

February 26, 2010
(117-4169012.01)

Mr. Thomas Wentland
Waste Management Engineer
Wisconsin Department of Natural Resources
P.O. Box 408
Plymouth, WI 53073-0408

RE: Annual Progress Report, Source Area Remedial Action, Sta-Rite Industries, LLC Facility, Delavan, Wisconsin
BRRTS# 02-65-529579, FID# 265091640

Dear Mr. Wentland:

Enclosed is the Annual Progress Report for the source area remedial action at the Sta-Rite Industries, LLC (Pentair Water) facility in Delavan, Wisconsin.

SITE NAME/ACTIVITY:
Contract No. SF-90-02
Delavan Municipal Well #4
Delavan, Wisconsin
Source Remediation

DATE: February 26, 2010

PERIOD: January 1 through December 31, 2009

The format of this report follows the Wisconsin Department of Natural Resources (WDNR) "Guidance for Design, Installation, and Operation of Soil Venting Systems," WDNR Emergency and Remedial Response Section, July 1993, PUBL-SW185-93.

As recommended in the 2007 progress report, the former soil vapor extraction (SVE) wells in the former sump area were decommissioned in May 2009. All of the former SVE wells on the Delavan facility have now been decommissioned. The groundwater extraction wells on the Delavan facility will continue to be operated in 2010. Annual sampling of the wells that are part of the groundwater monitoring program for the Delavan facility will also be performed in 2010. If you require additional information or have any questions regarding these matters, please contact Mr. Dave Mirek or me at your convenience.

Sincerely,

GEOTRANS, INC.



Mark A. Manthey, P.G.
Senior Hydrogeologist
mmanthey@geotransinc.com

Encs.

cc: Dave Mirek (2 copies), Sta-Rite Industries, LLC
Henry Nehls-Lowe, Wisconsin Division of Health, Madison

SUMMARY OF PROGRESS MADE THIS REPORTING PERIOD

The following remedial action activities took place in 2009:

1. Groundwater was pumped continuously from the seven groundwater extraction wells on the Delavan facility (EX-1, EX-2R, EX-3, EX-4, EX-5, EX-6, and EX-7).
2. The 27 former soil vapor extraction (SVE) wells located in the former sump source area were decommissioned by Boart Longyear personnel under the supervision of a GeoTrans environmental technician on May 5, 2009. Copies of the well abandonment forms are provided in Appendix A.
3. Sta-Rite Industries personnel repaired a leak in the discharge line of extraction well EX-1 on August 13, 2009.
4. GeoTrans and Sta-Rite Industries personnel measured the pumping rates of the seven groundwater extraction wells on August 26, 2009 after the repairs were made to the EX-1 discharge line (Table 1.) The pumping rate measurements were used to update the total daily flow rate reported on the wastewater discharge monitoring reports for the Delavan facility remedial action.
5. One round of groundwater samples was collected from the monitor wells and groundwater extraction wells that are part of the groundwater monitoring program for the Delavan facility. The analytical results from 2009 show continued declining or stable volatile organic compound (VOC) concentrations for the majority of the monitoring points both at Plant 1 and Plant 2. The analytical results for the groundwater samples collected from the site during this reporting period are summarized on Table 2 and Figure 1. Laboratory results for the

groundwater monitoring conducted during this reporting period are included in Appendix B and Appendix C.

GROUNDWATER

Residual groundwater impacts originating from the former southeast extraction system (SES) and former sump source areas are controlled by extraction wells EX-1 and EX-7. Groundwater downgradient of the former chip storage extraction system (CSES) source area is controlled by extraction wells EX-2R, EX-3, EX-4, EX-5, and EX-6. Wastewater discharge monitoring reports documenting the flow rate and effluent chemistry where the combined flow from the seven extraction wells is discharged to the storm sewer (storm sewer outfall SS-1) are provided in Appendix C.

Groundwater Sampling

One round of groundwater samples was collected from the existing monitor wells and groundwater extraction wells that are part of the Delavan facility groundwater monitoring program from July 27 through July 29, 2009. Monthly grab water samples were also collected from the storm sewer (sample identification SS-1) in which the groundwater pumped from the seven Delavan facility extraction wells is discharged. The analytical results for the July 2009 sampling round are included in Table 2. Total VOC concentrations for the annual sampling event are also listed next to each sampling point on Figure 1. Time versus concentration plots were prepared and graphed for contaminant concentrations in the most highly impacted wells near Plant 1 and Plant 2 and are included as Figures 2 through 8.

The following summarizes the trends in water quality at site monitoring points.

Plant 1: Four monitor wells and two extraction wells were sampled during this reporting period. Contaminants of concern are 1,1,1-trichloroethane (TCA) and

trichloroethene (TCE). The tetrachloroethene (PCE) results for the Plant 1 wells are also discussed as it is a contaminant of concern at Plant 2.

PCE: No PCE was detected in any of the groundwater samples collected from the Plant 1 wells.

TCA: The TCA concentration in the groundwater sample collected from monitor well TW-4 exceeded the NR140 preventive action limit (PAL) of 40 ug/L. The remaining wells sampled during this reporting period had reported TCA concentrations below NR140 groundwater quality standards. Comparison of the 2008 TCA results to the 2009 TCA results is presented below:

TCA NR140 Enforcement Standard (ES) = 200 ug/L

TCA NR140 Preventive Action Limit (PAL) = 40 ug/L

- TCA concentrations in MW-1026 increased from not detected above the method detection limit of 0.50 ug/L to 6.9 ug/L. The reported TCA concentrations in previous samples collected from MW-1026 were 41 ug/L in 2007 and 93 ug/L in 2006 so the 2009 analytical data confirms a decline in TCA concentrations at MW-1026 over the past four years.
- The TCA concentration in MW-1027 decreased from 32 ug/L to 22 ug/L.
- TCA concentrations in TW-4 decreased from 71 ug/L to 52 ug/L.
- TCA concentrations decreased slightly in D-25R from 7.3 ug/L to 6.2 ug/L.

- The TCA concentration in extraction well EX-2R decreased from 15 ug/L to 5.0 ug/L while the TCA concentration in extraction well EX-3 increased from 7.5 ug/L to 14 ug/L.

TCE: TCE concentrations exceeded the NR140 ES of 5.0 ug/L in the groundwater samples collected from monitor wells MW-1027, TW-4, and D-25R, and extraction well EX-3 during this reporting period. TCE was detected in the groundwater samples collected from monitor well MW-1026 and extraction well EX-2R at concentrations above the PAL of 0.50 ug/L. Comparison of the 2008 TCE results to the 2009 TCE results is presented below:

TCE NR140 ES = 5.0 ug/L

TCE NR140 PAL = 0.50 ug/L

- TCE concentrations in MW-1026 increased slightly from not detected above its method detection limit of 0.20 ug/L to 1.5 ug/L.
- TCE concentrations in MW-1027 decreased from 88 ug/L to 52 ug/L.
- The reported TCE concentration in monitor well TW-4 decreased from 36 ug/L to 25 ug/L.
- At monitor well D-25R, the TCE concentration decreased from 8.3 ug/L to 6.0 ug/L.
- The TCE concentration in extraction well EX-2R decreased from 22 ug/L to 4.5 ug/L.

- The TCE concentration in extraction well EX-3 increased from 3.6 ug/L to 21 ug/L.

Plant 2: Seven monitor wells and one extraction well was sampled during this reporting period. Extraction well EX-1 was not sampled because the well was shut off due to the leak in the groundwater discharge line mentioned above, which was repaired on August 13th. Contaminants of concern are PCE, TCA, and TCE.

PCE: PCE was detected above its ES of 5.0 ug/L in the groundwater samples collected from monitor well D-15 and extraction well EX-7. The PAL for PCE, which is 0.50 ug/L, was exceeded in the groundwater samples collected from monitor wells D-18 and TW-3. No PCE was detected in the groundwater samples collected from monitor wells MW-2004, MW-2005R, MW-2011, and TW-1. A comparison of the 2008 PCE results to the 2009 PCE results is presented below:

PCE NR140 ES = 5.0 ug/L

PCE NR140 PAL = 0.50 ug/L

- The PCE concentration in monitor well D-18 increased slightly from not detected above the method detection limit of 0.50 ug/L in 2008 to 1.4 ug/L in 2009.
- No PCE was detected in the samples collected from monitor wells MW-2004, MW-2005R, and MW-2011 in 2008 and 2009.
- PCE concentrations in monitor well D-15 increased slightly from 10 ug/L to 11 ug/L.

No-D

- PCE concentrations in monitor well TW-1 decreased from 0.53 ug/L to not detected above the method detection limit of 0.50 ug/L.
- The PCE concentration in TW-3 increased slightly from 1.5 ug/L to 1.8 ug/L.
- The PCE concentration in extraction well EX-7 increased slightly from 6.2 ug/L to 7.5 ug/L.

TCA: TCA was only detected in monitor well MW-2011, which is located in the former SES area. As shown on Table 1, the reported TCA concentration in the groundwater sample collected from MW-2011 was 1.5 ug/L, which is well below the Chapter NR140 PAL of 40 ug/L for TCA. The groundwater sample collected from MW-2011 in 2008 had a reported TCA concentration of 2.0 ug/L.

TCE: The Chapter NR140 ES for TCE of 5.0 ug/L was exceeded in the groundwater samples collected from monitor wells MW-2011 and D-15 and extraction well EX-7. Monitor well D-15, which is located near the former sump source area, had the highest reported TCE concentration of 21 ug/L. The PAL for TCE (0.50 ug/L) was exceeded in the groundwater samples collected from monitor wells D-18 and TW-3. The reported TCE concentration in the sample collected from TW-1 was 0.27 ug/L, which is below the PAL. No TCE was detected in the groundwater samples collected from monitor wells MW-2004 and MW-2005R. A comparison of the 2008 TCE results to the 2009 TCE results is presented below:

TCE NR140 ES = 5.0 ug/L

TCE NR140 PAL = 0.50 ug/L

- The TCE concentration in monitor well D-18 increased slightly from not detected above the method detection limit of 0.20 ug/L to 1.0 ug/L.
- No TCE was detected in the 2008 and 2009 groundwater samples collected from monitor wells MW-2004 and MW-2005R.
- The TCE concentration in monitor well MW-2011 increased slightly from 12 ug/L in 2008 to 14 ug/L in 2009.
- The reported TCE concentration in the groundwater samples collected from monitor well D-15 in 2008 and 2009 were both 21 ug/L.
- The TCE concentration at monitor well TW-1 decreased slightly from 0.62 ug/L to 0.27 ug/L.
- TCE concentrations in monitor well TW-3 increased slightly from 0.79 ug/L to 0.86 ug/L.
- TCE impacts in extraction well EX-7 increased from 7.5 ug/L to 9.3 ug/L.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Significant reductions in VOC impacts at site monitor wells have been observed since the remedial action began. While VOC removal from the dual soil vapor extraction/groundwater extraction (SVE/GWE) wells in the former CSES and former SES areas and the SVE wells in the

former sump source has been discontinued, hydraulic control of the contaminant plume is maintained by pumping from the seven groundwater extraction wells located on the Delavan facility property (EX-1, EX-2R, EX-3, EX-4, EX-5, EX-6 and EX-7).

Recommendations

Pumping from the seven extraction wells on the Delavan facility will continue (EX-1, EX-2R, EX-3, EX-4, EX-5, EX-6 and EX-7). Annual sampling of the monitor wells and extraction wells that are part of the groundwater monitoring program for the Delavan facility will continue (Table 3).

FIGURES

- Figure 1. Site Layout and Total VOC Concentrations for Site Groundwater Monitoring Points
- Figure 2. Plant 1 Trichloroethene (TCE) Concentration Changes
- Figure 3. Plant 1 1,1,1-Trichloroethane (TCA) Concentration Changes
- Figure 4. Plant 1 Total VOC Concentration Changes
- Figure 5. Plant 2 Trichloroethene (TCE) Concentration Changes
- Figure 6. Plant 2 1,1,1-Trichloroethane (TCA) Concentration Changes
- Figure 7. Plant 2 Tetrachloroethene (PCE) Concentration Changes
- Figure 8. Plant 2 Total VOC Concentration Changes

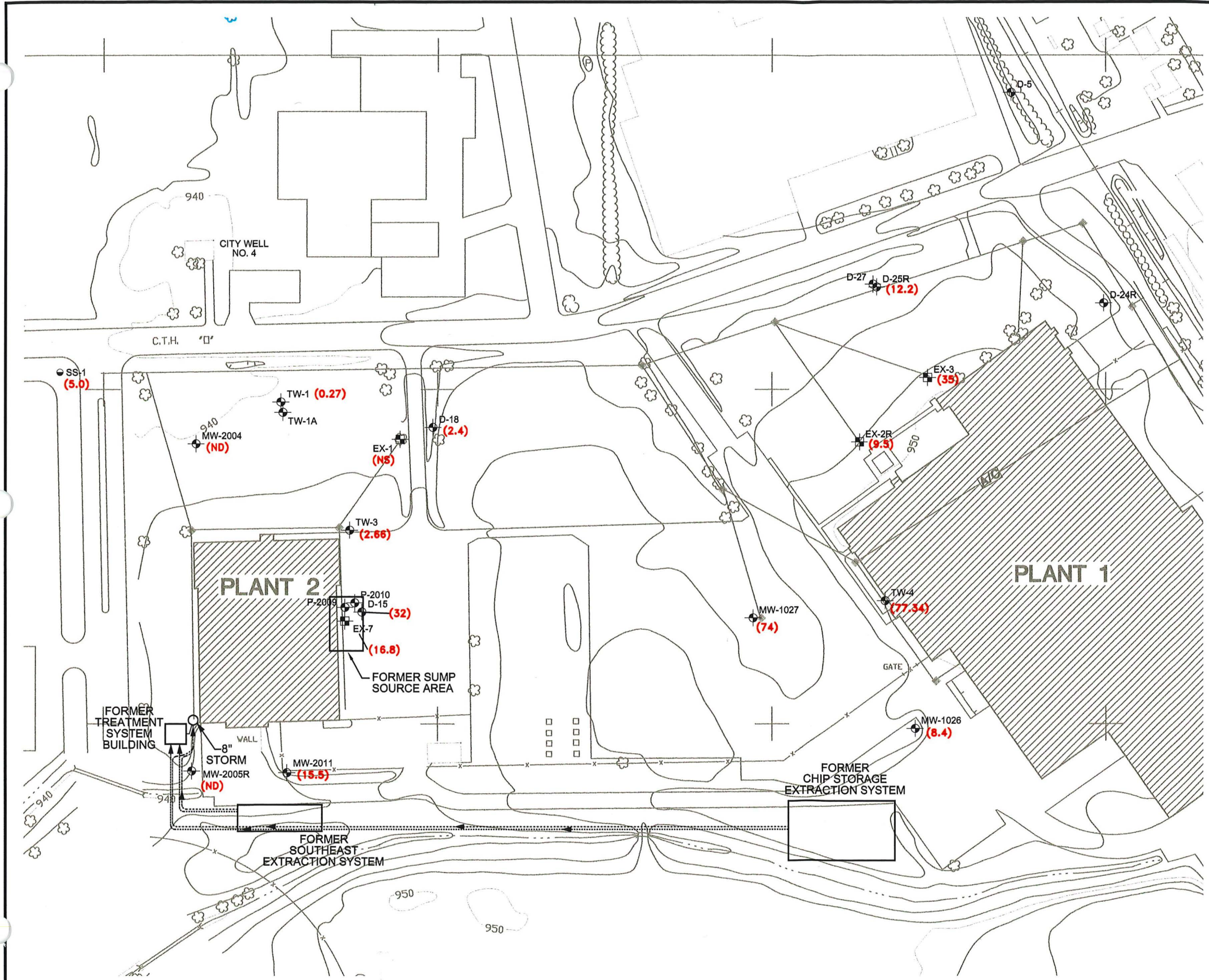
TABLES

- Table 1. Sta-Rite Delavan Facility Extraction Wells Pumping Rate and Specific Capacity Calculations
- Table 2. Summary of Groundwater Monitoring Analytical Results
- Table 3. Delavan Facility Groundwater Monitoring Program

APPENDICES

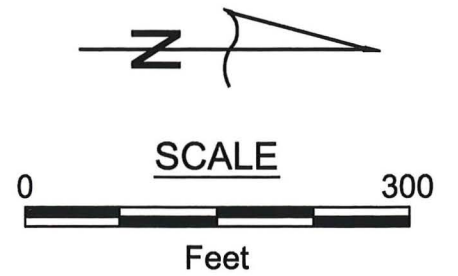
- Appendix A. Former Sump Source Area Soil Vapor Extraction Wells Abandonment Forms
- Appendix B. Groundwater Monitoring Analytical Results.
- Appendix C. Wastewater Discharge Monitoring Reports and Storm Sewer Outfall SS-1 Analytical Results

FIGURES



EXPLANATION

- MW-2004 MONITOR WELL LOCATION AND DESIGNATION
- E-3 EXTRACTION WELL LOCATION AND DESIGNATION
- SS-1 STORM SEWER SAMPLE LOCATION AND DESIGNATION
- P-2009 PIEZOMETER LOCATION AND DESIGNATION
- (16.8)** TOTAL VOCs CONCENTRATION (ug/L) FROM 2009 SAMPLING ROUND
- (ND)** NO VOCs DETECTED
- (NS)** NOT SAMPLED

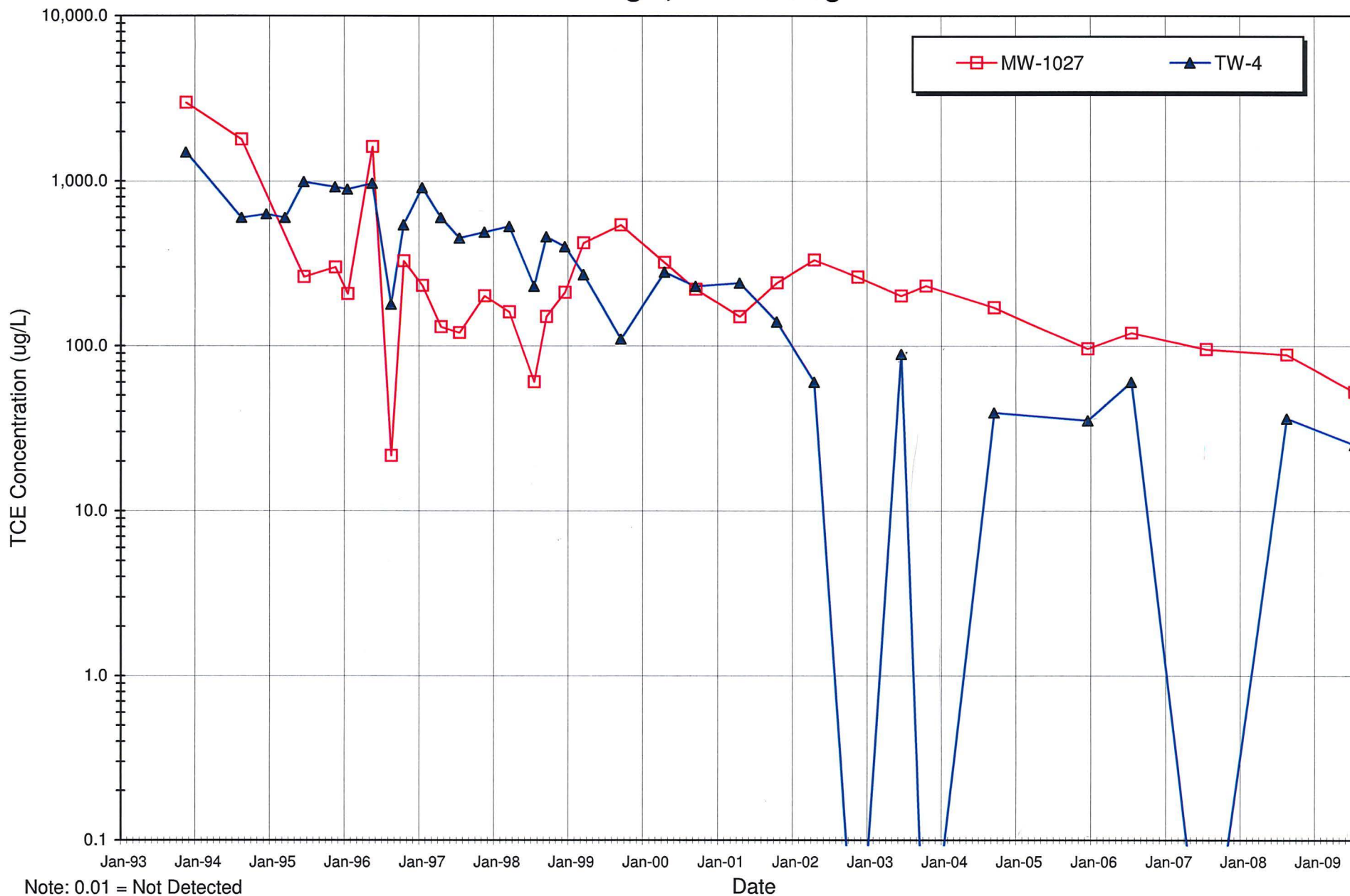


STA-RITE INDUSTRIES, INC. DELAVAN, WISCONSIN	DATE: 1/27/10
	DESIGNED: HJW
SITE LAYOUT AND TOTAL VOCs CONCENTRATIONS FOR GROUNDWATER MONITORING POINTS	CHECKED: MAM
	APPROVED: MAM
	DRAWN: HJW
	PROJ.: 117-4169012

Figure 1

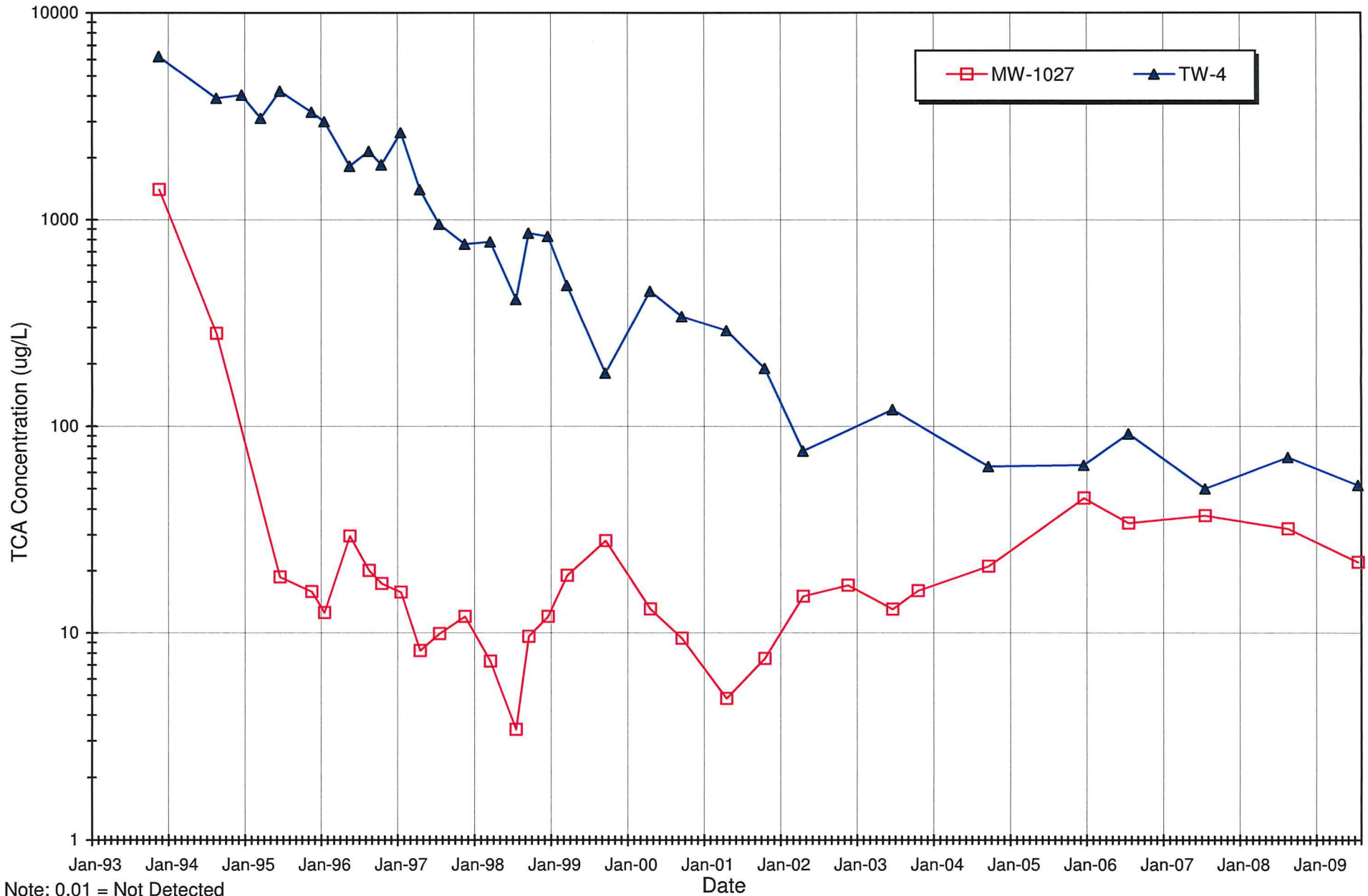
BASE MAP FROM AREO-METRIC ENGINEERING, 4/16/88.

Figure 2. Plant 1 Trichloroethene (TCE) Concentration Changes
ES = 5 ug/L, PAL = 0.5 ug/L



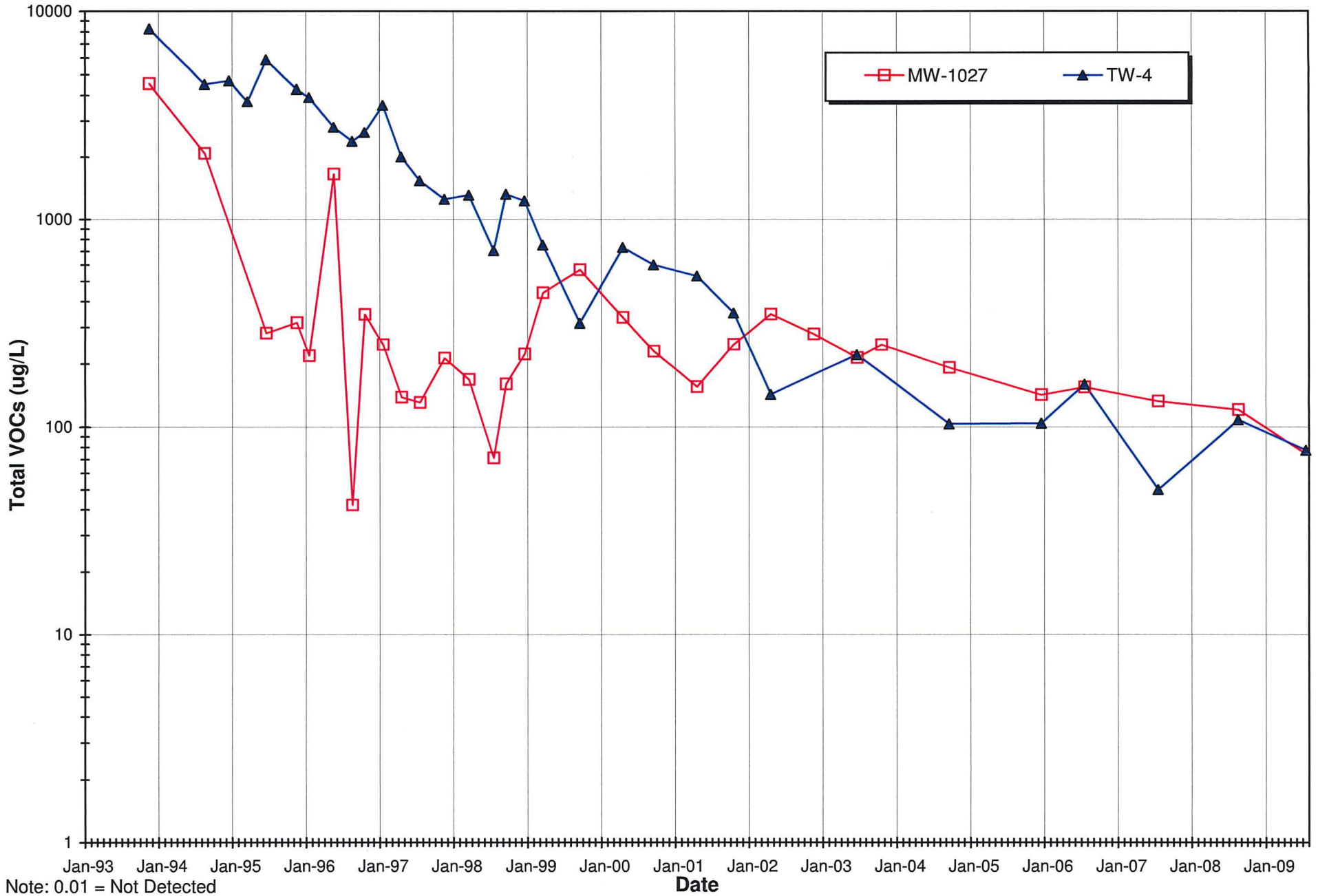
Note: 0.01 = Not Detected

Figure 3. Plant 1 1,1,1-Trichloroethane (TCA) Concentration Changes
ES = 200 ug/L, PAL = 40 ug/L



Note: 0.01 = Not Detected

Figure 4. Plant 1 Total VOC Concentration Changes



Note: 0.01 = Not Detected

Figure 5. Plant 2 Trichloroethene (TCE) Concentration Changes
ES = 5 ug/L, PAL = 0.5 ug/L

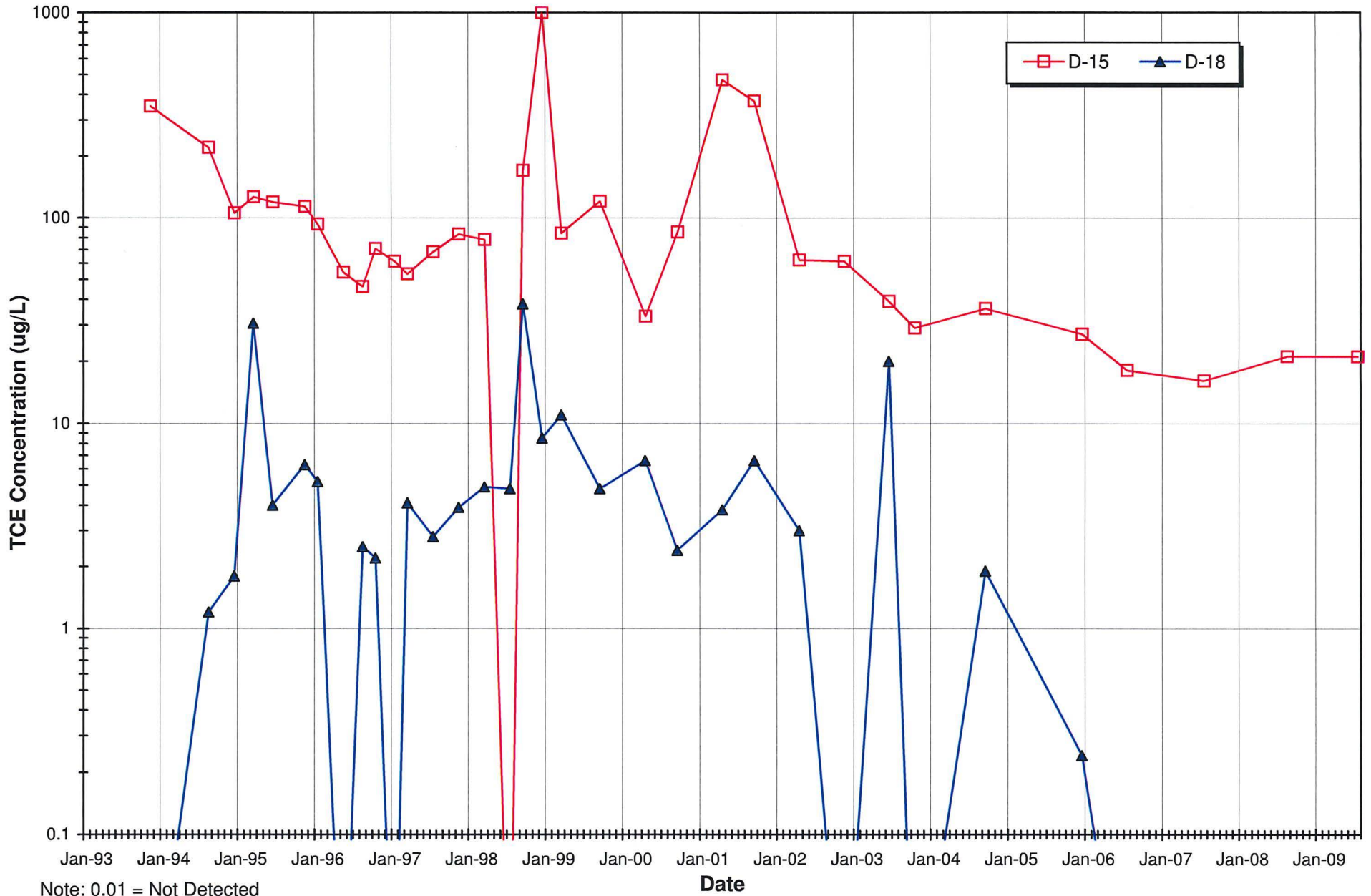
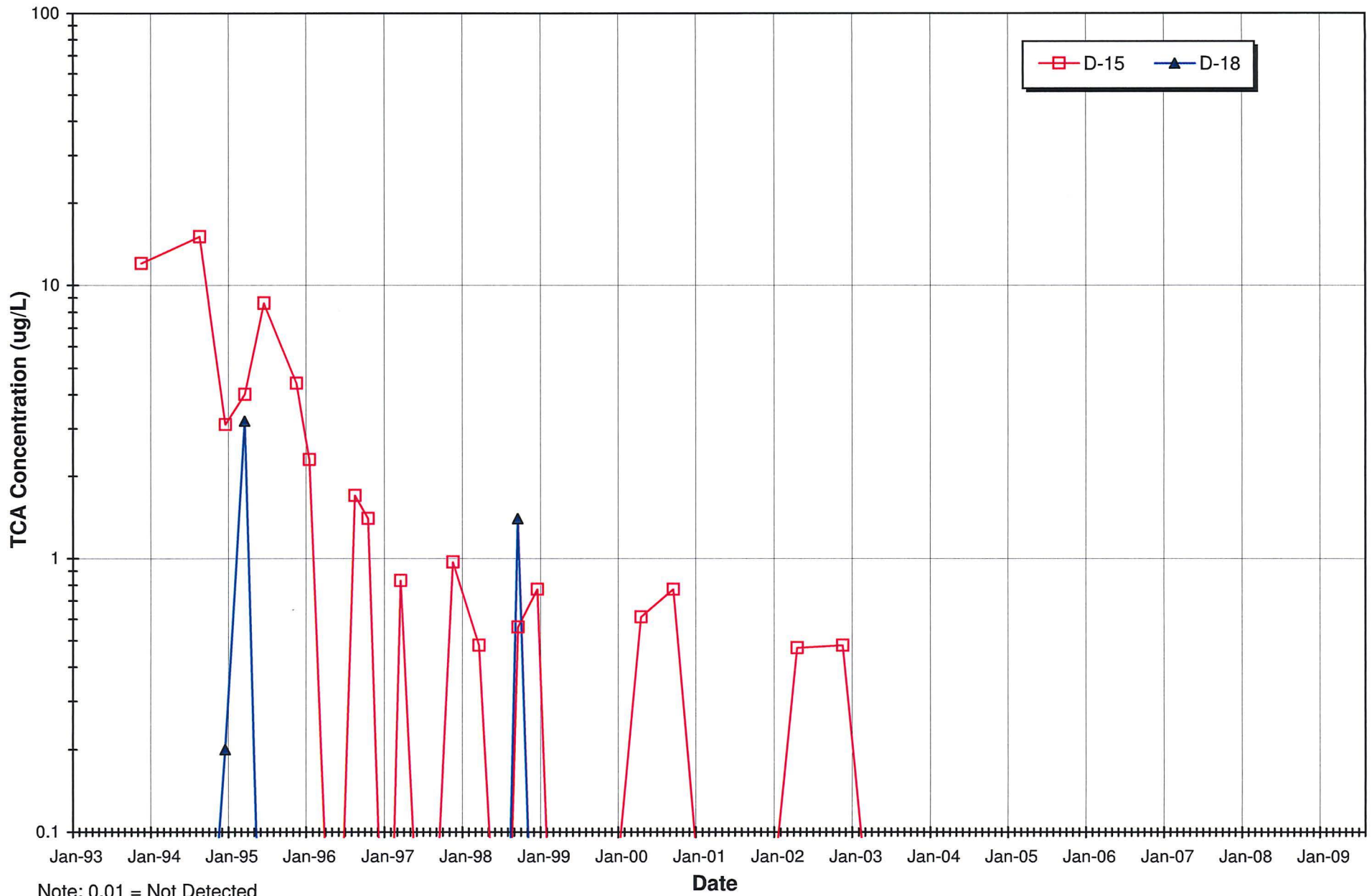


Figure 6. Plant 2 1,1,1-Trichloroethane (TCA) Concentration Changes
ES = 200 ug/L, PAL = 40 ug/L



Note: 0.01 = Not Detected

Figure 7. Plant 2 Tetrachloroethene (PCE) Concentration Changes
ES = 5 ug/L, PAL = 0.5 ug/L

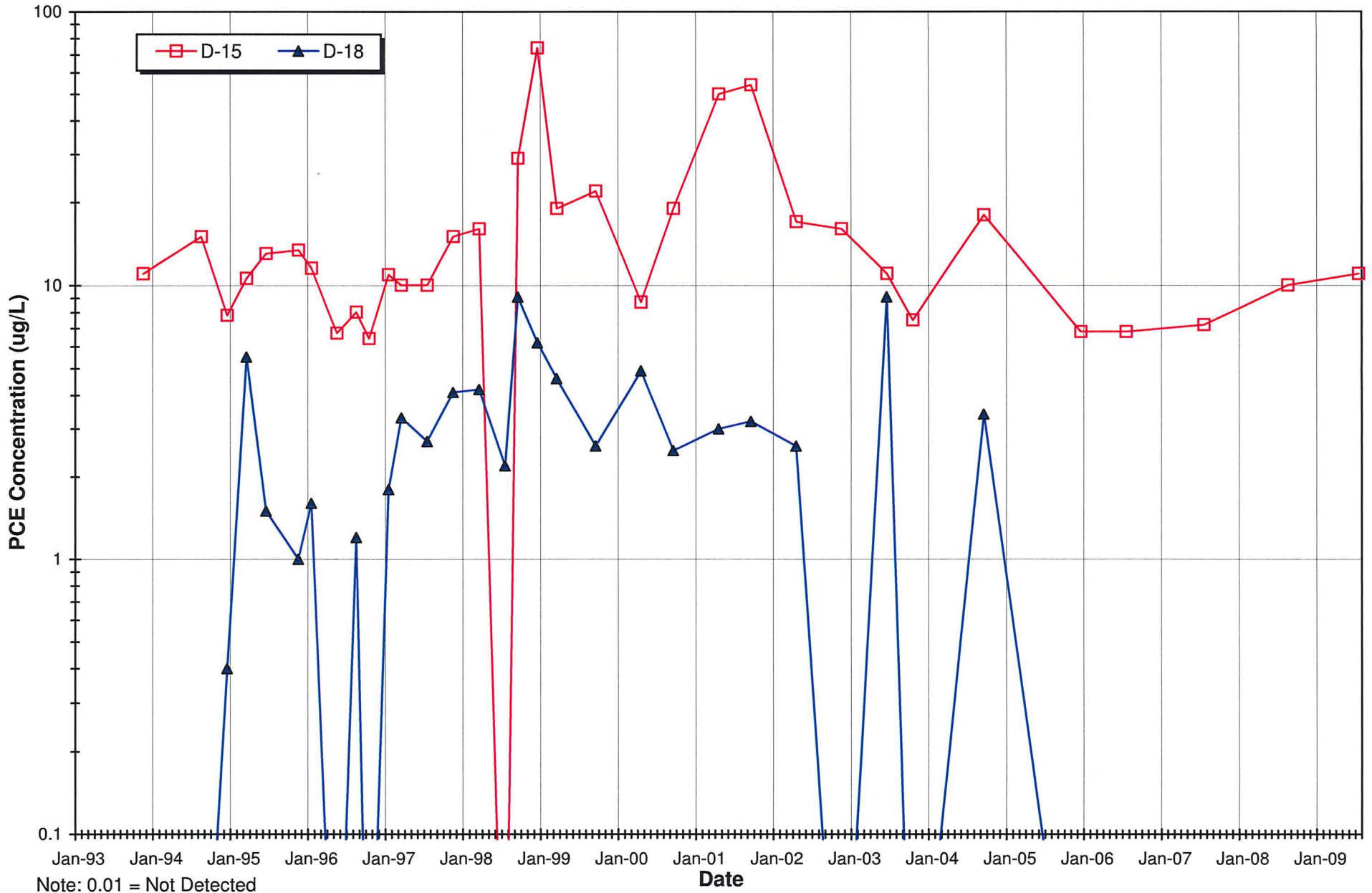
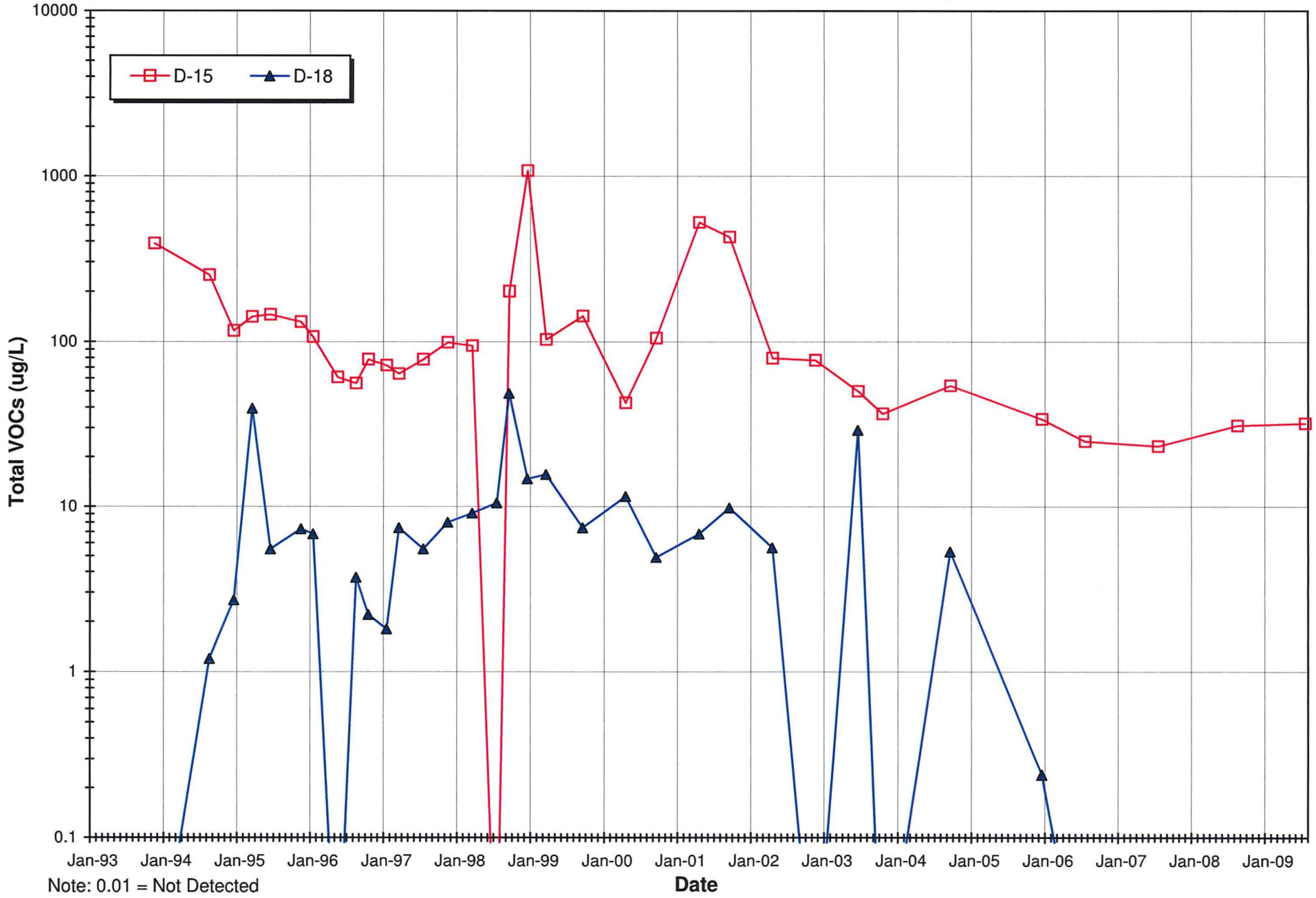


Figure 8. Plant 2 Total VOC Concentration Changes



Note: 0.01 = Not Detected

TABLES

Table 1. Sta-Rite Delavan Facility Extraction Wells Pumping Rate and Specific Capacity Calculations

Date of Tests: August 26, 2009

Well Identification	Test #1				Test #2				Test #3				Average Pumping Rate (gpm)
	Volume (gallons)	Elapsed Time		Pumping Rate (gpm)	Volume (gallons)	Elapsed Time		Pumping Rate (gpm)	Volume (gallons)	Elapsed Time		Pumping Rate (gpm)	
		(minutes)	(seconds)			(minutes)	(seconds)			(minutes)	(seconds)		
EX-1	55	0	37	89.2	55	0	38	86.8	55	0	37	89.2	88.4
EX-2	55	0	32	103.1	55	0	32	103.1	55	0	31	106.5	104.2
EX-3	55	1	36	34.4	55	1	27	37.9	55	1	26	38.4	36.9
EX-4	55	0	31	106.5	55	0	31	106.5	55	0	32	103.1	105.3
EX-5	55	0	30	110.0	55	0	30	110.0	55	0	29	113.8	111.3
EX-6	55	0	30	110.0	55	0	30	110.0	55	0	30	110.0	110.0
EX-7	55	0	54	61.1	55	0	57	57.9	55	0	55	60.0	59.7

TOTAL AVERAGE PUMPING RATE	615.8 gpm
	886,765.2 gallons per day
	0.8868 million gallons per day

Well Identification	Well Depth (feet btoc)	Depth to Groundwater		Drawdown (feet)	Specific Capacity (gpm/ft)
		Pump Off (feet btoc)	Pump On (feet btoc)		
EX-1	40.02	25.46	30.80	5.34	16.56
EX-2	49.28	31.72	36.28	4.56	22.86
EX-3	43.98	30.26	36.34	6.08	6.07
EX-4	45.70	29.56	31.60	2.04	51.64
EX-5	44.82	29.38	33.26	3.88	28.68
EX-6	45.50	28.73	30.42	1.69	65.09
EX-7	44.30	27.20	40.00	12.80	4.66

Notes: feet btoc = feet below top of well casing. gpm = gallons per minute

Table 2. Summary of Groundwater Monitoring Analytical Results

WELL	DATE	PCE	1,1,1-TCA	TCE	1,1,2-TCA	Vinyl Chloride	Acetone	Bromoform	Chloroform	1,1-DCA	1,2-DCA	1,1-DCE	CIS-1,2-DCE	Methylene Chloride	Total VOCs
NR 140	ES	5.0	200	5	5	0.2	1000	4.4	6	850	5	7	70	5	
NR 140	PAL	0.5	40	0.5	0.5	0.02	200	0.44	0.6	85	0.5	0.7	7	0.5	
Plant #1															
MW-1026	10/29/91	0.60	16000	1300	8.2	<0.3	<1.0	<0.5	3.0	920	87	1,200	5.6	5.3	19541
Downgradient	10/29/91	1.2	15000	1300	7.1	<0.3	<1.0	<0.5	2.0	850	76	1,100	20	4.6	18389.4
	12/11/91	1.0	22000	1500	10	<0.3	<1.0	<0.5	3.7	350	6.1	1,400	40	4.3	25315.8
	11/11/93	<0.5	4500	250	1.0	<0.3	<1.0	<0.5	<0.5	4.8	<0.5	150	0.50	<1.0	4906.3
	08/16/94	<1	1500	210	NA	<5	NA	NA	NA	NA	NA	NA	NA	NA	1710
	12/13/94	<25	865	183	NA	<25	NA	NA	NA	NA	NA	NA	NA	NA	1048
	06/21/95	<0.34	41.9	72	<0.19	<0.27	<1.0	<0.5	<0.28	7.8	NA	3.0	<0.30	NA	124.7
	11/07/95	<0.5	<0.5	52.4	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	52.4
	01/25/96	<0.5	49.6	30.8	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	80.4
	05/13/96	<0.5	74.4	27.1	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	101.5
	08/13/96	<0.5	41	33.1	5.6	<0.5	<1.0	<0.4	<0.5	5.5	<1.6	0.5	NA	NA	86.2
	10/08/96	<0.5	26.1	21.5	1.8	<0.5	<1.0	<0.4	<0.5	2.2	<1.6	1.1	NA	NA	52.7
	01/21/97	<0.5	27	17.1	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	44.1
	04/01/97	<0.63	28	15	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	43
	07/23/97	<0.63	22	11	1.0	<0.46	<1.0	<0.14	<0.18	1.8	<0.20	<0.73	0.60	<0.87	36.4
	11/18/97	<0.25	20	13	NA	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	33
	03/23/98	<0.63	15	10	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	25
	07/27/98	<0.25	8.4	4.5	1.8	<0.25	3.7	<0.14	<0.18	3.7	<0.20	<0.73	0.48	<0.87	22.58
	09/28/98	<0.63	21	15	1.7	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	37.7
	12/08/98	<0.63	24	14	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	38
	03/12/99	<0.63	21	13	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	34
09/25/03	<0.50	25	6.1	<0.25	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	31.1	
12/15/03	<0.50	34	10	<0.20	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	44	
12/14/05	<0.50	91	21	0.27	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	112.27	
07/31/06	<1.0	93	18	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	111	
MW-1026	07/31/07	<0.50	41	9.8	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	50.8	
	08/19/08	<0.50	<0.50	<0.20	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	0	
	07/28/09	<0.50	6.9	1.5	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	8.4	
MW-1027															
	10/29/91	<0.5	780	1700	<0.5	<0.3	<1.0	<0.5	1.0	1.2	<0.5	68	22	<1	2596.3
	12/12/91	<0.5	500	1200	<0.5	<0.3	<1.0	<0.5	0.5	0.6	<0.5	35	11	0.50	1747.6
	11/11/93	<0.5	1400	3000	<0.5	<0.3	<1.0	<0.5	<0.5	3.1	<0.5	100	24	<1.0	4527.1
	08/17/94	<1	280	1800	NA	<5	NA	NA	NA	NA	NA	NA	NA	NA	2080
	06/21/95	<0.34	18.6	262	<0.19	<0.27	<1.0	<0.28	<0.28	<0.12	<0.5	<0.18	<0.30	NA	280.6
	11/07/95	<0.5	15.8	299	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	314.8
	01/26/96	<0.5	12.5	206	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	218.5
	05/13/96	<0.5	29.4	1620	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	1649.4
	08/14/96	<0.5	20	21.5	<0.5	<0.5	<1.0	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	42
	10/08/96	<0.5	17.3	326	<0.5	<0.5	<1.0	<0.4	<0.5	<0.5	<1.6	1.5	NA	NA	344.8
	01/21/97	<0.5	15.7	231	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	246.7
	04/01/97	<0.63	8.2	130	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	138.2
	07/24/97	<0.63	9.9	120	<0.15	<0.46	<3.0	<0.14	<0.18	<0.25	<0.20	<0.73	0.26	<0.87	130.16
	11/18/97	<0.25	12	200	NA	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	212
	03/23/98	<0.63	7.3	160	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	167.3
	07/28/98	<1.2	3.4	60	<1.2	<1.2	<10	<1.2	<1.2	<1.2	<1.2	<1.2	<1.2	7.5	70.9
	09/28/98	<0.63	9.6	150	<0.28	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	159.6
MW-1027	12/08/98	<1.3	12	210	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	222

Table 2. Summary of Groundwater Monitoring Analytical Results

WELL	DATE	PCE	1,1,1-TCA	TCE	1,1,2-TCA	Vinyl Chloride	Acetone	Bromoform	Chloroform	1,1-DCA	1,2-DCA	1,1-DCE	CIS-1,2-DCE	Methylene Chloride	Total VOCs
NR 140	ES	5.0	200	5	5	0.2	1000	4.4	6	850	5	7	70	5	
NR 140	PAL	0.5	40	0.5	0.5	0.02	200	0.44	0.6	85	0.5	0.7	7	0.5	
MW-1027	03/11/99	<3.2	19	420	NA	<2.3	NA	NA	NA	NA	NA	NA	NA	NA	439
	09/02/99	<3.2	28	540	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	568
	04/25/00	<3.2	13	320	NA	<2.3	NA	NA	NA	NA	NA	NA	NA	NA	333
	09/25/00	<3.2	9.4	220	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	229.4
	04/23/01	<1.0	4.8	150	NA	<1.0	NA	NA	NA	NA	NA	NA	NA	NA	154.8
	10/02/01	<1.0	7.5	240	<1.0	NA	NA	NA	NA	NA	NA	NA	NA	NA	247.5
	04/16/02	<1.2	15	330	<1.2	NA	NA	NA	NA	NA	NA	NA	NA	NA	345
	11/19/02	<1.2	17	260	<1.2	NA	NA	NA	NA	NA	NA	NA	NA	NA	277
	06/24/03	<5.0	13	200	<2.5	NA	NA	NA	NA	NA	NA	NA	NA	NA	213
	10/20/03	<0.50	16	230	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	246
	09/21/04	<2.0	21	170	NA	<0.80	NA	NA	NA	NA	NA	NA	NA	NA	191
	12/14/05	<0.50	45	96	0.38	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	141.38
	07/31/06	<1.0	34	120	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	154
	07/31/07	<0.50	37	95	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	132
MW-1027	08/19/08	<0.50	32	88	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	120
	07/28/09	<0.50	22	52	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	74
TW-4	11/05/91	0.50	10000	1100	5.6	<0.3	<1.0	<0.5	4.0	61	<0.5	440.0	50	2.4	11663.5
	12/12/91	0.60	11000	1200	4.5	<0.3	<1.0	<0.5	3.7	93	3	680.0	52	<1	13036.8
	11/11/93	0.80	6200	1500	3.2	<0.3	<1.0	<0.5	<0.5	26	<0.5	490	25	<1.0	8245
	08/17/94	<1	3900	600	NA	<5	NA	NA	NA	NA	NA	NA	NA	NA	4500
	12/14/94	<50	4040	630	NA	<50	NA	NA	NA	NA	NA	NA	NA	NA	4670
	03/13/95	ND	3120	600	NA	ND	NA	NA	NA	NA	NA	NA	NA	NA	3720
	06/21/95	NA	4220	990	17.6	5.4	<1.0	<0.5	3.8	113	<0.5	415	93.6	NA	5858.4
	11/08/95	1.2	3340	920	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	4261.2
	01/25/96	1.1	3000	891	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	3892.1
	05/14/96	0.90	1820	969	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	2789.9
	08/14/96	<0.5	2150	179	1.8	<0.5	<1.0	<0.4	<0.5	12	<1.6	36.7	NA	NA	2379.5
	10/08/96	0.90	1850	541	6.3	<0.5	<1.0	<0.4	1.0	36.3	<1.6	196	NA	NA	2631.5
	01/21/97	<0.5	2650	913	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	3563
	04/01/97	0.83	1400	600	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	2000.83
	07/23/97	0.67	950	450	4.4	<0.46	3.4	<0.14	0.70	24	<0.20	66	36	<0.87	1535.97
	11/18/97	0.83	760	490	NA	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	1250.83
	03/23/98	0.74	780	530	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	1310.74
	07/27/98	<2.5	410	230	<2.5	<2.5	<20	<2.5	<2.5	13	<2.5	16	21	15	705
	09/28/98	<0.63	860	460	2.8	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	1322.8
	12/05/98	<6.3	830	400	NA	<4.6	NA	NA	NA	NA	NA	NA	NA	NA	1230
	03/11/99	<6.3	480	270	NA	<4.6	NA	NA	NA	NA	NA	NA	NA	NA	750
	09/02/99	<3.2	180	110	2.4	<2.3	NA	<0.70	<0.90	<1.2	<1.0	19	2.0	<4.4	313.4
	04/25/00	<3.2	450	280	NA	<2.3	NA	NA	NA	NA	NA	NA	NA	NA	730
	09/26/00	<6.3	340	230	<1.5	<4.6	NA	<1.4	<1.8	5.2	<2.0	15	10	<8.7	600.2
	04/23/01	0.60	290	240	NA	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	530.6
	10/02/01	<2.0	190	140	<2.0	<2.0	NA	NA	<2.0	2.1	<2.0	6.8	3	8.1	350
	04/16/02	<0.25	76	60	1.5	<0.25	NA	NA	<0.25	1.4	<0.25	2.5	0.76	0.47	142.63
	06/24/03	<1.0	120	89	1.4	<1.0	NA	NA	<0.50	2.1	<1.0	4.7	3.7	<2.0	220.9
	09/21/04	<0.50	64	39	NA	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	103
	12/14/05	<0.50	65	35	0.92	<0.20	<2.0	<0.20	<0.20	0.76	<0.50	1.6	0.55	<1.0	103.83
	07/31/06	<0.50	92	60	1.3	<0.20	NA	<0.20	<0.20	1.3	<0.50	2.9	1.4	<1.0	158.9
TW-4	07/31/07	<0.50	50	<0.20	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	50

Table 2. Summary of Groundwater Monitoring Analytical Results

WELL	DATE	PCE	1,1,1-TCA	TCE	1,1,2-TCA	Vinyl Chloride	Acetone	Bromoform	Chloroform	1,1-DCA	1,2-DCA	1,1-DCE	CIS-1,2-DCE	Methylene Chloride	Total VOCs	
NR 140	ES	5.0	200	5	5	0.2	1000	4.4	6	850	5	7	70	5		
NR 140	PAL	0.5	40	0.5	0.5	0.02	200	0.44	0.6	85	0.5	0.7	7	0.5		
TW-4	08/20/08	<0.50	71	36	0.73	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	107.73	
	07/28/09	<0.50	52	25	0.34	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	77.34	
D-25R	10/29/91	<0.5	<0.5	11	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	11	
	12/13/91	0.60	13	13	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	2.6	29.2	
	11/11/93	<0.5	6.0	4.7	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<1.0	10.7	
	08/17/94	<1	3.1	4.6	NA	<5	NA	NA	NA	NA	NA	NA	NA	NA	7.7	
	12/13/94	0.40	4.7	5.4	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	10.5	
	03/13/95	ND	4.3	3.2	NA	ND	NA	NA	NA	NA	NA	NA	NA	NA	7.5	
	06/26/95	<0.34	3.1	<0.19	<0.19	<0.27	<0.5	<0.28	<0.28	<0.12	<0.12	<0.18	<0.30	NA	3.1	
	11/07/95	<0.5	5.1	<0.5	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	5.1	
	01/25/96	<0.5	4.7	5.1	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	9.8	
	05/14/96	<0.5	6.9	6.3	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	13.2	
	08/14/96	1.5	43.7	38.3	<0.5	<0.5	<0.5	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	83.5	
	10/09/96	<0.5	8.2	10.1	<0.5	<0.5	<0.5	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	18.3	
	01/20/97	<0.5	10.4	<0.5	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	10.4	
	04/01/97	0.77	11	9.1	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	20.87	
	07/24/97	0.86	9.5	9.8	<0.15	<0.46	<3.0	<0.14	<0.18	<0.25	<0.20	<0.73	<0.23	<0.87	21.66	
	11/18/97	0.84	6.7	8.7	NA	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	16.24	
	03/23/98	0.71	5	7.5	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	13.21	
	07/28/98	<0.25	2.1	2.7	<0.25	<0.25	<2.0	<0.25	<0.25	<0.25	<0.25	<0.25	<0.25	<0.25	4.8	
	09/28/98	0.78	6.6	9.2	<0.28	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	16.58	
	12/08/98	0.70	6.5	8.7	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	15.9	
	03/12/99	0.78	5.6	7.7	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	14.08	
	09/02/99	0.72	6.7	8.4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	15.82	
	04/25/00	1.0	3.5	4.0	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	8.5	
	09/26/00	0.82	4.5	4.7	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	10.02	
	04/23/01	0.45	3.1	4.3	NA	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	7.85	
	10/02/01	0.58	4.0	3.8	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	8.38	
	04/16/02	0.58	4.3	4.7	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	9.58	
	11/19/02	0.87	7.6	6.2	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	14.67	
	06/24/03	0.86	6.1	7.7	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	14.66	
	10/20/03	0.71	4.3	4.6	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	9.61	
	09/21/04	0.61	3.5	3.3	NA	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	7.41	
	12/13/05	0.59	15	12	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	27.59	
07/31/06	0.53	12	25	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	37.53		
07/31/07	<0.50	8.0	12	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	20		
D-25R	08/20/08	0.51	7.3	8.3	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	16.11	
	07/28/09	<0.50	6.2	6.0	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	12.2	
Original Extraction Wells	EX-2/	11/07/91	<0.5	870	210	1.1	<0.3	<0.5	<0.5	18	<0.5	56	24	<1	1179.1	
	EX-2R	12/18/91	<0.5	1260	268	1.4	<0.3	<0.5	0.8	<0.5	9.1	92	30	3.0	1664.3	
		11/11/93	<0.5	890	250	1.3	<0.3	<0.5	<0.5	15	<0.5	55	22	NA	1233.3	
		12/13/94	<0.5	17.3	3.5	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	20.8	
		06/21/95	<0.34	375	96.4	<0.19	<0.27	<0.5	<0.12	<0.12	<0.12	<0.12	13.4	9.0	NA	495.1
		08/14/96	<0.5	99.8	52	<0.5	<0.5	<0.5	<0.4	<0.5	1.6	<1.6	4.0	NA	NA	157.4
	EX-2/	07/25/97	<0.63	1.2	2.6	<0.15	<0.46	<3.0	<0.14	<0.18	<0.25	<0.20	<0.73	<0.23	<0.87	3.8
	EX-2R	07/28/98	<0.25	0.79	2.1	<0.25	<0.25	<2.0	<0.25	<0.25	<0.25	<0.25	<0.25	<0.25	<0.25	2.89

Table 2. Summary of Groundwater Monitoring Analytical Results

WELL	DATE	PCE	1,1,1-TCA	TCE	1,1,2-TCA	Vinyl Chloride	Acetone	Bromoform	Chloroform	1,1-DCA	1,2-DCA	1,1-DCE	CIS-1,2-DCE	Methylene Chloride	Total VOCs	
NR 140	ES	5.0	200	5	5	0.2	1000	4.4	6	850	5	7	70	5		
NR 140	PAL	0.5	40	0.5	0.5	0.02	200	0.44	0.6	85	0.5	0.7	7	0.5		
Original Extraction Wells	EX-2 /	09/07/99	<0.63	15	34	NA	NA	NA	NA	NA	NA	NA	NA	NA	49	
	EX-2R	04/18/00	<0.63	1.3	3.7	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	5	
		09/26/00	<0.63	18	36	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	54	
		04/19/01	<0.25	2.6	8.4	NA	<0.25	NA	NA	NA	NA	NA	NA	NA	11	
		10/02/01	<0.25	16	34	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	50	
		04/16/02	<0.25	8.4	22	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	30.4	
		06/24/03	<0.50	0.69	2.9	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	3.59	
		09/21/04	<0.50	11	25	NA	<0.20	NA	NA	NA	NA	NA	NA	NA	36	
		07/31/06	<0.50	0.61	1.7	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.31	
	EX-2 /	07/31/07	<0.50	6.3	6.7	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	13	
	EX-2R	08/20/08	<0.50	15	22	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	37	
		07/28/09	<0.50	5.0	4.5	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	9.5	
	EX-3	11/07/91	<0.5	50	14	<0.5	<0.3	<0.5	<0.5	<0.5	0.8	<0.5	3.4	0.8	<1	69
		12/18/91	<0.5	30.3	9.5	<0.5	<0.3	<0.5	<0.5	<0.5	0.5	<0.5	1.9	<0.5	2.6	44.8
		11/11/93	<0.5	<0.5	<0.5	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<1.0	0
		12/13/94	<0.5	14.4	5.8	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	20.2
		06/21/95	<0.34	8.7	4.0	<0.19	<0.27	<0.5	<0.28	<0.28	<0.12	<0.18	<0.18	<0.30	NA	21.6
		08/14/96	<0.5	4.5	3.6	<0.5	<0.5	<0.5	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	8.1
		07/25/97	<0.63	93	52	0.4	<0.46	<3.0	<0.14	<0.18	1.7	<0.20	6.6	2.9	<0.87	156.6
		07/28/98	<0.25	30	28	<0.25	<0.25	<2.0	<0.25	<0.25	0.74	<0.25	<0.25	1.4	2.2	62.34
		09/07/99	<0.63	22	26	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	48
		04/18/00	<0.63	37	55	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	92
		09/26/00	<0.63	25	28	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	53
		04/19/01	<0.25	27	38	NA	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	65
		10/02/01	<0.25	13	17	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	30
		04/16/02	<0.25	21	28	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	49
		06/24/03	<0.50	23	46	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	69
		09/21/04	<0.50	13	17	NA	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	30
	12/14/05	<0.50	28	34	0.29	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	62.29	
	07/31/06	<0.50	32	66	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	98	
	07/31/07	<0.50	15	25	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	40	
EX-3	08/20/08	<0.50	7.5	3.6	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	11.1	
	07/28/09	<0.50	14	21	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	35	
Storm Sewer	SS-1	11/11/93	0.90	71	24	<0.5	<0.3	<0.5	<0.5	1.3	<0.5	4.5	1.6	<1.0	103.3	
		08/16/94	<1	55	25	NA	<5	NA	NA	NA	NA	NA	NA	NA	80	
		12/14/94	0.10	11.2	3.0	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	14.3	
		06/21/95	<0.34	31.2	18.1	<0.19	<0.27	<0.5	NA	<0.28	<0.12	NA	1.4	1.3	NA	52
		11/06/95	<0.5	21.7	<0.5	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	21.7
		01/25/96	2.6	17.1	21.1	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	40.8
		05/13/96	0.60	12.6	8.2	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	21.4
		08/13/96	0.70	8.3	7.8	<0.5	<0.5	<0.5	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	16.8
		10/08/96	0.70	6.7	8.8	<0.5	<0.5	<0.5	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	21.8
		01/20/97	0.70	8.1	8.9	<0.5	<0.5	<0.5	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	17.7
	04/01/97	0.74	5.8	6.6	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	13.14	
	07/23/97	<0.63	1.2	1.5	<0.15	<0.46	9.1	<0.14	<0.18	<0.25	<0.20	<0.73	<0.23	<0.87	12.49	
SS-1	11/18/97	<0.25	4.9	4.9	NA	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	9.8	

Table 2. Summary of Groundwater Monitoring Analytical Results

WELL	DATE	PCE	1,1,1-TCA	TCE	1,1,2-TCA	Vinyl Chloride	Acetone	Bromoform	Chloroform	1,1-DCA	1,2-DCA	1,1-DCE	CIS-1,2-DCE	Methylene Chloride	Total VOCs	
NR 140	ES	5.0	200	5	5	0.2	1000	4.4	6	850	5	7	70	5		
NR 140	PAL	0.5	40	0.5	0.5	0.02	200	0.44	0.6	85	0.5	0.7	7	0.5		
SS-1	09/02/99	3.4	3.1	17	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	23.5	
	09/25/00	<0.63	0.37	2.1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.47	
	10/01/01	<0.25	1.5	3.7	<0.25	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	5.2	
	04/17/02	1.1	1.4	5.2	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	7.7	
	12/04/02	0.71	1.2	4.4	<0.25	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	6.31	
	03/08/04	<0.50	0.90	2.5	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	3.4	
	04/05/04	<0.50	<0.50	3.2	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	3.2	
	06/22/05	0.78	0.52	2.2	<0.25	<0.20	NA	<0.20	<0.20	<0.50	<0.50	<0.50	0.89	<1.0	4.39	
	12/07/05	1.8	0.67	0.64	<0.25	<0.20	NA	0.25	<0.20	<0.50	<0.50	<0.50	0.84	<1.0	4.2	
	08/01/06	0.71	<0.50	1.6	NA	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	2.31	
08/01/07	<0.50	0.80	1.9	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	2.7		
SS-1	08/20/08	0.50	<0.50	0.79	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	1.29	
	07/28/09	<0.50	1.8	3.2	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	5	
Plant #2																
Southeast Source Area and Former Sump Source Area	D-18	11/04/91	<0.5	<0.5	1.5	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<1.6	<0.5	<0.5	<0.5	3.8
		12/12/91	0.90	0.5	2.1	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<1.6	<0.5	<0.5	6.0	13
		11/11/93	<0.5	<0.5	<0.5	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<1.0	0
		08/16/94	<1	<1	1.2	NA	<5	NA	NA	NA	NA	NA	NA	NA	NA	1.2
		12/13/94	0.40	0.20	1.8	NA	0.30	NA	NA	NA	NA	NA	NA	NA	NA	2.7
		03/13/95	5.5	3.2	30.6	NA	ND	NA	NA	NA	NA	NA	NA	NA	NA	39.3
		06/21/95	1.5	<0.13	4.0	<0.19	<0.27	<0.5	<0.5	<0.28	<0.12		<0.18	<0.30	NA	5.5
		11/06/95	1.0	<0.5	6.3	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	7.3
		01/25/96	1.6	<0.5	5.2	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	6.8
		05/13/96	<0.5	<0.5	<0.5	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	0
		08/13/96	1.2	<0.5	2.5	<0.5	<0.5	<0.5	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	3.7
		10/08/96	<0.5	<0.5	2.2	<0.5	<0.5	<0.5	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	2.2
		01/20/97	1.8	<0.5	<0.5	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	1.8
		03/31/97	3.3	<0.28	4.1	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	7.4
		07/23/97	2.7	<0.28	2.8	<0.15	<0.46	<3.0	<0.14	<0.18	<0.25	<0.20	<0.73	<0.23	<0.87	5.5
		11/17/97	4.1	<0.28	3.9	NA	<0.48	NA	NA	NA	NA	NA	NA	NA	NA	8
		03/23/98	4.2	<0.28	4.9	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	9.1
		07/27/98	2.2	<0.25	4.8	<0.15	<0.25	3.5	<0.14	<0.18	<0.25	<0.20	<0.73	<0.23	<0.87	10.5
		09/25/98	9.1	1.4	38	<0.28	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	48.5
		12/08/98	6.2	<0.28	8.5	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	14.7
		03/11/99	4.6	<0.28	11	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	15.6
		09/07/99	2.6	<0.28	4.8	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	7.4
		04/25/00	4.9	<0.28	6.6	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	11.5
		09/25/00	2.5	<0.28	2.4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.9
		04/19/01	3.0	<0.25	3.8	NA	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	6.8
		09/27/01	3.2	<0.25	6.6	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	9.8
		04/17/02	2.6	<0.25	3.0	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	5.6
		06/20/03	9.1	<0.50	20	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	29.1
		09/20/04	3.4	<0.50	1.9	NA	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	5.3
		12/14/05	<0.50	<0.50	0.24	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	0.24
	07/31/06	<0.50	<0.50	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0	
	07/31/07	<0.50	<0.50	<0.20	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	0	
	08/19/08	<0.50	<0.50	<0.20	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	0	
D-18	07/28/09	1.4	<0.50	1.0	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	2.4	

Table 2. Summary of Groundwater Monitoring Analytical Results

WELL	DATE	PCE	1,1,1-TCA	TCE	1,1,2-TCA	Vinyl Chloride	Acetone	Bromoform	Chloroform	1,1-DCA	1,2-DCA	1,1-DCE	CIS-1,2-DCE	Methylene Chloride	Total VOCs
NR 140	ES	5.0	200	5	5	0.2	1000	4.4	6	850	5	7	70	5	
NR 140	PAL	0.5	40	0.5	0.5	0.02	200	0.44	0.6	85	0.5	0.7	7	0.5	
MW-2004	10/29/91	6.4	4.8	37	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<1.6	<0.5	<0.5	<1	96.4
	12/13/91	11	2.6	61	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<1.6	<0.5	<0.5	<1	149.2
	11/11/93	2.5	14	5.6	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<1.0	22.1
	12/13/94	0.70	0.20	1.8	NA	0.3	NA	NA	NA	NA	NA	NA	NA	NA	3
	06/21/95	3.2	17.6	14.2	3.4	<0.27	<0.5	<0.5	<0.28	<0.12	<0.12	<0.18	<0.30	NA	38.4
	08/13/96	0.96	7.2	5.2	<0.5	<0.5	<0.5	<0.5	<0.28	<0.12	<0.12	<0.18	<0.30	NA	13.36
MW-2004	07/23/97	<0.63	1.9	1.7	<0.15	<0.46	4.2	<0.14	<0.18	<0.25	<0.20	<0.73	<0.23	<0.87	7.8
MW-2004	07/27/98	<0.25	<0.25	0.94	<0.15	<0.25	13	<0.14	<0.18	<0.25	<0.20	<0.73	<0.23	<0.87	13.94
	09/07/99	<0.63	<0.28	<0.49	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0
	04/26/00	<0.63	<0.28	<0.49	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0
	09/27/01	<0.25	<0.25	<0.25	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	0
	11/18/02	<0.25	<0.25	<0.25	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	0
	06/20/03	<0.50	<0.50	<0.25	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	0
	09/20/04	<0.50	<0.50	<0.20	NA	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	0
	12/13/05	<0.50	<0.50	0.50	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	0.5
	07/29/06	<0.50	<0.50	0.37	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.37
	07/31/07	<0.50	<0.50	<0.20	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	0
MW-2004	08/19/08	<0.50	<0.50	<0.20	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	0
	07/28/09	<0.50	<0.50	<0.20	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	0
MW-2005	10/28/91	30	2.7	20	<0.5	<0.3	<0.5	<0.5	0.70	<0.5	<1.6	<0.5	12	<1	118.1
	12/13/91	32	3.0	23	<0.5	<0.3	<0.5	<0.5	0.80	<0.5	<1.6	<0.5	17	<1	133.8
	11/11/93	47	3.1	31	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	4	<1.0	85.1
	12/13/94	0.40	<0.5	<0.5	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	0.4
	08/16/94	<1	<1	<1	NA	<5	NA	NA	NA	NA	NA	NA	NA	NA	0
	06/21/95	0.70	<0.13	0.70	<0.19	<0.27	<0.5	<0.5	<0.28	<0.12	<0.12	<0.18	<0.30	NA	1.4
	11/07/95	1.9	<0.5	2.7	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	4.6
	01/25/96	10.9	<0.5	5.2	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	16.1
	05/13/96	<0.5	<0.5	<0.5	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	0
	08/13/96	10.2	<0.5	2.1	<0.5	<0.5	<0.5	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	12.3
	10/08/96	13	<0.5	<0.5	<0.5	<0.5	<0.5	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	13
	01/20/97	24	<0.5	10.1	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	34.1
	04/01/97	47	0.76	8.8	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	56.56
	07/23/97	<0.63	15	1.6	<0.15	<0.46	4.2	<0.14	<0.18	<0.25	<0.20	<0.73	<0.23	<0.87	20.8
	11/18/97	2.7	<0.25	0.33	NA	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	3.03
	03/23/98	3.0	<0.28	0.51	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	3.51
	07/21/98	19	<0.25	1.3	<0.15	<0.25	<3.0	<0.14	<0.18	<0.25	<0.20	<0.73	<0.23	<0.87	20.3
	09/25/98	14	<0.28	1.1	<0.28	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	15.1
	12/05/98	6.2	<0.28	5.2	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	11.4
	03/12/99	7.8	<0.28	8.9	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	16.7
	09/07/99	7.8	<0.28	1.0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	8.8
	04/25/00	1.2	<0.28	<0.49	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	1.2
	09/25/00	1.7	<0.28	<0.49	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.7
	04/19/01	5.7	<0.25	0.60	NA	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	6.3
	09/27/01	7.5	<0.25	0.62	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	8.12
	04/17/02	9.8	<0.25	0.89	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	10.69
	06/20/03	6.0	<0.50	0.87	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	6.87
MW-2005	09/20/04	17	<0.50	1.3	NA	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	18.3

Table 2. Summary of Groundwater Monitoring Analytical Results

WELL	DATE	PCE	1,1,1-TCA	TCE	1,1,2-TCA	Vinyl Chloride	Acetone	Bromoform	Chloroform	1,1-DCA	1,2-DCA	1,1-DCE	CIS-1,2-DCE	Methylene Chloride	Total VOCs
NR 140	ES	5.0	200	5	5	0.2	1000	4.4	6	850	5	7	70	5	
NR 140	PAL	0.5	40	0.5	0.5	0.02	200	0.44	0.6	85	0.5	0.7	7	0.5	
MW-2005R	07/30/07	2.8	<0.50	<0.20	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	2.8
	08/18/08	<0.50	<0.50	<0.20	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	0
	07/27/09	<0.50	<0.50	<0.20	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	0
MW-2011	07/30/07	<0.50	2.9	30	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	32.9
	08/18/08	<0.50	2.0	12	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	14
	07/27/09	<0.50	1.5	14	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	15.5
D-15	11/05/91	26	45	420	<0.5	<0.3	<0.5	<0.5	<0.5	1.5	<1.6	3.6	12	1.4	1019
	12/12/91	24	31	390	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<1.6	3	8.8	<0.5	913.6
D-15	11/11/93	11	12	350	<0.5	<0.3	<0.5	<0.5	<0.5	1.3	<0.5	1.3	11	<1.0	386.6
	08/16/94	15	15	220	NA	<5	NA	NA	NA	NA	NA	NA	NA	NA	250
	12/13/94	7.8	3.1	105	NA	<5	NA	NA	NA	NA	NA	NA	NA	NA	115.9
	03/13/95	10.6	4.0	126	NA	ND	NA	NA	NA	NA	NA	NA	NA	NA	140.6
	06/21/95	13	8.6	119	<0.19	<0.27	<0.5	<0.5	<0.28	0.90		<0.18	3.3	NA	144.8
	11/06/95	13.4	4.4	113	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	130.8
	01/25/96	11.5	2.3	92.8	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	106.6
	05/13/96	6.7	<0.5	54	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	60.7
	08/15/96	8.0	1.7	46	<0.5	<0.5	<0.5	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	55.7
	10/08/96	6.4	1.4	70.4	<0.5	<0.5	<0.5	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	78.2
	01/20/97	10.9	<0.5	61	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	71.9
	03/31/97	10	0.83	53	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	63.83
	07/23/97	10	<0.28	68	<0.15	<0.46	<3.0	<0.14	<0.18	<0.25	<0.20	<0.73	<0.23	<0.87	78
	11/17/97	15	0.97	83	NA	<0.48	NA	NA	NA	NA	NA	NA	NA	NA	98.97
	03/23/98	16	0.48	78	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	94.48
	09/26/98	29	0.56	170	<0.28	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	199.56
	12/08/98	74	0.77	1000	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	1074.77
	03/11/99	19	<0.56	84	NA	<0.92	NA	NA	NA	NA	NA	NA	NA	NA	103
	09/07/99	22	<0.56	120	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	142
	04/25/00	8.7	0.61	33	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	42.31
	09/28/00	19	0.77	85	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	104.77
	04/19/01	50	<2.5	470	NA	<2.5	NA	NA	NA	NA	NA	NA	NA	NA	520
	09/27/01	54	<2.5	370	<2.5	NA	NA	NA	NA	NA	NA	NA	NA	NA	424
04/15/02	17	0.47	62	<2.5	NA	NA	NA	NA	NA	NA	NA	NA	NA	79.47	
11/19/02	16	0.48	61	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	77.48	
06/20/03	11	<0.50	39	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	50	
10/20/03	7.5	<0.50	29	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	36.5	
09/20/04	18	<0.50	36	NA	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	54	
12/13/05	6.8	<0.50	27	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	33.8	
07/27/06	6.8	<0.50	18	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	24.8	
07/31/07	7.2	<0.50	16	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	23.2	
08/18/08	10	<0.50	21	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	31	
D-15	07/27/09	11	<0.50	21	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	32
TW-1	10/29/91	<0.5	1.3	18	<0.5	<0.3	<0.5	<0.5	<0.6	<0.5	<1.6	<0.5	<0.5	1.7	42
	12/13/91	4.9	1.1	48	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<1.6	<0.5	<0.5	<1.0	108
	11/11/93	4.0	9.1	20	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<1.0	33.1
TW-1	08/16/94	2.4	<1	14	NA	<5	NA	NA	NA	NA	NA	NA	NA	NA	16.4
	12/13/94	0.40	0.30	4.1	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	4.8

Table 2. Summary of Groundwater Monitoring Analytical Results

WELL	DATE	PCE	1,1,1-TCA	TCE	1,1,2-TCA	Vinyl Chloride	Acetone	Bromoform	Chloroform	1,1-DCA	1,2-DCA	1,1-DCE	CIS-1,2-DCE	Methylene Chloride	Total VOCs
NR 140	ES	5.0	200	5	5	0.2	1000	4.4	6	850	5	7	70	5	
NR 140	PAL	0.5	40	0.5	0.5	0.02	200	0.44	0.6	85	0.5	0.7	7	0.5	
TW-1	06/21/95	1.1	1.8	4.9	<0.19	<0.27	<0.5	<0.28	<0.28	<0.12	<0.12	<0.18	<0.30	NA	9.4
	11/07/95	1.0	<0.5	8.7	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	9.7
	01/25/96	1.5	1.3	4.7	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	7.5
	05/13/96	1.1	0.60	2.9	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	4.6
	08/13/96	0.90	0.70	2.7	<0.5	<0.5	<0.5	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	4.3
	10/08/96	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	0
	01/20/97	2.1	3.0	10	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	15.1
	03/31/97	2.0	3.1	5.9	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	11
	07/23/97	0.88	0.74	2.5	<1.1	<0.46	4.9	<0.14	<0.38	0.38	<0.73	<0.23	<0.39	<0.29	18.8
	11/17/97	0.88	0.55	2.0	NA	<0.48	NA	NA	NA	NA	NA	NA	NA	NA	3.43
	03/23/98	<0.63	<0.28	1.7	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	1.7
	07/28/98	<0.25	<0.25	1.7	<0.15	<0.25	10	<0.14	<0.18	<0.25	<0.20	<0.73	<0.23	<0.87	11.7
	09/26/98	<0.63	<0.28	1.7	<0.28	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	1.7
	12/08/98	<0.63	<0.28	1.5	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	1.5
	03/12/99	<0.63	<0.28	1.0	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	1
	09/07/99	<0.63	0.57	2.4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.97
	09/26/00	1.1	0.81	7.3	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	9.21
	09/28/01	<0.25	<0.25	1.2	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	1.2
	12/13/05	<0.50	<0.50	0.22	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	0.22
	12/13/05	<0.50	<0.50	0.22	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	0.22
07/29/06	<0.50	<0.50	0.20	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	0.2	
07/31/07	<0.50	<0.50	1.2	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	1.2	
TW-1	08/19/08	0.53	<0.50	0.62	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	1.15
	07/28/09	<0.50	<0.50	0.27	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	0.27
TW-3	10/30/91	6.8	1.7	19	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<1.6	<0.5	2.1	<1	59.2
	12/12/91	8.3	1.3	22	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<1.6	<0.5	1.6	<1	66.4
	11/11/93	7.5	0.70	12	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<1.0	20.2
	12/14/94	5.3	11.6	5.5	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	22.4
	06/21/95	5.5	11.9	7.4	<0.19	<0.27	<0.5	<0.28	<0.28	<0.12		<0.18	0.4	NA	25.2
	08/13/96	2.3	9.7	8.1	<0.5	<0.5	<0.5	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	20.1
	07/23/97	1.7	3.6	4.3	<0.15	<0.46	5.9	<0.14	<0.18	<0.25	<0.20	<0.73	<0.23	<0.87	15.5
	07/28/98	<0.25	1.0	1.6	<0.15	<0.25	<3.0	<0.14	<0.18	<0.25	<0.20	<0.73	<0.23	<0.87	2.6
	09/07/99	1.9	1.1	3.2	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	6.2
	04/25/00	1.2	0.74	1.9	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	3.84
	09/25/00	1.5	0.72	3.0	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	5.22
	04/19/01	2.7	0.68	6.0	NA	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	9.38
	09/27/01	7.5	1.3	21.0	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	29.8
	04/16/02	2.1	0.40	3.2	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	5.7
	11/19/02	4.0	0.53	7.8	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	12.33
	06/24/03	2.5	<0.50	2.6	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	5.1
	10/20/03	2.8	<0.50	2.0	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.8
	09/20/04	2.8	<0.50	2.8	NA	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	5.6
	12/13/05	1.7	<0.50	1.6	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	3.3
	07/27/06	1.4	<0.50	1.2	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.6
07/31/07	0.97	<0.50	0.94	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	1.91	
08/20/08	1.5	<0.50	0.79	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	2.29	
TW-3	07/27/09	1.8	<0.50	0.86	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	2.66

Table 2. Summary of Groundwater Monitoring Analytical Results

WELL	DATE	PCE	1,1,1-TCA	TCE	1,1,2-TCA	Vinyl Chloride	Acetone	Bromoform	Chloroform	1,1-DCA	1,2-DCA	1,1-DCE	CIS-1,2-DCE	Methylene Chloride	Total VOCs	
NR 140	ES	5.0	200	5	5	0.2	1000	4.4	6	850	5	7	70	5		
NR 140	PAL	0.5	40	0.5	0.5	0.02	200	0.44	0.6	85	0.5	0.7	7	0.5		
Original Extraction Wells	EX-1	11/07/91	8.2	3.7	20	<0.5	<0.3	<0.5	<0.5	<0.5	<1.6	<0.5	0.70	<1	64.5	
		12/18/91	6.3	3.9	14.6	<0.5	<0.3	<0.5	<0.5	<0.5	<1.6	<0.5	0.50	<1	50.1	
		11/11/93	6.8	2.3	13	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<0.5	<0.5	<1.0	22.1	
		12/13/94	4.7	2.7	11	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	18.4	
		06/21/95	6.2	<0.13	14.7	<0.19	<0.27	<0.5	<0.28	<0.28	<0.12		<0.18	<0.30	NA	20.9
		08/13/96	2.8	1.6	6.7	<0.5	<0.5	<0.5	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	11.1
		07/23/97	3.1	1.5	5.4	<0.15	<0.46	5.5	<0.14	<0.18	<0.25	<0.20	<0.73	<0.23	<0.87	15.5
		07/28/98	<0.25	0.47	5.2	<0.15	<0.25	<3.0	<0.14	<0.18	<0.25	<0.20	<0.73	<0.23	<0.87	5.67
		09/07/99	3.4	0.32	8.7	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	12.42
		09/26/00	3.0	0.39	11	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	14.39
		10/02/01	7.1	<0.25	27	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	34.1
	EX-1	09/21/04	3.8	<0.50	4.2	NA	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	8
	EX-1	12/14/05	1.4	<0.50	1.4	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	2.8
		07/31/06	1.4	<0.50	1.5	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	2.9
		07/31/07	1.3	<0.50	0.84	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	2.14
	EX-1	08/20/08	1.1	<0.50	0.75	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	1.85
	Original Extraction Wells	EX-7	11/07/91	37	5.0	350	<0.5	<0.3	<0.5	<0.5	0.60	<0.5	<1.6	<0.5	1.5	3.3
		12/18/91	44	5.1	241	<0.5	<0.3	<0.5	<0.5	<0.5	<0.5	<1.6	<0.5	2.3	2.2	584.7
		11/11/93	27	8.1	160	<0.5	<0.3	<0.5	<0.5	<0.5	0.6	<0.5	0.70	3.6	<1.0	200
		12/13/94	19.6	0.80	62.8	NA	<0.5	NA	NA	NA	NA	NA	NA	NA	NA	83.2
		06/21/95	60.6	<0.13	105	<0.19	<0.27	<0.5	<0.28	<0.28	<0.12	<0.12	<0.18	2.4	NA	168
		08/13/96	48.3	<0.5	243	<0.5	<0.5	<0.5	<0.4	<0.5	<0.5	<1.6	<0.5	NA	NA	291.3
		07/23/97	24	0.49	130	<0.15	<0.5	<3.0	<0.14	<0.18	<0.25	<0.20	<0.73	9.5	<0.87	163.99
		07/28/98	<50	<50	1000	<50	<50	<400	<50	<50	<50	<50	<50	<50	<50	1000
		09/07/99	130	<2.8	490	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	620
		04/18/00	77	0.87	150	NA	<0.46	NA	NA	NA	NA	NA	NA	NA	NA	227.87
		09/26/00	56	<0.56	140	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	196
		04/19/01	56	<1.0	110	NA	<1.0	NA	NA	NA	NA	NA	NA	NA	NA	166
		04/16/02	19	<0.25	35	NA	<1.0	NA	NA	NA	NA	NA	NA	NA	NA	54
		11/19/02	26	0.40	58	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	84.4
		06/24/03	20	<0.50	26	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	46
		10/20/03	<0.50	<0.50	30	<0.25	NA	NA	NA	NA	NA	NA	NA	NA	NA	30
		09/21/04	25	<0.50	36	NA	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	61
	12/14/05	14	<0.50	29	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	43	
	07/31/06	14	<0.50	22	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	36	
	07/31/07	9.0	<0.50	10	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	19	
	08/20/08	6.2	<0.50	7.5	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	13.7	
EX-7	07/29/09	7.5	<0.50	9.3	<0.25	<0.20	NA	NA	NA	NA	NA	NA	NA	NA	16.8	

Notes:

All values listed are in parts per billion (ug/L).
 ES = Enforcement Standard, PAL = Preventative Action Limit
 Orange Highlight = above ES, Yellow Highlight = above PAL
 ND = not detected, NA = not analyzed

PCE = Tetrachloroethene
 TCA = Trichloroethane
 TCE = Trichloroethene
 DCA = Dichloroethane
 DCE = Dichloroethene

Table 3. Delavan Facility Groundwater Monitoring Program
Sta-Rite Industries, LLC, Delavan, Wisconsin

Monitoring Point	Sampling Frequency	Parameters
Plant 1 Monitoring Points		
D-25R	Annual	PCE, TCA, TCE, VC
MW-1026	Annual	PCE, TCA, TCE, VC
MW-1027	Annual	PCE, TCA, TCE, VC
TW-4	Annual	VOCs
EX-2R	Annual	PCE, TCA, TCE, VC
EX-3	Annual	PCE, TCA, TCE, VC
Plant 2 Monitoring Points		
D-15	Annual	PCE, TCA, TCE, VC
D-18	Annual	PCE, TCA, TCE, VC
MW-2004	Annual	PCE, TCA, TCE, VC
MW-2005R	Annual	PCE, TCA, TCE, VC
MW-2011	Annual	PCE, TCA, TCE, VC
TW-1	Annual	PCE, TCA, TCE, VC
TW-3	Annual	PCE, TCA, TCE, VC
EX-1	Annual	PCE, TCA, TCE, VC
EX-7	Annual	PCE, TCA, TCE, VC
Site Monitoring Point		
Storm Sewer Grate (SS-1)	Annual	PCE, TCA, TCE, VC

PCE = Tetrachloroethene

TCA = 1,1,1-Trichloroethane and 1,1,2-Trichloroethane

TCE = Trichloroethene

VC = Vinyl Chloride

VOCs = Volatile Organic Compounds

APPENDIX A

**FORMER SUMP SOURCE AREA
SOIL VAPOR EXTRACTION WELLS ABANDONMENT FORMS**

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION			(2) FACILITY /OWNER INFORMATION		
WI Unique Well No.	DNR Well ID No.	County Walworth	Facility Name 34101703		
Common Well Name <u>SVE-1</u> Gov't Lot (if applicable)			Facility ID <u>2650 10900</u>	License/Permit/Monitoring No.	
Grid Location <u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W			Street Address of Well <u>293 S Wright Street</u>		
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			City, Village, or Town <u>Delavan</u>		
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>			Present Well Owner <u>Sta-Rite</u>	Original Owner <u>Same</u>	
Lat _____ " Long _____ " or			Street Address or Route of Owner <u>293 S. Wright St.</u>		
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			City, State, Zip Code <u>Delavan, WI 53115</u>		
Reason For Abandonment <u>No longer needed</u>		WI Unique Well No. of Replacement Well			

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL			
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable			
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable			
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Drillhole / Borehole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If a Well Construction Report is available, please attach.		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Construction Type:		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Other (Specify) _____		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Formation Type:		Required Method of Placing Sealing Material			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped			
Total Well Depth (ft) _____ Casing Diameter (in.) _____		<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)			
(From ground surface) _____		(Bentonite Chips)			
Casing Depth (ft.) _____		Sealing Materials			
Lower Drillhole Diameter (in.) _____		<input type="checkbox"/> Neat Cement Grout			
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Sand-Cement (Concrete) Grout			
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Concrete			
Depth to Water (Feet) _____		<input type="checkbox"/> Clay-Sand Slurry			
		<input type="checkbox"/> Bentonite-Sand Slurry			
		<input checked="" type="checkbox"/> Chipped Bentonite			
		For monitoring wells and monitoring well boreholes only			
		<input checked="" type="checkbox"/> Bentonite Chips			
		<input type="checkbox"/> Granular Bentonite			
		<input type="checkbox"/> Bentonite-Cement Grout			
		<input type="checkbox"/> Bentonite - Sand Slurry			

(5)	Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
	3/8" Bentonite Chips	Surface	26.5	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work <u>Boart Longyear</u>		Date of Abandonment <u>5/4/09</u>
Signature of Person Doing Work <i>[Signature]</i>		Date Signed <u>05-13-2009</u>
Street or Route <u>101 Alderson Street</u>	Telephone Number <u>715-359-7090</u>	
City, State, Zip Code <u>Schofield, WI 54476</u>		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

Route to: Drinking Water Watershed/Wastewater Waste Management Remediation/Redevelopment Other _____

(1) GENERAL INFORMATION			(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name	License/Permit/Monitoring No.
		Walworth	34101703	
Common Well Name <u>SVE-2</u> Gov't Lot (if applicable)			Facility ID	
<u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W			<u>265010900</u>	
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			Street Address of Well	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>			<u>293 S Wright Street</u>	
Lat _____ ' _____ " Long _____ ' _____ " or			City, Village, or Town	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			<u>Delavan</u>	
Reason For Abandonment		WI Unique Well No. of Replacement Well	Present Well Owner	Original Owner
<u>No longer needed</u>			<u>Sta-Rite</u>	<u>Same</u>
			Street Address or Route of Owner	
			<u>293 S. Wright St.</u>	
			City, State, Zip Code	
			<u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION	(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL
Original Construction Date _____	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Monitoring Well	Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Water Well	Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Drillhole / Borehole	Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No
If a Well Construction Report is available, please attach.	Was Casing Cut Off Below Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type:	Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug	Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Other (Specify) _____	If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
Formation Type:	Required Method of Placing Sealing Material
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped
Total Well Depth (ft) _____ Casing Diameter (in.) _____	<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)
(From ground surface) Casing Depth (ft.) _____	(Bentonite Chips)
Lower Drillhole Diameter (in.) _____	Sealing Materials
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Neat Cement Grout
If Yes, To What Depth? _____ Feet	<input type="checkbox"/> Sand-Cement (Concrete) Grout
Depth to Water (Feet) _____	<input type="checkbox"/> Concrete
	<input type="checkbox"/> Clay-Sand Slurry
	<input type="checkbox"/> Bentonite-Sand Slurry
	<input checked="" type="checkbox"/> Chipped Bentonite
	For monitoring wells and monitoring well boreholes only
	<input checked="" type="checkbox"/> Bentonite Chips
	<input type="checkbox"/> Granular Bentonite
	<input type="checkbox"/> Bentonite-Cement Grout
	<input type="checkbox"/> Bentonite - Sand Slurry

(5) Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	26.5	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment
<u>Boat Longyear</u>		<u>5/4/09</u>
Signature of Person Doing Work	Date Signed	
<u>[Signature]</u>	<u>05/13/09</u>	
Street or Route	Telephone Number	
<u>101 Alderson Street</u>	<u>715-359-7090</u>	
City, State, Zip Code		
<u>Schofield, WI 54476</u>		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION			(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name	
		Walworth	34101703	
Common Well Name <u>SVE-3</u>		Gov't Lot (if applicable)	Facility ID	License/Permit/Monitoring No.
<u>NE 1/4 of SE 1/4 of Sec. 17</u>		<u>2</u>	<u>265010900</u>	
Grid Location		<u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Street Address of Well	
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			293 S Wright Street	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>			City, Village, or Town	
Lat _____ ' _____ " Long _____ ' _____ " or			Delavan	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			Present Well Owner	Original Owner
Reason For Abandonment		WI Unique Well No. of Replacement Well	<u>Sta-Rite</u> <u>Same</u>	
No longer needed			Street Address or Route of Owner	
			<u>293 S. Wright St</u>	
			City, State, Zip Code	
			<u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Drillhole / Borehole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If a Well Construction Report is available, please attach.		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		Required Method of Placing Sealing Material	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped	
Total Well Depth (ft) _____ Casing Diameter (in.) _____		<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)	
(From ground surface) Casing Depth (ft.) _____		(Bentonite Chips)	
Lower Drillhole Diameter (in.) _____		Sealing Materials	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Neat Cement Grout	
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Sand-Cement (Concrete) Grout	
Depth to Water (Feet) _____		<input type="checkbox"/> Concrete	
		<input type="checkbox"/> Clay-Sand Slurry	
		<input type="checkbox"/> Bentonite-Sand Slurry	
		<input checked="" type="checkbox"/> Chipped Bentonite	
		For monitoring wells and monitoring well boreholes only	
		<input checked="" type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Granular Bentonite	
		<input type="checkbox"/> Bentonite-Cement Grout	
		<input type="checkbox"/> Bentonite - Sand Slurry	

(5)	Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
	3/8" Bentonite Chips	Surface	26.5	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment
<u>Boart Longyear</u>		<u>5/4/09</u>
Signature of Person Doing Work	Date Signed	
<u>[Signature]</u>	<u>05/13/09</u>	
Street or Route	Telephone Number	
<u>101 Alderson Street</u>	<u>715-359-7090</u>	
City, State, Zip Code		
<u>Schofield, WI 54476</u>		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

Route to: Drinking Water Watershed/Wastewater Waste Management Remediation/Redevelopment Other _____

(1) GENERAL INFORMATION		(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Walworth	34101703
Common Well Name <u>SVE-4</u> Gov't Lot (if applicable)		Facility ID	License/Permit/Monitoring No.
<u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		<u>265010900</u>	
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Street Address of Well	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		<u>293 S Wright Street</u>	
Lat _____ " Long _____ " or		City, Village, or Town	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		<u>Delavan</u>	
Reason For Abandonment		Present Well Owner	Original Owner
<u>No longer needed</u>		<u>Sta-Rite</u>	<u>Same</u>
WI Unique Well No. of Replacement Well		Street Address or Route of Owner	
		<u>293 S. Wright St.</u>	
		City, State, Zip Code	
		<u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION	(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL
Original Construction Date _____	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Monitoring Well	Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Water Well	Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Drillhole / Borehole	Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type:	Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug	Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (Specify) _____	Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Formation Type:	If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Required Method of Placing Sealing Material
Total Well Depth (ft) _____ Casing Diameter (in.) _____	<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped
(From ground surface) Casing Depth (ft.) _____	<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)
Lower Drillhole Diameter (in.) _____	(Bentonite Chips)
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Sealing Materials
If Yes, To What Depth? _____ Feet	<input type="checkbox"/> Neat Cement Grout
Depth to Water (Feet) _____	<input type="checkbox"/> Sand-Cement (Concrete) Grout
	<input type="checkbox"/> Concrete
	<input type="checkbox"/> Clay-Sand Slurry
	<input type="checkbox"/> Bentonite-Sand Slurry
	<input checked="" type="checkbox"/> Chipped Bentonite
	For monitoring wells and monitoring well boreholes only
	<input checked="" type="checkbox"/> Bentonite Chips
	<input type="checkbox"/> Granular Bentonite
	<input type="checkbox"/> Bentonite-Cement Grout
	<input type="checkbox"/> Bentonite - Sand Slurry

(5) Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	26.5	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment
Boart Longyear		5/4/09
Signature of Person Doing Work	Date Signed	
<i>[Signature]</i>	05/13/09	
Street or Route	Telephone Number	
101 Alderson Street	715-359-7090	
City, State, Zip Code		
Schofield, WI 54476		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION		(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Walworth	34101703
Common Well Name <u>SVE-5</u> Gov't Lot (if applicable)		Facility ID	License/Permit/Monitoring No.
<u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		<u>265010900</u>	
Grid Location		Street Address of Well	
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		<u>293 S Wright Street</u>	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		City, Village, or Town	
Lat _____ ° _____ ' _____ " Long _____ ° _____ ' _____ " or		<u>Delavan</u>	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Present Well Owner	Original Owner
Reason For Abandonment		<u>Sfa-Rite</u>	<u>Same</u>
<u>No longer needed</u>	WI Unique Well No. of Replacement Well	Street Address or Route of Owner	
		<u>293 S. Wright St.</u>	
		City, State, Zip Code	
		<u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Drillhole / Borehole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If a Well Construction Report is available, please attach.		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		Required Method of Placing Sealing Material	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped	
Total Well Depth (ft) _____ Casing Diameter (in.) _____		<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)	
(From ground surface) Casing Depth (ft.) _____		(Bentonite Chips)	
Lower Drillhole Diameter (in.) _____		Sealing Materials	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Neat Cement Grout	
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Sand-Cement (Concrete) Grout	
Depth to Water (Feet) _____		<input type="checkbox"/> Concrete	
		<input type="checkbox"/> Clay-Sand Slurry	
		<input type="checkbox"/> Bentonite-Sand Slurry	
		<input checked="" type="checkbox"/> Chipped Bentonite	
		For monitoring wells and monitoring well boreholes only	
		<input checked="" type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Granular Bentonite	
		<input type="checkbox"/> Bentonite-Cement Grout	
		<input type="checkbox"/> Bentonite - Sand Slurry	

(5)	Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
	3/8" Bentonite Chips	Surface	26.5	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
<u>Boart Longyear</u>		<u>5/4/09</u>	
Signature of Person Doing Work		Date Signed	
		<u>05/13/09</u>	
Street or Route		Telephone Number	
<u>101 Alderson Street</u>		<u>715-359-7090</u>	
City, State, Zip Code			
<u>Schofield, WI 54476</u>			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

Route to: Drinking Water Watershed/Wastewater Waste Management Remediation/Redevelopment Other _____

(1) GENERAL INFORMATION			(2) FACILITY /OWNER INFORMATION		
WI Unique Well No.	DNR Well ID No.	County Walworth	Facility Name 34101703		
Common Well Name <u>SVE-6</u>		Gov't Lot (if applicable)	Facility ID <u>26501900</u>	License/Permit/Monitoring No.	
NE 1/4 of SE 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> E		<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Street Address of Well <u>293 S Wright Street</u>		
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	City, Village, or Town <u>Delavan</u>		
Lat _____ " Long _____ " or		State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone	Present Well Owner <u>Sta-Rite</u>		
Reason For Abandonment <u>No longer needed</u>		WI Unique Well No. of Replacement Well	Original Owner <u>Same</u>		
(3) WELL/DRILLHOLE/BOREHOLE INFORMATION			(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL		
Original Construction Date _____		If a Well Construction Report is available, please attach.	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable		
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Drillhole / Borehole			Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable		
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____			Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total Well Depth (ft) _____ Casing Diameter (in.) _____ (From ground surface)			Was Casing Cut Off Below Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Lower Drillhole Diameter (in.) _____			Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, To What Depth? _____ Feet			If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Depth to Water (Feet) _____			Required Method of Placing Sealing Material		
			<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped		
			<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)		
			(Bentonite Chips)		
			Sealing Materials		
			<input type="checkbox"/> Neat Cement Grout		
			<input type="checkbox"/> Sand-Cement (Concrete) Grout		
			<input type="checkbox"/> Concrete		
			<input type="checkbox"/> Clay-Sand Slurry		
			<input type="checkbox"/> Bentonite-Sand Slurry		
			<input checked="" type="checkbox"/> Chipped Bentonite		
			For monitoring wells and monitoring well boreholes only		
			<input checked="" type="checkbox"/> Bentonite Chips		
			<input type="checkbox"/> Granular Bentonite		
			<input type="checkbox"/> Bentonite-Cement Grout		
			<input type="checkbox"/> Bentonite - Sand Slurry		
(5)	Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
	<u>3/8" Bentonite Chips</u>	<u>Surface</u>	<u>26.5</u>	<u>1</u>	
(6) Comments _____					
(7) Name of Person or Firm Doing Sealing Work <u>Boart Longyear</u>			Date of Abandonment <u>5/4/09</u>		
Signature of Person Doing Work 		Date Signed <u>05/13/09</u>			
Street or Route <u>101 Alderson Street</u>		Telephone Number <u>715-359-7090</u>			
City, State, Zip Code <u>Schofield, WI 54476</u>					

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION		(2) FACILITY / OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Walworth	34101703
Common Well Name <u>SVE-7</u> Gov't Lot (if applicable)		Facility ID	License/Permit/Monitoring No.
<u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		<u>265010900</u>	
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Street Address of Well	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		293 S Wright Street	
Lat _____ ' _____ " Long _____ ' _____ " or		City, Village, or Town	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Delavan	
Reason For Abandonment		Present Well Owner	Original Owner
No longer needed		<u>Sta-Rite</u>	<u>Same</u>
WI Unique Well No. of Replacement Well		Street Address or Route of Owner	
		<u>293 S. Wright St.</u>	
		City, State, Zip Code	
		<u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Drillhole / Borehole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If a Well Construction Report is available, please attach.		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		Required Method of Placing Sealing Material	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped	
Total Well Depth (ft) _____ Casing Diameter (in.) _____		<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)	
(From ground surface) Casing Depth (ft.) _____		(Bentonite Chips)	
Lower Drillhole Diameter (in.) _____		Sealing Materials	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Neat Cement Grout	
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Sand-Cement (Concrete) Grout	
Depth to Water (Feet) _____		<input type="checkbox"/> Concrete	
		<input type="checkbox"/> Clay-Sand Slurry	
		<input type="checkbox"/> Bentonite-Sand Slurry	
		<input checked="" type="checkbox"/> Chipped Bentonite	
		For monitoring wells and monitoring well boreholes only	
		<input checked="" type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Granular Bentonite	
		<input type="checkbox"/> Bentonite-Cement Grout	
		<input type="checkbox"/> Bentonite - Sand Slurry	

(5)	Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
	3/8" Bentonite Chips	Surface	26.5	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment
Boart Longyear		5/4/09
Signature of Person Doing Work	Date Signed	
<i>[Signature]</i>	05/13/09	
Street or Route	Telephone Number	
101 Alderson Street	715-359-7090	
City, State, Zip Code		
Schofield, WI 54476		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION			(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County Walworth	Facility Name 34101703	License/Permit/Monitoring No.
Common Well Name <u>SYE-8</u> Gov't Lot (if applicable)			Facility ID <u>265010900</u>	
Grid Location <u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W			Street Address of Well 293 S Wright Street	
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			City, Village, or Town Delavan	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>			Present Well Owner <u>Sta-Rite</u>	
Lat _____ ° _____ ' _____ " Long _____ ° _____ ' _____ " or			Original Owner <u>Same</u>	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			Street Address or Route of Owner <u>293 S. Wright St.</u>	
Reason For Abandonment <u>No longer needed</u>		WI Unique Well No. of Replacement Well	City, State, Zip Code <u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Drillhole / Borehole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Formation Type:		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material	
Total Well Depth (ft) _____ Casing Diameter (in.) _____		<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped	
(From ground surface) Casing Depth (ft.) _____		<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)	
Lower Drillhole Diameter (in.) _____		(Bentonite Chips)	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials	
If Yes, To What Depth? _____ Feet		For monitoring wells and monitoring well boreholes only	
Depth to Water (Feet) _____		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Sand-Cement (Concrete) Grout	
		<input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Clay-Sand Slurry <input type="checkbox"/> Granular Bentonite	
		<input type="checkbox"/> Bentonite-Sand Slurry <input type="checkbox"/> Bentonite-Cement Grout	
		<input checked="" type="checkbox"/> Chipped Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

(5)	Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
	3/8" Bentonite Chips	Surface	26.5	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work <u>Boart Longyear</u>		Date of Abandonment <u>5/4/09</u>
Signature of Person Doing Work <u>[Signature]</u>		Date Signed <u>05/13/09</u>
Street or Route <u>101 Alderson Street</u>		Telephone Number <u>715-359-7090</u>
City, State, Zip Code <u>Schofield, WI 54476</u>		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

Route to: Drinking Water Watershed/Wastewater Waste Management Remediation/Redevelopment Other _____

(1) GENERAL INFORMATION			(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County Walworth	Facility Name 34101703	
Common Well Name <u>SVE-9</u> Gov't Lot (if applicable)			Facility ID <u>265010900</u>	License/Permit/Monitoring No.
Grid Location <u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W			Street Address of Well 293 S Wright Street	
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			City, Village, or Town Delavan	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>			Present Well Owner <u>Sta-Rite</u>	
Lat _____ ' _____ " Long _____ ' _____ " or			Original Owner <u>Same</u>	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			Street Address or Route of Owner <u>293 S. Wright St.</u>	
Reason For Abandonment No longer needed		WI Unique Well No. of Replacement Well	City, State, Zip Code <u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL			
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable			
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable			
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Drillhole / Borehole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If a Well Construction Report is available, please attach.		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Construction Type:		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Other (Specify) _____		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Formation Type:		Required Method of Placing Sealing Material			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped			
Total Well Depth (ft) _____ Casing Diameter (in.) _____		<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)			
(From ground surface) _____ Casing Depth (ft.) _____		(Bentonite Chips)			
Lower Drillhole Diameter (in.) _____		Sealing Materials		For monitoring wells and monitoring well boreholes only	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Neat Cement Grout		<input checked="" type="checkbox"/> Bentonite Chips	
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Granular Bentonite	
Depth to Water (Feet) _____		<input type="checkbox"/> Concrete		<input type="checkbox"/> Bentonite-Cement Grout	
		<input type="checkbox"/> Clay-Sand Slurry		<input type="checkbox"/> Bentonite - Sand Slurry	
		<input type="checkbox"/> Bentonite-Sand Slurry			
		<input checked="" type="checkbox"/> Chipped Bentonite			

(5)	Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
	3/8" Bentonite Chips	Surface	13.0	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work <u>Boart Longyear</u>		Date of Abandonment <u>5/4/09</u>
Signature of Person Doing Work <u>[Signature]</u>		Date Signed <u>05/13/09</u>
Street or Route <u>101 Alderson Street</u>		Telephone Number <u>715-359-7090</u>
City, State, Zip Code <u>Schofield, WI 54476</u>		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION (2) FACILITY /OWNER INFORMATION

WI Unique Well No.	DNR Well ID No.	County Walworth	Facility Name 34101703
Common Well Name <u>SVE-10</u>		Gov't Lot (if applicable)	Facility ID <u>265010900</u>
Grid Location <u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring No.	
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Street Address of Well <u>293 S Wright Street</u>	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		City, Village, or Town <u>Delavan</u>	
Lat _____ ° _____ ' _____ " Long _____ ° _____ ' _____ " or		Present Well Owner <u>Sta-Rite</u>	Original Owner <u>Same</u>
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Street Address or Route of Owner <u>293 S. Wright St.</u>	
Reason For Abandonment <u>No longer needed</u>	WI Unique Well No. of Replacement Well	City, State, Zip Code <u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION (4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL

Original Construction Date _____	If a Well Construction Report is available, please attach.	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Drillhole / Borehole		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Well Depth (ft) _____ Casing Diameter (in.) _____ (From ground surface) Casing Depth (ft.) _____		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lower Drillhole Diameter (in.) _____		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, To What Depth? _____ Feet		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
Depth to Water (Feet) _____		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped <input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain) (Bentonite Chips)
		Sealing Materials For monitoring wells and monitoring well boreholes only <input type="checkbox"/> Neat Cement Grout <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite-Cement Grout <input type="checkbox"/> Clay-Sand Slurry <input type="checkbox"/> Bentonite-Sand Slurry <input checked="" type="checkbox"/> Chipped Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

(5) Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	26.5	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work <u>Boart Longyear</u>	Date of Abandonment <u>5/4/09</u>
Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>05-13-2009</u>
Street or Route <u>101 Alderson Street</u>	Telephone Number <u>715-359-7090</u>
City, State, Zip Code <u>Schofield, WI 54476</u>	

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION			(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County Walworth	Facility Name 34101703	License/Permit/Monitoring No.
Common Well Name <u>SVE-11</u> Gov't Lot (if applicable)			Facility ID <u>265010900</u>	
Grid Location <u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W			Street Address of Well 293 S Wright Street	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>			City, Village, or Town Delavan	
Lat _____ ' _____ " Long _____ ' _____ " or			Present Well Owner <u>Sta-Rite</u> Original Owner <u>Same</u>	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			Street Address or Route of Owner <u>293 S. Wright St.</u>	
Reason For Abandonment No longer needed		WI Unique Well No. of Replacement Well	City, State, Zip Code <u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL			
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Drillhole / Borehole		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Well Depth (ft.) _____ Casing Diameter (in.) _____		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Lower Drillhole Diameter (in.) _____		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, To What Depth? _____ Feet		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Depth to Water (Feet) _____		Required Method of Placing Sealing Material			
		<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped			
		<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)			
		(Bentonite Chips)			
		Sealing Materials		For monitoring wells and monitoring well boreholes only	
		<input type="checkbox"/> Neat Cement Grout		<input checked="" type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Granular Bentonite	
		<input type="checkbox"/> Concrete		<input type="checkbox"/> Bentonite-Cement Grout	
		<input type="checkbox"/> Clay-Sand Slurry		<input type="checkbox"/> Bentonite - Sand Slurry	
		<input type="checkbox"/> Bentonite-Sand Slurry			
		<input checked="" type="checkbox"/> Chipped Bentonite			

(5)	Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
	3/8" Bentonite Chips	Surface	26.5	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work Boart Longyear		Date of Abandonment 5/4/09
Signature of Person Doing Work <i>[Signature]</i>		Date Signed 05-13-2009
Street or Route 101 Alderson Street	Telephone Number 715-359-7090	
City, State, Zip Code Schofield, WI 54476		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION		(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Walworth	34101703
Common Well Name	Gov't Lot (if applicable)	Facility ID	License/Permit/Monitoring No.
SVE-12		265010900	
Grid Location	Street Address of Well	City, Village, or Town	
NE 1/4 of SE 1/4 of Sec. 17; T. 2 N; R. 16 E	293 S Wright Street	Delavan	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Present Well Owner	Original Owner	
	Sta-Rite	Same	
Lat _____ Long _____ or	Street Address or Route of Owner		
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone	293 S. Wright St.		
Reason For Abandonment	WI Unique Well No.	City, State, Zip Code	
No longer needed	of Replacement Well	Delavan, WI 53115	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____	If a Well Construction Report is available, please attach.	Pump & Piping Removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Drillhole / Borehole		Liner(s) Removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
Construction Type:		Screen Removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing Left in Place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formation Type:		Was Casing Cut Off Below Surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did Sealing Material Rise to Surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Total Well Depth (ft) _____ Casing Diameter (in.) _____		Did Material Settle After 24 Hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(From ground surface) Casing Depth (ft.) _____		If Yes, Was Hole Retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lower Drillhole Diameter (in.) _____		Required Method of Placing Sealing Material	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped	
If Yes, To What Depth? _____ Feet		<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)	
Depth to Water (Feet) _____		(Bentonite Chips)	

(5) Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealed	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	26.5	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment
Boart Longyear		5/4/09
Signature of Person Doing Work	Date Signed	
<i>[Signature]</i>	05-13-2009	
Street or Route	Telephone Number	
101 Alderson Street	715-359-7090	
City, State, Zip Code		
Schofield, WI 54476		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

Route to: Drinking Water Watershed/Wastewater Waste Management Remediation/Redevelopment Other _____

(1) GENERAL INFORMATION		(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Walworth	34101703
Common Well Name	Gov't Lot (if applicable)	Facility ID	License/Permit/Monitoring No.
SYE-13		265010900	
Grid Location		Street Address of Well	
NE 1/4 of SE 1/4 of Sec. 17; T. 2 N; R. 16 E		293 S Wright Street	
		City, Village, or Town	
		Delavan	
Local Grid Origin	(estimated:) or Well Location	Present Well Owner	Original Owner
<input checked="" type="checkbox"/> (estimated:)	<input type="checkbox"/>	Sta-Rite	Same
Lat _____	Long _____	Street Address or Route of Owner	
		293 S. Wright St.	
State Plane _____ ft. N.	_____ ft. E.	City, State, Zip Code	
		Delavan, WI 53115	
Reason For Abandonment	WI Unique Well No. of Replacement Well		
No longer needed			

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION	(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL
Original Construction Date _____	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Monitoring Well	Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Water Well	Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Drillhole / Borehole	Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type:	Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Drilled	Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Driven (Sandpoint)	Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Dug	If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (Specify) _____	Required Method of Placing Sealing Material
Formation Type:	<input type="checkbox"/> Conductor Pipe - Gravity
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Conductor Pipe - Pumped
<input type="checkbox"/> Bedrock	<input checked="" type="checkbox"/> Screened & Poured
Total Well Depth (ft) _____	<input type="checkbox"/> Other (Explain)
(From ground surface)	(Bentonite Chips)
Casing Diameter (in.) _____	Sealing Materials
Casing Depth (ft.) _____	<input type="checkbox"/> Neat Cement Grout
Lower Drillhole Diameter (in.) _____	<input type="checkbox"/> Sand-Cement (Concrete) Grout
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Concrete
If Yes, To What Depth? _____ Feet	<input type="checkbox"/> Clay-Sand Slurry
Depth to Water (Feet) _____	<input type="checkbox"/> Bentonite-Sand Slurry
	<input checked="" type="checkbox"/> Chipped Bentonite
	For monitoring wells and monitoring well boreholes only
	<input checked="" type="checkbox"/> Bentonite Chips
	<input type="checkbox"/> Granular Bentonite
	<input type="checkbox"/> Bentonite-Cement Grout
	<input type="checkbox"/> Bentonite - Sand Slurry

(5) Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	18.0	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work	Date of Abandonment
Boart Longyear	5/4/09
Signature of Person Doing Work	Date Signed
<i>[Signature]</i>	05-13-09
Street or Route	Telephone Number
101 Alderson Street	715-359-7090
City, State, Zip Code	
Schofield, WI 54476	

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION			(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County Walworth	Facility Name 34101703	
Common Well Name <u>SVE-14</u> Gov't Lot (if applicable)			Facility ID <u>265010900</u>	License/Permit/Monitoring No. -
Grid Location <u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W			Street Address of Well <u>293 S Wright Street</u>	
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			City, Village, or Town <u>Delavan</u>	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>			Present Well Owner <u>Sta-Rite</u>	Original Owner <u>Same</u>
Lat _____ ' _____ " Long _____ ' _____ " or			Street Address or Route of Owner <u>293 S. Wright St.</u>	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			City, State, Zip Code <u>Delavan, WI 53115</u>	
Reason For Abandonment <u>No longer needed</u>		WI Unique Well No. of Replacement Well		

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well	If a Well Construction Report is available, please attach.	Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Drillhole / Borehole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Formation Type:		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material	
Total Well Depth (ft) _____ Casing Diameter (in.) _____		<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped	
(From ground surface) _____ Casing Depth (ft.) _____		<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)	
Lower Drillhole Diameter (in.) _____		(Bentonite Chips)	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials	For monitoring wells and monitoring well boreholes only
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Neat Cement Grout	<input checked="" type="checkbox"/> Bentonite Chips
Depth to Water (Feet) _____		<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Granular Bentonite
		<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite-Cement Grout
		<input type="checkbox"/> Clay-Sand Slurry	<input type="checkbox"/> Bentonite - Sand Slurry
		<input type="checkbox"/> Bentonite-Sand Slurry	
		<input checked="" type="checkbox"/> Chipped Bentonite	

(5) Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	17.0	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work <u>Boart Longyear</u>		Date of Abandonment <u>5/4/09</u>
Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>05/13/09</u>	
Street or Route <u>101 Alderson Street</u>	Telephone Number <u>715-359-7090</u>	
City, State, Zip Code <u>Schofield, WI 54476</u>		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

Route to: Drinking Water Watershed/Wastewater Waste Management Remediation/Redevelopment Other _____

(1) GENERAL INFORMATION			(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County Walworth	Facility Name 34101703	
Common Well Name <u>SVE-15</u>		Gov't Lot (if applicable)	Facility ID <u>265010900</u>	License/Permit/Monitoring No.
Grid Location <u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Street Address of Well 293 S Wright Street		
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		City, Village, or Town Delavan		
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Present Well Owner <u>Sta-Rite</u>	Original Owner <u>Same</u>	
Lat _____ ' _____ " Long _____ ' _____ " or		Street Address or Route of Owner <u>293 S. Wright St.</u>		
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		City, State, Zip Code <u>Delavan, WI 53115</u>		
Reason For Abandonment No longer needed		WI Unique Well No. of Replacement Well		

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL			
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Drillhole / Borehole		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Well Depth (ft) _____ Casing Diameter (in.) _____ (From ground surface) Casing Depth (ft.) _____		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Lower Drillhole Diameter (in.) _____		Did Sealing Material Rise to Surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, To What Depth? _____ Feet		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Depth to Water (Feet) _____		Required Method of Placing Sealing Material			
		<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped			
		<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)			
		(Bentonite Chips)			
		Sealing Materials		For monitoring wells and monitoring well boreholes only	
		<input type="checkbox"/> Neat Cement Grout		<input checked="" type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Granular Bentonite	
		<input type="checkbox"/> Concrete		<input type="checkbox"/> Bentonite-Cement Grout	
		<input type="checkbox"/> Clay-Sand Slurry		<input type="checkbox"/> Bentonite - Sand Slurry	
		<input type="checkbox"/> Bentonite-Sand Slurry			
		<input checked="" type="checkbox"/> Chipped Bentonite			

(5)	Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
	3/8" Bentonite Chips	Surface	26.5	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work <u>Boart Longyear</u>		Date of Abandonment <u>5/4/09</u>
Signature of Person Doing Work <u>[Signature]</u>		Date Signed <u>05/13/09</u>
Street or Route <u>101 Alderson Street</u>		Telephone Number <u>715-359-7090</u>
City, State, Zip Code <u>Schofield, WI 54476</u>		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

Route to: Drinking Water Watershed/Wastewater Waste Management Remediation/Redevelopment Other _____

(1) GENERAL INFORMATION			(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County Walworth	Facility Name 34101703	
Common Well Name <u>SVE-16</u> Gov't Lot (if applicable)			Facility ID <u>265010900</u>	License/Permit/Monitoring No.
Grid Location <u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W			Street Address of Well 293 S Wright Street	
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			City, Village, or Town Delavan	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>			Present Well Owner <u>Sta-Rite</u>	
Lat _____ ' _____ " Long _____ ' _____ " or			Original Owner <u>Same</u>	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			Street Address or Route of Owner <u>293 S. Wright St.</u>	
Reason For Abandonment No longer needed			City, State, Zip Code <u>Delavan, WI 53115</u>	
WI Unique Well No. of Replacement Well				

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL			
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable			
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable			
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Drillhole / Borehole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Construction Type:		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Other (Specify) _____		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Formation Type:		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material			
Total Well Depth (ft.) _____ Casing Diameter (in.) _____		<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped			
(From ground surface) Casing Depth (ft.) _____		<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)			
Lower Drillhole Diameter (in.) _____		(Bentonite Chips)			
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials			
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Neat Cement Grout			
Depth to Water (Feet) _____		<input type="checkbox"/> Sand-Cement (Concrete) Grout			
		<input type="checkbox"/> Concrete			
		<input type="checkbox"/> Clay-Sand Slurry			
		<input type="checkbox"/> Bentonite-Sand Slurry			
		<input checked="" type="checkbox"/> Chipped Bentonite			
		For monitoring wells and monitoring well boreholes only			
		<input checked="" type="checkbox"/> Bentonite Chips			
		<input type="checkbox"/> Granular Bentonite			
		<input type="checkbox"/> Bentonite-Cement Grout			
		<input type="checkbox"/> Bentonite - Sand Slurry			
(5) Sealing Material Used		From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
3/8" Bentonite Chips		Surface	14.0	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work Boart Longyear		Date of Abandonment 5/4/09
Signature of Person Doing Work <i>[Signature]</i>		Date Signed 05/13/09
Street or Route 101 Alderson Street		Telephone Number 715-359-7090
City, State, Zip Code Schofield, WI 54476		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION		(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		- Walworth	34101703
Common Well Name <u>SVE-17</u> Gov't Lot (if applicable)		Facility ID	License/Permit/Monitoring No.
<u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		<u>265010900</u>	
Grid Location		Street Address of Well	
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		<u>293 S Wright Street</u>	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		City, Village, or Town	
Lat _____ ' _____ " Long _____ ' _____ " or		<u>Delavan</u>	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Present Well Owner	Original Owner
Reason For Abandonment		<u>Sta-Rite</u>	<u>Same</u>
<u>No longer needed</u>		Street Address or Route of Owner	
WI Unique Well No. of Replacement Well		<u>293 S. Wright St.</u>	
		City, State, Zip Code	
		<u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Drillhole / Borehole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If a Well Construction Report is available, please attach.		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		Required Method of Placing Sealing Material	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped	
Total Well Depth (ft) _____ Casing Diameter (in.) _____		<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)	
(From ground surface) Casing Depth (ft.) _____		<u>(Bentonite Chips)</u>	
Lower Drillhole Diameter (in.) _____		Sealing Materials	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Neat Cement Grout	
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Sand-Cement (Concrete) Grout	
Depth to Water (Feet) _____		<input type="checkbox"/> Concrete	
		<input type="checkbox"/> Clay-Sand Slurry	
		<input type="checkbox"/> Bentonite-Sand Slurry	
		<input checked="" type="checkbox"/> Chipped Bentonite	
		For monitoring wells and monitoring well boreholes only	
		<input checked="" type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Granular Bentonite	
		<input type="checkbox"/> Bentonite-Cement Grout	
		<input type="checkbox"/> Bentonite - Sand Slurry	

(5) Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	17.0	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
<u>Boart Longyear</u>		<u>5/4/09</u>	
Signature of Person Doing Work		Date Signed	
		<u>05/13/09</u>	
Street or Route		Telephone Number	
<u>101 Alderson Street</u>		<u>715-359-7090</u>	
City, State, Zip Code			
<u>Schofield, WI 54476</u>			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

Route to: Drinking Water Watershed/Wastewater Waste Management Remediation/Redevelopment Other _____

(1) GENERAL INFORMATION (2) FACILITY /OWNER INFORMATION

WI Unique Well No.	DNR Well ID No.	County Walworth	Facility Name 34101703
Common Well Name <u>SVE-18</u> Gov't Lot (if applicable)			Facility ID <u>265010900</u> License/Permit/Monitoring No.
Grid Location <u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W			Street Address of Well <u>293 S Wright Street</u>
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>			City, Village, or Town <u>Delavan</u>
Lat _____ ' _____ " Long _____ ' _____ " or _____ ' _____ " or _____ ' _____ " Zone			Present Well Owner <u>Sta-Rite</u> Original Owner <u>Same</u>
Reason For Abandonment <u>No longer needed</u>			Street Address or Route of Owner <u>293 S. Wright St.</u>
WI Unique Well No. of Replacement Well			City, State, Zip Code <u>Delavan, WI 53115</u>

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION (4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL

Original Construction Date _____	If a Well Construction Report is available, please attach.	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Drillhole / Borehole		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Well Depth (ft) _____ Casing Diameter (in.) _____ (From ground surface) Casing Depth (ft.) _____		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lower Drillhole Diameter (in.) _____		Did Sealing Material Rise to Surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, To What Depth? _____ Feet		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
Depth to Water (Feet) _____		Required Method of Placing Sealing Material
		<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped
		<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)
		(Bentonite Chips)
		Sealing Materials For monitoring wells and monitoring well boreholes only
		<input type="checkbox"/> Neat Cement Grout <input checked="" type="checkbox"/> Bentonite Chips
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Granular Bentonite
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite-Cement Grout
		<input type="checkbox"/> Clay-Sand Slurry <input type="checkbox"/> Bentonite - Sand Slurry
		<input type="checkbox"/> Bentonite-Sand Slurry <input checked="" type="checkbox"/> Chipped Bentonite

(5)	Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
	3/8" Bentonite Chips	Surface	19.0	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work <u>Boart Longyear</u>	Date of Abandonment <u>5/4/09</u>
Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>05/13/09</u>
Street or Route <u>101 Alderson Street</u>	Telephone Number <u>715-359-7090</u>
City, State, Zip Code <u>Schofield, WI 54476</u>	

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

Route to: Drinking Water Watershed/Wastewater Waste Management Remediation/Redevelopment Other _____

(1) GENERAL INFORMATION		(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Walworth	34101703
Common Well Name <u>SYE-19</u>		Gov't Lot (if applicable)	
<u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>L7</u> ; T. <u>2</u> N.; R. <u>16</u>		<input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Facility ID <u>265010900</u> License/Permit/Monitoring No. _____	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Street Address of Well	
Lat _____ " Long _____ " or _____ " or _____ "		293 S Wright Street	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone _____		City, Village, or Town	
Reason For Abandonment		Present Well Owner	
No longer needed	WI Unique Well No. of Replacement Well	<u>Sta-Rite</u>	
		Original Owner	
		<u>Same</u>	
		Street Address or Route of Owner	
		<u>293 S. Wright St</u>	
		City, State, Zip Code	
		<u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION	(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL
Original Construction Date _____	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Monitoring Well	Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Water Well	Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Drillhole / Borehole	Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No
If a Well Construction Report is available, please attach.	Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type:	Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug	Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Other (Specify) _____	If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
Formation Type:	Required Method of Placing Sealing Material
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped
Total Well Depth (ft) _____ Casing Diameter (in.) _____	<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)
(From ground surface) Casing Depth (ft) _____	(Bentonite Chips)
Lower Drillhole Diameter (in.) _____	Sealing Materials
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Neat Cement Grout
If Yes, To What Depth? _____ Feet	<input type="checkbox"/> Sand-Cement (Concrete) Grout
Depth to Water (Feet) _____	<input type="checkbox"/> Concrete
	<input type="checkbox"/> Clay-Sand Slurry
	<input type="checkbox"/> Bentonite-Sand Slurry
	<input checked="" type="checkbox"/> Chipped Bentonite
	For monitoring wells and monitoring well boreholes only
	<input checked="" type="checkbox"/> Bentonite Chips
	<input type="checkbox"/> Granular Bentonite
	<input type="checkbox"/> Bentonite-Cement Grout
	<input type="checkbox"/> Bentonite - Sand Slurry

(5) Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	26.5	1	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment
<u>Boart Longyear</u>		5/4/09
Signature of Person Doing Work	Date Signed	
	05/13/09	
Street or Route	Telephone Number	
101 Alderson Street	715-359-7090	
City, State, Zip Code		
Schofield, WI 54476		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

Route to: Drinking Water Watershed/Wastewater Waste Management Remediation/Redevelopment Other _____

(1) GENERAL INFORMATION		(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Walworth	34101703
Common Well Name <u>SVE-20</u>		Gov't Lot (if applicable)	Facility ID
<u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W			<u>265010900</u>
Grid Location		License/Permit/Monitoring No.	
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Street Address of Well	
Lat _____ ° _____ ' _____ " Long _____ ° _____ ' _____ " or		<u>293 S Wright Street</u>	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		City, Village, or Town	
Reason For Abandonment		Present Well Owner	
No longer needed		<u>Sta-Rite</u>	
WI Unique Well No. of Replacement Well		Original Owner	
		<u>Same</u>	
		Street Address or Route of Owner	
		<u>293 S. Wright St</u>	
		City, State, Zip Code	
		<u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION	(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL
Original Construction Date _____	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Monitoring Well	Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Water Well	Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Drillhole / Borehole	Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If a Well Construction Report is available, please attach.	Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type:	Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug	Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Other (Specify) _____	If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
Formation Type:	Required Method of Placing Sealing Material
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped
Total Well Depth (ft) _____ Casing Diameter (in.) _____	<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)
(From ground surface) Casing Depth (ft.) _____	(Bentonite Chips)
Lower Drillhole Diameter (in.) _____	Sealing Materials
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Neat Cement Grout
If Yes, To What Depth? _____ Feet	<input type="checkbox"/> Sand-Cement (Concrete) Grout
Depth to Water (Feet) _____	<input type="checkbox"/> Concrete
	<input type="checkbox"/> Clay-Sand Slurry
	<input type="checkbox"/> Bentonite-Sand Slurry
	<input checked="" type="checkbox"/> Chipped Bentonite
	For monitoring wells and monitoring well boreholes only
	<input checked="" type="checkbox"/> Bentonite Chips
	<input type="checkbox"/> Granular Bentonite
	<input type="checkbox"/> Bentonite-Cement Grout
	<input type="checkbox"/> Bentonite - Sand Slurry

(5) Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	26.5	4	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment
Boart Longyear		5/4/09
Signature of Person Doing Work	Date Signed	
	05/13/09	
Street or Route	Telephone Number	
101 Alderson Street	715-359-7090	
City, State, Zip Code		
Schofield, WI 54476		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

Route to: Drinking Water Watershed/Wastewater Waste Management Remediation/Redevelopment Other _____

(1) GENERAL INFORMATION			(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name	
		Walworth	34101703	
Common Well Name <u>SVE-21</u> Gov't Lot (if applicable)			Facility ID	License/Permit/Monitoring No.
<u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W			<u>265010900</u>	-
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S, _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			Street Address of Well	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>			293 S Wright Street	
Lat _____ ° _____ ' _____ " Long _____ ° _____ ' _____ " or _____ ° _____ ' _____ " <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N Zone			City, Village, or Town	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			Delavan	
Reason For Abandonment		WI Unique Well No. of Replacement Well	Present Well Owner	Original Owner
No longer needed			<u>Sta-Rite</u>	<u>Same</u>
(3) WELL/DRILLHOLE/BOREHOLE INFORMATION			Street Address or Route of Owner	
Original Construction Date _____			<u>293 S. Wright St.</u>	
<input checked="" type="checkbox"/> Monitoring Well			City, State, Zip Code	
<input type="checkbox"/> Water Well			<u>Delavan, WI 53115</u>	
<input type="checkbox"/> Drillhole / Borehole				
Construction Type:				
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				
<input type="checkbox"/> Other (Specify) _____				
Formation Type:				
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				
Total Well Depth (ft) _____ Casing Diameter (in.) _____				
(From ground surface) Casing Depth (ft.) _____				
Lower Drillhole Diameter (in.) _____				
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
If Yes, To What Depth? _____ Feet				
Depth to Water (Feet) _____				

(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL			
Pump & Piping Removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable		
Liner(s) Removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable		
Screen Removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Casing Left in Place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Casing Cut Off Below Surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Did Sealing Material Rise to Surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Did Material Settle After 24 Hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, Was Hole Retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe - Gravity	<input type="checkbox"/> Conductor Pipe - Pumped		
<input checked="" type="checkbox"/> Screened & Poured	<input type="checkbox"/> Other (Explain)		
(Bentonite Chips)			
Sealing Materials	For monitoring wells and monitoring well boreholes only		
<input type="checkbox"/> Neat Cement Grout			
<input type="checkbox"/> Sand-Cement (Concrete) Grout			
<input type="checkbox"/> Concrete	<input checked="" type="checkbox"/> Bentonite Chips		
<input type="checkbox"/> Clay-Sand Slurry	<input type="checkbox"/> Granular Bentonite		
<input type="checkbox"/> Bentonite-Sand Slurry	<input type="checkbox"/> Bentonite-Cement Grout		
<input checked="" type="checkbox"/> Chipped Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry		

(5) Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	26.5	4	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment
Boart Longyear		5/4/09
Signature of Person Doing Work	Date Signed	
<i>[Signature]</i>	8/13/09	
Street or Route	Telephone Number	
101 Alderson Street	715-359-7090	
City, State, Zip Code		
Schofield, WI 54476		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION		(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Walworth	34101703
Common Well Name <u>SVE-22</u> Gov't Lot (if applicable)		Facility ID	License/Permit/Monitoring No.
<u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		<u>265010900</u>	-
Grid Location		Street Address of Well	
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		<u>293 S Wright Street</u>	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		City, Village, or Town	
Lat _____ ° _____ ' _____ " Long _____ ° _____ ' _____ " or		<u>Delavan</u>	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Present Well Owner	Original Owner
Reason For Abandonment		<u>Sta-Rite</u>	<u>Same</u>
<u>No longer needed</u>	WI Unique Well No. of Replacement Well	Street Address or Route of Owner	
		<u>293 S. Wright St.</u>	
		City, State, Zip Code	
		<u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Drillhole / Borehole		Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Formation Type:		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material	
Total Well Depth (ft) _____ Casing Diameter (in.) _____		<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped	
(From ground surface) Casing Depth (ft.) _____		<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)	
Lower Drillhole Diameter (in.) _____		(Bentonite Chips)	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials	
If Yes, To What Depth? _____ Feet		For monitoring wells and monitoring well boreholes only	
Depth to Water (Feet) _____		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Granular Bentonite	
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite-Cement Grout	
		<input type="checkbox"/> Clay-Sand Slurry <input type="checkbox"/> Bentonite - Sand Slurry	
		<input type="checkbox"/> Bentonite-Sand Slurry <input type="checkbox"/> Chipped Bentonite	
		<input checked="" type="checkbox"/> Chipped Bentonite	

(5)	Sealing Material Used	From (Ft)	To (Ft)	Sacks Sealant	Mix Ratio or Mud Weight
	3/8" Bentonite Chips	Surface	26.5	8	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
<u>Boart Longyear</u>		<u>5/4/09</u>	
Signature of Person Doing Work		Date Signed	
<u>[Signature]</u>		<u>05/13/09</u>	
Street or Route		Telephone Number	
<u>101 Alderson Street</u>		<u>715-359-7090</u>	
City, State, Zip Code			
<u>Schofield, WI 54476</u>			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

Route to: Drinking Water Watershed/Wastewater Waste Management Remediation/Redevelopment Other _____

(1) GENERAL INFORMATION		(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Walworth	34101703
Common Well Name <u>SVE-23</u> Gov't Lot (if applicable)		Facility ID	License/Permit/Monitoring No.
<u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		<u>265010900</u>	
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Street Address of Well	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		<u>293 S Wright Street</u>	
Lat _____ ° _____ ' _____ " Long _____ ° _____ ' _____ " or		City, Village, or Town	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		<u>Delavan</u>	
Reason For Abandonment	WI Unique Well No.	Present Well Owner	Original Owner
<u>No longer needed</u>		<u>Sta-Rite</u>	<u>Same</u>
	of Replacement Well	Street Address or Route of Owner	
		<u>293 S. Wright St.</u>	
		City, State, Zip Code	
		<u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION	(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL
Original Construction Date _____	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Monitoring Well	Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Water Well	Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Drillhole / Borehole	Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If a Well Construction Report is available, please attach.	Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type:	Did Sealing Material Rise to Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug	Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Other (Specify) _____	If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
Formation Type:	Required Method of Placing Sealing Material
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped
Total Well Depth (ft) _____ Casing Diameter (in.) _____	<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)
(From ground surface) Casing Depth (ft.) _____	(Bentonite Chips)
Lower Drillhole Diameter (in.) _____	Sealing Materials
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Neat Cement Grout
If Yes, To What Depth? _____ Feet	<input type="checkbox"/> Sand-Cement (Concrete) Grout
Depth to Water (Feet) _____	<input type="checkbox"/> Concrete
	<input type="checkbox"/> Clay-Sand Slurry
	<input type="checkbox"/> Bentonite-Sand Slurry
	<input checked="" type="checkbox"/> Chipped Bentonite
	For monitoring wells and monitoring well boreholes only
	<input checked="" type="checkbox"/> Bentonite Chips
	<input type="checkbox"/> Granular Bentonite
	<input type="checkbox"/> Bentonite-Cement Grout
	<input type="checkbox"/> Bentonite - Sand Slurry

(5) Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	26.5	8	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment
<u>Boat Longyear</u>		<u>5/4/09</u>
Signature of Person Doing Work	Date Signed	
	<u>05/13/09</u>	
Street or Route	Telephone Number	
<u>101 Alderson Street</u>	<u>715-359-7090</u>	
City, State, Zip Code		
<u>Schofield, WI 54476</u>		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION (2) FACILITY /OWNER INFORMATION

WI Unique Well No.	DNR Well ID No.	County Walworth	Facility Name 34101703
Common Well Name <u>SVE-24</u>		Gov't Lot (if applicable)	Facility ID <u>265010900</u>
Grid Location <u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W			License/Permit/Monitoring No.
Street Address of Well <u>293 S Wright Street</u>		City, Village, or Town <u>Delavan</u>	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Present Well Owner <u>Sta-Rite</u>	
Lat _____ ' _____ " Long _____ ' _____ " or		Original Owner <u>Same</u>	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Street Address or Route of Owner <u>293 S. Wright St.</u>	
Reason for Abandonment <u>No longer needed</u>	WI Unique Well No. of Replacement Well	City, State, Zip Code <u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION (4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL

Original Construction Date _____	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Monitoring Well	Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Water Well	Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Drillhole / Borehole	Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type:	Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug	Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (Specify) _____	Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Formation Type:	If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Required Method of Placing Sealing Material
Total Well Depth (ft) _____ Casing Diameter (in.) _____	<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped
(From ground surface) Casing Depth (ft.) _____	<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)
Lower Drillhole Diameter (in.) _____	(Bentonite Chips)
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Sealing Materials
If Yes, To What Depth? _____ Feet	<input type="checkbox"/> Neat Cement Grout
Depth to Water (Feet) _____	<input type="checkbox"/> Sand-Cement (Concrete) Grout
	<input type="checkbox"/> Concrete
	<input type="checkbox"/> Clay-Sand Slurry
	<input type="checkbox"/> Bentonite-Sand Slurry
	<input checked="" type="checkbox"/> Chipped Bentonite
	For monitoring wells and monitoring well boreholes only
	<input checked="" type="checkbox"/> Bentonite Chips
	<input type="checkbox"/> Granular Bentonite
	<input type="checkbox"/> Bentonite-Cement Grout
	<input type="checkbox"/> Bentonite - Sand Slurry

(5) Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	26.5	8	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work <u>Boart Longyear</u>	Date of Abandonment <u>5/4/09</u>
Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>05/13/09</u>
Street or Route <u>101 Alderson Street</u>	Telephone Number <u>715-359-7090</u>
City, State, Zip Code <u>Schofield, WI 54476</u>	

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

Route to: Drinking Water Watershed/Wastewater Waste Management Remediation/Redevelopment Other _____

(1) GENERAL INFORMATION		(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Walworth	34101703
Common Well Name <u>SVE-25</u> Gov't Lot (if applicable)		Facility ID	License/Permit/Monitoring No.
<u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		<u>265010900</u>	-
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Street Address of Well	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		<u>293 S Wright Street</u>	
Lat _____ " Long _____ " or		City, Village, or Town	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Delavan	
Reason For Abandonment		Present Well Owner	Original Owner
<u>No longer needed</u>		<u>Sta-Rite</u>	<u>Same</u>
WI Unique Well No. of Replacement Well		Street Address or Route of Owner	
		<u>293 S. Wright St.</u>	
		City, State, Zip Code	
		<u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION	(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL
Original Construction Date _____	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Monitoring Well	Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Water Well	Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Drillhole / Borehole	Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If a Well Construction Report is available, please attach.	Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type:	Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug	Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Other (Specify) _____	If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
Formation Type:	Required Method of Placing Sealing Material
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped
Total Well Depth (ft) _____ Casing Diameter (in.) _____	<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)
(From ground surface) Casing Depth (ft.) _____	(Bentonite Chips)
Lower Drillhole Diameter (in.) _____	Sealing Materials For monitoring wells and monitoring well boreholes only
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Bentonite Chips
If Yes, To What Depth? _____ Feet	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Granular Bentonite
Depth to Water (Feet) _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite-Cement Grout
	<input type="checkbox"/> Clay-Sand Slurry <input type="checkbox"/> Bentonite-Sand Slurry
	<input checked="" type="checkbox"/> Chipped Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

(5) Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	26.5	8	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment
<u>Boart Longyear</u>		<u>5/4/09</u>
Signature of Person Doing Work	Date Signed	
<u>[Signature]</u>	<u>05/13/09</u>	
Street or Route	Telephone Number	
<u>101 Alderson Street</u>	<u>715-359-7090</u>	
City, State, Zip Code		
<u>Schofield, WI 54476</u>		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Walworth	34101703
Common Well Name <u>SVE-260</u> Gov't Lot (if applicable)		Facility ID	License/Permit/Monitoring No.
<u>NE 1/4 of SE 1/4 of Sec. 17 ; T. 2 N.; R. 16 E</u>		<u>265010900</u>	
Grid Location <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Street Address of Well	
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		<u>293 S Wright Street</u>	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		City, Village, or Town	
Lat _____ " Long _____ " or		<u>Delavan</u>	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Present Well Owner	Original Owner
Reason For Abandonment		<u>Sta-Rite</u>	<u>Same</u>
No longer needed	WI Unique Well No. of Replacement Well	Street Address or Route of Owner	
		<u>293 S. Wright St.</u>	
		City, State, Zip Code	
		<u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____	If a Well Construction Report is available, please attach.	Pump & Piping Removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Water Well		Screen Removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Drillhole / Borehole		Casing Left in Place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type:		Was Casing Cut Off Below Surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Sealing Material Rise to Surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (Specify) _____		Did Material Settle After 24 Hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Formation Type:		If Yes, Was Hole Retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material	
Total Well Depth (ft) _____ Casing Diameter (in.) _____		<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped	
(From ground surface) Casing Depth (ft.) _____		<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)	
Lower Drillhole Diameter (in.) _____		(Bentonite Chjps)	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials	For monitoring wells and monitoring well boreholes only
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Neat Cement Grout	<input checked="" type="checkbox"/> Bentonite Chips
Depth to Water (Feet) _____		<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Granular Bentonite
		<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite-Cement Grout
		<input type="checkbox"/> Clay-Sand Slurry	<input type="checkbox"/> Bentonite - Sand Slurry
		<input type="checkbox"/> Bentonite-Sand Slurry	
		<input checked="" type="checkbox"/> Chipped Bentonite	

(5)	Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
	3/8" Bentonite Chips	Surface	26.5	8	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Boart Longyear		5/4/09	
Signature of Person Doing Work		Date Signed	
<i>[Signature]</i>		05/13/09	
Street or Route		Telephone Number	
101 Alderson Street		715-359-7090	
City, State, Zip Code			
Schofield, WI 54476			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION		(2) FACILITY /OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Walworth	34101703
Common Well Name <u>SVE-27</u> Gov't Lot (if applicable)		Facility ID	License/Permit/Monitoring No.
<u>NE</u> 1/4 of <u>SE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		<u>265010900</u>	-
Grid Location		Street Address of Well	
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		293 S Wright Street	
Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		City, Village, or Town	
Lat _____ ° _____ ' _____ " Long _____ ° _____ ' _____ " or		Delavan	
State Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Present Well Owner	Original Owner
Reason For Abandonment		<u>Sta-Rite</u> <u>Same</u>	
No longer needed	WI Unique Well No. of Replacement Well	Street Address or Route of Owner	
		<u>293 S. Wright St.</u>	
		City, State, Zip Code	
		<u>Delavan, WI 53115</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Drillhole / Borehole		Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If a Well Construction Report is available, please attach.		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		Required Method of Placing Sealing Material	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe - Gravity <input type="checkbox"/> Conductor Pipe - Pumped	
Total Well Depth (ft) _____ Casing Diameter (in.) _____		<input checked="" type="checkbox"/> Screened & Poured <input type="checkbox"/> Other (Explain)	
(From ground surface) Casing Depth (ft.) _____		(Bentonite Chips)	
Lower Drillhole Diameter (in.) _____		Sealing Materials	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Neat Cement Grout	
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Sand-Cement (Concrete) Grout	
Depth to Water (Feet) _____		<input type="checkbox"/> Concrete	
		For monitoring wells and monitoring well boreholes only	
		<input checked="" type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Granular Bentonite	
		<input type="checkbox"/> Bentonite-Cement Grout	
		<input checked="" type="checkbox"/> Chipped Bentonite	
		<input type="checkbox"/> Bentonite - Sand Slurry	

(5)	Sealing Material Used	From (Ft.)	To (Ft.)	Sacks Sealant	Mix Ratio or Mud Weight
	3/8" Bentonite Chips	Surface	26.5	8	

(6) Comments _____

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
<u>Boart Longyear</u>		<u>5/4/09</u>	
Signature of Person Doing Work		Date Signed	
<u>[Signature]</u>		<u>05/13/09</u>	
Street or Route		Telephone Number	
<u>101 Alderson Street</u>		<u>715-359-7090</u>	
City, State, Zip Code			
<u>Schofield, WI 54476</u>			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

APPENDIX B
GROUNDWATER MONITORING ANALYTICAL RESULTS

STA-RITE INDUSTRIES GROUND WATER SAMPLING PROGRAM FIELD SAMPLING DATA

WELL NUMBER	SAMPLE NUMBER	DATE	TIME	WELL DEPTH	WATER LEVEL	FEET OF WATER	PURGE VOLUME	pH	CONDUCTIVITY	TEMP.	SAMPLER INITIALS	REMARKS
W-2005		7/27/09	13:20	37.80	20.78	17.02	17.09					
W-2011		7/27/09	14:20	36.88	22.12	14.76	9.62					
-15		7/27/09	15:10	38.00	27.88	10.12	6.59					
W-3		7/27/09	16:05	44.00	28.56	15.44	10.06					
W-2004		7/28/09	11:05	39.21	25.21	14.00	9.12					
U-1		7-28-09	11:55	44.00	29.02	19.98	13.02					
-18		7-28-09	12:45	39.27	26.63	12.64	8.24					
-25A		7/28/09	13:45	43.25	28.28	14.98	9.76					
W-2026		7/28/09	15:02	42.00	26.02	15.98	10.47					
W-2027		7/28/09	15:45	37.71	25.67	12.02	7.85					
U-4		7-28-09	16:40	50.48	33.48	17.00	11.08					
-2		7-28-09	16:55									
X-3		7-28-09	17:05									
1		7-28-09	17:20									
X-7		7-28-09	16:00									
							106.84					

purge volume = ft. of water x ~~1.57~~ 2.61
 purge volume = ft. of water x 1.57

July 31, 2009

Client: PENTAIR WATER
293 S Wright Street
Delavan, WI 53115

Work Order: WSG0943
Project Name: Delavan
Project Number: Delavan Well #4

Attn: Mr. Dave Mirek

Date Received: 07/29/09

An executed copy of the chain of custody is also included as an addendum to this report.

If you have any questions relating to this analytical report, please contact your Laboratory Project Manager at 1-800-833-7036

SAMPLE IDENTIFICATION	LAB NUMBER	COLLECTION DATE AND TIME
MW 2005	WSG0943-01	07/27/09 13:20
MW 2011	WSG0943-02	07/27/09 14:20
D-15	WSG0943-03	07/27/09 15:10
TW-3	WSG0943-04	07/27/09 16:05
MW 2004	WSG0943-05	07/28/09 11:05
TW 1	WSG0943-06	07/28/09 11:55
D 18	WSG0943-07	07/28/09 12:45
D 25R	WSG0943-08	07/28/09 13:45
MW 1026	WSG0943-09	07/28/09 15:02
MW 1027	WSG0943-10	07/28/09 15:45
TW 4	WSG0943-11	07/28/09 16:40
EX 2	WSG0943-12	07/28/09 16:55
EX 3	WSG0943-13	07/28/09 17:05
SS 1	WSG0943-14	07/28/09 17:20
EX 7	WSG0943-15	07/29/09 06:00

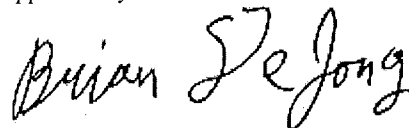
Samples were received on ice into laboratory at a temperature of 0 °C.

Wisconsin Certification Number: 128053530

The Chain(s) of Custody, 2 pages, are included and are an integral part of this report.

Unless subcontracted, volatiles analyses (including VOC, PVO, GRO, BTEX, and TPH gasoline) performed by TestAmerica Watertown at 1101 Industrial Drive, Units 9&10. All other analyses performed at the address shown in the heading of this report.

Approved By:



TestAmerica Watertown
Brian DeJong For Sandie Fredrick
Project Manager

PENTAIR WATER
3 S Wright Street
Delavan, WI 53115
Mr. Dave Mirek

Work Order: WSG0943
Project: Delavan
Project Number: Delavan Well #4

Received: 07/29/09
Reported: 07/31/09 09:30

ANALYTICAL REPORT

Analyte	Sample Result	Data Qualifiers	Units	MDL	LOQ	Dilution Factor	Date Analyzed	Analyst	Seq/ Batch	Method
Sample ID: WSG0943-01 (MW 2005 - Water - NonPotable)							Sampled: 07/27/09 13:20			
VOCs by SW8260B										
Tetrachloroethene	<0.50		ug/L	0.50	1.7	1	07/30/09 13:29	lck	9070724	SW 8260B
1,1,1-Trichloroethane	<0.50		ug/L	0.50	1.7	1	07/30/09 13:29	lck	9070724	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	07/30/09 13:29	lck	9070724	SW 8260B
Trichloroethene	<0.20		ug/L	0.20	0.67	1	07/30/09 13:29	lck	9070724	SW 8260B
Vinyl chloride	<0.20		ug/L	0.20	0.67	1	07/30/09 13:29	lck	9070724	SW 8260B
Surr: Dibromofluoromethane (82-122%)	103 %									
Surr: Toluene-d8 (86-117%)	98 %									
Surr: 4-Bromofluorobenzene (83-118%)	99 %									
Sample ID: WSG0943-02 (MW 2011 - Water - NonPotable)							Sampled: 07/27/09 14:20			
VOCs by SW8260B										
Tetrachloroethene	<0.50		ug/L	0.50	1.7	1	07/30/09 13:56	lck	9070724	SW 8260B
1,1,1-Trichloroethane	1.5	J	ug/L	0.50	1.7	1	07/30/09 13:56	lck	9070724	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	07/30/09 13:56	lck	9070724	SW 8260B
Trichloroethene	14		ug/L	0.20	0.67	1	07/30/09 13:56	lck	9070724	SW 8260B
Vinyl chloride	<0.20		ug/L	0.20	0.67	1	07/30/09 13:56	lck	9070724	SW 8260B
Surr: Dibromofluoromethane (82-122%)	100 %									
Surr: Toluene-d8 (86-117%)	98 %									
Surr: 4-Bromofluorobenzene (83-118%)	97 %									
Sample ID: WSG0943-03 (D-15 - Water - NonPotable)							Sampled: 07/27/09 15:10			
VOCs by SW8260B										
Tetrachloroethene	11		ug/L	0.50	1.7	1	07/30/09 14:24	lck	9070724	SW 8260B
1,1,1-Trichloroethane	<0.50		ug/L	0.50	1.7	1	07/30/09 14:24	lck	9070724	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	07/30/09 14:24	lck	9070724	SW 8260B
Trichloroethene	21		ug/L	0.20	0.67	1	07/30/09 14:24	lck	9070724	SW 8260B
Vinyl chloride	<0.20		ug/L	0.20	0.67	1	07/30/09 14:24	lck	9070724	SW 8260B
Surr: Dibromofluoromethane (82-122%)	103 %									
Surr: Toluene-d8 (86-117%)	98 %									
Surr: 4-Bromofluorobenzene (83-118%)	98 %									
Sample ID: WSG0943-04 (TW-3 - Water - NonPotable)							Sampled: 07/27/09 16:05			
VOCs by SW8260B										
Tetrachloroethene	1.8		ug/L	0.50	1.7	1	07/30/09 14:52	lck	9070724	SW 8260B
1,1,1-Trichloroethane	<0.50		ug/L	0.50	1.7	1	07/30/09 14:52	lck	9070724	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	07/30/09 14:52	lck	9070724	SW 8260B
Trichloroethene	0.86		ug/L	0.20	0.67	1	07/30/09 14:52	lck	9070724	SW 8260B
Vinyl chloride	<0.20		ug/L	0.20	0.67	1	07/30/09 14:52	lck	9070724	SW 8260B
Surr: Dibromofluoromethane (82-122%)	99 %									
Surr: Toluene-d8 (86-117%)	98 %									
Surr: 4-Bromofluorobenzene (83-118%)	98 %									

PENTAIR WATER
293 S Wright Street
Delavan, WI 53115
Mr. Dave Mirek

Work Order: WSG0943
Project: Delavan
Project Number: Delavan Well #4

Received: 07/29/09
Reported: 07/31/09 09:30

Analyte	Sample Result	Data Qualifiers	Units	MDL	LOQ	Dilution Factor	Date Analyzed	Analyst	Seq/ Batch	Method
Sample ID: WSG0943-05 (MW 2004 - Water - NonPotable)						Sampled: 07/28/09 11:05				
VOCs by SW8260B										
Tetrachloroethene	<0.50		ug/L	0.50	1.7	1	07/30/09 15:20	lck	9070724	SW 8260B
1,1,1-Trichloroethane	<0.50		ug/L	0.50	1.7	1	07/30/09 15:20	lck	9070724	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	07/30/09 15:20	lck	9070724	SW 8260B
Trichloroethene	<0.20		ug/L	0.20	0.67	1	07/30/09 15:20	lck	9070724	SW 8260B
Vinyl chloride	<0.20		ug/L	0.20	0.67	1	07/30/09 15:20	lck	9070724	SW 8260B
<i>Surr: Dibromofluoromethane (82-122%)</i>	<i>103 %</i>									
<i>Surr: Toluene-d8 (86-117%)</i>	<i>98 %</i>									
<i>Surr: 4-Bromofluorobenzene (83-118%)</i>	<i>99 %</i>									
Sample ID: WSG0943-06 (TW 1 - Water - NonPotable)						Sampled: 07/28/09 11:55				
VOCs by SW8260B										
Tetrachloroethene	<0.50		ug/L	0.50	1.7	1	07/30/09 15:50	lck	9070724	SW 8260B
1,1,1-Trichloroethane	<0.50		ug/L	0.50	1.7	1	07/30/09 15:50	lck	9070724	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	07/30/09 15:50	lck	9070724	SW 8260B
Trichloroethene	0.27	J	ug/L	0.20	0.67	1	07/30/09 15:50	lck	9070724	SW 8260B
Vinyl chloride	<0.20		ug/L	0.20	0.67	1	07/30/09 15:50	lck	9070724	SW 8260B
<i>Surr: Dibromofluoromethane (82-122%)</i>	<i>103 %</i>									
<i>Surr: Toluene-d8 (86-117%)</i>	<i>99 %</i>									
<i>Surr: 4-Bromofluorobenzene (83-118%)</i>	<i>99 %</i>									
Sample ID: WSG0943-07 (D 18 - Water - NonPotable)						Sampled: 07/28/09 12:45				
VOCs by SW8260B										
Tetrachloroethene	1.4	J	ug/L	0.50	1.7	1	07/30/09 16:18	lck	9070724	SW 8260B
1,1,1-Trichloroethane	<0.50		ug/L	0.50	1.7	1	07/30/09 16:18	lck	9070724	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	07/30/09 16:18	lck	9070724	SW 8260B
Trichloroethene	1.0		ug/L	0.20	0.67	1	07/30/09 16:18	lck	9070724	SW 8260B
Vinyl chloride	<0.20		ug/L	0.20	0.67	1	07/30/09 16:18	lck	9070724	SW 8260B
<i>Surr: Dibromofluoromethane (82-122%)</i>	<i>100 %</i>									
<i>Surr: Toluene-d8 (86-117%)</i>	<i>99 %</i>									
<i>Surr: 4-Bromofluorobenzene (83-118%)</i>	<i>99 %</i>									
Sample ID: WSG0943-08 (D 25R - Water - NonPotable)						Sampled: 07/28/09 13:45				
VOCs by SW8260B										
Tetrachloroethene	<0.50		ug/L	0.50	1.7	1	07/30/09 16:46	lck	9070724	SW 8260B
1,1,1-Trichloroethane	6.2		ug/L	0.50	1.7	1	07/30/09 16:46	lck	9070724	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	07/30/09 16:46	lck	9070724	SW 8260B
Trichloroethene	6.0		ug/L	0.20	0.67	1	07/30/09 16:46	lck	9070724	SW 8260B
Vinyl chloride	<0.20		ug/L	0.20	0.67	1	07/30/09 16:46	lck	9070724	SW 8260B
<i>Surr: Dibromofluoromethane (82-122%)</i>	<i>101 %</i>									
<i>Surr: Toluene-d8 (86-117%)</i>	<i>100 %</i>									
<i>Surr: 4-Bromofluorobenzene (83-118%)</i>	<i>98 %</i>									

PENTAIR WATER
3 S Wright Street
Delavan, WI 53115
Mr. Dave Mirek

Work Order: WSG0943
Project: Delavan
Project Number: Delavan Well #4

Received: 07/29/09
Reported: 07/31/09 09:30

Analyte	Sample Result	Data Qualifiers	Units	MDL	LOQ	Dilution Factor	Date Analyzed	Analyst	Seq/ Batch	Method
Sample ID: WSG0943-09 (MW 1026 - Water - NonPotable)						Sampled: 07/28/09 15:02				
VOCs by SW8260B										
Tetrachloroethene	<0.50		ug/L	0.50	1.7	1	07/30/09 17:14	lck	9070724	SW 8260B
1,1,1-Trichloroethane	6.9		ug/L	0.50	1.7	1	07/30/09 17:14	lck	9070724	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	07/30/09 17:14	lck	9070724	SW 8260B
Trichloroethene	1.5		ug/L	0.20	0.67	1	07/30/09 17:14	lck	9070724	SW 8260B
Vinyl chloride	<0.20		ug/L	0.20	0.67	1	07/30/09 17:14	lck	9070724	SW 8260B
Surr: Dibromofluoromethane (82-122%)	103 %									
Surr: Toluene-d8 (86-117%)	100 %									
Surr: 4-Bromofluorobenzene (83-118%)	99 %									
Sample ID: WSG0943-10 (MW 1027 - Water - NonPotable)						Sampled: 07/28/09 15:45				
VOCs by SW8260B										
Tetrachloroethene	<0.50		ug/L	0.50	1.7	1	07/30/09 17:42	lck	9070724	SW 8260B
1,1,1-Trichloroethane	22		ug/L	0.50	1.7	1	07/30/09 17:42	lck	9070724	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	07/30/09 17:42	lck	9070724	SW 8260B
Trichloroethene	52		ug/L	0.20	0.67	1	07/30/09 17:42	lck	9070724	SW 8260B
Vinyl chloride	<0.20		ug/L	0.20	0.67	1	07/30/09 17:42	lck	9070724	SW 8260B
Surr: Dibromofluoromethane (82-122%)	99 %									
Surr: Toluene-d8 (86-117%)	100 %									
Surr: 4-Bromofluorobenzene (83-118%)	100 %									
Sample ID: WSG0943-11 (TW 4 - Water - NonPotable)						Sampled: 07/28/09 16:40				
by SW8260B										
Tetrachloroethene	<0.50		ug/L	0.50	1.7	1	07/30/09 18:10	lck	9070724	SW 8260B
1,1,1-Trichloroethane	52		ug/L	0.50	1.7	1	07/30/09 18:10	lck	9070724	SW 8260B
1,1,2-Trichloroethane	0.34	J	ug/L	0.25	0.83	1	07/30/09 18:10	lck	9070724	SW 8260B
Trichloroethene	25		ug/L	0.20	0.67	1	07/30/09 18:10	lck	9070724	SW 8260B
Vinyl chloride	<0.20		ug/L	0.20	0.67	1	07/30/09 18:10	lck	9070724	SW 8260B
Surr: Dibromofluoromethane (82-122%)	101 %									
Surr: Toluene-d8 (86-117%)	99 %									
Surr: 4-Bromofluorobenzene (83-118%)	99 %									
Sample ID: WSG0943-12 (EX 2 - Water - NonPotable)						Sampled: 07/28/09 16:55				
VOCs by SW8260B										
Tetrachloroethene	<0.50		ug/L	0.50	1.7	1	07/30/09 18:38	lck	9070724	SW 8260B
1,1,1-Trichloroethane	5.0		ug/L	0.50	1.7	1	07/30/09 18:38	lck	9070724	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	07/30/09 18:38	lck	9070724	SW 8260B
Trichloroethene	4.5		ug/L	0.20	0.67	1	07/30/09 18:38	lck	9070724	SW 8260B
Vinyl chloride	<0.20		ug/L	0.20	0.67	1	07/30/09 18:38	lck	9070724	SW 8260B
Surr: Dibromofluoromethane (82-122%)	103 %									
Surr: Toluene-d8 (86-117%)	99 %									
Surr: 4-Bromofluorobenzene (83-118%)	101 %									

PENTAIR WATER
293 S Wright Street
Delavan, WI 53115
Mr. Dave Mirek

Work Order: WSG0943
Project: Delavan
Project Number: Delavan Well #4

Received: 07/29/09
Reported: 07/31/09 09:30

Analyte	Sample Result	Data Qualifiers	Units	MDL	LOQ	Dilution Factor	Date Analyzed	Analyst	Seq/ Batch	Method
Sample ID: WSG0943-13 (EX 3 - Water - NonPotable)						Sampled: 07/28/09 17:05				
VOCs by SW8260B										
Tetrachloroethene	<0.50		ug/L	0.50	1.7	1	07/30/09 19:06	lck	9070724	SW 8260B
1,1,1-Trichloroethane	14		ug/L	0.50	1.7	1	07/30/09 19:06	lck	9070724	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	07/30/09 19:06	lck	9070724	SW 8260B
Trichloroethene	21		ug/L	0.20	0.67	1	07/30/09 19:06	lck	9070724	SW 8260B
Vinyl chloride	<0.20		ug/L	0.20	0.67	1	07/30/09 19:06	lck	9070724	SW 8260B
Surr: Dibromofluoromethane (82-122%)	101 %									
Surr: Toluene-d8 (86-117%)	100 %									
Surr: 4-Bromofluorobenzene (83-118%)	99 %									
Sample ID: WSG0943-14 (SS 1 - Water - NonPotable)						Sampled: 07/28/09 17:20				
VOCs by SW8260B										
Tetrachloroethene	<0.50		ug/L	0.50	1.7	1	07/30/09 19:34	lck	9070724	SW 8260B
1,1,1-Trichloroethane	1.8		ug/L	0.50	1.7	1	07/30/09 19:34	lck	9070724	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	07/30/09 19:34	lck	9070724	SW 8260B
Trichloroethene	3.2		ug/L	0.20	0.67	1	07/30/09 19:34	lck	9070724	SW 8260B
Vinyl chloride	<0.20		ug/L	0.20	0.67	1	07/30/09 19:34	lck	9070724	SW 8260B
Surr: Dibromofluoromethane (82-122%)	101 %									
Surr: Toluene-d8 (86-117%)	98 %									
Surr: 4-Bromofluorobenzene (83-118%)	99 %									
Sample ID: WSG0943-15 (EX 7 - Water - NonPotable)						Sampled: 07/29/09 06:00				
VOCs by SW8260B										
Tetrachloroethene	7.5		ug/L	0.50	1.7	1	07/30/09 20:01	lck	9070724	SW 8260B
1,1,1-Trichloroethane	<0.50		ug/L	0.50	1.7	1	07/30/09 20:01	lck	9070724	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	07/30/09 20:01	lck	9070724	SW 8260B
Trichloroethene	9.3		ug/L	0.20	0.67	1	07/30/09 20:01	lck	9070724	SW 8260B
Vinyl chloride	<0.20		ug/L	0.20	0.67	1	07/30/09 20:01	lck	9070724	SW 8260B
Surr: Dibromofluoromethane (82-122%)	104 %									
Surr: Toluene-d8 (86-117%)	100 %									
Surr: 4-Bromofluorobenzene (83-118%)	99 %									

PENTAIR WATER
 3 S Wright Street
 Delavan, WI 53115
 Mr. Dave Mirek

Work Order: WSG0943
 Project: Delavan
 Project Number: Delavan Well #4

Received: 07/29/09
 Reported: 07/31/09 09:30

LABORATORY BLANK QC DATA

Analyte	Seq/ Batch	Source Result	Spike Level	Units	MDL	MRL	Result	Dup Result	% REC	Dup %REC	% REC Limits	RPD RPD	RPD Limit	Q
VOCs by SW8260B														
Tetrachloroethene	9070724			ug/L	0.50	1.7	<0.50							
1,1,1-Trichloroethane	9070724			ug/L	0.50	1.7	<0.50							
1,1,2-Trichloroethane	9070724			ug/L	0.25	0.83	<0.25							
Trichloroethene	9070724			ug/L	0.20	0.67	<0.20							
Vinyl chloride	9070724			ug/L	0.20	0.67	<0.20							
Surrogate: Dibromofluoromethane	9070724			ug/L					95		82-122			
Surrogate: Toluene-d8	9070724			ug/L					99		86-117			
Surrogate: 4-Bromofluorobenzene	9070724			ug/L					99		83-118			

PENTAIR WATER
 293 S Wright Street
 Delavan, WI 53115
 Mr. Dave Mirek

Work Order: WSG0943
 Project: Delavan
 Project Number: Delavan Well #4

Received: 07/29/09
 Reported: 07/31/09 09:30

CCV QC DATA

Analyte	Seq/ Batch	Source Result	Spike Level	Units	MDL	MRL	Result	Dup Result	% REC	Dup %REC	% REC Limits	RPD RPD	RPD Limit	Q
VOCs by SW8260B														
Tetrachloroethene	9G30004		50	ug/L	N/A	N/A	48.5		97		80-120			
1,1,1-Trichloroethane	9G30004		50	ug/L	N/A	N/A	48.0		96		80-120			
1,1,2-Trichloroethane	9G30004		50	ug/L	N/A	N/A	46.6		93		80-120			
Trichloroethene	9G30004		50	ug/L	N/A	N/A	48.5		97		80-120			
Vinyl chloride	9G30004		50	ug/L	N/A	N/A	50.4		101		80-120			
<i>Surrogate: Dibromofluoromethane</i>	<i>9G30004</i>			ug/L					<i>100</i>		<i>82-120</i>			
<i>Surrogate: Toluene-d8</i>	<i>9G30004</i>			ug/L					<i>96</i>		<i>86-117</i>			
<i>Surrogate: 4-Bromofluorobenzene</i>	<i>9G30004</i>			ug/L					<i>99</i>		<i>83-118</i>			

WATER
3 S Wright Street
Delavan, WI 53115
Mr. Dave Mirek

Work Order: WSG0943
Project: Delavan
Project Number: Delavan Well #4

Received: 07/29/09
Reported: 07/31/09 09:30

CERTIFICATION SUMMARY

TestAmerica Watertown

Method	Matrix	Nelac	Wisconsin
SW 8260B	Water - NonPotable	X	X

PENTAIR WATER
293 S Wright Street
Delavan, WI 53115
Mr. Dave Mirek

Work Order: WSG0943
Project: Delavan
Project Number: Delavan Well #4

Received: 07/29/09
Reported: 07/31/09 09:30

DATA QUALIFIERS AND DEFINITIONS

J Results reported between the Method Detection Limit (MDL) and Limit of Quantitation (LOQ) are less certain than results at or above the LOQ.

ADDITIONAL COMMENTS

TestAmerica

Watertown Division
602 Commerce Drive
Watertown, WI 53094

Phone 920-261-1660 or 800-833-7036
Fax 920-261-8120

W200943

To assist us in using the proper analytical methods,
is this work being conducted for regulatory purposes?

Compliance Monitoring

THE LEADER IN ENVIRONMENTAL TESTING

Client Name: PENTAIR WATER Client #: _____

Address: 293 WRIGHT ST DELAWARE

City/State/Zip Code: DELAWARE WI 53115

Project Manager: DAVE MIREK

Telephone Number: 262-728-7231 Fax: 262-728-7225

Sampler Name: (Print Name) LEWIS LINDOFF

Sampler Signature: [Signature]

Project Name: DELAWARE WELL #4

Project #: _____

Site/Location ID: DELAWARE State: WI

Report To: DAVE MIREK

Invoice To: DAVE MIREK

Quote #: _____ PO#: _____

E-mail address: _____

TAT
 Standard
 Rush (surcharges may apply)

Date Needed: _____

Fax Results: Y N

E-mail: Y N

SAMPLE ID

SAMPLE ID	Date Sampled	Time Sampled	G = Grab, C = Composite	Field Filtered	Matrix SL - Sludge DW - Drinking Water GW - Groundwater S - Soil/Solid WW - Wastewater Specify Other	Preservation & # of Containers								Analyze For:			REMARKS		
						HNO ₃	HCl	NaOH	H ₂ SO ₄	Methanol	None	Other (Specify)	TEE	TCA	PCE				
MW 2005	7/27	1320	G		GW	X	X						X	X	X				
MW 2011	7/27	1420	G		GW	X	X						X	X	X				
D-15	7/27	1510	G		GW	X	X						X	X	X				
TW-3	7/27	1605	G		GW	X	X						X	X	X				
MW 2004	7/28	1105	G		GW	X	X						X	X	X				
TW1	7/28	1155	G		GW	X	X						X	X	X				
D-18	7/28	1245	G		GW	X	X						X	X	X				
D-25R	7/28	1345	G		GW	X	X						X	X	X				
MW 1026	7/28	1502	G		GW	X	X						X	X	X				
MW 1027	7/28	1545	G		GW	X	X						X	X	X				

QC Deliverables
 None
 Level 2
(Batch QC)
 Level 3
 Level 4
Other: _____

Special Instructions:

LABORATORY COMMENTS:
Init Lab Temp: ICE
Rec Lab Temp: _____
Custody Seals: Y N (NA)
Bottles Supplied by TestAmerica: (Y) N
Method of Shipment: 7A

Relinquished By: [Signature] Date: 7/29 Time: 1100 Received By: [Signature] Date: 7/29 Time: 1337

Relinquished By: [Signature] Date: 7/29 Time: 1312 Received By: [Signature] Date: 7/29/09 Time: 1337

Relinquished By: _____ Date: _____ Time: _____ Received By: _____ Date: _____ Time: _____

APPENDIX C
WASTEWATER DISCHARGE MONITORING REPORTS AND
STORM SEWER OUTFALL SS-1 ANALYTICAL RESULTS

Facility Name: PENTAIR WATER INC
 Contact Address: 292 S Wright St
 Delavan, WI 53115
 Facility Contact: Dave Mirek, Safety Manager
 Phone Number: (262)728-7231
 Reporting Period: 01/01/2009 - 01/31/2009
 Form Due Date: 02/15/2009
 Permit Number: 0055816

Date Received:
 DOC: 227950
 FIN: 7072
 FID: 265010900
 Region: Southeast Region
 Permit Drafter: Jerry J. Jarmuz
 Reviewer: Jerry J. Jarmuz
 Office: Waukesha

Sample Point	001	001	001	001	001	001	
Description	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	
Parameter	211	487	490	508	561	517	
Description	Flow Rate	Temperature	Tetrachloroet...	Trichloroethylene	1,1,1-Trichloroethane	Vinyl chloride	
Units	MGD	deg F	ug/L	ug/L	ug/L	ug/L	
Sample Type	TOT DAILY	GRAB	GRAB	GRAB	GRAB	GRAB	
Frequency	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	
Sample Results	Day 1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						
	21						
	22						
	23						
	24						
	25						
	26						
	27						
	28						
	29						
	30						
		31	0.763	57	0.98	2.6	0.89

PENTAIR WATER
 293 S Wright Street
 Delavan, WI 53115
 Mr. Dave Mirek

Work Order: WSH0752
 Project: Delavan
 Project Number: Delavan Well

Received: 08/26/09
 Reported: 09/01/09 13:16

CCV QC DATA

Analyte	Seq/ Batch	Source Result	Spike Level	Units	MDL	MRL	Result	Dup Result	% REC	Dup %REC	% REC Limits	RPD RPD	RPD Limit	Q
VOCs by SW8260B														
Tetrachloroethene	9H31002		50	ug/L	N/A	N/A	53.4		107		80-120			
1,1,1-Trichloroethane	9H31002		50	ug/L	N/A	N/A	57.0		114		80-120			
1,1,2-Trichloroethane	9H31002		50	ug/L	N/A	N/A	52.6		105		80-120			
Trichloroethene	9H31002		50	ug/L	N/A	N/A	54.2		108		80-120			
Vinyl chloride	9H31002		50	ug/L	N/A	N/A	61.7		123		80-120			C
<i>Surrogate: Dibromofluoromethane</i>	<i>9H31002</i>			ug/L					<i>103</i>		<i>82-120</i>			
<i>Surrogate: Toluene-d8</i>	<i>9H31002</i>			ug/L					<i>99</i>		<i>86-117</i>			
<i>Surrogate: 4-Bromofluorobenzene</i>	<i>9H31002</i>			ug/L					<i>97</i>		<i>83-118</i>			

WENTAIR WATER
 93 S Wright Street
 Delavan, WI 53115
 Mr. Dave Mirek

Work Order: WSH0752
 Project: Delavan
 Project Number: Delavan Well

Received: 08/26/09
 Reported: 09/01/09 13:16

MATRIX SPIKE/MATRIX SPIKE DUPLICATE QC DATA

Analyte	Seq/ Batch	Source Result	Spike Level	Units	MDL	MRL	Result	Dup Result	% REC	Dup %REC	% REC Limits	RPD RPD	RPD Limit	Q
VOCs by SW8260B														
QC Source Sample: WSH0768-06														
Tetrachloroethene	9080726	5.60	500	ug/L	5.0	17	580	592	115	117	86-124	2	18	
1,1,1-Trichloroethane	9080726	<0.50	500	ug/L	5.0	17	573	598	115	120	87-128	4	19	
1,1,2-Trichloroethane	9080726	<0.25	500	ug/L	2.5	8.3	545	563	109	113	82-117	3	28	
Trichloroethene	9080726	7.10	500	ug/L	2.0	6.7	597	608	118	120	90-118	2	18	M11
Vinyl chloride	9080726	3.50	500	ug/L	2.0	6.7	598	618	119	123	72-137	3	17	C
<i>Surrogate: Dibromofluoromethane</i>	9080726			ug/L					98	99	82-122			
<i>Surrogate: Toluene-d8</i>	9080726			ug/L					98	98	86-117			
<i>Surrogate: 4-Bromofluorobenzene</i>	9080726			ug/L					96	97	83-118			

PENTAIR WATER
293 S Wright Street
Delavan, WI 53115
Mr. Dave Mirek

Work Order: WSH0752
Project: Delavan
Project Number: Delavan Well

Received: 08/26/09
Reported: 09/01/09 13:16

CERTIFICATION SUMMARY

TestAmerica Watertown

Method	Matrix	Nelac	Wisconsin
SW 8260B	Water - NonPotable	X	X

WENTAIR WATER
93 S Wright Street
Delavan, WI 53115
Mr. Dave Mirek

Work Order: WSH0752
Project: Delavan
Project Number: Delavan Well

Received: 08/26/09
Reported: 09/01/09 13:16

DATA QUALIFIERS AND DEFINITIONS

- C Calibration Verification recovery was above the method control limit for this analyte. Analyte not detected, data not impacted.
- J Results reported between the Method Detection Limit (MDL) and Limit of Quantitation (LOQ) are less certain than results at or above the LOQ.
- M11 The MS and/or MSD were above the acceptance limits. See calibration verification (CCV)

ADDITIONAL COMMENTS

Facility Name: PENTAIR WATER INC
 Contact Address: 292 S Wright St
 Delavan, WI 53115
 Facility Contact: Dave Mirek, Safety Manager
 Phone Number: (262)728-7231
 Reporting Period: 09/01/2009 - 09/30/2009
 Form Due Date: 10/15/2009
 Permit Number: 0055816

Date Received:
 DOC: 236558
 FIN: 7072
 FID: 265010900
 Region: Southeast Region
 Permit Drafter: Jerry J. Jarmuz
 Reviewer: Jerry J. Jarmuz
 Office: Waukesha

Sample Point	001	001	001	001	001	001	
Description	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	
Parameter	211	487	490	508	561	517	
Description	Flow Rate	Temperature	Tetrachloroet...	Trichloroethylene	1,1,1-Trichloroethane	Vinyl chloride	
Units	MGD	deg F	ug/L	ug/L	ug/L	ug/L	
Sample Type	TOT DAILY	GRAB	GRAB	GRAB	GRAB	GRAB	
Frequency	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	
Sample Results	Day 1						
	2						
	3						
	4						
	5						
	6						
	7						
	8	0.8868	60	<0.50	1.6	0.90	<0.20
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						
	21						
	22						
	23						
	24						
	25						
	26						
	27						
	28						
	29						
	30						
	31						

	Description	Storm sewer outfall.		Storm sewer outfall.		Storm sewer outfall.		Storm sewer outfall.		Storm sewer outfall.			
	Parameter	211		487		490		508		561		517	
	Description	Flow Rate		Temperature		Tetrachloroet...		Trichloroethylene		1,1,1-Trichloroethane		Vinyl chloride	
	Units	MGD		deg F		ug/L		ug/L		ug/L		ug/L	
Summary Values	Monthly Avg	0.8868		60		0		1.6		0.9		0	
	Daily Max	0.8868		60		<0.5		1.6		0.9		<0.2	
	Daily Min	0.8868		60		<0.5		1.6		0.9		<0.2	
Limit(s) in Effect	Monthly Avg					50	0	50	0	50	0	10	0
	Daily Max			89	0								
	Daily Min												
QA/QC Information	LOD					0.50		0.20		0.50		0.20	
	LOQ					1.7		0.67		1.7		0.67	
	QC Exceedance									Y			
	Lab Certification No.					128053530		128053530		128053530		128053530	

	Description	Storm sewer outfall.				
	Parameter	112				
	Description	Chlorine, Total Residual				
	Units	ug/L				
	Sample Type	GRAB				
	Frequency	AT DISCHARGE				
Sample Results	Day 1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					
	21					
	22					
	23					
	24					
	25					
	26					
	27					
	28					
	29					
	30					
	31					

	Description	Storm sewer outfall.							
	Parameter	112							
	Description	Chlorine, Total Residual							
	Units	ug/L							
Summary Values	Monthly Avg								
	Daily Max								
	Daily Min								
Limit(s) in Effect	Monthly Avg								
	Daily Max	38							
	Daily Min								
QA/QC Information	LOD								
	LOQ								
	QC Exceedance								
	Lab Certification No.								

Laboratory Quality Control Comments

Results reported between the LOD and LOQ are less certain than results at or above the LOQ.

September 14, 2009

Client: PENTAIR WATER
293 S Wright Street
Delavan, WI 53115

Work Order: WSI0269
Project Name: Delavan
Project Number: Delavan Well 4

Attn: Mr. Dave Mirek

Date Received: 09/09/09

An executed copy of the chain of custody is also included as an addendum to this report.

If you have any questions relating to this analytical report, please contact your Laboratory Project Manager at 1-800-833-7036

SAMPLE IDENTIFICATION	LAB NUMBER	COLLECTION DATE AND TIME
SS-1	WSI0269-01	09/08/09 09:45

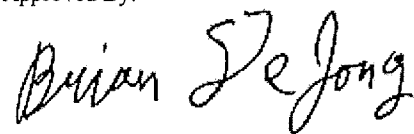
Samples were received on ice into laboratory at a temperature of 0 °C.

Wisconsin Certification Number: 128053530

The Chain of Custody, 1 page, is included and is an integral part of this report.

Unless subcontracted, volatiles analyses (including VOC, PVOC, GRO, BTEX, and TPH gasoline) performed by TestAmerica Watertown at 1101 Industrial Drive, Units 9&10. All other analyses performed at the address shown in the heading of this report.

Approved By:



TestAmerica Watertown
Brian DeJong For Sandie Fredrick
Project Manager

PENTAIR WATER
 293 S Wright Street
 Delavan, WI 53115
 Mr. Dave Mirek

Work Order: WSI0269
 Project: Delavan
 Project Number: Delavan Well 4

Received: 09/09/09
 Reported: 09/14/09 11:01

ANALYTICAL REPORT

Analyte	Sample Result	Data Qualifiers	Units	MDL	LOQ	Dilution Factor	Date Analyzed	Analyst	Seq/ Batch	Method
Sample ID: WSI0269-01 (SS-1 - Ground Water)							Sampled: 09/08/09 09:45			
VOCs by SW8260B										
Tetrachloroethene	<0.50		ug/L	0.50	1.7	1	09/11/09 10:01	MAE	9090256	SW 8260B
1,1,1-Trichloroethane	0.90	J	ug/L	0.50	1.7	1	09/11/09 10:01	MAE	9090256	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	09/11/09 10:01	MAE	9090256	SW 8260B
Trichloroethene	1.6		ug/L	0.20	0.67	1	09/11/09 10:01	MAE	9090256	SW 8260B
Vinyl chloride	<0.20		ug/L	0.20	0.67	1	09/11/09 10:01	MAE	9090256	SW 8260B
<i>Surr: Dibromofluoromethane (82-122%)</i>	105 %									
<i>Surr: Toluene-d8 (86-117%)</i>	102 %									
<i>Surr: 4-Bromofluorobenzene (83-118%)</i>	98 %									

WENTAIR WATER
 3 S Wright Street
 Delavan, WI 53115
 Mr. Dave Mirek

Work Order: WSI0269
 Project: Delavan
 Project Number: Delavan Well 4

Received: 09/09/09
 Reported: 09/14/09 11:01

LABORATORY BLANK QC DATA

Analyte	Seq/ Batch	Source Result	Spike Level	Units	MDL	MRL	Result	Dup Result	% REC	Dup %REC	% REC Limits	RPD RPD	RPD Limit	Q
VOCs by SW8260B														
Tetrachloroethene	9090256			ug/L	0.50	1.7	<0.50							
1,1,1-Trichloroethane	9090256			ug/L	0.50	1.7	<0.50							
1,1,2-Trichloroethane	9090256			ug/L	0.25	0.83	<0.25							
Trichloroethene	9090256			ug/L	0.20	0.67	<0.20							
Vinyl chloride	9090256			ug/L	0.20	0.67	<0.20							
<i>Surrogate: Dibromofluoromethane</i>	<i>9090256</i>			ug/L					99		82-122			
<i>Surrogate: Toluene-d8</i>	<i>9090256</i>			ug/L					107		86-117			
<i>Surrogate: 4-Bromofluorobenzene</i>	<i>9090256</i>			ug/L					99		83-118			

PENTAIR WATER
 293 S Wright Street
 Delavan, WI 53115
 Mr. Dave Mirek

Work Order: WSI0269
 Project: Delavan
 Project Number: Delavan Well 4

Received: 09/09/09
 Reported: 09/14/09 11:01

CCV QC DATA

Analyte	Seq/ Batch	Source Result	Spike Level	Units	MDL	MRL	Result	Dup Result	% REC	Dup %REC	% REC Limits	RPD RPD	RPD Limit	Q
VOCs by SW8260B														
Tetrachloroethene	9111001		50	ug/L	N/A	N/A	52.5		105		80-120			
1,1,1-Trichloroethane	9111001		50	ug/L	N/A	N/A	53.2		106		80-120			
1,1,2-Trichloroethane	9111001		50	ug/L	N/A	N/A	53.4		107		80-120			
Trichloroethene	9111001		50	ug/L	N/A	N/A	50.7		101		80-120			
Vinyl chloride	9111001		50	ug/L	N/A	N/A	46.6		93		80-120			
Surrogate: Dibromofluoromethane	9111001			ug/L					102		82-120			
Surrogate: Toluene-d8	9111001			ug/L					99		86-117			
Surrogate: 4-Bromofluorobenzene	9111001			ug/L					105		83-118			

WENTAIR WATER
 93 S Wright Street
 Delavan, WI 53115
 Mr. Dave Mirek

Work Order: WSI0269
 Project: Delavan
 Project Number: Delavan Well 4

Received: 09/09/09
 Reported: 09/14/09 11:01

MATRIX SPIKE/MATRIX SPIKE DUPLICATE QC DATA

Analyte	Seq/ Batch	Source Result	Spike Level	Units	MDL	MRL	Result	Dup Result	% REC	Dup %REC	% REC Limits	RPD RPD	RPD Limit	Q
VOCs by SW8260B														
QC Source Sample: WSI0172-20														
Tetrachloroethene	9090256	<0.50	50	ug/L	0.50	1.7	49.4	53.8	99	108	86-124	8	18	
1,1,1-Trichloroethane	9090256	<0.50	50	ug/L	0.50	1.7	51.4	51.2	103	102	87-128	0	19	
1,1,2-Trichloroethane	9090256	<0.25	50	ug/L	0.25	0.83	51.0	54.6	102	109	82-117	7	28	
Trichloroethene	9090256	<0.20	50	ug/L	0.20	0.67	50.9	56.4	102	113	90-118	10	18	
Vinyl chloride	9090256	<0.20	50	ug/L	0.20	0.67	53.0	49.0	106	98	72-137	8	17	
Surrogate: Dibromofluoromethane	9090256			ug/L					103	101	82-122			
Surrogate: Toluene-d8	9090256			ug/L					97	104	86-117			
Surrogate: 4-Bromofluorobenzene	9090256			ug/L					101	107	83-118			

PENTAIR WATER
293 S Wright Street
Delavan, WI 53115
Mr. Dave Mirek

Work Order: WSI0269
Project: Delavan
Project Number: Delavan Well 4

Received: 09/09/09
Reported: 09/14/09 11:01

CERTIFICATION SUMMARY

TestAmerica Watertown

Method	Matrix	Nelac	Wisconsin
SW 8260B	Water - NonPotable	X	X

WENTAIR WATER
93 S Wright Street
Delavan, WI 53115
Mr. Dave Mirek

Work Order: WSI0269
Project: Delavan
Project Number: Delavan Well 4

Received: 09/09/09
Reported: 09/14/09 11:01

DATA QUALIFIERS AND DEFINITIONS

J

Results reported between the Method Detection Limit (MDL) and Limit of Quantitation (LOQ) are less certain than results at or above the LOQ.

ADDITIONAL COMMENTS

Wastewater Discharge Monitoring Long Report

For DNR Use Only

Facility Name: PENTAIR WATER INC
 Contact Address: 292 S Wright St
 Delavan,WI 53115
 Facility Contact: Dave Mirek, Safety Manager
 Phone Number: (262)728-7231
 Reporting Period: 10/01/2009 - 10/31/2009
 Form Due Date: 11/15/2009
 Permit Number: 0055816

Date Received:	
DOC:	240694
FIN:	7072
FID:	265010900
Region:	Southeast Region
Permit Drafter:	Jerry J. Jarmuz
Reviewer:	Jerry J. Jarmuz
Office:	Waukesha

Sample Point	001	001	001	001	001	001	
Description	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	
Parameter	211	487	490	508	561	517	
Description	Flow Rate	Temperature	Tetrachloroet...	Trichloroethylene	1,1,1-Trichloroethane	Vinyl chloride	
Units	MGD	deg F	ug/L	ug/L	ug/L	ug/L	
Sample Type	TOT DAILY	GRAB	GRAB	GRAB	GRAB	GRAB	
Frequency	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	
Sample Results	Day 1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20	0.8868	59.36	<0.50	1.6	0.98	<0.20
	21						
	22						
	23						
	24						
	25						
	26						
	27						
	28						
	29						
	30						
	31						

	Sample Point	001	001	001	001	001	001				
	Description	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.				
	Parameter	211	487	490	508	561	517				
	Description	Flow Rate	Temperature	Tetrachloroet...	Trichloroethylene	1,1,1-Trichloroethane	Vinyl chloride				
	Units	MGD	deg F	ug/L	ug/L	ug/L	ug/L				
Summary Values	Monthly Avg	0.8868	59.36	0	1.6	0.98	0				
	Daily Max	0.8868	59.36	<0.5	1.6	0.98	<0.2				
	Daily Min	0.8868	59.36	<0.5	1.6	0.98	<0.2				
Limit(s) in Effect	Monthly Avg			50	0	50	0	50	0	10	0
	Daily Max		89	0							
	Daily Min										
QA/QC Information	LOD			0.50	0.20	0.50	0.20				
	LOQ			1.7	0.67	1.7	0.67				
	QC Exceedance					Y					
	Lab Certification No.			128053530	128053530	128053530	128053530				

	Sample Point	001				
	Description	Storm sewer outfall.				
	Parameter	112				
	Description	Chlorine, Total Residual				
	Units	ug/L				
	Sample Type	GRAB				
	Frequency	AT DISCHARGE				
Sample Results	Day 1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					
	21					
	22					
	23					
	24					
	25					
	26					
	27					
	28					
	29					
	30					
	31					

	Sample Point	001							
	Description	Storm sewer outfall.							
	Parameter	112							
	Description	Chlorine, Total Residual							
	Units	ug/L							
Summary Values	Monthly Avg								
	Daily Max								
	Daily Min								
Limit(s) in Effect	Monthly Avg								
	Daily Max	38							
	Daily Min								
QA/QC Information	LOD								
	LOQ								
	QC Exceedance								
	Lab Certification No.								

General Remarks

Laboratory Quality Control Comments

Results reported between the LOD and LOQ are less certain than results at or above the LOQ.

GEOTRANS, INC. FIELD WATER QUALITY SAMPLING AND ANALYSIS FORM

PROJECT INFORMATION		INSTRUMENTS			
PROJECT	Delavan Facility Remedial Action	Temp. & pH	YSI-63		
PROJECT NO.		Conductivity	YSI-63		
LOCATION	Delavan, WI	ORP			
PERSONNEL	LEWIS LINDOFF	DO			
SAMPLE POINT					
WATER TYPE	Groundwater	Groundwater	Groundwater	Groundwater	Groundwater
DATE (month/day/year)	10-20-09				
CLOCK TIME (Military)	08:00				
DEPTH TO WATER (ft)*	NA	NA	NA	NA	NA
MEASURED WELL DEPTH (ft)*	NA	NA	NA	NA	NA
CASING VOLUME (gallons)	NA	NA	NA	NA	NA
PURGE VOLUME (gallons)	NA	NA	NA	NA	NA
DEPTH SAMPLE TAKEN (ft)*	NA	NA	NA	NA	NA
SAMPLING DEVICE					
FIELD TEMPERATURE (°C)	15.2				
pH	7.76				
ELEC. COND. (uS/cm)	Measured	7.62			
	at 25° C	8.56			
ORP (mV)					
DISSOLVED OXYGEN (ppm)					
DISSOLVED OXYGEN (% Sat.)					
COLOR	CLEAR				
ODOR	NONE				
CLARITY	CLEAR				
SAMPLING PARAMETERS	# OF CONTAINERS & VOLUME; CONTAINER TYPE (A = AMBER GLASS; G = GLASS; P = PLASTIC); PRESERVATIVE TYPE (L = LAB ADDED; F = FIELD ADDED) OR NEUTRAL; FILTERED (YES or NO)				
# OF CONTAINERS	2				
TYPE	GLASS				
PRESERVATIVE	HCl				
FILTERED	NO				
Comments:					
NAME OF LABORATORY	TEST AMERICA				
DATE SENT TO LAB	10-21-09				
SAMPLER-S NAME	L. Lindoff				

*Measured from top of well casing.

October 29, 2009

Client: PENTAIR WATER
293 S Wright Street
Delavan, WI 53115

Work Order: WSJ0737
Project Name: Delavan
Project Number: Delavan Well

Attn: Mr. Dave Mirek

Date Received: 10/21/09

An executed copy of the chain of custody is also included as an addendum to this report.

If you have any questions relating to this analytical report, please contact your Laboratory Project Manager at 1-800-833-7036

SAMPLE IDENTIFICATION	LAB NUMBER	COLLECTION DATE AND TIME
SS-1	WSJ0737-01	10/20/09 08:00

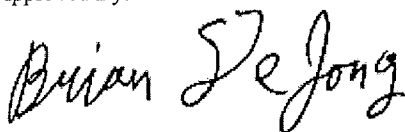
Samples were received into laboratory on ice.

Wisconsin Certification Number: 128053530

The Chain(s) of Custody, 2 pages, are included and are an integral part of this report.

Unless subcontracted, volatiles analyses (including VOC, PVOC, GRO, BTEX, and TPH gasoline) performed by TestAmerica Watertown at 1101 Industrial Drive, Units 9&10. All other analyses performed at the address shown in the heading of this report.

Approved By:



TestAmerica Watertown
Brian DeJong For Sandie Fredrick
Project Manager

PENTAIR WATER
 293 S Wright Street
 Delavan, WI 53115
 Mr. Dave Mirek

Work Order: WSJ0737
 Project: Delavan
 Project Number: Delavan Well

Received: 10/21/09
 Reported: 10/29/09 10:22

ANALYTICAL REPORT

Analyte	Sample Result	Data Qualifiers	Units	MDL	LOQ	Dilution Factor	Date Analyzed	Analyst	Seq/ Batch	Method
Sample ID: WSJ0737-01 (SS-1 - Ground Water)							Sampled: 10/20/09 08:00			
VOCs by SW8260B										
Tetrachloroethene	<0.50		ug/L	0.50	1.7	1	10/28/09 19:49	MAE	9100726	SW 8260B
1,1,1-Trichloroethane	0.98	J	ug/L	0.50	1.7	1	10/28/09 19:49	MAE	9100726	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	10/28/09 19:49	MAE	9100726	SW 8260B
Trichloroethene	1.6		ug/L	0.20	0.67	1	10/28/09 19:49	MAE	9100726	SW 8260B
Vinyl chloride	<0.20	A-01	ug/L	0.20	0.67	1	10/28/09 19:49	MAE	9100726	SW 8260B
Surr: Dibromofluoromethane (82-122%)	110 %									
Surr: Toluene-d8 (86-117%)	101 %									
Surr: 4-Bromofluorobenzene (83-118%)	102 %									

WENTAIR WATER
 93 S Wright Street
 Delavan, WI 53115
 Mr. Dave Mirek

Work Order: WSJ0737
 Project: Delavan
 Project Number: Delavan Well

Received: 10/21/09
 Reported: 10/29/09 10:22

LABORATORY BLANK QC DATA

Analyte	Seq/ Batch	Source Result	Spike Level	Units	MDL	MRL	Result	Dup Result	% REC	Dup %REC	% REC Limits	RPD		Q
												RPD	Limit	
VOCs by SW8260B														
Tetrachloroethene	9100726			ug/L	0.50	1.7	<0.50							
1,1,1-Trichloroethane	9100726			ug/L	0.50	1.7	<0.50							
1,1,2-Trichloroethane	9100726			ug/L	0.25	0.83	<0.25							
Trichloroethene	9100726			ug/L	0.20	0.67	<0.20							
Vinyl chloride	9100726			ug/L	0.20	0.67	<0.20							A-01
Surrogate: Dibromofluoromethane	9100726			ug/L					101		82-122			
Surrogate: Toluene-d8	9100726			ug/L					101		86-117			
Surrogate: 4-Bromofluorobenzene	9100726			ug/L					102		83-118			

PENTAIR WATER
 293 S Wright Street
 Delavan, WI 53115
 Mr. Dave Mirek

Work Order: WSJ0737
 Project: Delavan
 Project Number: Delavan Well

Received: 10/21/09
 Reported: 10/29/09 10:22

MATRIX SPIKE/MATRIX SPIKE DUPLICATE QC DATA

Analyte	Seq/ Batch	Source Result	Spike Level	Units	MDL	MRL	Result	Dup Result	% REC	Dup %REC	% REC Limits	RPD RPD	RPD Limit	Q
VOCs by SW8260B														
QC Source Sample: WSJ0824-03														
Tetrachloroethene	9100726	<0.50	50	ug/L	0.50	1.7	53.0	52.8	106	106	86-124	0	18	
1,1,1-Trichloroethane	9100726	<0.50	50	ug/L	0.50	1.7	52.8	54.2	106	108	87-128	3	19	
1,1,2-Trichloroethane	9100726	<0.25	50	ug/L	0.25	0.83	49.0	49.9	98	100	82-117	2	28	
Trichloroethene	9100726	<0.20	50	ug/L	0.20	0.67	50.9	51.8	102	104	90-118	2	18	
Vinyl chloride	9100726	<0.20	50	ug/L	0.20	0.67	54.8	54.4	110	109	72-137	1	17	A-01
<i>Surrogate: Dibromofluoromethane</i>	9100726			ug/L					101	104	82-122			
<i>Surrogate: Toluene-d8</i>	9100726			ug/L					100	100	86-117			
<i>Surrogate: 4-Bromofluorobenzene</i>	9100726			ug/L					101	100	83-118			

WENTAIR WATER
93 S Wright Street
Delavan, WI 53115
Mr. Dave Mirek

Work Order: WSJ0737
Project: Delavan
Project Number: Delavan Well

Received: 10/21/09
Reported: 10/29/09 10:22

CERTIFICATION SUMMARY

TestAmerica Watertown

Method	Matrix	Nelac	Wisconsin
SW 8260B	Water - NonPotable	X	X

PENTAIR WATER
293 S Wright Street
Delavan, WI 53115
Mr. Dave Mirek

Work Order: WSJ0737
Project: Delavan
Project Number: Delavan Well

Received: 10/21/09
Reported: 10/29/09 10:22

DATA QUALIFIERS AND DEFINITIONS

A-01 External Verification recovery was above the method control limit for this analyte. Analyte not detected, data not impacted.
J Results reported between the Method Detection Limit (MDL) and Limit of Quantitation (LOQ) are less certain than results at or above the LOQ.

ADDITIONAL COMMENTS

TestAmerica

THE LEADER IN ENVIRONMENTAL TESTING

Watertown Division
602 Commerce Drive
Watertown, WI 53094

Phone 920-261-1660 or 800-833-7036
Fax 920-261-8120

To assist us in using the proper analytical methods,
is this work being conducted for regulatory purposes?
Compliance Monitoring _____

WS3075+

Client Name PENTAIR WATER Client #: _____

Address: 293 WRIGHT ST

City/State/Zip Code: DELAUAN WI 53115

Project Manager: DAVE MIREK

Telephone Number 262-728-7231 Fax 262-726-7425

Sampler Name: (Print Name) LEWIS LINDLOFF

Sampler Signature [Signature]

Project Name: DELAUAN WELL # 4

Project #: _____

Site/Location ID: DELAUAN State: WI

Report To: DAVE MIREK

Invoice To: DAVE MIREK

Quote #: _____ PO#: _____

E-mail address: _____		Date Needed: _____		Date Sampled		Time Sampled		G = Grab, C = Composite		Field Filtered		Matrix		Preservation & # of Containers		Analyze For:		QC Deliverables		
<input type="checkbox"/> Standard <input type="checkbox"/> Rush (surcharges may apply)																				
Fax Results: Y N E-mail: Y N																				
SAMPLE ID																				
-01 SS-1		10-20-09		08:50		G						GW		HNO ₃ HCl NaOH H ₂ SO ₄ Methanol None Other (Specify)		TBA TCE PCE VINYL CHLORIDE		<input type="checkbox"/> None <input type="checkbox"/> Level 2 (Batch QC) <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 Other: _____		
																		REMARKS		

Special Instructions: _____

Relinquished By: <u>DAVE MIREK</u>	Date: <u>10-21-09</u>	Time: _____	Received By: <u>[Signature]</u>	Date: <u>10/21</u>	Time: <u>1047</u>
Relinquished By: <u>[Signature]</u>	Date: <u>10/21</u>	Time: <u>1450</u>	Received By: <u>[Signature]</u>	Date: <u>10/21/09</u>	Time: <u>1524</u>
Relinquished By: _____	Date: _____	Time: _____	Received By: _____	Date: _____	Time: _____

LABORATORY COMMENTS:

Instr Lab Temp: 10C

Rec Lab Temp: _____

Custody Seals: Y N N/A

Bottles Supplied by TestAmerica: Y N

Method of Shipment: 7A

10/21/09

Facility Name: PENTAIR WATER INC
 Contact Address: 292 S Wright St
 Delavan, WI 53115
 Facility Contact: Dave Mirek, Safety Manager
 Phone Number: (262)728-7231
 Reporting Period: 11/01/2009 - 11/30/2009
 Form Due Date: 12/15/2009
 Permit Number: 0055816

Date Received:
 DOC: 240695
 FIN: 7072
 FID: 265010900
 Region: Southeast Region
 Permit Drafter: Jerry J. Jarmuz
 Reviewer: Jerry J. Jarmuz
 Office: Waukesha

Sample Point	001	001	001	001	001	001	
Description	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	
Parameter	211	487	490	508	561	517	
Description	Flow Rate	Temperature	Tetrachloroet...	Trichloroethylene	1,1,1-Trichloroethane	Vinyl chloride	
Units	MGD	deg F	ug/L	ug/L	ug/L	ug/L	
Sample Type	TOT DAILY	GRAB	GRAB	GRAB	GRAB	GRAB	
Frequency	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	
Sample Results	Day 1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18						
	19						
	20						
	21	0.8868	59	<0.50	2.0	0.93	<0.20
	22						
	23						
	24						
	25						
	26						
	27						
	28						
	29						
	30						
	31						

	Description	Storm sewer outfall.		Storm sewer outfall.		Storm sewer outfall.		Storm sewer outfall.		Storm sewer outfall.			
	Parameter	211		487		490		508		561		517	
	Description	Flow Rate		Temperature		Tetrachloroet...		Trichloroethylene		1,1,1-Trichloroethane		Vinyl chloride	
	Units	MGD		deg F		ug/L		ug/L		ug/L		ug/L	
Summary Values	Monthly Avg	0.8868		59		0		2		0.93		0	
	Daily Max	0.8868		59		<0.5		2		0.93		<0.2	
	Daily Min	0.8868		59		<0.5		2		0.93		<0.2	
Limit(s) in Effect	Monthly Avg					50	0	50	0	50	0	10	0
	Daily Max			89	0								
	Daily Min												
QA/QC Information	LOD					0.50		0.20		0.50		0.20	
	LOQ					1.7		0.67		1.7		0.67	
	QC Exceedance									Y			
	Lab Certification No.					128053530		128053530		128053530		128053530	

	Description	Storm sewer outfall.				
	Parameter	112				
	Description	Chlorine, Total Residual				
	Units	ug/L				
	Sample Type	GRAB				
	Frequency	AT DISCHARGE				
Sample Results	Day 1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					
	21					
	22					
	23					
	24					
	25					
	26					
	27					
	28					
	29					
	30					
	31					

	Description	Storm sewer outfall.							
	Parameter	112							
	Description	Chlorine, Total Residual							
	Units	ug/L							
Summary Values	Monthly Avg								
	Daily Max								
	Daily Min								
Limit(s) in Effect	Monthly Avg								
	Daily Max	38							
	Daily Min								
QA/QC Information	LOD								
	LOQ								
	QC Exceedance								
	Lab Certification No.								

Laboratory Quality Control Comments

Results reported between the LOD and LOQ are less certain than results at or above the LOQ.

December 04, 2009

Client: PENTAIR WATER
293 S Wright Street
Delavan, WI 53115

Work Order: WSK0793
Project Name: Delavan
Project Number: Delavan Well

Attn: Mr. Dave Mirek

Date Received: 11/24/09

An executed copy of the chain of custody is also included as an addendum to this report.

If you have any questions relating to this analytical report, please contact your Laboratory Project Manager at 1-800-833-7036

SAMPLE IDENTIFICATION	LAB NUMBER	COLLECTION DATE AND TIME
SS-1	WSK0793-01	11/21/09 11:16

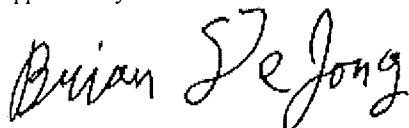
Samples were received on ice into laboratory at a temperature of 2 °C.

Wisconsin Certification Number: 128053530

The Chain of Custody, 1 page, is included and is an integral part of this report.

Unless subcontracted, volatiles analyses (including VOC, PVOC, GRO, BTEX, and TPH gasoline) performed by TestAmerica Watertown at 1101 Industrial Drive, Units 9&10. All other analyses performed at the address shown in the heading of this report.

Approved By:



TestAmerica Watertown
Brian DeJong For Sandie Fredrick
Project Manager

ENTAIR WATER
 93 S Wright Street
 Delavan, WI 53115
 Mr. Dave Mirek

Work Order: WSK0793
 Project: Delavan
 Project Number: Delavan Well

Received: 11/24/09
 Reported: 12/04/09 09:44

ANALYTICAL REPORT

Analyte	Sample Result	Data Qualifiers	Units	MDL	LOQ	Dilution Factor	Date Analyzed	Analyst	Seq/ Batch	Method
Sample ID: WSK0793-01 (SS-1 - Ground Water)							Sampled: 11/21/09 11:16			
VOCs by SW8260B										
Tetrachloroethene	<0.50		ug/L	0.50	1.7	1	12/03/09 16:55	MAE	9120107	SW 8260B
1,1,1-Trichloroethane	0.93	J	ug/L	0.50	1.7	1	12/03/09 16:55	MAE	9120107	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	12/03/09 16:55	MAE	9120107	SW 8260B
Trichloroethene	2.0		ug/L	0.20	0.67	1	12/03/09 16:55	MAE	9120107	SW 8260B
Vinyl chloride	<0.20		ug/L	0.20	0.67	1	12/03/09 16:55	MAE	9120107	SW 8260B
Surr: Dibromofluoromethane (82-122%)	108 %									
Surr: Toluene-d8 (86-117%)	87 %									
Surr: 4-Bromofluorobenzene (83-118%)	99 %									

PENTAIR WATER
 293 S Wright Street
 Delavan, WI 53115
 Mr. Dave Mirek

Work Order: WSK0793
 Project: Delavan
 Project Number: Delavan Well

Received: 11/24/09
 Reported: 12/04/09 09:44

LABORATORY BLANK QC DATA

Analyte	Seq/ Batch	Source Result	Spike Level	Units	MDL	MRL	Result	Dup Result	% REC	Dup %REC	% REC Limits	RPD	RPD Limit	Q
VOCs by SW8260B														
Tetrachloroethene	9120107			ug/L	0.50	1.7	<0.50							
1,1,1-Trichloroethane	9120107			ug/L	0.50	1.7	<0.50							
1,1,2-Trichloroethane	9120107			ug/L	0.25	0.83	<0.25							
Trichloroethene	9120107			ug/L	0.20	0.67	<0.20							
Vinyl chloride	9120107			ug/L	0.20	0.67	<0.20							
Surrogate: Dibromofluoromethane	9120107			ug/L					107		82-122			
Surrogate: Toluene-d8	9120107			ug/L					92		86-117			
Surrogate: 4-Bromofluorobenzene	9120107			ug/L					108		83-118			

PENTAIR WATER
93 S Wright Street
Delavan, WI 53115
Mr. Dave Mirek

Work Order: WSK0793
Project: Delavan
Project Number: Delavan Well

Received: 11/24/09
Reported: 12/04/09 09:44

CERTIFICATION SUMMARY

TestAmerica Watertown

Method	Matrix	Nelac	Wisconsin
SW 8260B	Water - NonPotable	X	X

PENTAIR WATER
293 S Wright Street
Delavan, WI 53115
Mr. Dave Mirek

Work Order: WSK0793
Project: Delavan
Project Number: Delavan Well

Received: 11/24/09
Reported: 12/04/09 09:44

DATA QUALIFIERS AND DEFINITIONS

J Results reported between the Method Detection Limit (MDL) and Limit of Quantitation (LOQ) are less certain than results at or above the LOQ.

Facility Name: PENTAIR WATER INC
 Contact Address: 292 S Wright St
 Delavan, WI 53115
 Facility Contact: Dave Mirek, Safety Manager
 Phone Number: (262)728-7231
 Reporting Period: 12/01/2009 - 12/31/2009
 Form Due Date: 01/15/2010
 Permit Number: 0055816

Date Received:
 DOC: 240696
 FIN: 7072
 FID: 265010900
 Region: Southeast Region
 Permit Drafter: Jerry J. Jarmuz
 Reviewer: Jerry J. Jarmuz
 Office: Waukesha

Sample Point	001	001	001	001	001	001	
Description	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	Storm sewer outfall.	
Parameter	211	487	490	508	561	517	
Description	Flow Rate	Temperature	Tetrachloroet...	Trichloroethylene	1,1,1-Trichloroethane	Vinyl chloride	
Units	MGD	deg F	ug/L	ug/L	ug/L	ug/L	
Sample Type	TOT DAILY	GRAB	GRAB	GRAB	GRAB	GRAB	
Frequency	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	
Sample Results	Day 1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
	10						
	11						
	12						
	13						
	14						
	15						
	16						
	17						
	18	0.8868	59	<0.50	1.2	0.61	0.55
	19						
	20						
	21						
	22						
	23						
	24						
	25						
	26						
	27						
	28						
	29						
	30						
	31						

	Description	Storm sewer outfall.		Storm sewer outfall.		Storm sewer outfall.		Storm sewer outfall.		Storm sewer outfall.			
	Parameter	211		487		490		508		517			
	Description	Flow Rate		Temperature		Tetrachloroet...		Trichloroethylene		1,1,1-Trichloroethane		Vinyl chloride	
	Units	MGD		deg F		ug/L		ug/L		ug/L		ug/L	
Summary Values	Monthly Avg	0.8868		59		0		1.2		0.61		0.55	
	Daily Max	0.8868		59		<0.5		1.2		0.61		0.55	
	Daily Min	0.8868		59		<0.5		1.2		0.61		0.55	
Limit(s) in Effect	Monthly Avg					50	0	50	0	50	0	10	0
	Daily Max			89	0								
	Daily Min												
QA/QC Information	LOD					0.50		0.20		0.50		0.20	
	LOQ					1.7		0.67		1.7		0.67	
	QC Exceedance									Y		Y	
	Lab Certification No.					128053530		128053530		128053530		128053530	

	Description	Storm sewer outfall.				
	Parameter	112				
	Description	Chlorine, Total Residual				
	Units	ug/L				
	Sample Type	GRAB				
	Frequency	AT DISCHARGE				
Sample Results	Day 1					
	2					
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					
	13					
	14					
	15					
	16					
	17					
	18					
	19					
	20					
	21					
	22					
	23					
	24					
	25					
	26					
	27					
	28					
	29					
	30					
	31					

	Description	Storm sewer outfall.							
	Parameter	112							
	Description	Chlorine, Total Residual							
	Units	ug/L							
Summary Values	Monthly Avg								
	Daily Max								
	Daily Min								
Limit(s) in Effect	Monthly Avg								
	Daily Max	38							
	Daily Min								
QA/QC Information	LOD								
	LOQ								
	QC Exceedance								
	Lab Certification No.								

Laboratory Quality Control Comments

Results reported between the LOD and LOQ are less certain than results at or above the LOQ.

December 24, 2009

Client: PENTAIR WATER
293 S Wright Street
Delavan, WI 53115

Work Order: WSL0560
Project Name: Delavan
Project Number: Delavan Well #4

Attn: Mr. Dave Mirek

Date Received: 12/18/09

An executed copy of the chain of custody is also included as an addendum to this report.

If you have any questions relating to this analytical report, please contact your Laboratory Project Manager at 1-800-833-7036

SAMPLE IDENTIFICATION	LAB NUMBER	COLLECTION DATE AND TIME
SS-1	WSL0560-01	12/18/09 09:45

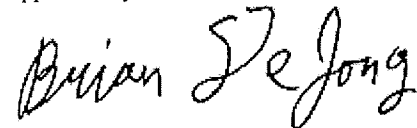
Samples were received into laboratory on ice.

Wisconsin Certification Number: 128053530

The Chain(s) of Custody, 2 pages, are included and are an integral part of this report.

Unless subcontracted, volatiles analyses (including VOC, PVOC, GRO, BTEX, and TPH gasoline) performed by TestAmerica Watertown at 1101 Industrial Drive, Units 9&10. All other analyses performed at the address shown in the heading of this report.

Approved By:



TestAmerica Watertown
Brian DeJong For Sandie Fredrick
Project Manager

PENTAIR WATER
 293 S Wright Street
 Delavan, WI 53115
 Mr. Dave Mirek

Work Order: WSL0560
 Project: Delavan
 Project Number: Delavan Well #4

Received: 12/18/09
 Reported: 12/24/09 08:37

ANALYTICAL REPORT

Analyte	Sample Result	Data Qualifiers	Units	MDL	LOQ	Dilution Factor	Date Analyzed	Analyst	Seq/ Batch	Method
Sample ID: WSL0560-01 (SS-1 - Ground Water)							Sampled: 12/18/09 09:45			
VOCs by SW8260B										
Tetrachloroethene	<0.50		ug/L	0.50	1.7	1	12/23/09 12:49	MAE	9120523	SW 8260B
1,1,1-Trichloroethane	0.61	J	ug/L	0.50	1.7	1	12/23/09 12:49	MAE	9120523	SW 8260B
1,1,2-Trichloroethane	<0.25		ug/L	0.25	0.83	1	12/23/09 12:49	MAE	9120523	SW 8260B
Trichloroethene	1.2		ug/L	0.20	0.67	1	12/23/09 12:49	MAE	9120523	SW 8260B
Vinyl chloride	0.55	J	ug/L	0.20	0.67	1	12/23/09 12:49	MAE	9120523	SW 8260B
Surr: Dibromofluoromethane (82-122%)	103 %									
Surr: Toluene-d8 (86-117%)	99 %									
Surr: 4-Bromofluorobenzene (83-118%)	101 %									

UNTAIR WATER
 293 S Wright Street
 Delavan, WI 53115
 Mr. Dave Mirek

Work Order: WSL0560
 Project: Delavan
 Project Number: Delavan Well #4

Received: 12/18/09
 Reported: 12/24/09 08:37

LABORATORY BLANK QC DATA

Analyte	Seq/ Batch	Source Result	Spike Level	Units	MDL	MRL	Result	Dup Result	% REC	Dup %REC	% REC Limits	RPD RPD	RPD Limit	Q
VOCs by SW8260B														
Tetrachloroethene	9120523			ug/L	0.50	1.7	<0.50							
1,1,1-Trichloroethane	9120523			ug/L	0.50	1.7	<0.50							
1,1,2-Trichloroethane	9120523			ug/L	0.25	0.83	<0.25							
Trichloroethene	9120523			ug/L	0.20	0.67	<0.20							
Vinyl chloride	9120523			ug/L	0.20	0.67	<0.20							
Surrogate: Dibromofluoromethane	9120523			ug/L					102		82-122			
Surrogate: Toluene-d8	9120523			ug/L					100		86-117			
Surrogate: 4-Bromofluorobenzene	9120523			ug/L					100		83-118			

PENTAIR WATER
 293 S Wright Street
 Delavan, WI 53115
 Mr. Dave Mirek

Work Order: WSL0560
 Project: Delavan
 Project Number: Delavan Well #4

Received: 12/18/09
 Reported: 12/24/09 08:37

CCV QC DATA

Analyte	Seq/ Batch	Source Result	Spike Level	Units	MDL	MRL	Result	Dup Result	% REC	Dup %REC	% REC Limits	RPD RPD	RPD Limit	Q
VOCs by SW8260B														
Tetrachloroethene	9L23001		50	ug/L	N/A	N/A	47.6		95		80-120			
1,1,1-Trichloroethane	9L23001		50	ug/L	N/A	N/A	49.9		100		80-120			
1,1,2-Trichloroethane	9L23001		50	ug/L	N/A	N/A	46.9		94		80-120			
Trichloroethene	9L23001		50	ug/L	N/A	N/A	47.4		95		80-120			
Vinyl chloride	9L23001		50	ug/L	N/A	N/A	43.1		86		80-120			
Surrogate: Dibromofluoromethane	9L23001			ug/L					104		80-120			
Surrogate: Toluene-d8	9L23001			ug/L					99		80-120			
Surrogate: 4-Bromofluorobenzene	9L23001			ug/L					101		80-120			

MENTAIR WATER
 93 S Wright Street
 Delavan, WI 53115
 Mr. Dave Mirek

Work Order: WSL0560
 Project: Delavan
 Project Number: Delavan Well #4

Received: 12/18/09
 Reported: 12/24/09 08:37

MATRIX SPIKE/MATRIX SPIKE DUPLICATE QC DATA

Analyte	Seq/ Batch	Source Result	Spike Level	Units	MDL	MRL	Result	Dup Result	% REC	Dup %REC	% REC Limits	RPD RPD	RPD Limit	Q
VOCs by SW8260B														
QC Source Sample: WSL0555-08														
Tetrachloroethene	9120523	<0.50	50	ug/L	0.50	1.7	49.7	52.1	99	104	86-124	5	18	
1,1,1-Trichloroethane	9120523	<0.50	50	ug/L	0.50	1.7	52.8	53.7	106	107	87-128	2	19	
1,1,2-Trichloroethane	9120523	<0.25	50	ug/L	0.25	0.83	45.7	48.7	91	97	82-117	6	28	
Trichloroethene	9120523	<0.20	50	ug/L	0.20	0.67	48.8	51.4	98	103	90-118	5	18	
Vinyl chloride	9120523	1.43	50	ug/L	0.20	0.67	47.6	49.4	92	96	72-137	4	17	
<i>Surrogate: Dibromofluoromethane</i>	<i>9120523</i>			<i>ug/L</i>					<i>103</i>	<i>101</i>	<i>82-122</i>			
<i>Surrogate: Toluene-d8</i>	<i>9120523</i>			<i>ug/L</i>					<i>99</i>	<i>99</i>	<i>86-117</i>			
<i>Surrogate: 4-Bromofluorobenzene</i>	<i>9120523</i>			<i>ug/L</i>					<i>102</i>	<i>102</i>	<i>83-118</i>			

PENTAIR WATER
293 S Wright Street
Delavan, WI 53115
Mr. Dave Mirek

Work Order: WSL0560
Project: Delavan
Project Number: Delavan Well #4

Received: 12/18/09
Reported: 12/24/09 08:37

CERTIFICATION SUMMARY

TestAmerica Watertown

Method	Matrix	Nelac	Wisconsin
SW 8260B	Water - NonPotable	X	X

WENTAIR WATER
193 S Wright Street
Delavan, WI 53115
Mr. Dave Mirek

Work Order: WSL0560
Project: Delavan
Project Number: Delavan Well #4

Received: 12/18/09
Reported: 12/24/09 08:37

DATA QUALIFIERS AND DEFINITIONS

J Results reported between the Method Detection Limit (MDL) and Limit of Quantitation (LOQ) are less certain than results at or above the LOQ.

