

K. SINGH & ASSOCIATES, INC.

Engineers and Environmental Management Consultants

1135 Legion Drive, Elm Grove, WI 53122 (414) 821 - 1171 FAX (414) 821 - 1174

1994 JUN 21 PM 1:36
DEPARTMENT OF
NATURAL RESOURCES
SED

June 17, 1994

Ms. Margaret Graefe
Wisconsin Department of Natural Resources
4041 N. Richard Street
Milwaukee, WI 53212

Job # 4025

Subject: Monthly Status Report for Sanitary Transfer and Landfill, Delafield, Wisconsin

Dear Ms. Graefe:

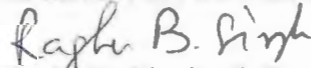
Enclosed please find the monthly status report for May 1994 for the referenced site. Our comments are as follows:

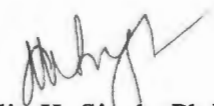
1. The weekly methane monitoring report is included in Attachment A. The level of methane gas was more than its lower explosive limit (LEL) in gas venting wells, G- 1 through G-3 and G-5 through G-8. The results were consistent with the previous round of monitoring. The methane gas detector is calibrated to measure methane only up to its LEL (5 %). The concentration of methane greater than 5 % does not represent actual methane concentration in a gas venting well. It indicates that the concentration is more than its LEL.
2. The concentration of methane ranged from 7.8 to 9.8 % at blower # 1 located at the western part of the landfill. The results were consistent with the previous measurements.
3. The concentration of methane could not be measured at blower # 2 located at the southeast corner of the Ormson Corporation. The electric motor and exhaust were noted non-functional during the site visit on March 17, 1994. Mr. Ron Hackbarth of the Ormson Corporation were notified in verbal about the malfunction of the blower. A technical specification for blower installation was submitted for WDNR review on April 22, 1994.
4. About 0.9 to 1 % methane was recorded at the blower exhaust located along west wall of the Ormson Corporation. The results are consistent with the previous measurements. The electric motor and exhaust at this location were working well.
5. Environmental Reporting Form (Form 3400-73) for March 1994 groundwater sampling was submitted to the Bureau of Solid Waste, WDNR, Madison on May 27, 1994 (refer to Attachment B).
6. Groundwater Monitoring Reporting Forms (Form 4400-141A, Form 4400-141B, and Form 4400-107A) for March and April 1994 sampling are included in Attachment C.

Please call us, if you have any questions regarding this submittal.

Sincerely,

K. SINGH & ASSOCIATES, INC.


Raghu B. Singh, Ph.D.
Project Scientist


Dilip K. Singh, Ph.D., P.E.
Senior Project Engineer

Enc: Back up Documents

cc: Marie Stewart / WDNR, Madison

Attachment A
Weekly Methane Monitoring Report

Attachment B
Form 3400-73

MONITORING FOR:

SANITARY TRANS & LF-DELAFIELD
LICENSE NO. 00719 FID 268149640
MARCH

REPORTING PERIOD:

TO BE RETURNED BY:

MAY 31, 1994

DATE SAMPLE TAKEN:

03 / 24 / 94
MONTH DAY YEAR

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

K. SINGH & ASSOCIATES, INC.
Raghu Singh & Eric de Venecia

SAMPLES ANALYZED BY (FILL IN THE FOLLOWING)

LAB I.D. NO.: Suburban Laboratories of Wis

LAB NAME: 241178850

CITY: Waukesha

COMMENTS Concentration of Mn and Fe exceed
its PAL values in E-5, PW-4, LW-14, and
adj Mn concentration exceed in PW-96.
Next CW monitoring will provide more
information.

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION REPORTED AND THE STATEMENTS
MADE ON THIS PAGE AND ON ALL SEQUENTIALLY NUMBERED PAGES FOLLOWING THIS PAGE ARE TRUE AND CORRECT.

SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT

Ante N Singh

DATE SIGNED

5/27/94

WDNR - BUREAU OF SOLID WASTE
SW/3
P.O. BOX 7921
MADISON, WI 53707

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CALL:

(414) 961-2707

NAME AND ADDRESS OF MONITORING CONTACT

21-68-00719

K. SINGH & ASSOCIATES CONSULTANTS
SANITARY TRANS & LF-DELAFIELD
1135 LEGION DRIVE
ELM GROVE WI 53122

INSTRUCTIONS ON BACK

209 SAMPLE POINT E-5				PAL/ACL
00307	CHLORIDE	350	MG/L	125
00316	MANGANESE, DISS	56	UG/L	25
00341	COD FILTERED	110	MG/L	
00400	PH (FIELD)	7.1	SU	
00625	TOT KJELDAHL N	70.7	MG/L	
00630	NO2 & NO3, N-TOT	0.325	MG/L	2.0
00842	GRD WATER ELEV	981.38	FEET,MSL	
00872	COND(FIELD) @25C	1562	MICROMHO	

Sample Has: Odor Color Turbidity Well Is: Broken Frozen Dry

228 SAMPLE POINT 4				PAL/ACL
00253	MANGANESE, -TOT	40	UG/L	25
00307	CHLORIDE	31	MG/L	125
00340	COD UNFILTERED	<1	MG/L	
00400	PH (FIELD)	7.2	SU	
00410	ALKALINITY, TOT	361	MG/L	
00625	TOT KJELDAHL N	0.11	MG/L	
00630	NO2 & NO3, N-TOT	0.84	MG/L	2.0
00872	COND(FIELD) @25C	803	MICROMHO	

Sample Has: Odor Color Turbidity Well Is: Broken Frozen Dry

209 SAMPLE POINT E-5 (CONT.)				PAL/ACL
01046	IRON, DISS	0.36	MG/L	.15
22413	TOT HARD, FILT	570	MG/L	
39036	TOT ALK, FILTRD	890	MG/L	

Sample Has: Odor Color Turbidity Well Is: Broken Frozen Dry

228 SAMPLE POINT 4 (CONT.)				PAL/ACL
00900	TOT HARD, CaCO3	415	MG/L	
74010	IRON, TOT	0.17	MG/L	.15

Sample Has: Odor Color Turbidity Well Is: Broken Frozen Dry

217 SAMPLE POINT E-11				PAL/ACL
00345	SULFATE, DISS		MG/L	125

Sample Has: Odor Color Turbidity Well Is: Broken Frozen Dry

SAMPLE POINT				PAL/ACL

Sample Has: Odor Color Turbidity Well Is: Broken Frozen Dry

REPORTING PERIOD:

LICENSE NO. 00719 FID 268149640
MARCH

TO BE RETURNED BY:

DATE SAMPLE TAKEN:

03 / 24 / 94
MONTH DAY YEAR

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

K. SINGH & ASSOCIATES, INC.

SAMPLES ANALYZED BY (FILL IN THE FOLLOWING)

LAB I.D. NO.: 241178850
LAB NAME: Suburban Laboratories
CITY: Waukena

COMMENTS

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION REPORTED AND THE STATEMENTS MADE ON THIS PAGE AND ON ALL SEQUENTIALLY NUMBERED PAGES FOLLOWING THIS PAGE ARE TRUE AND CORRECT.

SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT

PNSH

DATE SIGNED

5/27/94

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CALL:

NAME AND ADDRESS OF MONITORING CONTACT

INSTRUCTIONS ON BACK

235 SAMPLE POINT 11		PAL/ACL	
00253	MANGANESE, TOT	<10	UG/L 25
00307	CHLORIDE	76	MG/L 125
00340	COD UNFILTERED	<1	MG/L
00400	PH (FIELD)	7.1	SU
00410	ALKALINITY, TOT	2.96	MG/L
00625	TOT KJELDAHL N	<0.1	MG/L
00630	NO2 & NO3, N-TOT	3.64	MG/L 2.0
00872	COND(FIELD) @25C	781	MICROMHO

Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

237 SAMPLE POINT 13		(CONT.)		PAL/ACL
00900	TOT HARD, CaCO3	285	MG/L	
74010	IRON, TOT	<0.1	MG/L	.15

Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

235 SAMPLE POINT 11		(CONT.)		PAL/ACL
00900	TOT HARD, CaCO3	345	MG/L	
74010	IRON, TOT	<0.10	MG/L	.15

Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

245 SAMPLE POINT 21		PAL/ACL	
00253	MANGANESE, TOT	20	UG/L 25
00307	CHLORIDE	44	MG/L 125
00340	COD UNFILTERED	4	MG/L
00400	PH (FIELD)	7.4	SU
00410	ALKALINITY, TOT	306	MG/L
00625	TOT KJELDAHL N	0.11	MG/L
00630	NO2 & NO3, N-TOT	0.29	MG/L 2.0
00872	COND(FIELD) @25C	858	MICROMHO

Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

237 SAMPLE POINT 13		PAL/ACL	
00253	MANGANESE, TOT	<10	UG/L 25
00307	CHLORIDE	2	MG/L 125
00340	COD UNFILTERED	<1	MG/L
00400	PH (FIELD)	7.1	SU
00410	ALKALINITY, TOT	306	MG/L
00625	TOT KJELDAHL N	0.28	MG/L
00630	NO2 & NO3, N-TOT	0.225	MG/L 2.0
00872	COND(FIELD) @25C	627	MICROMHO

Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

245 SAMPLE POINT 21		(CONT.)		PAL/ACL
00900	TOT HARD, CaCO3	360	MG/L	
74010	IRON, TOT	0.10	MG/L	.15

Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

MONITORING FOR:

SANITARY TRANS & LF-DELAFIELD
LICENSE NO. 00719 FID 268149640
MARCH

REPORTING PERIOD:

TO BE RETURNED BY:

DATE SAMPLE TAKEN:

03 / 24 / 94
MONTH DAY YEAR

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

SAMPLES ANALYZED BY (FILL IN THE FOLLOWING)

LAB I.D. NO.:
LAB NAME:
CITY:

COMMENTS

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION REPORTED AND THE STATEMENTS MADE ON THIS PAGE AND ON ALL SEQUENTIALLY NUMBERED PAGES FOLLOING THIS PAGE ARE TRUE AND CORRECT.

SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT
PNSH

DATE SIGNED
5/27/94

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CALL:

NAME AND ADDRESS OF MONITORING CONTACT

INSTRUCTIONS ON BACK

263 SAMPLE POINT 91			PAL/ACL
00253	MANGANESE, TOT	UG/L	25
00307	CHLORIDE	MG/L	125
00340	COD UNFILTERED	MG/L	
00400	PH (FIELD)	SU	
00410	ALKALINITY, TOT	MG/L	
00625	TOT KJELDAHL N	MG/L	
00630	NO2 & NO3, N-TOT	MG/L	2.0
00872	COND(FIELD) @25C	MICROMHO	

Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

264 SAMPLE POINT 92 (CONT.)			PAL/ACL
00900	TOT HARD, CaCO3	556	MG/L
74010	IRON, TOT	<0.10	MG/L

Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

263 SAMPLE POINT 91 (CONT.)			PAL/ACL
00900	TOT HARD, CaCO3	MG/L	
74010	IRON, TOT	MG/L	.15
	* Abandoned well		

Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

265 SAMPLE POINT 94			PAL/ACL
00253	MANGANESE, TOT	70	UG/L
00307	CHLORIDE	81	MG/L
00340	COD UNFILTERED	3	MG/L
00400	PH (FIELD)	7.1	SU
00410	ALKALINITY, TOT	465	MG/L
00625	TOT KJELDAHL N	<0.1	MG/L
00630	NO2 & NO3, N-TOT	0.265	MG/L
00872	COND(FIELD) @25C	924	MICROMHO

Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

264 SAMPLE POINT 92			PAL/ACL
00253	MANGANESE, TOT	<10	UG/L
00307	CHLORIDE	250	MG/L
00340	COD UNFILTERED	9	MG/L
00400	PH (FIELD)	7.2	SU
00410	ALKALINITY, TOT	372	MG/L
00625	TOT KJELDAHL N	<0.1	MG/L
00630	NO2 & NO3, N-TOT	0.985	MG/L
00872	COND(FIELD) @25C	1089	MICROMHO

Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

265 SAMPLE POINT 94 (CONT.)			PAL/ACL
00900	TOT HARD, CaCO3	565	MG/L
74010	IRON, TOT	0.60	MG/L

Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

REPORTING PERIOD:

LICENSE NO. 00719 FID 268149640
MARCH

TO BE RETURNED BY:

DATE SAMPLE TAKEN:

03 / 24 / 94
MONTH DAY YEAR

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

SAMPLES ANALYZED BY (FILL IN THE FOLLOWING)

LAB I.D. NO.:

LAB NAME:

CITY:

COMMENTS

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION REPORTED AND THE STATEMENTS MADE ON THIS PAGE AND ON ALL SEQUENTIALLY NUMBERED PAGES FOLLOWING THIS PAGE ARE TRUE AND CORRECT.

SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT

PKM/H

DATE SIGNED

5/27/94

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CALL:

NAME AND ADDRESS OF MONITORING CONTACT

INSTRUCTIONS ON BACK

267	SAMPLE POINT 96		PAL/ACL	
00253	MANGANESE, TOT	380	UG/L	25
00307	CHLORIDE	242	MG/L	125
00340	COD UNFILTERED	4	MG/L	
00400	PH (FIELD)	7.3	SU	
00410	ALKALINITY, TOT	456	MG/L	
00625	TOT KJELDAHL N	<0.01	MG/L	
00630	NO2 & NO3, N-TOT	0.048	MG/L	2.0
00872	CJND(FIELD) @25C	1727	MICROMHO	

Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

267	SAMPLE POINT 96		(CONT.) PAL/ACL	
00900	TOT HARD, CaCO3	580	MG/L	
74010	IRON, TOT	<0.10	MG/L	.15

Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

339	SAMPLE POINT LCHTE-WET WELL 1/LP-2		PAL/ACL	
00842	GRD WATER ELEV	954.37	FEET,MSL	

Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

350	SAMPLE POINT E-3R		PAL/ACL	
00842	GRD WATER ELEV	972.97	FEET,MSL	

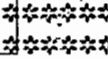
Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

352	SAMPLE POINT E-2BR		PAL/ACL	
00842	GRD WATER ELEV	982.62	FEET,MSL	

Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

354	SAMPLE POINT E-17		PAL/ACL	
00842	GRD WATER ELEV		FEET,MSL	

Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry



Attachment C
Form 4400-141A, Form 4400-141B, & Form 4400-107A

Please complete and return this form as required by s. 144.435, Wis. Stats., and Chapter NR 508, Wis. Adm. Code. If you don't complete and return as required by your license, plan approval or order, you may be required to forfeit not less than \$10 nor more than \$5,000 for each day of violation, pursuant to s. 144.99, Wis. Stats.

Read instructions on back of the form before entering data.

Lab ID # 241178850

Monitoring For: Sanitary Transfer Landfill, Delafield

Monitoring/License No. : 00719
 Facility ID No. : 268149640

I hereby certify that to the best of my knowledge, the information and the statements made on this page and on all sequentially numbered pages following this page are true and correct.

Date Sample Taken
03 / 24 / 94
 Month / Day / Year

page 2
 of 2

Signature of Principal Officer or Authorized Agent
Prakash N. Bala

Date Signed
6/17/94

NAME OF COMPOUND	LINE NUMBER	NAME OF SAMPLE POINT					
		E-2BR	E-3R	E-4	E-5	E-6	E-6B
		DNR SAMPLE POINT ID					
		TEST RESULTS (Unless noted otherwise, enter results in mg/l)					
General Monitoring Parameters							
Field Conductivity @25°C [µmho]	3 0 1	1672	1562	1287	1562	550	792
Field pH [pH units]	3 0 2	7.8	7.1	8.0	7.1	8.0	7.8
Total Alkalinity (filtered)	3 0 3	650	730	420	890	900	410
Chloride	3 0 4	60	20	67	350	3	28
COD (filtered)	3 0 5	24	17	26	110	1	77
Iron, dissolved	3 0 6	<0.10	9.8	4.1	0.36	<0.10	0.16
Total Hardness (filtered)	3 0 7	560	710	410	570	330	420
Groundwater Elevation [ft. MSL]	3 0 8	982.62	972.97	981.24	981.38	1011.70	984.15
Other							
BOD5		N/A	N/A	N/A	N/A	N/A	N/A
Arsenic		0.003	0.005	0.013	0.009	<0.001	0.002
Barium		0.11	0.13	0.11	0.35	0.031	0.051
Cadmium		<0.001	<0.001	<0.001	<0.001	<0.001	<0.001
Chromium		0.002	0.02	0.01	0.003	0.005	0.002
Fluoride		0.24	0.06	0.10	0.10	0.10	0.10
Lead		<0.001	<0.001	0.014	<0.001	<0.001	<0.001
Manganese		0.57	0.325	0.145	0.056	0.005	0.035
Mercury		<0.0002	<0.0002	<0.0002	<0.0002	<0.0002	<0.0002
Nitrate-Nitrite-N		0.395	0.30	0.425	0.325	3.29	1.40
TKN		2.18	1.01	10.2	70.7	2.41	4.70
Selenium		0.006	0.006	0.008	0.02	0.003	0.005
Silver		<0.001	<0.001	<0.001	<0.001	<0.001	<0.001
Zinc		0.059	0.029	0.042	0.048	0.19	0.052
Qualitative Field Parameters (x if present)							
Odor	1	yes	yes	yes	yes	No	yes
Color	2	No	No	No	No	No	yes
Turbidity	3	No	No	Gray	No	No	yes
Reason Not Sampled (x if applies)							
Damaged	4						
Frozen	5						
Dry	6						

Comments: Concentration of Ba, Fluoride, Pb, Mn, Nitrate-N, Se and Iron exceeds its PAL in selected monitoring wells. Concentration of Mn in E-2BR (0.57), E-3R (0.325), E-4 (0.145), LP-2 (0.09 for dissolved and 0.24 for total) exceeds its ESC (0.05). Concentration of dissolved iron in E-3R (9.8), E-4 (4.1), E-7 (1.0), and leachate (3.9) exceeds its ES (0.3 ppm). Further monitoring will provide more information.

Please complete and return this form as required by s. 144.435, Wis. Stats., and Chapter NR 508, Wis. Adm. Code. If you don't complete and return as required by your license, plan approval or order, you may be required to forfeit not less than \$10 nor more than \$5,000 for each day of violation, pursuant to s. 144.99, Wis. Stats.

Read instructions on back of the form before entering data.

Lab ID # 241178850

Monitoring For: Sanitary Transfer & Landfill, Delafield

Monitoring/License No. : 00719
Facility ID No. : 268149640

I hereby certify that to the best of my knowledge, the information and the statements made on this page and on all sequentially numbered pages following this page are true and correct.

Date Sample Taken
03 / 24 / 94
Month / Day / Year

page 1
of 2

Signature of Principal Officer or Authorized Agent
Pratap N. [Signature]

Date Signed
6/17/94

NAME OF COMPOUND	LINE NUMBER	NAME OF SAMPLE POINT			
		E-7	E-8	LP-2	Leachate
		DNR SAMPLE POINT ID			
		TEST RESULTS (Unless noted otherwise, enter results in mg/l)			
General Monitoring Parameters					
Field Conductivity @25°C [µmho]	3 0 1	957	814	990	1078
Field pH [pH units]	3 0 2	7.4	7.7	8.0	7.9
Total Alkalinity (filtered)	3 0 3	340	350	440	5,000
Chloride	3 0 4	53	27	16	21
COD (filtered)	3 0 5	0	10	10	1,200
Iron, dissolved	3 0 6	1.0	0.08	0.81	3.9
Total Hardness (filtered)	3 0 7	390	400	180	140
Groundwater Elevation [ft. MSL]	3 0 8	983.26	982.85	954.37	N/A
Other					
BOD5		N/A	N/A	10	59
Arsenic		< 0.001	0.002	< 0.001	0.038
Barium		0.062	0.032	0.16	0.25
Cadmium		< 0.001	< 0.001	< 0.001	< 0.001
Chromium		0.002	0.002	0.003	0.057
Fluoride		0.08	0.07	1.44	0.34
Lead		0.001	0.005	< 0.001	0.007
Manganese		0.008	0.003	0.09	0.055
Mercury		< 0.0002	< 0.0002	< 0.0002	< 0.0002
Nitrate + Nitrite - N		1.49	2.27	0.41	0.43
TKN		1.01	2.8	1.96	655
Selenium		0.004	0.006	0.004	0.037
Silver		< 0.001	< 0.001	< 0.001	< 0.001
Zinc		0.08	0.17	0.068	0.05
Qualitative Field Parameters (x If present)					
Odor	1	No	No	Yes	Yes
Color	2	No	No	No	Brown
Turbidity	3	No	No	No	Yes
Reason Not Sampled (x If applies)					
Damaged	4				
Frozen	5				
Dry	6				

Comments:

Please complete and return this form as required by s. 144.435, Wis. Stats., and Chapter NR 508, Wis. Adm. Code. If you don't complete and return as required by your license, plan approval or order, you may be required to forfeit not less than \$10 nor more than \$5,000 for each day of violation, pursuant to s. 144.99, Wis. Stats.

Read instructions on back of the form before entering data.

Lab ID # 241178850

Monitoring For: Sanitary Transfer & Landfill, Delafield

Monitoring/License No. : 00719
Facility ID No. : 268149640

I hereby certify that to the best of my knowledge, the information and the statements made on this page and on all sequentially numbered pages following this page are true and correct.

Date Sample Taken

Signature of Principal Officer or Authorized Agent
DIVSLT

Date Signed
6/17/94

03 / 24 / 94
Month / Day / Year

page 1
of 1

NAME OF COMPOUND	LINE NUMBER	NAME OF SAMPLE POINT			
		LP-2	Leachate		
		DNR SAMPLE POINT ID			
		TEST RESULTS (Unless noted otherwise, enter results in mg/l)			
General Monitoring Parameters					
Field Conductivity @25°C [µmho]	3 0 1				
Field pH [pH units]	3 0 2				
Total Alkalinity (unfiltered)	3 3 0 3				
Chloride	3 3 0 4				
COD (unfiltered)	3 3 0 5				
Iron, total	3 3 0 6				
Total Hardness (unfiltered)	3 3 0 7				
Groundwater Elevation [ft. MSL]	3 0 8				
Other					
<u>Manganese, Total</u>		<u>0.24</u>	<u>0.098</u>		
<u>Suspended Solids, Total</u>		<u>43</u>	<u>26</u>		
Qualitative Field Parameters (x if present)					
Odor	1				
Color	2				
Turbidity	3				
Reason Not Sampled (x if applies)					
Damaged	4				
Frozen	5				
Dry	6				

Comments:

MONITORING FOR: Sanitary Transfer and Landfill, Delafield

LICENSE NO. 00719

REPORTING PERIOD

TO BE RETURNED BY:

DATE SAMPLE TAKEN: 03 / 24 / 94
Month Day Year

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)
K. Singh & Associates, Inc.
Raghu Singh & Eric deVerecia

ANALYTICAL METHOD USED:
 SW 846 METHOD 8240
 EPA WASTEWATER METHOD 624
 SW 846 METHODS 8010/8020
 EPA WASTEWATER METHODS 601/602
 OTHER SW 846 METHOD 8021

SAMPLE ANALYZED BY:
LAB ID NO.: 241178850
LAB NAME: Suburban
CITY/TOWN: Waukesha

I hereby certify that to the best of my knowledge, the information reported and the statements made on this page are true and correct.

SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT: Rudolf N. Smith
DATE SIGNED: 6/17/94

- INSTRUCTIONS:
- Please type or print clearly with ball point pen on a hard surface. This document has treated paper and will make all copies without carbon paper.
 - The license number or monitoring number and the facility name and address should normally be printed before you receive the document. Use the information from a previous document if any of the items are blank.
 - Enter the date on which the samples were taken.
 - Check which method was used to analyze the compounds on attached Form 4400-107A. If the method was different from those listed above, indicate under "OTHER" what method was used.
 - Enter the name of the company and person that collected the samples in the box near the top of this document.
 - Enter the ID number and name of the lab which analyzed the samples and the city or town in which the lab is located.
 - Sign and date this document.
 - Make comments pertaining to the sampling or sampling results used to obtain data on attached Form 4400-107A.
 - Remove the last copy of this form for your records.
 - Mail the original and the remaining copy of this form along with Form 4400-107A to the address listed in the upper right corner.
 - For additional information contact the Department of Natural Resources Office listed above.

Please complete and return this form as required by s. 144.435, Wis. Stats., and Chapter 180, Wis. Adm. Code. If you don't complete and return this form you may forfeit not less than \$10 nor more than \$5,000 for each day of violation, pursuant to s. 144.99, Wis. Stats.

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IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CALL:

NAME AND ADDRESS OF MONITORING CONTACT:

COMMENTS:

0 Toluene, xylenes, trichloroethene, benzene, 1,2-Dichloropropane, 1,4-Dichlorobenzene, and EDB were detected in selected wells. Out of these, toluene, xylenes, and 1,4-Dibromobenzene were noted below their PAL values.

0 EDB (2.5 ppb) in E-5 exceeds its ES (0.01 ppb)

0 Trichloroethene concentration (1.8 ppb) in E-3R exceeds its PAL (0.18 ppb). Its ES is 5 ppb.

0 1,2-Dichloropropane (6.4 ppb) in E-3R exceeds its ES limit (5.0 ppb). Benzene concentration in E-3R (3.7 ppb) ranges between its PAL (0.67) and ES (5.0).

0 Further monitoring will provide more information.

Please complete and return this form as required by s. 144.435, Wis. Stats., and Chapter NR 508, Wis. Adm. Code. If you don't complete and return this form as required by your license, plan approval or order, you may be required to forfeit not less than \$10 nor more than \$5,000 for each day of violation, pursuant to s. 144.99, Wis. Stats.

Read instructions on back of the form before entering data.

MONITORING FOR: *Sanitary Transfer and Landfill, Delafield*

LICENSE NO. *00719*

I hereby certify that to the best of my knowledge, the information and the statements made on this page and on all sequentially numbered pages following this page are true and correct.		DATE SAMPLE TAKEN	
SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT <i>PNSLJ</i>	DATE SIGNED <i>6/17/94</i>	<i>03</i> / <i>24</i> / <i>94</i> Month Day Year	

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NAME OF COMPOUND	LINE NUMBER	LEVEL OF DETECTION (in µg/l)	NAME OF SAMPLE POINT				
			SAMPLE POINT ID				
			E-2 BR	E-3 R	E-4	E-5	E-6
For GC and GC/MS Methods:			TEST RESULTS (ENTER RESULTS IN µg/l)				
Benzene	1 0 1	1.0	<1.0	3.7	<1.0	<1.0	<1.0
Bromodichloromethane	1 0 2	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Bromoform (Tribromomethane)	1 0 3	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Carbon tetrachloride	1 0 4	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Chlorobenzene	1 0 5	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Chloroethane	1 0 6	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
2-Chloroethyl vinyl ether	1 0 7						
Chloroform (Trichloromethane)	1 0 8	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Dibromochloromethane	1 0 9	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dichlorobenzene (o-)	1 1 0	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,3-Dichlorobenzene (m-)	1 1 1	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,4-Dichlorobenzene (p-)	1 1 2	1.0	<1.0	<1.0	3.5	<1.0	<1.0
1,1-Dichloroethane	1 1 3	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dichloroethane	1 1 4	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,1-Dichloroethylene	1 1 5	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
trans-1,2-Dichloroethylene	1 1 6	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Dichloromethane (Methylene chloride)	1 1 7	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dichloropropane	1 1 8	1.0	<1.0	6.4	<1.0	<1.0	<1.0
cis-1,3-Dichloropropene	1 1 9						
trans-1,3-Dichloropropene	1 2 0						
Ethylbenzene	1 2 1	1.0	<1.0	<1.0	<1.0	2.5	<1.0
1,1,2,2-Tetrachloroethane	1 2 2	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Tetrachloroethylene	1 2 3	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Toluene	1 2 4	1.0	<1.0	<1.0	2.0	10.9	<1.0
1,1,1-Trichloroethane	1 2 5	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,1,2-Trichloroethane	1 2 6	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Trichloroethylene	1 2 7	1.0	<1.0	1.8	<1.0	<1.0	<1.0
Trichlorofluoromethane	1 2 8	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Vinyl chloride	1 2 9	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Xylenes	1 3 0	1.0	<1.0	<1.0	<1.0	7.1	<1.0
For GC/MS Only: <i>Others</i>							
Acetone	1 3 1						
Bromomethane (Methyl bromide)	1 3 2						
Carbon disulfide	1 3 3						
Chloromethane (Methyl chloride)	1 3 4	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dibromoethane (EDB)	1 3 5	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dibromo-3-chloropropane (DBCP)	1 3 6						
Methylethylketone (MEK)	1 3 7						
Styrene	1 3 8						
Tetrahydrofuran	1 3 9						

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MONITORING FOR: *Sanitary Transfer and Landfill, Delafield*

LICENSE NO. *00719*

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SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT <i>pnsll</i>	DATE SIGNED <i>6/17/94</i>	<i>03 / 24 / 94</i> Month Day Year

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NAME OF COMPOUND	LINE NUMBER	LEVEL OF DETECTION (in µg/l)	NAME OF SAMPLE POINT				
			SAMPLE POINT ID				
			E-6B	E-7	E-8	LP-2	Leachate
For GC and GC/MS Methods:			TEST RESULTS (ENTER RESULTS IN µg/l)				
Benzene	1 0 1	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
Bromodichloromethane	1 0 2	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
Bromoform (Tribromomethane)	1 0 3	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
Carbon tetrachloride	1 0 4	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
Chlorobenzene	1 0 5	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
Chloroethane	1 0 6	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
2-Chloroethyl vinyl ether	1 0 7						
Chloroform (Trichloromethane)	1 0 8	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
Dibromochloromethane	1 0 9	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
1,2-Dichlorobenzene (o-)	1 1 0	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
1,3-Dichlorobenzene (m-)	1 1 1	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
1,4-Dichlorobenzene (p-)	1 1 2	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
1,1-Dichloroethane	1 1 3	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
1,2-Dichloroethane	1 1 4	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
1,1-Dichloroethylene	1 1 5	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
trans-1,2-Dichloroethylene	1 1 6	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
Dichloromethane (Methylene chloride)	1 1 7	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
1,2-Dichloropropane	1 1 8	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
cis-1,3-Dichloropropene	1 1 9						
trans-1,3-Dichloropropene	1 2 0						
Ethylbenzene	1 2 1	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
1,1,2,2-Tetrachloroethane	1 2 2	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
Tetrachloroethylene	1 2 3	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
Toluene	1 2 4	1.0	2.3	<1.0	<1.0	<1.0	11.3
1,1,1-Trichloroethane	1 2 5	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
1,1,2-Trichloroethane	1 2 6	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
Trichloroethylene	1 2 7	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
Trichlorofluoromethane	1 2 8	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
Vinyl chloride	1 2 9	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
Xylenes	1 3 0	1.0	7.6	<1.0	<1.0	<1.0	58.7
For GC/MS Only: <i>Others</i>							
Acetone	1 3 1						
Bromomethane (Methyl bromide)	1 3 2						
Carbon disulfide	1 3 3						
Chloromethane (Methyl chloride)	1 3 4	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
1,2-Dibromoethane (EDB)	1 3 5	1.0	<1.0	<1.0	<1.0	<1.0	<5.0
1,2-Dibromo-3-chloropropane (DBCP)	1 3 6						
Methylethylketone (MEK)	1 3 7						
Styrene	1 3 8						
Tetrahydrofuran	1 3 9						

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Read instructions on back of the form before entering data.

MONITORING FOR: *Sanitary Transfer and Landfill, Delafield*

LICENSE NO. *00719*

I hereby certify that to the best of my knowledge, the information and the statements made on this page and on all sequentially numbered pages following this page are true and correct.		DATE SAMPLE TAKEN <i>03 / 24 / 94</i> Month Day Year
SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT <i>PNB</i>	DATE SIGNED <i>6/17/94</i>	

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NAME OF COMPOUND	LINE NUMBER	LEVEL OF DETECTION (in µg/l)	NAME OF SAMPLE POINT			
			SAMPLE POINT ID			
			Field			
For GC and GC/MS Methods:			TEST RESULTS (ENTER RESULTS IN µg/l)			
Benzene	1 0 1	1.0	<1.0			
Bromodichloromethane	1 0 2	1.0	<1.0			
Bromoform (Tribromomethane)	1 0 3	1.0	<1.0			
Carbon tetrachloride	1 0 4	1.0	<1.0			
Chlorobenzene	1 0 5	1.0	<1.0			
Chloroethane	1 0 6	1.0	<1.0			
2-Chloroethyl vinyl ether	1 0 7					
Chloroform (Trichloromethane)	1 0 8	1.0	<1.0			
Dibromochloromethane	1 0 9	1.0	<1.0			
1,2-Dichlorobenzene (o-)	1 1 0	1.0	<1.0			
1,3-Dichlorobenzene (m-)	1 1 1	1.0	<1.0			
1,4-Dichlorobenzene (p-)	1 1 2	1.0	<1.0			
1,1-Dichloroethane	1 1 3	1.0	<1.0			
1,2-Dichloroethane	1 1 4	1.0	<1.0			
1,1-Dichloroethylene	1 1 5	1.0	<1.0			
trans-1,2-Dichloroethylene	1 1 6	1.0	<1.0			
Dichloromethane (Methylene chloride)	1 1 7	1.0	<1.0			
1,2-Dichloropropane	1 1 8	1.0	<1.0			
cis-1,3-Dichloropropene	1 1 9					
trans-1, 3-Dichloropropene	1 2 0					
Ethylbenzene	1 2 1	1.0	<1.0			
1, 1, 2, 2-Tetrachloroethane	1 2 2	1.0	<1.0			
Tetrachlorosthyiene	1 2 3	1.0	<1.0			
Toluene	1 2 4	1.0	<1.0			
1, 1, 1-Trichloroethane	1 2 5	1.0	<1.0			
1, 1, 2-Trichloroethane	1 2 6	1.0	<1.0			
Trichloroethylene	1 2 7	1.0	<1.0			
Trichlorofluoromethane	1 2 8	1.0	<1.0			
Vinyl chloride	1 2 9	1.0	<1.0			
Xylenes	1 3 0	1.0	<1.0			
For GC/MS Only:						
Acetone	1 3 1					
Bromomethane (Methyl bromide)	1 3 2					
Carbon disulfide	1 3 3					
Chloromethane (Methyl chloride)	1 3 4	1.0	<1.0			
1,2-Dibromoethane (EDB)	1 3 5	1.0	<1.0			
1,2-Dibromo-3-chloropropane (DBCP)	1 3 6					
Methylethylketone (MEK)	1 3 7					
Styrene	1 3 8					
Tetrahydrofuran	1 3 9					

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Read instructions on back of the form before entering data.

Lab ID # 241178850

Monitoring For: Sanitary Transfer and Landfill, Delafield Monitoring/License No. : 00719
Facility ID No. : 268149640

I hereby certify that to the best of my knowledge, the information and the statements made on this page and on all sequentially numbered pages following this page are true and correct.

Date Sample Taken

Signature of Principal Officer or Authorized Agent

Date Signed

03/31/94
Month / Day / Year

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NAME OF COMPOUND	LINE NUMBER	NAME OF SAMPLE POINT					
		PW-4	PW-11	PW-13	PW-21	PW-92	PW-94
		DNR SAMPLE POINT ID					
		TEST RESULTS (Unless noted otherwise, enter results in mg/l)					
General Monitoring Parameters							
Field Conductivity @25°C [µmho]	3 0 1	803	781	627	858	1089	924
Field pH [pH units]	3 0 2	7.2	7.1	7.1	7.4	7.2	7.1
Total Alkalinity (unfiltered)	3 3 0 3	361	296	306	306	372	465
Chloride	3 0 4	31	76	2	44	250	81
COD (unfiltered)	3 3 0 5	<1	<1	<1	4	9	3
Iron, total	3 3 0 6	0.17	<0.10	<0.10	0.10	<0.10	0.60
Total Hardness (unfiltered)	3 3 0 7	415	345	285	360	556	565
Groundwater Elevation [ft. MSL]	3 0 8	N/A	N/A	N/A	N/A	N/A	N/A
Other							
Arsenic		0.004	0.002	0.004	0.002	0.003	0.002
Barium		0.054	0.044	0.041	0.054	0.10	0.082
Cadmium		<0.001	<0.001	<0.001	<0.001	<0.001	<0.001
Chromium		0.001	<0.001	<0.001	<0.001	<0.001	0.002
Fluoride		0.10	0.11	0.86	0.48	0.13	0.11
Lead		0.66	0.005	0.002	0.002	0.014	0.003
Manganese		0.04	<0.01	<0.01	0.02	<0.01	0.07
Mercury		<0.0002	<0.0002	<0.0002	<0.0002	<0.0002	<0.0002
Nitrate + Nitrite N		0.84	3.64	0.225	0.29	0.985	0.265
TKN		0.11	<0.1	0.28	0.11	<0.1	<0.1
Selenium		<0.001	<0.001	0.002	0.005	0.005	<0.001
Silver		<0.001	<0.001	<0.001	<0.001	<0.001	<0.001
Zinc		0.20	0.04	0.07	0.32	0.20	0.88
Qualitative Field Parameters (x If present)							
Odor	1	No	No	No	No	No	No
Color	2	No	No	No	No	No	No
Turbidity	3	No	No	No	No	No	No
Reason Not Sampled (x If applies)							
Damaged	4						
Frozen	5						
Dry	6						

Comments: Concentration of fluoride, manganese, nitrite + nitrate nitrogen, and iron exceed its PAL in selected monitoring wells. However, concentration of manganese in PW-96 (0.38 mg/l) exceeds its ESC (0.05) as set forth in NR 110. Further monitoring will provide more information.

Please complete and return this form as required by s. 144.435, Wis. Stats., and Chapter NR 508, Wis. Adm. Code. If you don't complete and return as required by your license, plan approval or order, you may be required to forfeit not less than \$10 nor more than \$5,000 for each day of violation, pursuant to s. 144.99, Wis. Stats.

Read instructions on back of the form before entering data.

Lab ID # _____

Monitoring For: Sanitary Transfer Landfill, Delafield

Monitoring/License No. : 00719
Facility ID No. : 268149640

I hereby certify that to the best of my knowledge, the information and the statements made on this page and on all sequentially numbered pages following this page are true and correct.

Date Sample Taken

Signature of Principal Officer or Authorized Agent
PNS11

Date Signed
6/11/94

03/31/94
Month / Day / Year

page 2
of 2

NAME OF COMPOUND	LINE NUMBER	NAME OF SAMPLE POINT					
		DNR SAMPLE POINT ID					
		PW-96					
		TEST RESULTS (Unless noted otherwise, enter results in mg/l)					
General Monitoring Parameters							
Field Conductivity @25°C [µmho]	3 0 1	1727					
Field pH [pH units]	3 0 2	7.3					
Total Alkalinity (unfiltered)	3 3 0 3	456					
Chloride	3 3 0 4	242					
COD (unfiltered)	3 3 0 5	4					
Iron, total	3 3 0 6	<0.10					
Total Hardness (unfiltered)	3 3 0 7	580					
Groundwater Elevation [ft. MSL]	3 0 8						
Other							
Arsenic		0.002					
Barium		0.10					
Cadmium		<0.001					
Chromium		<0.001					
Fluoride		0.11					
Lead		0.004					
Manganese		0.38					
Mercury		<0.0002					
Nitrate + Nitrite - N		0.048					
TKN		<0.01					
Selenium		<0.001					
Silver		<0.001					
Zinc		0.02					
Qualitative Field Parameters (x If present)							
Odor		1	No				
Color		2	No				
Turbidity		3	No				
Reason Not Sampled (x If applies)							
Damaged		4					
Frozen		5					
Dry		6					

Comments:

MONITORING FOR: *Sanitary Transfer and Landfill, Delafield*

LICENSE NO. *00719*

REPORTING PERIOD

TO BE RETURNED BY:

DATE SAMPLE TAKEN: *03 / 31 / 94*
Month Day Year

ANALYTICAL METHOD USED:

SW 846 METHOD 8240

EPA WASTEWATER METHOD 624

SW 846 METHODS 8010/8020

EPA WASTEWATER METHODS 601/602

OTHER *SW 846 METHOD 8021*

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

K. Singh & Associates, Inc.
Raghu Singh

SAMPLE ANALYZED BY:

LAB ID NO.: *241178850*

LAB NAME: *Suburban*

CITY/TOWN: *Waukesha*

I hereby certify that to the best of my knowledge, the information reported and the statements made on this page are true and correct.

SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT <i>Philip N. Pugh</i>	DATE SIGNED <i>6/17/94</i>
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1. Please type or print clearly with ball point pen on a hard surface. This document has treated paper and will make all copies without carbon paper.
 2. The license number or monitoring number and the facility name and address should normally be printed before you receive the document. Use the information from a previous document if any of the items are blank.
 3. Enter the date on which the samples were taken.
 4. Check which method was used to analyze the compounds on attached Form 4400-107A. If the method was different from those listed above, indicate under "OTHER" what method was used.
 5. Enter the name of the company and person that collected the samples in the box near the top of this document.
 6. Enter the ID number and name of the lab which analyzed the samples and the city or town in which the lab is located.
 7. Sign and date this document.
 8. Make comments pertaining to the sampling or sampling results used to obtain data on attached Form 4400-107A.
 9. Remove the last copy of this form for your records.
 10. Mail the original and the remaining copy of this form along with Form 4400-107A to the address listed in the upper right corner.
 11. For additional information contact the Department of Natural Resources Office listed above.

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RETAIN BOTTOM COPY - RETURN REMAINING COPIES TO:

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IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CALL:

NAME AND ADDRESS OF MONITORING CONTACT:

COMMENTS:

Volatile organic compounds
were not detected in any wells.

Please complete and return this form as required by s. 144.435, Wis. Stats., and Chapter NR 508, Wis. Adm. Code. If you don't complete and return this form as required by your license, plan approval or order, you may be required to forfeit not less than \$10 nor more than \$5,000 for each day of violation, pursuant to s. 144.99, Wis. Stats.

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MONITORING FOR: *Sanitary Transfer and Landfill, Delafield*

LICENSE NO. *00719*

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SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT <i>PNS:jt</i>	DATE SIGNED <i>6/17/94</i>	

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NAME OF COMPOUND	LINE NUMBER	LEVEL OF DETECTION (in µg/l)	NAME OF SAMPLE POINT				
			SAMPLE POINT ID				
			PW-4	PW-11	PW-13	PW-21	PW-92
For GC and GC/MS Methods:			TEST RESULTS (ENTER RESULTS IN µg/l)				
Benzene	1 0 1	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Bromodichloromethane	1 0 2	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Bromoform (Tribromomethane)	1 0 3	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Carbon tetrachloride	1 0 4	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Chlorobenzene	1 0 5	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Chloroethane	1 0 6	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
2-Chloroethyl vinyl ether	1 0 7						
Chloroform (Trichloromethane)	1 0 8	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Dibromochloromethane	1 0 9	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dichlorobenzene (o-)	1 1 0	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,3-Dichlorobenzene (m-)	1 1 1	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,4-Dichlorobenzene (p-)	1 1 2	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,1-Dichloroethane	1 1 3	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dichloroethane	1 1 4	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,1-Dichloroethylene	1 1 5	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
trans-1,2-Dichloroethylene	1 1 6	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Dichloromethane (Methylene chloride)	1 1 7	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dichloropropane	1 1 8	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
cis-1,3-Dichloropropene	1 1 9						
trans-1,3-Dichloropropene	1 2 0						
Ethylbenzene	1 2 1	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,1,2,2-Tetrachloroethane	1 2 2	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Tetrachloroethylene	1 2 3	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Toluene	1 2 4	1.0	<1.0	<1.0	2.4	2.3	<1.0
1,1,1-Trichloroethane	1 2 5	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,1,2-Trichloroethane	1 2 6	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Trichloroethylene	1 2 7	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Trichlorofluoromethane	1 2 8	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Vinyl chloride	1 2 9	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Xylenes	1 3 0	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
For GC/MS Only: <i>Others</i>							
Acetone	1 3 1						
Bromomethane (Methyl bromide)	1 3 2						
Carbon disulfide	1 3 3						
Chloromethane (Methyl chloride)	1 3 4	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dibromoethane (EDB)	1 3 5	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dibromo-3-chloropropane (DBCP)	1 3 6						
Methylethylketone (MEK)	1 3 7						
Styrene	1 3 8						
Tetrahydrofuran	1 3 9						

Please complete and return this form as required by s. 144.435, Wis. Stats., and Chapter NR 508, Wis. Adm. Code. If you don't complete and return this form as required by your license, plan approval or order, you may be required to forfeit not less than \$10 nor more than \$5,000 for each day of violation, pursuant to s. 144.99, Wis. Stats.

Read instructions on back of the form before entering data.

MONITORING FOR: *Sanitary Transfer and Landfill, Delafield*

LICENSE NO. *00719*

I hereby certify that to the best of my knowledge, the information and the statements made on this page and on all sequentially numbered pages following this page are true and correct.		DATE SAMPLE TAKEN
SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT <i>PNSH</i>	DATE SIGNED <i>6/17/94</i>	<i>03 / 31 / 94</i> Month Day Year

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NAME OF COMPOUND	LINE NUMBER	LEVEL OF DETECTION (in µg/l)	NAME OF SAMPLE POINT			
			SAMPLE POINT ID			
			PW-94	PW-96		
For GC and GC/MS Methods:			TEST RESULTS (ENTER RESULTS IN µg/l)			
Benzene	1 0 1	1.0	< 1.0	< 1.0		
Bromodichloromethane	1 0 2	1.0	< 1.0	< 1.0		
Bromoform (Tribromomethane)	1 0 3	1.0	< 1.0	< 1.0		
Carbon tetrachloride	1 0 4	1.0	< 1.0	< 1.0		
Chlorobenzene	1 0 5	1.0	< 1.0	< 1.0		
Chloroethane	1 0 6	1.0	< 1.0	< 1.0		
2-Chloroethyl vinyl ether	1 0 7					
Chloroform (Trichloromethane)	1 0 8	1.0	< 1.0	< 1.0		
Dibromochloromethane	1 0 9	1.0	< 1.0	< 1.0		
1,2-Dichlorobenzene (o-)	1 1 0	1.0	< 1.0	< 1.0		
1,3-Dichlorobenzene (m-)	1 1 1	1.0	< 1.0	< 1.0		
1,4-Dichlorobenzene (p-)	1 1 2	1.0	< 1.0	< 1.0		
1,1-Dichloroethane	1 1 3	1.0	< 1.0	< 1.0		
1,2-Dichloroethane	1 1 4	1.0	< 1.0	< 1.0		
1,1-Dichloroethylene	1 1 5	1.0	< 1.0	< 1.0		
trans-1,2-Dichloroethylene	1 1 6	1.0	< 1.0	< 1.0		
Dichloromethane (Methylene chloride)	1 1 7	1.0	< 1.0	< 1.0		
1,2-Dichloropropane	1 1 8	1.0	< 1.0	< 1.0		
cis-1,3-Dichloropropene	1 1 9					
trans-1,3-Dichloropropene	1 2 0					
Ethylbenzene	1 2 1	1.0	< 1.0	< 1.0		
1,1,2,2-Tetrachloroethane	1 2 2	1.0	< 1.0	< 1.0		
Tetrachloroethylene	1 2 3	1.0	< 1.0	< 1.0		
Toluene	1 2 4	1.0	< 1.0	2.1		
1,1,1-Trichloroethane	1 2 5	1.0	< 1.0	< 1.0		
1,1,2-Trichloroethane	1 2 6	1.0	< 1.0	< 1.0		
Trichloroethylene	1 2 7	1.0	< 1.0	< 1.0		
Trichlorofluoromethane	1 2 8	1.0	< 1.0	< 1.0		
Vinyl chloride	1 2 9	1.0	< 1.0	< 1.0		
Xylenes	1 3 0	1.0	< 1.0	< 1.0		
For GC/MS Only:						
Acetone	1 3 1					
Bromomethane (Methyl bromide)	1 3 2					
Carbon disulfide	1 3 3					
Chloromethane (Methyl chloride)	1 3 4	1.0	< 1.0	< 1.0		
1,2-Dibromoethane (EDB)	1 3 5	1.0	< 1.0	< 1.0		
1,2-Dibromo-3-chloropropane (DBCP)	1 3 6					
Methylethylketone (MEK)	1 3 7					
Styrene	1 3 8					
Tetrahydrofuran	1 3 9					

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Read instructions on back of the form before entering data.

Lab ID # 241178850

Monitoring For: Sanitary Transfer and Landfill, Delafield Monitoring/License No. : 00719
Facility ID No. : 268149640

I hereby certify that to the best of my knowledge, the information and the statements made on this page and on all sequentially numbered pages following this page are true and correct.

Date Sample Taken

Signature of Principal Officer or Authorized Agent

Date Signed

04 / 28 / 94
Month / Day / Year

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NAME OF COMPOUND	LINE NUMBER	NAME OF SAMPLE POINT					
		PW-14	PW-15	PW-16	PW-17	PW-54	PW-55
		DNR SAMPLE POINT ID					
		TEST RESULTS (Unless noted otherwise, enter results in mg/l)					
General Monitoring Parameters							
Field Conductivity @25°C [µmho]	3 0 1	1001	902	979	1100	1034	1034
Field pH [pH units]	3 0 2	7.4	7.5	7.6	7.7	7.9	8.1
Total Alkalinity (unfiltered)	3 3 0 3	318	296	302	404	350	293
Chloride	3 0 4	17	10	27	24	34	32
COD (unfiltered)	3 3 0 5	<1.0	1.0	<1.0	<1.0	<1.0	<1.0
Iron, total	3 3 0 6	<0.10	<0.10	<0.10	0.31	0.58	0.11
Total Hardness (unfiltered)	3 3 0 7	310	360	350	440	290	<210
Groundwater Elevation [ft. MSL]	3 0 8	N/A	N/A	N/A	N/A	N/A	N/A
Other							
Arsenic		<0.001	0.003	<0.001	0.008	0.002	0.003
Barium		0.041	0.087	0.17	0.14	0.054	<0.02
Cadmium		<0.001	<0.001	<0.001	<0.001	<0.001	<0.001
Chromium		<0.001	<0.001	<0.001	0.001	0.002	<0.001
Fluoride		0.75	0.16	0.17	0.16	1.16	0.28
Lead		0.003	0.003	<0.001	0.004	0.005	<0.001
Manganese		0.022	0.003	0.024	0.009	0.01	<0.001
Mercury		<0.0002	<0.0002	<0.0002	<0.0002	<0.0002	<0.0002
Nitrate + Nitrite - N		0.583	0.509	0.222	0.167	0.058	1.59
TKN		0.95	0.45	0.56	0.95	0.78	0.78
Selenium		0.004	<0.001	0.002	0.002	0.005	0.002
Silver		0.002	0.002	0.001	0.002	0.002	<0.001
Zinc		0.23	0.80	0.01	0.43	0.76	<0.01
Qualitative Field Parameters (x If present)							
Odor	1	No	No	No	No	No	No
Color	2	No	No	No	No	No	No
Turbidity	3	No	No	No	No	No	No
Reason Not Sampled (x If applies)							
Damaged	4						
Frozen	5						
Dry	6						

Comments: Concentration of chromium, fluoride, lead, manganese, nitrate + nitrite nitrogen selenium chloride and iron exceed its PAL in selected monitoring wells. Concentration of manganese exceeds its ESC (0.05 mg/l) in PW-95 (0.26 ppm), PW-97 (0.57 ppm), and PW-99 (0.818 ppm). Concentration of iron exceeds its ESC (0.30 ppm) in PW-17 (0.31 ppm), PW-54 (0.58 ppm), PW-95 (0.37 ppm), and PW-99 (2.9 ppm). Further groundwater monitoring will provide more information.

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Read instructions on back of the form before entering data.

Lab ID # 241178850

Monitoring For: Sanitary Transfer and Landfill, Delafield

Monitoring/License No. : 00719
Facility ID No. : 268149640

I hereby certify that to the best of my knowledge, the information and the statements made on this page and on all sequentially numbered pages following this page are true and correct.

Date Sample Taken

Signature of Principal Officer or Authorized Agent

Date Signed

04/28/94
Month / Day / Year

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NAME OF COMPOUND	LJNE NUMBER	NAME OF SAMPLE POINT					
		PW-95	PW-97	PW-99	PW-100	PW-101	PW-102
		DNR SAMPLE POINT ID					
		TEST RESULTS (Unless noted otherwise, enter results in mg/l)					
General Monitoring Parameters							
Field Conductivity @25°C [µmho]	3 0 1	1122	1892	1870	1595	1485	1353
Field pH [pH units]	3 0 2	7.2	7.0	7.4	7.8	8.1	
Total Alkalinity (unfiltered)	3 3 0 3	496	522	580	449	408	338
Chloride	3 3 0 4	34	154	167	134	97	53
COD (unfiltered)	3 3 0 5	<1.0	14	23	7	5	3
Iron, total	3 3 0 6	0.37	0.19	2.9	0.25	0.19	0.18
Total Hardness (unfiltered)	3 3 0 7	550	570	600	530	<2.0	330
Groundwater Elevation [ft. MSL]	3 0 8	N/A	N/A	N/A	N/A	N/A	N/A
Other							
Arsenic		0.004	<0.001	<0.001	<0.001	0.003	0.003
Barium		0.067	0.15	0.17	0.16	<0.02	0.058
Cadmium		<0.001	<0.001	<0.001	<0.001	<0.001	<0.001
Chromium		0.002	<0.001	0.009	0.002	<0.001	0.001
Fluoride		0.10	0.12	0.11	0.12	0.10	0.83
Lead		0.004	0.004	0.011	0.001	<0.001	0.002
Manganese		0.26	0.572	0.818	0.034	0.023	0.012
Mercury		<0.0002	<0.0002	<0.0002	<0.0002	<0.0002	<0.0002
Nitrate + Nitrite - N		0.758	0.238	0.091	1.54	3.65	0.495
TEN		0.90	10.2	11.0	0.73	0.73	0.56
Selenium		0.002	<0.001	0.005	0.005	0.003	0.004
Silver		<0.001	<0.001	<0.001	<0.001	<0.001	<0.001
Zinc		0.10	0.02	0.24	0.02	<0.01	0.02
Qualitative Field Parameters (x if present)							
Odor	1	No	No	No	No	No	ye
Color	2	No	No	No	No	No	No
Turbidity	3	No	No	No	No	No	No
Reason Not Sampled (x if applies)							
Damaged	4						
Frozen	5						
Dry	6						

Comments:

MONITORING FOR: Sanitary Transfer and Landfill, Delafield

LICENSE NO. 00719

REPORTING PERIOD

TO BE RETURNED BY:

DATE SAMPLE TAKEN: 04 / 28 / 94
Month Day Year

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON) <u>K. Singh & Associates, Inc.</u> <u>Raghu Singh</u>
SAMPLE ANALYZED BY: LAB ID NO.: <u>241178850</u> LAB NAME: <u>Suburban</u> CITY/TOWN: <u>Waukesha</u>

ANALYTICAL METHOD USED: <input type="checkbox"/> SW 846 METHOD 8240 <input type="checkbox"/> EPA WASTEWATER METHOD 624 <input type="checkbox"/> SW 846 METHODS 8010/8020 <input type="checkbox"/> EPA WASTEWATER METHODS 601/602 <input checked="" type="checkbox"/> OTHER SW 846 METHOD <u>8021</u>

RETAIN BOTTOM COPY - RETURN REMAINING COPIES TO:

PAGE

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CALL:

NAME AND ADDRESS OF MONITORING CONTACT:

I hereby certify that to the best of my knowledge, the information reported and the statements made on this page are true and correct.	
SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT <u>PNSH Singh</u>	DATE SIGNED <u>6/17/94</u>

- INSTRUCTIONS:
1. Please type or print clearly with ball point pen on a hard surface. This document has treated paper and will make all copies without carbon paper.
 2. The license number or monitoring number and the facility name and address should normally be printed before you receive the document. Use the information from a previous document if any of the items are blank.
 3. Enter the date on which the samples were taken.
 4. Check which method was used to analyze the compounds on attached Form 4400-107A. If the method was different from those listed above, indicate under "OTHER" what method was used.
 5. Enter the name of the company and person that collected the samples in the box near the top of this document.
 6. Enter the ID number and name of the lab which analyzed the samples and the city or town in which the lab is located.
 7. Sign and date this document.
 8. Make comments pertaining to the sampling or sampling results used to obtain data on attached Form 4400-107A.
 9. Remove the last copy of this form for your records.
 10. Mail the original and the remaining copy of this form along with Form 4400-107A to the address listed in the upper right corner.
 11. For additional information contact the Department of Natural Resources Office listed above.

COMMENTS:

Volatile organic compounds
were not detected any wells

Please complete and return this form as required by s. 144.435, Wis. Stats., and Chapter NR 508, Wis. Adm. Code. If you don't complete and return this form as required by your license, plan approval or order, you may be required to forfeit not less than \$10 nor more than \$5,000 for each day of violation, pursuant to s. 144.99, Wis. Stats.

Read instructions on back of the form before entering data.

MONITORING FOR: *Sanitary Transfer and Landfill, Delafield* LICENSE NO. *00719*

I hereby certify that to the best of my knowledge, the information and the statements made on this page and on all sequentially numbered pages following this page are true and correct.		DATE SAMPLE TAKEN <i>04 / 28 / 94</i> Month Day Year
SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT <i>Rodolph N. Brun</i>	DATE SIGNED <i>6/17/94</i>	

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NAME OF COMPOUND	LINE NUMBER	LEVEL OF DETECTION (in µg/l)	NAME OF SAMPLE POINT				
			SAMPLE POINT ID				
			PW-14	PW-15	PW-16	PW-17	PW-54
For GC and GC/MS Methods:			TEST RESULTS (ENTER RESULTS IN µg/l)				
Benzene	1 0 1	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Bromodichloromethane	1 0 2	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Bromoform (Tribromomethane)	1 0 3	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Carbon tetrachloride	1 0 4	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Chlorobenzene	1 0 5	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Chloroethane	1 0 6	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
2-Chloroethyl vinyl ether	1 0 7						
Chloroform (Trichloromethane)	1 0 8	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Dibromochloromethane	1 0 9	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dichlorobenzene (o-)	1 1 0	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,3-Dichlorobenzene (m-)	1 1 1	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,4-Dichlorobenzene (p-)	1 1 2	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,1-Dichloroethane	1 1 3	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dichloroethane	1 1 4	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,1-Dichloroethylene	1 1 5	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
trans-1,2-Dichloroethylene	1 1 6	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Dichloromethane (Methylene chloride)	1 1 7	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dichloropropane	1 1 8	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
cis-1,3-Dichloropropene	1 1 9						
trans-1,3-Dichloropropene	1 2 0						
Ethylbenzene	1 2 1	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,1,2,2-Tetrachloroethane	1 2 2	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Tetrachloroethylene	1 2 3	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Toluene	1 2 4	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,1,1-Trichloroethane	1 2 5	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,1,2-Trichloroethane	1 2 6	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Trichloroethylene	1 2 7	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Trichlorofluoromethane	1 2 8	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Vinyl chloride	1 2 9	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Xylenes	1 3 0	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
For GC/MS Only:							
Acetone	1 3 1						
Bromomethane (Methyl bromide)	1 3 2						
Carbon disulfide	1 3 3						
Chloromethane (Methyl chloride)	1 3 4	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dibromoethane (EDB)	1 3 5	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dibromo-3-chloropropane (DBCP)	1 3 6						
Methylethylketone (MEK)	1 3 7						
Styrene	1 3 8						
Tetrahydrofuran	1 3 9						

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Read instructions on back of the form before entering data.

MONITORING FOR: *Sanitary Transfer and Landfill, Delafield*

LICENSE NO. *00719*

I hereby certify that to the best of my knowledge, the information and the statements made on this page and on all sequentially numbered pages following this page are true and correct.		DATE SAMPLE TAKEN
SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT <i>PMSH</i>	DATE SIGNED <i>6/17/94</i>	<i>04 / 28 / 94</i> Month Day Year

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NAME OF COMPOUND	LINE NUMBER	LEVEL OF DETECTION (in µg/l)	NAME OF SAMPLE POINT				
			SAMPLE POINT ID				
			PW-55	PW-95	PW-97	PW-99	PW-100
For GC and GC/MS Methods:			TEST RESULTS (ENTER RESULTS IN µg/l)				
Benzene	1 0 1	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Bromodichloromethane	1 0 2	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Bromoform (Tribromomethane)	1 0 3	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Carbon tetrachloride	1 0 4	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Chlorobenzene	1 0 5	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Chloroethane	1 0 6	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
2-Chloroethyl vinyl ether	1 0 7						
Chloroform (Trichloromethane)	1 0 8	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Dibromochloromethane	1 0 9	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dichlorobenzene (o-)	1 1 0	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,3-Dichlorobenzene (m-)	1 1 1	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,4-Dichlorobenzene (p-)	1 1 2	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,1-Dichloroethane	1 1 3	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dichloroethane	1 1 4	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,1-Dichloroethylene	1 1 5	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
trans-1,2-Dichloroethylene	1 1 6	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Dichloromethane (Methylene chloride)	1 1 7	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dichloropropane	1 1 8	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
cis-1,3-Dichloropropene	1 1 9						
trans-1,3-Dichloropropene	1 2 0						
Ethylbenzene	1 2 1	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,1,2,2-Tetrachloroethane	1 2 2	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Tetrachloroethylene	1 2 3	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Toluene	1 2 4	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,1,1-Trichloroethane	1 2 5	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,1,2-Trichloroethane	1 2 6	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Trichloroethylene	1 2 7	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Trichlorofluoromethane	1 2 8	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Vinyl chloride	1 2 9	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
Xylenes	1 3 0	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
For GC/MS Only:							
Acetone	1 3 1						
Bromomethane (Methyl bromide)	1 3 2						
Carbon disulfide	1 3 3						
Chloromethane (Methyl chloride)	1 3 4	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dibromoethane (EDB)	1 3 5	1.0	<1.0	<1.0	<1.0	<1.0	<1.0
1,2-Dibromo-3-chloropropane (DBCP)	1 3 6						
Methylethylketone (MEK)	1 3 7						
Styrene	1 3 8						
Tetrahydrofuran	1 3 9						

Please complete and return this form as required by s. 144.435, Wis. Stats., and Chapter NR 508, Wis. Adm. Code. If you don't complete and return this form as required by your license, plan approval or order, you may be required to forfeit not less than \$10 nor more than \$5,000 for each day of violation, pursuant to s. 144.99, Wis. Stats.

Read instructions on back of the form before entering data.

MONITORING FOR: *Sanitary Transfer and Landfill, Delafield*

LICENSE NO. *00719*

I hereby certify that to the best of my knowledge, the information and the statements made on this page and on all sequentially numbered pages following this page are true and correct.		DATE SAMPLE TAKEN
SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT <i>PNUSL</i>	DATE SIGNED <i>6/17/94</i>	<i>04 / 28 / 94</i> Month Day Year

page
3
of
3

NAME OF COMPOUND	LINE NUMBER	LEVEL OF DETECTION (in µg/l)	NAME OF SAMPLE POINT			
			SAMPLE POINT ID			
			PW-101	PW-102		
For GC and GC/MS Methods:			TEST RESULTS (ENTER RESULTS IN µg/l)			
Benzene	1 0 1	1.0	<1.0	<1.0		
Bromodichloromethane	1 0 2	1.0	<1.0	<1.0		
Bromoform (Tribromomethane)	1 0 3	1.0	<1.0	<1.0		
Carbon tetrachloride	1 0 4	1.0	<1.0	<1.0		
Chlorobenzene	1 0 5	1.0	<1.0	<1.0		
Chloroethane	1 0 6	1.0	<1.0	<1.0		
2-Chloroethyl vinyl ether	1 0 7					
Chloroform (Trichloromethane)	1 0 8	1.0	<1.0	<1.0		
Dibromochloromethane	1 0 9	1.0	<1.0	<1.0		
1,2-Dichlorobenzene (o-)	1 1 0	1.0	<1.0	<1.0		
1,3-Dichlorobenzene (m-)	1 1 1	1.0	<1.0	<1.0		
1,4-Dichlorobenzene (p-)	1 1 2	1.0	<1.0	<1.0		
1,1-Dichloroethane	1 1 3	1.0	<1.0	<1.0		
1,2-Dichloroethane	1 1 4	1.0	<1.0	<1.0		
1,1-Dichloroethylene	1 1 5	1.0	<1.0	<1.0		
trans-1,2-Dichloroethylene	1 1 6	1.0	<1.0	<1.0		
Dichloromethane (Methylene chloride)	1 1 7	1.0	<1.0	<1.0		
1,2-Dichloropropane	1 1 8	1.0	<1.0	<1.0		
cis-1,3-Dichloropropene	1 1 9					
trans-1, 3-Dichloropropene	1 2 0					
Ethylbenzene	1 2 1	1.0	<1.0	<1.0		
1, 1, 2, 2-Tetrachloroethane	1 2 2	1.0	<1.0	<1.0		
Tetrachloroethylene	1 2 3	1.0	<1.0	<1.0		
Toluene	1 2 4	1.0	<1.0	<1.0		
1, 1, 1-Trichloroethane	1 2 5	1.0	<1.0	<1.0		
1, 1, 2-Trichloroethane	1 2 6	1.0	<1.0	<1.0		
Trichloroethylene	1 2 7	1.0	<1.0	<1.0		
Trichlorofluoromethane	1 2 8	1.0	<1.0	<1.0		
Vinyl chloride	1 2 9	1.0	<1.0	<1.0		
Xylenes	1 3 0	1.0	<1.0	<1.0		
For GC/MS Only:						
Acetone	1 3 1					
Bromomethane (Methyl bromide)	1 3 2					
Carbon disulfide	1 3 3					
Chloromethane (Methyl chloride)	1 3 4	1.0	<1.0	<1.0		
1,2-Dibromoethane (EDB)	1 3 5	1.0	<1.0	<1.0		
1,2-Dibromo-3-chloropropane (DBCP)	1 3 6					
Methylethylketone (MEK)	1 3 7					
Styrene	1 3 8					
Tetrahydrofuran	1 3 9					