

MONITORING FOR
 FOR THE MONTH OF
 TO BE RETURNED BY:

CTY. SToughton
 FACILITY NO. 00133
 MARCH
 MAY 31, 1983

DATE SAMPLE TAKEN:

5/15/83

COMMENTS:

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT: *Charles Anderson* DATE SIGNED: *June 1, 1983*

RETAIN BOTTOM COPY - RETURN REMAINING COPIES TO:

SOIL TO WASTE SPECIALIST
 DNR MADISON AREA OFFICE
 ROUTE 4
 MADISON WI 53711

PAG
 11
 00000
 00000

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CALL:
 (608) 266-5529

NAME AND ADDRESS OF MONITORING CONTACT

12-13-00133
 CHAS ANDERSON CONSULT ENG
 910 W WINGRA DR
 MADISON WI 53715

00184

INSTRUCTIONS ON BACK

102 SAMPLE POINT SR-2				
00307	CHLORIDE	58	MG/L	
00340	COD, HI LEVEL	107	MG/L	CHECK BOX
00400	PH (FIELD)	6.86	SU	IF SAMPLE
00410	ALKALINITY, TOT	397	MG/L	HAS:
00842	GRD WATER ELEV	849.4	FEET,MSL	
00872	COND(FIELD) @25C	847	MICROMHO	<input type="checkbox"/> ODOR
00900	TOT HARD, CaCO3	401	MG/L	<input type="checkbox"/> COLOR
01046	IRON, DISS	0.82	MG/L	<input type="checkbox"/> TURBIDITY

108 SAMPLE POINT SR-11				
00307	CHLORIDE	4	MG/L	
00340	COD, HI LEVEL	63	MG/L	CHECK BOX
00400	PH (FIELD)	7.14	SU	IF SAMPLE
00410	ALKALINITY, TOT	1116	MG/L	HAS:
00842	GRD WATER ELEV	844.1	FEET,MSL	
00872	COND(FIELD) @25C	1727	MICROMHO	<input type="checkbox"/> ODOR
00900	TOT HARD, CaCO3	922	MG/L	<input type="checkbox"/> COLOR
01046	IRON, DISS	2.50	MG/L	<input type="checkbox"/> TURBIDITY

103 SAMPLE POINT SR-3				
00307	CHLORIDE	54	MG/L	
00340	COD, HI LEVEL	30	MG/L	CHECK BOX
00400	PH (FIELD)	6.83	SU	IF SAMPLE
00410	ALKALINITY, TOT	308	MG/L	HAS:
00842	GRD WATER ELEV	849.1	FEET,MSL	
00872	COND(FIELD) @25C	693	MICROMHO	<input type="checkbox"/> ODOR
00900	TOT HARD, CaCO3	362	MG/L	<input type="checkbox"/> COLOR
01046	IRON, DISS	0.82	MG/L	<input type="checkbox"/> TURBIDITY

109 SAMPLE POINT SR-5				
00307	CHLORIDE	7	MG/L	
00340	COD, HI LEVEL	30	MG/L	CHECK BOX
00400	PH (FIELD)	7.14	SU	IF SAMPLE
00410	ALKALINITY, TOT	313	MG/L	HAS:
00842	GRD WATER ELEV	849.4	FEET,MSL	
00872	COND(FIELD) @25C	583	MICROMHO	<input type="checkbox"/> ODOR
00900	TOT HARD, CaCO3	344	MG/L	<input type="checkbox"/> COLOR
01046	IRON, DISS	0.82	MG/L	<input type="checkbox"/> TURBIDITY

107 SAMPLE POINT SR-7				
00307	CHLORIDE	5	MG/L	
00340	COD, HI LEVEL	96	MG/L	CHECK BOX
00400	PH (FIELD)	6.57	SU	IF SAMPLE
00410	ALKALINITY, TOT	605	MG/L	HAS:
00842	GRD WATER ELEV	848.7	FEET,MSL	
00872	COND(FIELD) @25C	968	MICROMHO	<input type="checkbox"/> ODOR
00900	TOT HARD, CaCO3	516	MG/L	<input type="checkbox"/> COLOR
01046	IRON, DISS	1.21	MG/L	<input type="checkbox"/> TURBIDITY

110 SAMPLE POINT SR-6				
00307	CHLORIDE	18	MG/L	
00340	COD, HI LEVEL	50	MG/L	CHECK BOX
00400	PH (FIELD)	6.93	SU	IF SAMPLE
00410	ALKALINITY, TOT	771	MG/L	HAS:
00842	GRD WATER ELEV	813.6	FEET,MSL	
00872	COND(FIELD) @25C	1430	MICROMHO	<input type="checkbox"/> ODOR
00900	TOT HARD, CaCO3	607	MG/L	<input type="checkbox"/> COLOR
01046	IRON, DISS	0.70	MG/L	<input type="checkbox"/> TURBIDITY

MONITORING FOR:
 FOR THE MONTH OF:
 TO BE RETURNED BY:

CTY STOUGHTON
 FACILITY NO. 00133
 SEPTEMBER
 NOVEMBER 30, 1983

RETAIN BOTTOM COPY - RETURN REMAINING COPIES TO:

SOLID WASTE SPECIALIST
 DNR MADISON AREA OFFICE
 ROUTE 4
 MADISON WI 53711

PAGE
 01

DATE SAMPLE TAKEN:

11-2-83

RECEIVED
 DEC 1 1983
 DEPT. OF NATURAL RESOURCES
 MADISON AREA

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CALL:
 (608) 266-3529

NAME AND ADDRESS OF MONITORING CONTACT
 12-13-00133
 CHAS ANDERSON CONSULT ENG
 910 W WINGRA DR
 MADISON WI 53715

COMMENTS:
 THE MONITORING POINT IS LOCATED ON THE STRAND ASSOCIATION PROPERTY
 RECD: 11-28-83 FROM STRAND ASSOC, INC.

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.
 SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT: *P. H. ...*
 DATE SIGNED: 11-28-83

INSTRUCTIONS ON BACK

102 SAMPLE POINT SB-2

00307	CHLORIDE	71	MG/L	
00340	COD, HI LEVEL	59	MG/L	CHECK BOX
00400	PH (FIELD)	6.88	SU	IF SAMPLE
00410	ALKALINITY, TOT	367	MG/L	HAS:
00842	GRD WATER ELEV	848.35	FEET,MSL	
00872	COND(FIELD) @25C	830	MICROMHO	1 <input checked="" type="checkbox"/> ODOR
00900	TOT HARD, CAC03	376	MG/L	2 <input type="checkbox"/> COLOR
01046	IRON, DISS	0.43	MG/L	3 <input type="checkbox"/> TURBIDITY

108 SAMPLE POINT SB-4

00307	CHLORIDE	1	MG/L	
00340	COD, HI LEVEL	28	MG/L	CHECK BOX
00400	PH (FIELD)	6.24	SU	IF SAMPLE
00410	ALKALINITY, TOT	800	MG/L	HAS:
00842	GRD WATER ELEV	842.42	FEET,MSL	
00872	COND(FIELD) @25C	1,188	MICROMHO	1 <input checked="" type="checkbox"/> ODOR
00900	TOT HARD, CAC03	327	MG/L	2 <input type="checkbox"/> COLOR
01046	IRON, DISS	12.1	MG/L	3 <input type="checkbox"/> TURBIDITY

103 SAMPLE POINT SB-3

00307	CHLORIDE	62	MG/L	
00340	COD, HI LEVEL	35	MG/L	CHECK BOX
00400	PH (FIELD)	6.82	SU	IF SAMPLE
00410	ALKALINITY, TOT	270	MG/L	HAS:
00842	GRD WATER ELEV	848.17	FEET,MSL	
00872	COND(FIELD) @25C	671	MICROMHO	1 <input checked="" type="checkbox"/> ODOR
00900	TOT HARD, CAC03	333	MG/L	2 <input type="checkbox"/> COLOR
01046	IRON, DISS	0.28	MG/L	3 <input type="checkbox"/> TURBIDITY

109 SAMPLE POINT SB-5

00307	CHLORIDE	9	MG/L	
00340	COD, HI LEVEL	13	MG/L	CHECK BOX
00400	PH (FIELD)	6.86	SU	IF SAMPLE
00410	ALKALINITY, TOT	286	MG/L	HAS:
00842	GRD WATER ELEV	848.39	FEET,MSL	
00872	COND(FIELD) @25C	578	MICROMHO	1 <input type="checkbox"/> ODOR
00900	TOT HARD, CAC03	779	MG/L	2 <input type="checkbox"/> COLOR
01046	IRON, DISS	0.24	MG/L	3 <input type="checkbox"/> TURBIDITY

107 SAMPLE POINT SB-1

00307	CHLORIDE	1	MG/L	
00340	COD, HI LEVEL	7	MG/L	CHECK BOX
00400	PH (FIELD)	6.54	SU	IF SAMPLE
00410	ALKALINITY, TOT	408	MG/L	HAS:
00842	GRD WATER ELEV	847.58	FEET,MSL	
00872	COND(FIELD) @25C	698	MICROMHO	1 <input checked="" type="checkbox"/> ODOR
00900	TOT HARD, CAC03	391	MG/L	2 <input type="checkbox"/> COLOR
01046	IRON, DISS	11.4	MG/L	3 <input type="checkbox"/> TURBIDITY

110 SAMPLE POINT SB-6

00307	CHLORIDE	186	MG/L	
00340	COD, HI LEVEL	141	MG/L	CHECK BOX
00400	PH (FIELD)	6.92	SU	IF SAMPLE
00410	ALKALINITY, TOT	1,038	MG/L	HAS:
00842	GRD WATER ELEV	843.24	FEET,MSL	
00872	COND(FIELD) @25C	2,310	MICROMHO	1 <input checked="" type="checkbox"/> ODOR
00900	TOT HARD, CAC03	801	MG/L	2 <input checked="" type="checkbox"/> COLOR
01046	IRON, DISS	11.6	MG/L	3 <input type="checkbox"/> TURBIDITY

FORM 4400-54 7-79

MONITORING FOR:

CTY STOUGHTON
FACILITY NO. 00133
SEPTEMBER

REPORTING PERIOD:

TO BE RETURNED BY:

NOVEMBER 30, 1984

DATE SAMPLE TAKEN:

9 / 22 / 84
MONTH DAY YEAR

COMMENTS

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT

DATE SIGNED

Robert P. Kudry

10-22-84

RETAIN BOTTOM COPY — RETURN REMAINING COPIES TO:

SOLID WASTE SPECIALIST
DNR MADISON AREA OFFICE
ROUTE 4
MADISON

WI 53711

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

(608) 266-3529

NAME AND ADDRESS OF MONITORING CONTACT

CHAS ANDERSON
910 W WINGRA DR
MADISON

CONSULT ENG
WI 53715

INSTRUCTIONS ON BACK

102 SAMPLE POINT SB-2				
00307	CHLORIDE	64	MG/L	CHECK BOX IF SAMPLE HAS:
00340	COD, HI LEVEL	58	MG/L	
00400	PH (FIELD)	6.86	SU	
00410	ALKALINITY, TOT	385	MG/L	
00842	GRD WATER ELEV	847.65	FEET,MSL	
00872	COND (FIELD) #25C	990	MICROMHO	1 <input checked="" type="checkbox"/> ODOR
00900	TOT HARD, CAC03	398	MG/L	2 <input checked="" type="checkbox"/> COLOR
01046	IRON, DISS	0.21	MG/L	3 <input checked="" type="checkbox"/> TURBIDITY

108 SAMPLE POINT SB-4				
00307	CHLORIDE	3	MG/L	CHECK BOX IF SAMPLE HAS:
00340	COD, HI LEVEL	17	MG/L	
00400	PH (FIELD)	6.42	SU	
00410	ALKALINITY, TOT	763	MG/L	
00842	GRD WATER ELEV	841.46	FEET,MSL	
00872	COND (FIELD) #25C	1364	MICROMHO	1 <input checked="" type="checkbox"/> ODOR
00900	TOT HARD, CAC03	728	MG/L	2 <input checked="" type="checkbox"/> COLOR
01046	IRON, DISS	10.2	MG/L	3 <input checked="" type="checkbox"/> TURBIDITY

103 SAMPLE POINT SB-3				
00307	CHLORIDE	56	MG/L	CHECK BOX IF SAMPLE HAS:
00340	COD, HI LEVEL	17	MG/L	
00400	PH (FIELD)	7.14	SU	
00410	ALKALINITY, TOT	230	MG/L	
00842	GRD WATER ELEV	847.91	FEET,MSL	
00872	COND (FIELD) #25C	693	MICROMHO	1 <input checked="" type="checkbox"/> ODOR
00900	TOT HARD, CAC03	285	MG/L	2 <input checked="" type="checkbox"/> COLOR
01046	IRON, DISS	0.10	MG/L	3 <input checked="" type="checkbox"/> TURBIDITY

109 SAMPLE POINT SB-5				
00307	CHLORIDE	3	MG/L	CHECK BOX IF SAMPLE HAS:
00340	COD, HI LEVEL	<5	MG/L	
00400	PH (FIELD)	6.98	SU	
00410	ALKALINITY, TOT	308	MG/L	
00842	GRD WATER ELEV	848.22	FEET,MSL	
00872	COND (FIELD) #25C	627	MICROMHO	1 <input type="checkbox"/> ODOR
00900	TOT HARD, CAC03	349	MG/L	2 <input checked="" type="checkbox"/> COLOR
01046	IRON, DISS	0.35	MG/L	3 <input checked="" type="checkbox"/> TURBIDITY

107 SAMPLE POINT SB-1				
00307	CHLORIDE	<1	MG/L	CHECK BOX IF SAMPLE HAS:
00340	COD, HI LEVEL	14	MG/L	
00400	PH (FIELD)	6.89	SU	
00410	ALKALINITY, TOT	409	MG/L	
00842	GRD WATER ELEV	847.14	FEET,MSL	
00872	COND (FIELD) #25C	825	MICROMHO	1 <input checked="" type="checkbox"/> ODOR
00900	TOT HARD, CAC03	388	MG/L	2 <input checked="" type="checkbox"/> COLOR
01046	IRON, DISS	1.10	MG/L	3 <input checked="" type="checkbox"/> TURBIDITY

110 SAMPLE POINT SB-6				
00307	CHLORIDE	93	MG/L	CHECK BOX IF SAMPLE HAS:
00340	COD, HI LEVEL	63	MG/L	
00400	PH (FIELD)	7.04	SU	
00410	ALKALINITY, TOT	842	MG/L	
00842	GRD WATER ELEV	843.23	FEET,MSL	
00872	COND (FIELD) #25C	1892	MICROMHO	1 <input checked="" type="checkbox"/> ODOR
00900	TOT HARD, CAC03	687	MG/L	2 <input checked="" type="checkbox"/> COLOR
01046	IRON, DISS	0.45	MG/L	3 <input checked="" type="checkbox"/> TURBIDITY

MONITORING FOR:

CTY STOUGHTON
FACILITY NO. 00133
MARCH
MAY 29, 1987

RETAIN BOTTOM COPY — RETURN REMAINING COPIES TO:

PAGE

ENTERED
REPORTING PERIOD:

SOLID WASTE SPECIALIST
DNR MADISON AREA OFFICE
3070 FISH HATCHERY RD
MADISON WI 53713

01

TO BE RETURNED BY:

DATE SAMPLE TAKEN: 03 / 31 / 87
MONTH DAY YEAR
887033

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

Strand Associates
Susan Busche

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

(608) 273-5972

COMMENTS

SAMPLES ANALYZED BY (FILL IN THE FOLLOWING)

LAB I.D. NO.: 113138410
LAB NAME: Strand Associates
CITY: Madison

NAME AND ADDRESS OF MONITORING CONTACT

12-13-00133
CHAS ANDERSON CONSULT ENG
910 W WINGRA DR
MADISON WI 53715

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
Robert P. Kowalsky

DATE SIGNED
9-10-87

INSTRUCTIONS ON BACK

102 SAMPLE POINT SB-2				PAL/ACL
00307	CHLORIDE	5	MG/L	125
00340	COD, HI LEVEL	57	MG/L	
00400	PH (FIELD)	7.2	SU	
00410	ALKALINITY, TOT	434	MG/L	
00842	GRD WATER ELEV	848.68	FEET,MSL	
00872	COND(FIELD) #25C	924	MICROMHO	
00900	TOT HARD, CAC03	449	MG/L	
01046	IRON, DISS	0.82	MG/L	.150
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

108 SAMPLE POINT SB-4				PAL/ACL
00307	CHLORIDE	<1	MG/L	125
00340	COD, HI LEVEL	53	MG/L	
00400	PH (FIELD)	6.7	SU	
00410	ALKALINITY, TOT	726	MG/L	
00842	GRD WATER ELEV	843.90	FEET,MSL	
00872	COND(FIELD) #25C	1315	MICROMHO	
00900	TOT HARD, CAC03	702	MG/L	
01046	IRON, DISS	18.6	MG/L	.150
CHECK BOX IF SAMPLE HAS: 1 <input type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

103 SAMPLE POINT SB-3				PAL/ACL
00307	CHLORIDE	48	MG/L	125
00340	COD, HI LEVEL	66	MG/L	
00400	PH (FIELD)	7.7	SU	
00410	ALKALINITY, TOT	198	MG/L	
00842	GRD WATER ELEV	848.27	FEET,MSL	
00872	COND(FIELD) #25C	528	MICROMHO	
00900	TOT HARD, CAC03	236	MG/L	
01046	IRON, DISS	<0.10	MG/L	.150
CHECK BOX IF SAMPLE HAS: 1 <input type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

109 SAMPLE POINT SB-5				PAL/ACL
00307	CHLORIDE	2	MG/L	125
00340	COD, HI LEVEL	18	MG/L	
00400	PH (FIELD)	7.4	SU	
00410	ALKALINITY, TOT	289	MG/L	
00842	GRD WATER ELEV	848.70	FEET,MSL	
00872	COND(FIELD) #25C	484	MICROMHO	
00900	TOT HARD, CAC03	361	MG/L	
01046	IRON, DISS	<0.10	MG/L	.150
CHECK BOX IF SAMPLE HAS: 1 <input type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

107 SAMPLE POINT SB-1				PAL/ACL
00307	CHLORIDE	<1	MG/L	125
00340	COD, HI LEVEL	29	MG/L	
00400	PH (FIELD)	7.0	SU	
00410	ALKALINITY, TOT	459	MG/L	
00842	GRD WATER ELEV	848.64	FEET,MSL	
00872	COND(FIELD) #25C	792	MICROMHO	
00900	TOT HARD, CAC03	435	MG/L	
01046	IRON, DISS	2.38	MG/L	.150
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

110 SAMPLE POINT SB-6				PAL/ACL
00307	CHLORIDE	3	MG/L	125
00340	COD, HI LEVEL	60	MG/L	
00400	PH (FIELD)	7.2	SU	
00410	ALKALINITY, TOT	730	MG/L	
00842	GRD WATER ELEV	843.62	FEET,MSL	
00872	COND(FIELD) #25C	1386	MICROMHO	
00900	TOT HARD, CAC03	618	MG/L	
01046	IRON, DISS	18.0	MG/L	.150
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

FORM 3400-73 REV. 1-87

INSTRUCTIONS FOR COMPLETION OF FORM 3400-73, GROUNDWATER MONITORING TURNAROUND DOCUMENT.

Please complete and return this form as required by sections 144.435 and 147.08, Wis. Stats., and chapters NR 180 and 214, Wis. Adm. Code. In accordance with section 144.99 (solid waste statutes), failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5,000 for each day of violation. In accordance with section 147.21 (wastewater statutes), failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation.

1. This document must be mailed by the date shown on the front in the upper left corner.
2. Please type or print firmly and clearly with ball point pen on a hard surface. This document has treated paper and will make all copies without carbon paper.
3. The Permit Number, License Number or Monitoring Number, Name and Address should normally be preprinted before you receive the document. Use the information from a previous document if any of the items are blank.
4. Match the Sample Point I.D. Numbers on this document to the laboratory test results.
5. The required parameters to be tested are printed for each sample point. Enter the value in the unshaded area.
6. Do not fill in values in the column labeled PAL/ACL. The values printed in this column are provided to allow you to determine whether your sample values are exceeding any standards.
7. When a sample analysis shows a value less than a given number, mark the symbol (<) prior to the transcribed value.
8. When a parameter is analyzed for and not detected, report the value at less than (<) the detectable limit for that parameter. Do not enter 0 (zero) values.
9. When a sample analysis shows a value greater than a given number, mark the symbol (>) prior to the transcribed value.
10. When the parameter "Depth to Grd Wtr" is required, record the distance from the top of the groundwater to the top of the well casing in units of feet. Do not use feet and inches or inches alone.
11. When "Grd Water Elev" in units of feet MSL is required, record to the nearest 0.01 feet referenced to mean sea level (MSL). Do not use feet and inches.
12. Draw a horizontal line through the unshaded area reserved for each parameter value where the sample was unobtainable.
13. If the sample has an odor, has color, or is turbid, a description must be included in the comment area or on additional sheets. Sample Point I.D. must be included in the description.
14. Enter the name of the company and person that collected the samples in the unshaded box near the top of this document. Also enter the I.D. number and the name and city of the laboratory that analyzed the samples in the appropriate box.
15. Sign and date this document. When the document contains more than one page, sign and date the first page and initial each subsequent page.
16. Remove the last copy for your records.
17. Mail the original and the remaining copy to the address listed on the front in the upper right corner.
18. For additional information contact the Department of Natural Resources office listed on the front of the document.

ENTERED

REPORTING PERIOD:

NOV 17 '87

TO BE RETURNED BY:

CTY STOUGHTON
 FACILITY NO. 00133
 SEPTEMBER
 NOVEMBER 30, 1987

SEP 2 1987
 6
 STRAND ASSOCIATES

SOLID WASTE SPECIALIST
 DNR MADISON AREA OFFICE
 3070 FISH HATCHERY RD
 MADISON WI 53713

01

DATE SAMPLE TAKEN:

870910

09 / 10 / 87
 MONTH DAY YEAR

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

Strand Associates

Sue Busche

SAMPLES ANALYZED BY: (FILL IN THE FOLLOWING)

LAB I.D. NO.: 113138410

LAB NAME: strand Associates

CITY: Madison

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

(608) 273-5972

NAME AND ADDRESS OF MONITORING CONTACT

12-13-00133
 CHAS ANDERSON CONSULT ENG
 910 W WINGRA DR
 MADISON WI 53715

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

Rolaf P. Hardy

DATE SIGNED

9-23-87

OCT 29 1987

INSTRUCTIONS ON BACK

102 SAMPLE POINT SB-2			PAL/ACL	
00307	CHLORIDE	47	MG/L	
00340	COD, HI LEVEL	64	MG/L	
00400	PH (FIELD)	6.5	SU	
00410	ALKALINITY, TOT	399	MG/L	
00842	GRD WATER ELEV	848.51	FEET,MSL	
00872	COND(FIELD) #25C	933	MICROMHO	
00900	TOT HARD, CAC03	410	MG/L	
01046	IRON, DISS	0.29	MG/L	

CHECK BOX IF SAMPLE HAS: 1 ODOR 2 COLOR 3 TURBIDITY

108 SAMPLE POINT SB-4			PAL/ACL	
00307	CHLORIDE	1	MG/L	
00340	COD, HI LEVEL	60	MG/L	
00400	PH (FIELD)	5.7	SU	
00410	ALKALINITY, TOT	853	MG/L	
00842	GRD WATER ELEV	843.50	FEET,MSL	
00872	COND(FIELD) #25C	1694	MICROMHO	
00900	TOT HARD, CAC03	813	MG/L	
01046	IRON, DISS	.23	MG/L	

CHECK BOX IF SAMPLE HAS: 1 ODOR 2 COLOR 3 TURBIDITY

103 SAMPLE POINT SB-3			PAL/ACL	
00307	CHLORIDE	46	MG/L	
00340	COD, HI LEVEL	113	MG/L	
00400	PH (FIELD)	7.8	SU	
00410	ALKALINITY, TOT	203	MG/L	
00842	GRD WATER ELEV	848.31	FEET,MSL	
00872	COND(FIELD) #25C	495	MICROMHO	
00900	TOT HARD, CAC03	228	MG/L	
01046	IRON, DISS	20.05	MG/L	

CHECK BOX IF SAMPLE HAS: 1 ODOR 2 COLOR 3 TURBIDITY

109 SAMPLE POINT SB-5			PAL/ACL	
00307	CHLORIDE	6	MG/L	
00340	COD, HI LEVEL	37	MG/L	
00400	PH (FIELD)	6.6	SU	
00410	ALKALINITY, TOT	296	MG/L	
00842	GRD WATER ELEV	848.45	FEET,MSL	
00872	COND(FIELD) #25C	638	MICROMHO	
00900	TOT HARD, CAC03	337	MG/L	
01046	IRON, DISS	0.15	MG/L	

CHECK BOX IF SAMPLE HAS: 1 ODOR 2 COLOR 3 TURBIDITY

107 SAMPLE POINT SB-1			PAL/ACL	
00307	CHLORIDE	<1	MG/L	
00340	COD, HI LEVEL	25	MG/L	
00400	PH (FIELD)	5.9	SU	
00410	ALKALINITY, TOT	423	MG/L	
00842	GRD WATER ELEV	848.14	FEET,MSL	
00872	COND(FIELD) #25C	627	MICROMHO	
00900	TOT HARD, CAC03	408	MG/L	
01046	IRON, DISS	2.80	MG/L	

CHECK BOX IF SAMPLE HAS: 1 ODOR 2 COLOR 3 TURBIDITY

110 SAMPLE POINT SB-6			PAL/ACL	
00307	CHLORIDE	5	MG/L	
00340	COD, HI LEVEL	55	MG/L	
00400	PH (FIELD)	6.3	SU	
00410	ALKALINITY, TOT	755	MG/L	
00842	GRD WATER ELEV	843.31	FEET,MSL	
00872	COND(FIELD) #25C	1798	MICROMHO	
00900	TOT HARD, CAC03	603	MG/L	
01046	IRON, DISS	10.7	MG/L	

CHECK BOX IF SAMPLE HAS: 1 ODOR 2 COLOR 3 TURBIDITY

INSTRUCTIONS FOR COMPLETION OF FORM 3400-73, GROUNDWATER MONITORING TURNAROUND DOCUMENT.

Please complete and return this form as required by sections 144.435 and 147.08, Wis. Stats., and chapters NR 180 and 214, Wis. Adm. Code. In accordance with section 144.99 (solid waste statutes), failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5,000 for each day of violation. In accordance with section 147.21 (wastewater statutes), failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation.

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4. Match the Sample Point I.D. Numbers on this document to the laboratory test results.
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11. When "Grd Water Elev" in units of feet MSL is required, record to the nearest 0.01 feet referenced to mean sea level (MSL). Do not use feet and inches.
12. Draw a horizontal line through the unshaded area reserved for each parameter value where the sample was unobtainable.
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16. Remove the last copy for your records.
17. Mail the original and the remaining copy to the address listed on the front in the upper right corner.
18. For additional information contact the Department of Natural Resources office listed on the front of the document.

MONITORING FOR:

REPORTING PERIOD:

TO BE RETURNED BY:

DATE SAMPLE TAKEN:

CTY STOUGHTON
FACILITY NO. 00133
MARCH
MAY 31, 1988

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

Strand Associates
Sue Busche

SAMPLES ANALYZED BY (FILL IN THE FOLLOWING)

LAB I.D. NO.: 113138410
LAB NAME: Strand Associates
CITY: Madison

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

DATE SIGNED

Robert P. Marloway

4-25-88

RETAIN BOTTOM COPY - RETURN REMAINING COPIES TO:

PAGE

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

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

(608) 273-5972

NAME AND ADDRESS OF MONITORING CONTACT

12-13-00133
CHAS ANDERSON CONSULT ENG
910 W WINGRA DR
MADISON WI 53715

INSTRUCTIONS ON BACK

102		SAMPLE POINT SB-2		PAL/ACL
00307	CHLORIDE	30	MG/L	
00340	COD, HI LEVEL	30	MG/L	
00400	PH (FIELD)	6.8	SU	
00410	ALKALINITY, TOT	481	MG/L	
00842	GRD WATER ELEV	849.03	FEET,MSL	
00872	COND(FIELD) #25C	924	MICROMHO	
00900	TOT HARD, CAC03	425	MG/L	
01046	IRON, DISS	0.51	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

108		SAMPLE POINT SB-4		PAL/ACL
00307	CHLORIDE	6	MG/L	
00340	COD, HI LEVEL	55	MG/L	
00400	PH (FIELD)	6.4	SU	
00410	ALKALINITY, TOT	806	MG/L	
00842	GRD WATER ELEV	843.64	FEET,MSL	
00872	COND(FIELD) #25C	1440	MICROMHO	
00900	TOT HARD, CAC03	736	MG/L	
01046	IRON, DISS	24	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

103		SAMPLE POINT SB-3		PAL/ACL
00307	CHLORIDE	52	MG/L	
00340	COD, HI LEVEL	50	MG/L	
00400	PH (FIELD)	7.6	SU	
00410	ALKALINITY, TOT	196	MG/L	
00842	GRD WATER ELEV	848.54	FEET,MSL	
00872	COND(FIELD) #25C	484	MICROMHO	
00900	TOT HARD, CAC03	214	MG/L	
01046	IRON, DISS	<0.05	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

109		SAMPLE POINT SB-5		PAL/ACL
00307	CHLORIDE	7	MG/L	
00340	COD, HI LEVEL	14	MG/L	
00400	PH (FIELD)	7.2	SU	
00410	ALKALINITY, TOT	318	MG/L	
00842	GRD WATER ELEV	848.86	FEET,MSL	
00872	COND(FIELD) #25C	627	MICROMHO	
00900	TOT HARD, CAC03	375	MG/L	
01046	IRON, DISS	0.39	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

107		SAMPLE POINT SB-1		PAL/ACL
00307	CHLORIDE	3	MG/L	
00340	COD, HI LEVEL	41	MG/L	
00400	PH (FIELD)	6.8	SU	
00410	ALKALINITY, TOT	558	MG/L	
00842	GRD WATER ELEV	848.13	FEET,MSL	
00872	COND(FIELD) #25C	902	MICROMHO	
00900	TOT HARD, CAC03	518	MG/L	
01046	IRON, DISS	5.40	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

110		SAMPLE POINT SB-6		PAL/ACL
00307	CHLORIDE	7	MG/L	
00340	COD, HI LEVEL	48	MG/L	
00400	PH (FIELD)	7.3	SU	
00410	ALKALINITY, TOT	745	MG/L	
00842	GRD WATER ELEV	843.34	FEET,MSL	
00872	COND(FIELD) #25C	1300	MICROMHO	
00900	TOT HARD, CAC03	627	MG/L	
01046	IRON, DISS	9.3	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

Ende
5/19/88

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FORM 3400-73 REV. 1-87

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MONITORING FOR:

REPORTING PERIOD:

TO BE RETURNED BY:

DATE SAMPLE TAKEN:

CTY STOUGHTON
FACILITY NO. 00133
SEPTEMBER
NOVEMBER 30, 1988

09 / 13 / 88
MONTH DAY YEAR

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

Jenny Carroll
Strand Associates SWS

LAB I.D. NO.: 113138410

LAB NAME: Strand Associates

CITY: Madison

ENTERED

OCT 21 1988

RETAIN BOTTOM COPY — RETURN REMAINING COPIES TO:

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

01

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

(608) 273-5972

NAME AND ADDRESS OF MONITORING CONTACT

12-13-00133
CHAS ANDERSON CONSULT ENG
910 W WINGRA DR
MADISON WI 53715

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

Ralph P. Hulby

DATE SIGNED

10-4-88

INSTRUCTIONS ON BACK

102 SAMPLE POINT SB-2		PAL/ACL		
00307	CHLORIDE	15	MG/L	
00340	COD, HI LEVEL	35	MG/L	
00400	PH (FIELD)	7.1	SU	
00410	ALKALINITY, TOT	417	MG/L	
00842	GRD WATER ELEV	847.74	FEET,MSL	
00872	COND(FIELD) #25C	660	MICROMHO	
00900	TOT HARD, CAC03	401	MG/L	
01046	IRON, DISS	0.34	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

108 SAMPLE POINT SB-4		PAL/ACL		
00307	CHLORIDE	6	MG/L	
00340	COD, HI LEVEL	36	MG/L	
00400	PH (FIELD)	6.7	SU	
00410	ALKALINITY, TOT	488	MG/L	
00842	GRD WATER ELEV	840.85	FEET,MSL	
00872	COND(FIELD) #25C	1144	MICROMHO	
00900	TOT HARD, CAC03	651	MG/L	
01046	IRON, DISS	5.5	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

103 SAMPLE POINT SB-3		PAL/ACL		
00307	CHLORIDE	62	MG/L	
00340	COD, HI LEVEL	46	MG/L	
00400	PH (FIELD)	7.9	SU	
00410	ALKALINITY, TOT	208	MG/L	
00842	GRD WATER ELEV	847.51	FEET,MSL	
00872	COND(FIELD) #25C	528	MICROMHO	
00900	TOT HARD, CAC03	206	MG/L	
01046	IRON, DISS	50.05	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

109 SAMPLE POINT SB-5		PAL/ACL		
00307	CHLORIDE	12	MG/L	
00340	COD, HI LEVEL	19	MG/L	
00400	PH (FIELD)	7.3	SU	
00410	ALKALINITY, TOT	299	MG/L	
00842	GRD WATER ELEV	847.98	FEET,MSL	
00872	COND(FIELD) #25C	550	MICROMHO	
00900	TOT HARD, CAC03	349	MG/L	
01046	IRON, DISS	50.05	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

107 SAMPLE POINT SB-1		PAL/ACL		
00307	CHLORIDE	2	MG/L	
00340	COD, HI LEVEL	10	MG/L	
00400	PH (FIELD)	6.9	SU	
00410	ALKALINITY, TOT	456	MG/L	
00842	GRD WATER ELEV	846.71	FEET,MSL	
00872	COND(FIELD) #25C	715	MICROMHO	
00900	TOT HARD, CAC03	419	MG/L	
01046	IRON, DISS	2.7	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

110 SAMPLE POINT SB-6		PAL/ACL		
00307	CHLORIDE	20	MG/L	
00340	COD, HI LEVEL	63	MG/L	
00400	PH (FIELD)	7.0	SU	
00410	ALKALINITY, TOT	773	MG/L	
00842	GRD WATER ELEV	843.01	FEET,MSL	
00872	COND(FIELD) #25C	1298	MICROMHO	
00900	TOT HARD, CAC03	628	MG/L	
01046	IRON, DISS	17	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

FORM 3400-73 REV. 1-87

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REPORTING PERIOD:

TO BE RETURNED BY:

DATE SAMPLE TAKEN:

CITY STOUGHTON
 FACILITY NO. 00133
 MARCH
 MAY 31, 1989

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WDNR - BUREAU OF SOLID WASTE APR 1, 1989
 SW/3
 P.O. BOX 7921
 MADISON, WI 53707

REC'D
 4/1
 ENTERED
 MAY 02 '89
 ENTERED
 SMS
 JUN 14 '89
 SMS

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

ERM North Central IL
 Chris J.B.

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CALL: (608) 273-5972

SAMPLES ANALYZED BY: (FILL IN THE FOLLOWING)

LAB I.D. NO.: 113138410
 LAB NAME: Strand Associates
 CITY: Madison

NAME AND ADDRESS OF MONITORING CONTACT

12-13-00133
 CHAS ANDERSON CONSULT ENG
 910 W WINGRA DR
 MADISON WI 53715

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

DATE SIGNED

Robert P. Hawley

4-14-89

INSTRUCTIONS ON BACK

102 SAMPLE POINT SB-2			PAL/ACL
00307	CHLORIDE	19	MG/L
00340	COD, HI LEVEL	11	MG/L
00400	PH (FIELD)	7.2	SU
00410	ALKALINITY, TOT	418	MG/L
00842	GRD WATER ELEV	848.51	FEET,MSL
00872	COND(FIELD) #25C	615	MICROMHO
00900	TOT HARD, CaCO3	438	MG/L
01046	IRON, DISS	0.67	MG/L
CHECK BOX IF SAMPLE HAS: 1 <input type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY			

108 SAMPLE POINT SB-4			PAL/ACL
00307	CHLORIDE	14	MG/L
00340	COD, HI LEVEL	23	MG/L
00400	PH (FIELD)	6.9	SU
00410	ALKALINITY, TOT	701	MG/L
00842	GRD WATER ELEV	848.02	FEET,MSL
00872	COND(FIELD) #25C	847	MICROMHO
00900	TOT HARD, CaCO3	688	MG/L
01046	IRON, DISS	15.3	MG/L
CHECK BOX IF SAMPLE HAS: 1 <input type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY			

103 SAMPLE POINT SB-3			PAL/ACL
00307	CHLORIDE	54	MG/L
00340	COD, HI LEVEL	32	MG/L
00400	PH (FIELD)	7.6	SU
00410	ALKALINITY, TOT	203	MG/L
00842	GRD WATER ELEV	843.65	FEET,MSL
00872	COND(FIELD) #25C	375	MICROMHO
00900	TOT HARD, CaCO3	227	MG/L
01046	IRON, DISS	0.15	MG/L
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY			

109 SAMPLE POINT SB-5			PAL/ACL
00307	CHLORIDE	12	MG/L
00340	COD, HI LEVEL	8	MG/L
00400	PH (FIELD)	7.2	SU
00410	ALKALINITY, TOT	304	MG/L
00842	GRD WATER ELEV	848.57	FEET,MSL
00872	COND(FIELD) #25C	517	MICROMHO
00900	TOT HARD, CaCO3	379	MG/L
01046	IRON, DISS	<0.10	MG/L
CHECK BOX IF SAMPLE HAS: 1 <input type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY			

107 SAMPLE POINT SB-1			PAL/ACL
00307	CHLORIDE	5	MG/L
00340	COD, HI LEVEL	8	MG/L
00400	PH (FIELD)	7.1	SU
00410	ALKALINITY, TOT	505	MG/L
00842	GRD WATER ELEV	848.82	FEET,MSL
00872	COND(FIELD) #25C	705	MICROMHO
00900	TOT HARD, CaCO3	488	MG/L
01046	IRON, DISS	5.7	MG/L
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY			

110 SAMPLE POINT SB-6			PAL/ACL
00307	CHLORIDE	60	MG/L
00340	COD, HI LEVEL	33	MG/L
00400	PH (FIELD)	7.2	SU
00410	ALKALINITY, TOT	680	MG/L
00842	GRD WATER ELEV	844.37	FEET,MSL
00872	COND(FIELD) #25C	1078	MICROMHO
00900	TOT HARD, CaCO3	571	MG/L
01046	IRON, DISS	13.8	MG/L
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13. If the sample has an odor, has color, or is turbid, a description must be included in the comment area or on additional sheets. Sample Point I.D. must be included in the description.
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16. Remove the last copy for your records.
17. Mail the original and the remaining copy to the address listed on the front in the upper right corner.
18. For additional information contact the Department of Natural Resources office listed on the front of the document.

MONITORING FOR:

CTY STOUGHTON
FACILITY NO. 00133
SEPTEMBER
NOVEMBER 30, 1989

ENTERED

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PAGE

REPORTING PERIOD:

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

01

TO BE RETURNED BY:

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)
Strand Associates
Steve Arnold

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

(608) 273-5972

DATE SAMPLE TAKEN:

09 / 25 / 89
MONTH DAY YEAR

SAMPLES ANALYZED BY (FILL IN THE FOLLOWING)

LAB I.D. NO.: 113138410
LAB NAME: Strand Associates
CITY: Madison

NAME AND ADDRESS OF MONITORING CONTACT

12-13-00133
CHAS ANDERSON CONSULT ENG
910 W WINGRA DR
MADISON WI 53715

COMMENTS
SB-2 Obstruction at ~
3 FT. Could not sample.

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

DATE SIGNED

Robert P. Hurdoy

10-30-89

INSTRUCTIONS ON BACK

102 SAMPLE POINT SB-2		PAL/ACL	
00307	CHLORIDE		MG/L
00340	COD, HI LEVEL		MG/L
00400	PH (FIELD)	no sample	SU
00410	ALKALINITY, TOT		MG/L
00842	GRD WATER ELEV		FEET,MSL
00872	COND(FIELD) #25C		MICROMHO
00900	TOT HARD, CAC03		MG/L
01046	IRON, DISS		MG/L

CHECK BOX IF SAMPLE HAS: 1 ODOR 2 COLOR 3 TURBIDITY

108 SAMPLE POINT SB-4		PAL/ACL	
00307	CHLORIDE	17	MG/L
00340	COD, HI LEVEL	23	MG/L
00400	PH (FIELD)	6.6	SU
00410	ALKALINITY, TOT	678	MG/L
00842	GRD WATER ELEV	842.91	FEET,MSL
00872	COND(FIELD) #25C	1100	MICROMHO
00900	TOT HARD, CAC03	702	MG/L
01046	IRON, DISS	4.19	MG/L

CHECK BOX IF SAMPLE HAS: 1 ODOR 2 COLOR 3 TURBIDITY

103 SAMPLE POINT SB-3		PAL/ACL	
00307	CHLORIDE	45	MG/L
00340	COD, HI LEVEL	38	MG/L
00400	PH (FIELD)	7.8	SU
00410	ALKALINITY, TOT	205	MG/L
00842	GRD WATER ELEV	847.11	FEET,MSL
00872	COND(FIELD) #25C	440	MICROMHO
00900	TOT HARD, CAC03	212	MG/L
01046	IRON, DISS	<0.10	MG/L

CHECK BOX IF SAMPLE HAS: 1 ODOR 2 COLOR 3 TURBIDITY

109 SAMPLE POINT SB-5		PAL/ACL	
00307	CHLORIDE	15	MG/L
00340	COD, HI LEVEL	9	MG/L
00400	PH (FIELD)	7.4	SU
00410	ALKALINITY, TOT	299	MG/L
00842	GRD WATER ELEV	847.54	FEET,MSL
00872	COND(FIELD) #25C	583	MICROMHO
00900	TOT HARD, CAC03	357	MG/L
01046	IRON, DISS	<0.10	MG/L

CHECK BOX IF SAMPLE HAS: 1 ODOR 2 COLOR 3 TURBIDITY

107 SAMPLE POINT SB-1		PAL/ACL	
00307	CHLORIDE	6	MG/L
00340	COD, HI LEVEL	12	MG/L
00400	PH (FIELD)	6.9	SU
00410	ALKALINITY, TOT	512	MG/L
00842	GRD WATER ELEV	846.85	FEET,MSL
00872	COND(FIELD) #25C	825	MICROMHO
00900	TOT HARD, CAC03	504	MG/L
01046	IRON, DISS	0.74	MG/L

CHECK BOX IF SAMPLE HAS: 1 ODOR 2 COLOR 3 TURBIDITY

110 SAMPLE POINT SB-6		PAL/ACL	
00307	CHLORIDE	37	MG/L
00340	COD, HI LEVEL	42	MG/L
00400	PH (FIELD)	7.0	SU
00410	ALKALINITY, TOT	703	MG/L
00842	GRD WATER ELEV	843.53	FEET,MSL
00872	COND(FIELD) #25C	1265	MICROMHO
00900	TOT HARD, CAC03	549	MG/L
01046	IRON, DISS	0.55	MG/L

CHECK BOX IF SAMPLE HAS: 1 ODOR 2 COLOR 3 TURBIDITY

RECEIVED
OCT 31 1989
BUREAU OF SOLID WASTE
HAZARDOUS WASTE MANAGEMENT

ENTERED
NOV 21 1989

FORM 3400-73 REV. 1-87

INSTRUCTIONS FOR COMPLETION OF FORM 3400-73, GROUNDWATER MONITORING TURNAROUND DOCUMENT.

Please complete and return this form as required by sections 144.435 and 147.08, Wis. Stats., and chapters NR 180 and 214, Wis. Adm. Code. In accordance with section 144.99 (solid waste statutes), failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5,000 for each day of violation. In accordance with section 147.21 (wastewater statutes), failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation.

1. This document must be mailed by the date shown on the front in the upper left corner.
2. Please type or print firmly and clearly with ball point pen on a hard surface. This document has treated paper and will make all copies without carbon paper.
3. The Permit Number, License Number or Monitoring Number, Name and Address should normally be preprinted before you receive the document. Use the information from a previous document if any of the items are blank.
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MONITORING FOR:

REPORTING PERIOD:

TO BE RETURNED BY:

DATE SAMPLE TAKEN:

CTY STOUGHTON
FACILITY NO. 00133
MARCH
MAY 31, 1990

03 / 21 / 90
MONTH / DAY / YEAR

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

Strand Associates
Sue Bushe

SAMPLES ANALYZED BY (FILL IN THE FOLLOWING)

LAB I.D. NO.: 113138410
LAB NAME: Strand Associates
CITY: Madison

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

PAGE

01

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

(608) 273-5972

NAME AND ADDRESS OF MONITORING CONTACT

12-13-00133
CHAS ANDERSON CONSULT ENG
910 W WINGRA DR
MADISON WI 53715

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

DATE SIGNED

Robert P. Muly

4-23-90

INSTRUCTIONS ON BACK

102 SAMPLE POINT SB-2			PAL/ACL
00307	CHLORIDE	21	MG/L
00340	COD, HI LEVEL	19	MG/L
00400	PH (FIELD)	7.3	SU
00410	ALKALINITY, TOT	349	MG/L
00842	GRD WATER ELEV	847.83	FEET,MSL
00872	COND(FIELD) @25C	539	MICROMHO
00900	TOT HARD, CaCO3	342	MG/L
01046	IRON, DISS	0.62	MG/L
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY			

108 SAMPLE POINT SB-4			PAL/ACL
00307	CHLORIDE	13	MG/L
00340	COD, HI LEVEL	37	MG/L
00400	PH (FIELD)	7.1	SU
00410	ALKALINITY, TOT	634	MG/L
00842	GRD WATER ELEV	843.66	FEET,MSL
00872	COND(FIELD) @25C	946	MICROMHO
00900	TOT HARD, CaCO3	609	MG/L
01046	IRON, DISS	9.8	MG/L
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY			

103 SAMPLE POINT SB-3			PAL/ACL
00307	CHLORIDE	48	MG/L
00340	COD, HI LEVEL	31	MG/L
00400	PH (FIELD)	8.1	SU
00410	ALKALINITY, TOT	196	MG/L
00842	GRD WATER ELEV	847.26	FEET,MSL
00872	COND(FIELD) @25C	385	MICROMHO
00900	TOT HARD, CaCO3	176	MG/L
01046	IRON, DISS	<0.05	MG/L
CHECK BOX IF SAMPLE HAS: 1 <input type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY			

109 SAMPLE POINT SB-5			PAL/ACL
00307	CHLORIDE	12	MG/L
00340	COD, HI LEVEL	10	MG/L
00400	PH (FIELD)	7.8	SU
00410	ALKALINITY, TOT	317	MG/L
00842	GRD WATER ELEV	847.92	FEET,MSL
00872	COND(FIELD) @25C	561	MICROMHO
00900	TOT HARD, CaCO3	363	MG/L
01046	IRON, DISS	<0.05	MG/L
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY			

107 SAMPLE POINT SB-1			PAL/ACL
00307	CHLORIDE	6	MG/L
00340	COD, HI LEVEL	15	MG/L
00400	PH (FIELD)	7.2	SU
00410	ALKALINITY, TOT	456	MG/L
00842	GRD WATER ELEV	848.03	FEET,MSL
00872	COND(FIELD) @25C	605	MICROMHO
00900	TOT HARD, CaCO3	456	MG/L
01046	IRON, DISS	1.95	MG/L
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY			

110 SAMPLE POINT SB-6			PAL/ACL
00307	CHLORIDE	22	MG/L
00340	COD, HI LEVEL	37	MG/L
00400	PH (FIELD)	7.4	SU
00410	ALKALINITY, TOT	559	MG/L
00842	GRD WATER ELEV	843.74	FEET,MSL
00872	COND(FIELD) @25C	880	MICROMHO
00900	TOT HARD, CaCO3	479	MG/L
01046	IRON, DISS	5.47	MG/L
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY			

FORM 3400-73 REV. 1-87

INSTRUCTIONS FOR COMPLETION OF FORM 3400-73, GROUNDWATER MONITORING TURNAROUND DOCUMENT.

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MONITORING FOR:

REPORTING PERIOD:

TO BE RETURNED BY:

DATE SAMPLE TAKEN:

CTY STOUGHTON
FACILITY NO. 00133
SEPTEMBER
NOVEMBER 30, 1990

00133
FID:
133005950

09 / 20 / 90
MONTH DAY YEAR

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

Strand Associates
Steve Arnold

SAMPLES ANALYZED BY: (FILL IN THE FOLLOWING)

LAB I.D. NO.: 113138410
LAB NAME: Strand Associates
CITY: Madison

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SW/3
P.O. BOX 7921
MADISON, WI 53707

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OCT 24 1990

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

(608) 273-5972

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

DATE SIGNED

Robert P. Mandry

10-19-90

NAME AND ADDRESS OF MONITORING CONTACT

12-13-00133

CHAS ANDERSON
910 W WINGRA DR
MADISON

CONSULT ENG
WI 53715

INSTRUCTIONS ON BACK

102 SAMPLE POINT SB-2				PAL/ACL
00307	CHLORIDE	28	MG/L	
00340	COD, HI LEVEL	31	MG/L	
00400	PH (FIELD)	7.5	SU	
00410	ALKALINITY, TOT	345	MG/L	
00842	GRD WATER ELEV	847.19	FEET,MSL	
00872	COND(FIELD) @25C	627	MICROMHO	
00900	TOT HARD, CaCO3	354	MG/L	
01046	IRON, DISS	1.20	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

108 SAMPLE POINT SB-4				PAL/ACL
00307	CHLORIDE	17	MG/L	
00340	COD, HI LEVEL	33	MG/L	
00400	PH (FIELD)	7.1	SU	
00410	ALKALINITY, TOT	619	MG/L	
00842	GRD WATER ELEV	845.11	FEET,MSL	
00872	COND(FIELD) @25C	1100	MICROMHO	
00900	TOT HARD, CaCO3	626	MG/L	
01046	IRON, DISS	9.35	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

103 SAMPLE POINT SB-3				PAL/ACL
00307	CHLORIDE	43	MG/L	
00340	COD, HI LEVEL	38	MG/L	
00400	PH (FIELD)	7.9	SU	
00410	ALKALINITY, TOT	198	MG/L	
00842	GRD WATER ELEV	846.72	FEET,MSL	
00872	COND(FIELD) @25C	407	MICROMHO	
00900	TOT HARD, CaCO3	207	MG/L	
01046	IRON, DISS	10.10	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

109 SAMPLE POINT SB-5				PAL/ACL
00307	CHLORIDE	15	MG/L	
00340	COD, HI LEVEL	18	MG/L	
00400	PH (FIELD)	8.0	SU	
00410	ALKALINITY, TOT	297	MG/L	
00842	GRD WATER ELEV	847.19	FEET,MSL	
00872	COND(FIELD) @25C	627	MICROMHO	
00900	TOT HARD, CaCO3	358	MG/L	
01046	IRON, DISS	10.10	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

107 SAMPLE POINT SB-1				PAL/ACL
00307	CHLORIDE	8	MG/L	
00340	COD, HI LEVEL	21	MG/L	
00400	PH (FIELD)	7.3	SU	
00410	ALKALINITY, TOT	480	MG/L	
00842	GRD WATER ELEV	846.68	FEET,MSL	
00872	COND(FIELD) @25C	825	MICROMHO	
00900	TOT HARD, CaCO3	486	MG/L	
01046	IRON, DISS	3.65	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

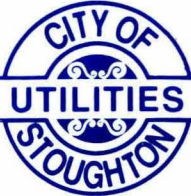
110 SAMPLE POINT SB-6				PAL/ACL
00307	CHLORIDE	62	MG/L	
00340	COD, HI LEVEL	67	MG/L	
00400	PH (FIELD)	8.4	SU	
00410	ALKALINITY, TOT	743	MG/L	
00842	GRD WATER ELEV	843.67	FEET,MSL	
00872	COND(FIELD) @25C	1517	MICROMHO	
00900	TOT HARD, CaCO3	610	MG/L	
01046	IRON, DISS	24.2	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

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211 WATER STREET • BOX 383 • STOUGHTON, WISCONSIN 53589-0383 • 608/873-3379
ROBERT P. KARDASZ, P.E. — Director of Public Works / Superintendent of Utilities

RECEIVED

APR 9 1991

**BUREAU OF SOLID -
HAZARDOUS WASTE MANAGEMENT**

April 5, 1991

Wisconsin Department of Natural Resources
Bureau of Solid Waste SW/3
P.O. Box 7921
Madison, WI 53707

Dear Sir/Madam:

Reference is made to the enclosed form 3400-73 (Rev. 9-90) and supportive information for the City of Stoughton Abandoned Landfill (License No. 00133 FID 133005950). Please note that the Preventive Action Limits for iron have been exceeded at SB-1, SB-2, SB-4 and SB-6.

Reference is further made to our January 25, 1991 and March 25, 1991 letters, to Mr. Paul Didier seeking an exemption from such monitoring for the reasons previously referenced including the fact that the site is being significantly addressed by the Superfund Program. A timely decision to our request shall be appreciated.

Sincerely,

CITY OF STOUGHTON

A handwritten signature in blue ink that reads "Robert P. Kardasz".

Robert P. Kardasz, P.E.
Director of Public Works

encl.

MONITORING FOR:

CTY STOUGHTON
LICENSE NO. 00133 FID 133005950
MARCH
MAY 31, 1991

REPORTING PERIOD:

TO BE RETURNED BY:

DATE SAMPLE TAKEN:

03 / 15 / 91
MONTH DAY YEAR

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

Robert P. Karly

DATE SIGNED

4-5-91

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

Strand Associates

Steve Karklins

SAMPLES ANALYZED BY: (FILL IN THE FOLLOWING)

LAB I.D. NO.: 113138410

LAB NAME: Strand Associates

CITY: Madison

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PAGE

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

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

(608) 273-5972

NAME AND ADDRESS OF MONITORING CONTACT

12-13-00133

CHAS ANDERSON
910 W WINGRA DR
MADISON

CONSULT ENG
WI 53715

INSTRUCTIONS ON BACK

102 SAMPLE POINT SB-2				PAL/ACL
00307	CHLORIDE	24	MG/L	125
00341	COD FILTERED	29	MG/L	
00400	PH (FIELD)	7.1	SU	
00842	GRD WATER ELEV	847.67	FEET,MSL	
00872	COND(FIELD) @25C	473	MICROMHO	
01046	IRON, DISS	0.43	MG/L	.15
22413	TOT HARD, FILT	280	MG/L	
39036	TOT ALK, FILTRD	265	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

108 SAMPLE POINT SB-4				PAL/ACL
00307	CHLORIDE	12	MG/L	125
00341	COD FILTERED	32	MG/L	
00400	PH (FIELD)	7.3	SU	
00842	GRD WATER ELEV	843.62	FEET,MSL	
00872	COND(FIELD) @25C	1070	MICROMHO	
01046	IRON, DISS	21.7	MG/L	.15
22413	TOT HARD, FILT	692	MG/L	
39036	TOT ALK, FILTRD	683	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input checked="" type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

103 SAMPLE POINT SB-3				PAL/ACL
00307	CHLORIDE	41	MG/L	125
00341	COD FILTERED	28	MG/L	
00400	PH (FIELD)	8.0	SU	
00842	GRD WATER ELEV	847.15	FEET,MSL	
00872	COND(FIELD) @25C	440	MICROMHO	
01046	IRON, DISS	<0.10	MG/L	.15
22413	TOT HARD, FILT	199	MG/L	
39036	TOT ALK, FILTRD	187	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

109 SAMPLE POINT SB-5				PAL/ACL
00307	CHLORIDE	8	MG/L	125
00341	COD FILTERED	17	MG/L	
00400	PH (FIELD)	7.8	SU	
00842	GRD WATER ELEV	847.68	FEET,MSL	
00872	COND(FIELD) @25C	660	MICROMHO	
01046	IRON, DISS	<0.10	MG/L	.15
22413	TOT HARD, FILT	432	MG/L	
39036	TOT ALK, FILTRD	384	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

107 SAMPLE POINT SB-1				PAL/ACL
00307	CHLORIDE	7	MG/L	125
00341	COD FILTERED	14	MG/L	
00400	PH (FIELD)	7.6	SU	
00842	GRD WATER ELEV	848.46	FEET,MSL	
00872	COND(FIELD) @25C	660	MICROMHO	
01046	IRON, DISS	1.91	MG/L	.15
22413	TOT HARD, FILT	379	MG/L	
39036	TOT ALK, FILTRD	362	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

110 SAMPLE POINT SB-6				PAL/ACL
00307	CHLORIDE	14	MG/L	125
00341	COD FILTERED	27	MG/L	
00400	PH (FIELD)	7.7	SU	
00842	GRD WATER ELEV	844.11	FEET,MSL	
00872	COND(FIELD) @25C	880	MICROMHO	
01046	IRON, DISS	8.0	MG/L	.15
22413	TOT HARD, FILT	422	MG/L	
39036	TOT ALK, FILTRD	462	MG/L	
CHECK BOX IF SAMPLE HAS: 1 <input type="checkbox"/> ODOR 2 <input checked="" type="checkbox"/> COLOR 3 <input checked="" type="checkbox"/> TURBIDITY				

ENTERED
MAY 24 '91
SMS

Form 3400-73 Rev. 9-90

INSTRUCTIONS FOR COMPLETION OF FORM 3400-73, ENVIRONMENTAL MONITORING REPORT FORM (TURNAROUND DOCUMENT)

Please complete and return this form as required by sections 144.435 and 147.08, Wis. Stats., and chapters NR 180 and 214, Wis. Adm. Code. In accordance with section 144.99 (solid waste statutes), failure to file this form may result in a forfeiture of not less than \$10 nor more than \$5,000 for each day of violation. In accordance with section 147.21 (wastewater statutes), failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation.

1. This document must be mailed by the date shown on the front in the upper left corner.
2. Please type or print firmly and clearly with ball point pen on a hard surface. This document has treated paper and will make all copies without carbon paper.
3. The Permit Number, License Number or Monitoring Number, Name and Address should normally be preprinted before you receive the document. Use the information from a previous document if any of the items are blank.
4. Match the Sample Point I.D. Numbers on this document to the laboratory test results.
5. The required parameters to be tested are printed for each sample point. Enter the value in the unshaded areas.
6. Do not fill in values in the column labeled PAL/ACL. The values printed in this column are provided to allow you to determine whether your sample values are exceeding any standards.
7. When a sample analysis shows a value less than a given number, mark the symbol (<) prior to the transcribed value.
8. When a parameter is analyzed for and not detected, report the value at less than (<) the detectable limit for that parameter. Do not enter 0 (zero) values.
9. When a sample analysis shows a value greater than a given number, mark the symbol (>) prior to the transcribed value.
10. When the parameter "Depth to Grd Wtr" is required, record the distance from the top of the groundwater to the top of the well casing in units of feet. Do not use feet and inches or inches alone.
11. When "Grd Water Elev" in units of feet MSL is required, record to the nearest 0.01 feet referenced to mean sea level (MSL). Do not use feet and inches.
12. Draw a horizontal line through the unshaded area reserved for each parameter value where the sample was unobtainable.
13. If the sample has an odor, has color, or is turbid, a description must be included in the comment area or on additional sheets. Sample Point I.D. must be included in the description.
14. Enter the name of the company and person that collected the samples in the unshaded box near the top of this document. Also enter the I.D. number and the name and city of the laboratory that analyzed the samples in the appropriate box.
15. Sign and date this document. When the document contains more than one page, sign and date the first page and initial each subsequent page.
16. Remove the last copy for your records.
17. Mail the original and the remaining copy to the address listed on the front in the upper right corner.
18. For additional information contact the Department of Natural Resources office listed on the front of the document.

MONITORING FOR:

REPORTING PERIOD:

TO BE RETURNED BY:

DATE SAMPLE TAKEN:

CTY: STOUGHTON
LICENSE NO. 00133 FID 133005950
MARCH
MAY 31, 1992

03 / 11 / 92
MONTH DAY YEAR

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

Steve Karklins

Strand Associates
MAY 29 1992

SAMPLES ANALYZED BY (FIRM AND THE FOLLOWING)

LAB I.D. NO.: 113138410

LAB NAME: Strand Associates

CITY: Madison

RECEIVED
MAY 29 1992
HAZARDOUS WASTE MANAGEMENT

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12-13-00133

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CTY STOUGHTON
910 W WINGRA DR
MADISON

CONSULT ENG
WI 5371E

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SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT:

DATE SIGNED

Robert P. Harding

MAY 27, 1992

INSTRUCTIONS ON BACK

102 SAMPLE POINT SB-2			PAL/ACL				
00307	CHLORIDE	40	MG/L	125			
00341	COD FILTERED	26	MG/L				
00400	PH (FIELD)	7.0	SU				
00842	GRD WATER ELEV	848.53	FEET,MSL				
00872	COND(FIELD) @25C	.561	MICROMHO				
01046	IRON, DISS	2.50	MG/L	.15			
22413	TOT HARD, FILT	422	MG/L				
39036	TOT ALK, FILTRD	385	MG/L				
Sample Has:	1 <input type="checkbox"/> Odor	2 <input type="checkbox"/> Color	3 <input checked="" type="checkbox"/> Turbidity	Well Is:	4 <input type="checkbox"/> Broken	5 <input type="checkbox"/> Frozen	6 <input type="checkbox"/> Dry

108 SAMPLE POINT SB-4			PAL/ACL				
00307	CHLORIDE	13	MG/L	125			
00341	COD FILTERED	24	MG/L				
00400	PH (FIELD)	6.6	SU				
00842	GRD WATER ELEV	844.37	FEET,MSL				
00872	COND(FIELD) @25C	1128	MICROMHO				
01046	IRON, DISS	12.30	MG/L	.15			
22413	TOT HARD, FILT	746	MG/L				
39036	TOT ALK, FILTRD	696	MG/L				
Sample Has:	1 <input checked="" type="checkbox"/> Odor	2 <input type="checkbox"/> Color	3 <input checked="" type="checkbox"/> Turbidity	Well Is:	4 <input type="checkbox"/> Broken	5 <input type="checkbox"/> Frozen	6 <input type="checkbox"/> Dry

103 SAMPLE POINT SB-3			PAL/ACL				
00307	CHLORIDE	40	MG/L	125			
00341	COD FILTERED	36	MG/L				
00400	PH (FIELD)	7.4	SU				
00842	GRD WATER ELEV	847.98	FEET,MSL				
00872	COND(FIELD) @25C	4.57	MICROMHO				
01046	IRON, DISS	20.10	MG/L	.15			
22413	TOT HARD, FILT	252	MG/L				
39036	TOT ALK, FILTRD	219	MG/L				
Sample Has:	1 <input type="checkbox"/> Odor	2 <input type="checkbox"/> Color	3 <input checked="" type="checkbox"/> Turbidity	Well Is:	4 <input type="checkbox"/> Broken	5 <input type="checkbox"/> Frozen	6 <input type="checkbox"/> Dry

109 SAMPLE POINT SB-5			PAL/ACL				
00307	CHLORIDE	7	MG/L	125			
00341	COD FILTERED	10	MG/L				
00400	PH (FIELD)	6.9	SU				
00842	GRD WATER ELEV	848.53	FEET,MSL				
00872	COND(FIELD) @25C	1743	MICROMHO				
01046	IRON, DISS	20.10	MG/L	.15			
22413	TOT HARD, FILT	4.76	MG/L				
39036	TOT ALK, FILTRD	399	MG/L				
Sample Has:	1 <input type="checkbox"/> Odor	2 <input type="checkbox"/> Color	3 <input checked="" type="checkbox"/> Turbidity	Well Is:	4 <input type="checkbox"/> Broken	5 <input type="checkbox"/> Frozen	6 <input type="checkbox"/> Dry

107 SAMPLE POINT SB-1			PAL/ACL				
00307	CHLORIDE	20	MG/L	125			
00341	COD FILTERED	27	MG/L				
00400	PH (FIELD)	6.7	SU				
00842	GRD WATER ELEV	849.70	FEET,MSL				
00872	COND(FIELD) @25C	1093	MICROMHO				
01046	IRON, DISS	6.38	MG/L	.15			
22413	TOT HARD, FILT	358	MG/L				
39036	TOT ALK, FILTRD	323	MG/L				
Sample Has:	1 <input type="checkbox"/> Odor	2 <input type="checkbox"/> Color	3 <input checked="" type="checkbox"/> Turbidity	Well Is:	4 <input type="checkbox"/> Broken	5 <input type="checkbox"/> Frozen	6 <input type="checkbox"/> Dry

110 SAMPLE POINT SB-6			PAL/ACL				
00307	CHLORIDE	7	MG/L	125			
00341	COD FILTERED	18	MG/L				
00400	PH (FIELD)	6.8	SU				
00842	GRD WATER ELEV	844.78	FEET,MSL				
00872	COND(FIELD) @25C	484	MICROMHO				
01046	IRON, DISS	1.60	MG/L	.15			
22413	TOT HARD, FILT	288	MG/L				
39036	TOT ALK, FILTRD	274	MG/L				
Sample Has:	1 <input type="checkbox"/> Odor	2 <input type="checkbox"/> Color	3 <input checked="" type="checkbox"/> Turbidity	Well Is:	4 <input type="checkbox"/> Broken	5 <input type="checkbox"/> Frozen	6 <input type="checkbox"/> Dry

Form 3400-73 Rev. 4-91

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11. When "Grd Water Elev" in units of feet MSL is required, record to the nearest 0.01 feet referenced to mean sea level (MSL). Do not use feet and inches.
12. Draw a horizontal line through the unshaded area reserved for each parameter value where the sample was unobtainable.
13. If the sample has an odor, has color, or is turbid, or the sample point is broken, frozen or dry, check the appropriate box and include a description in the comment area or on additional sheets. Sample Point I.D. must be included in the description.
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ELECTRIC • WATER • WASTEWATER

211 WATER STREET • BOX 383 • STOUGHTON, WISCONSIN 53589-0383 • 608/873-3379
ROBERT P. KARDASZ, P.E. — Director of Public Works / Superintendent of Utilities

October 12, 1992

RECEIVED

Wisconsin Department of Natural Resources
Bureau of Solid Wastes
P.O. Box 7921
Madison, WI 53707

OCT 13 1992

BUREAU OF SOLID -
HAZARDOUS WASTE MANAGEMENT

Dear Sir/Madam:

I am enclosing the monitoring well results for the City of Stoughton abandoned landfill. The following preventive action limits and enforcement standards were exceeded:

	<u>P.A.L.</u>	<u>E.S.</u>
Iron	1, 2, 4, 5, 6	1, 2, 4, 6
Conductivity	1, 4	
Total Alkalinity	1, 4	

These exceedances are for nonhealth related parameters which are anticipated to occur over time.

Sincerely,

CITY OF STOUGHTON

Robert P. Kardasz
Robert P. Kardasz, P.E.
Director of Public Works

encl.

MONITORING FOR:

CTY STOUGHTON
LICENSE NO. 00133 FID 133005950
SEPTEMBER
NOVEMBER 30, 1992

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MADISON, WI 53707

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01

REPORTING PERIOD:

TO BE RETURNED BY:

DATE SAMPLE TAKEN:

09 / 24 / 92
MONTH DAY YEAR

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

Stere Karklins
Strand Associates

SAMPLES ANALYZED BY: (FILL IN THE FOLLOWING)

LAB I.D. NO.: 113138410
LAB NAME: Strand Associates
CITY: madison

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

(608) 273-5972

NAME AND ADDRESS OF MONITORING CONTACT 12-13-00133

CHAS ANDERSON CONSULT ENG
CTY STOUGHTON
910 W WINGRA DR
MADISON WI 53715

COMMENTS

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SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZED AGENT

DATE SIGNED

Robert P. Handberg

10-12-92

INSTRUCTIONS ON BACK

102 SAMPLE POINT SB-2				PAL/ACL
00307	CHLORIDE	21	MG/L	125
00341	COD FILTERED	22	MG/L	
00400	PH (FIELD)	7.8	SU	
00842	GRD WATER ELEV	848.05	FEET,MSL	
00872	COND(FIELD) @25C	489	MICROMHO	
01046	IRON, DISS	1.96	MG/L	.15
22413	TOT HARD, FILT	363	MG/L	
39036	TOT ALK, FILTRD	290	MG/L	
Sample Has: <input checked="" type="checkbox"/> Odor <input type="checkbox"/> Color <input checked="" type="checkbox"/> Turbidity Well Is: <input type="checkbox"/> 4 <input type="checkbox"/> Broken <input type="checkbox"/> 5 <input type="checkbox"/> Frozen <input type="checkbox"/> 6 <input type="checkbox"/> Dry				

108 SAMPLE POINT SB-4				PAL/ACL
00307	CHLORIDE	7	MG/L	125
00341	COD FILTERED	36	MG/L	
00400	PH (FIELD)	7.4	SU	
00842	GRD WATER ELEV	842.96	FEET,MSL	
00872	COND(FIELD) @25C	990	MICROMHO	
01046	IRON, DISS	9.78	MG/L	.15
22413	TOT HARD, FILT	670	MG/L	
39036	TOT ALK, FILTRD	570	MG/L	
Sample Has: <input type="checkbox"/> Odor <input type="checkbox"/> Color <input checked="" type="checkbox"/> Turbidity Well Is: <input type="checkbox"/> 4 <input type="checkbox"/> Broken <input type="checkbox"/> 5 <input type="checkbox"/> Frozen <input type="checkbox"/> 6 <input type="checkbox"/> Dry				

103 SAMPLE POINT SB-3				PAL/ACL
00307	CHLORIDE	44	MG/L	125
00341	COD FILTERED	31	MG/L	
00400	PH (FIELD)	8.0	SU	
00842	GRD WATER ELEV	847.50	FEET,MSL	
00872	COND(FIELD) @25C	451	MICROMHO	
01046	IRON, DISS	10.10	MG/L	.15
22413	TOT HARD, FILT	218	MG/L	
39036	TOT ALK, FILTRD	230	MG/L	
Sample Has: <input type="checkbox"/> Odor <input type="checkbox"/> Color <input checked="" type="checkbox"/> Turbidity Well Is: <input type="checkbox"/> 4 <input type="checkbox"/> Broken <input type="checkbox"/> 5 <input type="checkbox"/> Frozen <input type="checkbox"/> 6 <input type="checkbox"/> Dry				

109 SAMPLE POINT SB-5				PAL/ACL
00307	CHLORIDE	12	MG/L	125
00341	COD FILTERED	10	MG/L	
00400	PH (FIELD)	7.9	SU	
00842	GRD WATER ELEV	848.06	FEET,MSL	
00872	COND(FIELD) @25C	616	MICROMHO	
01046	IRON, DISS	0.17	MG/L	.15
22413	TOT HARD, FILT	420	MG/L	
39036	TOT ALK, FILTRD	323	MG/L	
Sample Has: <input type="checkbox"/> Odor <input type="checkbox"/> Color <input checked="" type="checkbox"/> Turbidity Well Is: <input type="checkbox"/> 4 <input type="checkbox"/> Broken <input type="checkbox"/> 5 <input type="checkbox"/> Frozen <input type="checkbox"/> 6 <input type="checkbox"/> Dry				

107 SAMPLE POINT SB-1				PAL/ACL
00307	CHLORIDE	9	MG/L	125
00341	COD FILTERED	23	MG/L	
00400	PH (FIELD)	7.6	SU	
00842	GRD WATER ELEV	847.95	FEET,MSL	
00872	COND(FIELD) @25C	803	MICROMHO	
01046	IRON, DISS	4.65	MG/L	.15
22413	TOT HARD, FILT	519	MG/L	
39036	TOT ALK, FILTRD	507	MG/L	
Sample Has: <input checked="" type="checkbox"/> Odor <input type="checkbox"/> Color <input checked="" type="checkbox"/> Turbidity Well Is: <input type="checkbox"/> 4 <input type="checkbox"/> Broken <input type="checkbox"/> 5 <input type="checkbox"/> Frozen <input type="checkbox"/> 6 <input type="checkbox"/> Dry				

110 SAMPLE POINT SB-6				PAL/ACL
00307	CHLORIDE	10	MG/L	125
00341	COD FILTERED	29	MG/L	
00400	PH (FIELD)	7.7	SU	
00842	GRD WATER ELEV	843.94	FEET,MSL	
00872	COND(FIELD) @25C	638	MICROMHO	
01046	IRON, DISS	9.50	MG/L	.15
22413	TOT HARD, FILT	408	MG/L	
39036	TOT ALK, FILTRD	433	MG/L	
Sample Has: <input checked="" type="checkbox"/> Odor <input type="checkbox"/> Color <input checked="" type="checkbox"/> Turbidity Well Is: <input type="checkbox"/> 4 <input type="checkbox"/> Broken <input type="checkbox"/> 5 <input type="checkbox"/> Frozen <input type="checkbox"/> 6 <input type="checkbox"/> Dry				

Form 3400-73 Rev. 4-91

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11. When "Grd Water Elev" in units of feet MSL is required, record to the nearest 0.01 feet referenced to mean sea level (MSL). Do not use feet and inches.
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18. For additional information contact the Department of Natural Resources office listed on the front of the document.



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ELECTRIC • WATER • WASTEWATER

211 WATER STREET • BOX 383 • STOUGHTON, WISCONSIN 53589-0383 • 608/873-3379

ROBERT P. KARDASZ, P.E. — Director of Public Works / Superintendent of Utilities

RECEIVED
MAR 24 93
BUREAU OF SOLID HAZARDOUS
WASTE MANAGEMENT

March 22, 1993

Wisconsin Department of Natural Resources
Bureau of Solid Wastes
P.O. Box 7921
Madison, WI 53707

Dear Sir/Madam:

I am enclosing the monitoring well results for the City of Stoughton abandoned landfill. The following preventive action limits and enforcement standards were exceeded:

	<u>P.A.L.</u>	<u>E.S.</u>
Iron	1, 2, 4, 6	1, 2, 4, 6

These exceedances are for non-health related parameters which are anticipated to occur over time.

Sincerely,

CITY OF STOUGHTON

A handwritten signature in blue ink that reads "Robert P. Kardasz".

Robert P. Kardasz, P.E.
Superfund Program Director

encl.

RPK/kg

MONITORING FOR:

CTY STOUGHTON
LICENSE NO. 00133 FID 133005950
MARCH
MAY 31, 1993

REPORTING PERIOD:

TO BE RETURNED BY:

DATE SAMPLE TAKEN:

03 / 09 / 93
MONTH DAY YEAR

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

Strand Associates
Steve Karklins

SAMPLES ANALYZED BY: (FILL IN THE FOLLOWING)

LAB I.D. NO.: 113138410

LAB NAME: Strand Associates

CITY: Madison

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

DATE SIGNED

Robert P. Hulby

3-22-93

RETAIN BOTTOM COPY — RETURN REMAINING COPIES TO:

PAGE

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

01

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

(608) 275-3298

NAME AND ADDRESS OF MONITORING CONTACT 12-13-00133

CHAS ANDERSON CONSULT ENG
CTY STOUGHTON
910 W WINGRA DR
MADISON WI 53715

INSTRUCTIONS ON BACK

102 SAMPLE POINT SB-2				PAL/ACL
00307	CHLORIDE	25	MG/L	125
00341	COD FILTERED	37	MG/L	
00400	PH (FIELD)	7.4	SU	
00842	GRD WATER ELEV	848.39	FEET,MSL	
00872	COND(FIELD) @25C	612	MICROMHO	
01046	IRON, DISS	1.12	MG/L	.15
22413	TOT HARD, FILT	297	MG/L	
39036	TOT ALK, FILTRD	280	MG/L	
Sample Has: 1 <input type="checkbox"/> Odor 2 <input type="checkbox"/> Color 3 <input checked="" type="checkbox"/> Turbidity Well Is: 4 <input type="checkbox"/> Broken 5 <input type="checkbox"/> Frozen 6 <input type="checkbox"/> Dry				

108 SAMPLE POINT SB-4				PAL/ACL
00307	CHLORIDE	15	MG/L	125
00341	COD FILTERED	36	MG/L	
00400	PH (FIELD)	6.7	SU	
00842	GRD WATER ELEV	843.55	FEET,MSL	
00872	COND(FIELD) @25C	1238	MICROMHO	
01046	IRON, DISS	10.0	MG/L	.15
22413	TOT HARD, FILT	679	MG/L	
39036	TOT ALK, FILTRD	659	MG/L	
Sample Has: 1 <input checked="" type="checkbox"/> Odor 2 <input type="checkbox"/> Color 3 <input checked="" type="checkbox"/> Turbidity Well Is: 4 <input type="checkbox"/> Broken 5 <input type="checkbox"/> Frozen 6 <input type="checkbox"/> Dry				

103 SAMPLE POINT SB-3				PAL/ACL
00307	CHLORIDE	43	MG/L	125
00341	COD FILTERED	36	MG/L	
00400	PH (FIELD)	7.7	SU	
00842	GRD WATER ELEV	847.79	FEET,MSL	
00872	COND(FIELD) @25C	580	MICROMHO	
01046	IRON, DISS	0.11	MG/L	.15
22413	TOT HARD, FILT	244	MG/L	
39036	TOT ALK, FILTRD	230	MG/L	
Sample Has: 1 <input type="checkbox"/> Odor 2 <input type="checkbox"/> Color 3 <input checked="" type="checkbox"/> Turbidity Well Is: 4 <input type="checkbox"/> Broken 5 <input type="checkbox"/> Frozen 6 <input type="checkbox"/> Dry				

109 SAMPLE POINT SB-5				PAL/ACL
00307	CHLORIDE	11	MG/L	125
00341	COD FILTERED	23	MG/L	
00400	PH (FIELD)	7.3	SU	
00842	GRD WATER ELEV	848.41	FEET,MSL	
00872	COND(FIELD) @25C	840	MICROMHO	
01046	IRON, DISS	<0.10	MG/L	.15
22413	TOT HARD, FILT	443	MG/L	
39036	TOT ALK, FILTRD	400	MG/L	
Sample Has: 1 <input type="checkbox"/> Odor 2 <input type="checkbox"/> Color 3 <input checked="" type="checkbox"/> Turbidity Well Is: 4 <input type="checkbox"/> Broken 5 <input type="checkbox"/> Frozen 6 <input type="checkbox"/> Dry				

107 SAMPLE POINT SB-1				PAL/ACL
00307	CHLORIDE	12	MG/L	125
00341	COD FILTERED	68	MG/L	
00400	PH (FIELD)	7.0	SU	
00842	GRD WATER ELEV	847.76	FEET,MSL	
00872	COND(FIELD) @25C	1020	MICROMHO	
01046	IRON, DISS	5.96	MG/L	.15
22413	TOT HARD, FILT	528	MG/L	
39036	TOT ALK, FILTRD	546	MG/L	
Sample Has: 1 <input checked="" type="checkbox"/> Odor 2 <input type="checkbox"/> Color 3 <input checked="" type="checkbox"/> Turbidity Well Is: 4 <input type="checkbox"/> Broken 5 <input type="checkbox"/> Frozen 6 <input type="checkbox"/> Dry				

110 SAMPLE POINT SB-6				PAL/ACL
00307	CHLORIDE	16	MG/L	125
00341	COD FILTERED	30	MG/L	
00400	PH (FIELD)	7.2	SU	
00842	GRD WATER ELEV	844.42	FEET,MSL	
00872	COND(FIELD) @25C	910	MICROMHO	
01046	IRON, DISS	15.3	MG/L	.15
22413	TOT HARD, FILT	406	MG/L	
39036	TOT ALK, FILTRD	452	MG/L	
Sample Has: 1 <input checked="" type="checkbox"/> Odor 2 <input checked="" type="checkbox"/> Color 3 <input checked="" type="checkbox"/> Turbidity Well Is: 4 <input type="checkbox"/> Broken 5 <input type="checkbox"/> Frozen 6 <input type="checkbox"/> Dry				

Form 3400-73 Rev. 4-91

INSTRUCTIONS FOR COMPLETION OF FORM 3400-73, ENVIRONMENTAL MONITORING REPORT FORM (TURNAROUND DOCUMENT)

Please complete and return this form as required by sections 144.435 and 147.08, Wis. Stats., and chapters NR 180 and 214, Wis. Adm. Code. In accordance with section 144.99 (solid waste statutes), failure to file this form may result in a forfeiture of not less than \$10 nor more than \$5,000 for each day of violation. In accordance with section 147.21 (wastewater statutes), failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation.

1. This document must be mailed by the date shown on the front in the upper left corner.
2. Please type or print firmly and clearly with ball point pen on a hard surface. This document has treated paper and will make all copies without carbon paper.
3. The Permit Number, License Number or Monitoring Number, Name and Address should normally be preprinted before you receive the document. Use the information from a previous document if any of the items are blank.
4. Match the Sample Point I.D. Numbers on this document to the laboratory test results.
5. The required parameters to be tested are printed for each sample point. Enter the value in the unshaded areas.
6. Do not fill in values in the column labeled PAL/ACL. The values printed in this column are provided to allow you to determine whether your sample values are exceeding any standards.
7. When a sample analysis shows a value less than a given number, mark the symbol (<) prior to the transcribed value.
8. When a parameter is analyzed for and not detected, report the value at less than (<) the detectable limit for that parameter. Do not enter 0 (zero) values.
9. When a sample analysis shows a value greater than a given number, mark the symbol (>) prior to the transcribed value.
10. When the parameter "Depth to Grd Wtr" is required, record the distance from the top of the groundwater to the top of the well casing in units of feet. Do not use feet and inches or inches alone.
11. When "Grd Water Elev" in units of feet MSL is required, record to the nearest 0.01 feet referenced to mean sea level (MSL). Do not use feet and inches.
12. Draw a horizontal line through the unshaded area reserved for each parameter value where the sample was unobtainable.
13. If the sample has an odor, has color, or is turbid, or the sample point is broken, frozen or dry, check the appropriate box and include a description in the comment area or on additional sheets. Sample Point I.D. must be included in the description.
14. Enter the name of the company and person that collected the samples in the unshaded box near the top of this document. Also enter the I.D. number and the name and city of the laboratory that analyzed the samples in the appropriate box.
15. Sign and date this document. When the document contains more than one page, sign and date the first page and initial each subsequent page.
16. Remove the last copy for your records.
17. Mail the original and the remaining copy to the address listed on the front in the upper right corner.
18. For additional information contact the Department of Natural Resources office listed on the front of the document.

sw/GWM File

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ELECTRIC • WATER • WASTEWATER

211 WATER STREET • BOX 383 • STOUGHTON, WISCONSIN 53589-0383 • 608/873-3379
ROBERT P. KARDASZ, P.E. — Director of Public Works / Superintendent of Utilities

RECEIVED

OCT 21 1993

#113005950

October 20, 1993
BUREAU OF SOLID -
HAZARDOUS WASTE MANAGEMENT

Wisconsin Department of Natural Resources
Bureau of Solid Wastes
P. O. Box 7921
Madison, WI 53707

Dear Sir/Madam:

#00133

I am enclosing the monitoring well results for the City of Stoughton abandoned landfill. The following preventive action limits and enforcement standards were exceeded:

	<u>P.A.L.</u>	<u>E.S.</u>
Iron	1, 2, 4, 6	1, 2, 4, 6

These exceedance are for non-health related parameters which are anticipated to occur over time.

Sincerely,

CITY OF STOUGHTON

Robert P. Kardasz
Robert P. Kardasz, P.E.
Superfund Program Director

encl.

RPK/jr

MONITORING FOR:

REPORTING PERIOD:

TO BE RETURNED BY:

DATE SAMPLE TAKEN:

CTY STOUGHTON
 LICENSE NO. 00133 FID 133005950 ✓
 SEPTEMBER
 NOVEMBER 30, 1993

RECEIVED
 OCT 21 1993

RETAIN BOTTOM COPY — RETURN REMAINING COPIES TO:

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

ENTERED
 DEC 16 1993

01

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

(608) 275-3298

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

Strand Associates
 Steve Karklins

BUREAU OF SOLID -
 HAZARDOUS WASTE MANAGEMENT

SAMPLES ANALYZED BY: (FILL IN THE FOLLOWING)

LAB I.D. NO.: 113138410
 LAB NAME: Strand Associates
 CITY: Madison

NAME AND ADDRESS OF MONITORING CONTACT: 12-13-00133

CHAS ANDERSON CONSULTING ENGR
 CTY STOUGHTON
 910 WEST WINGRA DRIVE
 MADISON WI 53715

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

Robert P. Harding

DATE SIGNED

10-20-93

INSTRUCTIONS ON BACK

102 SAMPLE POINT SB-2				PAL/ACL
00307	CHLORIDE	29	MG/L	125
00341	COD FILTERED	27	MG/L	
00400	PH (FIELD)	7.2	SU	
00842	GRD WATER ELEV	849.53	FEET,MSL	
00872	COND(FIELD) @25C	670	MICROMHO	
01046	IRON, DISS	1.53	MG/L	.15
22413	TOT HARD, FILT	307	MG/L	
39036	TOT ALK, FILTRD	388	MG/L	
Sample Has: 1 <input checked="" type="checkbox"/> Odor 2 <input type="checkbox"/> Color 3 <input checked="" type="checkbox"/> Turbidity Well Is: 4 <input type="checkbox"/> Broken 5 <input type="checkbox"/> Frozen 6 <input type="checkbox"/> Dry				

108 SAMPLE POINT SB-4				PAL/ACL
00307	CHLORIDE	15	MG/L	125
00341	COD FILTERED	29	MG/L	
00400	PH (FIELD)	6.5	SU	
00842	GRD WATER ELEV	844.82	FEET,MSL	
00872	COND(FIELD) @25C	1333	MICROMHO	
01046	IRON, DISS	17.2	MG/L	.15
22413	TOT HARD, FILT	706	MG/L	
39036	TOT ALK, FILTRD	882	MG/L	
Sample Has: 1 <input checked="" type="checkbox"/> Odor 2 <input type="checkbox"/> Color 3 <input checked="" type="checkbox"/> Turbidity Well Is: 4 <input type="checkbox"/> Broken 5 <input type="checkbox"/> Frozen 6 <input type="checkbox"/> Dry				

103 SAMPLE POINT SB-3				PAL/ACL
00307	CHLORIDE	41	MG/L	125
00341	COD FILTERED	24	MG/L	
00400	PH (FIELD)	7.8	SU	
00842	GRD WATER ELEV	848.92	FEET,MSL	
00872	COND(FIELD) @25C	605	MICROMHO	
01046	IRON, DISS	<0.10	MG/L	.15
22413	TOT HARD, FILT	252	MG/L	
39036	TOT ALK, FILTRD	304	MG/L	
Sample Has: 1 <input checked="" type="checkbox"/> Odor 2 <input type="checkbox"/> Color 3 <input checked="" type="checkbox"/> Turbidity Well Is: 4 <input type="checkbox"/> Broken 5 <input type="checkbox"/> Frozen 6 <input type="checkbox"/> Dry				

109 SAMPLE POINT SB-5				PAL/ACL
00307	CHLORIDE	17	MG/L	125
00341	COD FILTERED	<5	MG/L	
00400	PH (FIELD)	7.4	SU	
00842	GRD WATER ELEV	849.53	FEET,MSL	
00872	COND(FIELD) @25C	710	MICROMHO	
01046	IRON, DISS	<0.10	MG/L	.15
22413	TOT HARD, FILT	351	MG/L	
39036	TOT ALK, FILTRD	361	MG/L	
Sample Has: 1 <input checked="" type="checkbox"/> Odor 2 <input type="checkbox"/> Color 3 <input checked="" type="checkbox"/> Turbidity Well Is: 4 <input type="checkbox"/> Broken 5 <input type="checkbox"/> Frozen 6 <input type="checkbox"/> Dry				

107 SAMPLE POINT SB-1				PAL/ACL
00307	CHLORIDE	11	MG/L	125
00341	COD FILTERED	25	MG/L	
00400	PH (FIELD)	6.8	SU	
00842	GRD WATER ELEV	847.88	FEET,MSL	
00872	COND(FIELD) @25C	1040	MICROMHO	
01046	IRON, DISS	4.26	MG/L	.15
22413	TOT HARD, FILT	509	MG/L	
39036	TOT ALK, FILTRD	662	MG/L	
Sample Has: 1 <input checked="" type="checkbox"/> Odor 2 <input type="checkbox"/> Color 3 <input checked="" type="checkbox"/> Turbidity Well Is: 4 <input type="checkbox"/> Broken 5 <input type="checkbox"/> Frozen 6 <input type="checkbox"/> Dry				

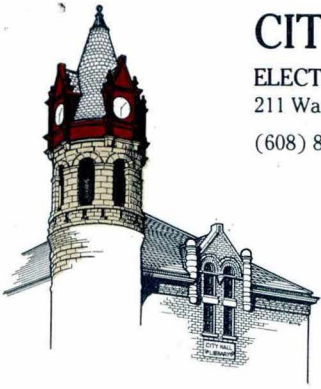
110 SAMPLE POINT SB-6				PAL/ACL
00307	CHLORIDE	20	MG/L	125
00341	COD FILTERED	40	MG/L	
00400	PH (FIELD)	7.0	SU	
00842	GRD WATER ELEV	844.71	FEET,MSL	
00872	COND(FIELD) @25C	1210	MICROMHO	
01046	IRON, DISS	17.7	MG/L	.15
22413	TOT HARD, FILT	472	MG/L	
39036	TOT ALK, FILTRD	695	MG/L	
Sample Has: 1 <input checked="" type="checkbox"/> Odor 2 <input type="checkbox"/> Color 3 <input checked="" type="checkbox"/> Turbidity Well Is: 4 <input type="checkbox"/> Broken 5 <input type="checkbox"/> Frozen 6 <input type="checkbox"/> Dry				

Form 3400-73 Rev. 8-93

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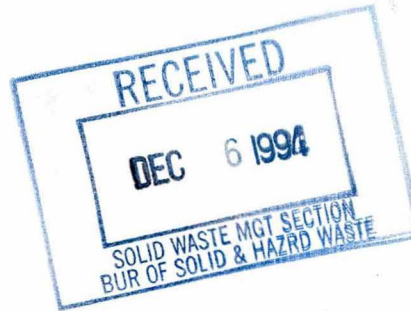
1. This document must be mailed by the date shown on the front in the upper left corner.
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11. When "Grd Water Elev" in units of feet MSL is required, record to the nearest 0.01 feet referenced to mean sea level (MSL). Do not use feet and inches.
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13. If the sample has an odor, has color, or is turbid, or the sample point is broken, frozen or dry, check the appropriate box and include a description in the comment area or on additional sheets. Sample Point I.D. must be included in the description.
14. Enter the name of the company and person that collected the samples in the unshaded box near the top of this document. Also enter the I.D. number and the name and city of the laboratory that analyzed the samples in the appropriate box.
15. Sign and date this document. When the document contains more than one page, sign and date the first page and initial each subsequent page.
16. Remove the last copy for your records.
17. Mail the original and the remaining copy to the address listed on the front in the upper right corner.
18. For additional information contact the Department of Natural Resources office listed on the front of the document.



CITY OF STOUGHTON

ELECTRIC, WATER, WASTEWATER UTILITIES *Founded 1886*
211 Water Street P.O. Box 383 Stoughton, WI 53589-0383
(608) 873-3379

ROBERT P. KARDASZ, P.E.
Director of Utilities



November 29, 1994

Wisconsin Department of Natural Resources
Bureau of Solid Wastes
P.O. Box 7921
Madison, WI 53707

Dear Sir/Madam:

I am enclosing the monitoring well results for the City of Stoughton abandoned landfill. The following preventive action limits and enforcement standards were exceeded:

	<u>P.A.L.</u>	<u>E.S.</u>
Iron	1, 2, 4, 6	1, 2, 4, 6

These exceedances are for non-health related parameters which are anticipated to occur over time.

Sincerely,

CITY OF STOUGHTON

Robert P. Kardasz
Robert P. Kardasz, P.E.
Superfund Program Director

encl.

MONITORING FOR:

REPORTING PERIOD:

TO BE RETURNED BY:

DATE SAMPLE TAKEN

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

DATE SIGNED

CTY STOUGHTON
LICENSE NO. 00133 FID 113005950
SEPTEMBER

NOVEMBER 30, 1994

11 / 01 / 94
MONTH DAY YEAR

Dissolved Iron performed by
Montgomery Watson

Robert P. Kelly

11-29-94

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

STRAND ASSOC., INC
JEFF VISSERS

SAMPLES ANALYZED BY (FILL IN THE FOLLOWING)

LAB I.D. NO. 113138410
LAB NAME: STRAND ASSOC., INC
CITY: MADISON, WI

RECEIVED

DEC 6 1994

RETAIN BOTTOM COPY - RETURN REMAINING COPIES TO:

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

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CALL

(608) 275-3298

STOUGHTON WATER UTILITY
01 08

OCT 17 1994

NAME AND ADDRESS OF MONITORING CONTACT

12-13-00133

CHAS ANDERSON CONSULTING ENGR
CTY STOUGHTON
910 WEST WINGRA DRIVE
MADISON WI 53715

INSTRUCTIONS ON BACK

102 SAMPLE POINT SB-2		PAL/ACL	
00307	CHLORIDE	31	125
00341	COD FILTERED	29	
00400	PH (FIELD)	6.6	
00842	GRD WATER ELEV	848.38	
00872	COND(FIELD) @25C	676	
01046	IRON, DISS	0.47	.15
22413	TOT HARD, FILT	320	
39036	TOT ALK, FILTRD	290	

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

108 SAMPLE POINT SB-4		PAL/ACL	
00307	CHLORIDE	20.074	125
00341	COD FILTERED	28	
00400	PH (FIELD)	6.5	
00842	GRD WATER ELEV	844.88	
00872	COND(FIELD) @25C	1440	
01046	IRON, DISS	13.1	.15
22413	TOT HARD, FILT	770	
39036	TOT ALK, FILTRD	770	

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

103 SAMPLE POINT SB-3		PAL/ACL	
00307	CHLORIDE	136	125
00341	COD FILTERED	15	
00400	PH (FIELD)	6.5	
00842	GRD WATER ELEV	847.72	
00872	COND(FIELD) @25C	619	
01046	IRON, DISS	40.05	.15
22413	TOT HARD, FILT	280	
39036	TOT ALK, FILTRD	260	

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

109 SAMPLE POINT SB-5		PAL/ACL	
00307	CHLORIDE	32	125
00341	COD FILTERED	45	
00400	PH (FIELD)	6.6	
00842	GRD WATER ELEV	848.36	
00872	COND(FIELD) @25C	718	
01046	IRON, DISS	40.05	.15
22413	TOT HARD, FILT	380	
39036	TOT ALK, FILTRD	300	

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

107 SAMPLE POINT SB-1		PAL/ACL	
00307	CHLORIDE	3.7	125
00341	COD FILTERED	6	
00400	PH (FIELD)	6.6	
00842	GRD WATER ELEV	847.57	
00872	COND(FIELD) @25C	895	
01046	IRON, DISS	2.67	.15
22413	TOT HARD, FILT	460	
39036	TOT ALK, FILTRD	490	

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

110 SAMPLE POINT SB-6		PAL/ACL	
00307	CHLORIDE	17	125
00341	COD FILTERED	20	
00400	PH (FIELD)	6.2	
00842	GRD WATER ELEV	845	
00872	COND(FIELD) @25C	835	
01046	IRON, DISS	5.8	.15
22413	TOT HARD, FILT	400	
39036	TOT ALK, FILTRD	420	

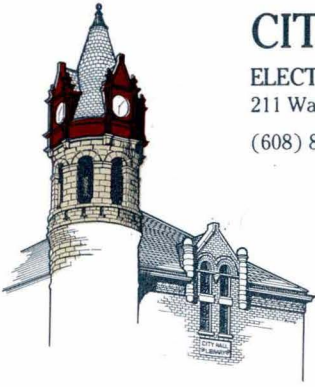
Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

RECEIVED

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3. The Permit Number, License Number or Monitoring Number, Name and Address should normally be preprinted before you receive the document. Use the information from a previous document if any of the items are blank.
4. Match the Sample Point I.D. Numbers on this document to the laboratory test results.
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11. When "Grd Water Elev" in units of feet MSL is required, record to the nearest 0.01 feet referenced to mean sea level (MSL). Do not use feet and inches.
12. Draw a horizontal line through the unshaded area reserved for each parameter value where the sample was unobtainable.
13. If the sample has an odor, has color, or is turbid, or the sample point is broken, frozen or dry, check the appropriate box and include a description in the comment area or on additional sheets. Sample Point I.D. must be included in the description.
14. Enter the name of the company and person that collected the samples in the unshaded box near the top of this document. Also enter the I.D. number and the name and city of the laboratory that analyzed the samples in the appropriate box.
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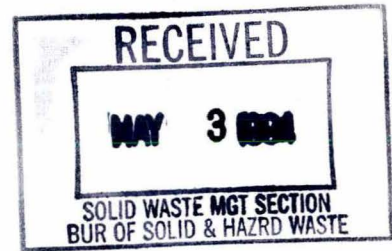


CITY OF STOUGHTON

ELECTRIC, WATER, WASTEWATER UTILITIES *Founded 1886*
211 Water Street P.O. Box 383 Stoughton, WI 53589-0383
(608) 873-3379

ROBERT P. KARDASZ, P.E.
Director of Utilities

April 29, 1994



Wisconsin Department of Natural Resources
Bureau of Solid Wastes
P.O. Box 7921
Madison, WI 53707

Dear Sir/Madam:

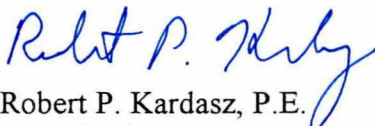
I am enclosing the monitoring well results for the City of Stoughton abandoned landfill. The following preventive action limits and enforcement standards were exceeded:

	<u>P.A.L.</u>	<u>E.S.</u>
Iron	1, 2, 4, 6	1, 2, 4, 6

These exceedance are for non-health related parameters which are anticipated to occur over time.

Sincerely,

CITY OF STOUGHTON


Robert P. Kardasz, P.E.
Superfund Program Director

encl.

RPK/kg

RECEIVED
 CTY. STOUTON
 LICENSE NO. 00133 FID 133005950
 MARCH
 REPORTING PERIOD:
MAY 3 1994
 TO BE RETURNED BY:
 MAY 31, 1994

RECEIVED
STRAND ASSOCIATES, INC.

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

01

SOLID WASTE MGT SECTION
 BUR OF SOLID & HAZARD WASTE
 DATE: **3/18/94**
 MONTH DAY YEAR

SAMPLE COLLECTED BY (NAME OF COMPANY AND PERSON)
 Strand Associates, Inc
 Dave Wemy
 CLIENT/FILE
 JOB NO. BY

MAR 3 1994

IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM, PLEASE CALL:
(608) 275-3298

COMMENTS
Please change contact name to Richard Bablino

SAMPLES ANALYZED BY (FILL IN THE FOLLOWING)
 LAB I.D. NO: 113138410
 LAB NAME: Strand Associates
 CITY: Madison

NAME AND ADDRESS OF MONITORING CONTACT 12-13-00133
 CHAS ANDERSON CONSULTING ENGR
 CTY STOUTON
 910 WEST WINGRA DRIVE
 MADISON WI 53715

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: *Rudolph P. Kelly*
 DATE SIGNED: 4-29-94

INSTRUCTIONS ON BACK

SAMPLE POINT SB-2				PAL/ACL
00307	CHLORIDE	30	MG/L	125
00341	COD FILTERED	23	MG/L	
00400	PH (FIELD)	7.0	SU	
00842	GRD WATER ELEV	849.29	FEET, MSL	
00872	COND(FIELD) @25C	642	MICROMHO	
01046	IRON, DISS	2.0	MG/L	.15
22413	TOT HARD, FILT	300	MG/L	
39036	TOT ALK, FILTRD	230	MG/L	

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

SAMPLE POINT SB-4				PAL/ACL
00307	CHLORIDE	15	MG/L	125
00341	COD FILTERED	38	MG/L	
00400	PH (FIELD)	6.7	SU	
00842	GRD WATER ELEV	845.18	FEET, MSL	
00872	COND(FIELD) @25C	1350	MICROMHO	
01046	IRON, DISS	13	MG/L	.15
22413	TOT HARD, FILT	600	MG/L	
39036	TOT ALK, FILTRD	530	MG/L	

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

SAMPLE POINT SB-3				PAL/ACL
00307	CHLORIDE	40	MG/L	125
00341	COD FILTERED	29	MG/L	
00400	PH (FIELD)	7.2	SU	
00842	GRD WATER ELEV	848.00	FEET, MSL	
00872	COND(FIELD) @25C	609	MICROMHO	
01046	IRON, DISS	0.075	MG/L	.15
22413	TOT HARD, FILT	260	MG/L	
39036	TOT ALK, FILTRD	190	MG/L	

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

SAMPLE POINT SB-5				PAL/ACL
00307	CHLORIDE	17	MG/L	125
00341	COD FILTERED	15	MG/L	
00400	PH (FIELD)	7.1	SU	
00842	GRD WATER ELEV	849.29	FEET, MSL	
00872	COND(FIELD) @25C	695	MICROMHO	
01046	IRON, DISS	0.14	MG/L	.15
22413	TOT HARD, FILT	350	MG/L	
39036	TOT ALK, FILTRD	220	MG/L	

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

SAMPLE POINT SB-1				PAL/ACL
00307	CHLORIDE	7.6	MG/L	125
00341	COD FILTERED	25	MG/L	
00400	PH (FIELD)	6.9	SU	
00842	GRD WATER ELEV	849.17	FEET, MSL	
00872	COND(FIELD) @25C	821	MICROMHO	
01046	IRON, DISS	4.8	MG/L	.15
22413	TOT HARD, FILT	390	MG/L	
39036	TOT ALK, FILTRD	340	MG/L	

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

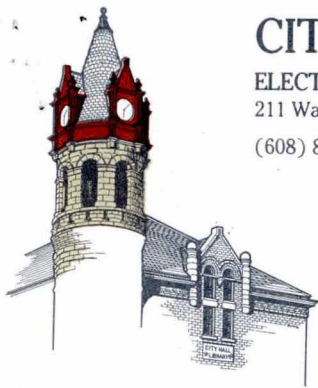
SAMPLE POINT SB-6				PAL/ACL
00307	CHLORIDE	9.5	MG/L	125
00341	COD FILTERED	30	MG/L	
00400	PH (FIELD)	7.2	SU	
00842	GRD WATER ELEV	845.13	FEET, MSL	
00872	COND(FIELD) @25C	771	MICROMHO	
01046	IRON, DISS	14	MG/L	.15
22413	TOT HARD, FILT	340	MG/L	
39036	TOT ALK, FILTRD	280	MG/L	

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

INSTRUCTIONS FOR COMPLETION OF FORM 3400-73, ENVIRONMENTAL MONITORING REPORT FORM (TURNAROUND DOCUMENT)

Please complete and return this form as required by sections 144.435 and 147.08, Wis. Stats., and chapters NR 180 and 214, Wis. Adm. Code. In accordance with section 144.99 (solid waste statutes), failure to file this form may result in a forfeiture of not less than \$10 nor more than \$5,000 for each day of violation. In accordance with section 147.21 (wastewater statutes), failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. Personally identifiable information on this form will be used for no other purpose.

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11. When "Grd Water Elev" in units of feet MSL is required, record to the nearest 0.01 feet referenced to mean sea level (MSL). Do not use feet and inches.
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CITY OF STOUGHTON

ELECTRIC, WATER, WASTEWATER UTILITIES *Founded 1886*
211 Water Street P.O. Box 383 Stoughton, WI 53589-0383
(608) 873-3379

ROBERT P. KARDASZ, P.E.
Director of Utilities



April 18, 1995

Wisconsin Department of Natural Resources
Bureau of Solid Wastes
P.O. Box 7921
Madison, WI 53707

Dear Sir/Madam:

I am enclosing the monitoring well results for the City of Stoughton abandoned landfill. The following preventive action limits and enforcement standards were exceeded:

	<u>P.A.L.</u>	<u>E.S.</u>
Iron	1, 2, 4, 6	1, 2, 4, 6

These exceedances are for non-health related parameters which are anticipated to occur over time.

Sincerely,

CITY OF STOUGHTON

Robert P. Kardasz, P.E.
Superfund Program Director

encl.

MONITORING FOR:

REPORTING PERIOD:

TO BE RETURNED BY:

DATE SAMPLE TAKEN:

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

DATE SIGNED

STOUGHTON CTY (AMUNDSON PARK)
LICENSE NO. 00133 FID 113005950
MONTH OF MARCH, 1995
MAY 31, 1995

RECEIVED

APR 20 1995

RETAIN BOTTOM COPY - RETURN REMAINING COPIES TO:

WDNR - BUREAU OF SOLID WASTE
SN/3
PO BOX 7921
MADISON, WI 53707

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

(608) 267-0546

NAME AND ADDRESS OF MONITORING CONTACT

01584600-GTAD-030195-SD
CHAS ANDERSON, CONSULTING ENGR
STOUGHTON CTY (AMUNDSON PARK)
910 WEST WINGRA DRIVE
MADISON, WI 53715

INSTRUCTIONS ON BACK

Table 102: SAMPLE POINT SB-2. Columns: Parameter, Value, Unit, PAL/ACL. Rows: 307 CHLORIDE CL (33 MG/L), 341 COD FILTERED (27 MG/L), 400 PH PH, FIELD (7.0 SU), 842 GRD WTR ELEV (848.38 FEET, MSL), 872 CONDUCTVY AT 25C (625 MICROMHO), 1046 IRON FE, DISS (1.9 MG/L), 22413 TOT HARDFILTERED (290 MG/L), 39036 ALKLNITY FILTERED (280 MG/L). Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

Table 108: SAMPLE POINT SB-4. Columns: Parameter, Value, Unit, PAL/ACL. Rows: 307 CHLORIDE CL (13 MG/L), 341 COD FILTERED (23 MG/L), 400 PH PH, FIELD (6.7 SU), 842 GRD WTR ELEV (844.01 FEET, MSL), 872 CONDUCTVY AT 25C (1394 MICROMHO), 1046 IRON FE, DISS (14 MG/L), 22413 TOT HARDFILTERED (760 MG/L), 39036 ALKLNITY FILTERED (750 MG/L). Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

Table 103: SAMPLE POINT SB-3. Columns: Parameter, Value, Unit, PAL/ACL. Rows: 307 CHLORIDE CL (47 MG/L), 341 COD FILTERED (22 MG/L), 400 PH PH, FIELD (7.1 SU), 842 GRD WTR ELEV (847.72 FEET, MSL), 872 CONDUCTVY AT 25C (630 MICROMHO), 1046 IRON FE, DISS (0.057 MG/L), 22413 TOT HARDFILTERED (280 MG/L), 39036 ALKLNITY FILTERED (260 MG/L). Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

Table 109: SAMPLE POINT SB-5. Columns: Parameter, Value, Unit, PAL/ACL. Rows: 307 CHLORIDE CL (16 MG/L), 341 COD FILTERED (5 MG/L), 400 PH PH, FIELD (7.0 SU), 842 GRD WTR ELEV (848.42 FEET, MSL), 872 CONDUCTVY AT 25C (780 MICROMHO), 1046 IRON FE, DISS (0.073 MG/L), 22413 TOT HARDFILTERED (420 MG/L), 39036 ALKLNITY FILTERED (330 MG/L). Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

Table 107: SAMPLE POINT SB-1. Columns: Parameter, Value, Unit, PAL/ACL. Rows: 307 CHLORIDE CL (11 MG/L), 341 COD FILTERED (18 MG/L), 400 PH PH, FIELD (6.9 SU), 842 GRD WTR ELEV (848.49 FEET, MSL), 872 CONDUCTVY AT 25C (891 MICROMHO), 1046 IRON FE, DISS (5.2 MG/L), 22413 TOT HARDFILTERED (460 MG/L), 39036 ALKLNITY FILTERED (460 MG/L). Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

Table 110: SAMPLE POINT SB-6. Columns: Parameter, Value, Unit, PAL/ACL. Rows: 307 CHLORIDE CL (14 MG/L), 341 COD FILTERED (18 MG/L), 400 PH PH, FIELD (7.0 SU), 842 GRD WTR ELEV (844.15 FEET, MSL), 872 CONDUCTVY AT 25C (762 MICROMHO), 1046 IRON FE, DISS (10 MG/L), 22413 TOT HARDFILTERED (390 MG/L), 39036 ALKLNITY FILTERED (400 MG/L). Sample Has: 1 Odor 2 Color 3 Turbidity Well Is: 4 Broken 5 Frozen 6 Dry

INSTRUCTIONS FOR COMPLETION OF FORM 3400-73, ENVIRONMENTAL MONITORING REPORT FORM (TURNAROUND DOCUMENT)

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MONITORING FOR:

REPORTING PERIOD:

TO BE RETURNED BY:

DATE SAMPLE TAKEN:

STOUGHTON, CTY. (AMUNDSON PARK)
LICENSE NO.: 00133 FID 113005950.
MONTH OF MARCH, 1995.
MAY 31, 1995

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

DATE SIGNED

RETAIN BOTTOM COPY — RETURN REMAINING COPIES TO:

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

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

(608) (267-0546)

NAME AND ADDRESS OF MONITORING CONTACT:

01584600-GTAD-030195-SD
CHAS ANDERSON, CONSULTING ENGR.
STOUGHTON CTY. (AMUNDSON PARK)
910 WEST WINGRA DRIVE
MADISON, WI 53715

INSTRUCTIONS ON BACK

D. SAMPLE POINT DUPLICATE OF			PAL/ACL
307	CHLORIDE CL.	MG/L	125
341	COD FILTERED	MG/L	
400	PH PH, FIELD	SU	
872	CNDUCTVY AT 25C	MICROMHO	
1046	IRON, FE, DISS	MG/L	.15
22413	TOT HARD FILTERED	MG/L	
39036	ALKLNITY FILTERED	MG/L	

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

SAMPLE POINT			PAL/ACL

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

SAMPLE POINT			PAL/ACL

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

SAMPLE POINT			PAL/ACL

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

SAMPLE POINT			PAL/ACL

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

SAMPLE POINT			PAL/ACL

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

PAGE 2 OF 2
Form 3400-73 Rev. 8-93

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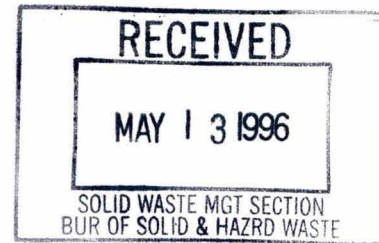
**CITY OF STOUGHTON
MUNICIPAL UTILITIES**

Serving Electric, Water & Wastewater Since 1886

600 South Fourth Street P.O. Box 383 Stoughton, WI 53589-0383

(608) 873-3379

ROBERT P. KARDASZ, P.E.
Director of Utilities



May 10, 1996

Wisconsin Department of Natural Resources
Bureau of Solid Wastes
SW/3
P. O. Box 7921
Madison, WI 53707

Dear Sir/Madam:

We are enclosing the monitoring results for the City of Stoughton Abandoned Landfill. Please note that aesthetic parameter exceedances for dissolved iron were found for Monitoring Well Nos. SB-1, SB-2, SB-4, SB-5 and SB-6.

Please let me know if you have any questions.

Sincerely,
CITY OF STOUGHTON

Robert P. Kardasz, P.E.
Superfund Program Director

Encl.

cc: Mayor Helen J. Johnson



MONITORING FOR:

REPORTING PERIOD:

TO BE RETURNED BY:

DATE SAMPLE TAKEN:

STOUGHTON CTY (AMUNDSON PARK)
LICENSE NO. 00133 FID 113005950
MONTH OF MARCH, 1996 133005950
MAY 31, 1996

RECEIVED

MAY 13 1996

RETAIN BOTTOM COPY — RETURN REMAINING COPIES TO:

WDNR - BUREAU OF SOLID WASTE
SW/3
PO BOX 7921
MADISON, WI 53707

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

(608) 267-0546

03 / 29 / 96
MONTH DAY YEAR

SAMPLE COLLECTED BY: (NAME OF COMPANY AND PERSON)

Steel Small
Stand Associates, Inc.

SOLID WASTE MGT SECTION
BUR OF SOLID & HAZRD WASTE

SAMPLES ANALYZED BY (FILL IN THE FOLLOWING)

LAB I.D. NO.: 113138410
LAB NAME: Stand Associates, Inc.
CITY: Madison

NAME AND ADDRESS OF MONITORING CONTACT

01584600-GTAD-030196-SD
CHAS ANDERSON, CONSULTING ENGR
STOUGHTON CTY (AMUNDSON PARK)
910 WEST WINGRA DRIVE
MADISON, WI 53715

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

DATE SIGNED

Rudolf P. Hanley

5-10-96

INSTRUCTIONS ON BACK

102 SAMPLE POINT SB-2				PAL/ACL
307	CHLORIDE	CL	28	MG/L 125
341	COD	FILTERED	22	MG/L
400	PH	PH, FIELD	7.2	SU
842	GRD WTR	ELEV	848.43	FEET, MSL
872	CNDUCTVY	AT 25C	694	MICROMHO
1046	IRON	FE, DISS	1.44	MG/L .15
22413	TOT HARD	FILTERED	388	MG/L
39036	ALKLNITY	FILTERED	310	MG/L

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

108 SAMPLE POINT SB-4				PAL/ACL
307	CHLORIDE	CL	0.26	MG/L 125
341	COD	FILTERED	24	MG/L
400	PH	PH, FIELD	6.6	SU
842	GRD WTR	ELEV	845.14	FEET, MSL
872	CNDUCTVY	AT 25C	1398	MICROMHO
1046	IRON	FE, DISS	17.8	MG/L .15
22413	TOT HARD	FILTERED	855	MG/L
39036	ALKLNITY	FILTERED	710	MG/L

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

103 SAMPLE POINT SB-3				PAL/ACL
307	CHLORIDE	CL	39	MG/L 125
341	COD	FILTERED	20	MG/L
400	PH	PH, FIELD	7.5	SU
842	GRD WTR	ELEV	847.60	FEET, MSL
872	CNDUCTVY	AT 25C	652	MICROMHO
1046	IRON	FE, DISS	20.03	MG/L .15
22413	TOT HARD	FILTERED	344	MG/L
39036	ALKLNITY	FILTERED	260	MG/L

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

109 SAMPLE POINT SB-5				PAL/ACL
307	CHLORIDE	CL	0.83	MG/L 125
341	COD	FILTERED	24	MG/L
400	PH	PH, FIELD	7.2	SU
842	GRD WTR	ELEV	844.00	FEET, MSL
872	CNDUCTVY	AT 25C	762	MICROMHO
1046	IRON	FE, DISS	0.72	MG/L .15
22413	TOT HARD	FILTERED	516	MG/L
39036	ALKLNITY	FILTERED	340	MG/L

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

107 SAMPLE POINT SB-1				PAL/ACL
307	CHLORIDE	CL	20.11	MG/L 125
341	COD	FILTERED	12	MG/L
400	PH	PH, FIELD	6.8	SU
842	GRD WTR	ELEV	847.66	FEET, MSL
872	CNDUCTVY	AT 25C	1059	MICROMHO
1046	IRON	FE, DISS	6.50	MG/L .15
22413	TOT HARD	FILTERED	609	MG/L
39036	ALKLNITY	FILTERED	510	MG/L

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

110 SAMPLE POINT SB-6				PAL/ACL
307	CHLORIDE	CL	0.26	MG/L 125
341	COD	FILTERED	13	MG/L
400	PH	PH, FIELD	7.0	SU
842	GRD WTR	ELEV	848.46	FEET, MSL
872	CNDUCTVY	AT 25C	704	MICROMHO
1046	IRON	FE, DISS	11.4	MG/L .15
22413	TOT HARD	FILTERED	397	MG/L
39036	ALKLNITY	FILTERED	340	MG/L

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

RECEIVED
MAY 1 1988

INSTRUCTIONS FOR COMPLETION OF FORM 3400-73, ENVIRONMENTAL MONITORING REPORT FORM (TURNAROUND DOCUMENT)

Please complete and return this form as required by sections 144.435 and 147.08, Wis. Stats., and chapters NR 180 and 214, Wis. Adm. Code. In accordance with section 144.99 (solid waste statutes), failure to file this form may result in a forfeiture of not less than \$10 nor more than \$5,000 for each day of violation. In accordance with section 147.21 (wastewater statutes), failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. Personally identifiable information on this form will be used for no other purpose.

1. This document must be mailed by the date shown on the front in the upper left corner.
2. Please type or print firmly and clearly with ball point pen on a hard surface. This document has treated paper and will make all copies without carbon paper.
3. The Permit Number, License Number or Monitoring Number, Name and Address should normally be preprinted before you receive the document. Use the information from a previous document if any of the items are blank.
4. Match the Sample Point I.D. Numbers on this document to the laboratory test results.
5. The required parameters to be tested are printed for each sample point. Enter the value in the unshaded areas.
6. Do not fill in values in the column labeled PAL/ACL. The values printed in this column are provided to allow you to determine whether your sample values are exceeding any standards.
7. When a sample analysis shows a value less than a given number, mark the symbol (<) prior to the transcribed value.
8. When a parameter is analyzed for and not detected, report the value at less than (<) the detectable limit for that parameter. Do not enter 0 (zero) values.
9. When a sample analysis shows a value greater than a given number, mark the symbol (>) prior to the transcribed value.
10. When the parameter "Depth to Grd Wtr" is required, record the distance from the top of the groundwater to the top of the well casing in units of feet. Do not use feet and inches or inches alone.
11. When "Grd Water Elev" in units of feet MSL is required, record to the nearest 0.01 feet referenced to mean sea level (MSL). Do not use feet and inches.
12. Draw a horizontal line through the unshaded area reserved for each parameter value where the sample was unobtainable.
13. If the sample has an odor, has color, or is turbid, or the sample point is broken, frozen or dry, check the appropriate box and include a description in the comment area or on additional sheets. Sample Point I.D. must be included in the description.
14. Enter the name of the company and person that collected the samples in the unshaded box near the top of this document. Also enter the I.D. number and the name and city of the laboratory that analyzed the samples in the appropriate box.
15. Sign and date this document. When the document contains more than one page, sign and date the first page and initial each subsequent page.
16. Remove the last copy for your records.
17. Mail the original and the remaining copy to the address listed on the front in the upper right corner.
18. For additional information contact the Department of Natural Resources office listed on the front of the document.