

MAXIM

Project #2330610
July 2, 2002

**ENVIRONMENTAL CONTRACT DRILLING SERVICES
ABBOTSFORD PCE INVESTIGATION
ABBOTSFORD, WISCONSIN**

MAXIM #2330610

From:

Maxim Technologies, Inc.®
1837 County Highway J
Chippewa Falls, WI 54729-6519

Requested by:

Mr. John Grump
Wisconsin Department of Natural Resources
West Central Region
1300 W. Clairemont Avenue
Eau Claire, WI 54702

1837 County Highway J • Chippewa Falls, WI • Telephone: 715/832-0282 • Fax: 715/832-0541

AS A MUTUAL PROTECTION TO CLIENTS, THE PUBLIC, AND OURSELVES, ALL MAXIM TECHNOLOGIES, INC.® REPORTS ARE SUBMITTED AS THE CONFIDENTIAL INFORMATION OF CLIENTS, AND AUTHORIZATION FOR PUBLICATION OF STATEMENT, CONCLUSIONS OR EXTRACTS FROM OR REGARDING OUR REPORTS IS RESERVED PENDING OUR PRIOR WRITTEN APPROVAL

\\EAUCLAIRE01\SYSTEMS\COMMON\WORD.DOC\FACTUALS\wdnrpcelandfill.610.doc

MAXIM

Technologies, Inc. ®

July 2, 2002

WDNR
West Central Region
Attn: Mr. John Grump
1300 W. Clairemont Avenue
Eau Claire, WI 54702

Subj: Environmental Contract Drilling Services
Abbotsford PCE Investigation
Abbotsford, Wisconsin
MAXIM Project # 2330610
WDNR PO #NGB00000212

Dear Mr. Grump:

Per your request, we have conducted an environmental subsurface exploration, piezometer and well installation program for the above referenced project. We are sending you three copies of this report. This work was performed in accordance with your acceptance of our March 28, 2002, proposal (#P2331227).

This report includes the results of our subsurface drilling, and the piezometer and well installation program, performed both in the alley located just east of the former dry cleaners, and on the east and west sides of the existing Abbotsford Landfill, in Abbotsford, WI.

Between June 3 and 7, 2002, seven environmental soil borings were performed under your direction to depths ranging from 17 feet to 39 feet below the existing ground surface. Three schedule 40 PVC monitoring wells and four piezometers were installed within the seven boreholes. Please see the attached figures showing the relative locations of the wells and

1837 County Highway J • Chippewa Falls, WI • Telephone: 715/832-0282 • Fax: 715/832-0541

AS A MUTUAL PROTECTION TO CLIENTS, THE PUBLIC, AND OURSELVES, ALL MAXIM TECHNOLOGIES, INC. ® REPORTS ARE SUBMITTED AS THE CONFIDENTIAL INFORMATION OF CLIENTS, AND AUTHORIZATION FOR PUBLICATION OF STATEMENT. CONCLUSIONS OR EXTRACTS FROM OR REGARDING OUR REPORTS IS RESERVED PENDING OUR PRIOR WRITTEN APPROVAL.

\\EAUCLAIRE01\SYSTEMS\COMMON\WORD.DOC\FACTUALS\wdnrpcelandfill.610.doc

piezometers, the individual soil boring logs, well and piezometer construction forms, the well development forms, and the daily field activity logs located in the Appendix.

The soil information provided is based on the subsurface conditions found at the test boring locations. It is possible that there are soil or groundwater conditions on this project that were not represented by these borings. The soil sample obtained in the field will be retained at our office for a period of one month, and will then be discarded. The waste soil and water left on-site in drums and on plastic will be properly handled upon review of your chemical analysis.

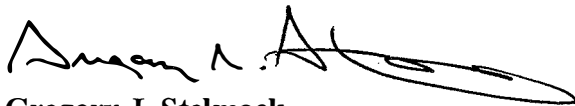
We appreciate the opportunity to be of service to you on this project. If you have any questions concerning this report, or if we can be of further assistance as this project develops, please contact our office at (715) 832-0282.

Sincerely,

MAXIM TECHNOLOGIES, INC.®



Eric P. Oleson
Senior Applied Scientist
Environmental Department Manager



Gregory J. Stelmack
Geotechnical Services Manager of Western Wisconsin
Chippewa Falls Office Manager

GJS/bjk

1837 County Highway J • Chippewa Falls, WI • Telephone: 715/832-0282 • Fax: 715/832-0541

APPENDIX

FIELD EXPLORATION PROCEDURES

BORING LOCATION FIGURES

LOGS OF ENVIRONMENTAL SOIL BORINGS

MONITORING WELL AND PIEZOMETER CONSTRUCTION FORMS

WELL DEVELOPMENT FORMS

DAILY FIELD ACTIVITY LOGS

1837 County Highway J • Chippewa Falls, WI • Telephone: 715/832-0282 • Fax: 715/832-0541

FIELD EXPLORATION PROCEDURES

1837 County Highway J • Chippewa Falls, WI • Telephone: 715/832-0282 • Fax: 715/832-0541

FIELD EXPLORATION PROCEDURES

Soil Sampling

Soil sampling was performed in accordance with ASTM D1586-84. Using this procedure, 2" and 3" O.D. split barrel samplers are driven into the soil by a 140-lb. weight falling 30". If thin wall tube samples were obtained, the samples were taken according to ASTM D1578-83 where indicated by the appropriate symbol on the boring logs. Rock core samples, if taken, were obtained by rotary drilling in accordance with ASTM D2113-87. Power auger borings, if performed, were done in general accordance with ASTM D1452-90.

Soil Classification

As the soil samples were obtained in the field, they were visually and manually classified by the on-site professional geologist in accordance with ASTM D2487. Representative portions of the soil samples were then returned to the laboratory for further examination, and for verification of the field classification. Logs of the borings, indicating the depth and identification of the various strata, water level information, and pertinent information regarding the method of maintaining and advancing the drill holes, are attached.

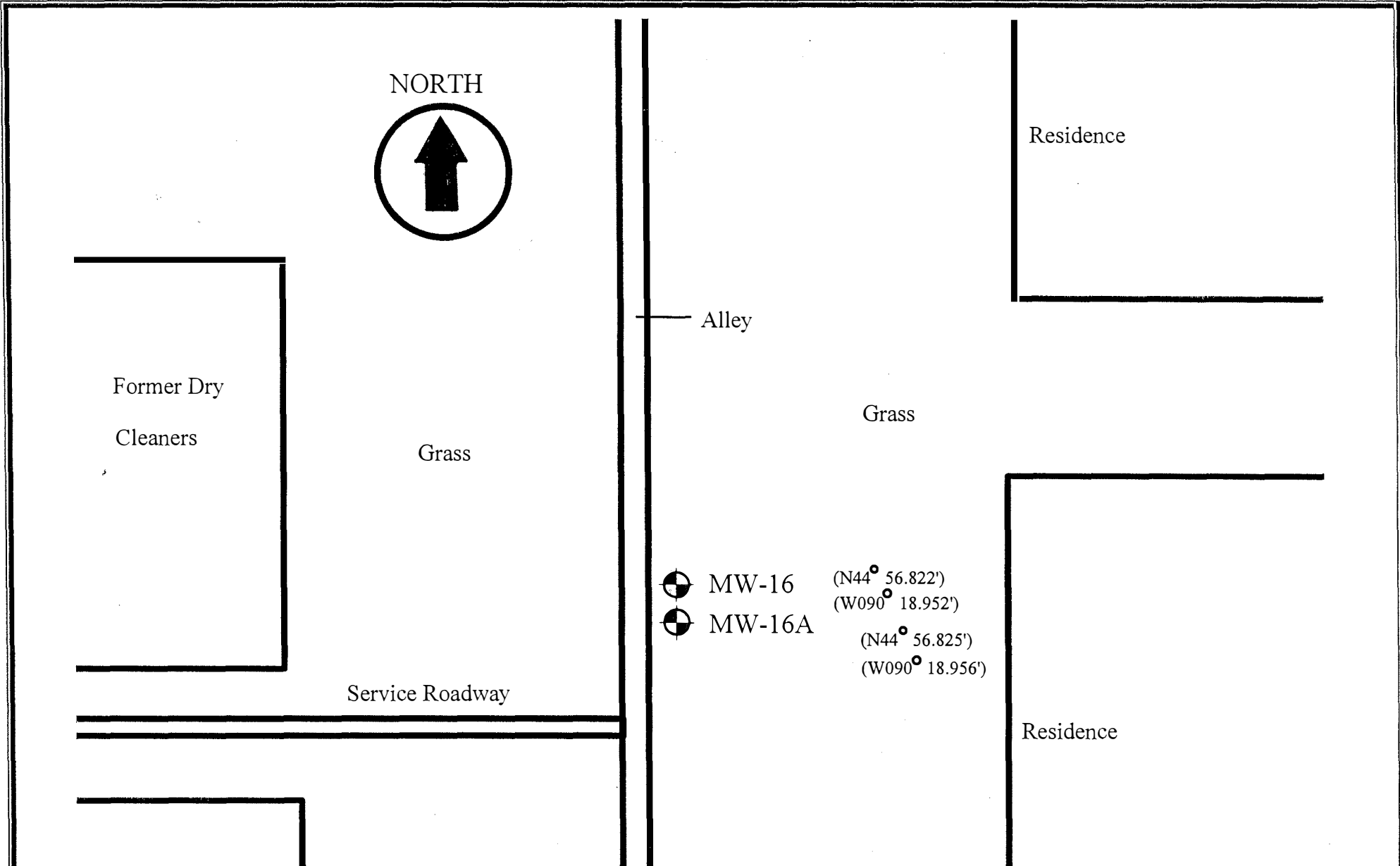
BORING LOCATION FIGURES

1837 County Highway J • Chippewa Falls, WI • Telephone: 715/832-0282 • Fax: 715/832-0541

AS A MUTUAL PROTECTION TO CLIENTS, THE PUBLIC, AND OURSELVES, ALL MAXIM TECHNOLOGIES, INC.® REPORTS ARE SUBMITTED AS THE CONFIDENTIAL INFORMATION OF CLIENTS, AND AUTHORIZATION FOR PUBLICATION OF STATEMENT. CONCLUSIONS OR EXTRACTS FROM OR REGARDING OUR REPORTS IS RESERVED PENDING OUR PRIOR WRITTEN APPROVAL

\\EAUCLAIRE01\SYSTEMS\COMMON\WORD.DOC\FACTUALS\wdnrpcelandfill.610.doc

MAXIM




WDNR PCE INVESTIGATION, ABBOTSFORD, WISCONSIN

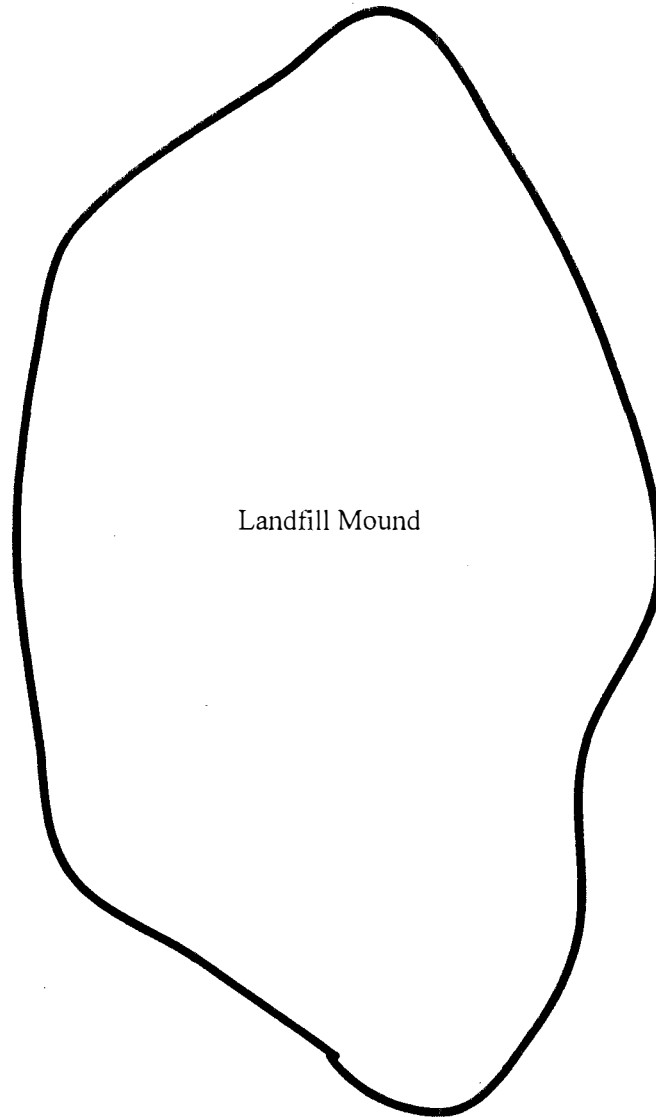
At-Grade Alley Wells Lat/Long.	Job No. 2330610	Scale: NTS	Drawn By: EPO Checked By: GJS
-----------------------------------	-----------------	------------	----------------------------------

MAXIM







 B-4A
(N44° 57.357')
(W090° 18.599')

Tilled Field



Landfill Mound

MW-15  MW-15A 
(N44° 57.309') (N44° 57.307')
(W090° 18.318') (W090° 18.318')

MW-14A   MW-14
(N44° 57.297') (N44° 57.297')
(W090° 18.353') (W090° 18.351')

WDNR PCE INVESTIGATION, ABBOTSFORD, WISCONSIN

Landfill Wells
Lat/Long.

Job No. 2330610

Scale: NTS

Drawn By: EPO
Checked By: GJS

**LOGS OF ENVIRONMENTAL
SOIL BORINGS**

1837 County Highway J • Chippewa Falls, WI • Telephone: 715/832-0282 • Fax: 715/832-0541

AS A MUTUAL PROTECTION TO CLIENTS, THE PUBLIC, AND OURSELVES, ALL MAXIM TECHNOLOGIES, INC.® REPORTS ARE SUBMITTED AS THE CONFIDENTIAL INFORMATION OF CLIENTS, AND AUTHORIZATION FOR PUBLICATION OF STATEMENT. CONCLUSIONS OR EXTRACTS FROM OR REGARDING OUR REPORTS IS RESERVED PENDING OUR PRIOR WRITTEN APPROVAL

\\EAUCLAIRE01\SYSTEMS\COMMON\WORD.DOC\FACTUALS\wdnrpcelandfil.610.doc

Facility/Project Name WDNR PCE INVESTIGATION;		License/Permit/Monitoring Number	Boring Number B-4A	
Boring Drilled By (Firm name and name of crew chief) Maxim Technologies, Inc./Eric Anderson		Date Drilling Started 6/6/02	Date Drilling Completed 6/6/02	Drilling Method HSA
DNR Facility Well No.	WI Unique Well No.	Common Well Name B-4A	Final Static Water Level 1394.1 Feet	Surface Elevation 1406.1 Feet
Boring Location State Plane SW 1/4 of NE 1/4 of Section 31 T 29N,R 2E		Lat 0' "	Local Grid Location (If applicable) <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
County MARATHON		DNR County Code 37	Civil Town/City/ or Village ABBOTSFORD	

Sample Number	Length (in) Recovered	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	
									Standard Penetration	Moisture Content	Liquid Limit	Plastic Limit	P 200		
				TOPSOIL (18")											
1	20	10	3.5	SILTY CLAY, trace sand and gravel, brown, moist, rather stiff to medium (CL-ML)	CL ML					10					
2	24	7								7					
3	8	13	7.0							13					
4	5	13								13					
5	4	7	10.5							7					
6	24	3	14.0	SILTY CLAY, trace sand and gravel, reddish brown, moist to wet, very soft (CL-ML)	CL ML					3					
7	24	Push			CL ML										
8	24	13	17.5	SILTY CLAY, brown, wet (CL-ML)	CL ML					13					
9	24	9	21.0	SILTY CLAY WITH SAND, brown, wet, rather stiff (CL-ML)	CL ML					9					
10	24	28	24.5	SILTY CLAY, brown and gray mottled, wet, stiff (CL-ML)	CL ML					28					
11	24	36	28.0	SILTY CLAY, trace sand and gravel, gray, wet, very stiff (CL-ML)	CL ML					36					
12	16	33	31.5							33					
13	8	50/2	35.0	SILTY CLAY, reddish brown, wet, very stiff (CL-ML) End of Boring @ 35' on Weathered Sandstone	CL ML										

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

Signature	Firm Maxim Technologies, Inc. 4649 Joles Ave. Chippewa Falls, WI. Tel: 715-832-0282, Fax: 715-832-0541
-----------	--

This form is authorized by Chapters 144, 147 and 162, Wis. Stats. Completion of this report is mandatory. Penalties: Forfeit not less than \$10 nor more than \$5,000 for each violation. Fined not less than \$10 or more than \$100 or imprisoned not less than 30 days, or both for each violation. Each day of continued violation is a separate offense, pursuant to ss 144.99 and 162.06, Wis. Stats.

Facility/Project Name WDNR PCE INVESTIGATION;			License/Permit/Monitoring Number		Boring Number MW-14	
Boring Drilled By (Firm name and name of crew chief) Maxim Technologies, Inc./Eric Anderson			Date Drilling Started 6/5/02		Date Drilling Completed 6/5/02	
DNR Facility Well No.			WI Unique Well No.		Common Well Name MW-14	
Final Static Water Level 1391.2 Feet			Surface Elevation 1401.7 Feet		Borehole Diameter 8" Inches	
Boring Location State Plane SW 1/4 of NE 1/4 of Section 31 T 29N, R 2E			Lat 0' " Long 0' "		Local Grid Location (If applicable) <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
County MARATHON			DNR County Code 37		Civil Town/City/ or Village ABBOTSFORD	

Sample Number	Length (in) Recovered	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	
									Standard Penetration	Moisture Content	Liquid Limit	Plastic Limit	P 200		
			0.0	BLIND DRILL TO 6'											
1	20		7.0	SILTY CLAY WITH SAND, brown, moist to wet (CL-ML)	CL ML										
2	18		10.5	BLIND DRILL TO 18'											
			17.5	End of Boring @ 18'											

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

Signature	Firm Maxim Technologies, Inc. 4649 Joles Ave. Chippewa Falls, WI. Tel: 715-832-0282, Fax: 715-832-0541
-----------	--

This form is authorized by Chapters 144, 147 and 162, Wis. Stats. Completion of this report is mandatory. Penalties: Forfeit not less than \$10 nor more than \$5,000 for each violation. Fined not less than \$10 or more than \$100 or imprisoned not less than 30 days, or both for each violation. Each day of continued violation is a separate offense, pursuant to ss 144.99 and 162.06, Wis. Stats.

Facility/Project Name WDNR PCE INVESTIGATION;		License/Permit/Monitoring Number	Boring Number MW-14A	
Boring Drilled By (Firm name and name of crew chief) Maxim Technologies, Inc./Eric Anderson		Date Drilling Started 6/5/02	Date Drilling Completed 6/5/02	Drilling Method HSA
DNR Facility Well No.	WI Unique Well No.	Common Well Name MW-14A	Final Static Water Level 1392.2 Feet	Surface Elevation 1401.7 Feet
Boring Location State Plane SW 1/4 of NE 1/4 of Section 31 T 29N,R 2E		Lat 0' "	Local Grid Location (If applicable) <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
County MARATHON		DNR County Code 37	Civil Town/City/ or Village ABBOTSFORD	

Sample Number	Length (in) Recovered	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	
									Standard Penetration	Moisture Content	Liquid Limit	Plastic Limit	P 200		
				TOPSOIL (48")											
1	3	18	3.5												
2	24	13		SILTY CLAY, trace sand and gravel, brown, moist, rather stiff to stiff (CL-ML)	CL ML										
3	14	18	7.0	8" LAYER OF SAND @ 7.2'	CL ML										
4	14	11													
5	16	12	10.5	SILTY CLAY, a little sand and gravel, layers of sand, brown, moist, rather stiff (CL-ML)	ML										
6	16	23			SP										
7	24	Push	14.0	SAND WITH LAYERS OF SILTY CLAY, fine to coarse grained, brown, moist, dense (SP)											
8	24	17	17.5												
9	12	14	21.0	SILTY CLAY, trace sand and gravel, gray and brown, moist to wet, rather stiff to stiff (CL-ML)	CL ML										
10	18	26	24.5												
11	20	26	28.0												
			31.5												
12	13	68/6	35.0	Auger Refusal @ 36' on Weathered Granite											

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

Signature	Firm Maxim Technologies, Inc. 4649 Joles Ave. Chippewa Falls, WI. Tel: 715-832-0282, Fax: 715-832-0541
-----------	--

This form is authorized by Chapters 144, 147 and 162, Wis. Stats. Completion of this report is mandatory. Penalties: Forfeit not less than \$10 nor more than \$5,000 for each violation. Fined not less than \$10 or more than \$100 or imprisoned not less than 30 days, or both for each violation. Each day of continued violation is a separate offense, pursuant to ss 144.99 and 162.06, Wis. Stats.

Facility/Project Name WDNR PCE INVESTIGATION;		License/Permit/Monitoring Number		Boring Number MW-15	
Boring Drilled By (Firm name and name of crew chief) Maxim Technologies, Inc./Eric Anderson		Date Drilling Started 6/6/02		Date Drilling Completed 6/6/02	
DNR Facility Well No.		WT Unique Well No.		Common Well Name MW-15	
Final Static Water Level 1380.1 Feet		Surface Elevation 1390.6 Feet		Borehole Diameter 8" Inches	
Boring Location State Plane SW 1/4 of NE 1/4 of Section 31 T 29N,R 2E		N, E S/C/N T 29N,R 2E		Local Grid Location (If applicable) Lat 0' " <input type="checkbox"/> N <input type="checkbox"/> E Long 0' " <input type="checkbox"/> S <input type="checkbox"/> W	
County MARATHON		DNR County Code 37		Civil Town/City/ or Village ABBOTSFORD	

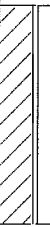
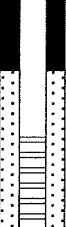
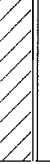
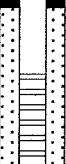
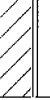
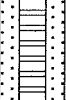
Sample Number	Length (in) Recovered	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Standard Penetration	Moisture Content	Liquid Limit	Plastic Limit	P 200		
				TOPSOIL (18")											
1	24	Push	3.5	SILTY CLAY WITH GRAVEL AND SAND, brown, moist (CL-ML)	CL ML										
2	24	Push	7.0	SILTY CLAY, trace gravel and sand, brown, moist (CL-ML)	CL ML										
3	24	4			CL ML										
4	24	5	10.5	SILTY CLAY, trace sand and gravel, brown, wet, soft to stiff (CL-ML)	CL ML										
5	24	18	14.0												
				End of Boring @ 17'											

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

Signature	Firm Maxim Technologies, Inc. 4649 Joles Ave. Chippewa Falls, WI. Tel: 715-832-0282, Fax: 715-832-0541
-----------	--

This form is authorized by Chapters 144, 147 and 162, Wis. Stats. Completion of this report is mandatory. Penalties: Forfeit not less than \$10 nor more than \$5,000 for each violation. Fined not less than \$10 or more than \$100 or imprisoned not less than 30 days, or both for each violation. Each day of continued violation is a separate offense, pursuant to ss 144.99 and 162.06, Wis. Stats.

Facility/Project Name WDNR PCE INVESTIGATION;			License/Permit/Monitoring Number		Boring Number MW-15A	
Boring Drilled By (Firm name and name of crew chief) Maxim Technologies, Inc./Eric Anderson			Date Drilling Started 6/6/02		Date Drilling Completed 6/6/02	
DNR Facility Well No. / WI Unique Well No.			Common Well Name MW-15A		Final Static Water Level 1383.6 Feet	
			Surface Elevation 1390.6 Feet		Borehole Diameter 8" Inches	
Boring Location State Plane SW 1/4 of NE 1/4 of Section 31 T 29N,R 2E			Local Grid Location (If applicable) Lat 0' " Long 0' "		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
County MARATHON			DNR County Code 37		Civil Town/City/ or Village ABBOTSFORD	

Sample Number	Length (in) Recovered	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	
									Standard Penetration	Moisture Content	Liquid Limit	Plastic Limit	P 200		
			0 - 19.0	BLIND DRILL TO 19'											
1	24	36	19.0 - 21.0	SILTY CLAY, brown, wet, very stiff (CL-ML)	CL ML				36						
2	0	34	21.0 - 24.5						34						
3	8	50.5	24.5 - 28.0												
			28.0 - 29.0	End of Boring @ 29'											

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

Signature	Firm Maxim Technologies, Inc. 4649 Joles Ave. Chippewa Falls, WI. Tel: 715-832-0282, Fax: 715-832-0541
-----------	--

This form is authorized by Chapters 144, 147 and 162, Wis. Stats. Completion of this report is mandatory. Penalties: Forfeit not less than \$10 nor more than \$5,000 for each violation. Fined not less than \$10 or more than \$100 or imprisoned not less than 30 days, or both for each violation. Each day of continued violation is a separate offense, pursuant to ss 144.99 and 162.06, Wis. Stats.

Facility/Project Name WDNR PCE INVESTIGATION;			License/Permit/Monitoring Number		Boring Number MW-16
Boring Drilled By (Firm name and name of crew chief) Maxim Technologies, Inc./Eric Anderson			Date Drilling Started 6/3/02	Date Drilling Completed 6/3/02	Drilling Method HSA
DNR Facility Well No.	WI Unique Well No.	Common Well Name MW-16	Final Static Water Level 1391.9 Feet	Surface Elevation 1403.9 Feet	Borehole Diameter 8" Inches
Boring Location State Plane SW 1/4 of SW 1/4 of Section 31 T 29N,R 2E			Lat 0' "	Local Grid Location (If applicable) <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
County MARATHON		DNR County Code 37	Civil Town/City/ or Village ABBOTSFORD		

Sample Number	Length (in) Recovered	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	
									Standard Penetration	Moisture Content	Liquid Limit	Plastic Limit	P 200		
				TOPSOIL (12")											
1	18	9	2	SILTY CLAY, trace sand and gravel, brown and gray mottled, moist, rather stiff (CL-ML)	CL ML					9					
2	12	8	4							8					
3	20	12	6	LAYER OF GRAVEL @ 5'	CL ML					12					
4	8	19	8	SILTY CLAY WITH SAND, trace gravel, reddish brown, moist to wet, rather stiff (CL-ML)	CL ML					19					
5	24	12	10	SILTY CLAY, trace sand and gravel, dark brown, wet, rather stiff (CL-ML)	ML					12					
6	24	35	12	SILT, brown, wet, dense (ML)	CL ML					35					
7	24	31	14	SILTY CLAY, trace sand and gravel, brown, wet, rather stiff to very stiff (CL-ML)	CL ML					31					
8	24	14	16	LAYER OF SAND @ 11.5'	CL ML					14					
			18	SILTY CLAY, trace sand and gravel, brown, wet, stiff to rather stiff (CL-ML)											
				End of Boring @ 19'											

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

Signature	Firm Maxim Technologies, Inc. 4649 Joles Ave. Chippewa Falls, WI. Tel: 715-832-0282, Fax: 715-832-0541
-----------	--

This form is authorized by Chapters 144, 147 and 162, Wis. Stats. Completion of this report is mandatory. Penalties: Forfeit not less than \$10 nor more than \$5,000 for each violation. Fined not less than \$10 or more than \$100 or imprisoned not less than 30 days, or both for each violation. Each day of continued violation is a separate offense, pursuant to ss 144.99 and 162.06, Wis. Stats.

Facility/Project Name WDNR PCE INVESTIGATION;			License/Permit/Monitoring Number		Boring Number MW-16A	
Boring Drilled By (Firm name and name of crew chief) Maxim Technologies, Inc./Eric Anderson			Date Drilling Started 6/4/02		Date Drilling Completed 6/4/02	
DNR Facility Well No.			WT Unique Well No.		Common Well Name MW-16A	
Final Static Water Level 1396.7 Feet			Surface Elevation 1403.7 Feet		Borehole Diameter 8" Inches	
Boring Location State Plane SW 1/4 of SW 1/4 of Section 31 T 29N,R 2E			Lat 0' " Long 0' "		Local Grid Location (If applicable) <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
County MARATHON			DNR County Code 37		Civil Town/City/ or Village ABBOTSFORD	

Sample Number	Length (in) Recovered	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	
									Standard Penetration	Moisture Content	Liquid Limit	Plastic Limit	P 200		
				BLIND DRILL TO 10'											
1	24	13	10.5	SILTY CLAY, trace sand and gravel, brown, wet, rather stiff (CL-ML)	CL ML				13						
2	3	100/5	21.0	SANDSTONE, whitish brown, moist to waterbearing, very dense											
3	2	50/3	21.0												
4	5	100/8	24.5												
5	2	75/2	28.0												
6	10	75/4	35.0												
7	0		38.5	Auger Refusal @ 39'											

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

Signature	Firm Maxim Technologies, Inc. 4649 Joles Ave. Chippewa Falls, WI. Tel: 715-832-0282, Fax: 715-832-0541
-----------	--

This form is authorized by Chapters 144, 147 and 162, Wis. Stats. Completion of this report is mandatory. Penalties: Forfeit not less than \$10 nor more than \$5,000 for each violation. Fined not less than \$10 or more than \$100 or imprisoned not less than 30 days, or both for each violation. Each day of continued violation is a separate offense, pursuant to ss 144.99 and 162.06, Wis. Stats.

MAXIM

Project #2330610
July 2, 2002

MONITORING WELL AND PIEZOMETER CONSTRUCTION FORMS

1837 County Highway J • Chippewa Falls, WI • Telephone: 715/832-0282 • Fax: 715/832-0541

AS A MUTUAL PROTECTION TO CLIENTS, THE PUBLIC, AND OURSELVES, ALL MAXIM TECHNOLOGIES, INC.® REPORTS ARE SUBMITTED AS THE CONFIDENTIAL INFORMATION OF CLIENTS, AND AUTHORIZATION FOR PUBLICATION OF STATEMENT. CONCLUSIONS OR EXTRACTS FROM OR REGARDING OUR REPORTS IS RESERVED PENDING OUR PRIOR WRITTEN APPROVAL

\\EAUCLAIRE01\SYSTEMS\COMMONWORD.DOC\FACTUALS\wdnrpcelandfill.610.doc

SUMMARY OF WELL AND PIEZOMETER ELEVATION DATA
ABBOTSFORD PCE INVESTIGATION
ABBOTSFORD, WI
MAXIM # 2330610

WELL NO.	DATE OF SURVEY	TOP OF GROUND ELEVATION	TOP OF PVC ELEVATION
B-4A	6/18/02	1406.06	1408.76
MW-14	6/18/02	1401.74	1404.54
MW-14A	6/18/02	1401.7	1404.31
MW-15	6/18/02	1390.57	1393.17
MW-15A	6/18/02	1390.61	1393.83
MW-16	6/18/02	1403.85	1403.55
MW-16A	6/18/02	1403.66	1403.32



Facility/Project Name WDNR PCE Investigation		Local Grid Location of Well <input type="checkbox"/> N <input type="checkbox"/> E. ___ ft. <input type="checkbox"/> S ___ ft. <input type="checkbox"/> W.		Well Name B-4A	
Facility License, Permit or Monitoring Number		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well ID No.	
Facility ID		Lat. ___ ° ___ ' ___ " Long. ___ ° ___ ' ___ " or St. Plane ___ ft. N. ___ ft. E. S/C/N		Date Well Installed <u>06 / 06 / 02</u> m m d d y y y	
Type of Well Well Code ___/		Section Location of Waste/Source <u>SW1/4 of NE1/4 of Sec. 31, T.29 N, R. 2</u> <input checked="" type="checkbox"/> E. <input type="checkbox"/> W.		Well Installed By: Name (first, last) and Firm <u>Eric Anderson</u> <u>Maxim Technologies, Inc.</u>	
Distance Well is From Waste/Source ___ ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number		

A. Protective pipe, top elevation	_____ ft. MSL	1. Cap and lock?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation	<u>1408.76</u> ft. MSL	2. Protective cover pipe:	
C. Land surface elevation	<u>1406.05</u> ft. MSL	a. Inside diameter:	<u>4.0</u> in.
D. Surface seal, bottom	_____ ft. MSL or <u>0.0</u> ft.	b. Length:	<u>7.0</u> ft.
		c. Material:	Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
		d. Additional protection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: <u>3 steel bumper posts</u>
12. USCS classification of soil near screen:		3. Surface seal:	Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/>		4. Material between well casing and protective pipe:	Bentonite <input type="checkbox"/> 30 Other <input type="checkbox"/>
SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/>		5. Annular space seal:	a. Granular Bentonite <input checked="" 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. <u>400 lbs</u> Ft ³ volume added for any of the above f. How installed Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
Bedrock <input type="checkbox"/>		6. Bentonite seal:	a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input checked="" type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. <u>Pellets</u> Other <input checked="" type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Fine sand material: Mfr, product name & mesh size	a. <u>Red Flint 45-55mm</u> b. Volume added <u>25 lbs</u> ft ³
14. Drilling method used:	Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	8. Filter pack material: Mfr, product name & mesh size	a. <u>Red Flint #30</u> b. Volume added <u>100 lbs</u> ft ³
15. Drilling fluid used: Water <input type="checkbox"/> 02 Drilling Mud <input type="checkbox"/> 03	Air <input type="checkbox"/> 01 None <input checked="" type="checkbox"/> 99	9. Well casing:	Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe		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"/>
17. Source of water (attach analysis, if required):		b. Manufacturer <u>Diedrich</u>	c. Slot size: <u>0.10</u> in. d. Slotted length: <u>4.5</u> ft.
E. Bentonite seal, top	_____ ft. MSL or <u>25.0</u> ft.	11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
F. Fine sand, top	_____ ft. MSL or <u>27.0</u> ft.		
G. Filter pack, top	_____ ft. MSL or <u>28.0</u> ft.		
H. Screen joint, top	_____ ft. MSL or <u>30.0</u> ft.		
I. Well bottom	_____ ft. MSL or <u>35.0</u> ft.		
J. Filter pack, bottom	_____ ft. MSL or <u>35.0</u> ft.		
K. Borehole, bottom	_____ ft. MSL or <u>35.0</u> ft.		
L. Borehole, diameter	<u>8.0</u> in.		
M. O.D. well casing	<u>2.25</u> in.		
N. I.D. well casing	<u>2.00</u> in.		

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

Signature EPC Firm Maxim Technologies, Inc. (Maxim)

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 WDNR PCE Investigation	Local Grid Location of Well _____ ft. <input type="checkbox"/> N _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S _____ ft. <input type="checkbox"/> W.		Well Name MW-14
Facility License, Permit or Monitoring Number	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID	Lat. ____° ____' ____" Long. ____° ____' ____" or St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed <u>06 / 05 / 02</u> m m d d y y y
Type of Well Well Code ____/	Section Location of Waste/Source <u>SW1/4 of NE1/4 of Sec. 31, T. 29 N, R. 2</u> <input checked="" type="checkbox"/> E. <input type="checkbox"/> W.		Well Installed By: Name (first, last) and Firm <u>Eric Anderson</u> <u>Maxim Technologies, Inc.</u>
Distance Well is From Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number _____

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation <u>1404.54</u> ft. MSL		2. Protective cover pipe: a. Inside diameter: <u>4.0</u> in. b. Length: <u>7.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation <u>1401.74</u> ft. MSL		d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: <u>3 steel bumper posts</u>
D. Surface seal, bottom _____ ft. MSL or <u>0.0</u> ft.		3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input 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>		4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or <u>0.0</u> ft.		5. Annular space seal: a. Granular Bentonite <input checked="" 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. <u>75</u> lbs Ft ³ volume added for any of the above f. How installed Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
F. Fine sand, top _____ ft. MSL or <u>5.0</u> ft.		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"/>
G. Filter pack, top _____ ft. MSL or <u>6.0</u> ft.		7. Fine sand material: Mfr, product name & mesh size a. <u>Red Flint 45-55mm</u> b. Volume added <u>50</u> lbs _____ ft ³
H. Screenjoint, top _____ ft. MSL or <u>8.0</u> ft.		8. Filter pack material: Mfr, product name & mesh size a. <u>Red Flint #30</u> b. Volume added <u>200</u> lbs _____ ft ³
I. Well bottom _____ ft. MSL or <u>18.0</u> ft.		9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or <u>18.0</u> ft.		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"/>
K. Borehole, bottom _____ ft. MSL or <u>18.0</u> ft.		b. Manufacturer <u>Diedrich</u> c. Slot size: <u>0.10</u> in. d. Slotted length: <u>9.5</u> ft.
L. Borehole, diameter <u>8.0</u> in.		11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
M. O.D. well casing <u>2.25</u> in.		
N. I.D. well casing <u>2.00</u> in.		

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

Signature [Signature] Firm Maxim Technologies, Inc. (Maxim)

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 WDNR PCE Investigation	Local Grid Location of Well _____ ft. <input type="checkbox"/> N _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S _____ ft. <input type="checkbox"/> W.		Well Name MW-14A
Facility License, Permit or Monitoring Number	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well ID No.
Facility ID	Lat. ° ' " Long. ° ' " or St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed <u>06 / 05 / 02</u> m m d d y y y
Type of Well Well Code ____/	Section Location of Waste/Source <u>SW1/4 of NE1/4 of Sec. 31, T. 29 N, R. 2</u> <input checked="" type="checkbox"/> E. <input type="checkbox"/> W.		Well Installed By: Name (first, last) and Firm <u>Eric Anderson</u> <u>Maxim Technologies, Inc.</u>
Distance Well is From Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation <u>1404.31</u> ft. MSL		2. Protective cover pipe: a. Inside diameter: <u>4.0</u> in. b. Length: <u>7.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation <u>1401.70</u> ft. MSL		d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: <u>3 steel bumper posts</u>
D. Surface seal, bottom _____ ft. MSL or <u>0.0</u> ft.		3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 <u>4 1/4</u> Other <input type="checkbox"/>		
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		
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe		
17. Source of water (attach analysis, if required):		
E. Bentonite seal, top _____ ft. MSL or <u>26.5</u> ft.		4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or <u>28.5</u> ft.		5. Annular space seal: a. Granular Bentonite <input checked="" 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. <u>400</u> lbs Ft ³ volume added for any of the above
G. Filter pack, top _____ ft. MSL or <u>29.0</u> ft.		f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
H. Screen joint, top _____ ft. MSL or <u>31.0</u> ft.		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input checked="" type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. <u>Pellets</u> Other <input checked="" type="checkbox"/>
I. Well bottom _____ ft. MSL or <u>36.0</u> ft.		7. Fine sand material: Mfr, product name & mesh size a. b. Volume added <u>50</u> lbs ft ³
J. Filter pack, bottom _____ ft. MSL or <u>36.0</u> ft.		8. Filter pack material: Mfr, product name & mesh size a. <u>Red Flint #30</u> b. Volume added <u>100</u> lbs ft ³
K. Borehole, bottom _____ ft. MSL or <u>36.0</u> ft.		9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
L. Borehole, diameter <u>8.0</u> in.		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"/>
M. O.D. well casing <u>2.25</u> in.		b. Manufacturer <u>Diedrich</u> c. Slot size: <u>0.10</u> in. d. Slotted length: <u>4.5</u> ft.
N. I.D. well casing <u>2.00</u> in.		11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>

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

Signature [Signature] Firm Maxim Technologies, Inc. (Maxim)

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 WDNR PCE Investigation	Local Grid Location of Well <input type="checkbox"/> N <input type="checkbox"/> E. ___ ft. <input type="checkbox"/> S ___ ft. <input type="checkbox"/> W.		Well Name MW-15
Facility License, Permit or Monitoring Number	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well ID No.
Facility ID	Lat. ° ' " Long. ° ' " or St. Plane ___ ft. N. ___ ft. E. S/C/N		Date Well Installed <u>06 / 06 / 02</u> m m d d y y y
Type of Well Well Code ___/	Section Location of Waste/Source <u>SW1/4 of NE1/4 of Sec. 31, T.29 N, R. 2</u> <input checked="" type="checkbox"/> E. <input type="checkbox"/> W.		Well Installed By: Name (first, last) and Firm <u>Eric Anderson</u>
Distance Well is From Waste/ Source ___ ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number <u>Maxim Technologies, Inc.</u>

A. Protective pipe, top elevation	_____ ft. MSL	1. Cap and lock?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation	<u>1393.17</u> ft. MSL	2. Protective cover pipe:	
C. Land surface elevation	<u>1390.57</u> ft. MSL	a. Inside diameter:	<u>4.0</u> in.
D. Surface seal, bottom _____ ft. MSL or <u>0.0</u> ft.		b. Length:	<u>7.0</u> ft.
		c. Material:	Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
		d. Additional protection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		If yes, describe: <u>3 steel bumper posts</u>	
		3. Surface seal:	Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
		4. Material between well casing and protective pipe:	Bentonite <input type="checkbox"/> 30 Other <input type="checkbox"/>
		5. Annular space seal:	a. Granular Bentonite <input checked="" 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. <u>100</u> lbs Ft ³ volume added for any of the above	
		f. How installed	Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
		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"/>
		7. Fine sand material: Mfr, product name & mesh size	
		a. <u>Red Flint 45-55mm</u>	
		b. Volume added <u>50</u> lbs _____ ft ³	
		8. Filter pack material: Mfr, product name & mesh size	
		a. <u>Red Flint #30</u>	
		b. Volume added <u>250</u> lbs _____ ft ³	
		9. Well casing:	Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
		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 <u>Diedrich</u>	
		c. Slot size:	<u>0.10</u> in.
		d. Slotted length:	<u>9.5</u> ft.
		11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>

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

13. Sieve analysis performed? Yes No

14. Drilling method used:
 Rotary 50
 Hollow Stem Auger 41
 Other _____
4 1/4

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

16. Drilling additives used? Yes No
 Describe _____

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

E. Bentonite seal, top _____ ft. MSL or 0.0 ft.

F. Fine sand, top _____ ft. MSL or 5.0 ft.

G. Filter pack, top _____ ft. MSL or 6.0 ft.

H. Screen joint, top _____ ft. MSL or 7.0 ft.

I. Well bottom _____ ft. MSL or 17.0 ft.

J. Filter pack, bottom _____ ft. MSL or 17.0 ft.

K. Borehole, bottom _____ ft. MSL or 17.0 ft.

L. Borehole, diameter 8.0 in.

M. O.D. well casing 2.25 in.

N. I.D. well casing 2.00 in.

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

Signature [Signature] Firm Maxim Technologies, Inc. (Maxim)

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 WDNR PCE Investigation	Local Grid Location of Well <input type="checkbox"/> N <input type="checkbox"/> E ___ ft. <input type="checkbox"/> S ___ ft. <input type="checkbox"/> W.		Well Name MW-15A
Facility License, Permit or Monitoring Number	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well ID No.
Facility ID	Lat. ° ' " Long. ° ' " or St. Plane ___ ft. N. ___ ft. E. S/C/N		Date Well Installed <u>06/06/02</u> m m d d y y y
Type of Well Well Code ___/	Section Location of Waste/Source <u>SW1/4 of NE1/4 of Sec. 31, T. 29 N, R. 2</u> <input checked="" type="checkbox"/> E. <input type="checkbox"/> W.		Well Installed By: Name (first, last) and Firm <u>Eric Anderson</u> <u>Maxim Technologies, Inc.</u>
Distance Well is From Waste/Source ___ ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number

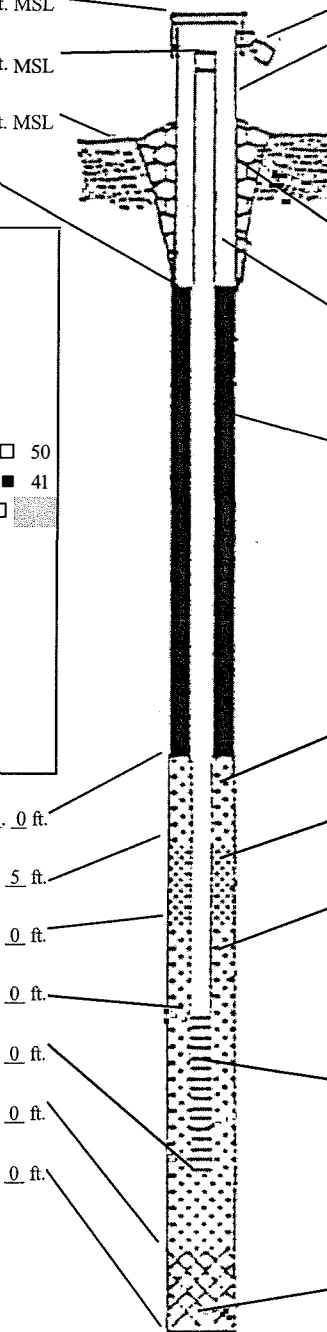
A. Protective pipe, top elevation	_____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation	<u>1393.83</u> ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>4.0</u> in. b. Length: <u>7.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation	<u>1390.61</u> ft. MSL	d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: <u>3 steel bumper posts</u>
D. Surface seal, bottom	_____ ft. MSL or <u>0.0</u> ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input 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>		4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input type="checkbox"/>
E. Bentonite seal, top	_____ ft. MSL or <u>20.0</u> ft.	5. Annular space seal: a. Granular Bentonite <input checked="" 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. <u>400 lbs Ft³</u> volume added for any of the above
F. Fine sand, top	_____ ft. MSL or <u>22.0</u> ft.	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
G. Filter pack, top	_____ ft. MSL or <u>23.0</u> ft.	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input checked="" type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. <u>Pellets</u> Other <input checked="" type="checkbox"/>
H. Screen joint, top	_____ ft. MSL or <u>25.0</u> ft.	7. Fine sand material: Mfr, product name & mesh size a. <u>Red Flint 45-55mm</u> b. Volume added <u>25 lbs</u> ft ³
I. Well bottom	_____ ft. MSL or <u>30.0</u> ft.	8. Filter pack material: Mfr, product name & mesh size a. <u>Red Flint #30</u> b. Volume added <u>100 lbs</u> ft ³
J. Filter pack, bottom	_____ ft. MSL or <u>30.0</u> ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
K. Borehole, bottom	_____ ft. MSL or <u>30.0</u> ft.	10. Screen material: PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
L. Borehole, diameter	<u>8.0</u> in.	b. Manufacturer <u>Diedrich</u> c. Slot size: <u>0.10</u> in. d. Slotted length: <u>4.5</u> ft.
M. O.D. well casing	<u>2.25</u> in.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
N. I.D. well casing	<u>2.00</u> in.	

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


Signature [Signature] Firm Maxim Technologies, Inc. (Maxim)

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 WDNR PCE Investigation		Local Grid Location of Well _____ ft. <input type="checkbox"/> N _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S _____ ft. <input type="checkbox"/> W.		Well Name MW-16	
Facility License, Permit or Monitoring Number		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. _____ DNR Well ID No. _____	
Facility ID		Lat. ____° ____' ____" Long. ____° ____' ____" or St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed <u>06 / 03 / 02</u> m m d d y y y	
Type of Well Well Code ____/		Section Location of Waste/Source <u>SW1/4 of SW1/4 of Sec. 31, T. 29 N, R. 2</u> <input checked="" type="checkbox"/> E. <input type="checkbox"/> W.		Well Installed By: Name (first, last) and Firm <u>Eric Anderson</u> <u>Maxim Technologies, Inc.</u>	
Distance Well is From Waste/ Source _____ ft.		Enf. Stds. Apply <input type="checkbox"/>		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
		Gov. Lot Number _____			

A. Protective pipe, top elevation	_____ ft. MSL			1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation	<u>1403.55</u> ft. MSL			2. Protective cover pipe: Flushmount
C. Land surface elevation	<u>1403.85</u> ft. MSL			a. Inside diameter: <u>9.0</u> in.
D. Surface seal, bottom _____ ft. MSL or _____ ft.				b. Length: <u>1.0</u> ft.
				c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
				d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>		
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input type="checkbox"/>		
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 <u>4 1/4</u> _____ Other <input type="checkbox"/>		5. Annular space seal: a. Granular Bentonite <input checked="" 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. <u>100</u> lbs Ft ³ volume added for any of the above		
15. Drilling fluid used: Water <input type="checkbox"/> 02 Drilling Mud <input type="checkbox"/> 03 Air <input type="checkbox"/> 01 None <input checked="" type="checkbox"/> 99		f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08		
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>		
17. Source of water (attach analysis, if required): _____		7. Fine sand material: Mfr, product name & mesh size a. <u>Red Flint 45-55mm</u> b. Volume added <u>25</u> lbs _____ ft ³		
E. Bentonite seal, top	_____ ft. MSL or <u>1.0</u> ft.			8. Filter pack material: Mfr, product name & mesh size a. <u>Red Flint #30</u> b. Volume added <u>250</u> lbs _____ ft ³
F. Fine sand, top	_____ ft. MSL or <u>6.5</u> ft.			9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
G. Filter pack, top	_____ ft. MSL or <u>7.0</u> ft.			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"/>
H. Screen joint, top	_____ ft. MSL or <u>9.0</u> ft.			b. Manufacturer: <u>Diedrich</u> c. Slot size: <u>0.10</u> in. d. Slotted length: <u>9.5</u> ft.
I. Well bottom	_____ ft. MSL or <u>19.0</u> ft.			11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom	_____ ft. MSL or <u>19.0</u> ft.			
K. Borehole, bottom	_____ ft. MSL or <u>19.0</u> ft.			
L. Borehole, diameter	<u>8.0</u> in.			
M. O.D. well casing	<u>2.25</u> in.			
N. I.D. well casing	<u>2.00</u> in.			

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

Signature  Firm
Maxim Technologies, Inc. (Maxim)

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 WDNR PCE Investigation		Local Grid Location of Well <input type="checkbox"/> N <input type="checkbox"/> E ____ ft. <input type="checkbox"/> S ____ ft. <input type="checkbox"/> W.		Well Name MW-16A	
Facility License, Permit or Monitoring Number		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. _____ DNR Well ID No. _____	
Facility ID		Lat. ____' ____" Long. ____' ____" or St. Plane ____ ft. N. ____ ft. E. S/C/N		Date Well Installed <u>06/04/02</u> m m d d y y y	
Type of Well Well Code ____/		Section Location of Waste/Source <u>SW1/4 of SW1/4 of Sec. 31, T. 29 N, R. 2</u> <input checked="" type="checkbox"/> E. <input type="checkbox"/> W.		Well Installed By: Name (first, last) and Firm <u>Eric Anderson</u> <u>Maxim Technologies, Inc.</u>	
Distance Well is From Waste/ Source ____ ft.		Enf. Stds. Apply <input type="checkbox"/>		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
		Gov. Lot Number			

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation 1403.32 ft. MSL

C. Land surface elevation 1403.66 ft. MSL

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

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

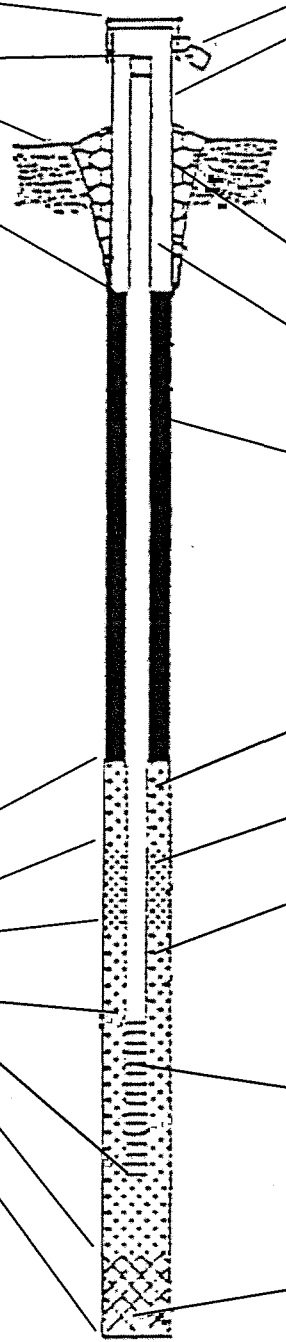
13. Sieve analysis performed? Yes No

14. Drilling method used:
Rotary 50
Hollow Stem Auger 41
Other _____
4 1/4

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

16. Drilling additives used? Yes No
Describe _____

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



1. Cap and lock? Yes No

2. Protective cover pipe: Flushmount
a. Inside diameter: 9.0 in.
b. Length: 1.0 ft.
c. Material: Steel 04
Other _____

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

3. Surface seal: Bentonite 30
Concrete 01
Other _____

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

5. Annular space seal:
a. Granular Bentonite 33
b. ____ lbs/gal mud weight.. Bentonite-sand slurry 35
c. ____ lbs/gal mud weight..... Bentonite slurry 31
d. ____ % Bentonite..... Bentonite-cement grout 50
e. 500 lbs Ft³ volume added for any of the above
f. How installed Tremie 01
Tremie pumped 02
Gravity 08

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

7. Fine sand material: Mfr, product name & mesh size
a. _____
b. Volume added 25 lbs ft³

8. Filter pack material: Mfr, product name & mesh size
a. Red Flint #30
b. Volume added 100 lbs ft³

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

10. Screen material: PVC
a. Screen type: Factory cut 11
Continuous slot 01
Other _____
b. Manufacturer Diedrich
c. Slot size: 0.10 in.
d. Slotted length: 4.5 ft.

11. Backfill material (below filter pack): None 14
Other _____

E. Bentonite seal, top _____ ft. MSL or 0.0 ft.

F. Fine sand, top _____ ft. MSL or 31.5 ft.

G. Filter pack, top _____ ft. MSL or 32.0 ft.

H. Screen joint, top _____ ft. MSL or 34.0 ft.

I. Well bottom _____ ft. MSL or 39.0 ft.

J. Filter pack, bottom _____ ft. MSL or 39.0 ft.

K. Borehole, bottom _____ ft. MSL or 39.0 ft.

L. Borehole, diameter 8.0 in.

M. O.D. well casing 2.25 in.

N. I.D. well casing 2.00 in.

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

Signature [Signature] Firm Maxim Technologies, Inc. (Maxim)

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.

MAXIM

Project #2330610
July 2, 2002

WELL AND PIEZOMETER DEVELOPMENT FORMS

1837 County Highway J • Chippewa Falls, WI • Telephone: 715/832-0282 • Fax: 715/832-0541

AS A MUTUAL PROTECTION TO CLIENTS, THE PUBLIC, AND OURSELVES, ALL MAXIM TECHNOLOGIES, INC.® REPORTS ARE SUBMITTED AS THE CONFIDENTIAL INFORMATION OF CLIENTS, AND AUTHORIZATION FOR PUBLICATION OF STATEMENT. CONCLUSIONS OR EXTRACTS FROM OR REGARDING OUR REPORTS IS RESERVED PENDING OUR PRIOR WRITTEN APPROVAL

\\EAUCLAIRE01\SYSTEMS\COMMON\WORD.DOC\FACTUALS\wdrpcelandfill.610.doc

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

Facility/Project Name WDNR-PCE INV.		County Name Marathon	Well Name MW-16A
Facility License, Permit or Monitoring Number		County Code _____	Wis. Unique Well Number
DNR Well ID Number			

<p>1. Can this well be purged dry? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Well development method</p> <p>surged with bailer and bailed <input type="checkbox"/> 41</p> <p>surged with bailer and pumped <input checked="" type="checkbox"/> 61</p> <p>surged with block and bailed <input type="checkbox"/> 42</p> <p>surged with block and pumped <input type="checkbox"/> 62</p> <p>surged with block, bailed and pumped <input type="checkbox"/> 70</p> <p>compressed air <input type="checkbox"/> 20</p> <p>bailed only <input type="checkbox"/> 10</p> <p>pumped only <input type="checkbox"/> 51</p> <p>pumped slowly <input type="checkbox"/> 50</p> <p>Other _____ <input type="checkbox"/> _____</p> <p>3. Time spent developing well _____ 7 0 min.</p> <p>4. Depth of well (from top of well casing) _____ 3 8. 8 ft.</p> <p>5. Inside diameter of well _____ 2 in.</p> <p>6. Volume of water in filter pack and well casing _____ gal.</p> <p>7. Volume of water removed from well _____ 1 7. 0 gal.</p> <p>8. Volume of water added (if any) _____ 0 gal.</p> <p>9. Source of water added <u>NONE</u></p> <p>10. Analysis performed on water added? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, attach results)</p>	<p style="text-align: center;"><u>Before Development</u> <u>After Development</u></p> <p>11. Depth to Water (from top of well casing)</p> <p>a. _____ 7 . 0 3 ft _____ 3 6 . 0 0 ft</p> <p>Date</p> <p>b. <u>0 6 / 1 1 / 2 0 0 2</u> <u>0 6 / 1 1 / 2 0 0 2</u> m m d d y y y y m m d d y y y y</p> <p>Time</p> <p>_____ <input checked="" type="checkbox"/> A.M. _____ <input checked="" type="checkbox"/> A.M. _____ <input type="checkbox"/> P.M. _____ 1 0 : 0 0 <input type="checkbox"/> P.M.</p> <p>12. Sediment in well bottom</p> <p>_____ 6 . 0 inches _____ . 0 inches</p> <p>13. Water Clarity Clear <input type="checkbox"/> 10 Clear <input checked="" type="checkbox"/> 20 Turbid <input checked="" type="checkbox"/> 15 Turbid <input type="checkbox"/> 25 (Describe) (Describe)</p> <p>_____ Silty Brown _____ Light brown</p> <p>_____</p> <p>_____</p> <p>Fill in if drilling fluids were used and well is at solid waste facility:</p> <p>14. Total suspended solids</p> <p>_____ NA . . mg/L _____ . mg/L</p> <p>15. COD</p> <p>_____ NA . . mg/L _____ . mg/L</p>
<p>16. Additional comments on development:</p> <p>Developed well to bottom. No water in last bail. Slow recovery.</p>	<p>17. Well developed by: Name (first, last) and Firm</p> <p>First Name: Eric Last Name: Oleson</p> <p>Firm Maxim Technologies, Inc.®</p>

<p>Name and Address of Facility Contact/Owner/Responsible Party</p> <p>First Name: _____ Last Name: _____</p> <p>Facility/Firm: _____</p> <p>Street: _____</p> <p>City/State/Zip: _____</p>	<p>I hereby certify that the above information is true and correct to the best of my knowledge.</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>Firm: <u>Maxim Technologies, Inc.®</u></p>
---	--

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

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

Facility/Project Name WDNR-PCE INV.	County Name Marathon	Well Name MW-16
--	-------------------------	--------------------

Facility License, Permit or Monitoring Number	County Code	Wis. Unique Well Number	DNR Well ID Number
---	-------------	-------------------------	--------------------

<p>1. Can this well be purged dry? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Well development method</p> <p style="padding-left: 20px;">surged with bailer and bailed <input checked="" type="checkbox"/> 41</p> <p style="padding-left: 20px;">surged with bailer and pumped <input type="checkbox"/> 61</p> <p style="padding-left: 20px;">surged with block and bailed <input type="checkbox"/> 42</p> <p style="padding-left: 20px;">surged with block and pumped <input type="checkbox"/> 62</p> <p style="padding-left: 20px;">surged with block, bailed and pumped <input type="checkbox"/> 70</p> <p style="padding-left: 20px;">compressed air <input type="checkbox"/> 20</p> <p style="padding-left: 20px;">bailed only <input type="checkbox"/> 10</p> <p style="padding-left: 20px;">pumped only <input type="checkbox"/> 51</p> <p style="padding-left: 20px;">pumped slowly <input type="checkbox"/> 50</p> <p style="padding-left: 20px;">Other _____ <input type="checkbox"/> _____</p> <p>3. Time spent developing well _____ 5 0 min.</p> <p>4. Depth of well (from top of well casing) _____ 1 9 . 3 ft.</p> <p>5. Inside diameter of well _____ . 2 in.</p> <p>6. Volume of water in filter pack and well casing _____ gal.</p> <p>7. Volume of water removed from well _____ 1 8 . 0 gal.</p> <p>8. Volume of water added (if any) _____ . 0 gal.</p> <p>9. Source of water added _____ NONE _____</p> <p>10. Analysis performed on water added? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, attach results)</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:25%; text-align: center;">Before Development</th> <th style="width:25%; text-align: center;">After Development</th> </tr> </thead> <tbody> <tr> <td>11. Depth to Water (from top of well casing)</td> <td></td> <td></td> </tr> <tr> <td>a. _____ 7 . 6 6 ft</td> <td style="text-align: center;">_____ 1 8 . 8 0 ft</td> <td></td> </tr> <tr> <td>Date</td> <td></td> <td></td> </tr> <tr> <td>b. <u>0 6 / 1 1 / 2 0 0 2</u></td> <td style="text-align: center;"><u>0 6 / 1 1 / 2 0 0 2</u></td> <td style="text-align: center;"><u>0 6 / 1 1 / 2 0 0 2</u></td> </tr> <tr> <td style="text-align: center;">m m d d y y y y</td> <td style="text-align: center;">m m d d y y y y</td> <td style="text-align: center;">m m d d y y y y</td> </tr> <tr> <td>Time</td> <td></td> <td>Time</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> A.M.</td> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/> A.M.</td> </tr> <tr> <td>c. _____ 8 : 0 0 <input type="checkbox"/> P.M.</td> <td></td> <td style="text-align: center;">_____ 8 : 5 0 <input type="checkbox"/> P.M.</td> </tr> <tr> <td>12. Sediment in well bottom</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">_____ 3 . 0 inches</td> <td></td> <td style="text-align: center;">_____ . 0 inches</td> </tr> <tr> <td>13. Water Clarity Clear <input type="checkbox"/> 10</td> <td></td> <td style="text-align: center;">Clear <input checked="" type="checkbox"/> 20</td> </tr> <tr> <td style="text-align: center;">Turbid <input checked="" type="checkbox"/> 15</td> <td></td> <td style="text-align: center;">Turbid <input type="checkbox"/> 25</td> </tr> <tr> <td style="text-align: center;">(Describe)</td> <td></td> <td style="text-align: center;">(Describe)</td> </tr> <tr> <td style="text-align: center;">Light Brown</td> <td></td> <td style="text-align: center;">Clear</td> </tr> <tr> <td colspan="3">Fill in if drilling fluids were used and well is at solid waste facility:</td> </tr> <tr> <td>14. Total suspended solids</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">_____ NA . . . mg/L</td> <td></td> <td style="text-align: center;">_____ . . . mg/L</td> </tr> <tr> <td>15. COD</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">_____ NA . . . mg/L</td> <td></td> <td style="text-align: center;">_____ . . . mg/L</td> </tr> </tbody> </table>		Before Development	After Development	11. Depth to Water (from top of well casing)			a. _____ 7 . 6 6 ft	_____ 1 8 . 8 0 ft		Date			b. <u>0 6 / 1 1 / 2 0 0 2</u>	<u>0 6 / 1 1 / 2 0 0 2</u>	<u>0 6 / 1 1 / 2 0 0 2</u>	m m d d y y y y	m m d d y y y y	m m d d y y y y	Time		Time	<input checked="" type="checkbox"/> A.M.		<input checked="" type="checkbox"/> A.M.	c. _____ 8 : 0 0 <input type="checkbox"/> P.M.		_____ 8 : 5 0 <input type="checkbox"/> P.M.	12. Sediment in well bottom			_____ 3 . 0 inches		_____ . 0 inches	13. Water Clarity Clear <input type="checkbox"/> 10		Clear <input checked="" type="checkbox"/> 20	Turbid <input checked="" type="checkbox"/> 15		Turbid <input type="checkbox"/> 25	(Describe)		(Describe)	Light Brown		Clear	Fill in if drilling fluids were used and well is at solid waste facility:			14. Total suspended solids			_____ NA . . . mg/L		_____ . . . mg/L	15. COD			_____ NA . . . mg/L		_____ . . . mg/L
	Before Development	After Development																																																											
11. Depth to Water (from top of well casing)																																																													
a. _____ 7 . 6 6 ft	_____ 1 8 . 8 0 ft																																																												
Date																																																													
b. <u>0 6 / 1 1 / 2 0 0 2</u>	<u>0 6 / 1 1 / 2 0 0 2</u>	<u>0 6 / 1 1 / 2 0 0 2</u>																																																											
m m d d y y y y	m m d d y y y y	m m d d y y y y																																																											
Time		Time																																																											
<input checked="" type="checkbox"/> A.M.		<input checked="" type="checkbox"/> A.M.																																																											
c. _____ 8 : 0 0 <input type="checkbox"/> P.M.		_____ 8 : 5 0 <input type="checkbox"/> P.M.																																																											
12. Sediment in well bottom																																																													
_____ 3 . 0 inches		_____ . 0 inches																																																											
13. Water Clarity Clear <input type="checkbox"/> 10		Clear <input checked="" type="checkbox"/> 20																																																											
Turbid <input checked="" type="checkbox"/> 15		Turbid <input type="checkbox"/> 25																																																											
(Describe)		(Describe)																																																											
Light Brown		Clear																																																											
Fill in if drilling fluids were used and well is at solid waste facility:																																																													
14. Total suspended solids																																																													
_____ NA . . . mg/L		_____ . . . mg/L																																																											
15. COD																																																													
_____ NA . . . mg/L		_____ . . . mg/L																																																											

<p>16. Additional comments on development:</p> <p>Developed well to bottom. No water in last bailer.</p>	<p>17. Well developed by: Name (first, last) and Firm</p> <p>First Name: Eric Last Name: Oleson</p> <p>Firm Maxim Technologies, Inc.®</p>
--	---

<p>Name and Address of Facility Contact/Owner/Responsible Party</p> <p>First Name: _____ Last Name: _____</p> <p>Facility/Firm: _____</p> <p>Street: _____</p> <p>City/State/Zip: _____</p>	<p>I hereby certify that the above information is true and correct to the best of my knowledge.</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>Firm: <u>Maxim Technologies, Inc.®</u></p>
---	--

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

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

Facility/Project Name WDNR-PCE INV.		County Name Marathon		Well Name MW-15A	
Facility License, Permit or Monitoring Number		County Code	Wis. Unique Well Number		DNR Well ID Number
1. Can this well be purged dry? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 2. Well development method surged with bailer and bailed <input type="checkbox"/> 41 surged with bailer and pumped <input checked="" type="checkbox"/> 61 surged with block and bailed <input type="checkbox"/> 42 surged with block and pumped <input type="checkbox"/> 62 surged with block, bailed and pumped <input type="checkbox"/> 70 compressed air <input type="checkbox"/> 20 bailed only <input type="checkbox"/> 10 pumped only <input type="checkbox"/> 51 pumped slowly <input type="checkbox"/> 50 Other _____ <input type="checkbox"/> _____		11. Depth to Water (from top of well casing) a. Before Development: <u> 7 </u> . <u> 8 </u> <u> 0 </u> ft After Development: <u> 3 0 </u> . <u> 3 4 </u> ft Date b. <u> 0 </u> <u> 6 </u> / <u> 1 </u> <u> 1 </u> / <u> 2 0 0 2 </u> m m d d y y y y m m d d y y y y Time <u> </u> : <u> </u> : <u> </u> <input type="checkbox"/> A.M. <input type="checkbox"/> A.M. <u> </u> : <u> </u> : <u> </u> <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> P.M.		12. Sediment in well bottom <u> 1 </u> . <u> 0 </u> inches <u> </u> . <u> 0 </u> inches 13. Water Clarity Clear <input type="checkbox"/> 10 Clear <input checked="" type="checkbox"/> 20 Turbid <input checked="" type="checkbox"/> 15 Turbid <input type="checkbox"/> 25 (Describe) (Describe) <u> Silty Brown </u> <u> Clear </u>	
3. Time spent developing well <u> 3 </u> <u> 5 </u> min. 4. Depth of well (from top of well casing) <u> 3 </u> <u> 1 </u> . <u> 60 </u> ft. 5. Inside diameter of well <u> </u> . <u> 2 </u> in. 6. Volume of water in filter pack and well casing <u> </u> . <u> </u> gal. 7. Volume of water removed from well <u> 1 </u> <u> 7 </u> . <u> 0 </u> gal. 8. Volume of water added (if any) <u> </u> . <u> 0 </u> gal. 9. Source of water added <u> NONE </u>		Fill in if drilling fluids were used and well is at solid waste facility: 14. Total suspended solids <u> NONE </u> . <u> </u> mg/L <u> </u> . <u> </u> mg/L 15. COD <u> NONE </u> . <u> </u> mg/L <u> </u> . <u> </u> mg/L			
16. Additional comments on development: Developed to clear. Bailed to bottom of well..		17. Well developed by: Name (first, last) and Firm First Name: Eric Last Name: Oleson Firm Maxim Technologies, Inc.®			
Name and Address of Facility Contact/Owner/Responsible Party First Name: _____ Last Name: _____ Facility/Firm: _____ Street: _____ City/State/Zip: _____		I hereby certify that the above information is true and correct to the best of my knowledge. Signature: _____ Print Name: _____ Firm: <u> Maxim Technologies, Inc.® </u>			

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

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

Facility/Project Name WDNR-PCE INV.		County Name Marathon		Well Name MW-14	
Facility License, Permit or Monitoring Number		County Code	Wis. Unique Well Number		DNR Well ID Number
1. Can this well be purged dry? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Before Development		After Development	
2. Well development method		11. Depth to Water (from top of well casing)			
surged with bailer and bailed <input checked="" type="checkbox"/> 41		a. <u> 1 0 . 5 0 </u> ft		<u> 1 4 . 5 0 </u> ft	
surged with bailer and pumped <input type="checkbox"/> 61		Date			
surged with block and bailed <input type="checkbox"/> 42		b. <u> 0 6 / 1 1 / 2 0 0 2 </u>		<u> 0 6 / 1 1 / 2 0 0 2 </u>	
surged with block and pumped <input type="checkbox"/> 62		m m d d y y y y		m m d d y y y y	
surged with block, bailed and pumped <input type="checkbox"/> 70		Time		Time	
compressed air <input type="checkbox"/> 20		<input checked="" type="checkbox"/> A.M.		<input checked="" type="checkbox"/> A.M.	
bailed only <input type="checkbox"/> 10		c. <u> 1 0 : 0 8 </u> <input type="checkbox"/> P.M.		<u> 1 0 : 3 8 </u> <input type="checkbox"/> P.M.	
pumped only <input type="checkbox"/> 51					
pumped slowly <input type="checkbox"/> 50					
Other _____ <input type="checkbox"/> _____		12. Sediment in well bottom			
3. Time spent developing well <u> 3 0 </u> min.		<u> . 0 </u> inches		<u> . 0 </u> inches	
4. Depth of well (from top of well casing) <u> 1 9 . 8 </u> ft.		13. Water Clarity Clear <input type="checkbox"/> 10		Clear <input checked="" type="checkbox"/> 20	
5. Inside diameter of well <u> . 2 </u> in.		Turbid <input checked="" type="checkbox"/> 15		Turbid <input type="checkbox"/> 25	
6. Volume of water in filter pack and well casing <u> . . </u> gal.		(Describe) <u> Light Brown </u>		(Describe) <u> Clear </u>	
7. Volume of water removed from well <u> 2 6 . 0 </u> gal.		_____		_____	
8. Volume of water added (if any) <u> . . 0 </u> gal.		_____		_____	
9. Source of water added <u> NONE </u>		Fill in if drilling fluids were used and well is at solid waste facility:			
10. Analysis performed on water added? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, attach results)		14. Total suspended solids			
		<u> NONE . . </u> mg/L		<u> </u> mg/L	
16. Additional comments on development: <u> Developed to clear </u>		15. COD			
		<u> NONE . . </u> mg/L		<u> </u> mg/L	
Name and Address of Facility Contact/Owner/Responsible Party		17. Well developed by: Name (first, last) and Firm			
First Name: _____ Last Name: _____		First Name: Eric Last Name: Oleson			
Facility/Firm: _____		Firm Maxim Technologies, Inc.®			
Street: _____		I hereby certify that the above information is true and correct to the best of my knowledge.			
City/State/Zip: _____		Signature: _____			
		Print Name: _____			
		Firm: <u> Maxim Technologies, Inc.® </u>			

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

DAILY FIELD ACTIVITY LOGS

1837 County Highway J • Chippewa Falls, WI • Telephone: 715/832-0282 • Fax: 715/832-0541

DAILY FIELD ACTIVITY LOG

Project: <i>DNR - PCE inv #.</i>	Recorded By: <i>SJB</i>	Date: <i>6/3/02</i>
Work Order Number:	Reviewed By:	Date:

Project Manager: <i>E. Oleson.</i>	Location: <i>Alsotford, WI</i>
---------------------------------------	-----------------------------------

Weather Conditions: *overcast, cool, chance rain* **ALL ARRIVE 9:00**

TIME -

Leave Lab	Arrive Site	Lunch From	To	Leave Site	Arrive Lab	Total Travel Time	Total Field Time

MILEAGE -

Leave Lab	Arrive Site	Lunch	Leave Site	Arrive Lab	Total Miles

PERSONNEL ON SITE: (Maxim, Client, Regulatory, Subcontractor, Visitors)

Name	Work Performed	Time
<i>Scott Brodaway / Tetra Tech</i>	<i>Drilling oversight.</i>	<i>0800 - 1730</i>
<i>Eric Oleson / Maxim.</i>	<i>His 5 / Field Manager.</i>	<i>0800 -</i>
<i>Eric Anderson / Maxim.</i>	<i>Driller Helper</i>	<i>0800 -</i>
<i>Troy Wei Niedert / Maxim.</i>	<i>Driller.</i>	<i>0800 -</i>

FORMS COMPLETED ON SITE: (Give number if appropriate)

Water Level Data <input type="checkbox"/>	Subcontractor Documentation Form <input type="checkbox"/>
Sampling Information Form <input type="checkbox"/>	Preliminary Site Evaluation Form <input type="checkbox"/>
Chain of Custody <input type="checkbox"/>	Other:

MAXIM EQUIPMENT: (Water sampling, well development, personnel safety, decontamination)

Item	ID #	Field Performance	Item	ID#	Field Performance
<i>HNU 11.7ev</i>	<i>4231-A-0104</i>	<i>needs work</i>			
<i>DVM 11.8ev</i>	<i>W1000 DVM-3</i>	<i>operable</i>			

(Continued on back)

5:00 - Left Landfill
Decon up.

SITE ACTIVITY - (Activities performed by Maxim, contractors, regulators; problems such as accidents, breakdowns, interference; data summaries; contract change orders; reportable comments on site history, regulatory action, contractual agreements.)

7-8 - MGBE AU

0800 - 1030 Set-up decon pad, drill rig.

1030 - 1200 Drill MW-16 to 13 ft logs cont. sampling

1200 - 1230 Allow boring to sit. H₂O rising.

1230 - 1340 MW-16 installation.

1345 - Set up over MW-16A

1400 - ^(S2) 1550 Drill 16A to 20'

1550 - Hammer jammed. rig down. call in to shop.

1645 - 1650 Truck repairman on site. Rig needs to go into shop

1720 - 1730 Secure site. Drums labeled + staged behind building.

1730 - Mob truck to Northwestern Truck Repair.

1800 - E. OLSON / Eric Anderson - set up Decon Area

at Landfill left at 5:00 - 5:30 - 6:30 MGBE to

EAO - CLARE

Note: DNR client changed sampling scheme / plan in field. Maxim responded to DNR direction.

PROJECT: 2330610

RECORDERS SIGNATURE: *[Signature]*

DATE: 6/4/02

WORK ORDER NUMBER: _____

REVIEWED BY: *[Signature]*

DATE: 6/4/02

DAILY FIELD ACTIVITY LOG

Project: <i>Abbotsford, WI DNR PCE invest.</i>	Recorded By: <i>S. Brochway</i>	Date: <i>6/4/02</i>
Work Order Number:	Reviewed By:	Date:

Project Manager: <i>E. Oleson</i>	Location: <i>Abbotsford, WI</i>
-----------------------------------	---------------------------------

Weather Conditions: *cloudy, cold, chance ppt high W/F winds light + variable.*

TIME -						
Leave Lab	Arrive Site	Lunch From	To	Leave Site	Arrive Lab	Total Travel Time

MILEAGE -					
Leave Lab	Arrive Site	Lunch	Leave Site	Arrive Lab	Total Miles

PERSONNEL ON SITE: (Maxim, Client, Regulatory, Subcontractor, Visitors)		
Name	Work Performed	Time
<i>Scott Brochway</i>	<i>Geo</i>	<i>0630 - 1430</i>
<i>Eric Oleson</i>	<i>Hrs / FM</i>	<i>0630 - 1430</i>
<i>Eric Anderson</i>	<i>Helper</i>	<i>0630 - 1430</i>
<i>Troy Niedert</i>	<i>Driver</i>	<i>0630 - 1430</i>

FORMS COMPLETED ON SITE: (Give number if appropriate)	
Water Level Data <input type="checkbox"/>	Subcontractor Documentation Form <input type="checkbox"/>
Sampling Information Form <input type="checkbox"/>	Preliminary Site Evaluation Form <input type="checkbox"/>
Chain of Custody <input type="checkbox"/>	Other: <i>Boring logs (cont.) MW-16A.</i>

MAXIM EQUIPMENT: (Water sampling, well development, personnel safety, decontamination)					
Item	ID #	Field Performance	Item	ID#	Field Performance
<i>HNU 11.7ev</i>	<i>same</i>	<i>OK</i>			
<i>OVm 11.8ev</i>	<i>6/3/02</i>	<i>OK</i>			

SITE ACTIVITY - (Activities performed by Maxim, contractors, regulators; problems such as accidents, breakdowns, interference; data summaries; contract change orders; reportable comments on site history, regulatory action, contractual agreements.)

0630 arrive @ site, set-up rig.

0645 Begin @ MW-16A

0915 MW-16A to 39' bgs. 3" spear sand-locked inside HSA.

0945 Begin pulling auger. Client instructed Maxim to install Teflon plug, re-drill and install MW-16A. ^(No-Decon - as instructed by J. Grump) Steady rain.

1045 Bit back down to depth w/ HSA + plug.

1115 Begin MW-installation.

1130 Add 12 gals H₂O to PVC to allow well to set - very buoyant.

1145 Begin sand pack install. Pipe still very buoyant.

1215 One bag downhole - dropping sand v. slowly. ^(Pipe buoyant)

1745 Second bag downhole - " " " " ^(Pipe buoyant)

C: only v. shd 1255 Bridge @ 12 ft. begin backing out auger, attempt to free the bridge. ^{Rig cutting out - possible alternator problem.}

1325 All HSA removed. Hole collapsed @ 12 ft bgs (H₂O table)

Rig cutting out. Client & Maxim agree to discontinue drilling activities 3/8" bent. Chips from 12 ft to 2 ft bgs. ^(Client instructed)

1400 ✓ Maxim to complete well head installation. Site cleanup and proceeds.

1430 Depart site. Note: Drill crew worked well within the limitations of the work as described in the SOW. Every effort was deliberate and w/in standard practice. Contractual issues were discussed regarding the need to drill core bedrock sandstone w/ equipment not designed for that function. A cutting head and lead auger were highly damaged in the course of executing the SOW.

PROJECT: _____ RECORDERS SIGNATURE: *[Signature]* DATE: 6/4/02

WORK ORDER NUMBER: _____ REVIEWED BY: _____ DATE: _____

work. Maxim
for was made
cause of the
circumstances.

DAILY FIELD ACTIVITY LOG

Project: <i>DNR - PCE investigation</i>	Recorded By: <i>ESB</i>	Date: <i>6/5/02</i>
Work Order Number:	Reviewed By:	Date:
Project Manager: <i>E. Olson</i>	Location: <i>Abbotsford, WI</i>	

Weather Conditions: *Sunny, warm*

TIME -							
Leave Lab	Arrive Site	Lunch From	To	Leave Site	Arrive Lab	Total Travel Time	Total Field Time

MILEAGE -					
Leave Lab	Arrive Site	Lunch	Leave Site	Arrive Lab	Total Miles

PERSONNEL ON SITE: (Maxim, Client, Regulatory, Subcontractor, Visitors)		
Name	Work Performed	Time
<i>Scott Brochwary</i>	<i>Geo</i>	<i>0700 - 1730</i>
<i>Eric Olson</i>	<i>H&S.</i>	<i>0600 - 1730</i>
<i>Eric Anderson</i>	<i>Helper</i>	<i>0600 - 1430</i>
<i>Troy Niedert</i>	<i>Driller</i>	<i>0700 - 1730</i>

FORMS COMPLETED ON SITE: (Give number if appropriate)	
Water Level Data <input type="checkbox"/>	Subcontractor Documentation Form <input type="checkbox"/>
Sampling Information Form <input type="checkbox"/>	Preliminary Site Evaluation Form <input type="checkbox"/>
Chain of Custody <input type="checkbox"/>	Other:

MAXIM EQUIPMENT: (Water sampling, well development, personnel safety, decontamination)					
Item	ID #	Field Performance	Item	ID#	Field Performance
<i>HN 11.7</i>		<i>OK</i>			
<i>OV 11.8</i>		<i>OK</i>			

(Continued on back)

SITE ACTIVITY - (Activities performed by Maxim, contractors, regulators; problems such as accidents, breakdowns, interference; data summaries; contract change orders; reportable comments on site history, regulatory action, contractual agreements.)

0600 On-site decom/setup.

0830 DNR arrives.

0845 Begin drilling MW-14A

1020 MW-14A HSA refusal. Begin MW installation.

1200 MW-14A set. Steam clean HSA.

1300 Begin MW-14

1340 MW-14 to 18 ft log. Begin MW install.

1400 Sand bridge in HSA.

1500 HSA out + cleared. Telson plug installed.

1600 MW-14 installed.

1700 AA MW-15, collect four 3" ss 4-6, 6-8

1730 Depart site.

PROJECT: _____ RECORDERS SIGNATURE: *[Signature]* DATE: 6/10/02

WORK ORDER NUMBER: _____ REVIEWED BY: _____ DATE: _____

DAILY FIELD ACTIVITY LOG

Project: <i>ONE PCB INVEST.</i>	Recorded By: <i>JSB</i>	Date: <i>6/6/02</i>
------------------------------------	----------------------------	------------------------

Work Order Number:	Reviewed By:	Date:
--------------------	--------------	-------

Project Manager: <i>E. Oleson</i>	Location: <i>Akron, OH</i>
--------------------------------------	-------------------------------

Weather Conditions: *Fair, warm, high of 80F*

TIME -

Leave Lab	Arrive Site	Lunch From	To	Leave Site	Arrive Lab	Total Travel Time	Total Field Time

MILEAGE -

Leave Lab	Arrive Site	Lunch	Leave Site	Arrive Lab	Total Miles

PERSONNEL ON SITE: (Maxim, Client, Regulatory, Subcontractor, Visitors)

Name	Work Performed	Time
<i>Scott Brochman</i>	<i>Geo</i>	<i>0700 - 1830</i>
<i>Eric Oleson</i>	<i>HSE/PM</i>	<i>0700 - 1830</i>
<i>Tom Postman</i>	<i>Help</i>	<i>0700 - 1830</i>
<i>Eric Anderson</i>	<i>Driller</i>	<i>0700 - 1830</i>

FORMS COMPLETED ON SITE: (Give number if appropriate)

Water Level Data <input type="checkbox"/>	Subcontractor Documentation Form <input type="checkbox"/>
Sampling Information Form <input type="checkbox"/>	Preliminary Site Evaluation Form <input type="checkbox"/>
Chain of Custody <input type="checkbox"/>	Other:

MAXIM EQUIPMENT: (Water sampling, well development, personnel safety, decontamination)

Item	ID #	Field Performance	Item	ID#	Field Performance

(Continued on back)

SITE ACTIVITY - (Activities performed by Maxim, contractors, regulators; problems such as accidents, breakdowns, interference; data summaries; contract change orders; reportable comments on site history, regulatory action, contractual agreements.)

0700 arrive @ site

0745 Begin drilling @ MW-15 (drilled + completed to 21 3/4' (52)

0830 MW-15 to 17 ft. Begin MW installation.

0930 MW-15 complete

1000 Move to MW-15A

1105 MW-15A to 29 ft. Begin well installation.

1240 MW-15A complete

1300 - 1430 Clean / clean up MW-15A area.

1445 - @ B-4A set up ready to drill.

1630 - B-4A to 35'. Begin well installation.

1900 - B-4A complete. Site cleaned up + secured.

1930 - Depart site.

PROJECT: _____ RECORDERS SIGNATURE:  DATE: 4/6/02

WORK ORDER NUMBER: _____ REVIEWED BY: _____ DATE: _____

DAILY FIELD ACTIVITY LOG

Project: 2330610	Recorded By: E. Oleson	Date: 6/11/02
Work Order Number:	Reviewed By:	Date:

Project Manager: G.S	Location: DNR - Arbotsford
-------------------------	-------------------------------

Weather Conditions:

TIME -						
Leave Lab	Arrive Site	Lunch From	To	Leave Site	Arrive Lab	Total Travel Time
6:00	7:00	—		4:00	5:00	2
						4

MILEAGE -					
Leave Lab	Arrive Site	Lunch	Leave Site	Arrive Lab	Total Miles
200,000	200,068	—		200,068	200,136
					140

PERSONNEL ON SITE: (Maxim, Client, Regulatory, Subcontractor, Visitors)		
Name	Work Performed	Time
Eric Oleson	Well Development See Back	

FORMS COMPLETED ON SITE: (Give number if appropriate)	
Water Level Data <input type="checkbox"/>	Subcontractor Documentation Form <input type="checkbox"/>
Sampling Information Form <input type="checkbox"/>	Preliminary Site Evaluation Form <input type="checkbox"/>
Chain of Custody <input type="checkbox"/>	Other: Well Dev. Form.

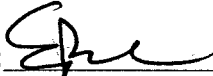
MAXIM EQUIPMENT: (Water sampling, well development, personnel safety, decontamination)					
Item	ID #	Field Performance	Item	ID#	Field Performance

(Continued on back)

SITE ACTIVITY - (Activities performed by Maxim, contractors, regulators; problems such as accidents, breakdowns, interference; data summaries; contract change orders; reportable comments on site history, regulatory action, contractual agreements.)

Arrived on-site - 7:00 - 7:00 - 7:40 Prep

7:40 - 4:00 - Develop 2 wells +
Draw up Dechlor
Water

PROJECT: _____ RECORDERS SIGNATURE:  DATE: 8/11/02

WORK ORDER NUMBER: _____ REVIEWED BY: _____ DATE: _____

Project: DNR - Abbottsford	Recorded By: SPC	Date: 6/18/02
Work Order Number:	Reviewed By:	Date:

Project Manager: G. Stoltz	Location: Abbottsford, WI
-------------------------------	------------------------------

Weather Conditions:

TIME -						
Leave Lab	Arrive Site	Lunch From	To	Leave Site	Arrive Lab	Total Travel Time
11:00	12:00	—		7:00	8:00	2
						7

MILEAGE -					
Leave Lab	Arrive Site	Lunch	Leave Site	Arrive Lab	Total Miles
—					
					—

PERSONNEL ON SITE: (Maxim, Client, Regulatory, Subcontractor, Visitors)		
Name	Work Performed	Time
Eric Olesow	See Back	
Greg Stumacher	↓	

FORMS COMPLETED ON SITE: (Give number if appropriate)			
Water Level Data	<input type="checkbox"/>	Subcontractor Documentation Form	<input type="checkbox"/>
Sampling Information Form	<input type="checkbox"/>	Preliminary Site Evaluation Form	<input type="checkbox"/>
Chain of Custody	<input type="checkbox"/>	Other:	

MAXIM EQUIPMENT: (Water sampling, well development, personnel safety, decontamination)					
Item	ID #	Field Performance	Item	ID#	Field Performance

SITE ACTIVITY - (Activities performed by Maxim, contractors, regulators; problems such as accidents, breakdowns, interference; data summaries; contract change orders; reportable comments on site history, regulatory action, contractual agreements.)

12:00 - 2:00 - Install All Bump Pots

2:00 - 6:00 - Survey wells

6:00 - 7:00 - Re-set Alky PZ

PROJECT: _____ RECORDERS SIGNATURE: Ehl DATE: 9/16/07

WORK ORDER NUMBER: _____ REVIEWED BY: _____ DATE: _____

MAXIM

1386.97

1386.03

1393.17

1393.83

1390.57

1390.61

MW-15

MW-15A

(N44° 57.309')

(N44° 57.307')

(W090° 18.318')

(W090° 18.318')

NORTH



1396.16

1408.76

1406.06



B-4A

(N44° 57.357')

(W090° 18.599')

Tilled Field

1326

Landfill Mound

1386.91

1404.31

1401.7

MW-14A

(N44° 57.297')

(W090° 18.353')

1394.04

1404.54

1401.74

MW-14

(N44° 57.297')

(W090° 18.351')

Grd. H₂O Elev.

Grd. Elev.

Top of PVC Elev.

WDNR PCE INVESTIGATION, ABBOTSFORD, WISCONSIN

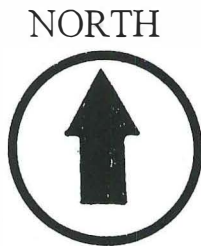
Landfill Wells
Lat/Long.

Job No. 2330610

Scale: NTS

Drawn By: EPO
Checked By: GJS

MAXIM



Residence
Grnd Elev.
Top of PVC Elev.
Grnd H₂O Elev.

Former Dry
Cleaners

Grass

Alley

Grass

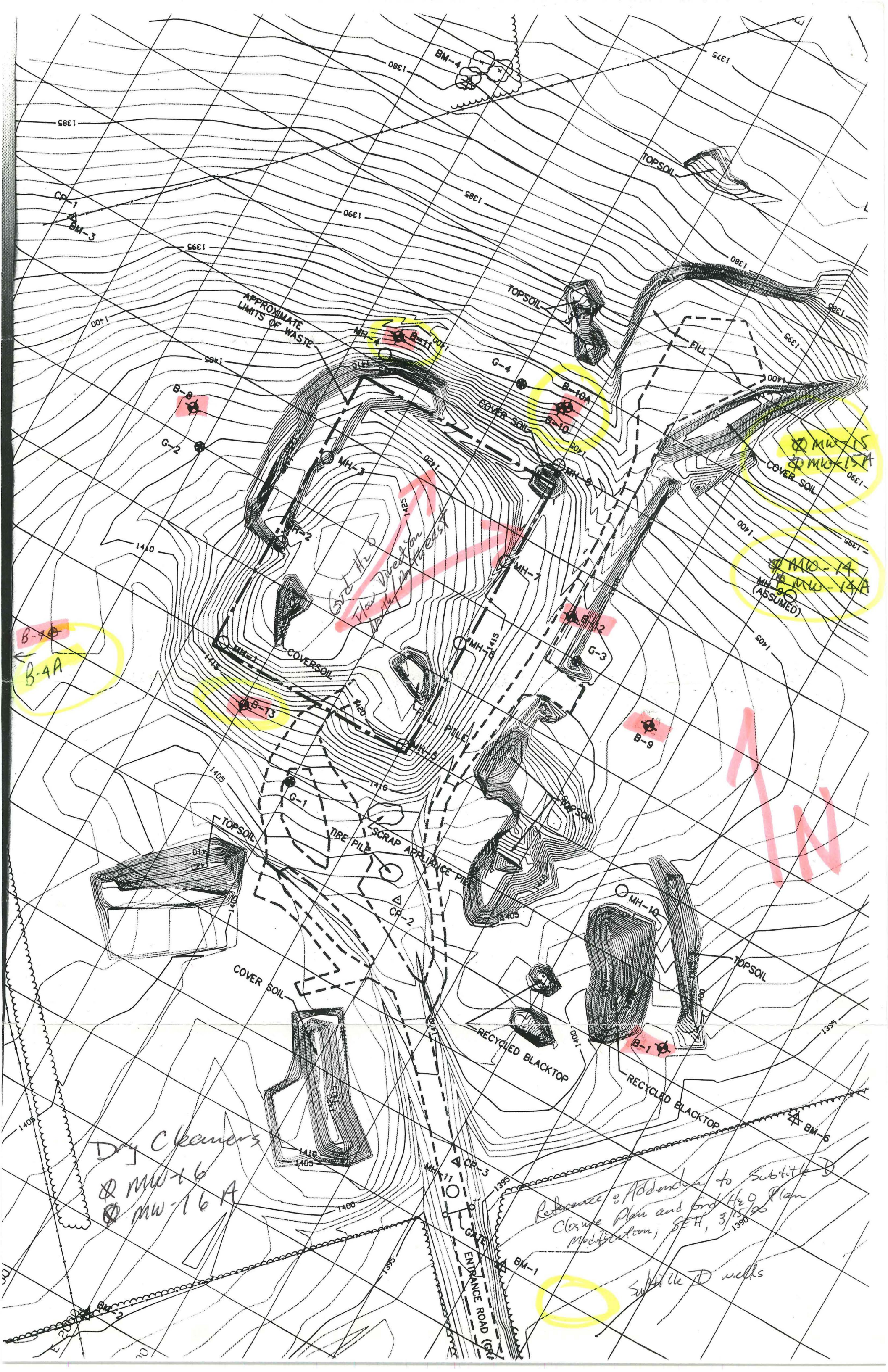
1395.89
1403.55
1403.85
MW-16 (N44° 56.822')
(W090° 18.952')
MW-16A (N44° 56.825')
(W090° 18.956')
1403.66
1403.32
1396.29

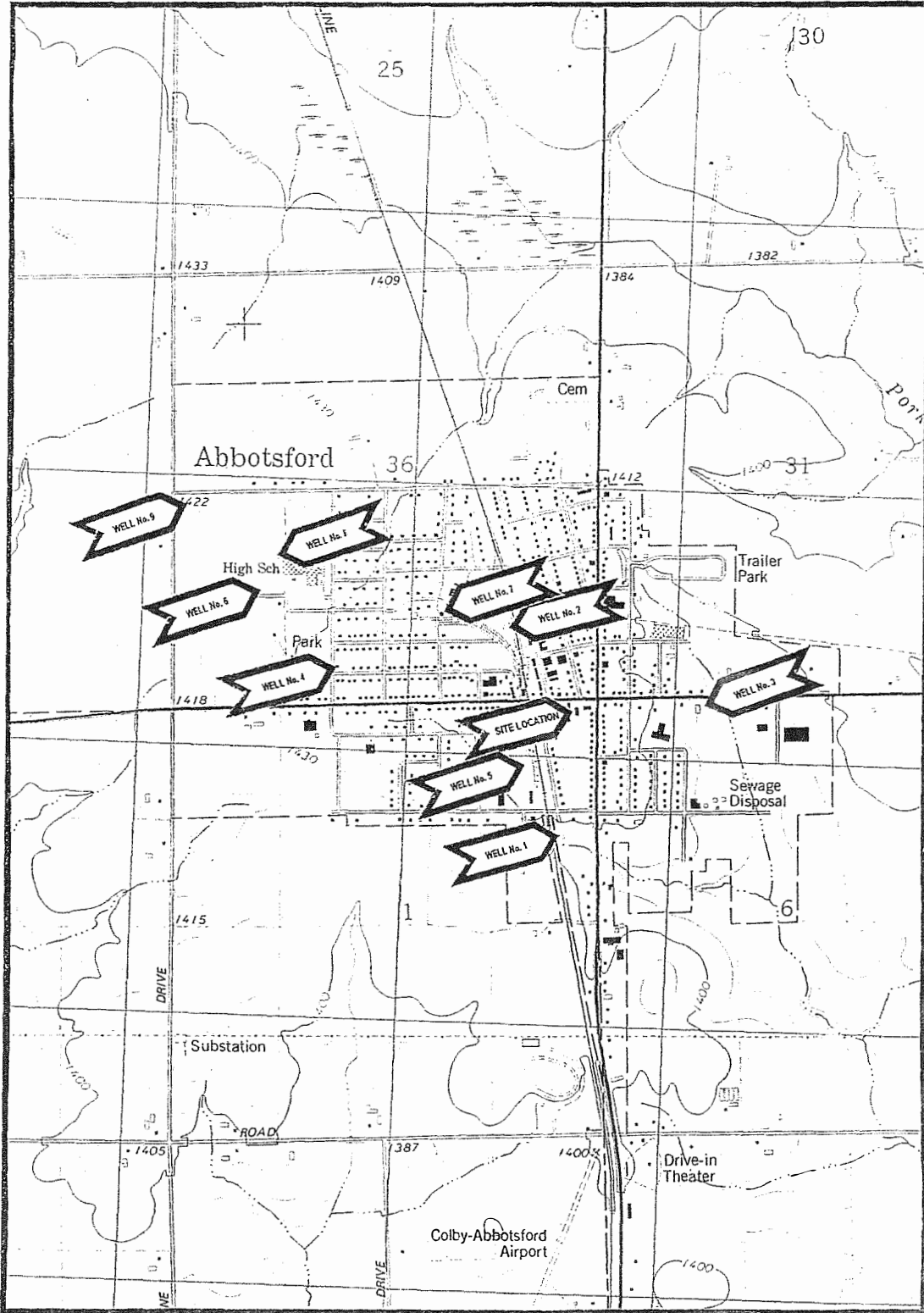
Service Roadway

Residence

WDNR PCE INVESTIGATION, ABBOTSFORD, WISCONSIN

At-Grade Alley Wells Lat/Long.	Job No. 2330610	Scale: NTS	Drawn By: EPO Checked By: GJS
-----------------------------------	-----------------	------------	----------------------------------





NOTE: Taken from the
 Abbotsford, WI
 7.5 Minute USGS
 Topographic Map (1004)
 DEMONSTRATION MAP 1964

LAMONT'S SERVICE, INC. - ABBOTSFORD, WI
 FIGURE 1
 SITE LOCATION MAP

ID, Permit or STORET Number	Point, Well or Outfall Number	Field Number <u>1</u>	County No. <u>37</u>	Program Code <u>RR</u>	Region <u>6</u>
-----------------------------	-------------------------------	--------------------------	-------------------------	---------------------------	--------------------

Waterbody Number	Sample Address or Location <u>Abbotsford Sanitary Sewer</u>
------------------	--

Sample Point Description / Sampling Device
2nd manhole south of landfill

Send Report To		Sample Type (select one)	
DNR User ID	Date Results Needed (mm/dd/yyyy)	<input type="checkbox"/> SU Surface Water	<input type="checkbox"/> EF Effluent (Treated Wastewater)
Name <u>John R. Grump</u>		<input type="checkbox"/> NP Storm Water	<input type="checkbox"/> IF Influent (Untreated Wastewater)
Address <u>Call Box 4001</u>		<input type="checkbox"/> SE Sediment	<input type="checkbox"/> MW Monitoring Well
City <u>Eau Claire</u>	State/Zip <u>WI 54702-4001</u>	<input type="checkbox"/> SL Sludge	<input type="checkbox"/> LY Lysimeter
Account Number <u>RR012</u>	Collected By <u>John Grump</u>	<input checked="" type="checkbox"/> LE Leachate	<input type="checkbox"/> SO Soil
Lakes Grant or Project Number	Telephone Number <u>715-839-3175</u>	<input type="checkbox"/> TI Tissue	<input type="checkbox"/> OI Oil
Begin or Grab Date (mm/dd/yyyy) <u>10/03/2000</u>	Begin Time (24-hr clock) <u>8:00</u>	<input type="checkbox"/> E Public Drinking Entry Point	<input type="checkbox"/> OW Waste
End Date - For Composite Samples Only (mm/dd/yyyy)	End Time (24-hr clock) - For Composite Samples Only	<input type="checkbox"/> W Public Drinking Well/Source	<input type="checkbox"/> PO Private Well
		<input type="checkbox"/> D Public Drinking Distribution	<input type="checkbox"/> X Non-Potable Well
		Sample Reason (Drinking Water - select one)	
		<input type="checkbox"/> N New Well	<input type="checkbox"/> C Confirmation (follow up)
		<input checked="" type="checkbox"/> I Investigation	<input type="checkbox"/> D Compliance
		<input type="checkbox"/> W Raw water (drinking)	
		<input checked="" type="checkbox"/> E Enforcement	Depth of Sample (feet or meters) _____ F or M _____
		Is Sample Disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how? _____	

VOCs Water / Soil (check one of the following)

Quantification (EPA Method 8260)

Quantification (Drinking Water-EPA Method 524.2)

Priorit Pollutant Scan (Non-VOC)

Priority Pollutant Pesticides

Priority Pollutant Base/Neutral/Acid

PCBs

Aroclor Identification

Congeners

Coplanar

Petroleum Products

Gasoline

Fuel Oil #1

Fuel Oil #2

GRO

DRO

PAHs (GC/MS)

PAHs (HPLC)

Pesticides

Carbaryl

Carbofuran

2,4-D

2,4,5-TP

2,4,5-T

Chloramben

Picloram

Dicamba

Phorate

Terbufos

Atrazine

Deethylatrazine

Deisopropylatrazine

Diaminoatrazine

Alachlor

Metolachlor

Cyanazine

Metribuzin

Simazine

Prometon

Aldicarb & other carbamates

Dimethoate

Dinoseb

DCPA

Ethylene Dibromide

Linuron

Fonofos

Butylate

EPTC

Formaldehyde (Water Only)

Toxicity Characteristic Leaching Procedure (TCLP)
 (Check one or more of the following)

VOCs - TCLP

Acid Herbicides - TCLP

2,4-D

2,4,5-TP (Silvex)

Base/Neutral Extractables - TCLP

2,4-Dinitrotoluene

Hexachlorobenzene

Hexachlorobutadiene

Nitrobenzene

Pyridine

Chlorinated Pesticides - TCLP

Chlordane

Endrin

Heptachlor

Heptachlor Epoxide

Lindane

methoxychlor

Toxaphene

Acid Extractables - TCLP

2-Methylphenol

3 & 4-Methylphenol

Pentachlorophenol

2,4,6-Trichlorophenol

2,4,5-Trichlorophenol

Ignitability (Haz. Waste Char.)

Additional parameters

4-6 ozml bottles only - very difficult sampling

For Lab Use:	Date Received	Sample ID
Temp °C <u>see</u>	OCT 03 2000	0L000678
Analyst <u>see</u>		

per phone call w/ J. Grump 10/3/00 send both samples via 8260B



DPD

Partial Instructions

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

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

Program	ID Number	Example	Pt./Well	Example
Water Supply - Privates	Unique Well No.	AA999	Blank	
Water Supply - Publics RAW	PWS ID No.	24100567	Well No.	002
Water Supply - Publics DIST	PWS ID No.	24100567	Blank	
Waste Management	License No.	00130	Point ID	AD6
Watershed Management	Permit No.	0000030	Outfall No.	001
Fish Management & Habitat Protection	Storet No.	265013	Blank	
Remediation & Redevelopment	CERCLIS No.	006094197	Point ID	001
Remediation & Redevelopment	FID	269191770	Point ID	001
Remediation & Redevelopment	Brownfields No.	000000003	Point ID	001

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

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

The **Program Code** is a two-digit DNR program abbreviation such as WT for Watershed, DG for Drinking and Groundwater, WA for Waste Management, and etc.

The **Region Code** is a single numeric code for the appropriate DNR region (1 is SCR, 2 is SER, 4 is NER, 6 is WCR & 7 is NOR). The computer will assign a region based on the county.

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

The **Lake Grant or Project Number field** should include the Lake Planning Grant Number or the Project Number.

County Code

Adams	01	Florence	19	Marathon	37	Rusk	55
Ashland	02	Fond du Lac	20	Marinette	38	St. Croix	56
Barron	03	Forest	21	Marquette	39	Sauk	57
Bayfield	04	Grant	22	Menominee	40	Sawyer	58
Brown	05	Green	23	Milwaukee	41	Shawano	59
Buffalo	06	Green Lake	24	Monroe	42	Sheboygan	60
Burnett	07	Iowa	25	Oconto	43	Taylor	61
Calumet	08	Iron	26	Oneida	44	Trempealeau	62
Chippewa	09	Jackson	27	Outagamie	45	Vernon	63
Clark	10	Jefferson	28	Ozaukee	46	Vilas	64
Columbia	11	Juneau	29	Pepin	47	Walworth	65
Crawford	12	Kenosha	30	Pierce	48	Washburn	66
Dane	13	Kewaunee	31	Polk	49	Washington	67
Dodge	14	La Crosse	32	Portage	50	Waukesha	68
Door	15	Lafayette	33	Price	51	Waupaca	69
Douglas	16	Langlade	34	Racine	52	Waushara	70
Dunn	17	Lincoln	35	Richland	53	Winnebago	71
Eau Claire	18	Manitowoc	36	Rock	54	Wood	72

State Laboratory of Hygiene
University of Wisconsin Center for Health Sciences
2601 Agriculture Drive, Madison, WI 53707-7996

R.H. Laessig, Ph.D., Director

D.F. Kurtycz, M.D., Medical Director

Environmental Science Section
Organic chemistry

(608) 224-6269

DNR LAB ID 113133790

Id: Point/Well/... Field #: 1 Route: RR6
Collection Date: 10/03/00 Time: 08:00 County: 37 (Marathon)
From: ABBOTSFORD SANITARY SEWER
Description: 2ND MANHOLE SOUTH OF LANDFILL
To: JOHN R. GRUMP
CALL BOX 4001 Source: Leachate
EAU CLAIRE, WI 54702-4001
Account number: RR019 Collected by: JOHN GRUMP
Enforcement
Date Received: 10/03/00 Labslip #: OL000678 Reported: 10/23/00

---- test: VOCS IN WATER BY GC/MS - EPA METHOD 524.2

BENZENE	ND (LOD=0.15 UG/L)
BROMOBENZENE	ND (LOD=0.15 UG/L)
BROMOCHLOROMETHANE	ND (LOD=0.15 UG/L)
BROMODICHLOROMETHANE	ND (LOD=0.15 UG/L)
BROMOFORM	ND (LOD=0.15 UG/L)
BROMOMETHANE	ND (LOD=0.15 UG/L)
N-BUTYLBENZENE	ND (LOD=0.15 UG/L)
SEC-BUTYLBENZENE	ND (LOD=0.15 UG/L)
TERT-BUTYLBENZENE	ND (LOD=0.15 UG/L)
CARBON TETRACHLORIDE	ND (LOD=0.15 UG/L)
CHLOROENZENE	ND (LOD=0.15 UG/L)
CHLOROETHANE	ND (LOD=0.15 UG/L)
CHLOROFORM	ND (LOD=0.15 UG/L)
CHLOROMETHANE	ND (LOD=0.15 UG/L)
2-CHLOROTOLUENE	ND (LOD=0.15 UG/L)
4-CHLOROTOLUENE	ND (LOD=0.15 UG/L)
DIBROMOCHLOROMETHANE	ND (LOD=0.15 UG/L)
1,2-DIBROMO-3-CHLOROPROPANE	ND (LOD=0.20 UG/L)
1,2-DIBROMOETHANE (EDB)	ND (LOD=0.15 UG/L)
DIBROMOMETHANE	ND (LOD=0.15 UG/L)
1,2-DICHLOROENZENE	ND (LOD=0.15 UG/L)
1,3-DICHLOROENZENE	ND (LOD=0.15 UG/L)
1,4-DICHLOROENZENE	ND (LOD=0.15 UG/L)
DICHLORODIFLUOROMETHANE	ND (LOD=0.20 UG/L)
1,1-DICHLOROETHANE	ND (LOD=0.15 UG/L)
1,2-DICHLOROETHANE	ND (LOD=0.15 UG/L)
1,1-DICHLOROETHYLENE	ND (LOD=0.15 UG/L)
CIS-1,2-DICHLOROETHYLENE	ND (LOD=0.15 UG/L)
TRANS-1,2-DICHLOROETHYLENE	ND (LOD=0.15 UG/L)
1,2-DICHLOROPROPANE	ND (LOD=0.15 UG/L)

State Laboratory of Hygiene
University of Wisconsin Center for Health Sciences
2601 Agriculture Drive, Madison, WI 53707-7996

R.H. Laessig, Ph.D., Director

D.F. Kurtycz, M.D., Medical Director

Environmental Science Section (608) 224-6269 DNR LAB ID 113133790
... continuing Labslip # OL000678, Field # 1

1,3-DICHLOROPROPANE	ND (LOD=0.15 UG/L)
2,2-DICHLOROPROPANE	ND (LOD=0.15 UG/L)
1,1-DICHLOROPROPENE	ND (LOD=0.15 UG/L)
CIS-1,3-DICHLOROPROPENE	ND (LOD=0.15 UG/L)
TRANS-1,3-DICHLOROPROPENE	ND (LOD=0.15 UG/L)
ETHYLBENZENE	ND (LOD=0.15 UG/L)
HEXACHLOROBUTADIENE	ND (LOD=0.15 UG/L)
ISOPROPYLBENZENE	ND (LOD=0.15 UG/L)
P-ISOPROPYLTOLUENE	ND (LOD=0.15 UG/L)
METHYL-TERT-BUTYL ETHER	ND (LOD=0.15 UG/L)
METHYLENE CHLORIDE	ND (LOD=0.15 UG/L)
NAPHTHALENE	ND (LOD=0.15 UG/L)
N-PROPYLBENZENE	ND (LOD=0.15 UG/L)
STYRENE	ND (LOD=0.15 UG/L)
1,1,1,2-TETRACHLOROETHANE	ND (LOD=0.20 UG/L)
1,1,2,2-TETRACHLOROETHANE	ND (LOD=0.15 UG/L)
TETRACHLOROETHYLENE	ND (LOD=0.15 UG/L)
TOLUENE	ND (LOD=0.15 UG/L)
1,2,3-TRICHLOROBENZENE	ND (LOD=0.15 UG/L)
1,2,4-TRICHLOROBENZENE	ND (LOD=0.15 UG/L)
1,1,1-TRICHLOROETHANE	ND (LOD=0.15 UG/L)
1,1,2-TRICHLOROETHANE	ND (LOD=0.15 UG/L)
TRICHLOROETHYLENE	ND (LOD=0.15 UG/L)
TRICHLOROFLUOROMETHANE	ND (LOD=0.15 UG/L)
1,2,3-TRICHLOROPROPANE	ND (LOD=0.15 UG/L)
1,2,4-TRIMETHYLBENZENE	ND (LOD=0.15 UG/L)
1,3,5-TRIMETHYLBENZENE	ND (LOD=0.15 UG/L)
VINYL CHLORIDE	ND (LOD=0.20 UG/L)
M/P-XYLENE	ND (LOD=0.15 UG/L)
O-XYLENE	ND (LOD=0.15 UG/L)

VOCS IN WATER BY GC/MS - PREP - METHOD 524.2 C

---- test: TEMPERATURE ON RECEIPT-ICED - 0950

TEMPERATURE ON RECEIPT-ICED

ICED

VOCS IN WATER BY GC/MS - PREP - EPA METHOD 524.2

C

State Laboratory of Hygiene
University of Wisconsin Center for Health Sciences
2601 Agriculture DR, Madison WI 53718

R.H. Laessig, Ph.D., Director D.F. Kurtycz, M.D., Medical Director

Environmental Science Section (608) 224-6269 DNR LAB ID 113133790
Organic chemistry (#1 of 2 on 10/24/00, unseen)

Id: Point/Well/... Field #: 1 Route: RR60

Collection Date: 10/03/00 Time: 08:00 County: 37 (Marathon)

From: ABBOTSFORD SANITARY SEWER

Description: 2ND MANHOLE SOUTH OF LANDFILL

To: JOHN R. GRUMP

CALL BOX 4001

Source: Leachate

EAU CLAIRE, WI 54702-4001

Account number: RR019

Collected by: JOHN GRUMP

Enforcement

Date Received: 10/03/00

Labslip #: OL000678

Reported: 10/23/00

---- test: VOCS IN WATER BY GC/MS - EPA METHOD 524.2

BENZENE	ND (LOD=0.15 UG/L)
BROMOBENZENE	ND (LOD=0.15 UG/L)
BROMOCHLOROMETHANE	ND (LOD=0.15 UG/L)
BROMODICHLOROMETHANE	ND (LOD=0.15 UG/L)
BROMOFORM	ND (LOD=0.15 UG/L)
BROMOMETHANE	ND (LOD=0.15 UG/L)
N-BUTYLBENZENE	ND (LOD=0.15 UG/L)
SEC-BUTYLBENZENE	ND (LOD=0.15 UG/L)
TERT-BUTYLBENZENE	ND (LOD=0.15 UG/L)
CARBON TETRACHLORIDE	ND (LOD=0.15 UG/L)
CHLOROBENZENE	ND (LOD=0.15 UG/L)
CHLOROETHANE	ND (LOD=0.15 UG/L)
CHLOROFORM	ND (LOD=0.15 UG/L)
CHLOROMETHANE	ND (LOD=0.15 UG/L)
2-CHLOROTOLUENE	ND (LOD=0.15 UG/L)
4-CHLOROTOLUENE	ND (LOD=0.15 UG/L)
DIBROMOCHLOROMETHANE	ND (LOD=0.15 UG/L)
1,2-DIBROMO-3-CHLOROPROPANE	ND (LOD=0.20 UG/L)
1,2-DIBROMOETHANE (EDB)	ND (LOD=0.15 UG/L)
DIBROMOMETHANE	ND (LOD=0.15 UG/L)
1,2-DICHLOROBENZENE	ND (LOD=0.15 UG/L)
1,3-DICHLOROBENZENE	ND (LOD=0.15 UG/L)
1,4-DICHLOROBENZENE	ND (LOD=0.15 UG/L)
DICHLORODIFLUOROMETHANE	ND (LOD=0.20 UG/L)
1,1-DICHLOROETHANE	ND (LOD=0.15 UG/L)
1,2-DICHLOROETHANE	ND (LOD=0.15 UG/L)
1,1-DICHLOROETHYLENE	ND (LOD=0.15 UG/L)
CIS-1,2-DICHLOROETHYLENE	ND (LOD=0.15 UG/L)
TRANS-1,2-DICHLOROETHYLENE	ND (LOD=0.15 UG/L)
1,2-DICHLOROPROPANE	ND (LOD=0.15 UG/L)

State Laboratory of Hygiene
University of Wisconsin Center for Health Sciences
2601 Agriculture DR, Madison WI 53718

R.H. Laessig, Ph.D., Director

D.F. Kurtycz, M.D., Medical Director

Environmental Science Section (608) 224-6269 DNR LAB ID 113133790
... continuing Labslip # OL000678, Field # 1

1,3-DICHLOROPROPANE ND (LOD=0.15 UG/L)
2,2-DICHLOROPROPANE ND (LOD=0.15 UG/L)
1,1-DICHLOROPROPENE ND (LOD=0.15 UG/L)
CIS-1,3-DICHLOROPROPENE ND (LOD=0.15 UG/L)
TRANS-1,3-DICHLOROPROPENE ND (LOD=0.15 UG/L)

ETHYLBENZENE ND (LOD=0.15 UG/L)
HEXACHLOROBUTADIENE ND (LOD=0.15 UG/L)
ISOPROPYLBENZENE ND (LOD=0.15 UG/L)
P-ISOPROPYLTOLUENE ND (LOD=0.15 UG/L)
METHYL-TERT-BUTYL ETHER ND (LOD=0.15 UG/L)

METHYLENE CHLORIDE ND (LOD=0.15 UG/L)
NAPHTHALENE ND (LOD=0.15 UG/L)
N-PROPYLBENZENE ND (LOD=0.15 UG/L)
STYRENE ND (LOD=0.15 UG/L)
1,1,1,2-TETRACHLOROETHANE ND (LOD=0.20 UG/L)

1,1,2,2-TETRACHLOROETHANE ND (LOD=0.15 UG/L)
TETRACHLOROETHYLENE ND (LOD=0.15 UG/L)
TOLUENE ND (LOD=0.15 UG/L)
1,2,3-TRICHLOROBENZENE ND (LOD=0.15 UG/L)
1,2,4-TRICHLOROBENZENE ND (LOD=0.15 UG/L)

1,1,1-TRICHLOROETHANE ND (LOD=0.15 UG/L)
1,1,2-TRICHLOROETHANE ND (LOD=0.15 UG/L)
TRICHLOROETHYLENE ND (LOD=0.15 UG/L)
TRICHLOROFLUOROMETHANE ND (LOD=0.15 UG/L)
1,2,3-TRICHLOROPROPANE ND (LOD=0.15 UG/L)

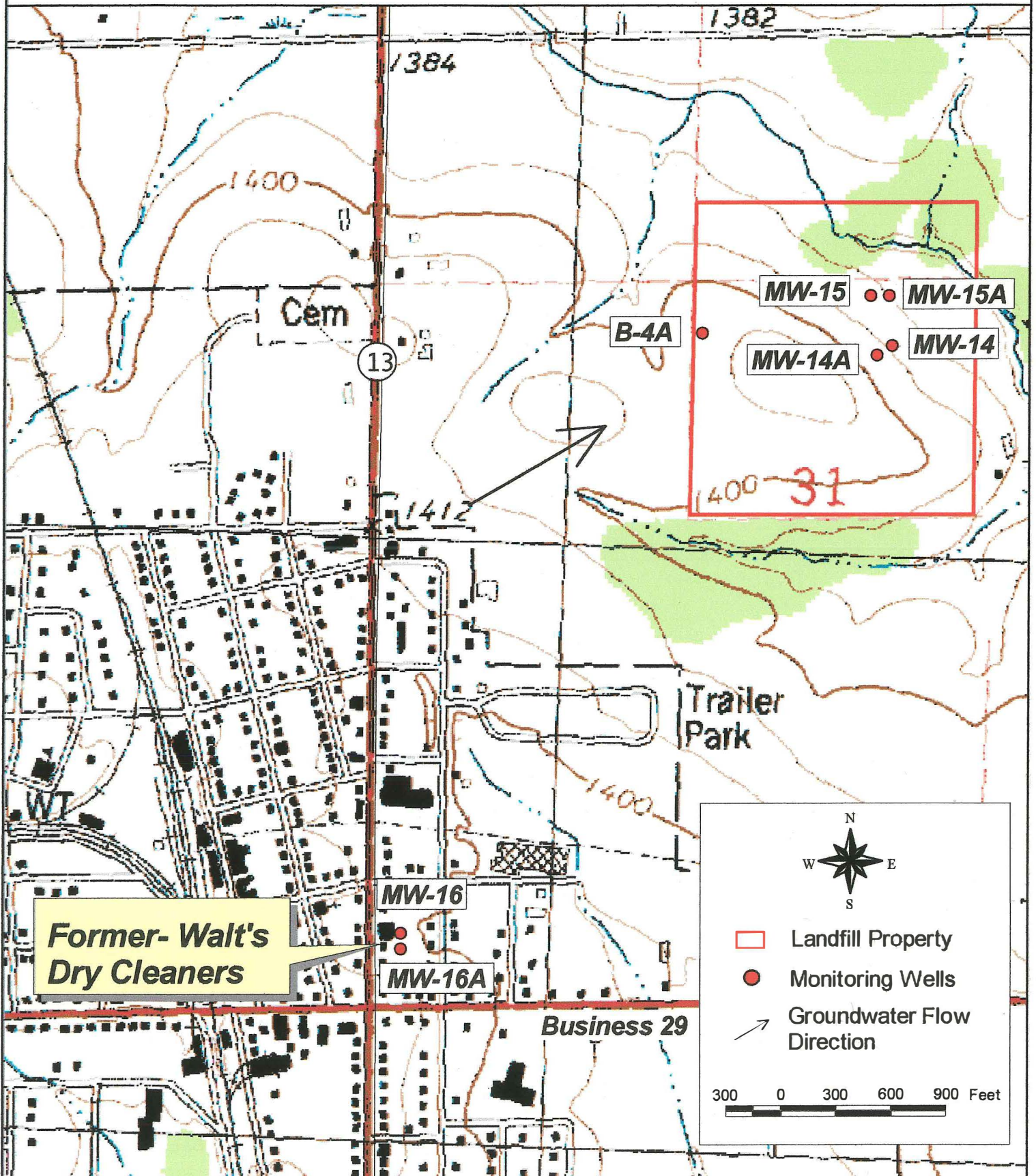
1,2,4-TRIMETHYLBENZENE ND (LOD=0.15 UG/L)
1,3,5-TRIMETHYLBENZENE ND (LOD=0.15 UG/L)
VINYL CHLORIDE ND (LOD=0.20 UG/L)
M/P-XYLENE ND (LOD=0.15 UG/L)
O-XYLENE ND (LOD=0.15 UG/L)

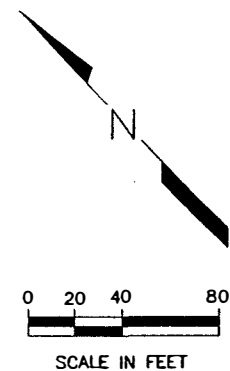
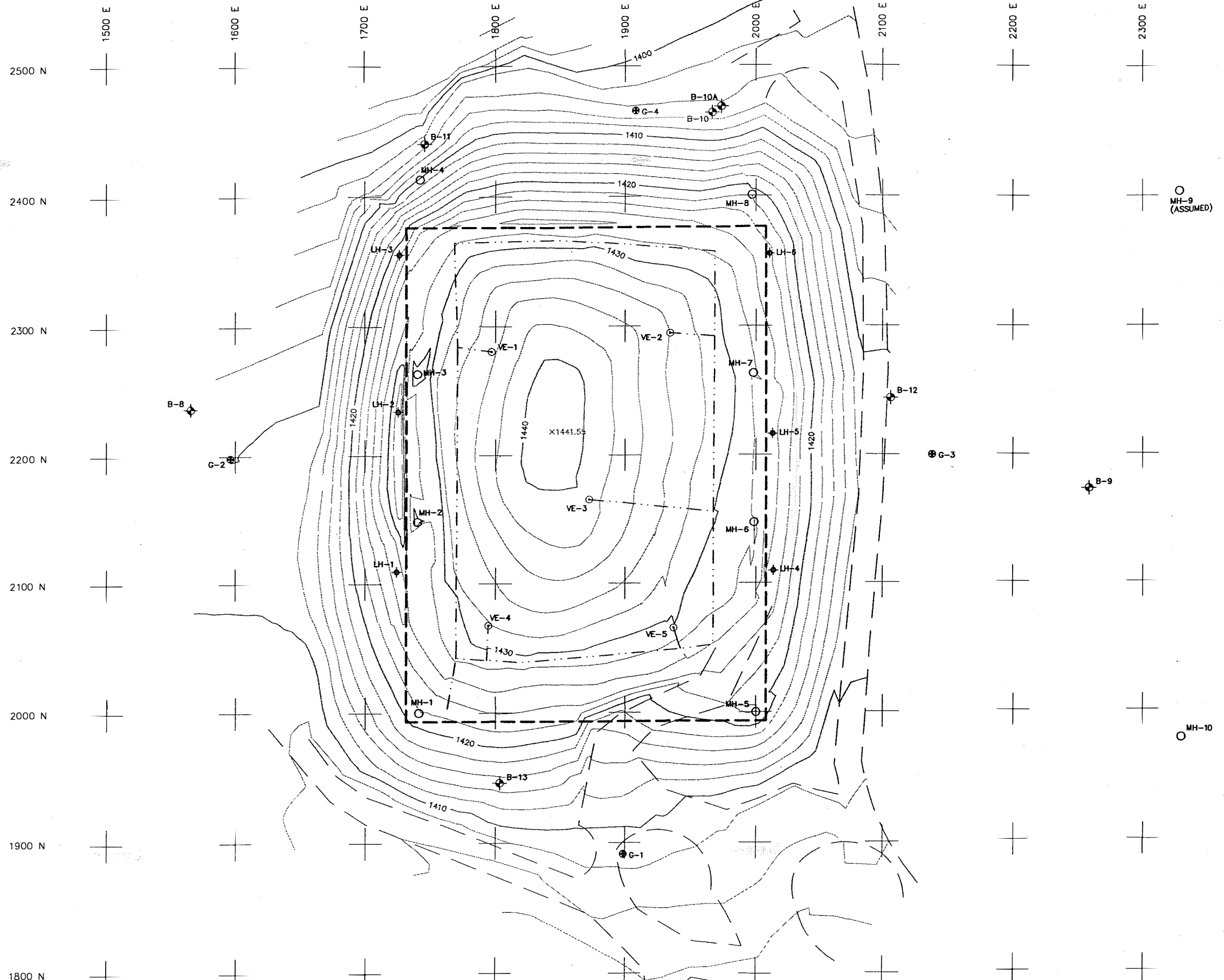
VOCS IN WATER BY GC/MS - PREP - METHOD 524.2 C

---- test: TEMPERATURE ON RECEIPT-ICED - 0950
TEMPERATURE ON RECEIPT-ICED ICED
VOCS IN WATER BY GC/MS - PREP - EPA METHOD 524.2 C

Abbotsford PCE Investigation

Abbotsford, WI





- LEGEND**
- 1400 — EXISTING GROUND CONTOUR
 - - - ACCESS ROAD
 - - - - - APPROXIMATE LIMITS OF WASTE
 - · · · · LANDFILL GAS COLLECTION LINE (SDR 11 HDPE)
 - VE-1 ⊙ GAS EXTRACTION WELL LOCATION AND NUMBER
 - G-1 ⊕ GAS PROBE LOCATION AND NUMBER
 - B-1 ⊕ GROUNDWATER MONITORING WELL LOCATION AND NUMBER
 - MH-1 ○ MANHOLE LOCATION AND NUMBER
 - LH-1 ⊕ LEACHATE HEAD MONITORING DEVICE LOCATION AND NUMBER

- NOTES:**
1. BASE MAP PREPARED FROM A SURVEY BY SEH, INC. IN JULY, 2000. ELEVATIONS BASED ON MEAN SEA LEVEL DATUM.
 2. CONTOUR INTERVAL OF TWO FEET.

K:\WASTE\ABBOTSFORD\9806\CONSTRUCTION\REVIEWS\ABOTFFE1.DWG
 DATE: 02-12-01 TIME: 8:12 am USER: CRUZ/ISP
 XREFS:

NO.	DATE	ISSUE/REVISIONS	DRAWN BY	DESIGN	FIELD REVIEW	QC CHECK
1	8/16/00	ORIGINAL ISSUE	BRH	8/00	MJB	8/00
2	2/14/01	REVISED PROPOSED GRADES	BRH	2/01	MJB	2/01
					MJS	2/14/01



**ABBOTSFORD SANITARY LANDFILL
ADDENDUM TO SUBTITLE D CLOSURE PLAN
AND GROUNDWATER PLAN MODIFICATION**

PROJ. NO.	1
ABBOT9606	
DATE	2/14/01
	4

Abbotsford PCE Investigation

