

February 1, 2021

Project Reference #11516

Mr. Joseph Martinez  
Wisconsin Department of Natural Resources  
2300 N. Dr. Martin Luther King, Jr. Drive  
Milwaukee, WI 53212

e-mail: [Joseph.Martinez@wisconsin.gov](mailto:Joseph.Martinez@wisconsin.gov)

**Subject: Hexavalent Chromium Investigation Summary Report  
Former Try-Chem Corp, 1333 West Pierce Street, Milwaukee, WI 53204  
BRRTS #02-41-409441**

Dear Joseph:

The Sigma Group, Inc. (Sigma) has prepared this letter report to document the recent hexavalent chromium investigation activities completed at the Former Try-Chem Corp property (hereinafter, referred to as the "site"). The subsurface investigation work was completed to assess potential subsurface soil and groundwater impacts related to the historic use of the site as requested in the Wisconsin Department of Natural Resources' (WDNR) March 2020 letter<sup>1</sup>.

## **BACKGROUND**

The former Try-Chem property has been historically occupied by manufacturing facilities which conducted paint stripping, electroplating, painting, and metal finishing services. The site's industrial / manufacturing history and documented improper materials management have resulted in the presence of soil and groundwater impacts.

Investigation activities completed at the site between 1989 and 2002 indicated that site soils were impacted with elevated concentrations of select volatile organic compounds (VOCs), polynuclear aromatic hydrocarbons (PAHs), and Resource Conservation and Recovery Act (RCRA) metals, with more limited amounts of select polychlorinated biphenyls (PCBs), pesticides, and cyanide. Select chlorinated volatile organic compounds (CVOCs) were the main contaminants of concern. The CVOC constituent methylene chloride, which was used for laboratory processing and is considered to be a common laboratory contaminant, was also identified in several soil samples at concentrations greater than ch. NR 720 groundwater pathway Residual Contaminant Levels (RCLs). In addition, site groundwater was noted to be impacted by elevated concentrations of select CVOCs, arsenic, and cyanide.

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<sup>1</sup> Request for Additional Information, Try-Chem Corp., 1333 W. Pierce Street., Milwaukee, WI 53204, DNR BRRTS # 02-41-409441, FID # 241078530 by WDNR (dated March 10, 2020).

Based on the presence of soil and groundwater impacts exceeding WDNR standards, a two-foot clean clay engineered barrier was constructed in 2013 for purposes of eliminating the potential for direct contact associated with residually impacted soil and to limit additional release of residual impacts to the groundwater via infiltration of precipitation. Groundwater monitoring has been conducted on a periodic basis since 2013 to evaluate the impact of the low permeability cap and natural attenuation processes.

Following completion of the site investigation, Sigma submitted a Case Closure report in November 2019 which summarized all site investigation activities completed at the site to date and recommended conditional case closure for the site. The WDNR responded in a letter in March 2020 requesting additional site information to support the case closure request.

## HEXAVALENT CHROMIUM INVESTIGATION ACTIVITIES

In response to WDNR request Sigma performed the following investigation activities to assess soil and groundwater conditions at the site related to potential hexavalent chromium contamination.

Utility Clearance. Sigma contacted Digger's Hotline prior to initiating field activities to locate public utility lines at the site. Sigma communicated with utility locators and verified that public utilities would be marked prior to drilling work.

Drilling Activities. On October 14, 2020, Sigma mobilized to the site to advance a total of eight soil borings. Due to borehole refusals and other site constraints, a total of 22 soil borings were advanced at the site in nine locations (soil borings SB-19, SB-20, SB-21a through SB-21c, SB-22, SB-23a through SB-23c, SB-24a through SB-24d, SB-25, SB-26a through SB-26g, and SB-27) to depths of three to 12 feet below ground surface (bgs). Soil boring locations that encountered refusal include letters based on the number of refusals (i.e., SB-21a, SB-21b, SB-21c). The soil boring locations were selected based on the historic processes performed at the site. The locations of all advanced soil borings are shown on **Figure 1**.

The soil borings were completed with a truck mounted Geoprobe® hydraulic drill rig. Soil samples were continuously collected with a 2.5-inch diameter by four-foot long MacroCore® sampler at each soil boring location. The soil samples were described on the basis of color, texture, grain size, and plasticity, and were classified in general accordance with the Unified Soil Classification System (USCS), and also screened in the field with a calibrated photoionization detector (PID) for the presence of VOCs. Soil classifications, descriptions, specific sampling intervals, and PID readings are presented on the soil boring logs in **Attachment 1**.

Soil Sampling. One to two soil samples from soil borings SB-19, SB-20, SB-21c, SB-22, SB-23c, SB-24d, SB-25, SB-26e and SB-27 were containerized in laboratory-supplied jars and vials and submitted for laboratory analysis of total chromium by EPA Method 6010B

and hexavalent chromium by EPA Method 7199. Due to the history of non-compliant waste management and facility operation activities at the site, shallow fill material was identified in certain sections of the site below the clay surface cap. The sample intervals selected for laboratory analysis were based on the depth of previously identified impacts or the presence of fill material as observed at the time of drilling. All soil samples were collected from native soil or fill material from below the two-foot clean clay cap installed at the site in 2013.

Monitoring Well Installation. Monitoring wells MW-12 and MW-13 were installed in soil borings SB-25 and SB-27, respectively, following soil boring advancement on October 14, 2020. Both monitoring wells consisted of one-inch diameter pre-pack PVC well screen (10-foot length) connected to a one-inch diameter solid PVC riser pipe that was lowered to the bottom of each borehole to allow for the collection of groundwater samples (see discussion below). Sigma received WDNR approval (**Attachment 2**) to install one-inch diameter monitoring wells as ch. NR 141 compliant monitoring wells in an email dated July 31, 2020. The monitoring well construction forms are included in **Attachment 3**.

Borehole Abandonment. Soil borings SB-19, SB-20, SB-21a through SB-21c, SB-22, SB-23a through SB-23c, SB-24a through SB-24d, and SB-26a through SB-26g were abandoned following soil sample collection in accordance with ch. NR 141 by filling the boreholes with hydrated bentonite chips to ground surface elevation. The borehole abandonment forms are included in **Attachment 4**.

Surveying. On October 14, 2020 following soil boring advancement, Sigma surveyed the locations and elevations of each of the soil borings and monitoring wells with a Trimble R8 GPS receiver. Elevations were referenced to Mean Sea Level (MSL). The soil boring and monitoring well locations are presented in **Figure 1**.

Groundwater Sampling. On October 22, 2020, Sigma measured the depth to groundwater and bottom in existing monitoring wells MW-2A, MW-2R, and MW-4R and new monitoring wells MW-12 and MW-13 with an electronic water level indicator relative to the top of the PVC casing and then collected grab groundwater samples from each monitoring well. The grab groundwater samples were submitted for laboratory analysis of dissolved chromium by EPA Method 6010B and hexavalent chromium by EPA Method 7199. The groundwater samples were collected with a peristaltic pump (utilizing low-flow techniques to limit sediment infiltration) with new tubing at each well. The dissolved chromium samples were also field filtered with a 0.45-micron filter. The groundwater samples were placed into laboratory-supplied glass vials with nitric acid preservative, stored in a cooler with ice, and submitted to the laboratory for analysis.

Investigative Waste. Minimal excess soil was generated during the Geoprobe® soil drilling process. Considering the de minimis amount the excess soil was disposed of as solid waste at a license landfill facility with other used sampling items and personal protective equipment. Purge water generated during well development and sampling was containerized in a labeled 55-gallon drum and kept on site until laboratory results were received and proper groundwater disposal could be coordinated.

## HEXAVALENT CHROMIUM INVESTIGATION RESULTS

Geology. The surficial composition of the accessible areas of the site investigated during sampling included vegetated topsoil underlain by a two-foot brown silty to sandy clay cap. Soils encountered below the surface cap generally consisted of silty clay with occasional sandy to gravelly lenses. A one-to-four-foot thick layer of fill material consisting of gravelly clay with trace amounts of non-soil inclusions (brick fragments) was identified in the center of the site in the locations of soil borings SB-21, SB-22, SB-23, and SB-25. Borehole refusal was encountered at soil boring locations SB-21, SB-23, SB-24, and SB-26 at depths of three to seven feet bgs. It is likely the refusals were caused by buried footings or floor slabs from the former Try-Chem building. Bedrock was not encountered to the depth evaluated at the soil borings locations. The specific soil characteristics and depths encountered during drilling activities are presented in the soil boring logs included as **Attachment 1**.

Hydrogeology. Water level measurements collected on October 22, 2020 at each of the monitoring wells sampled ranged from approximately four feet bgs (MW-12) to eight feet bgs (MW-2R). Based on the depth to groundwater measurements collected, shallow groundwater is interpreted to flow to the north following topography towards the Menomonee River Valley as shown on **Figure 2**. Groundwater elevation data is presented on **Table 1**.

Soil Quality Results. Laboratory analytical data for soil samples collected from soil borings SB-19 through SB-27 are summarized in **Table 2**. A total of 16 soil samples were submitted for laboratory analysis of total chromium and hexavalent chromium. The data available are presented with a comparison to ch. NR 720 RCLs for the protection of groundwater and direct contact (for both non-industrial and industrial land use) pathways. The Background Threshold Values (BTVs) for RCRA metals are also presented in the data table for reference. A copy of the soil laboratory analytical report is included as **Attachment 5**.

A summary of the analytical results follows:

- Total Chromium – Total chromium was detected in every soil sample analyzed. All reported concentrations were well below ch. NR 720 RCLs and all but two of the concentrations (soil samples SB-21c [six to eight feet bgs {6-8}] and SB-24 [2-4]) were below BTVs.
- Hexavalent Chromium – Hexavalent chromium was detected in five of the soil samples analyzed. Concentrations of hexavalent chromium greater than its ch. NR 720 non-industrial direct contact RCL were reported in soil samples SB-21c (2-4), SB-21c (6-8), SB-23c (2-4), and SB-25 (2-4). A review of the detected hexavalent chromium soil data indicates a direct correlation between the total chromium concentrations and the hexavalent chromium concentrations. In general, relatively high concentrations of hexavalent chromium were detected in soil samples which also contained relatively high concentrations of total chromium and vice versa. It

is also noteworthy that the hexavalent chromium ch. NR 720 RCL exceedances were reported in soil borings that contained fill material and the soil borings are located in the vicinity of the historical process operations (**Figure 1**). All soil samples were collected from native soil or fill material from below the two-foot clean clay cap installed at the site in 2013.

Groundwater Quality Results. The laboratory analytical data for grab groundwater samples are summarized in **Table 3**. The groundwater elevation data is summarized in **Table 1**. A total of five monitoring wells were sampled for dissolved chromium and hexavalent chromium. Neither analyte was reported in any of the monitoring wells sampled at concentrations greater than the laboratory limit of detection (LOD). A copy of the groundwater laboratory analytical report is included as **Attachment 6**.

## CONCLUSIONS

Based on soil and groundwater investigation activities completed in late 2020, site soil appears to be impacted with total chromium. Of the sixteen soil samples analyzed, only two contained total chromium concentrations exceeding the background threshold value. Hexavalent chromium was detected in four soil samples collected from three boring locations representing shallow and deep soil impacts. The detected concentrations are slightly above the ch. NR 720 non-industrial direct contact RCL and the impacted soil borings are located in the vicinity of the historical process operations. Although chromium impacts were detected in soil, no groundwater chromium impacts are present at the site. Considering the limited hexavalent chromium impacts in soil, no additional investigation is warranted.

## RECOMMENDATIONS

Given recent developments regarding regulation of emerging contaminants, including Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS), the WDNR has requested additional information regarding potential historic use of PFAS-containing products at the site. Therefore, Sigma proposes to gather and review relevant site historical information including available records regarding materials likely historically used, stored, or handled at the site. The results of this assessment will be presented to the WDNR in a letter report following the completion of the historical information review.

Considering the period of time since the last use of the site for manufacturing purposes, current site status, interviews, Safety Data Sheets (SDSs), and a walkthrough would be unlikely to yield much information. Therefore, Sigma proposes a review of historic resources including documents and reports available from the Milwaukee Public Library, the Wisconsin Historical Society, and the UW-Milwaukee Area Research Center, as well as environmental reports and state RCRA records.

If after completing the site history and records review described above Sigma identifies historic use of PFAS-containing products (or cannot exclude the potential use of these chemicals), Sigma will work with the City of Milwaukee and the WDNR to develop a

scope of work to evaluate potential releases at the site in order to satisfy the requirements of ch. NR 716 with regard to the appropriate emerging contaminants. Should no evidence of the former use of emerging contaminants be obtained, Sigma will update the Case Closure Report to document the completion of the emerging contaminant evaluation and hexavalent chromium investigation.

If you have any questions or need additional assistance, please call us at (414) 643-4200.

Sincerely,

**THE SIGMA GROUP, INC.**



Steven V. Kikkert, P.E.  
Staff Engineer



Mafizul Islam, P.E.  
Senior Engineer

Enclosures:

- Table 1 – Water Level Elevations
- Table 2 – Soil Analytical Results
- Table 3 – Groundwater Analytical Table
- Figure 1 – Borehole Location Map with Approximate Historic Process Locations
- Figure 2 – Groundwater Contour Map
- Attachment 1 – Soil Boring Logs
- Attachment 2 – NR 141 Variance Approval
- Attachment 3 – Well Construction Forms
- Attachment 4 – Borehole Abandonment Forms
- Attachment 5 – Soil Laboratory Analytical Report
- Attachment 6 – Groundwater Laboratory Analytical Reports

Cc: Mathew Reimer / City of Milwaukee

**Table 1**  
**Water Level Elevations**  
**1333 West Pierce Street, Milwaukee, Wisconsin**  
**Sigma Project No. 11516**

<b>MW-2A</b>								
Ground Elev.:		611.14	(feet MSL)	Screen Interval:			5.1 to 15.1	(feet bgs)
TOC Elev.:		611.21	(feet MSL)				606.0 to 596.0	(feet MSL)
Date	Depth to Groundwater (feet TOC)	Well Depth (feet TOC)	Water Column (feet)	Water Column Difference (feet)	Groundwater Elevation (feet MSL)	Depth to Groundwater (feet bgs)	Physical Observations	
5/1/18	7.09	14.95	7.86	-0.04	604.12	7.02	Clear, good recovery	
3/8/19	7.14	14.95	7.81	-0.05	604.07	7.07	Clear, good recovery	
10/22/20	7.13	14.90	7.77	-0.04	604.08	7.06	Mostly clear, no odor, good recovery.	

<b>MW-2R</b>								
Ground Elev.:		614.16	(feet MSL)	Screen Interval:			7.8 to 17.8	(feet bgs)
TOC Elev.:		613.76	(feet MSL)				606.4 to 596.4	(feet MSL)
Date	Depth to Groundwater (feet TOC)	Well Depth (feet TOC)	Water Column (feet)	Water Column Difference (feet)	Groundwater Elevation (feet MSL)	Depth to Groundwater (feet bgs)	Physical Observations	
5/1/18	6.61	17.15	10.54	1.03	607.15	7.01	Clear, moderate recovery	
3/8/19	7.41	17.15	9.74	-0.80	606.35	7.81	Mostly clear, no odor, moderate recovery.	
10/22/20	7.72	17.15	9.43	-0.31	606.04	8.12		

<b>MW-4R</b>								
Ground Elev.:		614.70	(feet MSL)	Screen Interval:			4.3 to 14.3	(feet bgs)
TOC Elev.:		614.35	(feet MSL)				610.5 to 600.5	(feet MSL)
Date	Depth to Groundwater (feet TOC)	Well Depth (feet TOC)	Water Column (feet)	Water Column Difference (feet)	Groundwater Elevation (feet MSL)	Depth to Groundwater (feet bgs)	Physical Observations	
5/1/18	5.37	13.70	8.33	1.06	608.98	5.72	Slightly turbid, poor recovery	
3/8/19	5.99	13.70	7.71	-0.62	608.36	6.34	Mostly clear, no odor, moderate recovery.	
10/22/20	6.58	13.70	7.12	-0.59	607.77	6.93		

<b>MW-12</b>								
Ground Elev.:		615.58	(feet MSL)	Screen Interval:			4.2 to 14.2	(feet bgs)
TOC Elev.:		616.11	(feet MSL)				611.4 to 601.4	(feet MSL)
Date	Depth to Groundwater (feet TOC)	Well Depth (feet TOC)	Water Column (feet)	Water Column Difference (feet)	Groundwater Elevation (feet MSL)	Depth to Groundwater (feet bgs)	Physical Observations	
10/22/20	4.15	14.75	10.60	NA	611.96	3.63	Slightly turbid, no odor, slow recovery.	

<b>MW-13</b>								
Ground Elev.:		617.83	(feet MSL)	Screen Interval:			4.2 to 14.2	(feet bgs)
TOC Elev.:		618.42	(feet MSL)				613.7 to 603.7	(feet MSL)
Date	Depth to Groundwater (feet TOC)	Well Depth (feet TOC)	Water Column (feet)	Water Column Difference (feet)	Groundwater Elevation (feet MSL)	Depth to Groundwater (feet bgs)	Physical Observations	
10/22/20	6.54	14.75	8.21	NA	611.88	5.95	Slightly turbid, no odor, slow recovery.	

Notes:

1. All monitoring wells surveyed by The Sigma Group, Inc. on June 7, 2012 with Trimble R8 receiver. Monitoring wells MW-12 and MW-13 surveyed by Sigma on October 14, 2020 following installation.
2. feet MSL = feet above Mean Sea Level
3. feet bgs = feet below ground surface
4. feet TOC = feet below top of casing

**Table 2**  
**Soil Analytical Results**  
**1333 West Pierce Street, Milwaukee, Wisconsin**  
**Sigma Project No.11516**

Soil Sample Location:	SB-19		SB-20		SB-21c		SB-22		SB-23c		SB-24d	SB-25		SB-26e	SB-27		Groundwater Pathway RCL <sup>4</sup>	Non-Industrial Direct Contact RCL <sup>5</sup>	Industrial Direct Contact RCL <sup>6</sup>	Background Threshold Value <sup>7</sup>	
	Sample Depth (feet bgs):	2 - 4	8 - 10	2 - 4	10 - 12	2 - 4	6 - 8	2 - 4	6 - 8	2 - 4	6 - 8	2 - 4	2 - 4	6 - 8	2 - 4	2 - 4					6 - 8
	Sample Collection Date:	10/14/20		10/14/20		10/14/20		10/14/20		10/14/20		10/14/20	10/14/20		10/14/20	10/14/20					
Photoionization Detector	ppm	2.2	3.0	0.0	4.0	0	0	0	0.4	0.4	0.4	0	0.5	0	0.0	0.0	0.1	NS	NS	NS	NS
<b>Metals</b>																					
Total Chromium	mg/kg	9.1*	16*	10*	21*	42*	720	21*	15*	19*	17*	17*	110	15*	23*	25*	15*	360,000	NS	NS	44
Hexavalent Chromium	mg/kg	<0.15	<0.50	<0.15	<0.15	[ 0.46 ]	[ 1.8 ]	<0.15	<0.15	[ 0.47 ]	<0.15	<0.15	[ 0.45 ]	<0.15	<0.15	0.17 J	<0.15	NS	0.301	6.36	NS

**Notes:**

- Analytical units: mg/kg = milligrams per kilogram (equivalent to parts per million, ppm)
- NA = not analyzed NS = no standard established
- Groundwater Pathway RCL = Residual Contaminant Level for protection of groundwater (dilution factor of 2) as presented on the WDNR's RCL Spreadsheet (dated December 2018) referenced in WDNR guidance document PUB-RR-890 "Soil Residual Contaminant Level Determinations Using the US EPA Regional Screening Level Web Calculator", dated June 2014.
- Non-Industrial Direct Contact RCL = Residual Contaminant Level for protection of direct contact at a non-industrial property as presented on the WDNR's RCL Spreadsheet (dated December 2018) with default input parameters as referenced in WDNR guidance document PUB-RR-890 "Soil Residual Contaminant Level Determinations Using the US EPA Regional Screening Level Web Calculator", dated June 2014.
- Industrial Direct Contact RCL = Residual Contaminant Level for protection of direct contact at an industrial property as presented on the WDNR's RCL Spreadsheet (dated December 2018) with default input parameters as referenced in WDNR guidance document PUB-RR-890 "Soil Residual Contaminant Level Determinations Using the US EPA Regional Screening Level Web Calculator", dated June 2014.
- Background Threshold Value = Non-outlier trace element maximum levels in Wisconsin surface soils from USGS report "Distribution and Variation of Arsenic in Wisconsin Surface Soils, With Data on Other Trace Elements" (revised February 2013).
- Laboratory flags: "J" = Analyte detected between Limit of Detection and Limit of Quantitation [ ] = Analyte detected
- Exceedances:
  - BOLD** = Concentration exceeds Groundwater Pathway RCL
  - [ ] = Concentration exceeds Non-Industrial Direct Contact RCL (any depth)
  - { } = Concentration exceeds Industrial Direct Contact RCL (any depth)
  - \* = Concentration is below Background Threshold Value so RCL exceedances are not marked



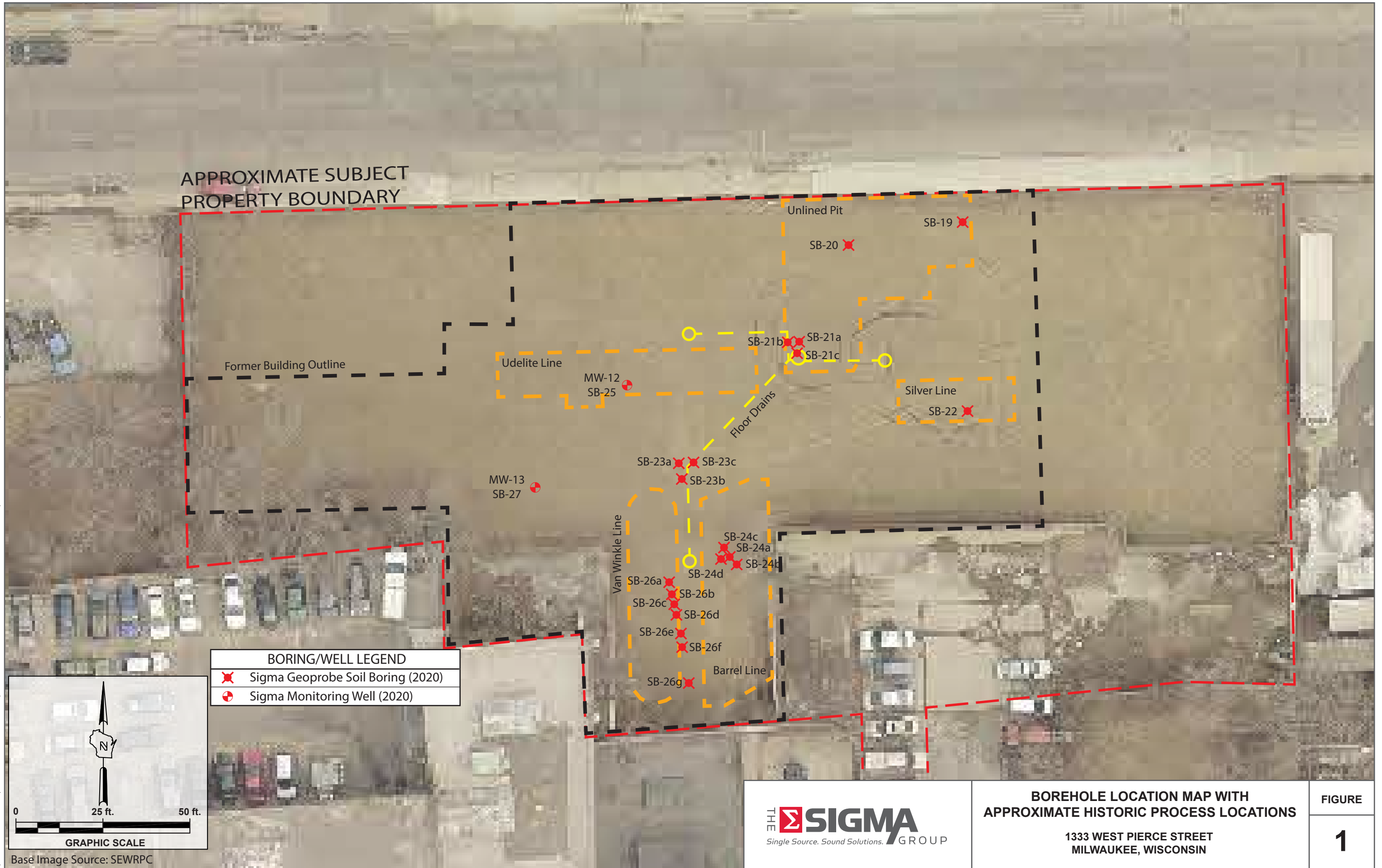
**Table 3**  
**Groundwater Analytical Table**  
**1333 West Pierce Street, Milwaukee, Wisconsin**  
**Sigma Project No. 11516**

<b>Well Location:</b>		<b>MW-2A</b>	<b>MW-2R</b>	<b>MW-4R</b>	<b>MW-12</b>	<b>MW-13</b>	<b>NR 140 ES</b>	<b>NR 140 PAL</b>
Date:		10/22/20	10/22/20	10/22/20	10/22/20	10/22/20		
Water Elevation* (feet MSL):		604.08	606.04	607.77	611.96	611.88		
<b><i>Dissolved Metals</i></b>								
Chromium	µg/L	<2.5	<2.5	<2.5	<2.5	<2.5	100	10
Hexavalent Chromium	µg/L	<0.25	<0.25	<0.25	<0.25	<0.25	NS	NS

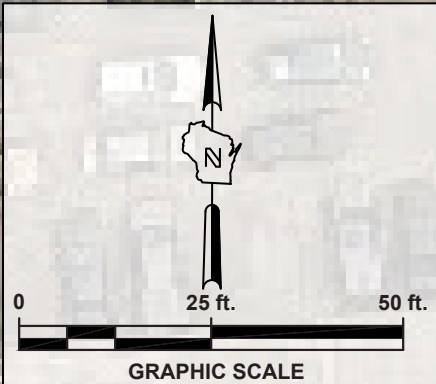
Notes:

1. NR 140 ES = Wisconsin Administrative Code, Chapter NR 140 Enforcement Standard
2. NR 140 PAL = Wisconsin Administrative Code, Chapter NR 140 Preventive Action Limit
3. NS = no standard
4. µg/L = micrograms per liter (equivalent to parts per billion, ppb)
5. NA = Not Analyzed
6. Exceedances:
  - BOLD** = Concentration exceeds NR 140 ES
  - ITALICS* = Concentration exceeds NR 140 PAL
7. Special notes:
  - \* = monitoring well screen submerged below water table

Project: 11516 | Directory: CAD | Filename: B.3.a. Monitoring Wells | Created By: JRR/SVK | Date: 01/29/2021



BORING/WELL LEGEND	
✕	Sigma Geoprobe Soil Boring (2020)
●	Sigma Monitoring Well (2020)



Base Image Source: SEWRPC



**BOREHOLE LOCATION MAP WITH APPROXIMATE HISTORIC PROCESS LOCATIONS**

1333 WEST PIERCE STREET  
MILWAUKEE, WISCONSIN

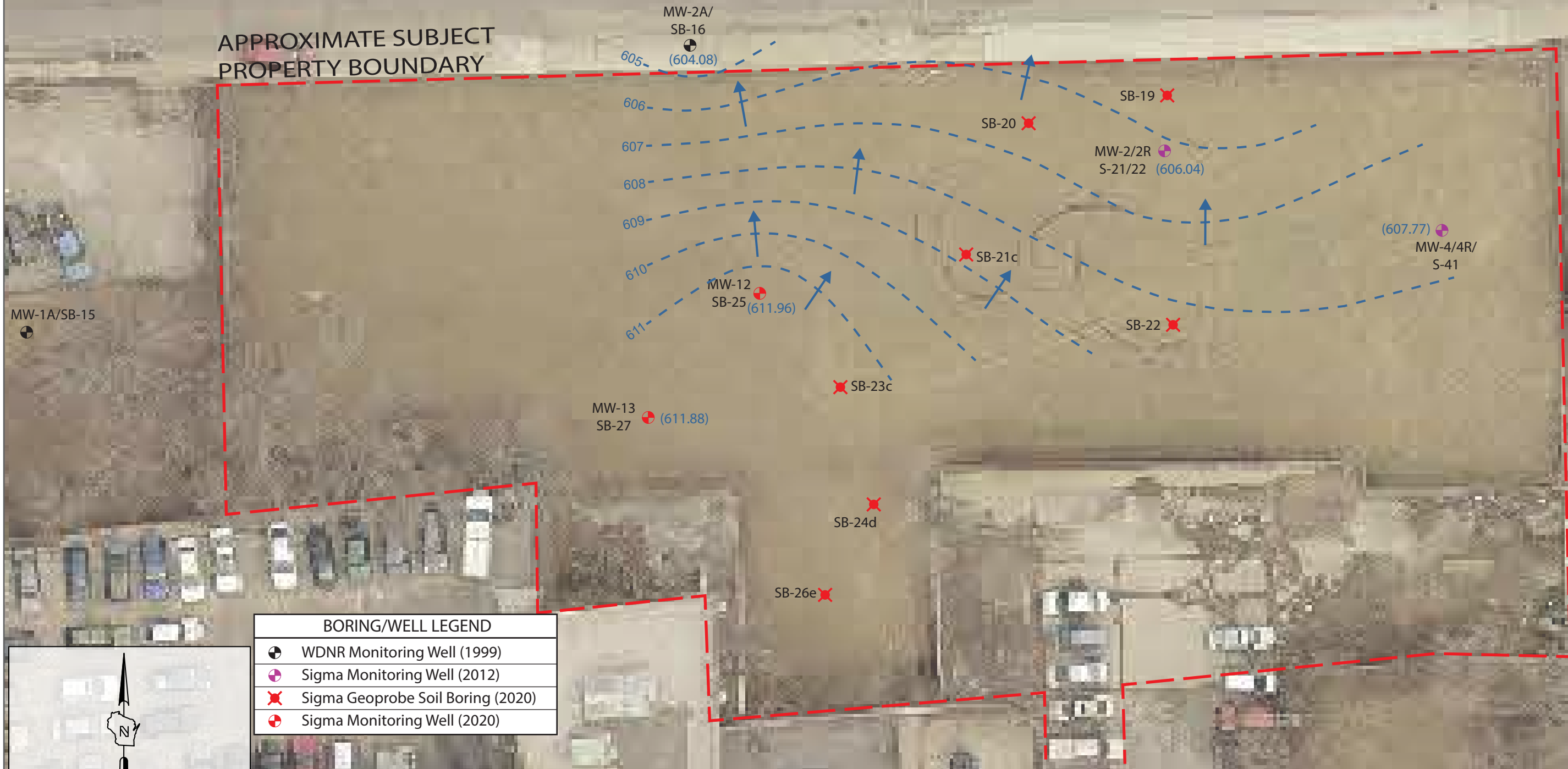
FIGURE

1

LEGEND

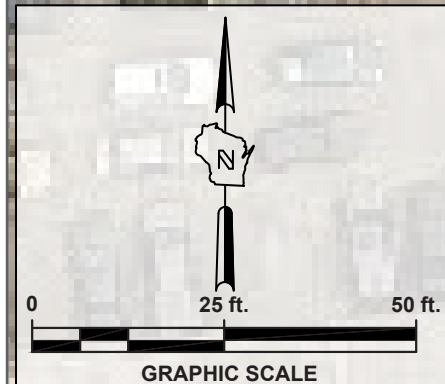
- (650) Static Groundwater Level (10/22/20)
- - - Groundwater Contour Line
- Groundwater Flow Direction

APPROXIMATE SUBJECT PROPERTY BOUNDARY



BORING/WELL LEGEND

- WDNR Monitoring Well (1999)
- Sigma Monitoring Well (2012)
- ✕ Sigma Geoprobe Soil Boring (2020)
- Sigma Monitoring Well (2020)



Base Image Source: SEWRPC



GROUNDWATER CONTOUR MAP

1333 WEST PIERCE STREET  
MILWAUKEE, WISCONSIN

FIGURE

2

Date: 01/29/2021

Created By: JRR/SVK

Filename: B.3.a. Monitoring Wells

Directory: CAD

Project: 11516


**ATTACHMENT 1**  
**SOIL BORING LOGS**

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

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-19</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-19</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>612.3 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,149 N, 2,522,315 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>° ' "</b>		Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
		Civil Town/City/ or Village <b>Milwaukee</b>			

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties						RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
1 GP	48 36	P U S H	1	Brown TOPSOIL, soft, moist, trace organics.				1.0							
			2	Brown SILTY CLAY with trace gravel and brick fragments, stiff, dry.	CL-ML			2.2						Lab sampled (2-4') for total Chromium and Hexavalent Chromium.	
2 GP	48 39	P U S H	3	Brown fine SAND, dry, loose, poorly graded.	SP										
			4	Brown SILTY CLAY with trace sand, stiff, dry.	CL-ML			2.6							
			5	Brown SILTY CLAY with trace black streaks, medium soft, moist.											
			6	Wet at 6' bgs.	CL-ML			0.8							
3 GP	48 36	P U S H	7		CL-ML										
			8	Dark gray to black SILTY CLAY with trace black sand, wet, medium soft.	CL-ML			3.0					Lab sampled (8-10') for total Chromium and Hexavalent Chromium.		
			10				0.5								
			11	Tan, red, and gray GRAVELLY SAND, wet, well graded.	SWG										
			12	EOB at 12' bgs. Borehole abandoned with bentonite.									End of boring.		

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


Signature 	Firm <b>The Sigma Group</b> 1300 W Canal St Milwaukee, WI 53233	Tel: 414-643-4200 Fax: 414-643-4210
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Route To: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-20</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
Drilling Method <b>Geoprobe</b>		WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>	
Common Well Name <b>SB-20</b>		Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>613.5 Feet MSL</b>	
Borehole Diameter <b>2.3 inches</b>		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,143 N, 2,522,282 E S/C/N</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section 31, T 7 N, R 22 E		Lat _____ ' _____ "		Long _____ ' _____ "	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
		Civil Town/City/ or Village <b>Milwaukee</b>			

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
1 GP	48 36	P U S H	1	Brown TOPSOIL, soft, moist, trace organics.				0.0							
			2	Brown SILTY CLAY, stiff, dry.	CL-ML			0.0						Lab sampled (2-4') for total Chromium and Hexavalent Chromium.	
2 GP	48 38	P U S H	3	Brown SILTY CLAY with black patches and trace brown, yellow, and gray sand and gravel, dry, well graded.	CL-ML			0.0							
			4	Brown SILTY CLAY, stiff, dry.	CL-ML			0.0							
			5	Brownish gray SILTY CLAY with black streaks, medium soft, wet, slight odor.	CL-ML			0.2							
3 GP	48 40	P U S H	6	Gray SILTY CLAY with black streaks and trace sand, wet, medium stiff.	CL-ML			1.1							
			7				4.0						Lab sampled (10-12') for total Chromium and Hexavalent Chromium. End of boring.		
			8	Tan to gray GRAVELLY SAND, wet, well graded.	SWG										
			12	EOB at 12' bgs. Borehole abandoned with bentonite.											

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

Signature 	Firm <b>The Sigma Group</b> 1300 W Canal St Milwaukee, WI 53233	Tel: 414-643-4200 Fax: 414-643-4210
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Route To: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-21a</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-21a</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>615.5 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,115 N, 2,522,268 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>° ' "</b>		Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
				Civil Town/City/ or Village <b>Milwaukee</b>	

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	
1 GP	48 36	P U S H	0.5	Brown TOPSOIL, soft, moist, trace organics.				0.0						
			1.0	Brown SILTY CLAY with trace gravel, dry, stiff.	CL-ML			0.0						
2 GP	48 23	P U S H	3.5	FILL: Well graded clay to gravel, mix of black, brown, gray, and orange, dry.				0.0						
			7.0	Refusal at 7' bgs. Borehole abandoned with bentonite.				0.0					Refusal.	

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

Signature 	Firm <b>The Sigma Group</b> 1300 W Canal St Milwaukee, WI 53233	Tel: 414-643-4200 Fax: 414-643-4210
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Route To: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-21b</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-21b</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>615.5 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,115 N, 2,522,265 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>° ' "</b>		Feet <input type="checkbox"/> S Feet <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
		Civil Town/City/ or Village <b>Milwaukee</b>			

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
1 GP	48 36	P U S H	0.5	Brown TOPSOIL, soft, moist, trace organics.				0.0						
			1.0	Brown SILTY CLAY with trace gravel, dry, stiff.	CL-ML			0.0						
2 GP	48 23	P U S H	3.5	FILL: Well graded clay to gravel, mix of black, brown, gray, and orange, dry.				0.0						
			7.0	Refusal at 7' bgs. Borehole abandoned with bentonite.				0.0				Refusal.		

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

Signature Firm **The Sigma Group** Tel: 414-643-4200  
1300 W Canal St Milwaukee, WI 53233 Fax: 414-643-4210




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

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-21c</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-21c</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>615.6 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,112 N, 2,522,268 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>° ' "</b>		Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
		Civil Town/City/ or Village <b>Milwaukee</b>			

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
1 GP	48 36	P U S H	1	Brown TOPSOIL, soft, moist, trace organics.				0.0							
			2	Brown SILTY CLAY with trace gravel, dry, stiff.	CL-ML			0.0					Lab sampled (2-4') for total Chromium and Hexavalent Chromium.		
2 GP	48 31	P U S H	4	FILL: Well graded clay to gravel, mix of black, brown, gray, and orange, dry.				0.0							
			6				0.0					Lab sampled (6-8') for total Chromium and Hexavalent Chromium.			
3 GP	48 37	P U S H	8	Wet at 7.5' bgs. Dark gray SILTY CLAY, soft, wet.	CL-ML			0.0							
			10	Light brownish gray SILTY CLAY with trace sand, soft, wet.	CL-ML			0.0							
			12	EOB at 12' bgs. Borehole abandoned with bentonite.								End of boring.			

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


Signature 	Firm <b>The Sigma Group</b> 1300 W Canal St Milwaukee, WI 53233	Tel: 414-643-4200 Fax: 414-643-4210
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Route To: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-22</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-22</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>616.9 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,096 N, 2,522,316 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section 31, T 7 N, R 22 E		Long <b>° ' "</b>		Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
		Civil Town/City/ or Village <b>Milwaukee</b>			

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		
1 GP	48 37	PUSH	1	Brown TOPSOIL, soft, moist, trace organics.				0.0							
			2	Brown SILTY CLAY with some tan, white, gray, well graded, sand and gravel, stiff, dry.	CL-ML			0.0					Lab sampled (2-4') for total Chromium and Hexavalent Chromium.		
2 GP	48 32	PUSH	4	FILL: Orange, red, brown, black, and gray SILTY CLAY with some sand and gravel and trace brick fragments, moist, well graded.				1.0							
			5				0.4				Lab sampled (6-8') for total Chromium and Hexavalent Chromium.				
3 GP	48 36	PUSH	8	Gray CLAYEY SILT with trace sand, medium soft, wet.				0.0							
			9		ML			0.0							
			12	EOB at 12' bgs. Borehole abandoned with bentonite.											End of boring.

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

Signature  Firm **The Sigma Group** Tel: 414-643-4200  
1300 W Canal St Milwaukee, WI 53233 Fax: 414-643-4210

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

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-23a</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-23a</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>617.3 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,081 N, 2,522,234 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>° ' "</b>		Feet <input type="checkbox"/> S Feet <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
		Civil Town/City/ or Village <b>Milwaukee</b>			

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
1 GP	48 34	P U S H	0.5	Brown TOPSOIL, soft, moist, trace organics.				0.0							
			1.0	Brown SILTY CLAY with trace gravel and brown and yellow mottling, medium stiff, dry.	CL-ML			0.4							
2 GP	48 36	P U S H	3.0	FILL: Gray, black, brown, and yellow SANDY CLAY with GRAVEL, moist, medium soft, well graded.											
			4.0	Brownish gray SILTY CLAY with black mottling and trace gravel, moist, medium stiff.	CL-ML			0.5							
			6.0	Gray SANDY GRAVEL, wet, loose, poorly graded.	GPS			0.4							
			7.0	Gray SILTY CLAY with trace gravel and sand, wet, stiff. Refusal at 7' bgs. Borehole abandoned with bentonite.	CL-ML									Refusal.	

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

Signature Firm **The Sigma Group** Tel: 414-643-4200  
1300 W Canal St Milwaukee, WI 53233 Fax: 414-643-4210

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

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-23b</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-23b</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>617.7 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,077 N, 2,522,235 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>° ' "</b>		Feet <input type="checkbox"/> S Feet <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
				Civil Town/City/ or Village <b>Milwaukee</b>	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
1 GP	48 34	P U S H	0.5	Brown TOPSOIL, soft, moist, trace organics.				0.0							
			1.0	Brown SILTY CLAY with trace gravel and brown and yellow mottling, medium stiff, dry.	CL-ML			0.4							
2 GP	48 36	P U S H	3.0	FILL: Gray, black, brown, and yellow SANDY CLAY with GRAVEL, moist, medium soft, well graded.											
			4.0	Brownish gray SILTY CLAY with black mottling and trace gravel, moist, medium stiff.	CL-ML			0.5							
			6.0	Gray SANDY GRAVEL, wet, loose, poorly graded.	GPS			0.4							
			7.0	Gray SILTY CLAY with trace gravel and sand, wet, stiff.	CL-ML										
			8.0	Refusal at 8' bgs. Borehole abandoned with bentonite.										Refusal.	

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


Signature 	Firm <b>The Sigma Group</b> 1300 W Canal St Milwaukee, WI 53233	Tel: 414-643-4200 Fax: 414-643-4210
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Route To: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-23c</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-23c</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>617.3 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,081 N, 2,522,238 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>° ' "</b>		Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
		Civil Town/City/ or Village <b>Milwaukee</b>			

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
1 GP	48 34	P U S H	1	Brown TOPSOIL, soft, moist, trace organics.				0.0							
			2	Brown SILTY CLAY with trace gravel and brown and yellow mottling, medium stiff, dry.	CL-ML			0.4					Lab sampled (2-4') for total Chromium and Hexavalent Chromium.		
2 GP	48 39	P U S H	3	FILL: Gray, black, brown, and yellow SANDY CLAY with GRAVEL, moist, medium soft, well graded.				0.5							
			4	Brownish gray SILTY CLAY with black mottling and trace gravel, moist, medium stiff.	CL-ML										
3 GP	48 29	P U S H	5	Gray SANDY GRAVEL, wet, loose, poorly graded.	GPS			0.4							Lab sampled (6-8') for total Chromium and Hexavalent Chromium.
			6	Gray SILTY CLAY with trace gravel and sand, wet, stiff.											
			7		CL-ML				0.0						
			8					0.0							
			9												
			10												
			11												
			12	EOB at 12' bgs. Borehole abandoned with bentonite.											End of boring.

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

Signature 	Firm <b>The Sigma Group</b> 1300 W Canal St Milwaukee, WI 53233	Tel: 414-643-4200 Fax: 414-643-4210
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Route To: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-24a</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-24a</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>619.1 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,055 N, 2,522,248 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>° ' "</b>		Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
				Civil Town/City/ or Village <b>Milwaukee</b>	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
1 GP	48 28	P U S H	0.5	Brown TOPSOIL, soft, moist, trace organics.				0.0							
			1.0	Light brown SANDY CLAY with white GRAVEL, dry, well graded, stiff.				0.0							
			3.0	Refusal at 3' bgs. Borehole abandoned with bentonite.											
			4.0												Refusal.

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

Signature 	Firm <b>The Sigma Group</b> 1300 W Canal St Milwaukee, WI 53233	Tel: 414-643-4200 Fax: 414-643-4210
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Route To: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-24b</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-24b</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>618.9 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,053 N, 2,522,250 E S/C/N</b>		Lat <b>_____ ° _____ ' _____ "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>_____ ° _____ ' _____ "</b>		Feet <input type="checkbox"/> S Feet <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
				Civil Town/City/ or Village <b>Milwaukee</b>	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
1 GP	48 28	P U S H	0.5	Brown TOPSOIL, soft, moist, trace organics.				0.0						
			1.0	Light brown SANDY CLAY with white GRAVEL, dry, well graded, stiff.				0.0						
			3.0	Refusal at 3' bgs. Borehole abandoned with bentonite.										
			4.0											Refusal.

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

Signature 	Firm <b>The Sigma Group</b> 1300 W Canal St Milwaukee, WI 53233	Tel: 414-643-4200 Fax: 414-643-4210
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Route To: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-24c</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-24c</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>618.8 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,057 N, 2,522,247 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>° ' "</b>		Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
				Civil Town/City/ or Village <b>Milwaukee</b>	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
1 GP	48 28	P U S H	0.5	Brown TOPSOIL, soft, moist, trace organics.				0.0							
			1.0	Light brown SANDY CLAY with white GRAVEL, dry, well graded, stiff.	CLS			0.0							
			3.0	Refusal at 3' bgs. Borehole abandoned with bentonite.											
			4.0												Refusal.

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

Signature 	Firm <b>The Sigma Group</b> 1300 W Canal St Milwaukee, WI 53233	Tel: 414-643-4200 Fax: 414-643-4210
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Route To: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-24d</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-24d</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>619.2 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,054 N, 2,522,246 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>° ' "</b>		Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
				Civil Town/City/ or Village <b>Milwaukee</b>	

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		
1 GP	48 28	P U S H	0.5	Brown TOPSOIL, soft, moist, trace organics.				0.0							
			1.0	Light brown SANDY CLAY with white GRAVEL, dry, well graded, stiff.	CLS			0.0							
			3.0	Refusal at 3' bgs. Borehole abandoned with bentonite.											
			4.0												Refusal.

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


Signature 	Firm <b>The Sigma Group</b> 1300 W Canal St Milwaukee, WI 53233	Tel: 414-643-4200 Fax: 414-643-4210
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Route To: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-25/MW-12</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
Drilling Method <b>Geoprobe</b>		WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>	
Common Well Name <b>MW-12</b>		Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>615.6 Feet MSL</b>	
Borehole Diameter <b>2.3 inches</b>		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,103 N, 2,522,219 E S/C/N</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section 31, T 7 N, R 22 E		Lat _____ ° _____ ' _____ "		Long _____ ° _____ ' _____ "	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
		Civil Town/City/ or Village <b>Milwaukee</b>			

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		
1 GP	48 43	P U S H	0.0	Brown TOPSOIL, soft, moist, trace organics.				0.0							
			1.5	Brown SILTY CLAY with orange and black mottling and trace sand and gravel, dry, medium stiff.	CL-ML			0.5						Lab sampled (2-4') for total Chromium and Hexavalent Chromium.	
2 GP	48 44	P U S H	4.5	FILL: Black, tan, and brown SANDY GRAVEL, dry, well graded, stiff.				0.9							
			6.0	Gray SILTY CLAY with trace sand, wet, medium soft.	CL-ML			0.0					Lab sampled (6-8') for total Chromium and Hexavalent Chromium.		
3 GP	48 28	P U S H	9.0	Brownish gray SANDY SILT, wet, soft, well graded.				0.0							
			10.5		MLS			0.0							
4 GP	48 48	P U S H	12.0	Blind Drilled											Blind Drilled.
			15.0												
				EOB at 16' bgs. 1" pre-pack monitoring well installed to 14.2' bgs with 10' screen and 12' filter pack.											End of boring.

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

Signature 	Firm <b>The Sigma Group</b> 1300 W Canal St Milwaukee, WI 53233	Tel: 414-643-4200 Fax: 414-643-4210
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Route To: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-26a</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-26a</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>619.1 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,047 N, 2,522,231 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>° ' "</b>		Feet <input type="checkbox"/> S Feet <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
				Civil Town/City/ or Village <b>Milwaukee</b>	

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		
1 GP	48 30	P U S H	0.5	Brown TOPSOIL, soft, moist, trace organics.				0.0							
			1.0	Brown SILTY CLAY with some sand and gravel, dry, stiff.	CL-ML			0.0							
			3.0	Refusal at 3' bgs. Borehole abandoned with bentonite.									Refusal.		

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


Signature 	Firm <b>The Sigma Group</b> 1300 W Canal St Milwaukee, WI 53233	Tel: 414-643-4200 Fax: 414-643-4210
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Route To: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-26b</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-26b</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>619.2 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,044 N, 2,522,232 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>° ' "</b>		Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
				Civil Town/City/ or Village <b>Milwaukee</b>	

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	
1 GP	48 30	P U S H	0.0	Brown TOPSOIL, soft, moist, trace organics.				0.0						
			0.5	Brown SILTY CLAY with some sand and gravel, dry, stiff.	CL-ML			0.0						
			3.0	Refusal at 3' bgs. Borehole abandoned with bentonite.									Refusal.	

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

Signature  Firm **The Sigma Group**  
1300 W Canal St Milwaukee, WI 53233  
Tel: 414-643-4200  
Fax: 414-643-4210

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

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-26c</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-26c</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>619.3 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,041 N, 2,522,233 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>° ' "</b>		Feet <input type="checkbox"/> S Feet <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
				Civil Town/City/ or Village <b>Milwaukee</b>	

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		
1	GP	48 30	P U S H	0.5	Brown TOPSOIL, soft, moist, trace organics.				0.0							
				1.0	Brown SILTY CLAY with some sand and gravel, dry, stiff.	CL-ML			0.0							
				3.0						Refusal at 3' bgs. Borehole abandoned with bentonite.						

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

Signature Firm **The Sigma Group** Tel: 414-643-4200  
1300 W Canal St Milwaukee, WI 53233 Fax: 414-643-4210

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

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-26d</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-26d</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>619.1 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,038 N, 2,522,233 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>° ' "</b>		Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
				Civil Town/City/ or Village <b>Milwaukee</b>	

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	
1 GP	48 30	P U S H	0.5	Brown TOPSOIL, soft, moist, trace organics.				0.0						
			1.0	Brown SILTY CLAY with some sand and gravel, dry, stiff.	CL-ML			0.0						
			3.0	Refusal at 3' bgs. Borehole abandoned with bentonite.									Refusal.	

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


Signature 	Firm <b>The Sigma Group</b> 1300 W Canal St Milwaukee, WI 53233	Tel: 414-643-4200 Fax: 414-643-4210
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Route To: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-26e</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-26e</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>619.4 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,033 N, 2,522,235 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>° ' "</b>		Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
				Civil Town/City/ or Village <b>Milwaukee</b>	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
1 GP	48 36	P U S H	0.5	Brown TOPSOIL, soft, moist, trace organics.				0.0							
			1.0	Brown SILTY CLAY with some sand and gravel, dry, stiff.	CL-ML			0.0						Lab sampled (2-4') for total Chromium and Hexavalent Chromium.	
2 GP	48 12	P U S H	4.0	White SANDY GRAVEL, dry, loose, well graded.	GWS			0.0							
			4.5	Alternating layers of gray, tan, and black GRAVELLY SAND, wet, loose, well graded.	SWG										
			5.0	Refusal at 5' bgs. Borehole abandoned with bentonite.											Refusal.

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

Signature 	Firm <b>The Sigma Group</b> 1300 W Canal St Milwaukee, WI 53233	Tel: 414-643-4200 Fax: 414-643-4210
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Route To: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-26f</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-26f</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>619.5 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,029 N, 2,522,235 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>° ' "</b>		Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
				Civil Town/City/ or Village <b>Milwaukee</b>	

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	
1 GP	48 30	P U S H	0.0	Brown TOPSOIL, soft, moist, trace organics.				0.0						
			0.5	Brown SILTY CLAY with some sand and gravel, dry, stiff.										
			2.0		CL-ML			0.0						
			3.5	White SANDY GRAVEL, dry, loose, well graded.	GWS									
			4.0	Refusal at 4' bgs. Borehole abandoned with bentonite.									Refusal.	

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

Signature 	Firm <b>The Sigma Group</b> 1300 W Canal St Milwaukee, WI 53233	Tel: 414-643-4200 Fax: 414-643-4210
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Route To: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-26g</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
WI Unique Well No. <b>NA</b>		DNR Well ID No. <b>NA</b>		Common Well Name <b>SB-26g</b>	
Final Static Water Level <b>Feet MSL</b>		Surface Elevation <b>619.5 Feet MSL</b>		Borehole Diameter <b>2.3 inches</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,019 N, 2,522,237 E S/C/N</b>		Lat <b>° ' "</b>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section <b>31, T 7 N, R 22 E</b>		Long <b>° ' "</b>		Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID <b>241078530</b>		County <b>Milwaukee</b>		County Code <b>41</b>	
				Civil Town/City/ or Village <b>Milwaukee</b>	

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	
1 GP	48 30	P U S H	0.0	Brown TOPSOIL, soft, moist, trace organics.				0.0						
			0.5	Brown SILTY CLAY with some sand and gravel, dry, stiff.										
			2.0		CL-ML			0.0						
			3.5	White SANDY GRAVEL, dry, loose, well graded.	GWS									
			4.0	Refusal at 4' bgs. Borehole abandoned with bentonite.									Refusal.	

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


Signature Firm **The Sigma Group** Tel: 414-643-4200  
1300 W Canal St Milwaukee, WI 53233 Fax: 414-643-4210

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

Facility/Project Name <b>Try Chem</b>		License/Permit/Monitoring Number <b>BRRTS #02-41-409441</b>		Boring Number <b>SB-27/MW-13</b>	
Boring Drilled By: Name of crew chief (first, last) and Firm <b>Michael Murray The Sigma Group, Inc.</b>		Date Drilling Started <b>10/14/2020</b>		Date Drilling Completed <b>10/14/2020</b>	
Drilling Method <b>Geoprobe</b>					
WI Unique Well No. <b>NA</b>	DNR Well ID No. <b>NA</b>	Common Well Name <b>MW-13</b>	Final Static Water Level <b>Feet MSL</b>	Surface Elevation <b>617.8 Feet MSL</b>	Borehole Diameter <b>2.3 inches</b>
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/> State Plane <b>380,074 N, 2,522,193 E S/C/N</b>			Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		
NE 1/4 of SE 1/4 of Section 31, T 7 N, R 22 E			Lat _____ " _____ " Long _____ " _____ "		
Facility ID <b>241078530</b>		County <b>Milwaukee</b>	County Code <b>41</b>	Civil Town/City/ or Village <b>Milwaukee</b>	

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		
1 GP	48 39	P U S H	0.0	Brown TOPSOIL, soft, moist, trace organics.				0.0							
			1.5	Brown SILTY CLAY with black and rust streaks and some sand and gravel, stiff, dry.	CL-ML			0.0						Lab sampled (2-4') for total Chromium and Hexavalent Chromium.	
2 GP	48 36	P U S H	4.5	Dark gray SILTY CLAY, wet, soft.	CL-ML			0.1							
			6.0	Tan GRAVEL, wet, poorly graded.	GP			0.1						Lab sampled (6-8') for total Chromium and Hexavalent Chromium.	
3 GP	48 32	P U S H	7.5	Dark gray SILTY CLAY, wet, soft.	CL-ML										
			7.5	Tan GRAVEL, wet, poorly graded.	GP										
4 GP	48 48	P U S H	9.0	Dark brown SILTY CLAY, wet, stiff.	CL-ML			0.0							
			9.0	Reddish brown CLAYEY SAND, wet, very soft, well graded.	SC			0.0							
4 GP	48 48	P U S H	10.5	Gray CLAYEY SAND, wet, very soft, well graded.	SC			0.0							
			12.0	Blind Drilled											Blind Drilled.
			13.5												
			15.0												
				EOB at 16' bgs. 1" pre-pack monitoring well installed to 14.2' bgs with 10' screen and 12' filter pack.											End of boring.

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

Signature 	Firm <b>The Sigma Group</b> 1300 W Canal St Milwaukee, WI 53233	Tel: 414-643-4200 Fax: 414-643-4210
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**ATTACHMENT 2**

**Ch. NR 141 VARIANCE APPROVAL**

## Steven Kikkert, E.I.T.

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**From:** Martinez, Joseph J - DNR <Joseph.Martinez@wisconsin.gov>  
**Sent:** Friday, July 31, 2020 12:38 PM  
**To:** Steven Kikkert, E.I.T.  
**Cc:** Mafizul Islam, P.E.; Reimer, Mathew  
**Subject:** RE: 0241409441\_Try-Chem Corp\_Work Plan

Steven,

On July, 2020 the DNR received the work plan titled "Additional Site Investigation Work Plan" without a fee for DNR review and response. The DNR conducted a preliminary review of the document and has the following comments. Contact me if you have any questions or would like to discuss the contents of this email.

- The DNR approves the installation of two one-inch groundwater monitoring wells as allowed under Wis. Admin. Code ch. NR 141.31 for the additional investigation of the above referenced ERP site. The variance is justified to limit the disturbance of the site's clay cap. The DNR understands that the wells will meet Wis. Admin. Code ch. NR 141 construction requirements except for the smaller diameter. When referencing these wells in reports, please refer to them as small diameter wells and not temporary wells.
- The work plan proposes to utilize the results of the proposed hexavalent chromium sampling to determine if additional subsurface characterization for PFAS is necessary. The DNR has determined that this plan is not acceptable. Chromium cannot be used as an indicator of PFAS, nor can PFAS be used as an indicator of chromium. Please submit a revised work plan which satisfies the requests related to PFAS contained in the DNR letter "Request for Additional Information," dated March 10, 2020.

**We are committed to service excellence.**

Visit our survey at <http://dnr.wi.gov/customersurvey> to evaluate how I did.

Joseph Martinez

Phone: (414) 263-8705 (please contact cell phone or email during the Covid-19 health crisis)

Temporary Cell Phone: (414) 651-2201

[Joseph.Martinez@wisconsin.gov](mailto:Joseph.Martinez@wisconsin.gov)

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**From:** Martinez, Joseph J - DNR  
**Sent:** Tuesday, July 14, 2020 11:39 AM  
**To:** 'Steven Kikkert, E.I.T.' <skikkert@thesigmagroup.com>  
**Cc:** Mafizul Islam, P.E. <mislam@thesigmagroup.com>; Reimer, Mathew <Mathew.Reimer@milwaukee.gov>  
**Subject:** RE: 0241409441\_Try-Chem Corp\_Work Plan

Thank you Steve. I will take a look and get back to you with my thoughts as soon as possible.

**We are committed to service excellence.**

Visit our survey at <http://dnr.wi.gov/customersurvey> to evaluate how I did.

Joseph Martinez

Phone: (414) 263-8705 (please contact cell phone or email during the Covid-19 health crisis)

Temporary Cell Phone: (414) 651-2201

[Joseph.Martinez@wisconsin.gov](mailto:Joseph.Martinez@wisconsin.gov)

**ATTACHMENT 3**

**WELL CONSTRUCTION FORMS**

Facility/Project Name <u>Try Chem</u>		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name <b>MW-12</b>	
Facility License, Permit or Monitoring No. <u>BRRTS #02-41-409441</u>		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>		Wis. Unique Well No. <u>NA</u> DNR Well Number <u>NA</u>	
Facility ID <u>241078530</u>		St. Plane <u>380,103</u> ft. N, <u>2,522,219</u> ft. E. S/C/N		Date Well Installed <u>10/14/2020</u>	
Type of Well <u>Well Code 11/mw</u>		Section Location of Waste/Source <u>NE 1/4 of SE 1/4 of Sec. 31, T. 7 N, R. 22 E</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: (Person's Name and Firm) <u>Michael Murray</u>	
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 _____	
Enf. Stds. Apply <input checked="" type="checkbox"/>				The Sigma Group, Inc.	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation <u>616.11</u> ft. MSL</p> <p>C. Land surface elevation <u>615.6</u> ft. MSL</p> <p>D. Surface seal, bottom <u>612.6</u> ft. MSL or <u>3.0</u> ft.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <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 checked="" type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/>              Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50              Hollow Stem Auger <input type="checkbox"/> 41              Geoprobe _____ Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01              Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe _____</p> <p>17. Source of water (attach analysis, if required):              _____</p> </div> <p>E. Bentonite seal, top <u>615.6</u> ft. MSL or <u>0.0</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top <u>613.1</u> ft. MSL or <u>2.5</u> ft.</p> <p>H. Screen joint, top <u>611.4</u> ft. MSL or <u>4.2</u> ft.</p> <p>I. Well bottom <u>601.4</u> ft. MSL or <u>14.2</u> ft.</p> <p>J. Filter pack, bottom <u>600.6</u> ft. MSL or <u>15.0</u> ft.</p> <p>K. Borehole, bottom <u>599.6</u> ft. MSL or <u>16.0</u> ft.</p> <p>L. Borehole, diameter <u>2.3</u> in.</p> <p>M. O.D. well casing <u>1.25</u> in.</p> <p>N. I.D. well casing <u>1.00</u> in.</p>		<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe:              a. Inside diameter: <u>4.0</u> in.              b. Length: <u>1.0</u> ft.              c. Material: Steel <input type="checkbox"/> 04              Other <input checked="" type="checkbox"/> ___              d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No              If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30              Concrete <input 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. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50              e. _____ Ft<sup>3</sup> volume added for any of the above              f. How installed: Tremie <input type="checkbox"/> 01              Tremie pumped <input type="checkbox"/> 02              Gravity <input checked="" 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 checked="" type="checkbox"/> 32              c. _____ Other <input type="checkbox"/> ___</p> <p>7. Fine sand material: Manufacturer, product name &amp; mesh size              a. _____              b. Volume added _____ ft<sup>3</sup></p> <p>8. Filter pack material: Manufacturer, product name &amp; mesh size              a. <u>Red Flint #40 Mesh</u>              b. Volume added <u>0.5</u> ft<sup>3</sup></p> <p>9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23              Flush threaded PVC schedule 80 <input type="checkbox"/> 24              _____ Other <input type="checkbox"/> ___</p> <p>10. Screen material: <u>PVC</u>              a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11              Continuous slot <input type="checkbox"/> 01              _____ Other <input type="checkbox"/> ___              b. Manufacturer _____              c. Slot size: <u>0.010</u> in.              d. Slotted length: <u>10.0</u> ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 14  <u>Slough</u> Other <input checked="" type="checkbox"/> ___</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 <u>The Sigma Group</u> <u>1300 W Canal St Milwaukee, WI 53233</u>	Tel: <u>414-643-4200</u> Fax: <u>414-643-4210</u>
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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 <u>Try Chem</u>		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name <b>MW-13</b>	
Facility License, Permit or Monitoring No. <u>BRRTS #02-41-409441</u>		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>		Wis. Unique Well No. <u>NA</u> DNR Well Number <u>NA</u>	
Facility ID <u>241078530</u>		St. Plane <u>380,074</u> ft. N, <u>2,522,193</u> ft. E. S/C/N		Date Well Installed <u>10/14/2020</u>	
Type of Well <u>Well Code 11/mw</u>		Section Location of Waste/Source <u>NE 1/4 of SE 1/4 of Sec. 31, T. 7 N, R. 22 E</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: (Person's Name and Firm) <u>Michael Murray</u>	
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 _____	
Enf. Stds. Apply <input checked="" type="checkbox"/>				The Sigma Group, Inc.	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation <u>618.42</u> ft. MSL</p> <p>C. Land surface elevation <u>617.8</u> ft. MSL</p> <p>D. Surface seal, bottom <u>614.8</u> ft. MSL or <u>3.0</u> ft.</p> <div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen:              GP <input checked="" 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 checked="" type="checkbox"/> ML <input checked="" type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/>              Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50              Hollow Stem Auger <input type="checkbox"/> 41              Geoprobe _____ Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01              Drilling Mud <input type="checkbox"/> 03 None <input checked="" 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):              _____</p> </div> <p>E. Bentonite seal, top <u>617.8</u> ft. MSL or <u>0.0</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top <u>615.3</u> ft. MSL or <u>2.5</u> ft.</p> <p>H. Screen joint, top <u>613.6</u> ft. MSL or <u>4.2</u> ft.</p> <p>I. Well bottom <u>603.6</u> ft. MSL or <u>14.2</u> ft.</p> <p>J. Filter pack, bottom <u>602.8</u> ft. MSL or <u>15.0</u> ft.</p> <p>K. Borehole, bottom <u>601.8</u> ft. MSL or <u>16.0</u> ft.</p> <p>L. Borehole, diameter <u>2.3</u> in.</p> <p>M. O.D. well casing <u>1.25</u> in.</p> <p>N. I.D. well casing <u>1.00</u> in.</p>		<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe:              a. Inside diameter: <u>4.0</u> in.              b. Length: <u>1.0</u> ft.              c. Material: Steel <input type="checkbox"/> 04              Other <input checked="" 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 checked="" type="checkbox"/> 30              Concrete <input 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. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50              e. _____ Ft<sup>3</sup> volume added for any of the above              f. How installed: Tremie <input type="checkbox"/> 01              Tremie pumped <input type="checkbox"/> 02              Gravity <input checked="" 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 checked="" type="checkbox"/> 32              c. _____ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name &amp; mesh size              a. _____              b. Volume added _____ ft<sup>3</sup></p> <p>8. Filter pack material: Manufacturer, product name &amp; mesh size              a. <u>Red Flint #40 Mesh</u>              b. Volume added <u>0.5</u> ft<sup>3</sup></p> <p>9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23              Flush threaded PVC schedule 80 <input type="checkbox"/> 24              Other <input type="checkbox"/></p> <p>10. Screen material: <u>PVC</u>              a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11              Continuous slot <input type="checkbox"/> 01              Other <input type="checkbox"/>              b. Manufacturer _____              c. Slot size: <u>0.010</u> in.              d. Slotted length: <u>10.0</u> ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 14  <u>Slough</u> Other <input checked="" type="checkbox"/></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 <u>The Sigma Group</u> 1300 W Canal St Milwaukee, WI 53233	Tel: 414-643-4200 Fax: 414-643-4210
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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.

**ATTACHMENT 4**

**BOREHOLE ABANDONMENT FORMS**



Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return this form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal  
**SB-19**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>			
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>			
1/4 NE		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>
Well Street Address <b>1333 W. Pierce Street</b>						Original Well Owner <b>NA</b>			
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Present Well Owner <b>City of Milwaukee</b>			
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>		State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well		Original Construction Date <b>10/14/2020</b>	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input checked="" type="checkbox"/> Drillhole / Borehole			
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft) <b>12.0</b>		Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>NA</b>		Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured		<input type="checkbox"/> Other (Explain)	
(Bentonite Chips)			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	12.0		

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>			Telephone Number <b>414-643-4200</b>	Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return this form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal  
**SB-20**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>				
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>				
1/4 NE or Gov't Lot #		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>	
Well Street Address <b>1333 W. Pierce Street</b>						Original Well Owner <b>NA</b>				
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Present Well Owner <b>City of Milwaukee</b>				
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>		City of Present Owner <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>				

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Drillhole / Borehole		Original Construction Date <b>10/14/2020</b>	
If a Well Construction Report is available, please attach.			
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft) <b>12.0</b>		Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>NA</b>		Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured		<input type="checkbox"/> Other (Explain)	
(Bentonite Chips)			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	12.0		

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>		Telephone Number <b>414-643-4200</b>		Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return this form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal  
**SB-21a**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>				
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>				
1/4 NE or Gov't Lot #		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>	
Well Street Address <b>1333 W. Pierce Street</b>						Original Well Owner <b>NA</b>				
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Present Well Owner <b>City of Milwaukee</b>				
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>		City of Present Owner <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>				

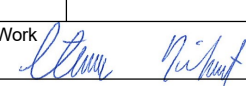
**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well		Original Construction Date <b>10/14/2020</b>	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input checked="" type="checkbox"/> Drillhole / Borehole			
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft) <b>7.0</b>		Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>NA</b>		Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Other (Explain)	
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	7.0		

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>			Telephone Number <b>414-643-4200</b>	Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	

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Verification Only of Fill and Seal  
**SB-21b**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>			
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>			
1/4 NE		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		
or Gov't Lot #						License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>			
Well Street Address <b>1333 W. Pierce Street</b>						Original Well Owner <b>NA</b>			
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Present Well Owner <b>City of Milwaukee</b>			
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>		State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well		Original Construction Date <b>10/14/2020</b>	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input checked="" type="checkbox"/> Drillhole / Borehole			
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft) <b>7.0</b>		Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>NA</b>		Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured		<input type="checkbox"/> Other (Explain)	
(Bentonite Chips)			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	7.0		

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>			Telephone Number <b>414-643-4200</b>	Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	

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Verification Only of Fill and Seal  
**SB-21c**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>				
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>				
1/4 NE or Gov't Lot #		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>	
Well Street Address <b>1333 W. Pierce Street</b>						Original Well Owner <b>NA</b>				
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Present Well Owner <b>City of Milwaukee</b>				
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>		City of Present Owner <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>				

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Drillhole / Borehole		Original Construction Date <b>10/14/2020</b>
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____		If a Well Construction Report is available, please attach.
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		
Total Well Depth From Ground Surface (ft) <b>12.0</b>	Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>	Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
If yes, to what depth (feet)? <b>NA</b>	Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped		
<input checked="" type="checkbox"/> Screened & Poured	<input type="checkbox"/> Other (Explain)		
(Bentonite Chips)			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)		
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry " "		
<input type="checkbox"/> Concrete	<input checked="" type="checkbox"/> Bentonite Chips		
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout		
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry		

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	12.0		

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>		Telephone Number <b>414-643-4200</b>		Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return this form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal  
**SB-22**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>				
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>				
1/4 NE or Gov't Lot #		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>	
Well Street Address <b>1333 W. Pierce Street</b>						Original Well Owner <b>NA</b>				
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Present Well Owner <b>City of Milwaukee</b>				
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>		City of Present Owner <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>				

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Drillhole / Borehole		Original Construction Date <b>10/14/2020</b>
If a Well Construction Report is available, please attach.		
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____		
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		
Total Well Depth From Ground Surface (ft) <b>12.0</b>	Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>	Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
If yes, to what depth (feet)? <b>NA</b>	Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured		<input type="checkbox"/> Other (Explain)	
(Bentonite Chips)			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	12.0		

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>			Telephone Number <b>414-643-4200</b>	Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	



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Verification Only of Fill and Seal  
**SB-23a**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>			
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>			
1/4 NE		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		
or Gov't Lot #						License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>			
Well Street Address <b>1333 W. Pierce Street</b>						Original Well Owner <b>NA</b>			
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Present Well Owner <b>City of Milwaukee</b>			
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>		State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well		Original Construction Date <b>10/14/2020</b>	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input checked="" type="checkbox"/> Drillhole / Borehole			
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft) <b>7.0</b>		Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>NA</b>		Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured		<input type="checkbox"/> Other (Explain)	
(Bentonite Chips)			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	7.0		

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>		Telephone Number <b>414-643-4200</b>		Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	

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Verification Only of Fill and Seal  
**SB-23b**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>			
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>			
1/4 NE		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>
or Gov't Lot #								Original Well Owner <b>NA</b>	
Well Street Address <b>1333 W. Pierce Street</b>						Present Well Owner <b>City of Milwaukee</b>			
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>			
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		City of Present Owner <b>Milwaukee</b>		State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Drillhole / Borehole		Original Construction Date <b>10/14/2020</b>	
		If a Well Construction Report is available, please attach.	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft) <b>8.0</b>		Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>NA</b>		Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured		<input type="checkbox"/> Other (Explain)	
(Bentonite Chips)			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	8.0		

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>		Telephone Number <b>414-643-4200</b>		Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	



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Verification Only of Fill and Seal  
**SB-23c**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>	Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>	
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W			Method Code (see instructions)			Facility ID (FID or PWS) <b>241078530</b>
1/4 NE	1/4 SE	Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>
or Gov't Lot #		Present Well Owner <b>City of Milwaukee</b>				Original Well Owner <b>NA</b>
Well Street Address <b>1333 W. Pierce Street</b>				Mailing Address of Present Owner <b>809 N. Broadway</b>		
Well City, Village or Town <b>Milwaukee</b>			Well ZIP Code <b>53204</b>			City of Present Owner <b>Milwaukee</b>
Subdivision Name <b>NA</b>		Lot # <b>NA</b>		State <b>WI</b>	ZIP Code <b>53202</b>	
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well	Original Construction Date <b>10/14/2020</b>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input checked="" type="checkbox"/> Drillhole / Borehole	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft) <b>12.0</b>	Casing Diameter (in.) <b>NA</b>
Lower Drillhole Diameter (in.) <b>2.3</b>	Casing Depth (ft.) <b>NA</b>
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? <b>NA</b>	Depth to Water (feet) <b>NA</b>

**4. Pump, Liner, Screen, Casing & Sealing Material**

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped		
<input checked="" type="checkbox"/> Screened & Poured	<input type="checkbox"/> Other (Explain)		
(Bentonite Chips)			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)		
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry " "		
<input type="checkbox"/> Concrete	<input checked="" type="checkbox"/> Bentonite Chips		
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout		
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry		

**5. Material Used to Fill Well / Drillhole**

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	12.0		

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>			License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	<b>DNR Use Only</b>	
Street or Route <b>1300 W. Canal Street</b>			Telephone Number <b>414-643-4200</b>	Date Received	Noted By	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 		Date Signed <b>10/15/2020</b>	

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Verification Only of Fill and Seal  
**SB-24a**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County Milwaukee	WI Unique Well # of Removed Well NA	Hicap # NA	Facility Name Try Chem	
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W		Method Code (see instructions)		Facility ID (FID or PWS) 241078530
1/4 NE or Gov't Lot #	1/4 SE	Section 31	Township 7	Range 22
Well Street Address 1333 W. Pierce Street		Present Well Owner City of Milwaukee		
Well City, Village or Town Milwaukee		Well ZIP Code 53204		Mailing Address of Present Owner 809 N. Broadway
Subdivision Name NA		Lot # NA		City of Present Owner Milwaukee
Reason For Removal From Service No Further Use		WI Unique Well # of Replacement Well NA		

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well	Original Construction Date 10/14/2020
<input type="checkbox"/> Water Well	
<input checked="" type="checkbox"/> Drillhole / Borehole	If a Well Construction Report is available, please attach.
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft) 4.0	Casing Diameter (in.) NA
Lower Drillhole Diameter (in.) 2.3	Casing Depth (ft.) NA
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? NA	Depth to Water (feet) NA

**4. Pump, Liner, Screen, Casing & Sealing Material**

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped		
<input checked="" type="checkbox"/> Screened & Poured	<input type="checkbox"/> Other (Explain)		
(Bentonite Chips)			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)		
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry " "		
<input type="checkbox"/> Concrete	<input checked="" type="checkbox"/> Bentonite Chips		
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout		
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry		

**5. Material Used to Fill Well / Drillhole**

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	4.0		

**6. Comments**

**7. Supervision of Work**

<b>Name of Person or Firm Doing Filling &amp; Sealing</b> The Sigma Group, Inc.			<b>License #</b>		<b>Date of Filling &amp; Sealing (mm/dd/yyyy)</b> 10/14/2020		<b>DNR Use Only</b>	
<b>Street or Route</b> 1300 W. Canal Street			<b>City</b> Milwaukee		<b>State</b> WI		<b>ZIP Code</b> 53233	
<b>Telephone Number</b> 414-643-4200			<b>Signature of Person Doing Work</b> 			<b>Date Received</b>		<b>Noted By</b>
<b>Comments</b>			<b>Signature of Person Doing Work</b> 			<b>Date Signed</b> 10/15/2020		

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Verification Only of Fill and Seal  
**SB-24b**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>				
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>				
1/4 NE or Gov't Lot #		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>	
Well Street Address <b>1333 W. Pierce Street</b>						Original Well Owner <b>NA</b>				
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Present Well Owner <b>City of Milwaukee</b>				
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>		City of Present Owner <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>				

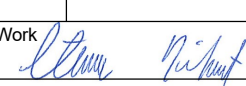
**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Drillhole / Borehole		Original Construction Date <b>10/14/2020</b>	
If a Well Construction Report is available, please attach.			
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft) <b>4.0</b>		Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>NA</b>		Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Other (Explain)	
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	4.0		

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>			Telephone Number <b>414-643-4200</b>	Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	

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Verification Only of Fill and Seal  
**SB-24c**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>			
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>			
1/4 NE		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>
or Gov't Lot #								Original Well Owner <b>NA</b>	
Well Street Address <b>1333 W. Pierce Street</b>						Present Well Owner <b>City of Milwaukee</b>			
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>			
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		City of Present Owner <b>Milwaukee</b>		State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Drillhole / Borehole		Original Construction Date <b>10/14/2020</b>
		If a Well Construction Report is available, please attach.
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____		
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		
Total Well Depth From Ground Surface (ft) <b>4.0</b>	Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>	Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
If yes, to what depth (feet)? <b>NA</b>	Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured		<input type="checkbox"/> Other (Explain)	
(Bentonite Chips)			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	4.0		

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>		Telephone Number <b>414-643-4200</b>		Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	

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Verification Only of Fill and Seal  
**SB-24d**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>			
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>			
1/4 NE		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>
or Gov't Lot #								Original Well Owner <b>NA</b>	
Well Street Address <b>1333 W. Pierce Street</b>						Present Well Owner <b>City of Milwaukee</b>			
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>			
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		City of Present Owner <b>Milwaukee</b>		State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Drillhole / Borehole		Original Construction Date <b>10/14/2020</b>	
		If a Well Construction Report is available, please attach.	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft) <b>4.0</b>		Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>NA</b>		Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured		<input type="checkbox"/> Other (Explain)	
(Bentonite Chips)			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	4.0		

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>		Telephone Number <b>414-643-4200</b>		Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	

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Verification Only of Fill and Seal  
**SB-26a**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>			
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>			
1/4 NE		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>
or Gov't Lot #								Original Well Owner <b>NA</b>	
Well Street Address <b>1333 W. Pierce Street</b>						Present Well Owner <b>City of Milwaukee</b>			
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>			
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		City of Present Owner <b>Milwaukee</b>		State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Drillhole / Borehole		Original Construction Date <b>10/14/2020</b>	
		If a Well Construction Report is available, please attach.	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft) <b>3.0</b>		Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>NA</b>		Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured		<input type="checkbox"/> Other (Explain)	
(Bentonite Chips)			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	3.0		

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>		Telephone Number <b>414-643-4200</b>		Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	



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Verification Only of Fill and Seal  
**SB-26b**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>			
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>			
1/4 NE		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		
or Gov't Lot #						License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>			
Well Street Address <b>1333 W. Pierce Street</b>						Original Well Owner <b>NA</b>			
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Present Well Owner <b>City of Milwaukee</b>			
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>		State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Drillhole / Borehole		Original Construction Date <b>10/14/2020</b>	
		If a Well Construction Report is available, please attach.	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft) <b>3.0</b>		Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>NA</b>		Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped		
<input checked="" type="checkbox"/> Screened & Poured	<input type="checkbox"/> Other (Explain)		
(Bentonite Chips)			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)		
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry " "		
<input type="checkbox"/> Concrete	<input checked="" type="checkbox"/> Bentonite Chips		
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout		
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry		

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	3.0		

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>		Telephone Number <b>414-643-4200</b>		Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return this form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal  
**SB-26c**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>			
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>			
1/4 NE		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>
or Gov't Lot #								Original Well Owner <b>NA</b>	
Well Street Address <b>1333 W. Pierce Street</b>						Present Well Owner <b>City of Milwaukee</b>			
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>			
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		City of Present Owner <b>Milwaukee</b>		State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Drillhole / Borehole		Original Construction Date <b>10/14/2020</b>	
		If a Well Construction Report is available, please attach.	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft) <b>3.0</b>		Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>NA</b>		Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured		<input type="checkbox"/> Other (Explain)	
(Bentonite Chips)			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	3.0		

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>		Telephone Number <b>414-643-4200</b>		Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	



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Verification Only of Fill and Seal  
**SB-26d**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>				
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>				
1/4 NE or Gov't Lot #		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>	
Well Street Address <b>1333 W. Pierce Street</b>						Original Well Owner <b>NA</b>				
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Present Well Owner <b>City of Milwaukee</b>				
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>		City of Present Owner <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>				

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well		Original Construction Date <b>10/14/2020</b>	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input checked="" type="checkbox"/> Drillhole / Borehole			
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft) <b>3.0</b>		Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>NA</b>		Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Other (Explain)	
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	3.0		

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>			Telephone Number <b>414-643-4200</b>	Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	

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Verification Only of Fill and Seal  
**SB-26e**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>				
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>				
1/4 NE or Gov't Lot #		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>	
Well Street Address <b>1333 W. Pierce Street</b>						Original Well Owner <b>NA</b>				
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Present Well Owner <b>City of Milwaukee</b>				
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>		City of Present Owner <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>				

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well		Original Construction Date <b>10/14/2020</b>	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input checked="" type="checkbox"/> Drillhole / Borehole			
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft) <b>5.0</b>		Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>NA</b>		Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped		
<input checked="" type="checkbox"/> Screened & Poured	<input type="checkbox"/> Other (Explain)		
(Bentonite Chips)			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)		
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry " "		
<input type="checkbox"/> Concrete	<input checked="" type="checkbox"/> Bentonite Chips		
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout		
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry		

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	5.0		

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>			Telephone Number <b>414-643-4200</b>	Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	

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Verification Only of Fill and Seal  
**SB-26f**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>			
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>			
1/4 NE		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>
or Gov't Lot #								Original Well Owner <b>NA</b>	
Well Street Address <b>1333 W. Pierce Street</b>						Present Well Owner <b>City of Milwaukee</b>			
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>			
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		City of Present Owner <b>Milwaukee</b>		State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Drillhole / Borehole		Original Construction Date <b>10/14/2020</b>	
		If a Well Construction Report is available, please attach.	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft) <b>4.0</b>		Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>NA</b>		Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured		<input type="checkbox"/> Other (Explain)	
(Bentonite Chips)			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	4.0		

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>		Telephone Number <b>414-643-4200</b>		Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	

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Verification Only of Fill and Seal

**SB-26g**

**Route to:**

- Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other \_\_\_\_\_

**1. Well Location Information** **2. Facility / Owner Information**

County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>NA</b>		Hicap # <b>NA</b>		Facility Name <b>Try Chem</b>			
Latitude / Longitude (Degrees and Minutes) ° ' " N ° ' " W				Method Code (see instructions)		Facility ID (FID or PWS) <b>241078530</b>			
1/4 NE		1/4 SE		Section <b>31</b>	Township <b>7</b>	Range <b>22</b>	License/Permit/Monitoring # <b>BRRTS #02-41-409441</b>		
or Gov't Lot #						<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner <b>NA</b>		
Well Street Address <b>1333 W. Pierce Street</b>						Present Well Owner <b>City of Milwaukee</b>			
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53204</b>		Mailing Address of Present Owner <b>809 N. Broadway</b>			
Subdivision Name <b>NA</b>				Lot # <b>NA</b>		City of Present Owner <b>Milwaukee</b>		State <b>WI</b>	ZIP Code <b>53202</b>
Reason For Removal From Service <b>No Further Use</b>		WI Unique Well # of Replacement Well <b>NA</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			

**3. Well / Drillhole / Borehole Information**

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Drillhole / Borehole		Original Construction Date <b>10/14/2020</b>	
		If a Well Construction Report is available, please attach.	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft) <b>4.0</b>		Casing Diameter (in.) <b>NA</b>	
Lower Drillhole Diameter (in.) <b>2.3</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>NA</b>		Depth to Water (feet) <b>NA</b>	

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured		<input type="checkbox"/> Other (Explain)	
(Bentonite Chips)			
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite	Surface	4.0		

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>The Sigma Group, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>10/14/2020</b>	Date Received	Noted By
Street or Route <b>1300 W. Canal Street</b>		Telephone Number <b>414-643-4200</b>		Comments	
City <b>Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53233</b>	Signature of Person Doing Work 	Date Signed <b>10/15/2020</b>	

**ATTACHMENT 5**

**SOIL LABORATORY ANALYTICAL REPORTS**

## ANALYTICAL REPORT

Eurofins Calscience Irvine  
17461 Derian Ave  
Suite 100  
Irvine, CA 92614-5817  
Tel: (949)261-1022

Laboratory Job ID: 440-273372-1  
Laboratory Sample Delivery Group: Try-Chem  
Client Project/Site: 11516

For:  
Sigma Group Inc., The  
1300 West Canal Street  
Milwaukee, Wisconsin 53233

Attn: Steven Kikkert



Authorized for release by:  
10/21/2020 12:16:18 PM

Danielle Roberts, Senior Project Manager  
(949)260-3249

[Danielle.Roberts@Eurofinset.com](mailto:Danielle.Roberts@Eurofinset.com)

### LINKS

Review your project  
results through  
**TotalAccess**

Have a Question?



Visit us at:

[www.eurofinsus.com/Env](http://www.eurofinsus.com/Env)

*The test results in this report meet all 2003 NELAC, 2009 TNI, and 2016 TNI requirements for accredited parameters, exceptions are noted in this report. This report may not be reproduced except in full, and with written approval from the laboratory. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.*

*This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.*

*Results relate only to the items tested and the sample(s) as received by the laboratory.*



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# Sample Summary

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

Lab Sample ID	Client Sample ID	Matrix	Collected	Received	Asset ID
440-273372-1	SB-19 (2-4)	Solid	10/14/20 08:38	10/16/20 09:45	
440-273372-2	SB-19 (8-10)	Solid	10/14/20 08:45	10/16/20 09:45	
440-273372-3	SB-20 (2-4)	Solid	10/14/20 08:52	10/16/20 09:45	
440-273372-4	SB-20 (10-12)	Solid	10/14/20 09:04	10/16/20 09:45	
440-273372-5	SB-21c (2-4)	Solid	10/14/20 09:11	10/16/20 09:45	
440-273372-6	SB-21c (6-8)	Solid	10/14/20 10:18	10/16/20 09:45	
440-273372-7	SB-22 (2-4)	Solid	10/14/20 10:31	10/16/20 09:45	
440-273372-8	SB-22 (6-8)	Solid	10/14/20 10:33	10/16/20 09:45	
440-273372-9	SB-23c (2-4)	Solid	10/14/20 10:43	10/16/20 09:45	
440-273372-10	SB-23c (6-8)	Solid	10/14/20 11:01	10/16/20 09:45	
440-273372-11	SB-24d (2-4)	Solid	10/14/20 11:29	10/16/20 09:45	
440-273372-12	SB-25 (2-4)	Solid	10/14/20 11:34	10/16/20 09:45	
440-273372-13	SB-25 (6-8)	Solid	10/14/20 11:38	10/16/20 09:45	
440-273372-14	SB-26e (2-4)	Solid	10/14/20 12:36	10/16/20 09:45	
440-273372-15	SB-27 (2-4)	Solid	10/14/20 13:08	10/16/20 09:45	
440-273372-16	SB-27 (6-8)	Solid	10/14/20 13:11	10/16/20 09:45	



# Case Narrative

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

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**Job ID: 440-273372-1**

---

**Laboratory: Eurofins Calscience Irvine**

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**Narrative**

**Job Narrative  
440-273372-1**

**Comments**

No additional comments.

**Receipt**

The samples were received on 10/16/2020 9:45 AM; the samples arrived in good condition, and where required, properly preserved and on ice. The temperature of the cooler at receipt was 0.5° C.

**HPLC/IC**

Method 7199: The following sample was diluted due to the nature of the sample matrix: SB-19 (8-10) (440-273372-2). Elevated reporting limits (RLs) are provided. The sample has brown color matrix.

No additional analytical or quality issues were noted, other than those described above or in the Definitions/Glossary page.

**Metals**

No analytical or quality issues were noted, other than those described in the Definitions/Glossary page.

**General Chemistry**

No analytical or quality issues were noted, other than those described in the Definitions/Glossary page.



# Detection Summary

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

## Client Sample ID: SB-19 (2-4)

## Lab Sample ID: 440-273372-1

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Chromium	9.1		0.99	0.50	mg/Kg	5		6010B	Total/NA

## Client Sample ID: SB-19 (8-10)

## Lab Sample ID: 440-273372-2

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Chromium	16		1.0	0.50	mg/Kg	5		6010B	Total/NA

## Client Sample ID: SB-20 (2-4)

## Lab Sample ID: 440-273372-3

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Chromium	10		1.0	0.50	mg/Kg	5		6010B	Total/NA

## Client Sample ID: SB-20 (10-12)

## Lab Sample ID: 440-273372-4

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Chromium	21		0.99	0.49	mg/Kg	5		6010B	Total/NA

## Client Sample ID: SB-21c (2-4)

## Lab Sample ID: 440-273372-5

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Cr (VI)	0.46		0.30	0.15	mg/Kg	3		7199	Total/NA
Chromium	42		0.99	0.50	mg/Kg	5		6010B	Total/NA

## Client Sample ID: SB-21c (6-8)

## Lab Sample ID: 440-273372-6

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Cr (VI)	1.8		0.30	0.15	mg/Kg	3		7199	Total/NA
Chromium	720		1.0	0.50	mg/Kg	5		6010B	Total/NA

## Client Sample ID: SB-22 (2-4)

## Lab Sample ID: 440-273372-7

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Chromium	21		0.99	0.49	mg/Kg	5		6010B	Total/NA

## Client Sample ID: SB-22 (6-8)

## Lab Sample ID: 440-273372-8

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Chromium	15		1.0	0.50	mg/Kg	5		6010B	Total/NA

## Client Sample ID: SB-23c (2-4)

## Lab Sample ID: 440-273372-9

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Cr (VI)	0.47		0.30	0.15	mg/Kg	3		7199	Total/NA
Chromium	19		0.99	0.50	mg/Kg	5		6010B	Total/NA

## Client Sample ID: SB-23c (6-8)

## Lab Sample ID: 440-273372-10

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Chromium	17		1.0	0.51	mg/Kg	5		6010B	Total/NA

## Client Sample ID: SB-24d (2-4)

## Lab Sample ID: 440-273372-11

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Chromium	17		0.99	0.49	mg/Kg	5		6010B	Total/NA

This Detection Summary does not include radiochemical test results.

Eurofins Calscience Irvine

# Detection Summary

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

## Client Sample ID: SB-25 (2-4)

## Lab Sample ID: 440-273372-12

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Cr (VI)	0.45		0.30	0.15	mg/Kg	3		7199	Total/NA
Chromium	110		1.0	0.51	mg/Kg	5		6010B	Total/NA

## Client Sample ID: SB-25 (6-8)

## Lab Sample ID: 440-273372-13

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Chromium	15		0.99	0.49	mg/Kg	5		6010B	Total/NA

## Client Sample ID: SB-26e (2-4)

## Lab Sample ID: 440-273372-14

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Chromium	23		1.0	0.50	mg/Kg	5		6010B	Total/NA

## Client Sample ID: SB-27 (2-4)

## Lab Sample ID: 440-273372-15

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Cr (VI)	0.17	J	0.30	0.15	mg/Kg	3		7199	Total/NA
Chromium	25		1.0	0.51	mg/Kg	5		6010B	Total/NA

## Client Sample ID: SB-27 (6-8)

## Lab Sample ID: 440-273372-16

Analyte	Result	Qualifier	RL	MDL	Unit	Dil Fac	D	Method	Prep Type
Chromium	15		1.0	0.50	mg/Kg	5		6010B	Total/NA

This Detection Summary does not include radiochemical test results.

Eurofins Calscience Irvine

# Client Sample Results

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

## Client Sample ID: SB-19 (2-4)

Date Collected: 10/14/20 08:38

Date Received: 10/16/20 09:45

## Lab Sample ID: 440-273372-1

Matrix: Solid

### Method: 7199 - Chromium, Hexavalent (IC)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		0.30	0.15	mg/Kg		10/17/20 01:48	10/20/20 23:33	3

### Method: 6010B - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	9.1		0.99	0.50	mg/Kg		10/20/20 08:50	10/20/20 17:54	5

## Client Sample ID: SB-19 (8-10)

Date Collected: 10/14/20 08:45

Date Received: 10/16/20 09:45

## Lab Sample ID: 440-273372-2

Matrix: Solid

### Method: 7199 - Chromium, Hexavalent (IC)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		1.0	0.50	mg/Kg		10/17/20 01:48	10/21/20 00:38	10

### Method: 6010B - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	16		1.0	0.50	mg/Kg		10/20/20 08:50	10/20/20 18:04	5

## Client Sample ID: SB-20 (2-4)

Date Collected: 10/14/20 08:52

Date Received: 10/16/20 09:45

## Lab Sample ID: 440-273372-3

Matrix: Solid

### Method: 7199 - Chromium, Hexavalent (IC)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		0.30	0.15	mg/Kg		10/17/20 01:48	10/21/20 00:51	3

### Method: 6010B - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	10		1.0	0.50	mg/Kg		10/20/20 08:50	10/20/20 18:06	5

## Client Sample ID: SB-20 (10-12)

Date Collected: 10/14/20 09:04

Date Received: 10/16/20 09:45

## Lab Sample ID: 440-273372-4

Matrix: Solid

### Method: 7199 - Chromium, Hexavalent (IC)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		0.30	0.15	mg/Kg		10/17/20 01:48	10/21/20 01:04	3

### Method: 6010B - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	21		0.99	0.49	mg/Kg		10/20/20 08:50	10/20/20 18:14	5

## Client Sample ID: SB-21c (2-4)

Date Collected: 10/14/20 09:11

Date Received: 10/16/20 09:45

## Lab Sample ID: 440-273372-5

Matrix: Solid

### Method: 7199 - Chromium, Hexavalent (IC)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	0.46		0.30	0.15	mg/Kg		10/17/20 01:48	10/21/20 02:28	3

### Method: 6010B - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	42		0.99	0.50	mg/Kg		10/20/20 08:50	10/20/20 18:16	5

Eurofins Calscience Irvine

# Client Sample Results

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

## Client Sample ID: SB-21c (6-8)

Date Collected: 10/14/20 10:18

Date Received: 10/16/20 09:45

## Lab Sample ID: 440-273372-6

Matrix: Solid

### Method: 7199 - Chromium, Hexavalent (IC)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	1.8		0.30	0.15	mg/Kg		10/17/20 01:48	10/21/20 02:41	3

### Method: 6010B - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	720		1.0	0.50	mg/Kg		10/20/20 08:50	10/20/20 18:19	5

## Client Sample ID: SB-22 (2-4)

Date Collected: 10/14/20 10:31

Date Received: 10/16/20 09:45

## Lab Sample ID: 440-273372-7

Matrix: Solid

### Method: 7199 - Chromium, Hexavalent (IC)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		0.30	0.15	mg/Kg		10/17/20 01:48	10/21/20 02:54	3

### Method: 6010B - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	21		0.99	0.49	mg/Kg		10/20/20 08:50	10/20/20 18:21	5

## Client Sample ID: SB-22 (6-8)

Date Collected: 10/14/20 10:33

Date Received: 10/16/20 09:45

## Lab Sample ID: 440-273372-8

Matrix: Solid

### Method: 7199 - Chromium, Hexavalent (IC)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		0.30	0.15	mg/Kg		10/17/20 01:48	10/21/20 03:07	3

### Method: 6010B - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	15		1.0	0.50	mg/Kg		10/20/20 08:50	10/20/20 18:24	5

## Client Sample ID: SB-23c (2-4)

Date Collected: 10/14/20 10:43

Date Received: 10/16/20 09:45

## Lab Sample ID: 440-273372-9

Matrix: Solid

### Method: 7199 - Chromium, Hexavalent (IC)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	0.47		0.30	0.15	mg/Kg		10/17/20 01:48	10/21/20 03:20	3

### Method: 6010B - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	19		0.99	0.50	mg/Kg		10/20/20 08:50	10/20/20 18:26	5

## Client Sample ID: SB-23c (6-8)

Date Collected: 10/14/20 11:01

Date Received: 10/16/20 09:45

## Lab Sample ID: 440-273372-10

Matrix: Solid

### Method: 7199 - Chromium, Hexavalent (IC)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		0.30	0.15	mg/Kg		10/17/20 01:48	10/21/20 03:33	3

### Method: 6010B - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	17		1.0	0.51	mg/Kg		10/20/20 08:50	10/20/20 18:29	5

Eurofins Calscience Irvine

# Client Sample Results

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

## Client Sample ID: SB-24d (2-4)

**Lab Sample ID: 440-273372-11**

Date Collected: 10/14/20 11:29

Matrix: Solid

Date Received: 10/16/20 09:45

### Method: 7199 - Chromium, Hexavalent (IC)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		0.30	0.15	mg/Kg		10/17/20 01:48	10/21/20 03:46	3

### Method: 6010B - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	17		0.99	0.49	mg/Kg		10/20/20 08:50	10/20/20 18:31	5

## Client Sample ID: SB-25 (2-4)

**Lab Sample ID: 440-273372-12**

Date Collected: 10/14/20 11:34

Matrix: Solid

Date Received: 10/16/20 09:45

### Method: 7199 - Chromium, Hexavalent (IC)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	0.45		0.30	0.15	mg/Kg		10/17/20 01:48	10/21/20 03:59	3

### Method: 6010B - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	110		1.0	0.51	mg/Kg		10/20/20 08:50	10/20/20 18:34	5

## Client Sample ID: SB-25 (6-8)

**Lab Sample ID: 440-273372-13**

Date Collected: 10/14/20 11:38

Matrix: Solid

Date Received: 10/16/20 09:45

### Method: 7199 - Chromium, Hexavalent (IC)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		0.30	0.15	mg/Kg		10/17/20 01:48	10/21/20 04:12	3

### Method: 6010B - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	15		0.99	0.49	mg/Kg		10/20/20 08:50	10/20/20 18:41	5

## Client Sample ID: SB-26e (2-4)

**Lab Sample ID: 440-273372-14**

Date Collected: 10/14/20 12:36

Matrix: Solid

Date Received: 10/16/20 09:45

### Method: 7199 - Chromium, Hexavalent (IC)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		0.30	0.15	mg/Kg		10/17/20 01:48	10/21/20 04:25	3

### Method: 6010B - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	23		1.0	0.50	mg/Kg		10/20/20 08:50	10/20/20 18:44	5

## Client Sample ID: SB-27 (2-4)

**Lab Sample ID: 440-273372-15**

Date Collected: 10/14/20 13:08

Matrix: Solid

Date Received: 10/16/20 09:45

### Method: 7199 - Chromium, Hexavalent (IC)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	0.17	J	0.30	0.15	mg/Kg		10/17/20 01:48	10/21/20 05:04	3

### Method: 6010B - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	25		1.0	0.51	mg/Kg		10/20/20 08:50	10/20/20 18:46	5

Eurofins Calscience Irvine

# Client Sample Results

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

**Client Sample ID: SB-27 (6-8)**

**Lab Sample ID: 440-273372-16**

Date Collected: 10/14/20 13:11

Matrix: Solid

Date Received: 10/16/20 09:45

## Method: 7199 - Chromium, Hexavalent (IC)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		0.30	0.15	mg/Kg		10/17/20 01:48	10/21/20 05:17	3

## Method: 6010B - Metals (ICP)

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	15		1.0	0.50	mg/Kg		10/20/20 08:50	10/20/20 18:49	5

# Method Summary

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

Method	Method Description	Protocol	Laboratory
7199	Chromium, Hexavalent (IC)	SW846	TAL IRV
6010B	Metals (ICP)	SW846	TAL IRV
3050B	Preparation, Metals	SW846	TAL IRV
3060A	Alkaline Digestion (Chromium, Hexavalent)	SW846	TAL IRV

**Protocol References:**

SW846 = "Test Methods For Evaluating Solid Waste, Physical/Chemical Methods", Third Edition, November 1986 And Its Updates.

**Laboratory References:**

TAL IRV = Eurofins Calscience Irvine, 17461 Derian Ave, Suite 100, Irvine, CA 92614-5817, TEL (949)261-1022

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# Lab Chronicle

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

**Client Sample ID: SB-19 (2-4)**

**Lab Sample ID: 440-273372-1**

**Date Collected: 10/14/20 08:38**

**Matrix: Solid**

**Date Received: 10/16/20 09:45**

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3060A			2.50 g	100 mL	627854	10/17/20 01:48	RW	TAL IRV
Total/NA	Analysis	7199		3			628064	10/20/20 23:33	MN	TAL IRV
Total/NA	Prep	3050B			2.02 g	50 mL	627942	10/20/20 08:50	NE1	TAL IRV
Total/NA	Analysis	6010B		5			628187	10/20/20 17:54	P1R	TAL IRV

**Client Sample ID: SB-19 (8-10)**

**Lab Sample ID: 440-273372-2**

**Date Collected: 10/14/20 08:45**

**Matrix: Solid**

**Date Received: 10/16/20 09:45**

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3060A			2.49 g	100 mL	627854	10/17/20 01:48	RW	TAL IRV
Total/NA	Analysis	7199		10			628064	10/21/20 00:38	MN	TAL IRV
Total/NA	Prep	3050B			1.99 g	50 mL	627942	10/20/20 08:50	NE1	TAL IRV
Total/NA	Analysis	6010B		5			628187	10/20/20 18:04	P1R	TAL IRV

**Client Sample ID: SB-20 (2-4)**

**Lab Sample ID: 440-273372-3**

**Date Collected: 10/14/20 08:52**

**Matrix: Solid**

**Date Received: 10/16/20 09:45**

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3060A			2.48 g	100 mL	627854	10/17/20 01:48	RW	TAL IRV
Total/NA	Analysis	7199		3			628064	10/21/20 00:51	MN	TAL IRV
Total/NA	Prep	3050B			2.01 g	50 mL	627942	10/20/20 08:50	NE1	TAL IRV
Total/NA	Analysis	6010B		5			628187	10/20/20 18:06	P1R	TAL IRV

**Client Sample ID: SB-20 (10-12)**

**Lab Sample ID: 440-273372-4**

**Date Collected: 10/14/20 09:04**

**Matrix: Solid**

**Date Received: 10/16/20 09:45**

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3060A			2.50 g	100 mL	627854	10/17/20 01:48	RW	TAL IRV
Total/NA	Analysis	7199		3			628064	10/21/20 01:04	MN	TAL IRV
Total/NA	Prep	3050B			2.03 g	50 mL	627942	10/20/20 08:50	NE1	TAL IRV
Total/NA	Analysis	6010B		5			628187	10/20/20 18:14	P1R	TAL IRV

**Client Sample ID: SB-21c (2-4)**

**Lab Sample ID: 440-273372-5**

**Date Collected: 10/14/20 09:11**

**Matrix: Solid**

**Date Received: 10/16/20 09:45**

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3060A			2.51 g	100 mL	627854	10/17/20 01:48	RW	TAL IRV
Total/NA	Analysis	7199		3			628064	10/21/20 02:28	MN	TAL IRV
Total/NA	Prep	3050B			2.02 g	50 mL	627942	10/20/20 08:50	NE1	TAL IRV
Total/NA	Analysis	6010B		5			628187	10/20/20 18:16	P1R	TAL IRV

# Lab Chronicle

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

**Client Sample ID: SB-21c (6-8)**

**Lab Sample ID: 440-273372-6**

**Date Collected: 10/14/20 10:18**

**Matrix: Solid**

**Date Received: 10/16/20 09:45**

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3060A			2.49 g	100 mL	627854	10/17/20 01:48	RW	TAL IRV
Total/NA	Analysis	7199		3			628064	10/21/20 02:41	MN	TAL IRV
Total/NA	Prep	3050B			2.01 g	50 mL	627942	10/20/20 08:50	NE1	TAL IRV
Total/NA	Analysis	6010B		5			628187	10/20/20 18:19	P1R	TAL IRV

**Client Sample ID: SB-22 (2-4)**

**Lab Sample ID: 440-273372-7**

**Date Collected: 10/14/20 10:31**

**Matrix: Solid**

**Date Received: 10/16/20 09:45**

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3060A			2.48 g	100 mL	627854	10/17/20 01:48	RW	TAL IRV
Total/NA	Analysis	7199		3			628064	10/21/20 02:54	MN	TAL IRV
Total/NA	Prep	3050B			2.03 g	50 mL	627942	10/20/20 08:50	NE1	TAL IRV
Total/NA	Analysis	6010B		5			628187	10/20/20 18:21	P1R	TAL IRV

**Client Sample ID: SB-22 (6-8)**

**Lab Sample ID: 440-273372-8**

**Date Collected: 10/14/20 10:33**

**Matrix: Solid**

**Date Received: 10/16/20 09:45**

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3060A			2.49 g	100 mL	627854	10/17/20 01:48	RW	TAL IRV
Total/NA	Analysis	7199		3			628064	10/21/20 03:07	MN	TAL IRV
Total/NA	Prep	3050B			2.00 g	50 mL	627942	10/20/20 08:50	NE1	TAL IRV
Total/NA	Analysis	6010B		5			628187	10/20/20 18:24	P1R	TAL IRV

**Client Sample ID: SB-23c (2-4)**

**Lab Sample ID: 440-273372-9**

**Date Collected: 10/14/20 10:43**

**Matrix: Solid**

**Date Received: 10/16/20 09:45**

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3060A			2.50 g	100 mL	627854	10/17/20 01:48	RW	TAL IRV
Total/NA	Analysis	7199		3			628064	10/21/20 03:20	MN	TAL IRV
Total/NA	Prep	3050B			2.02 g	50 mL	627942	10/20/20 08:50	NE1	TAL IRV
Total/NA	Analysis	6010B		5			628187	10/20/20 18:26	P1R	TAL IRV

**Client Sample ID: SB-23c (6-8)**

**Lab Sample ID: 440-273372-10**

**Date Collected: 10/14/20 11:01**

**Matrix: Solid**

**Date Received: 10/16/20 09:45**

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3060A			2.50 g	100 mL	627854	10/17/20 01:48	RW	TAL IRV
Total/NA	Analysis	7199		3			628064	10/21/20 03:33	MN	TAL IRV
Total/NA	Prep	3050B			1.97 g	50 mL	627942	10/20/20 08:50	NE1	TAL IRV
Total/NA	Analysis	6010B		5			628187	10/20/20 18:29	P1R	TAL IRV

# Lab Chronicle

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

## Client Sample ID: SB-24d (2-4)

## Lab Sample ID: 440-273372-11

Date Collected: 10/14/20 11:29

Matrix: Solid

Date Received: 10/16/20 09:45

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3060A			2.50 g	100 mL	627854	10/17/20 01:48	RW	TAL IRV
Total/NA	Analysis	7199		3			628064	10/21/20 03:46	MN	TAL IRV
Total/NA	Prep	3050B			2.03 g	50 mL	627942	10/20/20 08:50	NE1	TAL IRV
Total/NA	Analysis	6010B		5			628187	10/20/20 18:31	P1R	TAL IRV

## Client Sample ID: SB-25 (2-4)

## Lab Sample ID: 440-273372-12

Date Collected: 10/14/20 11:34

Matrix: Solid

Date Received: 10/16/20 09:45

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3060A			2.49 g	100 mL	627854	10/17/20 01:48	RW	TAL IRV
Total/NA	Analysis	7199		3			628064	10/21/20 03:59	MN	TAL IRV
Total/NA	Prep	3050B			1.96 g	50 mL	627942	10/20/20 08:50	NE1	TAL IRV
Total/NA	Analysis	6010B		5			628187	10/20/20 18:34	P1R	TAL IRV

## Client Sample ID: SB-25 (6-8)

## Lab Sample ID: 440-273372-13

Date Collected: 10/14/20 11:38

Matrix: Solid

Date Received: 10/16/20 09:45

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3060A			2.50 g	100 mL	627854	10/17/20 01:48	RW	TAL IRV
Total/NA	Analysis	7199		3			628064	10/21/20 04:12	MN	TAL IRV
Total/NA	Prep	3050B			2.03 g	50 mL	627942	10/20/20 08:50	NE1	TAL IRV
Total/NA	Analysis	6010B		5			628187	10/20/20 18:41	P1R	TAL IRV

## Client Sample ID: SB-26e (2-4)

## Lab Sample ID: 440-273372-14

Date Collected: 10/14/20 12:36

Matrix: Solid

Date Received: 10/16/20 09:45

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3060A			2.48 g	100 mL	627854	10/17/20 01:48	RW	TAL IRV
Total/NA	Analysis	7199		3			628064	10/21/20 04:25	MN	TAL IRV
Total/NA	Prep	3050B			1.99 g	50 mL	627942	10/20/20 08:50	NE1	TAL IRV
Total/NA	Analysis	6010B		5			628187	10/20/20 18:44	P1R	TAL IRV

## Client Sample ID: SB-27 (2-4)

## Lab Sample ID: 440-273372-15

Date Collected: 10/14/20 13:08

Matrix: Solid

Date Received: 10/16/20 09:45

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Prep	3060A			2.49 g	100 mL	627854	10/17/20 01:48	RW	TAL IRV
Total/NA	Analysis	7199		3			628064	10/21/20 05:04	MN	TAL IRV
Total/NA	Prep	3050B			1.98 g	50 mL	627942	10/20/20 08:50	NE1	TAL IRV
Total/NA	Analysis	6010B		5			628187	10/20/20 18:46	P1R	TAL IRV

# Lab Chronicle

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

**Client Sample ID: SB-27 (6-8)**

**Lab Sample ID: 440-273372-16**

**Date Collected: 10/14/20 13:11**

**Matrix: Solid**

**Date Received: 10/16/20 09:45**

<u>Prep Type</u>	<u>Batch Type</u>	<u>Batch Method</u>	<u>Run</u>	<u>Dil Factor</u>	<u>Initial Amount</u>	<u>Final Amount</u>	<u>Batch Number</u>	<u>Prepared or Analyzed</u>	<u>Analyst</u>	<u>Lab</u>
Total/NA	Prep	3060A			2.50 g	100 mL	627854	10/17/20 01:48	RW	TAL IRV
Total/NA	Analysis	7199		3			628064	10/21/20 05:17	MN	TAL IRV
Total/NA	Prep	3050B			1.99 g	50 mL	627942	10/20/20 08:50	NE1	TAL IRV
Total/NA	Analysis	6010B		5			628187	10/20/20 18:49	P1R	TAL IRV

**Laboratory References:**

TAL IRV = Eurofins Calscience Irvine, 17461 Derian Ave, Suite 100, Irvine, CA 92614-5817, TEL (949)261-1022

# QC Sample Results

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

## Method: 7199 - Chromium, Hexavalent (IC)

Lab Sample ID: MB 440-627854/1-A  
Matrix: Solid  
Analysis Batch: 628064

Client Sample ID: Method Blank  
Prep Type: Total/NA  
Prep Batch: 627854

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		0.30	0.15	mg/Kg		10/17/20 01:48	10/20/20 20:27	3

Lab Sample ID: LCS 440-627854/2-A  
Matrix: Solid  
Analysis Batch: 628064

Client Sample ID: Lab Control Sample  
Prep Type: Total/NA  
Prep Batch: 627854

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec. Limits
Cr (VI)	40.0	39.4		mg/Kg		99	80 - 120

Lab Sample ID: 440-273372-1 MS  
Matrix: Solid  
Analysis Batch: 628064

Client Sample ID: SB-19 (2-4)  
Prep Type: Total/NA  
Prep Batch: 627854

Analyte	Sample Result	Sample Qualifier	Spike Added	MS Result	MS Qualifier	Unit	D	%Rec	%Rec. Limits
Cr (VI)	ND		40.2	37.0		mg/Kg		92	75 - 125

Lab Sample ID: 440-273372-1 MSD  
Matrix: Solid  
Analysis Batch: 628064

Client Sample ID: SB-19 (2-4)  
Prep Type: Total/NA  
Prep Batch: 627854

Analyte	Sample Result	Sample Qualifier	Spike Added	MSD Result	MSD Qualifier	Unit	D	%Rec	%Rec. Limits	RPD	Limit
Cr (VI)	ND		40.0	37.6		mg/Kg		94	75 - 125	2	20

Lab Sample ID: 440-273372-1 MSI  
Matrix: Solid  
Analysis Batch: 628064

Client Sample ID: SB-19 (2-4)  
Prep Type: Total/NA  
Prep Batch: 627854

Analyte	Sample Result	Sample Qualifier	Spike Added	MSI Result	MSI Qualifier	Unit	D	%Rec	%Rec. Limits
Cr (VI)	ND		1090	1010		mg/Kg		92	75 - 125

## Method: 6010B - Metals (ICP)

Lab Sample ID: MB 440-627942/1-A ^5  
Matrix: Solid  
Analysis Batch: 628187

Client Sample ID: Method Blank  
Prep Type: Total/NA  
Prep Batch: 627942

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	ND		1.0	0.50	mg/Kg		10/20/20 08:50	10/20/20 17:46	5

Lab Sample ID: LCS 440-627942/2-A ^5  
Matrix: Solid  
Analysis Batch: 628187

Client Sample ID: Lab Control Sample  
Prep Type: Total/NA  
Prep Batch: 627942

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec. Limits
Chromium	49.3	46.7		mg/Kg		95	80 - 120

# QC Sample Results

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

## Method: 6010B - Metals (ICP) (Continued)

**Lab Sample ID: 440-273372-1 MS**  
**Matrix: Solid**  
**Analysis Batch: 628187**

**Client Sample ID: SB-19 (2-4)**  
**Prep Type: Total/NA**  
**Prep Batch: 627942**

Analyte	Sample Result	Sample Qualifier	Spike Added	MS Result	MS Qualifier	Unit	D	%Rec	Limits
Chromium	9.1		50.0	62.8		mg/Kg		107	75 - 125

**Lab Sample ID: 440-273372-1 MSD**  
**Matrix: Solid**  
**Analysis Batch: 628187**

**Client Sample ID: SB-19 (2-4)**  
**Prep Type: Total/NA**  
**Prep Batch: 627942**

Analyte	Sample Result	Sample Qualifier	Spike Added	MSD Result	MSD Qualifier	Unit	D	%Rec	Limits	RPD	Limit
Chromium	9.1		49.3	60.7		mg/Kg		105	75 - 125	3	20

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# QC Association Summary

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

## HPLC/IC

### Prep Batch: 627854

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
440-273372-1	SB-19 (2-4)	Total/NA	Solid	3060A	
440-273372-2	SB-19 (8-10)	Total/NA	Solid	3060A	
440-273372-3	SB-20 (2-4)	Total/NA	Solid	3060A	
440-273372-4	SB-20 (10-12)	Total/NA	Solid	3060A	
440-273372-5	SB-21c (2-4)	Total/NA	Solid	3060A	
440-273372-6	SB-21c (6-8)	Total/NA	Solid	3060A	
440-273372-7	SB-22 (2-4)	Total/NA	Solid	3060A	
440-273372-8	SB-22 (6-8)	Total/NA	Solid	3060A	
440-273372-9	SB-23c (2-4)	Total/NA	Solid	3060A	
440-273372-10	SB-23c (6-8)	Total/NA	Solid	3060A	
440-273372-11	SB-24d (2-4)	Total/NA	Solid	3060A	
440-273372-12	SB-25 (2-4)	Total/NA	Solid	3060A	
440-273372-13	SB-25 (6-8)	Total/NA	Solid	3060A	
440-273372-14	SB-26e (2-4)	Total/NA	Solid	3060A	
440-273372-15	SB-27 (2-4)	Total/NA	Solid	3060A	
440-273372-16	SB-27 (6-8)	Total/NA	Solid	3060A	
MB 440-627854/1-A	Method Blank	Total/NA	Solid	3060A	
LCS 440-627854/2-A	Lab Control Sample	Total/NA	Solid	3060A	
440-273372-1 MS	SB-19 (2-4)	Total/NA	Solid	3060A	
440-273372-1 MSD	SB-19 (2-4)	Total/NA	Solid	3060A	
440-273372-1 MSI	SB-19 (2-4)	Total/NA	Solid	3060A	

### Analysis Batch: 628064

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
440-273372-1	SB-19 (2-4)	Total/NA	Solid	7199	627854
440-273372-2	SB-19 (8-10)	Total/NA	Solid	7199	627854
440-273372-3	SB-20 (2-4)	Total/NA	Solid	7199	627854
440-273372-4	SB-20 (10-12)	Total/NA	Solid	7199	627854
440-273372-5	SB-21c (2-4)	Total/NA	Solid	7199	627854
440-273372-6	SB-21c (6-8)	Total/NA	Solid	7199	627854
440-273372-7	SB-22 (2-4)	Total/NA	Solid	7199	627854
440-273372-8	SB-22 (6-8)	Total/NA	Solid	7199	627854
440-273372-9	SB-23c (2-4)	Total/NA	Solid	7199	627854
440-273372-10	SB-23c (6-8)	Total/NA	Solid	7199	627854
440-273372-11	SB-24d (2-4)	Total/NA	Solid	7199	627854
440-273372-12	SB-25 (2-4)	Total/NA	Solid	7199	627854
440-273372-13	SB-25 (6-8)	Total/NA	Solid	7199	627854
440-273372-14	SB-26e (2-4)	Total/NA	Solid	7199	627854
440-273372-15	SB-27 (2-4)	Total/NA	Solid	7199	627854
440-273372-16	SB-27 (6-8)	Total/NA	Solid	7199	627854
MB 440-627854/1-A	Method Blank	Total/NA	Solid	7199	627854
LCS 440-627854/2-A	Lab Control Sample	Total/NA	Solid	7199	627854
440-273372-1 MS	SB-19 (2-4)	Total/NA	Solid	7199	627854
440-273372-1 MSD	SB-19 (2-4)	Total/NA	Solid	7199	627854
440-273372-1 MSI	SB-19 (2-4)	Total/NA	Solid	7199	627854

## Metals

### Prep Batch: 627942

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
440-273372-1	SB-19 (2-4)	Total/NA	Solid	3050B	

Eurofins Calscience Irvine

# QC Association Summary

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

## Metals (Continued)

### Prep Batch: 627942 (Continued)

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
440-273372-2	SB-19 (8-10)	Total/NA	Solid	3050B	
440-273372-3	SB-20 (2-4)	Total/NA	Solid	3050B	
440-273372-4	SB-20 (10-12)	Total/NA	Solid	3050B	
440-273372-5	SB-21c (2-4)	Total/NA	Solid	3050B	
440-273372-6	SB-21c (6-8)	Total/NA	Solid	3050B	
440-273372-7	SB-22 (2-4)	Total/NA	Solid	3050B	
440-273372-8	SB-22 (6-8)	Total/NA	Solid	3050B	
440-273372-9	SB-23c (2-4)	Total/NA	Solid	3050B	
440-273372-10	SB-23c (6-8)	Total/NA	Solid	3050B	
440-273372-11	SB-24d (2-4)	Total/NA	Solid	3050B	
440-273372-12	SB-25 (2-4)	Total/NA	Solid	3050B	
440-273372-13	SB-25 (6-8)	Total/NA	Solid	3050B	
440-273372-14	SB-26e (2-4)	Total/NA	Solid	3050B	
440-273372-15	SB-27 (2-4)	Total/NA	Solid	3050B	
440-273372-16	SB-27 (6-8)	Total/NA	Solid	3050B	
MB 440-627942/1-A ^5	Method Blank	Total/NA	Solid	3050B	
LCS 440-627942/2-A ^5	Lab Control Sample	Total/NA	Solid	3050B	
440-273372-1 MS	SB-19 (2-4)	Total/NA	Solid	3050B	
440-273372-1 MSD	SB-19 (2-4)	Total/NA	Solid	3050B	

### Analysis Batch: 628187

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
440-273372-1	SB-19 (2-4)	Total/NA	Solid	6010B	627942
440-273372-2	SB-19 (8-10)	Total/NA	Solid	6010B	627942
440-273372-3	SB-20 (2-4)	Total/NA	Solid	6010B	627942
440-273372-4	SB-20 (10-12)	Total/NA	Solid	6010B	627942
440-273372-5	SB-21c (2-4)	Total/NA	Solid	6010B	627942
440-273372-6	SB-21c (6-8)	Total/NA	Solid	6010B	627942
440-273372-7	SB-22 (2-4)	Total/NA	Solid	6010B	627942
440-273372-8	SB-22 (6-8)	Total/NA	Solid	6010B	627942
440-273372-9	SB-23c (2-4)	Total/NA	Solid	6010B	627942
440-273372-10	SB-23c (6-8)	Total/NA	Solid	6010B	627942
440-273372-11	SB-24d (2-4)	Total/NA	Solid	6010B	627942
440-273372-12	SB-25 (2-4)	Total/NA	Solid	6010B	627942
440-273372-13	SB-25 (6-8)	Total/NA	Solid	6010B	627942
440-273372-14	SB-26e (2-4)	Total/NA	Solid	6010B	627942
440-273372-15	SB-27 (2-4)	Total/NA	Solid	6010B	627942
440-273372-16	SB-27 (6-8)	Total/NA	Solid	6010B	627942
MB 440-627942/1-A ^5	Method Blank	Total/NA	Solid	6010B	627942
LCS 440-627942/2-A ^5	Lab Control Sample	Total/NA	Solid	6010B	627942
440-273372-1 MS	SB-19 (2-4)	Total/NA	Solid	6010B	627942
440-273372-1 MSD	SB-19 (2-4)	Total/NA	Solid	6010B	627942



# Definitions/Glossary

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

## Qualifiers

### HPLC/IC

Qualifier	Qualifier Description
J	Result is less than the RL but greater than or equal to the MDL and the concentration is an approximate value.

## Glossary

Abbreviation	These commonly used abbreviations may or may not be present in this report.
α	Listed under the "D" column to designate that the result is reported on a dry weight basis
%R	Percent Recovery
CFL	Contains Free Liquid
CFU	Colony Forming Unit
CNF	Contains No Free Liquid
DER	Duplicate Error Ratio (normalized absolute difference)
Dil Fac	Dilution Factor
DL	Detection Limit (DoD/DOE)
DL, RA, RE, IN	Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample
DLC	Decision Level Concentration (Radiochemistry)
EDL	Estimated Detection Limit (Dioxin)
LOD	Limit of Detection (DoD/DOE)
LOQ	Limit of Quantitation (DoD/DOE)
MCL	EPA recommended "Maximum Contaminant Level"
MDA	Minimum Detectable Activity (Radiochemistry)
MDC	Minimum Detectable Concentration (Radiochemistry)
MDL	Method Detection Limit
ML	Minimum Level (Dioxin)
MPN	Most Probable Number
MQL	Method Quantitation Limit
NC	Not Calculated
ND	Not Detected at the reporting limit (or MDL or EDL if shown)
NEG	Negative / Absent
POS	Positive / Present
PQL	Practical Quantitation Limit
PRES	Presumptive
QC	Quality Control
RER	Relative Error Ratio (Radiochemistry)
RL	Reporting Limit or Requested Limit (Radiochemistry)
RPD	Relative Percent Difference, a measure of the relative difference between two points
TEF	Toxicity Equivalent Factor (Dioxin)
TEQ	Toxicity Equivalent Quotient (Dioxin)
TNTC	Too Numerous To Count

# Accreditation/Certification Summary

Client: Sigma Group Inc., The  
Project/Site: 11516

Job ID: 440-273372-1  
SDG: Try-Chem

## Laboratory: Eurofins Calscience Irvine

The accreditations/certifications listed below are applicable to this report.

Authority	Program	Identification Number	Expiration Date
California	State	2706	06-30-21

- 1
- 2
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# Chain of Custody Record



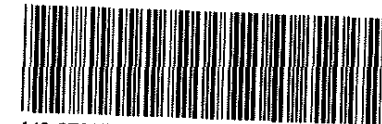
Environment Testing  
TestAmerica

Address: \_\_\_\_\_

Regulatory Program:  DW  NPDES  RCRA  Other:

TAL-8210

<b>Client Contact</b>		<b>Project Manager:</b> <u>Muhammad Islam</u>		<b>Site Contact:</b>		<b>Date:</b>		<b>COC No.:</b>					
Company Name: <u>The Sany Group, Inc</u>		Tel/Email: <u>MIslam@thosanygroup.com</u>		<b>Lab Contact:</b>		<b>Carrier:</b>		of <u>2</u> COCs					
Address: <u>1800 W. Cabot Street</u>		<b>Analysis Turnaround Time</b>		Filtered Sample (Y/N) Perform MS / MSD (Y/N) Total Chromium Hexavalent Chromium				Sampler: For Lab Use Only: Walk-in Client: Lab Sampling:					
City/State/Zip: <u>Miami, FL / 33133</u>		<input type="checkbox"/> CALENDAR DAYS <input checked="" type="checkbox"/> WORKING DAYS								TAT if different from Below <input type="checkbox"/> 2 weeks <input checked="" type="checkbox"/> 1 week <input type="checkbox"/> 2 days <input type="checkbox"/> 1 day		Job / SDG No.: <u>440-24498</u> JLC 10/16/20	
Phone: <u>414-643-4200</u>													
Fax: <u>414-643-4210</u>													
Project Name: <u>11516</u>								Sample Specific Notes:					
Site: <u>Try-Chem</u>													
PO#													
Sample Identification		Sample Date	Sample Time	Sample Type (C=Comp, G=Grab)	Matrix	# of Cont.	Filtered Sample (Y/N)	Perform MS / MSD (Y/N)	Total Chromium	Hexavalent Chromium			
SB-19 (2-4)		10/14/20	8:38	G	Soil	1	N	N	X				
SB-19 (8-10)			8:45										
SB-20 (2-4)			8:52										
SB-20 (10-12)			9:04										
SB-21c (2-4)			9:11										
SB-21c (6-8)			10:13										
SB-22 (2-4)			10:31										
SB-22 (6-8)			10:35										
SB-23c (2-4)			10:43										
SB-23c (6-8)			11:01										
SB-24d (2-4)			11:29										
SB-25 (2-4)		✓	11:34	✓	✓	✓	✓	✓	✓	✓			



440-273372 Chain of Custody

Preservation: 1- Ice, 2- HQ, 3- H2SO4, 4- HNO3, 5- NaOH, 6- Other: \_\_\_\_\_

**Possible Hazard Identification:**  
 Are any samples from a listed EPA Hazardous Waste? Please List any EPA Waste Codes for the sample in the Comments Section if the lab is to dispose of the sample.

Non-Hazard  
  Flammable  
  Skin Irritant  
  Poison B  
  Unknown

**Sample Disposal ( A fee may be assessed if samples are retained longer than 1 month)**

Return to Client  
  Disposal by Lab  
  Archive for 1 Months

Special Instructions/QC Requirements & Comments:

Custody Seals Intact:  Yes  No      Custody Seal No.: \_\_\_\_\_      Cooler Temp. (°C): Obs'd: 0.6      Corr'd: 0.5      Therm ID No.: 112-29

Relinquished by: <u>[Signature]</u>	Company: <u>SIGNIA</u>	Date/Time: <u>10/14 4:00 PM</u>	Received by: <u>[Signature]</u>	Company: <u>EC-IR</u>	Date/Time: <u>10/16/20 0945</u>
Relinquished by:	Company:	Date/Time:	Received by:	Company:	Date/Time:
Relinquished by:	Company:	Date/Time:	Received In Laboratory by:	Company:	Date/Time:

# 3978 4219 9100



## Login Sample Receipt Checklist

Client: Sigma Group Inc., The

Job Number: 440-273372-1

SDG Number: Try-Chem

**Login Number: 273372**

**List Number: 1**

**Creator: Lagunas, Jorge L**

**List Source: Eurofins Irvine**

Question	Answer	Comment
Radioactivity wasn't checked or is <math>\leq</math> background as measured by a survey meter.	True	
The cooler's custody seal, if present, is intact.	N/A	Not present
Sample custody seals, if present, are intact.	N/A	Not Present
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	False	Refer to Job Narrative for details.
There are no discrepancies between the containers received and the COC.	True	
Samples are received within Holding Time (excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified.	N/A	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
Containers requiring zero headspace have no headspace or bubble is <math><6\text{mm}</math> (1/4").	True	
Multiphasic samples are not present.	True	
Samples do not require splitting or compositing.	True	
Residual Chlorine Checked.	N/A	

**ATTACHMENT 6**

**GROUNDWATER LABORATORY ANALYTICAL REPORTS**

## ANALYTICAL REPORT

Eurofins Calscience Irvine  
17461 Derian Ave  
Suite 100  
Irvine, CA 92614-5817  
Tel: (949)261-1022

Laboratory Job ID: 440-273689-1  
Laboratory Sample Delivery Group: 11516  
Client Project/Site: City of Milwaukee

For:  
Sigma Group Inc., The  
1300 West Canal Street  
Milwaukee, Wisconsin 53233

Attn: Steven Kikkert



Authorized for release by:  
10/30/2020 2:37:31 PM

Danielle Roberts, Senior Project Manager  
(949)260-3249

[Danielle.Roberts@Eurofinset.com](mailto:Danielle.Roberts@Eurofinset.com)

### LINKS

Review your project  
results through  
**TotalAccess**

Have a Question?



Visit us at:

[www.eurofinsus.com/Env](http://www.eurofinsus.com/Env)

*The test results in this report meet all 2003 NELAC, 2009 TNI, and 2016 TNI requirements for accredited parameters, exceptions are noted in this report. This report may not be reproduced except in full, and with written approval from the laboratory. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.*

*This report has been electronically signed and authorized by the signatory. Electronic signature is intended to be the legally binding equivalent of a traditionally handwritten signature.*

*Results relate only to the items tested and the sample(s) as received by the laboratory.*



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# Sample Summary

Client: Sigma Group Inc., The  
Project/Site: City of Milwaukee

Job ID: 440-273689-1  
SDG: 11516

Lab Sample ID	Client Sample ID	Matrix	Collected	Received	Asset ID
440-273689-1	MW-2A	Water	10/22/20 13:30	10/23/20 11:22	
440-273689-2	MW-2R	Water	10/22/20 13:25	10/23/20 11:22	
440-273689-3	MW-4R	Water	10/22/20 13:20	10/23/20 11:22	
440-273689-4	MW-12	Water	10/22/20 13:15	10/23/20 11:22	
440-273689-5	MW-13	Water	10/22/20 13:10	10/23/20 11:22	

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# Case Narrative

Client: Sigma Group Inc., The  
Project/Site: City of Milwaukee

Job ID: 440-273689-1  
SDG: 11516

---

**Job ID: 440-273689-1**

---

**Laboratory: Eurofins Calscience Irvine**

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**Narrative**

**Job Narrative  
440-273689-1**

**Comments**

No additional comments.

**Receipt**

The samples were received on 10/23/2020 11:22 AM; the samples arrived in good condition, and where required, properly preserved and on ice. The temperature of the cooler at receipt was 3.0° C.

**HPLC/IC**

No analytical or quality issues were noted, other than those described in the Definitions/Glossary page.

**Metals**

No analytical or quality issues were noted, other than those described in the Definitions/Glossary page.

**General Chemistry**

No analytical or quality issues were noted, other than those described in the Definitions/Glossary page.

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# Detection Summary

Client: Sigma Group Inc., The  
Project/Site: City of Milwaukee

Job ID: 440-273689-1  
SDG: 11516

**Client Sample ID: MW-2A**

**Lab Sample ID: 440-273689-1**

No Detections.

**Client Sample ID: MW-2R**

**Lab Sample ID: 440-273689-2**

No Detections.

**Client Sample ID: MW-4R**

**Lab Sample ID: 440-273689-3**

No Detections.

**Client Sample ID: MW-12**

**Lab Sample ID: 440-273689-4**

No Detections.

**Client Sample ID: MW-13**

**Lab Sample ID: 440-273689-5**

No Detections.

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This Detection Summary does not include radiochemical test results.

Eurofins Calscience Irvine

# Client Sample Results

Client: Sigma Group Inc., The  
Project/Site: City of Milwaukee

Job ID: 440-273689-1  
SDG: 11516

**Client Sample ID: MW-2A**  
Date Collected: 10/22/20 13:30  
Date Received: 10/23/20 11:22

**Lab Sample ID: 440-273689-1**  
Matrix: Water

**Method: 7199 - Chromium, Hexavalent (IC)**

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		2.0	0.25	ug/L			10/23/20 11:03	1

**Method: 6010B - Metals (ICP) - Dissolved**

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	ND		0.0050	0.0025	mg/L		10/28/20 09:39	10/28/20 12:31	1

**Client Sample ID: MW-2R**  
Date Collected: 10/22/20 13:25  
Date Received: 10/23/20 11:22

**Lab Sample ID: 440-273689-2**  
Matrix: Water

**Method: 7199 - Chromium, Hexavalent (IC)**

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		2.0	0.25	ug/L			10/23/20 10:50	1

**Method: 6010B - Metals (ICP) - Dissolved**

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	ND		0.0050	0.0025	mg/L		10/28/20 09:43	10/28/20 12:39	1

**Client Sample ID: MW-4R**  
Date Collected: 10/22/20 13:20  
Date Received: 10/23/20 11:22

**Lab Sample ID: 440-273689-3**  
Matrix: Water

**Method: 7199 - Chromium, Hexavalent (IC)**

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		2.0	0.25	ug/L			10/23/20 10:37	1

**Method: 6010B - Metals (ICP) - Dissolved**

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	ND		0.0050	0.0025	mg/L		10/28/20 09:43	10/28/20 12:41	1

**Client Sample ID: MW-12**  
Date Collected: 10/22/20 13:15  
Date Received: 10/23/20 11:22

**Lab Sample ID: 440-273689-4**  
Matrix: Water

**Method: 7199 - Chromium, Hexavalent (IC)**

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		2.0	0.25	ug/L			10/23/20 10:24	1

**Method: 6010B - Metals (ICP) - Dissolved**

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	ND		0.0050	0.0025	mg/L		10/28/20 09:43	10/28/20 12:44	1

**Client Sample ID: MW-13**  
Date Collected: 10/22/20 13:10  
Date Received: 10/23/20 11:22

**Lab Sample ID: 440-273689-5**  
Matrix: Water

**Method: 7199 - Chromium, Hexavalent (IC)**

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		2.0	0.25	ug/L			10/23/20 10:12	1

**Method: 6010B - Metals (ICP) - Dissolved**

Analyte	Result	Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	ND		0.0050	0.0025	mg/L		10/28/20 09:43	10/28/20 12:54	1

Eurofins Calscience Irvine

# Method Summary

Client: Sigma Group Inc., The  
Project/Site: City of Milwaukee

Job ID: 440-273689-1  
SDG: 11516

Method	Method Description	Protocol	Laboratory
7199	Chromium, Hexavalent (IC)	SW846	TAL IRV
6010B	Metals (ICP)	SW846	TAL IRV
3005A	Preparation, Total Recoverable or Dissolved Metals	SW846	TAL IRV

**Protocol References:**

SW846 = "Test Methods For Evaluating Solid Waste, Physical/Chemical Methods", Third Edition, November 1986 And Its Updates.

**Laboratory References:**

TAL IRV = Eurofins Calscience Irvine, 17461 Derian Ave, Suite 100, Irvine, CA 92614-5817, TEL (949)261-1022



# Lab Chronicle

Client: Sigma Group Inc., The  
Project/Site: City of Milwaukee

Job ID: 440-273689-1  
SDG: 11516

**Client Sample ID: MW-2A**  
**Date Collected: 10/22/20 13:30**  
**Date Received: 10/23/20 11:22**

**Lab Sample ID: 440-273689-1**  
**Matrix: Water**

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Analysis	7199		1			628510	10/23/20 11:03	MN	TAL IRV
Dissolved	Prep	3005A			25 mL	25 mL	629001	10/28/20 09:39	M1G	TAL IRV
Dissolved	Analysis	6010B		1			629054	10/28/20 12:31	KE	TAL IRV

**Client Sample ID: MW-2R**  
**Date Collected: 10/22/20 13:25**  
**Date Received: 10/23/20 11:22**

**Lab Sample ID: 440-273689-2**  
**Matrix: Water**

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Analysis	7199		1			628510	10/23/20 10:50	MN	TAL IRV
Dissolved	Prep	3005A			25 mL	25 mL	629001	10/28/20 09:43	M1G	TAL IRV
Dissolved	Analysis	6010B		1			629054	10/28/20 12:39	KE	TAL IRV

**Client Sample ID: MW-4R**  
**Date Collected: 10/22/20 13:20**  
**Date Received: 10/23/20 11:22**

**Lab Sample ID: 440-273689-3**  
**Matrix: Water**

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Analysis	7199		1			628510	10/23/20 10:37	MN	TAL IRV
Dissolved	Prep	3005A			25 mL	25 mL	629001	10/28/20 09:43	M1G	TAL IRV
Dissolved	Analysis	6010B		1			629054	10/28/20 12:41	KE	TAL IRV

**Client Sample ID: MW-12**  
**Date Collected: 10/22/20 13:15**  
**Date Received: 10/23/20 11:22**

**Lab Sample ID: 440-273689-4**  
**Matrix: Water**

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Analysis	7199		1			628510	10/23/20 10:24	MN	TAL IRV
Dissolved	Prep	3005A			25 mL	25 mL	629001	10/28/20 09:43	M1G	TAL IRV
Dissolved	Analysis	6010B		1			629054	10/28/20 12:44	KE	TAL IRV

**Client Sample ID: MW-13**  
**Date Collected: 10/22/20 13:10**  
**Date Received: 10/23/20 11:22**

**Lab Sample ID: 440-273689-5**  
**Matrix: Water**

Prep Type	Batch Type	Batch Method	Run	Dil Factor	Initial Amount	Final Amount	Batch Number	Prepared or Analyzed	Analyst	Lab
Total/NA	Analysis	7199		1			628510	10/23/20 10:12	MN	TAL IRV
Dissolved	Prep	3005A			25 mL	25 mL	629001	10/28/20 09:43	M1G	TAL IRV
Dissolved	Analysis	6010B		1			629054	10/28/20 12:54	KE	TAL IRV

**Laboratory References:**

TAL IRV = Eurofins Calscience Irvine, 17461 Derian Ave, Suite 100, Irvine, CA 92614-5817, TEL (949)261-1022

# QC Sample Results

Client: Sigma Group Inc., The  
Project/Site: City of Milwaukee

Job ID: 440-273689-1  
SDG: 11516

## Method: 7199 - Chromium, Hexavalent (IC)

**Lab Sample ID: MB 440-628510/17**  
**Matrix: Water**  
**Analysis Batch: 628510**

**Client Sample ID: Method Blank**  
**Prep Type: Total/NA**

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Cr (VI)	ND		2.0	0.25	ug/L			10/23/20 09:59	1

**Lab Sample ID: LCS 440-628510/16**  
**Matrix: Water**  
**Analysis Batch: 628510**

**Client Sample ID: Lab Control Sample**  
**Prep Type: Total/NA**

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec. Limits
Cr (VI)	50.0	49.5		ug/L		99	90 - 110

**Lab Sample ID: MRL 440-628510/15**  
**Matrix: Water**  
**Analysis Batch: 628510**

**Client Sample ID: Lab Control Sample**  
**Prep Type: Total/NA**

Analyte	Spike Added	MRL Result	MRL Qualifier	Unit	D	%Rec	%Rec. Limits
Cr (VI)	1.00	0.987	J	ug/L		99	50 - 150

**Lab Sample ID: 440-273689-1 MS**  
**Matrix: Water**  
**Analysis Batch: 628510**

**Client Sample ID: MW-2A**  
**Prep Type: Total/NA**

Analyte	Sample Result	Sample Qualifier	Spike Added	MS Result	MS Qualifier	Unit	D	%Rec	%Rec. Limits
Cr (VI)	ND		50.0	50.4		ug/L		101	85 - 115

**Lab Sample ID: 440-273689-1 MSD**  
**Matrix: Water**  
**Analysis Batch: 628510**

**Client Sample ID: MW-2A**  
**Prep Type: Total/NA**

Analyte	Sample Result	Sample Qualifier	Spike Added	MSD Result	MSD Qualifier	Unit	D	%Rec	%Rec. Limits	RPD	RPD Limit
Cr (VI)	ND		50.0	50.2		ug/L		100	85 - 115	0	20

## Method: 6010B - Metals (ICP)

**Lab Sample ID: MB 440-629001/1-A**  
**Matrix: Water**  
**Analysis Batch: 629054**

**Client Sample ID: Method Blank**  
**Prep Type: Total Recoverable**  
**Prep Batch: 629001**

Analyte	MB Result	MB Qualifier	RL	MDL	Unit	D	Prepared	Analyzed	Dil Fac
Chromium	ND		0.0050	0.0025	mg/L		10/28/20 09:39	10/28/20 12:21	1

**Lab Sample ID: LCS 440-629001/2-A**  
**Matrix: Water**  
**Analysis Batch: 629054**

**Client Sample ID: Lab Control Sample**  
**Prep Type: Total Recoverable**  
**Prep Batch: 629001**

Analyte	Spike Added	LCS Result	LCS Qualifier	Unit	D	%Rec	%Rec. Limits
Chromium	1.00	0.871		mg/L		87	80 - 120

# QC Sample Results

Client: Sigma Group Inc., The  
Project/Site: City of Milwaukee

Job ID: 440-273689-1  
SDG: 11516

## Method: 6010B - Metals (ICP) (Continued)

**Lab Sample ID: 440-273689-1 MS**  
**Matrix: Water**  
**Analysis Batch: 629054**

**Client Sample ID: MW-2A**  
**Prep Type: Dissolved**  
**Prep Batch: 629001**

Analyte	Sample Result	Sample Qualifier	Spike Added	MS Result	MS Qualifier	Unit	D	%Rec	Limits
Chromium	ND		1.00	0.869		mg/L		87	75 - 125

**Lab Sample ID: 440-273689-1 MSD**  
**Matrix: Water**  
**Analysis Batch: 629054**

**Client Sample ID: MW-2A**  
**Prep Type: Dissolved**  
**Prep Batch: 629001**

Analyte	Sample Result	Sample Qualifier	Spike Added	MSD Result	MSD Qualifier	Unit	D	%Rec	Limits	RPD	Limit
Chromium	ND		1.00	0.864		mg/L		86	75 - 125	1	20

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- 2
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# QC Association Summary

Client: Sigma Group Inc., The  
Project/Site: City of Milwaukee

Job ID: 440-273689-1  
SDG: 11516

## HPLC/IC

### Analysis Batch: 628510

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
440-273689-1	MW-2A	Total/NA	Water	7199	
440-273689-2	MW-2R	Total/NA	Water	7199	
440-273689-3	MW-4R	Total/NA	Water	7199	
440-273689-4	MW-12	Total/NA	Water	7199	
440-273689-5	MW-13	Total/NA	Water	7199	
MB 440-628510/17	Method Blank	Total/NA	Water	7199	
LCS 440-628510/16	Lab Control Sample	Total/NA	Water	7199	
MRL 440-628510/15	Lab Control Sample	Total/NA	Water	7199	
440-273689-1 MS	MW-2A	Total/NA	Water	7199	
440-273689-1 MSD	MW-2A	Total/NA	Water	7199	

## Metals

### Prep Batch: 629001

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
440-273689-1	MW-2A	Dissolved	Water	3005A	
440-273689-2	MW-2R	Dissolved	Water	3005A	
440-273689-3	MW-4R	Dissolved	Water	3005A	
440-273689-4	MW-12	Dissolved	Water	3005A	
440-273689-5	MW-13	Dissolved	Water	3005A	
MB 440-629001/1-A	Method Blank	Total Recoverable	Water	3005A	
LCS 440-629001/2-A	Lab Control Sample	Total Recoverable	Water	3005A	
440-273689-1 MS	MW-2A	Dissolved	Water	3005A	
440-273689-1 MSD	MW-2A	Dissolved	Water	3005A	

### Analysis Batch: 629054

Lab Sample ID	Client Sample ID	Prep Type	Matrix	Method	Prep Batch
440-273689-1	MW-2A	Dissolved	Water	6010B	629001
440-273689-2	MW-2R	Dissolved	Water	6010B	629001
440-273689-3	MW-4R	Dissolved	Water	6010B	629001
440-273689-4	MW-12	Dissolved	Water	6010B	629001
440-273689-5	MW-13	Dissolved	Water	6010B	629001
MB 440-629001/1-A	Method Blank	Total Recoverable	Water	6010B	629001
LCS 440-629001/2-A	Lab Control Sample	Total Recoverable	Water	6010B	629001
440-273689-1 MS	MW-2A	Dissolved	Water	6010B	629001
440-273689-1 MSD	MW-2A	Dissolved	Water	6010B	629001

# Definitions/Glossary

Client: Sigma Group Inc., The  
Project/Site: City of Milwaukee

Job ID: 440-273689-1  
SDG: 11516

## Qualifiers

### HPLC/IC

Qualifier	Qualifier Description
J	Result is less than the RL but greater than or equal to the MDL and the concentration is an approximate value.

## Glossary

Abbreviation	These commonly used abbreviations may or may not be present in this report.
α	Listed under the "D" column to designate that the result is reported on a dry weight basis
%R	Percent Recovery
CFL	Contains Free Liquid
CFU	Colony Forming Unit
CNF	Contains No Free Liquid
DER	Duplicate Error Ratio (normalized absolute difference)
Dil Fac	Dilution Factor
DL	Detection Limit (DoD/DOE)
DL, RA, RE, IN	Indicates a Dilution, Re-analysis, Re-extraction, or additional Initial metals/anion analysis of the sample
DLC	Decision Level Concentration (Radiochemistry)
EDL	Estimated Detection Limit (Dioxin)
LOD	Limit of Detection (DoD/DOE)
LOQ	Limit of Quantitation (DoD/DOE)
MCL	EPA recommended "Maximum Contaminant Level"
MDA	Minimum Detectable Activity (Radiochemistry)
MDC	Minimum Detectable Concentration (Radiochemistry)
MDL	Method Detection Limit
ML	Minimum Level (Dioxin)
MPN	Most Probable Number
MQL	Method Quantitation Limit
NC	Not Calculated
ND	Not Detected at the reporting limit (or MDL or EDL if shown)
NEG	Negative / Absent
POS	Positive / Present
PQL	Practical Quantitation Limit
PRES	Presumptive
QC	Quality Control
RER	Relative Error Ratio (Radiochemistry)
RL	Reporting Limit or Requested Limit (Radiochemistry)
RPD	Relative Percent Difference, a measure of the relative difference between two points
TEF	Toxicity Equivalent Factor (Dioxin)
TEQ	Toxicity Equivalent Quotient (Dioxin)
TNTC	Too Numerous To Count

# Accreditation/Certification Summary

Client: Sigma Group Inc., The  
Project/Site: City of Milwaukee

Job ID: 440-273689-1  
SDG: 11516

## Laboratory: Eurofins Calscience Irvine

The accreditations/certifications listed below are applicable to this report.

Authority	Program	Identification Number	Expiration Date
California	State	2706	06-30-21

- 1
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# Chain of Custody Record



Environment Testing  
TestAmerica

Address: \_\_\_\_\_

Regulatory Program:  DW  NPDES  RCRA  Other:

TAL-8210

<b>Client Contact</b> Company Name: <i>The Sigma Group</i> Address: <i>1300 West Canal Street</i> City/State/Zip: <i>Milwaukee, WI 53233</i> Phone: <i>414-643-4200</i> Fax: <i>414-643-4210</i> Project Name: <i>CITY OF MILWAUKEE</i> Site: <i>#11516</i> P O #		<b>Project Manager: <i>MAFIZUL ISLAM</i></b> Tel/Email: <i>MAFIZUL@THE SIGMA GROUP</i> Analysis Turnaround Time <i>COU</i> <input type="checkbox"/> CALENDAR DAYS <input type="checkbox"/> WORKING DAYS TAT if different from Below _____ <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 week <input type="checkbox"/> 2 days <input type="checkbox"/> 1 day		<b>Site Contact:</b> Date: <i>10/22/20</i> Carrier: _____ Lab Contact: _____		COC No: _____ 1 of 1 COCs Sampler: <i>TOM NELSON</i> For Lab Use Only: Walk-in Client: _____ Lab Sampling: _____ Job / SDG No.: _____					
<b>Sample Identification</b>		Sample Date	Sample Time	Sample Type (G-Comp, G-Grab)	Matrix	# of Cont.	Filtered Sample (Y/N)	Perform MS / MSD (Y/N)	DISSOLVED CARBONUM	HEXAVALENT CARBONUM	Sample Specific Notes:
<i>MW-2A</i>		<i>10/22/20</i>	<i>13:30</i>	<i>GW</i>	<i>2</i>	<i>2</i>	<i>Y</i>	<i>N</i>	<i>X</i>	<i>X</i>	
<i>MW-2R</i>		<i>10/22/20</i>	<i>13:25</i>	<i>GW</i>	<i>2</i>	<i>2</i>	<i>Y</i>	<i>N</i>	<i>X</i>	<i>X</i>	
<i>MW-4R</i>		<i>10/22/20</i>	<i>13:20</i>	<i>GW</i>	<i>2</i>	<i>2</i>	<i>Y</i>	<i>N</i>	<i>X</i>	<i>X</i>	
<i>MW-12</i>		<i>10/22/20</i>	<i>13:15</i>	<i>GW</i>	<i>2</i>	<i>2</i>	<i>Y</i>	<i>N</i>	<i>X</i>	<i>X</i>	
<i>MW-13</i>		<i>10/22/20</i>	<i>13:10</i>	<i>GW</i>	<i>2</i>	<i>2</i>	<i>Y</i>	<i>N</i>	<i>X</i>	<i>X</i>	
Preservation: <input checked="" type="checkbox"/> Ice, <input type="checkbox"/> Ice, <input type="checkbox"/> Dry Ice, <input type="checkbox"/> Ambient, <input type="checkbox"/> Other: _____		Possible Hazard Identification: Are any samples from a listed EPA Hazardous Waste? Please List any EPA Waste Codes for the sample in the Comments Section if the lab is to dispose of the sample.		Sample Disposal ( A fee may be assessed if samples are retained longer than 1 month ) <input type="checkbox"/> Return to Client <input checked="" type="checkbox"/> Disposal by Lab <input type="checkbox"/> Archive for _____ Months							
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown		Special Instructions/QC Requirements & Comments:									
Custody Seals Intact: <input type="checkbox"/> Yes <input type="checkbox"/> No		Custody Seal No.: _____		Cooler Temp. (°C): Obs'd: <i>3.1</i> Corr'd: <i>3.0</i>		Therm ID No.: <i>12-89</i>					
Relinquished by: <i>[Signature]</i>		Company: <i>Sigma</i>		Date/Time: <i>10/22/20 14:00</i>		Received by: _____		Company: _____		Date/Time: _____	
Relinquished by: _____		Company: _____		Date/Time: _____		Received by: _____		Company: _____		Date/Time: _____	
Relinquished by: _____		Company: _____		Date/Time: _____		Received in Laboratory by: <i>[Signature]</i>		Company: <i>ECISU</i>		Date/Time: <i>10/22/20 0725</i>	

*OS TRK - 7718 7664 0123*



## Login Sample Receipt Checklist

Client: Sigma Group Inc., The

Job Number: 440-273689-1

SDG Number: 11516

**Login Number: 273689**

**List Number: 1**

**Creator: Skinner, Alma D**

**List Source: Eurofins Irvine**

Question	Answer	Comment
Radioactivity wasn't checked or is </= background as measured by a survey meter.	True	
The cooler's custody seal, if present, is intact.	True	
Sample custody seals, if present, are intact.	True	
The cooler or samples do not appear to have been compromised or tampered with.	True	
Samples were received on ice.	True	
Cooler Temperature is acceptable.	True	
Cooler Temperature is recorded.	True	
COC is present.	True	
COC is filled out in ink and legible.	True	
COC is filled out with all pertinent information.	True	
Is the Field Sampler's name present on COC?	True	
There are no discrepancies between the containers received and the COC.	True	
Samples are received within Holding Time (excluding tests with immediate HTs)	True	
Sample containers have legible labels.	True	
Containers are not broken or leaking.	True	
Sample collection date/times are provided.	True	
Appropriate sample containers are used.	True	
Sample bottles are completely filled.	True	
Sample Preservation Verified.	N/A	
There is sufficient vol. for all requested analyses, incl. any requested MS/MSDs	True	
Containers requiring zero headspace have no headspace or bubble is <6mm (1/4").	True	
Multiphasic samples are not present.	True	
Samples do not require splitting or compositing.	True	
Residual Chlorine Checked.	N/A	

