1803

Begin or Grab Date (MM/DD/YYYY)	Begin Time (24-hr clock)
09-13-2000	14:00

End Date - For Composite Samples Only (MM/DD/YYYY)	End Time (24-hr clock) - For Composite Samples Only

Sample Type (Non WS):

- [ ] SU Surface Water
- [ ] NP Storm Water
- [ ] SE Sediment
- [ ] SL Sludge
- [ ] LE Leachate
- [ ] TI Tissue
- [ ] EF Effluent (Treated Wastewater)
- [x] IF Influent (Untreated Wastewater)
- [ ] MW Monitoring Well
- [ ] LY Lysimeter
- [ ] SO Soil
- [ ] OI Oil
- [ ] OW Waste

For Lab Use: Priority ENF

Water System Type (Water Supply Use ONLY):

- [ ] MC Community-Municipality
- [ ] OC Com.-Other than Municipal
- [ ] TN Transient Non-Community
- [ ] NN Non-Transient Non-Community
- [ ] P Private
- [ ] X Non-Potable

Sample Sources (WS ONLY):

- [ ] D Distribution
- [ ] E Entry Point
- [ ] W Well

Sample Type (SDWA ONLY):

- [ ] D Compliance Sample
- [ ] C Confirmation
- [ ] W Raw Water Sample
- [ ] I Investigation

Is Sample Chlorinated? [ ] Yes [x] No

Check any appropriate: [ ] S Split [ ] B Field Blank [ ] E Enforcement [x] Y Compliance

Depth of Sample (feet or meters) ___ F or M ___ ___ ___

Field Parameters - Optional

Sample Temperature - field (°C)		___ ___ ___ . ___
Ambient Air Temperature - field (°C)		___ ___ ___ . ___
DO field (mg/l)		___ ___ ___ . ___
pH (su) field		___ ___ . ___
Secchi Depth (feet or meters)	___ F or M	___ ___ ___ . ___
Cloud Cover %		___ ___ %
Cond-fld (µMHOS/CM@25°C)		___ ___ ___ ___
Gage Height (ft)		___ ___ ___ . ___
Flow cfs		___ ___ ___ ___ . ___
Flow MGD		___ ___ ___ ___ ___
Depth to Groundwater (ft)		___ ___ ___ ___ ___
Turbidity (NTU)		___ ___ ___ . ___ ___

Plastic Quart Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Total Solids
- [ ] Vol. Total Solids
- [ ] Susp. Solids (≥ 10 mg/l)
- [ ] TSS Low Level **(Submit Additional Sample)**
- [ ] Vol. Susp. Solids
- [ ] Total Dissolved Solids
- [ ] BOD Dissolved
- [ ] BOD_5 Total (≥ 6 mg/l)
- [ ] BOD Total Low Level **(Submit Additional Sample)**
- [ ] Alkalinity, pH, & Conductivity
- [ ] pH only (non-Waste or non-Compliance)
- [ ] Chloride
- [ ] Color
- [ ] Fluoride
- [ ] Sulfate
- [ ] Sulfide **(notify lab before collecting sample)**
- [ ] Turbidity

BOD Estimate Required ___ ___ ___ ___ ___ mg/l

- [x] Cyanide, Total
- [ ] Cyanide, Amendable to Chlorination
- [ ] Chlorophyl A ([ ] Uncorrected or [ ] Corrected)

(if Field Filtered, give ml ___ ___ ___ ___ ___ filtered)

60 ml Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] NO + NO as Nitrogen (Drinking Water)
- [ ] Nitrite (NO) as Nitrogen
- [ ] Diss.-Orthophosphate
- [ ] Diss. Silica

Quart Mason Jar (Also TCLP Metals)

- [ ] Oil & Grease
- [ ] pH (Waste Samples Only)

250 ml Bottle for Nutrients or Metals - Check each of the following boxes that apply

Metals Bottle **(Acidify W/Nitric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Low Level Metals (e.g., Surface Waters by ICP/MS) Note: Special Bottles Needed
- [ ] TCLP (Toxicity Characteristic Leaching Procedure)(*TC Regulated Metals)(Use Mason Jar)
- [x] Total Recoverable Metals

[x] Aluminum	[x] Lead
[ ] Antimony	[ ] Magnesium
[x] Arsenic*	[ ] Manganese
[ ] Barium*	[x] Mercury*
[ ] Beryllium	[ ] Molybdenum
[ ] Boron	[x] Nickel
[x] Cadmium*	[ ] Potassium
[ ] Calcium	[ ] Selenium
[x] Chromium, Total*	[ ] Silver
[x] Chromium, Hexavalent[1]	[ ] Sodium
[x] Copper	[ ] Thallium
[ ] Hardness-as $CaCO_3$	[x] Zinc
[ ] Iron	[1] Cool to 4°C Only

Nutrients Bottle **(Acidify W/Sulfuric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Tot.-Phosphorus
- [ ] Ammonia-N
- [ ] Total Kjeldahl-N
- [ ] $NO_2 + NO_3$ as Nitrogen
- [ ] Chemical Oxygen Demand (COD)

Please indicate which analyte groups (if any) have been field filtered by checking the box and noting on the lid of the sample bottle.

Bacti Bottle

- [ ] MFFCC*
- [ ] Fecal Strep.*

MFFCC Estimate: ___ ___ ___ ___ ___

*Samples for both water chemistry and water bacteriology should be submitted in separate bottles with separate test request forms.

Additional parameters

SEP 14 00007123

Partial Instructions

See Chapter 4 "Lab Slips" of the *Field Procedures Manual* (see http://intranet/int/es/science/ls/fpm/IV.htm) for further instructions and definitions.

The **ID Number, Permit or STORET and Point/Well fields** should contain the appropriate IDs, left justified, for the program system the sample is for:

Program	ID Number	Example	Pt./Well	Example
Water Supply - Privates	Unique Well #	AA999	Blank	
Water Supply - Publics RAW	PWS ID #	24100567	Well #	002
Water Supply - Publics DIST	PWS ID #	24100567	Blank	
Waste Management	License #	00130	Point ID	AD6
Watershed Management	Permit #	0000030	Outfall #	001
Fish Management & Habitat Protection	Storet #	265013	Blank	
Remediation & Redevelopment	CERCLIS #	006094197	Point ID	001
Remediation & Redevelopment	FID	268181770	Point ID	001
Remediation & Redevelopment	Brownfields #	000000003	Point ID	001

The **Sample Address or Location field** should be the "entity" name, and depends on the program the sample is for. For example, Facility, Site, Licensee, River/Lake, Owner, etc. Following this information, include the address of the facility or site (if appropriate).

The **Sample Point Description field** should include a description of the point within the property that the sample was collected. For example, secondary settling tank effluent or faucet prior to pressure tank.

The **Route Code** is a four-character code, which will be used to route the sample results from SLOH to whoever wants the results ("Send Report To:" field). These results are routed by the State Laboratory of Hygiene Computer.

First two characters	- Program code: WT, WA, DG, FH, etc.
Third character	- Region code: 1, 2, 4, 6, 7, 8 (see http://intranet/int/es/science/ls/fpm/IV.htm)
Fourth character	- Blank

The **Account Number** must be completed in order for the samples to be billed to the correct funding source. If you are unsure what the proper account number is refer to http://intranet/int/es/science/ls/Account.htm or contact the DNR Laboratory Coordinator or the State Laboratory of Hygiene.

The **Lake Grant or WR Project # field** should include the Lake Planning Grant Number or the Water Resources Approved Monitoring Plan Number.

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	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

State of Wisconsin
Department of Natural Resources

CHAIN OF CUSTODY RECORD
LUST PROGRAM
Form 4400-151 Rev. 4-93

Note: Use of this form is voluntary but is requested by the Department pursuant to ch. NR 149, NR 500-540, NR 158 and NR 419, Wis. Adm. Code. Personally identifiable information will be used for no other purpose.

Sample Collector(s)	Title/Work Station/Company	Telephone Number (include area code)
Jennifer Huffman	Hydrogeologist/Appleton/WDNR	920-832-1803
Property Owner	**Property Address**	**Telephone Number (include area code)**
Carol Mauthe	725 S. Outagamie St, Appleton, WI	None Available

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

Relinquished by (Signature)	Date/Time	Received By (Signature)
Jennifer Huffman	9-13-00/15:00	Dan Helbert 9-14-00 11:00
Relinquished by (Signature) Dan Helbert 9-14-00 11:00	Date/Time 9/13/00 11:00 AM	Received By (Signature)
Relinquished by (Signature) D	Date/Time	Received for Laboratory By (Signature)

Sample Condition on Receipt by Laboratory
LABORATORY USE ONLY

Temperature of temperature blank:

If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Field ID Number[1]	Date Collected	Time Collected	Sample Type[2]	Sample Device[3]	Preserv. Type	Field Screening	Description	Analysis Type	Lab ID Number	No./Type of Containers	Cracked /Broken	Improperly Sealed	Good Condition	Other Comments
S01*	9/13/00	14:00	GW	*	HNO_3, Ice	None	Untreated Influent	Al, As, Cd, Ch, Cu, Pb, Ni, Zn	IL-007123					
↓	↓	↓	↓	↓	Ice	↓	↓	Hexavalent Chromium	↓					
↓	↓	↓	↓	↓	NaOH, Ice	↓	↓	Cyanide, total	↓					
↓	↓	↓	↓	↓	HNO_3, Ice	↓	↓	Mercury, total	↓					
S02	9/13/00	14:05	Unknown	None	Ice	None	Blind Sample	Hexavalent Chromium	IL-007124					

[1]Sample description must clearly correlate the sample ID to the sampling location shown on a map.
[2]Specify groundwater, surface water, soil, leachate, sludge, etc.
[3]Type of sampling device; split spoon, hand auger, metal spatula, soil syringe, etc.

DEPARTMENT USE/OPTIONAL FOR SOIL SAMPLERS

Disposition of unused portion of sample

Laboratory should: ☐ Dispose ☐ Retain for _ days ☐ Return ☐ Other

* From sample tap on storage tank.

DEPARTMENT USE ONLY

Split Samples: Offered? ☐ Yes ☒ No (Check One)
Accepted? ☐ Yes ☐ No (Check One)

Accepted By: _____ Signature

Chain of Custody #'s 98186 162713

Northeast Region
Drinking Water & Groundwater

Date 9-22-2000

From: **Joan LeClerc** (920) 492-5844

__C. Verhoeven
__R. Barnum
__M. Schuelke
__K. Scherer
__G. Paplham
__K. Hutchison
__L. Jameson
__J. Everson - DG/2
__S. Helt - DG/2
__L. Heinen
(Manitowoc)

__L. Braatz
(Sturgeon Bay)
__N. Kutchery
(Peshtigo)
__J. Schedgick
(Oshkosh)
__K. O'Connor
(Oshkosh)
__J. Moeller
(Oshkosh)

X FOR YOUR FILES
__FOR DATA ENTRY

FYI

→ Jennifer Huffman
Appleton

Hello Jennifer — Please see attached info from DNR Lab Cert...

Joan

State Laboratory of Hygiene
University of Wisconsin Center for Health Sciences
2601 Agriculture DR, Madison WI 53718
R.H. Laessig, Ph.D., Director D.F. Kurtycz, M.D., Medical Director

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Environmental Science Section (608) 224-6277 DNR LAB ID 113133790
Inorganic chemistry (#22 of 22 on 09/22/00, unseen)

Id: 445014460 Point/Well/..: Field #: S02 Route: RR40
Collection Date: 09/13/00 Time: 14:05 County: 45 (Outagamie)
From: NW MAUTHE SUPERFUND SITE 725 S OUTAGAMIE ST APPLETON
Description: BLIND SAMPLE
To: JENNIFER HUFFMAN Type: Compliance
DNR Source: Influent
APPLETON
Account number: RR019 Collected by: HUFFMAN
Enforcement
Date Received: 09/14/00 Labslip #: IL007124 Reported: 09/21/00

CHROMIUM, HEXAVALENT (USGS I-1230-85)	3900.	UG/L

September 19, 2000

New and Improved Data System for Lab Data

Lab data is getting a new look AND a new way of being reported to you.

The system used to obtain your laboratory results from the State Laboratory of Hygiene is changing. Your results will be available on the DNR intranet web site. **In the future, you will need to provide your DNR User ID on the test request form.* Then, notification of lab results and web link to access them will be e-mailed directly to you.** For detailed information on how this works, see explanation at *http://intranet/int/es/science/ls/lab_data/LDES_info.htm*

- **How will I get my results?** You will be notified by e-mail with a link to the results on the intranet, if you complete the lab form properly.
- **How will I know when there is an unsafe sample?** The system has warnings for compliance violations so that an e-mail will go to the regional office.
- **What data can I find there now?** New data for chemistry samples on this system, check it out!
- **Will old data be available too?** Yes, once the system is tested, then we will load data back to 1987.
- **Can I download data to my PC?** Yes, you have several formats to choose from including Excel.
- **What is the status of the new system?** Undergoing testing. Both old and new systems are running now, but e-mail notification has not been implemented yet.
- **When will the old system be turned off?** The old system will be shut down once the new system is operating properly.
- **Questions - Ron Arneson at (608) 264-8949**

Changes on Test Request Form

- *Record your DNR User ID **(or you won't get your results!)**
- Reorganized check off boxes
- Must include sample type
- Route Code -> Program Code + Region

Fill out the form **completely and correctly!**
The new forms can be found at *http://intranet/int/at/et/forms/repository/.*

Below are examples of samples and results. Go to *http://intranet/int/es/science/ls/* and click on the "Lab Data" button.

Search Results

INDEX SEARCH WISCONSIN DEPARTMENT OF NATURAL RESOURCES

? Help

Samples Found

Sample/Labslip ID	Sample Status	Sample Collected (Start) Date	Primary Lab	Id #	Id Point #	Field #	Program Code	Region	County Name	Sample Collector
IL002115	COMPLETE	07/24/2000	State Laboratory of Hygiene	IC261	IC261	4	WS	North	Oneida	BECKER
IL002116	COMPLETE	07/24/2000	State Laboratory of Hygiene	GS701	GS701	1	WS	North	Oneida	BECKER
IL002117	COMPLETE	07/24/2000	State Laboratory of Hygiene	EX781	EX781	NIX	WS	North	Oneida	BECKER
IL002118	COMPLETE	07/24/2000	State Laboratory of Hygiene	CG728	CG728	3	WS	North	Oneida	BECKER
IL002119	COMPLETE	07/24/2000	State Laboratory of Hygiene	GS702	GS702	2	WS	North	Oneida	BECKER

	A	B	C	D	E	F	G	H	I	J	K
1	Primary S	Sample St	Start Date/T	ID #	ID Point #	Field #	DNR Parar	DNR Parar	Result Val	Result Am	Result Uni
2	BL009885	COMPLET	08/09/2000	NF306			38692	LEPTOTHI	0	0	PER ML
3	BL009885	COMPLET	08/09/2000	NF306			38694	GALLIONE	0	0	PER ML
							38695	CRENOTH	0	0	PER ML
							99118	COLIFORM	0	0	PER 100 M
							99118	COLIFORM	0	0	PER 100 M
							630	NITROGEI	ND		MG/L
							951	FLUORIDE	0.08	0.08	MG/L
						EX781	136	TEMPERA	ICED		C
						EX781	610	NITROGEI	ND		MG/L
						EX781	630	NITROGEI	0.45	0.45	MG/L
						EX781	665	PHOSPHO	0.018	0.018	MG/L
						GS702	136	TEMPERA	ICED		C
						GS702	610	NITROGEI	ND		MG/L
						GS702	630	NITROGEI	23.9	23.9	MG/L
						GS702	665	PHOSPHO	0.026	0.026	MG/L
						BERNDT	136	TEMPERA	ICED		C
						BERNDT	610	NITROGEI	ND		MG/L
						BERNDT	630	NITROGEI	42	42	MG/L
						BERNDT	665	PHOSPHO	0.013	0.013	MG/L
						GP549	136	TEMPERA	ICED		C
						GP549	610	NITROGEI	0.019	0.019	MG/L
						GP549	630	NITROGEI	132	132	MG/L

Download of Search Results

INDEX SEARCH WISCONSIN DEPARTMENT OF NATURAL RESOURCES

Help

Sample Detail

Internet View of Results for a Single Sample

Sample/Labslip ID:	IL002115	**Sample Status:**	COMPLETE
Primary Lab:	State Laboratory of Hygiene	**Primary Lab Id:**	113133790
Id #:	IC261	**Id Point #:**	IC261
Field #:	4	**Start Date/Time:**	07/24/2000 12:24
Date Received by Lab:	07/25/2000	**Date Reported by Lab:**	08/09/2000
Account #:	DG023	**Account Description:**	PRIVATE WATER EVERYTHING
Program Code:	WS	**Region:**	North
County:	Oneida	**District:**	7
Sample Location:	SAMPLE TAP AFTER 5 GAL	**Report to Name:**	RON BECKER
Report to Address:	DNR	**Report to City, State, Zip:**	RHINELANDER
Sample Collector:	BECKER	**Sample Source:**	Private System
Type of Sample (QC):	Standard Sample	**File Batch Seq #:**	62
Processed Batch Seq #:	19	**Creation Date:**	08/09/2000
Creation User Id:	W19508	**Last Update Date:**	08/09/2000
Last Update User Id:	W19508		

Sample Results

Storet Parameter Code	Storet Parameter Description	Result Qualifier	Result value	Units	LOD	LOQ	Reporting Limit	Decimal Places	Sig Figs
136	TEMPERATURE AT LAB	0 "*" exception, invalid	ICED	C					0
610	NITROGEN NH3-N ISE	2 Below LOD	ND	MG/L	0.013	0.042		3	3
631	NITROGEN NO3+NO2 DISS	1 Valid Result	18.7	MG/L				3	3

Sample Routed To

Routed to Code	Description
GW	Well Construction
WS	Private Water Supply (+ WR)

- Analyses Performed (lab comments/method/QC ID) (3 Rows)
- Infotech Migration Data (0 Rows)

JENNIFER HUFFMAN - WDNR
3369 W BREWSTER ST
APPLETON WI 54914

ENFORCEMENT

Sample(s) will be disposed of ninety days from the date the sample is reported, unless this form is completed and returned to:

Attn: Julie
Inorganic Chemistry Unit
Wis. State Lab. of Hygiene
2601 Agriculture Drive
P.O. Box 7996
Madison, WI 53707-7996

Collector: HUFFMAN

District/Area: North East

Phone Number:

Sample Number(s): IL007124

Report date: 09/21/00

___Retain sample(s) for ___ days.
___Retain sample(s) until further notice.

State Laboratory of Hygiene
University of Wisconsin Center for Health Sciences
2601 Agriculture Drive, Madison, WI 53707-7996
R.H. Laessig, Ph.D., Director D.F. Kurtycz, M.D., Medical Director

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Environmental Science Section (608) 224-6277 DNR LAB ID 113133790
Inorganic chemistry

Id: 445014460 Point/Well/..: Field #: S02 Route: RR40
Collection Date: 09/13/00 Time: 14:05 County: 45 (Outagamie)
From: NW MAUTHE SUPERFUND SITE 725 S OUTAGAMIE ST APPLETON
Description: BLIND SAMPLE
To: JENNIFER HUFFMAN Type: Compliance
DNR Source: Influent
APPLETON
Account number: RR019 Collected by: HUFFMAN
Enforcement
Date Received: 09/14/00 Labslip #: IL007124 Reported: 09/21/00

CHROMIUM, HEXAVALENT (USGS I-1230-85)	3900.	UG/L

State of Wisconsin
Laboratory of Hygiene

Inorganic Test Request

Form 4800-15 (R 2/99) Page 1 of 2

License #, I.D. Number, Permit or STORET	Point, Well or Outfall #	Field Number	County #	Route Code
445014460		S02	45	RR4

Waterbody Number	Sample Address or Location
	N.W. Mauthe Superfund site, 725 S. Outagamie St, Appleton

Sample Point Description: Blind Sample

Send Report To

First Name	Last Name
Jennifer	Huffman

Address: WDNR, 3369 W. Brewster St.

City	State	Zip
Appleton	WI	54914

Date Results Needed (MM/DD/YYYY)	Fax Res?	Fax Number
10/13/2000	No	—

Account Number	Collected By
	J. Huffman

Lakes Grant or WR Project #	Telephone Number
	920-832-1803

Begin or Grab Date (MM/DD/YYYY)	Begin Time (24-hr clock)
09/13/2000	14:05

End Date - For Composite Samples Only (MM/DD/YYYY)	End Time (24-hr clock) - For Composite Samples Only

Sample Type (Non WS):

- [ ] SU Surface Water
- [ ] NP Storm Water
- [ ] SE Sediment
- [ ] SL Sludge
- [ ] LE Leachate
- [ ] TI Tissue
- [x] Other: Blind Sample
- [ ] EF Effluent (Treated Wastewater)
- [ ] IF Influent (Untreated Wastewater)
- [ ] MW Monitoring Well
- [ ] LY Lysimeter
- [ ] SO Soil
- [ ] OI Oil
- [ ] OW Waste

For Lab Use: Priority: RUSH

Water System Type (Water Supply Use ONLY):

- [ ] MC Community-Municipality
- [ ] OC Com.-Other than Municipal
- [ ] TN Transient Non-Community
- [ ] NN Non-Transient Non-Community
- [ ] P Private
- [ ] X Non-Potable

Sample Sources (WS ONLY):

- [ ] D Distribution
- [ ] E Entry Point
- [ ] W Well

Sample Type (SDWA ONLY):

- [ ] D Compliance Sample
- [ ] C Confirmation
- [ ] W Raw Water Sample
- [ ] I Investigation

Is Sample Chlorinated? [ ] Yes [x] No

Check any appropriate: [ ] S Split [ ] B Field Blank [ ] E Enforcement [x] Y Compliance

Depth of Sample (feet or meters) ___ F or M ___ ___ ___

Field Parameters - Optional

Sample Temperature - field (°C)		___ ___ ___ . ___
Ambient Air Temperature - field (°C)		___ ___ ___ . ___
DO field (mg/l)		___ ___ ___ . ___
pH (su) field		___ ___ . ___
Secchi Depth (feet or meters)	___ F or M	___ ___ ___ . ___
Cloud Cover %		___ ___ %
Cond-fld (µMHOS/CM@25°C)		___ ___ ___ ___
Gage Height (ft)		___ ___ . ___
Flow cfs		___ ___ ___ ___ . ___
Flow MGD		___ ___ ___ ___
Depth to Groundwater (ft)		___ ___ ___ ___
Turbidity (NTU)		___ ___ ___ . ___

Plastic Quart Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Total Solids
- [ ] Vol. Total Solids
- [ ] Susp. Solids (≥ 10 mg/l)
- [ ] TSS Low Level **(Submit Additional Sample)**
- [ ] Vol. Susp. Solids
- [ ] Total Dissolved Solids
- [ ] BOD Dissolved
- [ ] BOD_5 Total (≥ 6 mg/l)
- [ ] BOD Total Low Level **(Submit Additional Sample)**
- [ ] Alkalinity, pH, & Conductivity
- [ ] pH only (non-Waste or non-Compliance)
- [ ] Chloride
- [ ] Color
- [ ] Fluoride
- [ ] Sulfate
- [ ] Sulfide **(notify lab before collecting sample)**
- [ ] Turbidity

BOD Estimate Required ___ ___ ___ ___ ___ mg/l

- [ ] Cyanide, Total
- [ ] Cyanide, Amendable to Chlorination
- [ ] Chlorophyl A ([ ] Uncorrected or [ ] Corrected)

(if Field Filtered, give ml ___ ___ ___ ___ ___ filtered)

60 ml Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] NO + NO as Nitrogen (Drinking Water)
- [ ] Nitrite (NO) as Nitrogen
- [ ] Diss.-Orthophosphate
- [ ] Diss. Silica

Quart Mason Jar (Also TCLP Metals)

- [ ] Oil & Grease
- [ ] pH (Waste Samples Only)

250 ml Bottle for Nutrients or Metals - Check each of the following boxes that apply

Metals Bottle **(Acidify W/Nitric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Low Level Metals (e.g., Surface Waters by ICP/MS) Note: Special Bottles Needed
- [ ] TCLP (Toxicity Characteristic Leaching Procedure)(*TC Regulated Metals)(Use Mason Jar)
- [x] Total Recoverable Metals

[ ] Aluminum	[ ] Lead
[ ] Antimony	[ ] Magnesium
[ ] Arsenic*	[ ] Manganese
[ ] Barium*	[ ] Mercury*
[ ] Beryllium	[ ] Molybdenum
[ ] Boron	[ ] Nickel
[ ] Cadmium*	[ ] Potassium
[ ] Calcium	[ ] Selenium
[ ] Chromium, Total*	[ ] Silver
[x] Chromium, Hexavalent[1]	[ ] Sodium
[ ] Copper	[ ] Thallium
[ ] Hardness-as $CaCO_3$	[ ] Zinc
[ ] Iron	[1] Cool to 4°C Only

Nutrients Bottle **(Acidify W/Sulfuric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)

[ ] Tot.-Phosphorus	
[ ] Ammonia-N	[ ] NO_2 +NO_3 as Nitrogen
[ ] Total Kjeldahl-N	[ ] Chemical Oxygen Demand (COD)

Please indicate which analyte groups (if any) have been field filtered by checking the box and noting on the lid of the sample bottle.

Bacti Bottle

- [ ] MFFCC*
- [ ] Fecal Strep.*

MFFCC Estimate: ___ ___ ___ ___ ___

*Samples for both water chemistry and water bacteriology should be submitted in separate bottles with separate test request forms.

Additional parameters

SEP 14 00007124

Partial Instructions

See Chapter 4 "Lab Slips" of the *Field Procedures Manual* (see http://intranet/int/es/science/ls/fpm/IV.htm) for further instructions and definitions.

The **ID Number, Permit or STORET and Point/Well fields** should contain the appropriate IDs, left justified, for the program system the sample is for:

Program	ID Number	Example	Pt./Well	Example
Water Supply - Privates	Unique Well #	AA999	Blank	
Water Supply - Publics RAW	PWS ID #	24100567	Well #	002
Water Supply - Publics DIST	PWS ID #	24100567	Blank	
Waste Management	License #	00130	Point ID	AD6
Watershed Management	Permit #	0000030	Outfall #	001
Fish Management & Habitat Protection	Storet #	265013	Blank	
Remediation & Redevelopment	CERCLIS #	006094197	Point ID	001
Remediation & Redevelopment	FID	268181770	Point ID	001
Remediation & Redevelopment	Brownfields #	000000003	Point ID	001

The **Sample Address or Location field** should be the "entity" name, and depends on the program the sample is for. For example, Facility, Site, Licensee, River/Lake, Owner, etc. Following this information, include the address of the facility or site (if appropriate).

The **Sample Point Description field** should include a description of the point within the property that the sample was collected. For example, secondary settling tank effluent or faucet prior to pressure tank.

The **Route Code** is a four-character code, which will be used to route the sample results from SLOH to whoever wants the results ("Send Report To:" field). These results are routed by the State Laboratory of Hygiene Computer.

First two characters	- Program code: WT, WA, DG, FH, etc.
Third character	- Region code: 1, 2, 4, 6, 7, 8 (see http://intranet/int/es/science/ls/fpm/IV.htm)
Fourth character	- Blank

The **Account Number** must be completed in order for the samples to be billed to the correct funding source. If you are unsure what the proper account number is refer to http://intranet/int/es/science/ls/Account.htm or contact the DNR Laboratory Coordinator or the State Laboratory of Hygiene.

The **Lake Grant or WR Project # field** should include the Lake Planning Grant Number or the Water Resources Approved Monitoring Plan Number.

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	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

State of Wisconsin
Department of Natural Resources

CHAIN OF CUSTODY RECORD
LUST PROGRAM
Form 4400-151 Rev. 4-93

Note: Use of this form is voluntary but is requested by the Department pursuant to ch. NR 149, NR 500-540, NR 158 and NR 419, Wis. Adm. Code. Personally identifiable information will be used for no other purpose.

Sample Collector(s)	Title/Work Station/Company	Telephone Number (include area code)
Jennifer Huffman	Hydrogeologist/Appleton/WDNR	920-832-1803
Property Owner	**Property Address**	**Telephone Number (include area code)**
Carol Mauthe	725 S. Outagamie St, Appleton, WI	None Available

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

Relinquished by (Signature)	Date/Time	Received By (Signature)
Jennifer Huffman	9-13-00/15:00	Dan Helbert 9-14-00 11:00
Relinquished by (Signature) Dan Helbert 9-14-00 11:00	Date/Time 9/13/00 11:00 PM	Received By (Signature)
Relinquished by (Signature)	Date/Time	Received for Laboratory By (Signature)

Sample Condition on Receipt by Laboratory
LABORATORY USE ONLY

Temperature of temperature blank:

If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Field ID Number[1]	Date Collected	Time Collected	Sample Type[2]	Sample Device[3]	Preserv. Type	Field Screening	Description	Analysis Type	Lab ID Number	No./Type of Containers	Cracked /Broken	Improperly Sealed	Good Condition	Other Comments
S01	9/13/00	14:00	GW	*	HNO_3, Ice	None	Untreated Influent	Al, As, Cd, Ch, Cu, Pb, Ni, Zn	L-00712-3					
↓	↓	↓	↓	↓	Ice	↓	↓	Hexavalent Chromium						
↓	↓	↓	↓	↓	NaOH, Ice	↓	↓	Cyanide, total						
↓	↓	↓	↓	↓	HNO_3, Ice	↓	↓	Mercury, total						
S02	9/13/00	14:05	Unknown	None	Ice	None	Blind Sample	Hexavalent Chromium	L-00712-4					

[1]Sample description must clearly correlate the sample ID to the sampling location shown on a map.
[2]Specify groundwater, surface water, soil, leachate, sludge, etc.
[3]Type of sampling device; split spoon, hand auger, metal spatula, soil syringe, etc.

DEPARTMENT USE/OPTIONAL FOR SOIL SAMPLERS

Disposition of unused portion of sample

Laboratory should: ☐ Dispose ☐ Retain for _ days ☐ Return ☐ Other

* From sample tap on storage tank.

DEPARTMENT USE ONLY

Split Samples: Offered? ☐ Yes ☒ No (Check One)
Accepted? ☐ Yes ☐ No (Check One)

Accepted By: _____ Signature

Chain of Custody #'s 98186 162713

CORRESPONDENCE/MEMORANDUM

State of Wisconsin

DATE: September 15, 2000

TO: Mauthe Site Superfund File

FROM: Jennifer Huffman - NER JBH

SUBJECT: Influent Characterization Sample Collection on September 13, 2000

The purpose of this memo is to document the collection of an untreated groundwater sample from the storage tank at the Mauthe Pretreatment building and having it analyzed for several metals. This was the fourth of six monthly sampling events to characterize the untreated influent. The sample, S01, was collected directly into the sample jar at the sample tap on the storage tank. The storage tank sample tap was purged of approximately 2 gallons prior to sample collection. On September 13, 2000 at 14:00, I collected sample S01 for the following:

- One Quart sample container for total cyanide analysis, preserved with NaOH to a pH greater than 12 and placed in a cooler with ice.
- One 250 ml sample container for total metals analysis of aluminum, arsenic, cadmium, chromium, copper, lead, nickel, and zinc. Sample was preserved with HNO3 to a pH less than 2 and placed in a cooler with ice.
- One 250 ml sample container for mercury analysis, preserved with HNO3 to a pH less than 2 and placed in a cooler with ice.
- One 250 ml sample container for hexavalent chromium analysis and placed in a cooler with ice.

I also collected a split sample of S01 at the same time and analyzed it on site for hexavalent chromium using the Hach Test kit. The result from the first analysis was greater than 1.5 mg/l and out of the range of the test kit. So a fresh split sample was reanalyzed by diluting 10 ml of it with 40 ml distilled water, placing 10 ml of the diluted sample in the test tube, and adding one pillow of reagent. An estimated reading of 0.4 mg/l was determined using the color disc. This result was multiplied by a factor of 5 that resulted in an estimated concentration of 2.0 mg/l. The dilution and analysis were performed according to directions received from the Hach Company dated August 7, 2000. These results will be compared to the results from the State Lab of Hygiene.

A second sample, S02, was also sent to the SLOH for analysis of hexavalent chromium only. A split sample of this was also analyzed on site using the Hach kit. S02 had been prepared as a blind sample and the purpose of analyzing this was to test the accuracy of both the SLOHs and Hach kits hexavalent chromium analytical method. The blind sample was previously spiked with a known concentration of hexavalent chromium and provided by Environmental Resource Associates (ERA) to the WDNR. The actual concentration of the blind sample at the time of analysis with the Hach kit was only known by Charlene Khazae (RR Program Chemist). The SLOH also does not know the concentration of the blind sample. Charlene had recommended that blind samples be analyzed by the SLOH and the Hach kit to determine the accuracy of both analyses. Previous sample results from the Hach kit and SLOH collected in June and July of this year were not agreeable. The SLOHs results were typically twice as high as the Hach kit results.

The split sample S02 was analyzed on site on September 13, 2000 at approximately 14:05. The result of the first analysis was greater than 1.5 mg/l and out of the range of the test kit. So a fresh split sample was reanalyzed by diluting 10 ml of it with 40 ml distilled water, placing 10 ml of the diluted sample in the test tube, and adding one pillow of reagent. An estimated reading of 0.8 to 0.85 mg/l was determined using the color disc. This result was multiplied by a factor of 5 that resulted in an estimated concentration of 4.0 to 4.25 mg/l. The dilution and analysis were performed according to directions received from the Hach Company dated August 7, 2000. These results will be compared to the results from the State Lab of Hygiene.

On September 14, 2000 Charlene faxed me a copy of the documentation of the spiked concentration of the blind sample provided by ERA. The certified value was 4.00 mg/l with performance acceptance limits of 3.32 to 4.68 mg/l. The concentration of the Hach kit was from 4.0 to 4.25 mg/l and appears to be agreeable with the certified value and its acceptance limits. SLOH results for the blind sample are not yet available.

The analysis request and chain of custody forms for samples S01 and S02 collected on September 13, 2000 were filled out and placed in the cooler with the samples. The samples were sent at approximately 3:15 pm on September 13, 2000 to the State Lab of Hygiene via overnight courier. The courier was UPS Ground and the tracking number was 1Z8274340340178189. They were delivered to the SLOH at 9:16 am on September 14, 2000.

Attachments

Cc: Gary Edelstein – RR/3 (w/attachments)
Charlene Khazae – RR/3 (w/o attachments)

State of Wisconsin
Department of Natural Resources

CHAIN OF CUSTODY RECORD
LUST PROGRAM
Form 4400-151 Rev. 4-93

Note: Use of this form is voluntary but is requested by the Department pursuant to ch. NR 149, NR 500-540, NR 158 and NR 419, Wis. Adm. Code. Personally identifiable information will be used for no other purpose.

Sample Collector(s)	Title/Work Station/Company	Telephone Number (include area code)
Jennifer Huffman	Hydrogeologist/Appleton/WDNR	920-832-1803
Property Owner	**Property Address**	**Telephone Number (include area code)**
Carol Mauthe	725 S. Outagamie St, Appleton, WI	None Available

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

Relinquished by (Signature)	Date/Time	Received By (Signature)
Jennifer Huffman	9-13-00/15:00	
Relinquished by (Signature)	Date/Time	Received By (Signature)
Relinquished by (Signature)	Date/Time	Received for Laboratory By (Signature)

Sample Condition on Receipt by Laboratory
LABORATORY USE ONLY

Temperature of temperature blank:

If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Field ID Number[1]	Date Collected	Time Collected	Sample Type[2]	Sample Device[3]	Preserv. Type	Field Screening	Description	Analysis Type	Lab ID Number	No./Type of Containers	Cracked /Broken	Improperly Sealed	Good Condition	Other Comments
S01	9/13/00	14:00	GW	*	HNO_3, Ice	None	Untreated Influent	Al, As, Cd, Ch, Cu, Pb, Ni, Zn						
					Ice			Hexavalent Chromium						
					NaOH, Ice			Cyanide, total						
					HNO_3, Ice			Mercury, total						
S02	9/13/00	14:05	Unknown	None	Ice	None	Blind Sample	Hexavalent Chromium						

[1]Sample description must clearly correlate the sample ID to the sampling location shown on a map.
[2]Specify groundwater, surface water, soil, leachate, sludge, etc.
[3]Type of sampling device; split spoon, hand auger, metal spatula, soil syringe, etc.

DEPARTMENT USE/OPTIONAL FOR SOIL SAMPLERS

Disposition of unused portion of sample

Laboratory should: ☐ Dispose ☐ Return ☐ Retain for _ days ☐ Other

* From sample tap on storage tank.

DEPARTMENT USE ONLY

Split Samples: Offered? ☐ Yes ☒ No (Check One)
Accepted? ☐ Yes ☐ No (Check One)

Accepted By: _____ Signature

Chain of Custody #'s 98186 162713

State of Wisconsin
Laboratory of Hygiene

Inorganic Test Request

Form 4800-15 (R 2/99) Page 1 of 2

License #, I.D. Number, Permit or STORET	Point, Well or Outfall #	Field Number	County #	Route Code
445014460	001	SO1	45	RR4

Waterbody Number	Sample Address or Location
	N.W. Mauthe Superfund Site, 725 S. Outagamie St, Appleton

Sample Point Description
Untreated Influent sample collected from Storage Tank.

Send Report To

First Name	Last Name
Jennifer	Huffman

Address: WDNR, 3369 W. Brewster St.

City	State	Zip
Appleton	WI	54914

Date Results Needed (MM/DD/YYYY)	Fax Res?	Fax Number
10-13-2000	No	—

Account Number	Collected By
RR019	J. Huffman

Lakes Grant or WR Project #	Telephone Number
	920-832-1803

Begin or Grab Date (MM/DD/YYYY)	Begin Time (24-hr clock)
09-13-2000	14:00

End Date - For Composite Samples Only (MM/DD/YYYY)	End Time (24-hr clock) - For Composite Samples Only

Sample Type (Non WS):
- ☐ SU Surface Water
- ☐ NP Storm Water
- ☐ SE Sediment
- ☐ SL Sludge
- ☐ LE Leachate
- ☐ TI Tissue
- ☐ EF Effluent (Treated Wastewater)
- ☒ IF Influent (Untreated Wastewater)
- ☐ MW Monitoring Well
- ☐ LY Lysimeter
- ☐ SO Soil
- ☐ OI Oil
- ☐ OW Waste

For Lab Use: Priority

Water System Type (Water Supply Use ONLY):
- ☐ MC Community-Municipality
- ☐ OC Com.-Other than Municipal
- ☐ TN Transient Non-Community
- ☐ NN Non-Transient Non-Community
- ☐ P Private
- ☐ X Non-Potable

Sample Sources (WS ONLY):
- ☐ D Distribution
- ☐ E Entry Point
- ☐ W Well

Sample Type (SDWA ONLY):
- ☐ D Compliance Sample
- ☐ C Confirmation
- ☐ W Raw Water Sample
- ☐ I Investigation

Is Sample Chlorinated? ☐ Yes ☒ No

Check any appropriate: ☐ S Split ☐ B Field Blank ☐ E Enforcement ☒ Y Compliance

Depth of Sample (feet or meters) ___ F or M ___

Field Parameters - Optional

Sample Temperature - field (°C)		___.__
Ambient Air Temperature - field (°C)		___.__
DO field (mg/l)		___.__
pH (su) field		___.__
Secchi Depth (feet or meters)	___ F or M	___.__
Cloud Cover %		___ %
Cond-fld (µMHOS/CM@25°C)		___
Gage Height (ft)		___.__
Flow cfs		___.__
Flow MGD		___
Depth to Groundwater (ft)		___
Turbidity (NTU)		___.__

Plastic Quart Bottle

☐ Sample Bottle Field Filtered? (Check box if yes)
- ☐ Total Solids
- ☐ Vol. Total Solids
- ☐ Susp. Solids (≥ 10 mg/l)
- ☐ TSS Low Level (Submit Additional Sample)
- ☐ Vol. Susp. Solids
- ☐ Total Dissolved Solids
- ☐ BOD Dissolved
- ☐ BOD_5 Total (≥ 6 mg/l)
- ☐ BOD Total Low Level (Submit Additional Sample)
- ☐ Alkalinity, pH, & Conductivity
- ☐ pH only (non-Waste or non-Compliance)
- ☐ Chloride
- ☐ Color
- ☐ Fluoride
- ☐ Sulfate
- ☐ Sulfide (notify lab before collecting sample)
- ☐ Turbidity

BOD Estimate Required ___ mg/l
- ☒ Cyanide, Total
- ☐ Cyanide, Amendable to Chlorination
- ☐ Chlorophyl A (☐ Uncorrected or ☐ Corrected)

(if Field Filtered, give ml ___ filtered)

60 ml Bottle

☐ Sample Bottle Field Filtered? (Check box if yes)
- ☐ NO + NO as Nitrogen (Drinking Water)
- ☐ Nitrite (NO) as Nitrogen
- ☐ Diss.-Orthophosphate
- ☐ Diss. Silica

Quart Mason Jar (Also TCLP Metals)
- ☐ Oil & Grease
- ☐ pH (Waste Samples Only)

250 ml Bottle for Nutrients or Metals - Check each of the following boxes that apply

Metals Bottle (Acidify W/Nitric Acid)

☐ Sample Bottle Field Filtered? (Check box if yes)

☐ Low Level Metals (e.g., Surface Waters by ICP/MS) Note: Special Bottles Needed

☐ TCLP (Toxicity Characteristic Leaching Procedure)(*TC Regulated Metals)(Use Mason Jar)

☒ Total Recoverable Metals

☒ Aluminum	☒ Lead
☐ Antimony	☐ Magnesium
☒ Arsenic*	☐ Manganese
☐ Barium*	☒ Mercury*
☐ Beryllium	☐ Molybdenum
☐ Boron	☒ Nickel
☒ Cadmium*	☐ Potassium
☐ Calcium	☐ Selenium
☒ Chromium, Total*	☐ Silver
☒ Chromium, Hexavalent[1]	☐ Sodium
☒ Copper	☐ Thallium
☐ Hardness-as $CaCO_3$	☒ Zinc
☐ Iron	[1] Cool to 4°C Only

Nutrients Bottle (Acidify W/Sulfuric Acid)

☐ Sample Bottle Field Filtered? (Check box if yes)
- ☐ Tot.-Phosphorus
- ☐ Ammonia-N
- ☐ Total Kjeldahl-N
- ☐ $NO_2 + NO_3$ as Nitrogen
- ☐ Chemical Oxygen Demand (COD)

Please indicate which analyte groups (if any) have been field filtered by checking the box and noting on the lid of the sample bottle.

Bacti Bottle
- ☐ MFFCC*
- ☐ Fecal Strep.*

MFFCC Estimate: ___

*Samples for both water chemistry and water bacteriology should be submitted in separate bottles with separate test request forms.

Additional parameters

State of Wisconsin
Laboratory of Hygiene

Inorganic Test Request

Form 4800-15 (R 2/99) Page 1 of 2

License #, I.D. Number, Permit or STORET	Point, Well or Outfall #	Field Number	County #	Route Code
445014460		S02	45	RR4

Waterbody Number: _____

Sample Address or Location: N.W. Mauthe Superfund Site, 725 S. Outagamie St, Appleton

Sample Point Description: Blind Sample

Send Report To

First Name	Last Name
Jennifer	Huffman

Address: WDNR 3369 W. Brewster St.

City: Appleton | State: WI | Zip: 54914

Date Results Needed (MM/DD/YYYY)	Fax Res?	Fax Number
10/13/2000	No	—

Account Number: _____ | Collected By: J. Huffman

Lakes Grant or WR Project #: _____ | Telephone Number: 920-832-1803

Begin or Grab Date (MM/DD/YYYY)	Begin Time (24-hr clock)
09/13/2000	14:05

End Date - For Composite Samples Only (MM/DD/YYYY) | End Time (24-hr clock) - For Composite Samples Only

Sample Type (Non WS):

- ☐ SU Surface Water
- ☐ NP Storm Water
- ☐ SE Sediment
- ☐ SL Sludge
- ☐ LE Leachate
- ☐ TI Tissue
- ☒ Other — Blind Sample
- ☐ EF Effluent (Treated Wastewater)
- ☐ IF Influent (Untreated Wastewater)
- ☐ MW Monitoring Well
- ☐ LY Lysimeter
- ☐ SO Soil
- ☐ OI Oil
- ☐ OW Waste

For Lab Use: Priority

Water System Type (Water Supply Use ONLY):

- ☐ MC Community-Municipality
- ☐ OC Com.-Other than Municipal
- ☐ TN Transient Non-Community
- ☐ NN Non-Transient Non-Community
- ☐ P Private
- ☐ X Non-Potable

Sample Sources (WS ONLY):

- ☐ D Distribution
- ☐ E Entry Point
- ☐ W Well

Sample Type (SDWA ONLY):

- ☐ D Compliance Sample
- ☐ C Confirmation
- ☐ W Raw Water Sample
- ☐ I Investigation

Is Sample Chlorinated? ☐ Yes ☒ No

Check any appropriate: ☐ S Split ☐ B Field Blank ☐ E Enforcement ☒ Y Compliance

Depth of Sample (feet or meters) ___ F or M ___

Field Parameters - Optional

Sample Temperature - field (°C)		____.__
Ambient Air Temperature - field (°C)		____.__
DO field (mg/l)		____.__
pH (su) field		____.__
Secchi Depth (feet or meters)	___ F or M	____.__
Cloud Cover %		___ %
Cond-fld (µMHOS/CM@25°C)		____
Gage Height (ft)		____.__
Flow cfs		____.__
Flow MGD		____
Depth to Groundwater (ft)		____
Turbidity (NTU)		____.__

Plastic Quart Bottle

☐ Sample Bottle Field Filtered? (Check box if yes)

- ☐ Total Solids
- ☐ Vol. Total Solids
- ☐ Susp. Solids (≥ 10 mg/l)
- ☐ TSS Low Level (Submit Additional Sample)
- ☐ Vol. Susp. Solids
- ☐ Total Dissolved Solids
- ☐ BOD Dissolved
- ☐ BOD_5 Total (≥ 6 mg/l)
- ☐ BOD Total Low Level (Submit Additional Sample)
- ☐ Alkalinity, pH, & Conductivity
- ☐ pH only (non-Waste or non-Compliance)
- ☐ Chloride
- ☐ Color
- ☐ Fluoride
- ☐ Sulfate
- ☐ Sulfide (notify lab before collecting sample)
- ☐ Turbidity

BOD Estimate Required ____ mg/l

- ☐ Cyanide, Total
- ☐ Cyanide, Amendable to Chlorination
- ☐ Chlorophyl A (☐ Uncorrected or ☐ Corrected)

(if Field Filtered, give ml ____ filtered)

60 ml Bottle

☐ Sample Bottle Field Filtered? (Check box if yes)

- ☐ NO + NO as Nitrogen (Drinking Water)
- ☐ Nitrite (NO) as Nitrogen
- ☐ Diss.-Orthophosphate
- ☐ Diss. Silica

Quart Mason Jar (Also TCLP Metals)

- ☐ Oil & Grease
- ☐ pH (Waste Samples Only)

250 ml Bottle for Nutrients or Metals - Check each of the following boxes that apply

Metals Bottle (Acidify W/Nitric Acid)

☐ Sample Bottle Field Filtered? (Check box if yes)

☐ Low Level Metals (e.g., Surface Waters by ICP/MS) Note: Special Bottles Needed

☐ TCLP (Toxicity Characteristic Leaching Procedure)(*TC Regulated Metals)(Use Mason Jar)

☒ Total Recoverable Metals

- ☐ Aluminum
- ☐ Antimony
- ☐ Arsenic*
- ☐ Barium*
- ☐ Beryllium
- ☐ Boron
- ☐ Cadmium*
- ☐ Calcium
- ☐ Chromium, Total*
- ☒ Chromium, Hexavalent[1]
- ☐ Copper
- ☐ Hardness-as $CaCO_3$
- ☐ Iron
- ☐ Lead
- ☐ Magnesium
- ☐ Manganese
- ☐ Mercury*
- ☐ Molybdenum
- ☐ Nickel
- ☐ Potassium
- ☐ Selenium
- ☐ Silver
- ☐ Sodium
- ☐ Thallium
- ☐ Zinc

[1] Cool to 4°C Only

Nutrients Bottle (Acidify W/Sulfuric Acid)

☐ Sample Bottle Field Filtered? (Check box if yes)

- ☐ Tot.-Phosphorus
- ☐ Ammonia-N
- ☐ Total Kjeldahl-N
- ☐ $NO_2 + NO_3$ as Nitrogen
- ☐ Chemical Oxygen Demand (COD)

Please indicate which analyte groups (if any) have been field filtered by checking the box and noting on the lid of the sample bottle.

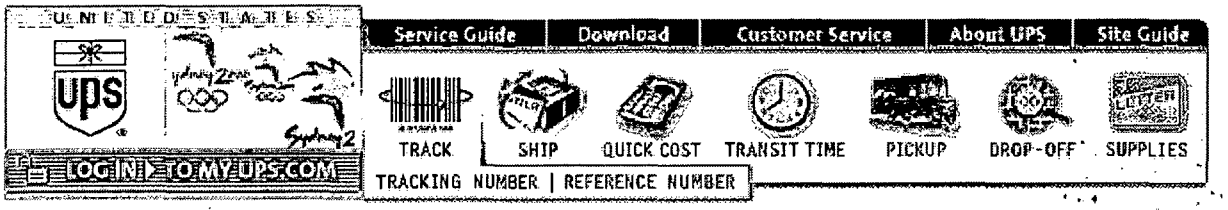
Bacti Bottle

- ☐ MFFCC*
- ☐ Fecal Strep.*

MFFCC Estimate: _____

*Samples for both water chemistry and water bacteriology should be submitted in separate bottles with separate test request forms.

Additional parameters



Tracking Detail

Status:	**Delivered**
Delivered on:	Sep 14, 2000 9:16 A.M.
Delivered to:	BLAIR
Location:	OFFICE
Shipped to:	MADISON, WI, US
Shipped or Billed on:	Sep 13, 2000
Tracking Number:	1Z 827 434 03 4017 818 9
Service Type:	GROUND
Weight:	21.00 Lbs

PACKAGE PROGRESS

Date	Time	Location	Activity
Sep 14, 2000	9:16 A.M.	CAPITAL, WI, US	DELIVERY
	5:12 A.M.	CAPITAL, WI, US	DESTINATION SCAN
	2:00 A.M.	CAPITAL, WI, US	ARRIVAL SCAN
	12:41 A.M.	OAK CREEK, WI, US	DEPARTURE SCAN
Sep 13, 2000	11:09 P.M.	OAK CREEK, WI, US	LOCATION SCAN
	5:27 P.M.	US	PICKUP MANIFEST RECEIVED
	5:20 P.M.	OSHKOSH, WI, US	ORIGIN SCAN

Tracking results provided by UPS: Sep 15, 2000 9:40 A.M. Eastern Time (USA)

NOTICE: UPS authorizes you to use UPS tracking systems solely to track shipments tendered by or for you to UPS for delivery and for no other purpose. Any other use of UPS tracking systems and information is strictly prohibited.

BACK TO TRACKING SUMMARY

Top of Page

Home | Track | Ship | Quick Cost | Transit Time | Pickup | Drop-off | Supplies
Service Guide | Download | Customer Service | About UPS | Site Guide | MY UPS.COM

Packaging Store

1722 West Wisconsin Ave.
Appleton, WI 54914
(920) 738-7710
(920) 738-7747 (FAX)

PKG. I.D. № 484656 -A

DATE 9/13/00

TO

Name: State Lab of Hygiene
Phone (If Available): (608) 224-6279
Company (If Applies): Inorganic Chemistry Unit
Street Address: 2601 Agriculture Drive
Suite/Apt.:
City: Madison
State: WI
Zip Code • Required: 53718

FROM

Name: Jennifer Huffman
Company (If Applies): WDNR
Address: 3369 W. Brewster St
City: Appleton
State: WI
Zip Code: 54914

Sender's Phone: (920) 832-1803

Store Packed? Yes ☐ If No ☐ Customer releases the Handle With Care Packaging Store from any liability from damage. I have read, and agree to the terms and limits of liabiltiy on the reverse side of this form.

Signature ______

SETTLEMENT IS BASED ON ACTUAL CASH VALUE

CONTENTS OF EACH BOX		CASH VALUE	SHIPPING WEIGHT	FREIGHT & HANDLING
A	Samples	–	21	8.13
B				
C				
D				

Please, how did you first hear of us?
☐ Store Location ☐ Yellow Pages ☐ Coupon
☐ Television/Radio ☐ Newspaper Ad ☐ Other
☐ Referred By ______

Prepack Release ______ Mgr. has inspected and agrees to ship as store pack.

Total Cash Value ______ Cash Value Premium –
Clerk AK Pick-up/Delivery Charge ______
DCR/C.O.D. Amount ______ Remittance ______ Charge ______
Ground ☐ Via: UPS Zone 2
Overnight Air ☐ 2nd Day Air ☐ 3 Day Air ☐ Via: ______
Other: Type of Service Added Hand Via: 6.00

PACKAGING MATERIALS

QTY.	DESCRIPTION	UNIT PRICE	AMOUNT
		Custom Packaging	
		Service Charge	1.00
		Sales Tax	Tax ~~.35~~ Ex
		TOTAL CHARGES	15.13

PLACE TRACKING # STICKER HERE
1Z 82743403 40178189

DATE SHIPPED 9/13/00

AN INDEPENDENTLY OWNED & OPERATED FRANCHISE

Sample Shipment → 274 RRNE 2754 RRSD

Wisconsin DNR

Catalog No. 093 Custom Standard **Lot No. 0830-00-01**

Parameter	Certified Value (mg/L)	Performance Acceptance Limits™ (mg/L)
Hexavalent Chromium	4.00	3.32 – 4.68

The Performance Acceptance Limit (PAL™) is listed as a guideline for an acceptable analytical result given the limitations of the USEPA methodologies commonly used to determine this parameter and closely approximates the 95% confidence interval. The PAL™ is based on analytical verification data generated by ERA, independent referee laboratory results and data from USEPA methods, WP, WS and CLP interlaboratory studies. If your result falls outside of the PAL™, ERA recommends that you investigate potential sources of error in your preparation and/or analytical procedures. For further technical assistance, call ERA at 1-800-372-0122.

Expiration date: 11/2000

Preservative: This sample is not preserved.

Production Note: The standard is made from Potassium Dichromate ($K_2Cr_2O_7$).

Standard Preparation Instructions: None required. This sample is ready for preparation and analysis as received.

Long Term Storage: Store at 4±2°C.

TRACEABILITY DATA SUMMARY

Parameter	ERA Lot Number	%Traceability*
Hexavalent Chromium	0830-00-01	98.2

This standard was analytically traced to **NIST Standard Reference Material 3112 Chromium.**

*%Traceability = ((%Recovery ERA standard)/(%Recovery NIST Standard))*100

ENVIRONMENTAL
RESOURCE ASSOCIATES®
The Industry Standard™

September 6, 2000

Jennifer Huffman
Wisconsin DNR Work Site
3369 West Brewster Street
Appleton, WI 54914

Dear Jennifer:

Enclosed please find the set of whole volume performance evaluation samples ordered for you by Charlene Khazae. The certified values for these samples are being mailed to Charlene's attention in Madison. The ERA project number corresponding to these samples is 0830-00-01.

If you have any questions or if we can be of any further assistance, please do not hesitate to call me.

Sincerely,

Anthony J. Ciacco
Chemist

enclosures
ajc

ENVIRONMENTAL RESOURCE ASSOCIATES
5540 MARSHALL STREET
ARVADA, COLORADO 80002
303-431-8454
1-800-ERA-0122

PACKING LIST

Invoice No. 219499

PO NO. RRPA019

SHIP VIA: FEDEX ECONOMY 2 DAY
PROJ NUM: 08300001

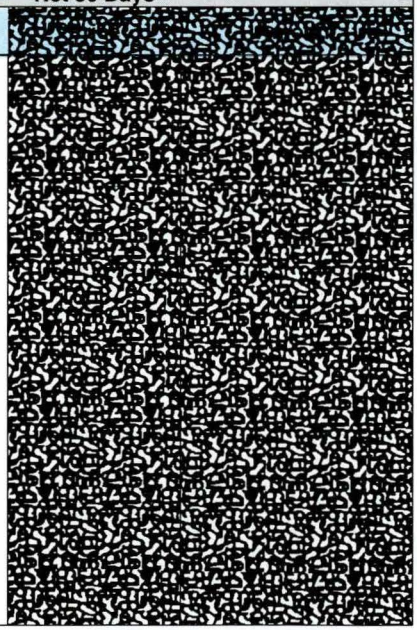
Sold To:
WISCONSIN DNR
RR/3
PO BOX 7921
MADISON, WI 53707
ACCOUNTS PAYABLE
608-267-0543

Ship To:
WISCONSIN DNR
WORK SITE
3369 WEST BREWSTER STREET
APPLETON, WI 54914
JENNIFER HUFFMAN

Date	Purchase Order Number	FOB	Terms	Customer Number
9/06/00	RRPA019	Arvada, Colorado	Net 30 Days	W3578-01

Quantity	Description	Lot Number
1	092 CUSTOM INORGANIC STANDARD CUSTOM HEX CR SAMPLES 2 X 500ML POLYS	1

RECEIVED
SEP 8 2000
WDNR
NER - APPLETON



State Laboratory of Hygiene
University of Wisconsin Center for Health Sciences
2601 Agriculture DR, Madison WI 53718
R.H. Laessig, Ph.D., Director D.F. Kurtycz, M.D., Medical Director

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Environmental Science Section (608) 224-6277 DNR LAB ID 113133790
Inorganic chemistry (#14 of 14 on 10/02/00, unseen)

Id: 445014460 Point/Well/..: 001 Field #: S01 Route: RR40
Collection Date: 09/13/00 Time: 14:00 County: 45 (Outagamie)
From: MW MAUTHE SUPERFUND SITE 725 S OUTAGAMIE ST APPLETON
Description: UNTREATED INFLUENT SAMPLE COLLECTED FROM STORAGE TANK
To: JENNIFER HUFFMAN Type: Compliance
DNR Source: Influent
APPLETON
Account number: RR019 Collected by: HUFFMAN
Enforcement
Date Received: 09/14/00 Labslip #: IL007123 Reported: 09/29/00

ALUMINUM, TOTAL REC, ICP (SW846 6010B)	63.	UG/L
detected between 31 (LOD) and 100 (LOQ) UG/L		
ARSENIC, TOTAL REC, ICP (SW846 6010B)	ND (LOD=12	UG/L)
CADMIUM, TOTAL REC, ICP (SW846 6010B)	ND (LOD=2	UG/L)
CHROMIUM, TOTAL REC, ICP (SW846 6010B)	1600.	UG/L
CHROMIUM, HEXAVALENT (USGS I-1230-85)	1600.	UG/L
COPPER, TOTAL REC, ICP (SW846 6010B)	7.	UG/L
detected between 5 (LOD) and 16 (LOQ) UG/L		
CYANIDE (EPA 335.4)	0.006	MG/L
detected between 0.004 (LOD) and 0.012 (LOQ) MG/L		
DIG, TOTAL REC, ICP, LIQUIDS (SW846 3005A)	DIG MET	
LEAD, TOTAL REC, ICP (SW846 6010B)	ND (LOD=13	UG/L)
MERCURY, AA COLD VAPOR (EPA 245.1)	ND (LOD=0.03	UG/L)
NICKEL, TOTAL REC, ICP (SW846 6010B)	15.	UG/L
detected between 9 (LOD) and 32 (LOQ) UG/L		
ZINC, TOTAL REC, ICP (SW846 6010B)	ND (LOD=19	UG/L)
TEMPERATURE ON RECEIPT	ICED	C
ICP TEST	ICP	

ENVIRONMENTAL
RESOURCE ASSOCIATES®
The Industry Standard™

September 6, 2000

Charlene Khazae
Wisconsin DNR
101 South Webster Street
Madison, WI 53707

Dear Charlene:

Enclosed please find the certification documentation for the set of whole volume performance evaluation samples that you recently ordered. The samples were shipped on September 6, 2000 via FedEx Economy service to Jennifer Huffman at the DNR work site. The ERA project number corresponding to these samples is 0830-00-01.

Thank you for choosing ERA for this project. If you have any questions or if we can be of any further assistance, please do not hesitate to call me.

Sincerely,

Anthony J. Ciacco
Chemist

enclosures
ajc

Post-it® Fax Note 7671	Date 9/14	# of pages ▶ 2
To Jennifer Huffman	From Char	
Co./Dept. DNR RR	Co. DNR RR/3	
Phone # 920-832-1803	Phone # 608-267-0543	
Fax # 920-832-1800	Fax # 608-267-7646	

501
~~Real~~ Hex Chrome
Hach Kit =

501 2 pm Real Samples

502 2:05 pm Blind Sample

1^{st} Run > 1.5

2nd
Diluted Blind Sample
= 0.85 mg/l
x 5
~~4~~.25

$5 \overline{)4.5}$ = .9

~~1819~~

501 appears at or > 1.5

Diluted sample = 0.4
x 5
2.0 mg/l

12827 43403
4017 8189

ES40690

MCO

Midwest Contract Operations. Inc.

FACILITY ALARM RESPONSE LOG SHEET

GROUNDWATER PRETREATMENT SYSTEM

N.W. Mauthe Superfund Site

Operator Name: _____ Arrival Time: _____

Date: _____ Departure Time: _____

Time of Alarm: _____

Alarm Message: ❑ SYSTEM ALERT

❑ SYSTEM SHUTDOWN

Onsite Alarm Indicators: (i.e. Manhole Pump 1 alarm light on, PLC flashing "SYSTEM SHUTDOWN")

_____

_____

_____

Activities Performed: (to address alarm condition)

_____

_____

_____

Notification Required: (i.e. call City of Appleton)

_____

_____

_____

Persons Notified and When: (name, date and time of contact)

_____

_____

_____

Problem Areas and Recommended Solutions (i.e. false alarm because of ..., could be fixed by ...)

_____

_____

_____

MIDWEST CONTRACT OPERATIONS, INC.

P.O. Box 418 Menasha, WI 54952-0418 Phone: 920-751-4299 Fax: 920-751-4284

JENNIFER HUFFMAN - WI DNR
3369 W BREWSTER ST
APPLETON WI 54914

--

ENFORCEMENT

Sample(s) will be disposed of ninety days from the date the sample is reported, unless this form is completed and returned to:

Attn: Julie
Inorganic Chemistry Unit
Wis. State Lab. of Hygiene
2601 Agriculture Drive
P.O. Box 7996
Madison, WI 53707-7996

Collector: HUFFMAN

District/Area: North East

Phone Number:

Sample Number(s): IL001875

Report date: 08/04/00

___Retain sample(s) for ___ days.
___Retain sample(s) until further notice.

State Laboratory of Hygiene
University of Wisconsin Center for Health Sciences
2601 Agriculture Drive, Madison, WI 53707-7996
R.H. Laessig, Ph.D., Director D.F. Kurtycz, M.D., Medical Director

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Environmental Science Section (608) 224-6277 DNR LAB ID 113133790
Inorganic chemistry

Id: 445014460 Point/Well/..: 001 Field #: S1 Route: RR40
Collection Date: 07/20/00 Time: 14:10 County: 45 (Outagamie)
From: N.W. MAUTHE SUPERFUND SITE 725 S OUTAGAMIE ST APPLETON
Description: INFLUENT SAMPLE COLLECTED AFTER STORAGE TANK, NO TREATMENT
To: JENNIFER HUFFMAN Type: Compliance
DNR Source: Influent
APPLETON
Account number: RR019 Collected by: HUFFMAN
Enforcement
Date Received: 07/21/00 Labslip #: IL001875 Reported: 08/04/00

CHROMIUM, TOTAL REC, ICP (SW846 6010B)	2700.	UG/L
CHROMIUM, HEXAVALENT (USGS I-1230-85)	2800.	UG/L
CYANIDE (EPA 335.4)	ND (LOD=0.004	MG/L)
DIG, TOTAL REC, ICP, LIQUIDS (SW846 3005A)	DIG MET (qualitative)	
TEMPERATURE ON RECEIPT	ICED	C

State of Wisconsin
Laboratory of Hygiene

Inorganic Test Request

Form 4800-15 (R 2/99) Page 1 of 2

License #, I.D. Number, Permit or STORET	Point, Well or Outfall #	Field Number	County #	Route Code
445014460	001	S1	45	RR4

Waterbody Number	Sample Address or Location
	N.W. Mauthe Superfund Site, 725 S. Outagamie St., Appleton

Sample Point Description: Influent Sample Collected after Storage Tank, no treatment.

Send Report To

First Name	Last Name
Jennifer	Huffman

Address: WDNR, 3369 W. Brewster St.

City	State	Zip
Appleton	WI	54914

Date Results Needed (MM/DD/YYYY)	Fax Res?	Fax Number
8-13-00	Yes	9208321800

Account Number	Collected By
RR019	J. Huffman

Lakes Grant or WR Project #	Telephone Number
	920-832-1803

Begin or Grab Date (MM/DD/YYYY)	Begin Time (24-hr clock)
07/20/2000	14:10

End Date - For Composite Samples Only (MM/DD/YYYY)	End Time (24-hr clock) - For Composite Samples Only

Sample Type (Non WS):

- [ ] SU Surface Water
- [ ] NP Storm Water
- [ ] SE Sediment
- [ ] SL Sludge
- [ ] LE Leachate
- [ ] TI Tissue
- [ ] EF Effluent (Treated Wastewater)
- [x] IF Influent (Untreated Wastewater)
- [ ] MW Monitoring Well
- [ ] LY Lysimeter
- [ ] SO Soil
- [ ] OI Oil
- [ ] OW Waste

For Lab Use: Priority

Water System Type (Water Supply Use ONLY):

- [ ] MC Community-Municipality
- [ ] OC Com.-Other than Municipal
- [ ] TN Transient Non-Community
- [ ] NN Non-Transient Non-Community
- [ ] P Private
- [ ] X Non-Potable

Sample Sources (WS ONLY):

- [ ] D Distribution
- [ ] E Entry Point
- [ ] W Well

Sample Type (SDWA ONLY):

- [ ] D Compliance Sample
- [ ] C Confirmation
- [ ] W Raw Water Sample
- [ ] I Investigation

Is Sample Chlorinated? [ ] Yes [x] No

Check any appropriate: [ ] S Split [ ] B Field Blank [ ] E Enforcement [x] Y Compliance

Depth of Sample (feet or meters) ___ F or M ___ ___ ___

Field Parameters - Optional

Sample Temperature - field (°C)		___ ___ ___ ___ . ___
Ambient Air Temperature - field (°C)		___ ___ ___ ___ . ___
DO field (mg/l)		___ ___ ___ ___ . ___
pH (su) field		___ ___ ___ . ___
Secchi Depth (feet or meters)	___ F or M	___ ___ ___ ___ ___ . ___
Cloud Cover %		___ ___ ___ %
Cond-fld (µMHOS/CM@25°C)		___ ___ ___ ___ ___ ___
Gage Height (ft)		___ ___ ___ ___ . ___
Flow cfs		___ ___ ___ ___ ___ ___ . ___
Flow MGD		___ ___ ___ ___ ___ ___
Depth to Groundwater (ft)		___ ___ ___ ___ ___ ___ ___
Turbidity (NTU)		___ ___ ___ ___ ___ ___ . ___ ___

Plastic Quart Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Total Solids
- [ ] Vol. Total Solids
- [ ] Susp. Solids (≥ 10 mg/l)
- [ ] TSS Low Level **(Submit Additional Sample)**
- [ ] Vol. Susp. Solids
- [ ] Total Dissolved Solids
- [ ] BOD Dissolved
- [ ] BOD_5 Total (≥ 6 mg/l)
- [ ] BOD Total Low Level **(Submit Additional Sample)**
- [ ] Alkalinity, pH, & Conductivity
- [ ] pH only (non-Waste or non-Compliance)
- [ ] Chloride
- [ ] Color
- [ ] Fluoride
- [ ] Sulfate
- [ ] Sulfide **(notify lab before collecting sample)**
- [ ] Turbidity

BOD Estimate Required ___ ___ ___ ___ ___ mg/l

- [x] Cyanide, Total
- [ ] Cyanide, Amendable to Chlorination
- [ ] Chlorophyl A ([ ] Uncorrected or [ ] Corrected)

(if Field Filtered, give ml ___ ___ ___ ___ ___ filtered)

60 ml Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] NO + NO as Nitrogen (Drinking Water)
- [ ] Nitrite (NO) as Nitrogen
- [ ] Diss.-Orthophosphate
- [ ] Diss. Silica

Quart Mason Jar (Also TCLP Metals)

- [ ] Oil & Grease
- [ ] pH (Waste Samples Only)

250 ml Bottle for Nutrients or Metals - Check each of the following boxes that apply

Metals Bottle **(Acidify W/Nitric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Low Level Metals (e.g., Surface Waters by ICP/MS) Note: Special Bottles Needed
- [ ] TCLP (Toxicity Characteristic Leaching Procedure)(*TC Regulated Metals)(Use Mason Jar)
- [x] Total Recoverable Metals

[ ] Aluminum	[ ] Lead
[ ] Antimony	[ ] Magnesium
[ ] Arsenic*	[ ] Manganese
[ ] Barium*	[ ] Mercury*
[ ] Beryllium	[ ] Molybdenum
[ ] Boron	[ ] Nickel
[ ] Cadmium*	[ ] Potassium
[ ] Calcium	[ ] Selenium
[x] Chromium, Total*	[ ] Silver
[x] Chromium, Hexavalent[1]	[ ] Sodium
[ ] Copper	[ ] Thallium
[ ] Hardness-as $CaCO_3$	[ ] Zinc
[ ] Iron	[1] Cool to 4°C Only

Nutrients Bottle **(Acidify W/Sulfuric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)

[ ] Tot.-Phosphorus	
[ ] Ammonia-N	[ ] $NO_2 + NO_3$ as Nitrogen
[ ] Total Kjeldahl-N	[ ] Chemical Oxygen Demand (COD)

Please indicate which analyte groups (if any) have been field filtered by checking the box and noting on the lid of the sample bottle.

Bacti Bottle

- [ ] MFFCC*
- [ ] Fecal Strep.*

MFFCC Estimate: ___ ___ ___ ___ ___

*Samples for both water chemistry and water bacteriology should be submitted in separate bottles with separate test request forms.

Additional parameters

2100001875

Partial Instructions

See Chapter 4 "Lab Slips" of the *Field Procedures Manual* (see http://intranet/int/es/science/ls/fpm/IV.htm) for further instructions and definitions.

The **ID Number, Permit or STORET and Point/Well fields** should contain the appropriate IDs, left justified, for the program system the sample is for:

Program	ID Number	Example	Pt./Well	Example
Water Supply - Privates	Unique Well #	AA999	Blank	
Water Supply - Publics RAW	PWS ID #	24100567	Well #	002
Water Supply - Publics DIST	PWS ID #	24100567	Blank	
Waste Management	License #	00130	Point ID	AD6
Watershed Management	Permit #	0000030	Outfall #	001
Fish Management & Habitat Protection	Storet #	265013	Blank	
Remediation & Redevelopment	CERCLIS #	006094197	Point ID	001
Remediation & Redevelopment	FID	268181770	Point ID	001
Remediation & Redevelopment	Brownfields #	000000003	Point ID	001

The **Sample Address or Location field** should be the "entity" name, and depends on the program the sample is for. For example, Facility, Site, Licensee, River/Lake, Owner, etc. Following this information, include the address of the facility or site (if appropriate).

The **Sample Point Description field** should include a description of the point within the property that the sample was collected. For example, secondary settling tank effluent or faucet prior to pressure tank.

The **Route Code** is a four-character code, which will be used to route the sample results from SLOH to whoever wants the results ("Send Report To:" field). These results are routed by the State Laboratory of Hygiene Computer.

First two characters	- Program code: WT, WA, DG, FH, etc.
Third character	- Region code: 1, 2, 4, 6, 7, 8 (see http://intranet/int/es/science/ls/fpm/IV.htm)
Fourth character	- Blank

The **Account Number** must be completed in order for the samples to be billed to the correct funding source. If you are unsure what the proper account number is refer to http://intranet/int/es/science/ls/Account.htm or contact the DNR Laboratory Coordinator or the State Laboratory of Hygiene.

The **Lake Grant or WR Project # field** should include the Lake Planning Grant Number or the Water Resources Approved Monitoring Plan Number.

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	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

State of Wisconsin
Department of Natural Resources

CHAIN OF CUSTODY RECORD
LUST PROGRAM
Form 4400-151 Rev. 4-93

Note: Use of this form is voluntary but is requested by the Department pursuant to ch. NR 149, NR 500-540, NR 158 and NR 419, Wis. Adm. Code. Personally identifiable information will be used for no other purpose.

Sample Collector(s)	Title/Work Station/Company	Telephone Number (include area code)
Jennifer Huffman	Hydrogeologist/Appleton/WDNR	920-832-1803
Property Owner	**Property Address**	**Telephone Number (include area code)**
Carol Mauthe	725 S. Outagamie St, Appleton, WI	None Available

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

Relinquished by (Signature)	Date/Time	Received By (Signature)
Jennifer Huffman	7-20-00 14:35	Charles O'Rourke
Relinquished by (Signature)	Date/Time	Received By (Signature)
Charles O'Rourke	7-21-00 10:05	Gary Krinke
Relinquished by (Signature)	Date/Time	Received for Laboratory By (Signature)
	7/21/00 10:05	D Kennedy Baker

Sample Condition on Receipt by Laboratory
LABORATORY USE ONLY

Temperature of temperature blank:

If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Field ID Number[1]	Date Collected	Time Collected	Sample Type[2]	Sample Device[3]	Preserv. Type	Field Screening	Description	Analysis Type	Lab ID Number	No./Type of Containers	Cracked /Broken	Improperly Sealed	Good Condition	Other Comments
SO1	7/20/00	14:10	GW	*	HNO_3, ICE	None	Untreated Influent	Chromium, total	IL0018275A					
↓	↓	↓	↓	↓	Ice	↓	↓	Chromium, Hexavalent	IL0018275B					
↓	↓	↓	↓	↓	NaOH, Ice	↓	↓	Cyanide, total	IL0018275C					
		EB, JBK												

[1]Sample description must clearly correlate the sample ID to the sampling location shown on a map.
[2]Specify groundwater, surface water, soil, leachate, sludge, etc.
[3]Type of sampling device; split spoon, hand auger, metal spatula, soil syringe, etc.

DEPARTMENT USE/OPTIONAL FOR SOIL SAMPLERS

Disposition of unused portion of sample

Laboratory should: ☒ Dispose ☐ Retain for _ days ☐ Return ☐ Other

* From sample tap on Storage Tank.

DEPARTMENT USE ONLY

Split Samples: Offered? ☐ Yes ☒ No (Check One)
Accepted? ☐ Yes ☐ No (Check One)

Accepted By: _____ Signature

Chain of Custody #5 162887, 162889

CORRESPONDENCE/MEMORANDUM

State of Wisconsin

DATE: August 8, 2000

TO: Mauthe Site Superfund File

FROM: Jennifer Huffman - NER JBH

SUBJECT: Influent Characterization Sample Collection on August 8, 2000

Yesterday, the result of the first sample collected and tested for hexavalent chromium with the Hach Kit appeared to be greater than the range of the instrument (>1.5 mg/l). So I analyzed another sample according to instructions by John Stoeger (see August 8, 2000 memo describing the procedure that was used). When I returned to the office I contacted the Hach Company to see if this procedure was correct. A Mr. Bob Dabkowski (Technical Advisor) emailed me with instructions on analyzing samples outside the range of the test kit considering a range up to 4.5 mg/l. The procedure he described is essentially the same except that after the sample is diluted, you add 10 ml of the diluted sample to the test tube, then put in one pillow of the reagent (see attamentment for a copy of the email from Hach). John Stoeger's instructions indicated that I add one pillow of the reagent to the entire diluted sample, not just 10 ml of the diluted sample.

Today I went back to the Mauthe site and collected another sample. This time I followed the Hach Company's directions exactly as described on the attachment. At approximately 10:30, I collected and analyzed the sample. The result on the color disc indicated 0.7 mg/l in the diluted sample which is 3.5 mg/l based on a factor of 5 because of dilution.

Huffman, Jennifer B

From: Bob Dabkowski(SMTP:BDabkows@hach.com)
Sent: Monday, August 07, 2000 05:29 PM
To: 'huffmj@dnr.state.wi.us'
Subject: Hexavalent Chromium

Dear Jennifer,

Thank you for your recent inquiry.

To be able to test for Hexavalent Chromium in the 0-4.5 mg/L range, it would be necessary to dilute your sample (at least fivefold - 10mL sample, then 40 mL Deionized water), take 10 mL of that dilution, run the chemistry on it (one powder pillow), read it, and multiply your value by 5. This is the way for you to measure 0-4.5 mg/L with the kit you already have. We don't have any kits that measure the 0-4.5 range, as our high range kits start at 5 or 20 mg/L and run up to 1000 mg/L. If you have any further questions, please feel free to call us at 800-227-4224 or email us at techhelp@hach.com. Thanks again, and we look forward to serving you further.

Yours Sincerely,

Bob Dabkowski
Technical Advisor
Hach Company
> \V///
> 0 0
> ----------oo0--(_)--0oo----------
"Experience is a wonderful teacher. Especially someone else's."
-Terry Felber

Save valuable time by ordering products online
24 hours a day, 7 days a week.
Product literature and MSDS information are also
available for instant viewing and ordering.
Visit www.hach.com ~ How the World Tests Water

CORRESPONDENCE/MEMORANDUM

State of Wisconsin

DATE: August 8, 2000

TO: Mauthe Site Superfund File

FROM: Jennifer Huffman - NER JBH

SUBJECT: Influent Characterization Sample Collection on August 7, 2000

The purpose of this memo is to document the collection of untreated groundwaer samples for analysis from the storage tank at the Mauthe Pretreatment building. This was the third of six monthly sampling events to characterize the untreated influent. The sample was collected directly into the sample jar at the sample tap on the storage tank. The storage tank sample tap was purged of approximately 2 gallons prior to sample collection. On August 7, 2000 at 14:10, I collected the following:

- One Quart sample container for total cyanide analysis, preserved with NaOH to a pH greater than 12 and placed in a cooler with ice.
- One 250 ml sample container for total metals analysis of aluminum, arsenic, cadmium, chromium, copper, lead, nickel, and zinc. Sample was preserved with HNO3 to a pH less than 2 and placed in a cooler with ice.
- One 250 ml sample container for mercury analysis, preserved with HNO3 to a pH less than 2 and placed in a cooler with ice.
- One 250 ml sample container for hexavalent chromium analysis and placed in a cooler with ice.

I also collected a sample at the same time by and analyzed it on site for hexavalent chromium using the Hach Test kit. The result from this test was 1.5 mg/l. The upper range of the Hach kit is 1.5 mg/l so I reanalyzed a second sample by diluting it with 10 ml distilled water, adding one pillow of reagent, reading the result on the color disc, and doubling the result. This procedure resulted in an estimated concentration of 2.8 mg/l (1.4 mg/l was the result on the color disc). These results will be compared to the results from the State Lab of Hygiene. I contacted the technical services staff at the Hach Company questioning the validity of diluting the sample for reanalysis. Their email response is attached for verification.

The analysis request and chain of custody forms were filled out and placed in the cooler with the samples. The samples were sent at approximately 3 pm on August 7, 2000 to the State Lab of Hygiene via overnight courier. The courier was UPS Ground and the tracking number was 1Z8274340340596870.

Attachments

Cc: Gary Edelstein – RR/3 (w/attachments)

State of Wisconsin
Department of Natural Resources

CHAIN OF CUSTODY RECORD
LUST PROGRAM
Form 4400-151 Rev. 4-93

Note: Use of this form is voluntary but is requested by the Department pursuant to ch. NR 149, NR 500-540, NR 158 and NR 419, Wis. Adm. Code. Personally identifiable information will be used for no other purpose.

Sample Collector(s)	Title/Work Station/Company	Telephone Number (include area code)
Jennifer Huffman	Hydrogeologist/Appleton/WDNR	920-832-1803
Property Owner	**Property Address**	**Telephone Number (include area code)**
Carol Mauthe	725 S. Outagamie St., Appleton, WI	None Available

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

Relinquished by (Signature) Jennifer Huffman	Date/Time 8-7-00/14:50	Received By (Signature)	
Relinquished by (Signature)	Date/Time	Received By (Signature)	
Relinquished by (Signature)	Date/Time	Received for Laboratory By (Signature)	

Sample Condition on Receipt by Laboratory
LABORATORY USE ONLY

Temperature of temperature blank:

If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Field ID Number[1]	Date Collected	Time Collected	Sample Type[2]	Sample Device[3]	Preserv. Type	Field Screening	Description	Analysis Type	Lab ID Number	No./Type of Containers	Cracked /Broken	Improperly Sealed	Good Condition	Other Comments
SO1	8/7/00	14:10	GW	*	HNO3, Ice	None	Untreated Influent	Al, As, Cd, Ch, Cu, Pb, Ni, Zn						
					Ice			Hexavalent Chromium						
					NaOH, Ice			Cyanide, total						
					HNO3, Ice			Mercury, total						

[1]Sample description must clearly correlate the sample ID to the sampling location shown on a map.
[2]Specify groundwater, surface water, soil, leachate, sludge, etc.
[3]Type of sampling device; split spoon, hand auger, metal spatula, soil syringe, etc.

DEPARTMENT USE/OPTIONAL FOR SOIL SAMPLERS

Disposition of unused portion of sample

Laboratory should: ☐ Dispose ☐ Return ☐ Retain for _ days ☐ Other

DEPARTMENT USE ONLY

Split Samples: Offered? ☐ Yes ☒ No (Check One)
Accepted? ☐ Yes ☐ No (Check One)

Accepted By: _____ Signature

* From Sample Tap on Storage Tank.

Chain of Custody #s 98187
162714

1.5
2.8

State of Wisconsin
Laboratory of Hygiene

Inorganic Test Request

Form 4800-15 (R 2/99) Page 1 of 2

License #, I.D. Number, Permit or STORET	Point, Well or Outfall #	Field Number	County #	Route Code
445014460	001	S01	45	RR4

Waterbody Number	Sample Address or Location
	NW Mauthe Superfund Site, 725 S. Outagamic, Appleton

Sample Point Description
Untreated Influent Sample collected from Storage Tank

Send Report To

First Name	Last Name
Jennifer	Huffman

Address: WDNR
3369 W. Brewster St

City	State	Zip
Appleton	WI	54914

Date Results Needed (MM/DD/YYYY)	Fax Res?	Fax Number
09/11/2000	No	—

Account Number	Collected By
RR019	J. Huffman

Lakes Grant or WR Project #	Telephone Number
	920-832-1803

Begin or Grab Date (MM/DD/YYYY)	Begin Time (24-hr clock)
08/07/2000	14:10

End Date - For Composite Samples Only (MM/DD/YYYY)	End Time (24-hr clock) - For Composite Samples Only

Sample Type (Non WS):

- [ ] SU Surface Water
- [ ] NP Storm Water
- [ ] SE Sediment
- [ ] SL Sludge
- [ ] LE Leachate
- [ ] TI Tissue
- [ ] EF Effluent (Treated Wastewater)
- [x] IF Influent (Untreated Wastewater)
- [ ] MW Monitoring Well
- [ ] LY Lysimeter
- [ ] SO Soil
- [ ] OI Oil
- [ ] OW Waste

For Lab Use: Priority

Water System Type (Water Supply Use ONLY):

- [ ] MC Community-Municipality
- [ ] OC Com.-Other than Municipal
- [ ] TN Transient Non-Community
- [ ] NN Non-Transient Non-Community
- [ ] P Private
- [ ] X Non-Potable

Sample Sources (WS ONLY):

- [ ] D Distribution
- [ ] E Entry Point
- [ ] W Well

Sample Type (SDWA ONLY):

- [ ] D Compliance Sample
- [ ] C Confirmation
- [ ] W Raw Water Sample
- [ ] I Investigation

Is Sample Chlorinated? [ ] Yes [x] No

Check any appropriate:
[ ] S Split [ ] B Field Blank [ ] E Enforcement [x] Y Compliance

Depth of Sample (feet or meters) ___ F or M ___

Field Parameters - Optional

Sample Temperature - field (°C)		____.__
Ambient Air Temperature - field (°C)		____.__
DO field (mg/l)		____.__
pH (su) field		____.__
Secchi Depth (feet or meters)	___ F or M	____.__
Cloud Cover %		___ %
Cond-fld (µMHOS/CM@25°C)		____.__
Gage Height (ft)		____.__
Flow cfs		____.__
Flow MGD		____.__
Depth to Groundwater (ft)		____.__
Turbidity (NTU)		____.__

Plastic Quart Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Total Solids
- [ ] Vol. Total Solids
- [ ] Susp. Solids (≥ 10 mg/l)
- [ ] TSS Low Level (Submit Additional Sample)
- [ ] Vol. Susp. Solids
- [ ] Total Dissolved Solids
- [ ] BOD Dissolved
- [ ] BOD_5 Total (≥ 6 mg/l)
- [ ] BOD Total Low Level (Submit Additional Sample)
- [ ] Alkalinity, pH, & Conductivity
- [ ] pH only (non-Waste or non-Compliance)
- [ ] Chloride
- [ ] Color
- [ ] Fluoride
- [ ] Sulfate
- [ ] Sulfide (notify lab before collecting sample)
- [ ] Turbidity

BOD Estimate Required ____ mg/l
[x] Cyanide, Total
[ ] Cyanide, Amendable to Chlorination
[ ] Chlorophyl A ([ ] Uncorrected or [ ] Corrected)
(if Field Filtered; give ml ____ filtered)

60 ml Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] NO + NO as Nitrogen (Drinking Water)
- [ ] Nitrite (NO) as Nitrogen
- [ ] Diss.-Orthophosphate
- [ ] Diss. Silica

Quart Mason Jar (Also TCLP Metals)

- [ ] Oil & Grease
- [ ] pH (Waste Samples Only)

250 ml Bottle for Nutrients or Metals - Check each of the following boxes that apply

Metals Bottle **(Acidify W/Nitric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)
[ ] Low Level Metals (e.g., Surface Waters by ICP/MS) Note: Special Bottles Needed
[ ] TCLP (Toxicity Characteristic Leaching Procedure)(*TC Regulated Metals)(Use Mason Jar)
[x] Total Recoverable Metals

- [x] Aluminum
- [ ] Antimony
- [x] Arsenic*
- [ ] Barium*
- [ ] Beryllium
- [ ] Boron
- [x] Cadmium*
- [ ] Calcium
- [x] Chromium, Total*
- [x] Chromium, Hexavalent[1]
- [x] Copper
- [ ] Hardness-as $CaCO_3$
- [ ] Iron
- [x] Lead
- [ ] Magnesium
- [x] Manganese
- [x] Mercury*
- [ ] Molybdenum
- [x] Nickel
- [ ] Potassium
- [ ] Selenium
- [ ] Silver
- [ ] Sodium
- [ ] Thallium
- [x] Zinc

[1] Cool to 4°C Only

Nutrients Bottle **(Acidify W/Sulfuric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Tot.-Phosphorus
- [ ] Ammonia-N
- [ ] Total Kjeldahl-N
- [ ] $NO_2 + NO_3$ as Nitrogen
- [ ] Chemical Oxygen Demand (COD)

Please indicate which analyte groups (if any) have been field filtered by checking the box and noting on the lid of the sample bottle.

Bacti Bottle

- [ ] MFFCC*
- [ ] Fecal Strep.*

MFFCC Estimate: ____

*Samples for both water chemistry and water bacteriology should be submitted in separate bottles with separate test request forms.

Additional parameters

67

EXPRESS CONV CTRS
BLUEMOUND #67
920-830-1774

08/07/00	14:43
ICE 20#	$2.79T
TOTAL	$2.93
CHECK	$2.93

TL/NOTAX	$2.79
TAX PD	$0.14

RECEIPT NO. 2-2202

OFFICIAL FUEL
SUPPLIER TO THE
GREEN BAY PACKERS!

274 RRNE 2754 RRSD
Ice For Sample
Shipment
UBA

Packaging Store®

HANDLE WITH CARE

1722 West Wisconsin Ave.
Appleton, WI 54914
(920) 738-7710
(920) 738-7747 (FAX)

PKG. I.D. № 484655 -A

DATE 8 / 7 / 00

TO

Name: State Lab of Hygiene
Phone (If Available): (608) 224-6280
Company (If Applies): Inorganic Chemistry Unit
Street Address: 2601 Agriculture Drive
Suite/Apt.:
City: Madison
State: WI
Zip Code • Required: 53718

FROM

Name: Jennifer Huffman
Company (If Applies): WDNR
Address: 3369 W. Brewster St
City: Appleton
State: WI
Zip Code: 54914

Sender's Phone: (920) 832-1803

Store Packed? Yes ☐ If No ☒ Customer releases the Handle With Care Packaging Store from any liability from damage. I have read, and agree to the terms and limits of liabiltiy on the reverse side of this form.

Signature ______

SETTLEMENT IS BASED ON ACTUAL CASH VALUE

CONTENTS OF EACH BOX		CASH VALUE	SHIPPING WEIGHT	FREIGHT & HANDLING
A	Samples	100.00	20	8.76
B				
C				
D				

Please, how did you first hear of us?
☐ Store Location ☐ Yellow Pages ☐ Coupon
☐ Television/Radio ☐ Newspaper Ad ☐ Other
☐ Referred By ______

Prepack Release
______ Mgr. has inspected and agrees to ship as store pack.

Total Cash Value: 100.00
Cash Value Premium: ______
Clerk: MK
Pick-up/Delivery Charge: ______
DCR/C.O.D. Amount: ______
Remittance ______ Charge ______
Ground ☑ Via: UPS
Zone ______
Overnight Air ☐ 2nd Day Air ☐ 3 Day Air ☐ Via: ______
Other: Type of Service: Added Hand
Via: UPS 6.00

Sample Shipment → 274 RRNE 2754 RRSD

PACKAGING MATERIALS

QTY.	DESCRIPTION	UNIT PRICE	AMOUNT

Custom Packaging	
Service Charge	1.00
Sales Tax	.05
TOTAL CHARGES	15.81

PLACE TRACKING # STICKER HERE
1Z8274340340596870

DATE SHIPPED ___/___/___

Huffman, Jennifer B

From: Bob Dabkowski(SMTP:BDabkows@hach.com)
Sent: Monday, August 07, 2000 05:29 PM
To: 'huffmj@dnr.state.wi.us'
Subject: Hexavalent Chromium

Dear Jennifer,

Thank you for your recent inquiry.

To be able to test for Hexavalent Chromium in the 0-4.5 mg/L range, it would be necessary to dilute your sample (at least fivefold - 10mL sample, then 40 mL Deionized water), take 10 mL of that dilution, run the chemistry on it (one powder pillow), read it, and multiply your value by 5. This is the way for you to measure 0-4.5 mg/L with the kit you already have. We don't have any kits that measure the 0-4.5 range, as our high range kits start at 5 or 20 mg/L and run up to 1000 mg/L. If you have any further questions, please feel free to call us at 800-227-4224 or email us at techhelp@hach.com. Thanks again, and we look forward to serving you further.

Yours Sincerely,

Bob Dabkowski
Technical Advisor
Hach Company
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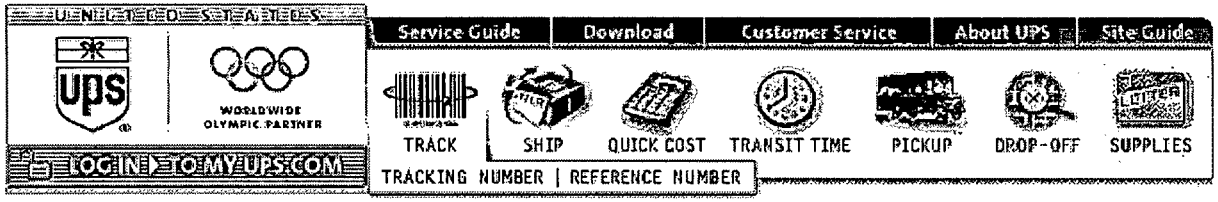
"Experience is a wonderful teacher. Especially someone else's."
-Terry Felber



Tracking Detail

Status: **Delivered**
Delivered on: Aug 8, 2000 9:20 A.M.
Delivered to: BLAIR
Location: RECEIVER
Shipped to: US
Shipped or Billed on: Aug 7, 2000

Tracking Number: 1Z 827 434 03 4059 687 0
Service Type: GROUND
Weight: 20.00 Lbs

PACKAGE PROGRESS

Date	Time	Location	Activity
Aug 8, 2000	9:20 A.M.	CAPITAL, WI, US	DELIVERY
	5:12 A.M.	CAPITAL, WI, US	DESTINATION SCAN
	2:00 A.M.	CAPITAL, WI, US	ARRIVAL SCAN
	1:17 A.M.	OAK CREEK, WI, US	DEPARTURE SCAN
Aug 7, 2000	11:45 P.M.	OAK CREEK, WI, US	LOCATION SCAN
	9:16 P.M.	OAK CREEK, WI, US	ARRIVAL SCAN
	6:05 P.M.	OSHKOSH, WI, US	DEPARTURE SCAN
	5:27 P.M.	OSHKOSH, WI, US	ORIGIN SCAN
	5:12 P.M.	US	PICKUP MANIFEST RECEIVED

Tracking results provided by UPS: Aug 8, 2000 10:40 A.M. Eastern Time (USA)

NOTICE: UPS authorizes you to use UPS tracking systems solely to track shipments tendered by or for you to UPS for delivery and for no other purpose. Any other use of UPS tracking systems and information is strictly prohibited.

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Service Guide | Download | Customer Service | About UPS | Site Guide | MY UPS.COM

Northeast Region Date 8-7-2000
Drinking Water & Groundwater

From: **Joan LeClerc** (920) 492-5844

__C. Verhoeven
__R. Barnum
__M. Schuelke
__K. Scherer
__G. Paplham
__K. Hutchison
__L. Jameson
__J. Everson - DG/2
__S. Helt - DG/2
__L. Heinen
(Manitowoc)

__L. Braatz
(Sturgeon Bay)
__N. Kutchery
(Peshtigo)
__J. Schedgick
(Oshkosh)
__K. O'Connor
(Oshkosh)
__J. Moeller
(Oshkosh)

__FOR YOUR FILES
__FOR DATA ENTRY

→ Jennifer Huffman
Appleton

Hello, Jennifer!

State Laboratory of Hygiene
University of Wisconsin Center for Health Sciences
2601 Agriculture DR, Madison WI 53718
R.H. Laessig, Ph.D., Director D.F. Kurtycz, M.D., Medical Director

---

Environmental Science Section (608) 224-6277 DNR LAB ID 113133790
Inorganic chemistry (#16 of 16 on 08/07/00, unseen)

Id: 445014460 Point/Well/..: 001 Field #: S1 Route: RR40
Collection Date: 07/20/00 Time: 14:10 County: 45 (Outagamie)
From: N.W. MAUTHE SUPERFUND SITE 725 S OUTAGAMIE ST APPLETON
Description: INFLUENT SAMPLE COLLECTED AFTER STORAGE TANK, NO TREATMENT
To: JENNIFER HUFFMAN Type: Compliance
DNR Source: Influent
APPLETON
Account number: RR019 Collected by: HUFFMAN
Enforcement
Date Received: 07/21/00 Labslip #: IL001875 Reported: 08/04/00

CHROMIUM, TOTAL REC, ICP (SW846 6010B)	2700.	UG/L
CHROMIUM, HEXAVALENT (USGS I-1230-85)	2800.	UG/L
CYANIDE (EPA 335.4)	ND (LOD=0.004	MG/L)
DIG, TOTAL REC, ICP, LIQUIDS (SW846 3005A)	DIG MET	
TEMPERATURE ON RECEIPT	ICED	C

Huffman, Jennifer B

From: Dinsmore, Donalea
Sent: Wednesday, August 09, 2000 10:45 AM
To: Arneson, Ronald C; Huffman, Jennifer B
Cc: 'Kennedy-Parker, DeWayne'; Khazae, Charlene A; 'Hill, Susan'
Subject: RE: Hex and Total Chromium in Water

Jennifer,

I would interpret the results that you have to mean that all of the chromium present is hexavalent. Essentially, the results for the two determinations are the same. Every determination has uncertainty and error associated with it. For most metals, differences of 5 to 10% are not alarming. The difference in the two numbers is within the expected error of the determinations.(Relative percent difference of 3.6%).

From: Huffman, Jennifer B
Sent: Wednesday, August 09, 2000 10:14 AM
To: Arneson, Ronald C
Cc: 'Kennedy-Parker, DeWayne'; Khazae, Charlene A; Dinsmore, Donalea; 'Hill, Susan'
Subject: Hex and Total Chromium in Water

Yesterday I received some results back from some sampling I did at the Mauthe site. The SLOH lapslip number is IL001875 and the sample was collected by me on 7/20/00. I had the water sample analyzed for cyanide, total chrome and hex chrome. The total chrome was 2700 ug/l and the hex chrome was 2800 ug/l. I thought the hex chrome should be at most equal to the total chrome concentration but here it is 100 ug/l greater. Can you offer any explanation as to why the total concentration is less than the hex? Thanks!

Jennifer Huffman, P.G., Hydrogeologist
Wisconsin Department of Natural Resources
3369 W. Brewster Street
Appleton, WI 54914-1602
Telephone: (920) 832-1803
Fax: (920) 832-1800
Internet Email Address: huffmj@dnr.state.wi.us
Visit our web site at: http://www.dnr.state.wi.us/org/gw/rr/

From: Arneson, Ronald C
Sent: Wednesday, August 09, 2000 09:59 AM
To: 'Hill, Susan'; Dinsmore, Donalea; Huffman, Jennifer B; Khazae, Charlene A; Edelstein, Gary A
Cc: 'Kennedy-Parker, DeWayne'
Subject: RE: Hex Chrome in Water

I talked to the lab about the problem and the only reasons we could find would put the basis the other way. So the lab is ordering a PE sample from ERA to for additional QC.

Jennifer: Are you using a DR??? or a color wheel with the Hach kit?

Ronald C. Arneson
Laboratory Services
Bureau of Integrated Science Services
Department of Natural Resources
ArnesR@dnr.state.wi.us

(608) 264-8949

-----Original Message-----
From: Arneson, Ronald C [mailto:ArnesR@mail01.dnr.state.wi.us]
Sent: Monday, August 07, 2000 1:13 PM
To: 'Hill, Susan'
Subject: FW: Hex Chrome in Water

Sue: See attached message. What is your precission and accuracy for this test. I think the information I have is outdated.

Ronald C. Arneson
Laboratory Services
Bureau of Integrated Science Services
Department of Natural Resources
ArnesR@dnr.state.wi.us
(608) 264-8949

> ----------
> From: Dinsmore, Donalea
> Sent: August 01, 2000 9:19 AM
> To: Alfredo Sotomayor; Diane Drinkman; Gregory Pils; John Condron;
> Richard Mealy; Ronald Arneson
> Subject: FW: Hex Chrome in Water
>
> This is an interesting case. I have suggested that they use known
> standards to see how results compare. They also need to check the age of
> their reagents. Anyone have any specific knowledge of the Hach test for
> hexachrome?
>
> ----------
> From: Khazae, Charlene A
> Sent: Tuesday, August 01, 2000 9:06 AM
> To: Dinsmore, Donalea
> Subject: FW: Hex Chrome in Water
>
> ----------
> From: Huffman, Jennifer B
> Sent: Monday, July 31, 2000 4:55 PM
> To: Khazae, Charlene A
> Cc: Edelstein, Gary A
> Subject: Hex Chrome in Water
>
> Hi Charlene,
>
> I'm in the process of characterizing our untreated influent at the Mauthe
> site for hexavalent chromium and some other metals. This is a Superfund
> site in O&M being operated by WDNR. Historically, for the hex chrome,
> we've been collecting hex chrome samples after treatment and analyzing
> them on site using a Hach colormetric test kit as required in our permit
> to show the water has been successfully treated for hex chrome. The City
> has been accepting our Hach kit results as proof of no hex chrome in the
> effluent.
>
> I'm trying to get our permit renewed to allow for discharge without
> treatment if all our contaminants are below the discharge standards. I am
> collecting samples monthly for six months to characterize our influent
> before treatment. For the hex chrome, I'm trying to show that our hach

> test results are the similar as what a laboratory would report. Based on
> the sampling done by EPA before the DNR assumed O&M operations, the Hach
> kit results were very similar to their laboratory results (they were
> within a tenth of a mg/l). So using the same assumption, I wanted to use
> real time Hach kit results to represent our untreated effluent. If we are
> allowed to discharge without treatment, I don't want to have to wait for
> lab results to get back before I can dump a batch. I don't have the
> luxury of time based on the amount of water coming into the plant.
>
> What I'm finding so far (based on two monthly rounds) is that the SLOH hex
> results are roughly two times the concentration of the Hach test results.
> Here are the results:
>
> June 13, 2000
>
> Hach Results SLOH Results
> mg/l mg/l
>
> 0.3 0.650
>
>
> July 20, 2000
>
> Hach Results SLOH Results
> mg/l mg/l
>
> 1.3 2.7
>
> So.....my question is do you know of any reason why the SLOH results
> would be twice as much as the Hach kit? Sampling done by EPA showed the
> Hach kit results were very similar to their laboratory results and now
> ours are off by a factor of two. Thanks for any help you may have!
>
>
> Jennifer Huffman, P.G., Hydrogeologist
> Wisconsin Department of Natural Resources
> 3369 W. Brewster Street
> Appleton, WI 54914-1602
> Telephone: (920) 832-1803
> Fax: (920) 832-1800
> Internet Email Address: huffmj@dnr.state.wi.us
> Visit our web site at: http://www.dnr.state.wi.us/org/aw/rr/
>
>
>

CORRESPONDENCE/MEMORANDUM

State of Wisconsin

DATE: July 20, 2000

TO: Mauthe Site Superfund File

FROM: Jennifer Huffman - NER JBH

SUBJECT: Influent Characterization Sample Collection on July 20, 2000

The purpose of this memo is to document the sample collection of untreated groundwater for analysis from the storage tank at the Mauthe Pretreatment building. The sample collected on July 13 (which was supposed to represent the second month of sampling in a six month characterization schedule) was not delivered the next day to the State Lab of Hygiene (SLOH) by Federal Express. The cooler had been sent to Chicago and was finally delivered on July 17 to the SLOH. Because of this, the 24 holding time for hexavalent chromium was exceeded. And the ice had melted so the cyanide and hexavalent chromium samples were not received on ice. The total metals analysis will not be affected since they had been properly preserved with nitric acid and did not require cooling with ice.

The sample collected today will be analyzed for hexavalent and total chromium, along with total cyanide. The sample was collected directly into the sample jar at the sample tap on the storage tank. The storage tank sample tap was purged of approximately 2 gallons prior to sample collection. On July 20, 2000 at 14:10, I collected the following:

- One Quart sample container for total cyanide analysis, preserved with NaOH to a pH greater than 12 and placed in a cooler with ice.
- One 250 ml sample container for total chromium. Sample was preserved with HNO3 to a pH less than 2 and placed in a cooler with ice.
- One 250 ml sample container for hexavalent chromium analysis and placed in a cooler with ice.

A sample was also collected at the same time by John Stoeger of MCO and analyzed on site for hexavalent chromium using the Hach Test kit. The result from this test was 1.3 mg/l These results will be compared to the results from the State Lab of Hygiene.

The analysis request and chain of custody forms were filled out and placed in the cooler with the samples. The samples were sent at approximately 3 pm on July 20, 2000 to the State Lab of Hygiene via overnight courier. The courier was UPS and the tracking number was 1Z8274340340257281.

Attachments

Cc: Gary Edelstein – RR/3

State of Wisconsin
Department of Natural Resources

CHAIN OF CUSTODY RECORD
LUST PROGRAM
Form 4400-151 Rev. 4-93

Note: Use of this form is voluntary but is requested by the Department pursuant to ch. NR 149, NR 500-540, NR 158 and NR 419, Wis. Adm. Code. Personally identifiable information will be used for no other purpose.

Sample Collector(s)	Title/Work Station/Company	Telephone Number (include area code)
Jennifer Huffman	Hydrogeologist/Appleton/WDNR	920-832-1803
Property Owner	**Property Address**	**Telephone Number (include area code)**
Carol Mauthe	725 S. Outagamie St, Appleton, WI	None Available

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

Relinquished by (Signature)	Date/Time	Received By (Signature)
Jennifer Huffman	7-20-00 14:35	
Relinquished by (Signature)	Date/Time	Received By (Signature)
Relinquished by (Signature)	Date/Time	Received for Laboratory By (Signature)

Sample Condition on Receipt by Laboratory
LABORATORY USE ONLY

Temperature of temperature blank:

If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Field ID Number[1]	Date Collected	Time Collected	Sample Type[2]	Sample Device[3]	Preserv. Type	Field Screening	Description	Analysis Type	Lab ID Number	No./Type of Containers	Cracked /Broken	Improperly Sealed	Good Condition	Other Comments
SO1	7/20/00	14:10	GW	*	HNO_3, ICE	None	Untreated Influent	Chromium, total						
					Ice			Chromium, Hexavalent						
					NaOH, Ice			Cyanide, total						
		JBK												

[1]Sample description must clearly correlate the sample ID to the sampling location shown on a map.
[2]Specify groundwater, surface water, soil, leachate, sludge, etc.
[3]Type of sampling device; split spoon, hand auger, metal spatula, soil syringe, etc.

DEPARTMENT USE/OPTIONAL FOR SOIL SAMPLERS

Disposition of unused portion of sample

Laboratory should: ☒ Dispose ☐ Retain for _ days ☐ Return ☐ Other

* From sample tap on Storage Tank.

DEPARTMENT USE ONLY

Split Samples: Offered? ☐ Yes ☒ No (Check One)
Accepted? ☐ Yes ☐ No (Check One)

Accepted By: _____ Signature

Chain of Custody #5 162887, 162889

State of Wisconsin
Laboratory of Hygiene

Inorganic Test Request

Form 4800-15 (R 2/99) Page 1 of 2

License #, I.D. Number, Permit or STORET	Point, Well or Outfall #	Field Number	County #	Route Code
445014460	001	S1	45	RR4

Waterbody Number: _____

Sample Address or Location: N.W. Mauthe Superfund Site, 725 S. Outagamie St., Appleton

Sample Point Description: Influent Sample Collected after Storage Tank, no treatment.

Send Report To

First Name	Last Name
Jennifer	Huffman

Address: WDNR
3369 W. Brewster St.

City: Appleton | State: WI | Zip: 54914

Date Results Needed (MM/DD/YYYY)	Fax Res?	Fax Number
8-13-00	Yes	9208321800

Account Number	Collected By
RB019	J. Huffman

Lakes Grant or WR Project #	Telephone Number
_____	920-832-1803

Begin or Grab Date (MM/DD/YYYY)	Begin Time (24-hr clock)
07/20/2000	14:10

End Date - For Composite Samples Only (MM/DD/YYYY)	End Time (24-hr clock) - For Composite Samples Only

Sample Type (Non WS):

- [ ] SU Surface Water
- [ ] NP Storm Water
- [ ] SE Sediment
- [ ] SL Sludge
- [ ] LE Leachate
- [ ] TI Tissue
- [ ] EF Effluent (Treated Wastewater)
- [x] IF Influent (Untreated Wastewater)
- [ ] MW Monitoring Well
- [ ] LY Lysimeter
- [ ] SO Soil
- [ ] OI Oil
- [ ] OW Waste

For Lab Use: Priority

Water System Type (Water Supply Use ONLY):

- [ ] MC Community-Municipality
- [ ] OC Com.-Other than Municipal
- [ ] TN Transient Non-Community
- [ ] NN Non-Transient Non-Community
- [ ] P Private
- [ ] X Non-Potable

Sample Sources (WS ONLY):

- [ ] D Distribution
- [ ] E Entry Point
- [ ] W Well

Sample Type (SDWA ONLY):

- [ ] D Compliance Sample
- [ ] C Confirmation
- [ ] W Raw Water Sample
- [ ] I Investigation

Is Sample Chlorinated? [ ] Yes [x] No

Check any appropriate: [ ] S Split [ ] B Field Blank [ ] E Enforcement [x] Y Compliance

Depth of Sample (feet or meters) ___ (F or M) _____

Field Parameters - Optional

Sample Temperature - field (°C)		_____ . _
Ambient Air Temperature - field (°C)		_____ . _
DO field (mg/l)		_____ . _
pH (su) field		_____ . _
Secchi Depth (feet or meters)	___ (F or M)	_____ . _
Cloud Cover %		_____ %
Cond-fld (µMHOS/CM@25°C)		_____
Gage Height (ft)		_____ . _
Flow cfs		_____ . _
Flow MGD		_____
Depth to Groundwater (ft)		_____
Turbidity (NTU)		_____ . _

Plastic Quart Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Total Solids
- [ ] Vol. Total Solids
- [ ] Susp. Solids (≥ 10 mg/l)
- [ ] TSS Low Level (Submit Additional Sample)
- [ ] Vol. Susp. Solids
- [ ] Total Dissolved Solids
- [ ] BOD Dissolved
- [ ] BOD_5 Total (≥ 6 mg/l)
- [ ] BOD Total Low Level (Submit Additional Sample)
- [ ] Alkalinity, pH, & Conductivity
- [ ] pH only (non-Waste or non-Compliance)
- [ ] Chloride
- [ ] Color
- [ ] Fluoride
- [ ] Sulfate
- [ ] Sulfide (notify lab before collecting sample)
- [ ] Turbidity

BOD Estimate Required _____ mg/l

- [x] Cyanide, Total
- [ ] Cyanide, Amendable to Chlorination
- [ ] Chlorophyl A ([ ] Uncorrected or [ ] Corrected)

(if Field Filtered, give ml _____ filtered)

60 ml Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] NO + NO as Nitrogen (Drinking Water)
- [ ] Nitrite (NO) as Nitrogen
- [ ] Diss.-Orthophosphate
- [ ] Diss. Silica

Quart Mason Jar (Also TCLP Metals)

- [ ] Oil & Grease
- [ ] pH (Waste Samples Only)

250 ml Bottle for Nutrients or Metals - Check each of the following boxes that apply

Metals Bottle **(Acidify W/Nitric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)

[ ] Low Level Metals (e.g., Surface Waters by ICP/MS) Note: Special Bottles Needed

[ ] TCLP (Toxicity Characteristic Leaching Procedure)(*TC Regulated Metals)(Use Mason Jar)

[x] Total Recoverable Metals

- [ ] Aluminum
- [ ] Antimony
- [ ] Arsenic*
- [ ] Barium*
- [ ] Beryllium
- [ ] Boron
- [ ] Cadmium*
- [ ] Calcium
- [x] Chromium, Total*
- [x] Chromium, Hexavalent[1]
- [ ] Copper
- [ ] Hardness-as $CaCO_3$
- [ ] Iron
- [ ] Lead
- [ ] Magnesium
- [ ] Manganese
- [ ] Mercury*
- [ ] Molybdenum
- [ ] Nickel
- [ ] Potassium
- [ ] Selenium
- [ ] Silver
- [ ] Sodium
- [ ] Thallium
- [ ] Zinc

[1] Cool to 4°C Only

Nutrients Bottle **(Acidify W/Sulfuric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Tot.-Phosphorus
- [ ] Ammonia-N
- [ ] Total Kjeldahl-N
- [ ] $NO_2 + NO_3$ as Nitrogen
- [ ] Chemical Oxygen Demand (COD)

Please indicate which analyte groups (if any) have been field filtered by checking the box and noting on the lid of the sample bottle.

Bacti Bottle

- [ ] MFFCC*
- [ ] Fecal Strep.*

MFFCC Estimate: _____

*Samples for both water chemistry and water bacteriology should be submitted in separate bottles with separate test request forms.

Additional parameters

67

EXPRESS CONV CTRS
BLUEMOUND #67
920-830-1774

07/20/00	14:30
ICE 7#	$1.19T
TOTAL	$1.25
CASH	$1.25

TL/NOTAX	$1.19
TAX PD	$0.06

RECEIPT NO. 1-7019
OFFICIAL FUEL
SUPPLIER TO THE
GREEN BAY PACKERS!

ICE
for Samples
274 RR [redacted] NE
2754 RRSD
LBH

Packaging Store
1722 West Wisconsin Ave.
Appleton, WI 54914
(920) 738-7710
(920) 738-7747 (FAX)

PKG. I.D. NO 484654 -A

DATE 7/20/00

TO

Name: State Lab of Hygiene Phone (If Available): ( )
Company (If Applies): Inorganic Chemistry
Street Address: 2601 Agriculture Drive Suite/Apt.:
City: Madison State: WI Zip Code • Required: 53718

FROM

Name: Jennifer Huffman Company (If Applies): WDNR
Address: 3369 W. Brewster St.
City: Appleton State: WI Zip Code: 54914
Sender's Phone: (920) 832-1803

Store Packed? Yes☐ If No☐ Customer releases the Handle With Care Packaging Store from any liability from damage. I have read, and agree to the terms and limits of liabiltiy on the reverse side of this form.

Signature

SETTLEMENT IS BASED ON ACTUAL CASH VALUE

CONTENTS OF EACH BOX	CASH VALUE	SHIPPING WEIGHT	FREIGHT & HANDLING
A Samples	50.00	20	7.74
B			
C			
D			

Please, how did you first hear of us?
☐Store Location ☐Yellow Pages ☐Coupon
☐Television/Radio ☐Newspaper Ad ☐Other
☐Referred By

Prepack Release
_____ Mgr. has inspected and agrees to ship as store pack.

Total Cash Value 50.00 Cash Value Premium N/C
Clerk MK Pick-up/Delivery Charge
DCR/C.O.D. Amount Remittance Charge
Ground ☐ Via: UPS Zone 2
Overnight Air ☐ 2nd Day Air ☐ 3 Day Air ☐ Via:
Other: Type of Service Added Handl Via: UPS 6.00

PACKAGING MATERIALS

QTY.	DESCRIPTION	UNIT PRICE	AMOUNT

Custom Packaging
Service Charge 1.00
Sales Tax .05

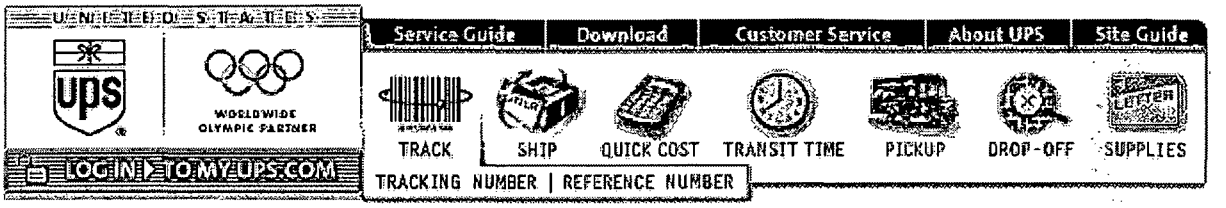
PLACE TRACKING # STICKER HERE
1Z 827434 03 4025 7281

DATE SHIPPED / /

TOTAL CHARGES 14.79

AN INDEPENDENTLY OWNED & OPERATED FRANCHISE

Sample Shipment # 274 RRNE 2754 RRSD



Tracking Summary

To see a detailed report for each package, please select the Detail button.

TRACKING NUMBER	STATUS		
1. 1Z 827 434 03 4025 728 1	**Delivered**	Delivered on:	Jul 21, 2000 9:15 A.M.
		Delivered to:	WOEHRL
DETAIL		Service Type:	GROUND

Tracking results provided by UPS: Jul 21, 2000 10:29 A.M. Eastern Time (USA)

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CORRESPONDENCE/MEMORANDUM

State of Wisconsin

DATE: July 13, 2000

TO: Mauthe Site Superfund File

FROM: Jennifer Huffman - NER JHH

SUBJECT: Influent Characterization Sample Collection on July 13, 2000

The purpose of this memo is to document the collection of samples for analysis from the storage tank at the Mauthe Pretreatment building. This was the second of six monthly sampling events to characterize the untreated influent. The sample was collected directly into the sample jar at the sample tap on the storage tank. The storage tank sample tap was purged of approximately 2 gallons prior to sample collection. On July 13, 2000 at 14:05, I collected the following:

- One Quart sample container for total cyanide analysis, preserved with NaOH to a pH greater than 12 and placed in a cooler with ice.
- One 250 ml sample container for total metals analysis of aluminum, arsenic, cadmium, chromium, copper, lead, nickel, and zinc. Sample was preserved with HNO3 to a pH less than 2 and placed in a cooler with ice.
- One 250 ml sample container for mercury analysis, preserved with HNO3 to a pH less than 2 and placed in a cooler with ice.
- One 250 ml sample container for hexavalent chromium analysis and placed in a cooler with ice.

A sample was also collected at the same time by John Stoeger of MCO and analyzed on site for hexavalent chromium using the Hach Test kit. The result from this test was 1.4 mg/l These results will be compared to the results from the State Lab of Hygiene.

The analysis request and chain of custody forms were filled out and placed in the cooler with the samples. The samples were sent at 15:07 on July 13, 2000 to the State Lab of Hygiene via overnight courier. The courier was Federal Express Ground and the tracking number was 0422679 00007614.

Attachments

Cc: Gary Edelstein – RR/3

MBE MAIL BOXES ETC.®

PARCEL SHIPPING ORDER

Rev. 8/97

CUSTOMER (please print)

PRINT NAME Jennifer Huffman	DATE 7/13/00
STREET 3369 W. Brewster St	PHONE 832-1803
CITY/STATE/ZIP Appleton, WI 54914	DAYTIME PHONE Same

PARCEL SHIPPING ORDER No. 59044450

PKG.	SENT TO:	LIST ALL CONTENTS	DECLARED VALUE	C.O.D. AMT.	ZONE	WT	DIM. WT.	CK. ONE	Pkg. Charges Amt	Pkg. Charges Type
A	NAME Inorganic Chemistry Unit State Lab of Hygiene STREET 2601 Agriculture Drive APT. # CITY/STATE/ZIP Madison, WI 53718 PHONE	Water Samples	$	$				☐ SONIC AIR ☐ EARLY A.M. ☐ NEXT DAY AIR ☐ 2ND DAY AIR ☐ 3 DAY SELECT ☐ GROUND ☐ OTHER	11.72	SHP CHG DEC VAL COD DCR SAT DEL
			☐ RESIDENTIAL ☐ COMMERCIAL		☐ PACKED BY CUSTOMER					
			BREAKABLE ☐ YES ☐ NO SEE #3 BELOW		REPLACEABLE ☐ YES ☐ NO SEE BACK					
B	NAME STREET APT. # CITY/STATE/ZIP PHONE		$	$				☐ SONIC AIR ☐ EARLY A.M. ☐ NEXT DAY AIR ☐ 2ND DAY AIR ☐ 3 DAY SELECT ☐ GROUND ☐ OTHER		SHP CHG DEC VAL COD DCR SAT DEL
			☐ RESIDENTIAL ☐ COMMERCIAL		☐ PACKED BY CUSTOMER					
			BREAKABLE ☐ YES ☐ NO SEE #3 BELOW		REPLACEABLE ☐ YES ☐ NO SEE BACK					
C	NAME STREET APT. # CITY/STATE/ZIP PHONE		$	$				☐ SONIC AIR ☐ EARLY A.M. ☐ NEXT DAY AIR ☐ 2ND DAY AIR ☐ 3 DAY SELECT ☐ GROUND ☐ OTHER		SHP CHG DEC VAL COD DCR SAT DEL
			☐ RESIDENTIAL ☐ COMMERCIAL		☐ PACKED BY CUSTOMER					
			BREAKABLE ☐ YES ☐ NO SEE #3 BELOW		REPLACEABLE ☐ YES ☐ NO SEE BACK					

FedEx Ground Tracking ID
0422679 00007614
GROUND PREPAID

1. The Carrier for all parcels accepted by this Mail Boxes Etc. Center ("we" or "us") shall be UPS unless otherwise noted (Other _____). Parcels accepted from Customer ("you") are subject to refusal for shipment by the Carrier.

2. We do not accept hazardous material, illegal items or articles of unusual value, for shipment.

3. Subject to the terms and conditions herein, we will receive and forward parcel for you, and your true name and address appear above. We assume no liability for the delivery of the parcels accepted for shipment nor for loss or damage by any cause to the parcels or their contents while in transit. In the event of loss or damage to any parcels, we will assist you in filing and processing of claims only, You expressly agree that we have no liability if any claim is denied or paid only in part by the carrier or any other declared value provider. Parcels packaged by you not meeting Carrier's packing standards are not covered for damage during shipment. You acknowledge that packaging standards for Shock, Vibration, & Compression have been explained by us. We assume no responsibility or liability for damages to a parcel packaged by you; any such parcels that have been packed by you may be covered only for loss, not damage.

4. You expressly acknowledge that the value of each of the parcels do not exceed the above stated amount declared by you and understand that declared value coverage shall be available only if you have paid the appropriate declared value fees. If such declared value coverage is purchased, you agree to the terms and conditions on the back of this Parcel Shipping Order. If no amount is specified in the declared value section, above, you acknowledge that the value of the parcel shall not exceed $100.

5. We are not liable for the failure of the Carrier to properly collect or remit funds for COD Parcels. If Recipient's check is accepted for COD's by the Carrier, it will be at your risk unless "Cash Only" is noted on COD tag. You acknowledge that you have read and understand the instructions on the COD tag.

6. We are not liable for Carrier's failure to make timely delivery on delivery date specified. Any statement by us as to probable date of delivery by Carrier is a statement of opinion and estimate only, and is not warranted in any manner. We are not liable for any consequential, incidental, or punitive damages, nor any loss or damage resulting from delays in shipping or delivery.

7. This Parcel Shipping Order constitutes the full and complete agreement between you and us, and supersedes all prior/subsequent representations, either written or oral. If declared value coverage is purchased, such coverage is governed by the applicable declared value terms and conditions.

8. MBE Centers are owned and operated by licensed franchisees of Mail Boxes Etc. USA, Inc. (the "Franchisor"). You acknowledge and agree that Franchisor is not responsible or liable for any acts or omissions of its franchisees.

CUSTOMER'S SIGNATURE

I certify that I agree to the foregoing terms, and that the stated contents and their value for each package listed are truthful and complete.

SIGN HERE X Jennifer Huffman

SUB-TOTAL	$
TAX	
TOTAL CHARGES	$ 11.72

Thank You

CENTER # _____

EMPLOYEE'S INITIALS _____

CUSTOMER COPY

www.mbe.com

DECLARED VALUE TERMS AND CONDITIONS

You may purchase declared value coverage through the carrier designated on this PSO or from an independent company, if available. The declared value terms and conditions for the various carriers can be found in the carriers' service guide. The declared value terms and conditions for the various carriers and any applicable independent company selected by you are available for review at this MBE Center. Upon request, you may receive a photocopy of such terms and conditions. Please note that we may surcharge the cost of this product as an administrative expense, for services such as processing of potential claims and other related services.

Limitations on Liability

The limit of liability for loss or damage to your package is limited to your actual damages or $100, whichever is less, unless you pay for and declare a higher authorized value. The maximum recovery on any loss that you may receive is set forth in the applicable declared value terms and conditions. Recovery may be limited to the lesser of value declared, repair cost, replacement cost, or fair market value. Declared value coverage is usually not available for items of sentimental value or items such as artwork,jewelry, statuary precious metals, furs, negotiable instrument, and certain other items, such as very fragile items. Consult the applicable declared value terms and conditions for further information. Each declared value provider designates monetary limits of coverage.

Filing a Claim

If parcels arrive damaged, the recipient must save all packaging materials/cartons and must arrange for inspection of the damaged parcels with the carrier's or independent company's local agent. Notice of claim should be made directly to the MBE Center that shipped the item. Claims not made in writing within 10 days after air shipments or 3 months after ground shipments are hereby waived. All claims must be made by you in writing. Within 90 days after filing a claim, you must send the declared value provider all relevant information requested. If the recipient accepts the package without noting any damage on the delivery record, any and all claims are waived.

********** SALE **********
Mail Boxes Etc.
Making Business Easier. Worldwide.
****
Shift:0248 Drw:01 ID:411 Clerk:DeLeest
7/13/00 15:07:15

Center #1812
2700 W. College Ave.
APPLETON, WI 54914
Phone 920-832-8338

Qty	Description	Unit	Ext
1	FedEx Ground	11.72	11.72

Sub Total:	11.72
Tax:	0.00
Total Sale:	11.72
Check:	11.72
Change:	0.00

Ask about our FEDEX Services for
Personal & Business Shipments!!

Visit our Web Site at: WWW.MBE.COM

Sample Shipment
On 7/13/00
274 RRNE 2754 RRSD
JBA

State of Wisconsin
Laboratory of Hygiene

Inorganic Test Request

Form 4800-15 (R 2/99) Page 1 of 2

License #, I.D. Number, Permit or STORET	Point, Well or Outfall #	Field Number	County #	Route Code
445014460	001	S1	45	RR4

Waterbody Number	Sample Address or Location
	N.W. Mauthe Superfund Site, 725 S. Outagamie St., Appleton, WI

Sample Point Description
Influent Sample collected after Storage tank, no treatment.

Send Report To

First Name	Last Name
Jennifer	Huffman

Address: WDNR, 3369 W. Brewster St.

City	State	Zip
Appleton	WI	54914

Date Results Needed (MM/DD/YYYY)	Fax Res?	Fax Number
8-13-2000	Yes	920-832-1800

Account Number	Collected By
RR019	J. Huffman

Lakes Grant or WR Project #	Telephone Number
	920-832-1803

Begin or Grab Date (MM/DD/YYYY)	Begin Time (24-hr clock)
07/13/2000	14:05

End Date - For Composite Samples Only (MM/DD/YYYY)	End Time (24-hr clock) - For Composite Samples Only

Sample Type (Non WS):

- [ ] SU Surface Water
- [ ] NP Storm Water
- [ ] SE Sediment
- [ ] SL Sludge
- [ ] LE Leachate
- [ ] TI Tissue
- [ ] EF Effluent (Treated Wastewater)
- [x] IF Influent (Untreated Wastewater)
- [ ] MW Monitoring Well
- [ ] LY Lysimeter
- [ ] SO Soil
- [ ] OI Oil
- [ ] OW Waste

For Lab Use: Priority

Water System Type (Water Supply Use ONLY):

- [ ] MC Community-Municipality
- [ ] OC Com.-Other than Municipal
- [ ] TN Transient Non-Community
- [ ] NN Non-Transient Non-Community
- [ ] P Private
- [ ] X Non-Potable

Sample Sources (WS ONLY):

- [ ] D Distribution
- [ ] E Entry Point
- [ ] W Well

Sample Type (SDWA ONLY):

- [ ] D Compliance Sample
- [ ] C Confirmation
- [ ] W Raw Water Sample
- [ ] I Investigation

Is Sample Chlorinated? [ ] Yes [x] No

Check any appropriate:
[ ] S Split [ ] B Field Blank [ ] E Enforcement [x] Y Compliance

Depth of Sample (feet or meters) ___ F or M ___

Field Parameters - Optional

Sample Temperature - field (°C)		___.__
Ambient Air Temperature - field (°C)		___.__
DO field (mg/l)		___.__
pH (su) field		___.__
Secchi Depth (feet or meters)	___ F or M	___.__
Cloud Cover %		___ %
Cond-fld (µMHOS/CM@25°C)		____
Gage Height (ft)		___.__
Flow cfs		____.__
Flow MGD		____
Depth to Groundwater (ft)		____
Turbidity (NTU)		____.__

Plastic Quart Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Total Solids
- [ ] Vol. Total Solids
- [ ] Susp. Solids (≥ 10 mg/l)
- [ ] TSS Low Level (Submit Additional Sample)
- [ ] Vol. Susp. Solids
- [ ] Total Dissolved Solids
- [ ] BOD Dissolved
- [ ] BOD_5 Total (≥ 6 mg/l)
- [ ] BOD Total Low Level (Submit Additional Sample)
- [ ] Alkalinity, pH, & Conductivity
- [ ] pH only (non-Waste or non-Compliance)
- [ ] Chloride
- [ ] Color
- [ ] Fluoride
- [ ] Sulfate
- [ ] Sulfide (notify lab before collecting sample)
- [ ] Turbidity

BOD Estimate Required ____ mg/l
[x] Cyanide, Total
[ ] Cyanide, Amendable to Chlorination
[ ] Chlorophyl A ([ ] Uncorrected or [ ] Corrected)
(if Field Filtered, give ml ____ filtered)

60 ml Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] NO + NO as Nitrogen (Drinking Water)
- [ ] Nitrite (NO) as Nitrogen
- [ ] Diss.-Orthophosphate
- [ ] Diss. Silica

Quart Mason Jar (Also TCLP Metals)

- [ ] Oil & Grease
- [ ] pH (Waste Samples Only)

250 ml Bottle for Nutrients or Metals - Check each of the following boxes that apply

Metals Bottle **(Acidify W/Nitric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)
[ ] Low Level Metals (e.g., Surface Waters by ICP/MS) Note: Special Bottles Needed
[ ] TCLP (Toxicity Characteristic Leaching Procedure)(*TC Regulated Metals)(Use Mason Jar)
[x] Total Recoverable Metals

- [x] Aluminum
- [ ] Antimony
- [x] Arsenic*
- [ ] Barium*
- [ ] Beryllium
- [ ] Boron
- [x] Cadmium*
- [ ] Calcium
- [x] Chromium, Total*
- [x] Chromium, Hexavalent[1]
- [x] Copper
- [ ] Hardness-as $CaCO_3$
- [ ] Iron
- [x] Lead
- [ ] Magnesium
- [ ] Manganese
- [x] Mercury*
- [ ] Molybdenum
- [x] Nickel
- [ ] Potassium
- [ ] Selenium
- [ ] Silver
- [ ] Sodium
- [ ] Thallium
- [x] Zinc

[1] Cool to 4°C Only

Nutrients Bottle **(Acidify W/Sulfuric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Tot.-Phosphorus
- [ ] Ammonia-N
- [ ] Total Kjeldahl-N
- [ ] NO_2 +NO_3 as Nitrogen
- [ ] Chemical Oxygen Demand (COD)

Please indicate which analyte groups (if any) have been field filtered by checking the box and noting on the lid of the sample bottle.

Bactl Bottle

- [ ] MFFCC*
- [ ] Fecal Strep.*

MFFCC Estimate: ____

*Samples for both water chemistry and water bacteriology should be submitted in separate bottles with separate test request forms.

Additional parameters

State of Wisconsin
Department of Natural Resources

CHAIN OF CUSTODY RECORD
LUST PROGRAM
Form 4400-151 Rev. 4-93

Note: Use of this form is voluntary but is requested by the Department pursuant to ch. NR 149, NR 500-540, NR 158 and NR 419, Wis. Adm. Code. Personally identifiable information will be used for no other purpose.

Sample Collector(s)	Title/Work Station/Company	Telephone Number (include area code)
Jennifer Huffman	Hydrogeologist/Appleton/WDNR	(920) 832-1803
Property Owner	**Property Address**	**Telephone Number (include area code)**
Carol Mauthe	725 S. Outagamie St, Appleton, WI	None Available

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

Relinquished by (Signature)	Date/Time	Received By (Signature)
Jennifer Huffman	7/13/00 14:45	
Relinquished by (Signature)	Date/Time	Received By (Signature)
Relinquished by (Signature)	Date/Time	Received for Laboratory By (Signature)

[2]Sample Condition on Receipt by Laboratory
LABORATORY USE ONLY

Temperature of temperature blank:

If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Field ID Number[1]	Date Collected	Time Collected	Sample Type[2]	Sample Device[3]	Preserv. Type	Field Screening	Description	Analysis Type	Lab ID Number	No./Type of Containers	Cracked /Broken	Improperly Sealed	Good Condition	Other Comments
S01	7/13/00	14:05	GW	*	HNO_3, Ice	None	Untreated Influent	Al, As, Cd, Cr, Cu, Pb, Ni, Zn						
↓	↓	↓	↓		Ice			Hexavalent Chromium						
					NaOH, Ice			Cyanide, total						
					HNO_3, Ice			Mercury, total						

[1]Sample description must clearly correlate the sample ID to the sampling location shown on a map.
[2]Specify groundwater, surface water, soil, leachate, sludge, etc.
[3]Type of sampling device; split spoon, hand auger, metal spatula, soil syringe, etc.

DEPARTMENT USE/OPTIONAL FOR SOIL SAMPLERS

Disposition of unused portion of sample

Laboratory should: ☒ Dispose ☐ Retain for _ days ☐ Return ☐ Other

DEPARTMENT USE ONLY

Split Samples: Offered? ☐ Yes ☒ No (Check One)
Accepted? ☐ Yes ☐ No (Check One)

Accepted By: _____ Signature

* From Sample tap on Storage Tank.

Chain of Custody #'s 34169
34170

Track Shipments
Detailed Results

Quick Help

Tracking Number	042267900007614
Shipper ID	0422679
Customer Reference Number	
Invoice Number	
Purchase Order Number	
Ship Date	07/13/2000
E-PDI Date	
Est. Delivery Date	Delivered
Status	Delivered
Delivery Location	MADISON
Delivery Date/Time	07/17/2000 09:13
Signed For By	TBLAIR
Service Type	GND PPD DOM
Total Weight	19.0 lbs.

Tracking Options
- Obtain a Signature Proof of Delivery
- Email these tracking results to one or more recipients
- Track More Shipments

1) Holding Time For Hex Chrome Exceeded.
2) CN not iced when received. Need to resample.

Scan Activity	Date/Time
CHICAGO	07/14/2000 05:34

Email Your Detailed Tracking Results

Enter your email (optional), up to three email addresses as recipients, add your message, and click on **Send Email**.

From

To

To

To

Add a message to this email.

Send Email

State Laboratory of Hygiene
University of Wisconsin Center for Health Sciences
2601 Agriculture DR, Madison WI 53718
R.H. Laessig, Ph.D., Director D.F. Kurtycz, M.D., Medical Director

---

Environmental Science Section (608) 224-6277 DNR LAB ID 113133790
Inorganic chemistry (#34 of 35 on 08/10/00, unseen)

Id: 445014460 Point/Well/..: 001 Field #: S1 Route: RR40
Collection Date: 07/13/00 Time: 14:05 County: 45 (Outagamie)
From: N.W. MAUTHE SUPERFUND SITE 725 S OUTAGAMIE ST APPLETON WI
Description: INFLUENT SAMPLE COLLECTED AFTER STORAGE TANK, NO TREATMENT
To: JENNIFER HUFFMAN Type: Compliance
DNR Source: Influent
APPLETON
Account number: RR019 Collected by: HUFFMAN
Enforcement
Date Received: 07/17/00 Labslip #: IL001262 Reported: 08/09/00

ALUMINUM, TOTAL REC, ICP (SW846 6010B)	ND (LOD=31	UG/L)
ARSENIC, TOTAL REC, ICP (SW846 6010B)	15.	UG/L
detected between 12 (LOD) and 40 (LOQ) UG/L		
CADMIUM, TOTAL REC, ICP (SW846 6010B)	ND (LOD=2	UG/L)
CHROMIUM, TOTAL REC, ICP (SW846 6010B)	1700.	UG/L
CHROMIUM, HEXAVALENT (USGS I-1230-85)	**	UG/L #1
COPPER, TOTAL REC, ICP (SW846 6010B)	ND (LOD=5	UG/L)
CYANIDE (EPA 335.4)	**	MG/L #2
DIG, TOTAL REC, ICP, LIQUIDS (SW846 3005A)	DIG MET	
LEAD, TOTAL REC, ICP (SW846 6010B)	13.	UG/L
detected between 13 (LOD) and 42 (LOQ) UG/L		
MERCURY, AA COLD VAPOR (EPA 245.1)	ND (LOD=0.03	UG/L)
NICKEL, TOTAL REC, ICP (SW846 6010B)	ND (LOD=9	UG/L)
ZINC, TOTAL REC, ICP (SW846 6010B)	ND (LOD=19	UG/L)
TEMPERATURE ON RECEIPT	23	C
ICP TEST	ICP	

--- Footnotes ---
Remark #1: SAMPLE RECEIVED PAST HOLDING TIME, NO TEST DONE
Remark #2: SAMPLE RECEIVED WAS NOT ICED, NO TEST DONE

CORRESPONDENCE/MEMORANDUM

State of Wisconsin

DATE: June 13, 2000

TO: Mauthe Site Superfund File

FROM: Jennifer Huffman - NER JBH

SUBJECT: Influent Characterization Sample Collection on June 12, 2000

The purpose of this memo is to document the collection of samples for analysis from the storage tank at the Mauthe Pretreatment building. This was the first of six monthly sampling events to characterize the untreated influent. On June 12, 2000 at 13:10 I collected the following:

- One Quart sample container for total cyanide analysis, preserved with NaOH to a pH greater than 12 and placed in a cooler with ice.
- One 250 ml sample container for total metals analysis of aluminum, arsenic, cadmium, chormium, copper, lead, nickel, and zinc. Sample was preserved with HNO3 to a pH less than 2 and placed in a cooler with ice.
- One 250 ml sample container for mercury analysis, preserved with HNO3 to a pH less than 2 and placed in a cooler with ice.
- One 250 ml sample container for hexavalent chromium analysis and placed in a cooler with ice.

A sample was also collected by John Stoeger of MCO and analyzed on site for hexavalent chromium using the Hach Test kit. The result from this test was 0.3 mg/l These results will be compared to the results from the State Lab of Hygiene.

The analysis request and chain of custody forms were filled out and placed in the cooler with the samples. The samples were sent at 14:43 on June 12, 2000 to the State Lab of Hygiene via overnight courier. The courier was Spee Dee Transport and the tracking number was 06-275 0002064.

Attachments

Cc: Gary Edelstein – RR/3

State of Wisconsin
Laboratory of Hygiene

Inorganic Test Request

Form 4800-15 (R 2/99) Page 1 of 2

License #, I.D. Number, Permit or STORET	Point, Well or Outfall #	Field Number	County #	Route Code
(FID) 445014460	001	S1	45	RR4

Waterbody Number: ____

Sample Address or Location: N.W. Mauthe Superfund site, 725 S. Outagamie St., Appleton

Sample Point Description: Influent sample Collected After Storage Tank, No Treatment

Send Report To

First Name	Last Name
Jennifer	Huffman

Address: WDNR, 3369 W. Brewster St.

City	State	Zip
Appleton	WI	54914

Date Results Needed (MM/DD/YYYY)	Fax Res?	Fax Number
7/7/00	Yes	(920)832-1800

Account Number	Collected By
RR019	J. Huffman

Lakes Grant or WR Project #	Telephone Number
____	(920)-832-1803

Begin or Grab Date (MM/DD/YYYY)	Begin Time (24-hr clock)
06-12-2000	13:10

End Date - For Composite Samples Only (MM/DD/YYYY)	End Time (24-hr clock) - For Composite Samples Only

Sample Type (Non WS):

- [ ] SU Surface Water
- [ ] NP Storm Water
- [ ] SE Sediment
- [ ] SL Sludge
- [ ] LE Leachate
- [ ] TI Tissue
- [ ] EF Effluent (Treated Wastewater)
- [x] IF Influent (Untreated Wastewater)
- [ ] MW Monitoring Well
- [ ] LY Lysimeter
- [ ] SO Soil
- [ ] OI Oil
- [ ] OW Waste

For Lab Use: Priority

Water System Type (Water Supply Use ONLY):

- [ ] MC Community-Municipality
- [ ] OC Com.-Other than Municipal
- [ ] TN Transient Non-Community
- [ ] NN Non-Transient Non-Community
- [ ] P Private
- [ ] X Non-Potable

Sample Sources (WS ONLY):

- [ ] D Distribution
- [ ] E Entry Point
- [ ] W Well

Sample Type (SDWA ONLY):

- [ ] D Compliance Sample
- [ ] C Confirmation
- [ ] W. Raw Water Sample
- [ ] I Investigation

Is Sample Chlorinated? [ ] Yes [x] No

Check any appropriate: [ ] S Split [ ] B Field Blank [ ] E Enforcement [x] Y Compliance

Depth of Sample (feet or meters) ___ F or M ___

Field Parameters - Optional

Sample Temperature - field (°C)		___.___
Ambient Air Temperature - field (°C)		___.___
DO field (mg/l)		___.___
pH (su) field		___.___
Secchi Depth (feet or meters)	___ F or M	___.___
Cloud Cover %		___ %
Cond-fld (µMHOS/CM@25°C)		___
Gage Height (ft)		___.___
Flow cfs		___.___
Flow MGD		___
Depth to Groundwater (ft)		___
Turbidity (NTU)		___.___

Plastic Quart Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Total Solids
- [ ] Vol. Total Solids
- [ ] Susp. Solids (≥ 10 mg/l)
- [ ] TSS Low Level (Submit Additional Sample)
- [ ] Vol. Susp. Solids
- [ ] Total Dissolved Solids
- [ ] BOD Dissolved
- [ ] BOD_5 Total (≥ 6 mg/l)
- [ ] BOD Total Low Level (Submit Additional Sample)
- [ ] Alkalinity, pH, & Conductivity
- [ ] pH only (non-Waste or non-Compliance)
- [ ] Chloride
- [ ] Color
- [ ] Fluoride
- [ ] Sulfate
- [ ] Sulfide (notify lab before collecting sample)
- [ ] Turbidity

BOD Estimate Required ___ mg/l

- [x] Cyanide, Total
- [ ] Cyanide, Amendable to Chlorination
- [ ] Chlorophyl A ([ ] Uncorrected or [ ] Corrected)

(if Field Filtered, give ml ___ filtered)

60 ml Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] NO + NO as Nitrogen (Drinking Water)
- [ ] Nitrite (NO) as Nitrogen
- [ ] Diss.-Orthophosphate
- [ ] Diss. Silica

Quart Mason Jar (Also TCLP Metals)

- [ ] Oil & Grease
- [ ] pH (Waste Samples Only)

250 ml Bottle for Nutrients or Metals - Check each of the following boxes that apply

Metals Bottle **(Acidify W/Nitric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)

[ ] Low Level Metals (e.g., Surface Waters by ICP/MS) Note: Special Bottles Needed

[ ] TCLP (Toxicity Characteristic Leaching Procedure)(*TC Regulated Metals)(Use Mason Jar)

[x] Total Recoverable Metals

- [x] Aluminum
- [ ] Antimony
- [x] Arsenic*
- [ ] Barium*
- [ ] Beryllium
- [ ] Boron
- [x] Cadmium*
- [ ] Calcium
- [x] Chromium, Total*
- [x] Chromium, Hexavalent[1]
- [x] Copper
- [ ] Hardness-as $CaCO_3$
- [ ] Iron
- [x] Lead
- [ ] Magnesium
- [ ] Manganese
- [x] Mercury*
- [ ] Molybdenum
- [x] Nickel
- [ ] Potassium
- [ ] Selenium
- [ ] Silver
- [ ] Sodium
- [ ] Thallium
- [x] Zinc

[1] Cool to 4°C Only

Nutrients Bottle **(Acidify W/Sulfuric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Tot.-Phosphorus
- [ ] Ammonia-N
- [ ] Total Kjeldahl-N
- [ ] $NO_2 + NO_3$ as Nitrogen
- [ ] Chemical Oxygen Demand (COD)

Please indicate which analyte groups (if any) have been field filtered by checking the box and noting on the lid of the sample bottle.

Bacti Bottle

- [ ] MFFCC*
- [ ] Fecal Strep.*

MFFCC Estimate: ___

*Samples for both water chemistry and water bacteriology should be submitted in separate bottles with separate test request forms.

Additional parameters

State of Wisconsin
Department of Natural Resources

CHAIN OF CUSTODY RECORD
LUST PROGRAM
Form 4400-151 Rev. 4-93

Note: Use of this form is voluntary but is requested by the Department pursuant to ch. NR 149, NR 500-540, NR 158 and NR 419, Wis. Adm. Code. Personally identifiable information will be used for no other purpose.

Sample Collector(s)	Title/Work Station/Company	Telephone Number (include area code)
Jennifer Huffman	Hydrogeologist/Appleton/WDNR	(920)832-1803
Property Owner	**Property Address**	**Telephone Number (include area code)**
Carol Mauthe	725 S. Outagamie St., Appleton, WI	None Available

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

Relinquished by (Signature)	Date/Time	Received By (Signature)
Jennifer Huffman	6/12/00, 19:30pm JBH	
Relinquished by (Signature)	Date/Time	Received By (Signature)
Relinquished by (Signature)	Date/Time	Received for Laboratory By (Signature)

Sample Condition on Receipt by Laboratory
LABORATORY USE ONLY

Temperature of temperature blank:

If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Field ID Number[1]	Date Collected	Time Collected	Sample Type[2]	Sample Device[3]	Preserv. Type	Field Screening	Description	Analysis Type	Lab ID Number	No./Type of Containers	Cracked /Broken	Improperly Sealed	Good Condition	Other Comments
S01	6/12/00	13:10	GW	*	HNO_3, Ice	None	Untreated Influent	Al, As, Cd, Ch, Cu, Pb, Ni, Zn						
↓	↓	↓	↓	↓	Ice	↓	↓	Chromium, hexavalent						
					NaOH Ice			Cyanide, total						
					HNO_3, Ice			Mercury, total						

[1]Sample description must clearly correlate the sample ID to the sampling location shown on a map.
[2]Specify groundwater, surface water, soil, leachate, sludge, etc.
[3]Type of sampling device; split spoon, hand auger, metal spatula, soil syringe, etc.

DEPARTMENT USE/OPTIONAL FOR SOIL SAMPLERS

Disposition of unused portion of sample

Laboratory should: ☐ Dispose ☐ Retain for _ days ☐ Return ☐ Other

DEPARTMENT USE ONLY

Split Samples: Offered? ☐ Yes ☒ No (Check One)
Accepted? ☐ Yes ☐ No (Check One)

Accepted By: _____ Signature

* From sample tap on storage tank.

Chain of Custody #'s 34167 & 34168.

********** SALE **********
Mail Boxes Etc.
Making Business Easier. Worldwide.
****
Shift:0221 Drw:01 ID:457 Clerk:DeLeest
6/12/00 14:43:11

Center #1812
2700 W. College Ave.
APPLETON, WI 54914
Phone 920-832-8338

Qty	Description	Unit	Ext
1	Spee-Dee	9.77	9.77

Sub Total:	9.77
Tax:	0.00
Total Sale:	9.77
Check:	9.77
Change:	0.00

Ask about our FEDEX Services for
Personal & Business Shipments!!

Visit our Web Site at: WWW.MBE.COM

SPEE DEE

06-275 0002064

1-800-862-5578

Shipper Number 06 275 JBM

* Delivered on 6/13/00 at 11:15 am, signed for by C. Drourke. Delivered to 2601 Agricultural Drive, Madison, WI. JBM

GRAND CHUTE MOTO
3225 WEST GLENPARK DRIVE
GRAND CHUTE, WI 54914
/R 2 /S 1 /T 258 /C 1388
06/12/2000 13:21:26 Store#4402

1 MOTOMART ICE 8 LB	.99
SUBTOTAL	.99
TAX RATE 1	.05
TOTAL	1.04
CASH	2.00
CHANGE DUE	.96

THANK YOU FOR
SHOPPING AT MOTOMART
PLEASE COME AGAIN

67

EXPRESS CONV CTRS
BLUEMOUND #67
920-830-1774

06/12/00	13:01
ICE 7#	$1.19T
TOTAL	$1.25
CASH	$1.25
TL/NOTAX	$1.19
TAX PD	$0.06

RECEIPT NO. 2-3309

OFFICIAL FUEL
SUPPLIER TO THE
GREEN BAY PACKERS!

JENNIFER HUFFMAN - WI DNR
3369 W BREWSTER ST
APPLETON WI 54914

ENFORCEMENT

Sample(s) will be disposed of ninety days from the date the sample is reported, unless this form is completed and returned to:

Attn: Julie
Inorganic Chemistry Unit
Wis. State Lab. of Hygiene
2601 Agriculture Drive
P.O. Box 7996
Madison, WI 53707-7996

Collector: HUFFMAN

District/Area: North East

Phone Number:

Sample Number(s): IK029824

Report date: 07/25/00

___Retain sample(s) for ___ days:
___Retain sample(s) until further notice.

State Laboratory of Hygiene
University of Wisconsin Center for Health Sciences
2601 Agriculture Drive, Madison, WI 53707-7996
R.H. Laessig, Ph.D., Director D.F. Kurtycz, M.D., Medical Director

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Environmental Science Section (608) 224-6277 DNR LAB ID 113133790
Inorganic chemistry

Id: 445014460 Point/Well/..: 001 Field #: S1 Route: RR40
Collection Date: 06/12/00 Time: 13:10 County: 45 (Outagamie)
From: NW MAUTHE SUPERFUND SITE 725 S OUTAGAMIE ST APPLETON
Description: INFLUENT SAMPLE COLLECTED AFTER STORAGE TANK, NO TREATMENT
To: JENNIFER HUFFMAN Type: Compliance
DNR Source: Influent
APPLETON
Account number: RR014 Collected by: HUFFMAN
Enforcement
Date Received: 06/13/00 Labslip #: IK029824 Reported: 07/25/00

ALUMINUM, DIG, ICP (SW846 6010B)	72.	UG/L
detected between 31 (LOD) and 100 (LOQ) UG/L		
ARSENIC, DIG, ICP (SW846 6010B)	ND (LOD=16 UG/L)	
CADMIUM, DIG, ICP (SW846 6010B)	ND (LOD=3 UG/L)	
CHROMIUM, DIG, ICP (SW846 6010B)	2500.	UG/L
CHROMIUM, HEXAVALENT (USGS I-1230-85)	650.	UG/L
COPPER, DIG, ICP (SW846 6010B)	14.	UG/L
detected between 8 (LOD) and 25 (LOQ) UG/L		
CYANIDE (EPA 335.4)	ND (LOD=0.004 MG/L)	
DIG 730.1, ICP, LIQ, EXCEPT AS/SE/AG (SW846 3010A)	DIG MET (qualitative)	
LEAD, DIG, ICP (SW846 6010B)	25.	UG/L
detected between 16 (LOD) and 52 (LOQ) UG/L		
MERCURY, AA COLD VAPOR (EPA 245.1)	0.04	UG/L
detected between 0.03 (LOD) and 0.08 (LOQ) UG/L		
NICKEL, DIG, ICP (SW846 6010B)	25.	UG/L
detected between 10 (LOD) and 33 (LOQ) UG/L		
ZINC, DIG, ICP (SW846 6010B)	83.	UG/L
TEMPERATURE ON RECEIPT	ICED	C
ICP TEST	ICP	

State of Wisconsin
Laboratory of Hygiene

Inorganic Test Request

Form 4800-15 (R 2/99) Page 1 of 2

License #, I.D. Number, Permit or STORET	Point, Well or Outfall #	Field Number	County #	Route Code
(FID) 445014460	001	S1	45	BR4

Waterbody Number	Sample Address or Location
	N.W. Mauthe Superfund Site, 725 S. Outagamie St., Appleton

Sample Point Description: Influent sample Collected After Storage Tank, No Treatment

Send Report To

First Name	Last Name
Jennifer	Huffman

Address: WDNR, 3369 W. Brewster St.

City	State	Zip
Appleton	WI	54914

Date Results Needed (MM/DD/YYYY)	Fax Res?	Fax Number
7/7/00	Yes	(920)832-1800

Account Number	Collected By
	J. Huffman

Lakes Grant or WR Project #	Telephone Number
	(920)-832-1803

Begin or Grab Date (MM/DD/YYYY)	Begin Time **(24-hr clock)**
06-12-2000	13:10

End Date - For Composite Samples Only (MM/DD/YYYY)	End Time **(24-hr clock)** - For Composite Samples Only

Sample Type (Non WS):

- [ ] SU Surface Water
- [ ] NP Storm Water
- [ ] SE Sediment
- [ ] SL Sludge
- [ ] LE Leachate
- [ ] TI Tissue
- [ ] EF Effluent (Treated Wastewater)
- [x] IF Influent (Untreated Wastewater)
- [ ] MW Monitoring Well
- [ ] LY Lysimeter
- [ ] SO Soil
- [ ] OI Oil
- [ ] OW Waste

For Lab Use: Priority ENF

Water System Type (Water Supply Use ONLY):

- [ ] MC Community-Municipality
- [ ] OC Com.-Other than Municipal
- [ ] TN Transient Non-Community
- [ ] NN Non-Transient Non-Community
- [ ] P Private
- [ ] X Non-Potable

Sample Sources (WS ONLY):

- [ ] D Distribution
- [ ] E Entry Point
- [ ] W Well

Sample Type (SDWA ONLY):

- [ ] D Compliance Sample
- [ ] C Confirmation
- [ ] W Raw Water Sample
- [ ] I Investigation

Is Sample Chlorinated? [ ] Yes [x] No

Check any appropriate: [ ] S Split [ ] B Field Blank [ ] E Enforcement [x] Y Compliance

Depth of Sample (feet or meters) ___ F or M ___

Field Parameters - Optional

Sample Temperature - field (°C)		___.___
Ambient Air Temperature - field (°C)		___.___
DO field (mg/l)		___.___
pH (su) field		___.___
Secchi Depth (feet or meters)	___ F or M	___.___
Cloud Cover %		___ %
Cond-fld (µMHOS/CM@25°C)		___
Gage Height (ft)		___.___
Flow cfs		___.___
Flow MGD		___
Depth to Groundwater (ft)		___
Turbidity (NTU)		___.___

Plastic Quart Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Total Solids
- [ ] Vol. Total Solids
- [ ] Susp. Solids (≥ 10 mg/l)
- [ ] TSS Low Level **(Submit Additional Sample)**
- [ ] Vol. Susp. Solids
- [ ] Total Dissolved Solids
- [ ] BOD Dissolved
- [ ] BOD_5 Total (≥ 6 mg/l)
- [ ] BOD Total Low Level **(Submit Additional Sample)**
- [ ] Alkalinity, pH, & Conductivity
- [ ] pH only (non-Waste or non-Compliance)
- [ ] Chloride
- [ ] Color
- [ ] Fluoride
- [ ] Sulfate
- [ ] Sulfide **(notify lab before collecting sample)**
- [ ] Turbidity

BOD Estimate Required ___ mg/l

- [x] Cyanide, Total
- [ ] Cyanide, Amendable to Chlorination
- [ ] Chlorophyl A ([ ] Uncorrected or [ ] Corrected)

(if Field Filtered, give ml ___ filtered)

60 ml Bottle

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] NO + NO as Nitrogen (Drinking Water)
- [ ] Nitrite (NO) as Nitrogen
- [ ] Diss.-Orthophosphate
- [ ] Diss. Silica

Quart Mason Jar (Also TCLP Metals)

- [ ] Oil & Grease
- [ ] pH (Waste Samples Only)

250 ml Bottle for Nutrients or Metals - Check each of the following boxes that apply

Metals Bottle **(Acidify W/Nitric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)

[ ] Low Level Metals (e.g., Surface Waters by ICP/MS) Note: Special Bottles Needed

[ ] TCLP (Toxicity Characteristic Leaching Procedure)(*TC Regulated Metals)(Use Mason Jar)

[x] Total Recoverable Metals

- [x] Aluminum
- [ ] Antimony
- [x] Arsenic*
- [ ] Barium*
- [ ] Beryllium
- [ ] Boron
- [x] Cadmium*
- [ ] Calcium
- [x] Chromium, Total*
- [x] Chromium, Hexavalent[1]
- [x] Copper
- [ ] Hardness-as $CaCO_3$
- [ ] Iron
- [x] Lead
- [ ] Magnesium
- [ ] Manganese
- [x] Mercury*
- [ ] Molybdenum
- [x] Nickel
- [ ] Potassium
- [ ] Selenium
- [ ] Silver
- [ ] Sodium
- [ ] Thallium
- [x] Zinc

[1] Cool to 4°C Only

Nutrients Bottle **(Acidify W/Sulfuric Acid)**

[ ] Sample Bottle Field Filtered? (Check box if yes)

- [ ] Tot.-Phosphorus
- [ ] Ammonia-N
- [ ] Total Kjeldahl-N
- [ ] NO_2 + NO_3 as Nitrogen
- [ ] Chemical Oxygen Demand (COD)

Please indicate which analyte groups (if any) have been field filtered by checking the box and noting on the lid of the sample bottle.

Bacti Bottle

- [ ] MFFCC*
- [ ] Fecal Strep.*

MFFCC Estimate: ___

*Samples for both water chemistry and water bacteriology should be submitted in separate bottles with separate test request forms.

Additional parameters

JUN 13 00029824

Partial Instructions

See Chapter 4 "Lab Slips" of the *Field Procedures Manual* (see http://intranet/int/es/science/ls/fpm/IV.htm) for further instructions and definitions.

The **ID Number, Permit or STORET and Point/Well fields** should contain the appropriate IDs, left justified, for the program system the sample is for:

Program	ID Number	Example	Pt./Well	Example
Water Supply - Privates	Unique Well #	AA999	Blank	
Water Supply - Publics RAW	PWS ID #	24100567	Well #	002
Water Supply - Publics DIST	PWS ID #	24100567	Blank	
Waste Management	License #	00130	Point ID	AD6
Watershed Management	Permit #	0000030	Outfall #	001
Fish Management & Habitat Protection	Storet #	265013	Blank	
Remediation & Redevelopment	CERCLIS #	006094197	Point ID	001
Remediation & Redevelopment	FID	268181770	Point ID	001
Remediation & Redevelopment	Brownfields #	000000003	Point ID	001

The **Sample Address or Location field** should be the "entity" name, and depends on the program the sample is for. For example, Facility, Site, Licensee, River/Lake, Owner, etc. Following this information, include the address of the facility or site (if appropriate).

The **Sample Point Description field** should include a description of the point within the property that the sample was collected. For example, secondary settling tank effluent or faucet prior to pressure tank.

The **Route Code** is a four-character code, which will be used to route the sample results from SLOH to whoever wants the results ("Send Report To:" field). These results are routed by the State Laboratory of Hygiene Computer.

First two characters - Program code: WT, WA, DG, FH, etc.
Third character - Region code: 1, 2, 4, 6, 7, 8 (see http://intranet/int/es/science/ls/fpm/IV.htm)
Fourth character - Blank

The **Account Number** must be completed in order for the samples to be billed to the correct funding source. If you are unsure what the proper account number is refer to http://intranet/int/es/science/ls/Account.htm or contact the DNR Laboratory Coordinator or the State Laboratory of Hygiene.

The **Lake Grant or WR Project # field** should include the Lake Planning Grant Number or the Water Resources Approved Monitoring Plan Number.

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	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

State of Wisconsin
Department of Natural Resources

CHAIN OF CUSTODY RECORD
LUST PROGRAM
Form 4400-151 Rev. 4-93

Note: Use of this form is voluntary but is requested by the Department pursuant to ch. NR 149, NR 500-540, NR 158 and NR 419, Wis. Adm. Code. Personally identifiable information will be used for no other purpose.

Sample Collector(s)	Title/Work Station/Company	Telephone Number (include area code)
Jennifer Huffman	Hydrogeologist/Appleton/WDNR	(920)832-1803
Property Owner	**Property Address**	**Telephone Number (include area code)**
Carol Mauthe	725 S. Outagamie St., Appleton, WI	None Available

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

Relinquished by (Signature)	Date/Time	Received By (Signature)
Jennifer Huffman	6/12/00 14:30pm	Charles O'Konka
Relinquished by (Signature)	Date/Time	Received By (Signature)
Charles O'Konka	6-13-00 JBH	
Relinquished by (Signature)	Date/Time	Received for Laboratory By (Signature)

Sample Condition on Receipt by Laboratory
LABORATORY USE ONLY

Temperature of temperature blank:

If samples were received on ice and there was ice remaining, you may report the temperature as "received on ice". If all the ice was melted, the temperature of the melt may be substituted for a temperature blank.

Field ID Number[1]	Date Collected	Time Collected	Sample Type[2]	Sample Device[3]	Preserv. Type	Field Screening	Description	Analysis Type	Lab ID Number	No./Type of Containers	Cracked /Broken	Improperly Sealed	Good Condition	Other Comments
S01	6/12/00	13:10	GW	*	HNO_3, Ice	None	Untreated Influent	Al, As, Cd, Ch, Cu, Pb, Ni, Zn	1K029824					
↓	↓	↓	↓	↓	Ice	↓	↓	Chromium, hexavalent						
↓	↓	↓	↓	↓	NaOH Ice	↓	↓	Cyanide, total						
↓	↓	↓	↓	↓	HNO_3, Ice	↓	↓	Mercury, total						

[1]Sample description must clearly correlate the sample ID to the sampling location shown on a map.
[2]Specify groundwater, surface water, soil, leachate, sludge, etc.
[3]Type of sampling device; split spoon, hand auger, metal spatula, soil syringe, etc.

DEPARTMENT USE/OPTIONAL FOR SOIL SAMPLERS

Disposition of unused portion of sample

Laboratory should: ☐ Dispose ☐ Retain for _ days ☐ Return ☐ Other

DEPARTMENT USE ONLY

Split Samples: Offered? ☐ Yes ☒ No (Check One)
Accepted? ☐ Yes ☐ No (Check One)

Accepted By: _____
Signature

* From Sample tap on Storage Tank.

State Laboratory of Hygiene
University of Wisconsin Center for Health Sciences
2601 Agriculture DR, Madison WI 53718
R.H. Laessig, Ph.D., Director D.F. Kurtycz, M.D., Medical Director

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Environmental Science Section (608) 224-6277 DNR LAB ID 113133790
Inorganic chemistry (#23 of 23 on 07/26/00, unseen)

Id: 445014460 Point/Well/..: 001 Field #: S1 Route: RR40
Collection Date: 06/12/00 Time: 13:10 County: 45 (Outagamie)
From: NW MAUTHE SUPERFUND SITE 725 S OUTAGAMIE ST APPLETON
Description: INFLUENT SAMPLE COLLECTED AFTER STORAGE TANK, NO TREATMENT
To: JENNIFER HUFFMAN Type: Compliance
DNR Source: Influent
APPLETON
Account number: RR014 Collected by: HUFFMAN
Enforcement
Date Received: 06/13/00 Labslip #: IK029824 Reported: 07/25/00

ALUMINUM, DIG, ICP (SW846 6010B)	72.	UG/L
detected between 31 (LOD) and 100 (LOQ) UG/L		
ARSENIC, DIG, ICP (SW846 6010B)	ND (LOD=16 UG/L)	
CADMIUM, DIG, ICP (SW846 6010B)	ND (LOD=3 UG/L)	
CHROMIUM, DIG, ICP (SW846 6010B)	2500.	UG/L
CHROMIUM, HEXAVALENT (USGS I-1230-85)	650.	UG/L
COPPER, DIG, ICP (SW846 6010B)	14.	UG/L
detected between 8 (LOD) and 25 (LOQ) UG/L		
CYANIDE (EPA 335.4)	ND (LOD=0.004 MG/L)	
DIG 730.1, ICP, LIQ, EXCEPT AS/SE/AG (SW846 3010A)	DIG MET	
LEAD, DIG, ICP (SW846 6010B)	25.	UG/L
detected between 16 (LOD) and 52 (LOQ) UG/L		
MERCURY, AA COLD VAPOR (EPA 245.1)	0.04	UG/L
detected between 0.03 (LOD) and 0.08 (LOQ) UG/L		
NICKEL, DIG, ICP (SW846 6010B)	25.	UG/L
detected between 10 (LOD) and 33 (LOQ) UG/L		
ZINC, DIG, ICP (SW846 6010B)	83.	UG/L
TEMPERATURE ON RECEIPT	ICED	C
ICP TEST	ICP	