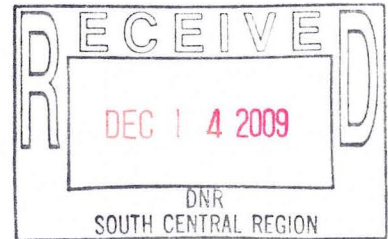


December 11, 2009

Mr. Hank Kuehling, P.G.
Wisconsin Department of Natural Resources
3911 Fish Hatchery Road
Fitchburg, WI 53711-5397



**Subject: Reedsburg Cleaners, 349 E. Main Street, Reedsburg, WI, BRRTS# 02-57-001682
AECOM Project No. 60139948.0**

Dear Mr. Kuehling:

As a follow-up to the WDNR letter dated November 30, 2009, this letter documents the recent completion of injection well installation and initial whey electron donor injection at the Reedsburg Cleaners site in Reedsburg, Wisconsin. The following provides a summary of the completed injection well installation and electron donor injection tasks.

Injection Well Installation

The electron donor injection system includes six injection wells. The six injection wells were installed on November 23 and 24, 2009, and are installed to approximate depths of 30 feet below ground surface (bgs) with screen lengths of 10 feet. Injection well fouling is intended to be reduced through the use of 0.020 slot screens. WDNR soil boring logs, well construction forms and well development forms for the six new injection wells are provided as Attachment A. Soil cuttings generated from the injection well installation activities were containerized in bulk on-site prior to off-site disposal. These soil cuttings totaled 3.37 tons, and were disposed of at the Orchard Ridge Recycling and Disposal Facility in Menomonee Falls, Wisconsin on November 25, 2009.

Whey Electron Donor Injection

AECOM identified a supplier of whey in close proximity to the Reedsburg Cleaners site (Muscodia Protein Products of Muscodia, Wisconsin), that provided whey for the purpose of this groundwater remediation. The whey was delivered in bulk (6,000-gallon capacity tanker trucks), and injected through a portable manifold system into the six injection wells on December 1 and 2, 2009.

The production of hydrogen ion during reductive dechlorination, as well as production of volatile fatty acids from electron donor fermentation, tends to decrease the pH of the groundwater system. Based on information contained in AFCEE (2004) and ITRC (2008), pH values between 5 and 9 and total alkalinity values greater than 100 milligrams per liter (mg/L) are favorable for enhanced anaerobic bioremediation. Values of pH that are less than 5 indicate that a buffering agent may be required to sustain high rates of anaerobic dechlorination. At many sites, the natural buffering capacity of the aquifer matrix is adequate to prevent the development of acidic groundwater pH. Because the sandstone bedrock matrix at the Reedsburg Cleaners site may

not have adequate natural buffering capacity, the initial injection of whey included the injection of 1,000 lbs of sodium bicarbonate as a buffering agent.

A log of the whey injection activities is provided as Attachment B, which identifies the 2-inch diameter injection wells as IW-1 through IW-6. As indicated in Attachment B, an estimated total of 10,559 gallons of whey was injected through each of the wells as follows:

- IW-1 – 1,071 gallons;
- IW-2 – 2,085 gallons;
- IW-3 – 1,103 gallons;
- IW-4 – 1,149 gallons;
- IW-5 – 2,661 gallons; and,
- IW-6 – 2,490 gallons.

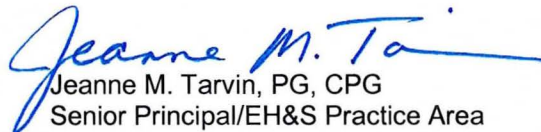
The existing groundwater monitoring well network at the site will be used for monitoring the effectiveness of the whey electron donor injection program. As indicated in the November 16, 2009 AECOM Underground Injection Control Approval Request, AECOM recommends injection of additional batches of whey at approximate 4-month intervals. Each batch is anticipated to consist of approximately 10,000 to 12,000 gallons of injected whey. Ongoing groundwater monitoring data will be evaluated to document the progress of remediation and modify the electron donor injection program as appropriate. Based on the results of future groundwater monitoring, the whey injection program may be recommended to be combined with bioaugmentation using commercially-available *Dehalococcoides* microbes at additional cost.

The next groundwater monitoring event at the Reedsburg Cleaners site is scheduled to be conducted during Spring 2010. If you have any questions concerning the information contained herein, please feel free to contact us.

Yours sincerely,



Mark M. Mejac, PG, CGWP
Senior Project Hydrogeologist
Leader



Jeanne M. Tarvin, PG, CPG
Senior Principal/EH&S Practice Area

Enclosures

cc: Mr. Wayne Butz

References Cited

Air Force Center for Environmental Excellence (AFCEE). 2004. "Principles and Practices of Enhanced Anaerobic Bioremediation of Chlorinated Solvents". Environmental Security Technology Certification Program, Arlington, Virginia.

ITRC (Interstate Technology & Regulatory Council). 2008. "In Situ Bioremediation of Chlorinated Ethene: DNAPL Source Zones," Washington, D.C.: Interstate Technology & Regulatory Council, Bioremediation of DNAPLs Team.

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

Facility/Project Name Reedsburg Cleaners		License/Permit/Monitoring Number		Boring Number IW-1	
Boring Drilled By: Name of crew chief (first, last) and Firm Adam Sweet Moraine Environmental		Date Drilling Started 11/23/2009		Date Drilling Completed 11/23/2009	
WI Unique Well No.		DNR Well ID No. IW-1		Common Well Name	
Final Static Water Level Feet MSL		Surface Elevation Feet MSL		Borehole Diameter 6.0 inches	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		State Plane N, E S/C/N		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
SE 1/4 of NW 1/4 of Section 10, T 12 N, R 4 E		Lat _____"		Long _____"	
Facility ID 157001460		County Sauk		County Code 57	
				Civil Town/City/ or Village Reedsburg	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties						RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200			
			2.5	BLIND-DRILLED												
			5.0													
			7.5													
			10.0													
			12.5													
			15.0													
			17.5													
			20.0													
			22.5													
			25.0													
			27.5													
			30.0													
					END OF BORING AT 32 FT BGS											

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

Signature <i>Mark M. Mejac</i>	Firm AECOM 11425 W Lake park Drive Milwaukee, Wi 53224	Tel: Fax:
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This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.

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

Facility/Project Name Reedsburg Cleaners		License/Permit/Monitoring Number		Boring Number IW-2	
Boring Drilled By: Name of crew chief (first, last) and Firm Adam Sweet Moraine Environmental		Date Drilling Started 11/23/2009		Date Drilling Completed 11/23/2009	
Drilling Method rotary (water)		WI Unique Well No. IW-2		DNR Well ID No.	
Common Well Name IW-2		Final Static Water Level Feet MSL		Surface Elevation Feet MSL	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		Local Grid Location		Borehole Diameter 6.0 inches	
State Plane N, E S/C/N		Lat _____ "		<input type="checkbox"/> N <input type="checkbox"/> E	
SE 1/4 of NW 1/4 of Section 10, T 12 N, R 4 E		Long _____ "		Feet <input type="checkbox"/> S Feet <input type="checkbox"/> W	
Facility ID 157001460		County Sauk		County Code 57	
				Civil Town/City/ or Village Reedsburg	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties						RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			2.5	BLIND-DRILLED											
			5.0												
			7.5												
			10.0												
			12.5												
			15.0												
			17.5												
			20.0												
			22.5												
			25.0												
			27.5												
			30.0												
					END OF BORING AT 32 FT BGS										

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

Signature 	Firm AECOM 11425 W Lake park Drive Milwaukee, Wi 53224	Tel: Fax:
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Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name Reedsburg Cleaners		License/Permit/Monitoring Number		Boring Number IW-3	
Boring Drilled By: Name of crew chief (first, last) and Firm Adam Sweet Moraine Environmental		Date Drilling Started 11/23/2009		Date Drilling Completed 11/23/2009	
WI Unique Well No.		DNR Well ID No. IW-3		Common Well Name IW-3	
Final Static Water Level Feet MSL		Surface Elevation Feet MSL		Borehole Diameter 6.0 inches	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		State Plane N, E S/C/N		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
SE 1/4 of NW 1/4 of Section 10, T 12 N, R 4 E		Lat _____ "		Long _____ "	
Facility ID 157001460		County Sauk		County Code 57	
				Civil Town/City/ or Village Reedsburg	

Sample	Number and Type	Length Alt. & Recovered (in)	Blow Counts	Depth in Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
										Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
				2.5	BLIND-DRILLED										
				5.0											
				7.5											
				10.0											
				12.5											
				15.0											
				17.5											
				20.0											
				22.5											
				25.0											
				27.5											
				30.0											
						END OF BORING AT 32 FT BGS									

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

Signature *Paul M. Mapi* Firm **AECOM** 11425 W Lake park Drive Milwaukee, Wi 53224 Tel: Fax:

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

Facility/Project Name Reedsburg Cleaners		License/Permit/Monitoring Number		Boring Number IW-4	
Boring Drilled By: Name of crew chief (first, last) and Firm Adam Sweet Moraine Environmental		Date Drilling Started 11/23/2009		Date Drilling Completed 11/23/2009	
WI Unique Well No.		DNR Well ID No.		Common Well Name IW-4	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		Final Static Water Level Feet MSL		Surface Elevation Feet MSL	
State Plane SE 1/4 of NW 1/4 of Section 10, T 12 N, R 4 E		Lat _____ "		Local Grid Location Feet <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID 157001460		County Sauk		County Code 57	
				Civil Town/City/ or Village Reedsburg	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties						RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			2.5	BLIND-DRILLED											
			5.0												
			7.5												
			10.0												
			12.5												
			15.0												
			17.5												
			20.0												
			22.5												
			25.0												
			27.5												
			30.0												
				END OF BORING AT 32 FT BGS											

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

Signature <i>Mark M. Meyer</i>	Firm AECOM 11425 W Lake park Drive Milwaukee, Wi 53224	Tel: Fax:
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Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name Reedsburg Cleaners		License/Permit/Monitoring Number		Boring Number IW-5	
Boring Drilled By: Name of crew chief (first, last) and Firm Adam Sweet Moraine Environmental		Date Drilling Started 11/23/2009		Date Drilling Completed 11/23/2009	
Drilling Method rotary (water)		WI Unique Well No.		DNR Well ID No.	
Common Well Name IW-5		Final Static Water Level Feet MSL		Surface Elevation Feet MSL	
Borehole Diameter 6.0 inches		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		Local Grid Location	
State Plane N, E S/C/N		Lat _____ "		<input type="checkbox"/> N <input type="checkbox"/> E	
SE 1/4 of NW 1/4 of Section 10, T 12 N, R 4 E		Long _____ "		Feet <input type="checkbox"/> S Feet <input type="checkbox"/> W	
Facility ID 157001460		County Sauk		County Code 57	
				Civil Town/City/ or Village Reedsburg	

Sample		Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Alt. & Recovered (in)								Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
			2.5	BLIND-DRILLED										
			5.0											
			7.5											
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			15.0											
			17.5											
			20.0											
			22.5											
			25.0											
			27.5											
			30.0											
					END OF BORING AT 32 FT BGS									

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

Signature: *Mark M. Meppi* Firm: **AECOM**
11425 W Lake park Drive Milwaukee, Wi 53224
Tel: _____ Fax: _____

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

Facility/Project Name Reedsburg Cleaners		License/Permit/Monitoring Number		Boring Number IW-6	
Boring Drilled By: Name of crew chief (first, last) and Firm Adam Sweet Moraine Environmental			Date Drilling Started 11/23/2009	Date Drilling Completed 11/23/2009	Drilling Method rotary (water)
WI Unique Well No.	DNR Well ID No. IW-6	Common Well Name	Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter 6.0 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane N, E S/C/N			Local Grid Location		
SE 1/4 of NW 1/4 of Section 10, T 12 N, R 4 E			Lat _____ "	Long _____ "	Feet <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W
Facility ID 157001460	County Sauk	County Code 57	Civil Town/City/ or Village Reedsburg		

Number and Type	Sample Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties						RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			2.5	BLIND-DRILLED											
			5.0												
			7.5												
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			12.5												
			15.0												
			17.5												
			20.0												
			22.5												
			25.0												
			27.5												
			30.0												
					END OF BORING AT 32 FT BGS										

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

Signature <i>Mark M. Meje</i>	Firm AECOM 11425 W Lake park Drive Milwaukee, Wi 53224	Tel: Fax:
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Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name Reedsburg Cleaners	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name IW-1
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location Lat. _____ "Long. _____ or _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID _____	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 11/23/2009 m m d d y y v v
Type of Well Well Code _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Adam Sweet Moraine Environmental, Inc.
Distance from Waste/Source _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number _____

- A. Protective pipe, top elevation _____ ft. MSL
- B. Well casing, top elevation _____ ft. MSL
- C. Land surface elevation _____ ft. MSL
- D. Surface seal, bottom _____ ft. MSL or _____ ft.

12. USCS classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

13. Sieve analysis performed? Yes No

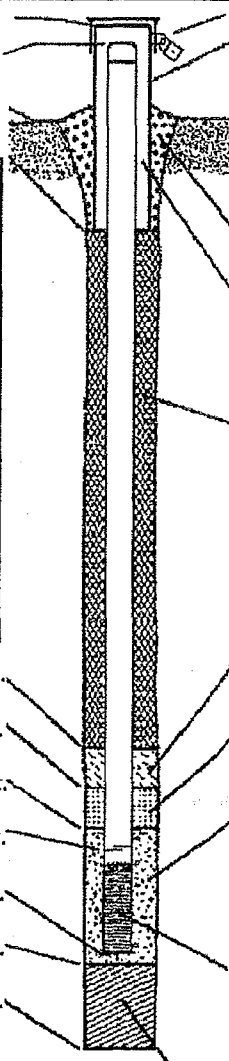
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99

16. Drilling additives used? Yes No

Describe _____

17. Source of water (attach analysis, if required):
Reedsburg



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: **8.0** in.
 - b. Length: **1** ft.
 - c. Material: Steel 04
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal:
 - Bentonite 30
 - Concrete 01
 - Other
- 4. Material between well casing and protective pipe:
 - Bentonite 30
 - Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 33
 - b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight . . . Bentonite slurry 31
 - d. **10** % Bentonite Bentonite-cement grout 50
 - e. _____ Ft³ volume added for any of the above
 - f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
- 6. Bentonite seal:
 - a. Bentonite granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
a. **R.W. Sidley #4000**
- b. Volume added **130 lb**
- 8. Filter pack material: Manufacturer, product name & mesh size
a. **R.W. Sidley #1020**
- b. Volume added **1250 lbs**
- 9. Well casing: Flush threaded PVC schedule 40 23
Flush threaded PVC schedule 80 24
Other
- 10. Screen material: **PVC**
 - a. Screen type: Factory cut 11
Continuous slot 01
Other
 - b. Manufacturer **Monoflex**
 - c. Slot size: **0.080** in.
 - d. Slotted length: **10** ft.
- 11. Backfill material (below filter pack): None 14
Sand Other

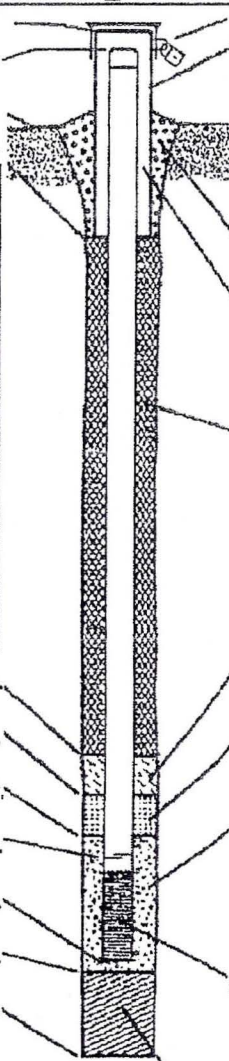
- E. Bentonite seal, top _____ ft. MSL or **15** ft.
- F. Fine sand, top _____ ft. MSL or **16** ft.
- G. Filter pack, top _____ ft. MSL or **18** ft.
- H. Screen joint, top _____ ft. MSL or **20** ft.
- I. Well bottom _____ ft. MSL or **30** ft.
- J. Filter pack, bottom _____ ft. MSL or **32** ft.
- K. Borehole, bottom _____ ft. MSL or **32** ft.
- L. Borehole, diameter **6.0** in.
- M. O.D. well casing **3.10** in.
- N. I.D. well casing **3.0** in.

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

Signature _____ Firm **Moraine Environmental, Inc.**

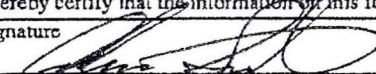
Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Facility/Project Name Reedsburg Cleaners		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name Iw-2	
Facility License, Permit or Monitoring No.		Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well ID No.	
Facility ID		Lat. _____ "Long. _____ or _____		Date Well Installed 11/28/2009 m m d d y y v v v	
Type of Well Well Code _____ / _____		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: Name (first, last) and Firm Adam Sweet Moraine Environmental, Inc.	
Distance from Waste/Source _____ ft.		Enf. Stds. Apply <input type="checkbox"/>		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	
Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____			

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p>	 <p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: 3.0 in. b. Length: 1 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/></p> <p>5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. 10 % Bentonite ... Bentonite-cement grout <input checked="" type="checkbox"/> 50 e. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. R.W. Sidley #4000 b. Volume added 730 lb</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. R.W. Sidley #1020 b. Volume added 1350 lbs</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/></p> <p>10. Screen material: PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>b. Manufacturer Monoflex c. Slot size: 0.080 in. d. Slotted length: 10 ft.</p> <p>11. Backfill material (below filter pack): Sand None <input type="checkbox"/> 14 Other <input type="checkbox"/></p>
--	---

<p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input checked="" type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/></p> <p>15. Drilling fluid used: Water <input checked="" type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): Reedsburg</p>	<p>E. Bentonite seal, top _____ ft. MSL or 15 ft.</p> <p>F. Fine sand, top _____ ft. MSL or 16 ft.</p> <p>G. Filter pack, top _____ ft. MSL or 18 ft.</p> <p>H. Screen joint, top _____ ft. MSL or 20 ft.</p> <p>I. Well bottom _____ ft. MSL or 30 ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or 32 ft.</p> <p>K. Borehole, bottom _____ ft. MSL or 32 ft.</p> <p>L. Borehole, diameter 6.0 in.</p> <p>M. O.D. well casing 2.10 in.</p> <p>N. I.D. well casing 3.0 in.</p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature  Firm **Moraine Environmental, Inc.**

Facility/Project Name Reedsburg Cleaners	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name Iw-3
Facility License/Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location Lat. " Long. "	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed 11/28/2009 m m d d y y y y
Type of Well Well Code /	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N. R. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: Name (first, last) and Firm Adam Sweet Moraine Environmental, Inc.
Distance from Waste/Source ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation _____ ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or _____ ft.

12. USCS classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

13. Sieve analysis performed? Yes No

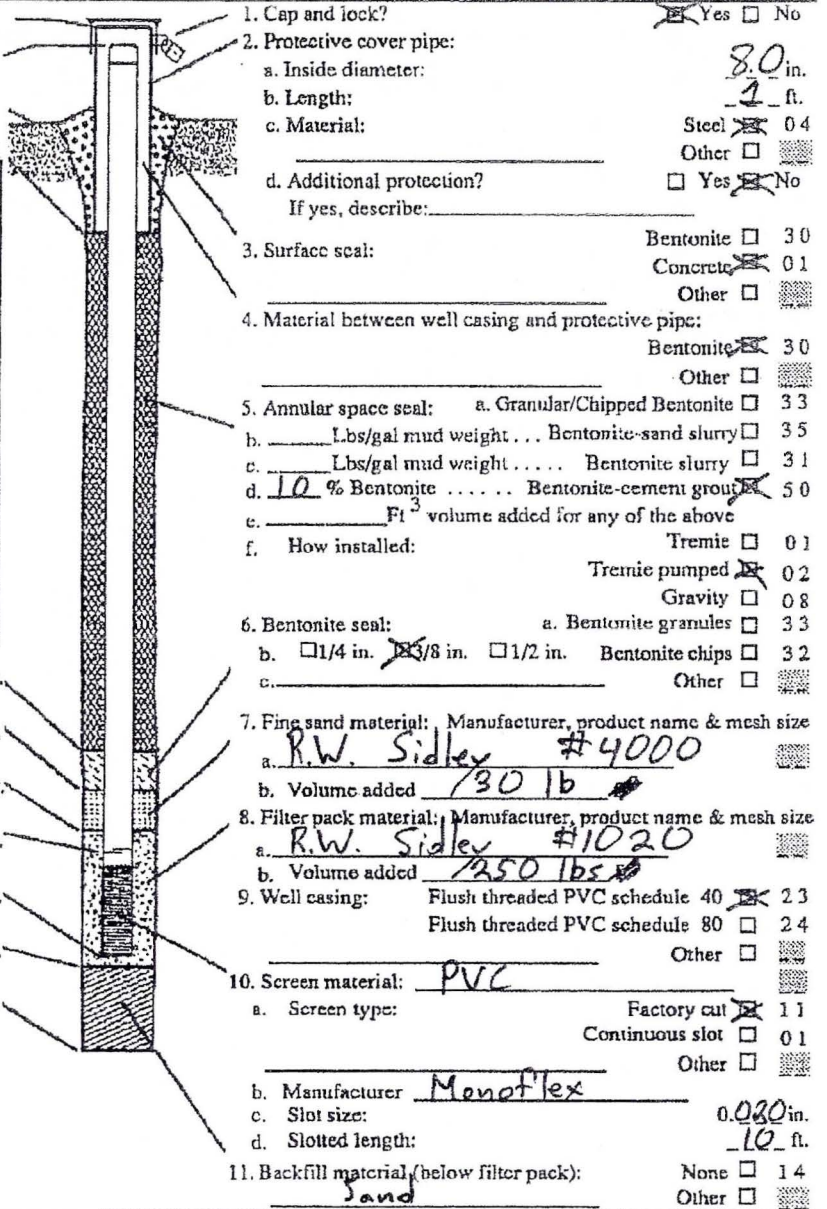
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99

16. Drilling additives used? Yes No

Describe _____

17. Source of water (attach analysis, if required):
Reedsburg



E. Bentonite seal, top _____ ft. MSL or **15** ft.

F. Fine sand, top _____ ft. MSL or **16** ft.

G. Filter pack, top _____ ft. MSL or **18** ft.

H. Screen joint, top _____ ft. MSL or **20** ft.

I. Well bottom _____ ft. MSL or **30** ft.

J. Filter pack, bottom _____ ft. MSL or **32** ft.

K. Borehole, bottom _____ ft. MSL or **32** ft.

L. Borehole, diameter **6.0** in.

M. O.D. well casing **3.10** in.

N. I.D. well casing **3.0** in.

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

Signature Firm **Moraine Environmental, Inc.**

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Facility/Project Name Reedsburg Cleaners	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name Iw-4
Facility License/Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location Lat. _____ Long. _____ or _____	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 11/23/2009 m m d d y y y y
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Adam Sweet MORAINES ENVIRONMENTAL, INC.
Well Code _____/_____	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number _____
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	

A. Protective pipe, top elevation _____ ft. MSL
 B. Well casing, top elevation _____ ft. MSL
 C. Land surface elevation _____ ft. MSL
 D. Surface seal, bottom _____ ft. MSL or _____ ft.

12. USCS classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

13. Sieve analysis performed? Yes No

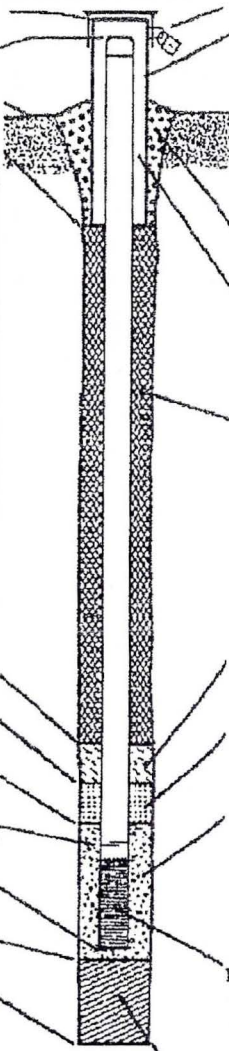
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99

16. Drilling additives used? Yes No

Describe _____

17. Source of water (attach analysis, if required):
Reedsburg



1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: **8.0** in.
 b. Length: **2** ft.
 c. Material: Steel 04
 Other

d. Additional protection? Yes No
 If yes, describe: _____

3. Surface seal: Bentonite 30
 Concrete 01
 Other

4. Material between well casing and protective pipe:
 Bentonite 30
 Other

5. Annular space seal:
 a. Granular/Chipped Bentonite 33
 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight ... Bentonite slurry 31
 d. **10** % Bentonite ... Bentonite-cement grout 50
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08

6. Bentonite seal:
 a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 c. _____ Other

7. Fine sand material: Manufacturer, product name & mesh size
 a. **R.W. Sidley #4000**
 b. Volume added **730 lb**

8. Filter pack material: Manufacturer, product name & mesh size
 a. **R.W. Sidley #1020**
 b. Volume added **250 lbs**

9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other

10. Screen material: **PVC**
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other

b. Manufacturer **Monoflex**
 c. Slot size: **0.020** in.
 d. Slotted length: **10** ft.

11. Backfill material (below filter pack): Sand 14
 Other

E. Bentonite seal, top _____ ft. MSL or **15** ft.
 F. Fine sand, top _____ ft. MSL or **16** ft.
 G. Filter pack, top _____ ft. MSL or **18** ft.
 H. Screen joint, top _____ ft. MSL or **20** ft.
 I. Well bottom _____ ft. MSL or **30** ft.
 J. Filter pack, bottom _____ ft. MSL or **32** ft.
 K. Borehole, bottom _____ ft. MSL or **32** ft.
 L. Borehole, diameter **6.0** in.
 M. O.D. well casing **2.10** in.
 N. I.D. well casing **2.0** in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature _____ Firm **Moraine Environmental, Inc.**

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name Reedsburg Cleaners	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name IW-5
Facility License/Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well ID No.
Facility ID	Lat. _____ " Long. _____ "	Date Well Installed 11/25/2009 m m d d y y v v y
Type of Well	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: Name (first, last) and Firm Adam Sweet Moraine Environmental, Inc
Well Code _____ / _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. <input type="checkbox"/> E. <input type="checkbox"/> W.	
Distance from Waste/Source _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____	

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL		2. Protective cover pipe: a. Inside diameter: 8.0 in.
C. Land surface elevation _____ ft. MSL		b. Length: 2 ft.
D. Surface seal, bottom _____ ft. MSL or _____ ft.		c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input checked="" type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>		4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
15. Drilling fluid used: Water <input checked="" type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99		5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. 10 % Bentonite ... Bentonite-cement grout <input checked="" type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
17. Source of water (attach analysis, if required): Reedsburg		7. Fine sand material: Manufacturer, product name & mesh size a. R.W. Sidley #4000
E. Bentonite seal, top _____ ft. MSL or 15 ft.		b. Volume added 730 lb
F. Fine sand, top _____ ft. MSL or 16 ft.		8. Filter pack material: Manufacturer, product name & mesh size a. R.W. Sidley #1020
G. Filter pack, top _____ ft. MSL or 18 ft.		b. Volume added 750 lbs
H. Screen joint, top _____ ft. MSL or 20 ft.		9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or 30 ft.		10. Screen material: PVC
J. Filter pack, bottom _____ ft. MSL or 32 ft.		a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous cut <input type="checkbox"/> 01 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 32 ft.		b. Manufacturer Monoflex
L. Borehole, diameter 6.0 in.	c. Slot size: 0.080 in.	
M. O.D. well casing 2.10 in.	d. Slotted length: 10 ft.	
N. I.D. well casing 2.0 in.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Sand Other <input type="checkbox"/>	

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

Signature Firm **Moraine Environmental, Inc.**

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Facility/Project Name Reedsburg Cleaners	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name Iw-6
Facility License/Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location Lat. " Long. " or " or "	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed 11/23/2009 m m d d y y y y
Type of Well	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Adam Sweet Moraine Environmental, Inc.
Well Code /	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Distance from Waste/Source ft.	Enf. Stds. Apply <input type="checkbox"/>	

- A. Protective pipe, top elevation ----- ft. MSL
- B. Well casing, top elevation ----- ft. MSL
- C. Land surface elevation ----- ft. MSL
- D. Surface seal, bottom ----- ft. MSL or ----- ft.

12. USCS classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

13. Sieve analysis performed? Yes No

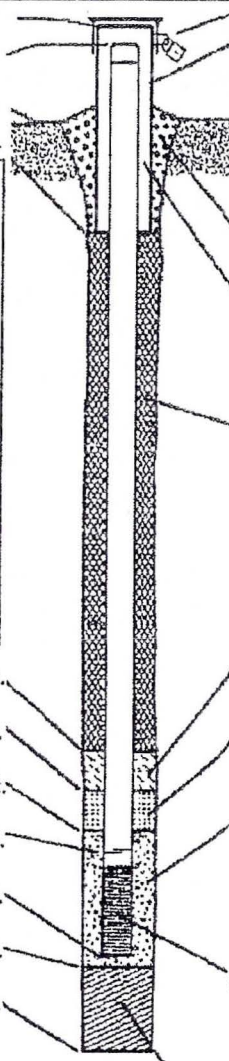
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99

16. Drilling additives used? Yes No

Describe _____

17. Source of water (attach analysis, if required):
Reedsburg



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: **8.0** in.
 - b. Length: **2** ft.
 - c. Material: Steel 04
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal:
 - Bentonite 30
 - Concrete 01
 - Other
- 4. Material between well casing and protective pipe:
 - Bentonite 30
 - Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 33
 - b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight ... Bentonite slurry 31
 - d. **10** % Bentonite ... Bentonite-cement grout 50
 - e. _____ Ft³ volume added for any of the above
 - f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
- 6. Bentonite seal:
 - a. Bentonite granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. **R.W. Sidley #4000**
- b. Volume added **730 lb**
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. **R.W. Sidley #1020**
- b. Volume added **7350 lbs**
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material: **PVC**
 - a. Screen type: Factory cut 11
 Continuous slot 01
 Other
 - b. Manufacturer **Monoflex**
 - c. Slot size: **0.080** in.
 - d. Slotted length: **10** ft.
- 11. Backfill material (below filter pack): **Sand**
 None 14
 Other

- E. Bentonite seal, top ----- ft. MSL or **15** ft.
- F. Fine sand, top ----- ft. MSL or **16** ft.
- G. Filter pack, top ----- ft. MSL or **18** ft.
- H. Screen joint, top ----- ft. MSL or **20** ft.
- I. Well bottom ----- ft. MSL or **30** ft.
- J. Filter pack, bottom ----- ft. MSL or **32** ft.
- K. Borehole, bottom ----- ft. MSL or **32** ft.
- L. Borehole, diameter **6.0** in.
- M. O.D. well casing **2.10** in.
- N. I.D. well casing **2.0** in.

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

Signature [Signature] Firm **Moraine Environmental, Inc.**

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

State of Wisconsin
Department of Natural Resources

MONITORING WELL DEVELOPMENT
Form 4400-113B Rev. 7-98

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name <u>Reedsburg Cleaners</u>	County Name <u>Sauk</u>	Well Name <u>IW-1</u>
Facility License, Permit or Monitoring Number	County Code	Wis. Unique Well Number
		DNR Well ID Number

1. Can this well be purged dry? Yes No
2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other
3. Time spent developing well 45 min.
4. Depth of well (from top of well casing) 300 ft.
5. Inside diameter of well 2.00 in.
6. Volume of water in filter pack and well casing gal.
7. Volume of water removed from well 340 gal.
8. Volume of water added (if any) 0.0 gal.
9. Source of water added
10. Analysis performed on water added? Yes No
(If yes, attach results)

11. Depth to Water (from top of well casing)
- | | | |
|--------------|---------------------------|--------------------------|
| | <u>Before Development</u> | <u>After Development</u> |
| a. _____ ft. | _____ ft. | _____ ft. |
- Date b. 11/24/2009 11/24/2009
m m d d y y y y m m d d y y y y
- Time c. 10:00 a.m. 10:45 a.m.
 p.m. p.m.
12. Sediment in well bottom 4.5 inches 0.0 inches
13. Water clarity Clear 10 Turbid 15
(Describe) Light Brown Clear
Clear 20 Turbid 25
(Describe)
- Fill in if drilling fluids were used and well is at solid waste facility: None
14. Total suspended solids _____ mg/l _____ mg/l
15. COD _____ mg/l _____ mg/l

16. Well developed by: Name (first, last) and Firm

First Name: Adam Last Name: Sweet

Firm: Moraine Environmental, Inc.

17. Additional comments on development:

Name and Address of Facility Contact /Owner/Responsible Party

First Name: Wayne Last Name: Butz

Facility/Firm: Reedsburg Cleaners

Street: 349 E. Main Street

City/State/Zip: Reedsburg WI 53959

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

Signature: [Signature]

Print Name: Adam Sweet

Firm: MORAINES ENVIRONMENTAL, INC.

NOTE: See instructions for more information including a list of county codes and well type codes.

State of Wisconsin
Department of Natural Resources

MONITORING WELL DEVELOPMENT
Form 4400-113B Rev. 7-98

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name <u>Reedsburg Cleaners</u>	County Name <u>Sauk</u>	Well Name <u>IW-2</u>
Facility License, Permit or Monitoring Number	County Code	Wis. Unique Well Number
		DNR Well ID Number

1. Can this well be purged dry? Yes No
2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other
3. Time spent developing well 45 min.
4. Depth of well (from top of well casing) 300 ft.
5. Inside diameter of well 2.00 in.
6. Volume of water in filter pack and well casing _____ gal.
7. Volume of water removed from well 37.0 gal.
8. Volume of water added (if any) 0.0 gal.
9. Source of water added _____
10. Analysis performed on water added? Yes No
(If yes, attach results)

11. Depth to Water (from top of well casing)
- | | | |
|----|---------------------------|--------------------------|
| | <u>Before Development</u> | <u>After Development</u> |
| a. | _____ ft. | _____ ft. |
- Date 11/24/2009 11/24/2009
m m d d y y y y m m d d y y y y
- Time 11:00 a.m. p.m. 11:45 a.m. p.m.
12. Sediment in well bottom _____ inches 0.0 inches
13. Water clarity
- | | | | |
|--------|--|--------|--|
| Clear | <input type="checkbox"/> 10 | Clear | <input checked="" type="checkbox"/> 20 |
| Turbid | <input checked="" type="checkbox"/> 15 | Turbid | <input type="checkbox"/> 25 |
- (Describe) Light Brown Clear
- Fill in if drilling fluids were used and well is at solid waste facility: None
14. Total suspended solids _____ mg/l _____ mg/l
15. COD _____ mg/l _____ mg/l

16. Well developed by: Name (first, last) and Firm

First Name: ADAM Last Name: Sweet

Firm: MORaine Environmental, Inc.

17. Additional comments on development:

Name and Address of Facility Contact /Owner/Responsible Party

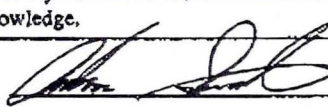
First Name: Wayne Last Name: Butz

Facility/Firm: Reedsburg Cleaners

Street: 349 E. Main Street

City/State/Zip: Reedsburg WI 53959

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

Signature: 

Print Name: ADAM Sweet

Firm: MORaine Environmental, Inc.

NOTE: See instructions for more information including a list of county codes and well type codes.

State of Wisconsin
Department of Natural Resources

MONITORING WELL DEVELOPMENT
Form 4400-113B Rev. 7-98

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name <u>Reedsburg Cleaners</u>	County Name <u>Sauk</u>	Well Name <u>IW-3</u>
Facility License, Permit or Monitoring Number	County Code	Wis. Unique Well Number
		DNR Well ID Number

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other

3. Time spent developing well 45 min.

4. Depth of well (from top of well casing) 300 ft.

5. Inside diameter of well 2.00 in.

6. Volume of water in filter pack and well casing _____ gal.

7. Volume of water removed from well 350 gal.

8. Volume of water added (if any) 0.0 gal.

9. Source of water added _____

10. Analysis performed on water added? Yes No
(If yes, attach results)

17. Additional comments on development:

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. _____ ft.	_____ ft.
Date	b. <u>11/24/2009</u> m m d d y y y y	<u>11/24/2009</u> m m d d y y y y
Time	c. <u>2:00</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<u>2:45</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	<u>0.0</u> inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) <u>Light Brown</u>	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) <u>Clear</u>

Fill in if drilling fluids were used and well is at solid waste facility: None

14. Total suspended solids _____ mg/l _____ mg/l

15. COD _____ mg/l _____ mg/l

16. Well developed by: Name (first, last) and Firm

First Name: ADAM Last Name: Sweet

Firm: MORaine Environmental, Inc

Name and Address of Facility Contact/Owner/Responsible Party


First Name: Wayne Last Name: Botz

Facility/Firm: Reedsburg Cleaners

Street: 349 E. Main Street

City/State/Zip: Reedsburg WI 53959

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

Signature: 

Print Name: ADAM Sweet

Firm: MORaine Environmental, Inc

NOTE: See instructions for more information including a list of county codes and well type codes.

State of Wisconsin
Department of Natural Resources

MONITORING WELL DEVELOPMENT
Form 4400-113B Rev. 7-98

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name <u>Reedsburg Cleaners</u>	County Name <u>Sauk</u>	Well Name <u>IW-4</u>
Facility License, Permit or Monitoring Number	County Code	Wis. Unique Well Number
		DNR Well ID Number

1. Can this well be purged dry? Yes No
2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other
3. Time spent developing well 45 min.
4. Depth of well (from top of well casing) 300 ft.
5. Inside diameter of well 2.00 in.
6. Volume of water in filter pack and well casing _____ gal.
7. Volume of water removed from well 27.0 gal.
8. Volume of water added (if any) 0.0 gal.
9. Source of water added _____
10. Analysis performed on water added? Yes No
(If yes, attach results)

- | | Before Development | After Development |
|--|---|---|
| 11. Depth to Water (from top of well casing) | a. _____ ft. | _____ ft. |
| Date | b. <u>11/24/2009</u>
m m d d y y y y | <u>11/24/2009</u>
m m d d y y y y |
| Time | c. <u>3:00</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. | <u>3:45</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. |
| 12. Sediment in well bottom | _____ inches | <u>0.0</u> inches |
| 13. Water clarity | Clear <input type="checkbox"/> 10
Turbid <input checked="" type="checkbox"/> 15
(Describe) <u>Light Brown</u> | Clear <input checked="" type="checkbox"/> 20
Turbid <input type="checkbox"/> 25
(Describe) <u>Clear</u> |
| 14. Total suspended solids | _____ mg/l | _____ mg/l |
| 15. COD | _____ mg/l | _____ mg/l |
- Fill in if drilling fluids were used and well is at solid waste facility: None

16. Well developed by: Name (first, last) and Firm

First Name: ADAM Last Name: Sweet

Firm: MORaine Environmental, Inc.

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party


First Name: Wayne Last Name: Botz

Facility/Firm: Reedsburg Cleaners

Street: 349 E. Main Street

City/State/Zip: Reedsburg WI 53959

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

Signature: 

Print Name: ADAM Sweet

Firm: MORaine Environmental, Inc.

NOTE: See instructions for more information including a list of county codes and well type codes.

State of Wisconsin
Department of Natural Resources

MONITORING WELL DEVELOPMENT
Form 4400-113B Rev. 7-98

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name <u>Reedsburg Cleaners</u>	County Name <u>Sauk</u>	Well Name <u>Iw-5</u>
Facility License, Permit or Monitoring Number	County Code	Wis. Unique Well Number
		DNR Well ID Number

1. Can this well be purged dry? Yes No
2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other
3. Time spent developing well 45 min.
4. Depth of well (from top of well casing) 300 ft.
5. Inside diameter of well 2.00 in.
6. Volume of water in filter pack and well casing _____ gal.
7. Volume of water removed from well 30.0 gal.
8. Volume of water added (if any) 0.0 gal.
9. Source of water added _____
10. Analysis performed on water added? Yes No
(If yes, attach results)

- | | | |
|--|---------------------------|--------------------------|
| | <u>Before Development</u> | <u>After Development</u> |
|--|---------------------------|--------------------------|
11. Depth to Water (from top of well casing)
- a. _____ ft. _____ ft.
- Date b. 11/24/2009 11/24/2009
m m d d y y y y m m d d y y y y
- Time c. 6:15 a.m. p.m. 7:00 a.m. p.m.
12. Sediment in well bottom _____ inches 0.0 inches
13. Water clarity
- | | |
|---|--|
| Clear <input type="checkbox"/> 10 | Clear <input checked="" type="checkbox"/> 20 |
| Turbid <input checked="" type="checkbox"/> 15 | Turbid <input type="checkbox"/> 25 |
- (Describe) Light Brown Clear
- Fill in if drilling fluids were used and well is at solid waste facility: None
14. Total suspended solids _____ mg/l _____ mg/l
15. COD _____ mg/l _____ mg/l

16. Well developed by: Name (first, last) and Firm

First Name: ADAM Last Name: Sweet

Firm: MORaine Environmental, Inc.

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party


First Name: Wayne Last Name: Botz

Facility/Firm: Reedsburg Cleaners

Street: 349 E. Main Street

City/State/Zip: Reedsburg WI 53959

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

Signature: 

Print Name: ADAM Sweet

Firm: MORaine Environmental, Inc.

NOTE: See instructions for more information including a list of county codes and well type codes.

State of Wisconsin
Department of Natural Resources

MONITORING WELL DEVELOPMENT
Form 4400-113B Rev. 7-98

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name <u>Reedsburg Cleaners</u>	County Name <u>Sauk</u>	Well Name <u>IW-6</u>
Facility License, Permit or Monitoring Number	County Code	Wis. Unique Well Number
		DNR Well ID Number

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other

3. Time spent developing well 45 min.

4. Depth of well (from top of well casing) 300 ft.

5. Inside diameter of well 2.00 in.

6. Volume of water in filter pack and well casing _____ gal.

7. Volume of water removed from well 28.0 gal.

8. Volume of water added (if any) 0.0 gal.

9. Source of water added _____

10. Analysis performed on water added? Yes No
(If yes, attach results)

17. Additional comments on development:

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. _____ ft.	_____ ft.
Date	b. <u>11/24/2009</u> m m d d y y y y	<u>11/24/2009</u> m m d d y y y y
Time	c. <u>12:00</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<u>12:45</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	<u>0.0</u> inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) <u>Light Brown</u>	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) <u>Clear</u>

Fill in if drilling fluids were used and well is at solid waste facility: None

14. Total suspended solids _____ mg/l _____ mg/l

15. COD _____ mg/l _____ mg/l

16. Well developed by: Name (first, last) and Firm

First Name: ADAM Last Name: Sweet

Firm: Moraine Environmental, Inc.

Name and Address of Facility Contact/Owner/Responsible Party


First Name: Wayne Last Name: Butz

Facility/Firm: Reedsburg Cleaners

Street: 349 E. Main Street

City/State/Zip: Reedsburg WI 53959

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

Signature: 

Print Name: ADAM Sweet

Firm: MORAINES ENVIRONMENTAL INC

NOTE: See instructions for more information including a list of county codes and well type codes.

#6

INJECTION LOG						
REEDSBURG CLEANERS						
349 EAST MAIN STREET						
REEDSBURG, WI						
Point ID	Date	Start Time	Flow Rate (GPM)	Pressure Rate (PSI)	Completion Time	Gallons Injected
IW-1	12/1/09	9:00 am	Start Time			
		9:30 am	4	4		31.7
		10:00 am	3	15+		66.9
		10:30 am	2	15+		101.0
		11:00 am	2	15+		116.0
		11:30 am	2.5	15+		152.5
		12:00 pm	2.0	15+		167.1
		12:30 pm	2.0	15+		181.0
		1:00 pm	2.0	15+		213.3
		1:30 pm	2.0	15+		251.5
		2:00 pm	2.5	15+		283.4
		2:30 pm	2.5	15+		317.5
		3:00 pm	2.0	15+		339.2
		3:30 pm	2.0	15+		363.8
12/2/09		4:00 pm	2.0	15+		378.1
		4:30 pm	2.0	15+		397.3
		5:00 pm	2.0	15+		406.3
		5:15 pm	2.0	15+		411.5
		7:30 am	Start Time			
		8:00 am	2.5	15+		467.7
		8:30 am	7.0	15+		556.7
		9:00 am	7.0	15+		604.8
		9:30 am	4.0	15+		700.3
		10:00 am	3.5	15+		752.5
10:30 am	3.5	15+		797.1		
11:00 am	3.0	15+		815.7		
11:30 am	4.0	15+		866.1		
12:00 pm	2.5	15+		874.2		
12:30 pm	2.0	15+		883.3		
1:00 pm	5.0	15+		921.3		
1:20 pm	6.0	15+		995.3		
2:00 pm	5.0	15+		1065		
2:30 pm	1.0	15+		1060		
3:00 pm	1.0	15+		1063		
3:30 pm	1.0	15+		1063		
4:00 pm	1.0	15+		1071		

END

#7

INJECTION LOG						
REEDSBURG CLEANERS						
349 EAST MAIN STREET						
REEDSBURG, WI						
Point ID	Date	Start Time	Flow Rate (GPM)	Pressure Rate (PSI)	Completion Time	Gallons Injected
IW-2	12/1/09	9:00 am	Start Time			
		9:30 am	3	15+		41.4
		10:00 am	2	15+		56.0
		10:30 am	2.5	15+		79.2
		11:00 am	4	15+		128.3
		11:30 am	3.5	15+		189.9
		12:00 pm	3.5	15+		231.8
		12:30 pm	3.5	15+		281.6
		1:00 pm	3.5	15+		353.3
		1:30 pm	3.5	15+		429.4
		2:00 pm	3.5	15+		491.4
		2:30 pm	3.5	15+		557.2
		3:00 pm	3.5	15+		615.3
		3:30 pm	3.5	15+		690.1
		4:00 pm	3.5	15+		736.8
		4:30 pm	3.5	15+		805.2
12/2/09		5:00 pm	3.5	15+		860.7
		5:15 pm	3.5	15+		894.5
		7:30 am	Start Time			
		8:00 am	3.0	15+		973.9
		8:30 am	4.0	15+		1046
		9:00 am	5.0	15+		1095
		9:30 am	4.0	15+		1197
		10:00 am	4.5	15+		1266
		10:30 am	4.0	15+		1313
		11:00 am	4.0	15+		1382
11:30 am	3.5	15+		1463		
12:00 pm	3.5	15+		1500		
12:30 pm	3.5	15+		1606		
1:00 pm	3.5	15+		1641		
1:30 pm	3.5	15+		1710		
2:00 pm	3.5	15+		1798		
2:30 pm	3.5	15+		1882		
3:00 pm	3.5	15+		1950		
3:30 pm	4.0	15+		2027		
4:00 pm	4.0	15+		2085		

END

Total Injected = 10,559 Gal.
90,807.4 lbs

#2

INJECTION LOG						
REEDSBURG CLEANERS						
349 EAST MAIN STREET						
REEDSBURG, WI						
Point ID	Date	Start Time	Flow Rate (GPM)	Pressure Rate (PSI)	Completion Time	Gallons Injected
IW- 3	12/1/09	9:00 am	Start Time			
		9:30 am	3	16		66.3
		10:00 am	2.5	15+		78.0
		10:30 am	2.5	15+		137.7
		11:00 am	2.5	15+		191.0
		11:30 am	2.5	15+		205.0
		12:00 pm	2.0	15+		240.9
		12:30 pm	2.0	15+		246.3
		1:00 pm	2.0	15+		260.4
		1:30 pm	2.5	15+		317.2
		2:00 pm	3.0	15+		366.8
		2:30 pm	3.0	15+		425.3
		3:00 pm	3.0	15+		475.2
		3:30 pm	3.0	15+		529.3
		4:00 pm	3.0	15+		578.9
		4:30 pm	3.5	15+		644.6
		5:00 pm	3.0	15+		698.8
		5:15 pm	3.0	15+		729.4
			12/2/09	7:30 am	Start Time	
8:00 am	2.0			15+		743.5
8:30 am	2.0			15+		777.4
9:00 am	2.5			15+		805.5
9:30 am	2.5			15+		857.3
10:00 am	2.0			15+		882.9
10:30 am	2.5			15+		914.7
11:00 am	2.5			15+		964.2
11:30 am	2.0			15+		1014
12:00 pm	2.0			15+		1029
12:30 pm	2.5			15+		1066
1:00 pm	2.0			15+		1079
1:30 pm	2.50			15+		1084
2:00 pm	1.00			15+		1086
2:30 pm	1.00			15+		1087
3:00 pm	1.00			15+		1089
3:30 pm	1.50			15+		1094
4:00 pm	1.50			15+		1103

END

#3

INJECTION LOG						
REEDSBURG CLEANERS						
349 EAST MAIN STREET						
REEDSBURG, WI						
Point ID	Date	Start Time	Flow Rate (GPM)	Pressure Rate (PSI)	Completion Time	Gallons Injected
IW-4	12/1/09	9:00 am	Start Time			
		9:30 am	4	15		108.7
		10:00 am	4	16		167.7
		10:30 am	4	15+		270.8
		11:00 am	4	19+		370.8
		11:30 am	7	15+		415.7
		12:00 pm	4	15+		467.2 467.9
		12:30 pm	4	19+		524.7
		1:00 pm	3.5	15+		601.9
		1:30 pm	3.0	15+		677.2
		2:00 pm	2.5	15+		733.4
		2:30 pm	2.5	15+		792
		3:00 pm	2.5	15+		829.4
		3:30 pm	2.0	15+		897.3
		4:00 pm	2.5	15+		931.7
12/2/09		4:30 pm	2.0	15+		978.3
		5:00 pm	2.0	15+		1014
		5:15 pm	2.5	15+		1033
		7:30 am	Start Time			
		8:00 am	1.5	15+		1080
		8:30 am	1.5	16+		1098
		9:00 am	1.5	16+		1105
		9:30 am	1.5	15+		1107
		10:00 am	1.0	15+		1107
		10:30 am	1.0	15+		1115
11:00 am	1.0	15+		1115		
11:30 am	1.5	15+		1116		
12:00 pm	1.0	15+		1120		
12:30 pm	1.0	15+		1122		
1:00 pm	1.0	15+		1127		
1:30 pm	1.0	15+		1138		
2:00 pm	1.0	15+		1135		
2:30 pm	1.5	16+		1140		
3:00 pm	1.5	15+		1141		
3:30 pm	1.0	15+		1146		
4:00 pm	1.0	15+		1149		

END

#4

INJECTION LOG						
REEDSBURG CLEANERS						
349 EAST MAIN STREET						
REEDSBURG, WI						
Point ID	Date	Start Time	Flow Rate (GPM)	Pressure Rate (PSI)	Completion Time	Gallons Injected
IW-5	12/1/09	9:00 am	Start Time			
		9:30 am	2	15+		26.6
		10:00 am	2	15+		42.7
		10:30 am	2.5	15+		78.3
		11:00 am	3.5	15+		144.8
		11:30 am	7.0	15+		230.9
		12:00 pm	7.0	15+		300.4
		12:30 pm	7.0	15+		384.2
		1:00 pm	7.0	15+		514.2
		1:30 pm	7.0	15+		646.4
		2:00 pm	7.0	15+		757.7
		2:30 pm	7.0	15+		882.9
		3:00 pm	7.0	15+		991.6
		3:30 pm	7.0	15+		1134
		4:00 pm	7.0	15+		1224
		4:30 pm	7.0	15+		1358
		12/2/09		5:00 pm	7.0	15+
5:15 pm	7.0			15+		1520
7:30 am	Start Time					
8:00 am	7.0			15+		1673
10:00 am	Start Time					
10:30 am	7.0			15+		1783
11:00 am	7.0			15+		1935
11:30 am	7.0			15+		2123
12:00 pm	Start Time					
2:00 pm	7.0			15+		2301
3:00 pm	7.0	15+		2426		
3:30 pm	7.0	15+		2560		
4:00 pm	7.0	15+		2661		

END

END

END

#1..

INJECTION LOG							
REEDSBURG CLEANERS							
349 EAST MAIN STREET							
REEDSBURG, WI							
Point ID	Date	Start Time	Flow Rate (GPM)	Pressure Rate (PSI)	Completion Time	Gallons Injected	
IW-6	12/1/09	9:00 am	Start Time				
		9:30 am	4	15		110	
		10:00 am	4.5	15		165.8	
		10:30 am	4.3	15		212.3	
		11:00 am	4.0	15		249.7	
		11:30 am	2.0	15+		262.7	
		12:00 pm	2.0	15+		275.7	
		12:30 pm	2.0	15+		288.5	
		1:00 pm	2.0	15+		301.5	
		1:30 pm	2.0	15+		314.5	
		2:00 pm	2.0	15+		327.5	
		2:30 pm	2.0	15+		340.5	
		3:00 pm	2.0	15+		353.5	
		3:30 pm	2.0	15+		366.5	
		4:00 pm	2.0	15+		379.5	
		4:30 pm	2.0	15+		392.5	
		5:00 pm	2.0	15+		405.5	
		5:15 pm	2.0	15+		418.5	
		7:30 am	Start Time				
				8:00 am	2.0	15+	
		8:05 am	2.0	15+		1674	
		10:00 am	Start Time				
		10:30 am	2.0	15+		1757	
		11:00 am	2.0	15+		1840	
		11:30 am	2.0	15+		1923	
		12:00 pm	2.0	15+		2006	
		12:30 pm	2.0	15+		2089	
		2:00 pm	Start Time				
		2:30 pm	2.0	15+		2172	
		3:00 pm	2.0	15+		2255	
Note:		Terminated at 2490 when they started to flow out of concrete pit away.					

END
END
END

Day 1 = 6,129 gal