

**From:** Grittner, Paul V - DNR  
**Sent:** Friday, June 24, 2022 3:03 PM  
**To:** rons@st-ma.com  
**Cc:** wjnicklas@gmail.com  
**Subject:** Comments on updated Case Closure Form - Superior Linens  
**Attachments:** MW-4 documents.pdf

Ron,

The Department of Natural Resources (DNR) reviewed the modified Case Closure form submitted for the Superior Linens site (BRRS # 02-41-532649). The following modifications/corrections are still needed to complete the packet:

Case Closure Form Cover Page:

- The WTM coordinates should roughly identify where the source area is - near the southwest corner of the building as noted on page 1 of the form. The coordinates given on the form are located south of this location.
- The BRRS Activity Site Name on the cover page of the Case Closure form should be changed to 'Superior Linens – SW Building Corner Spill' to better identify what this case was opened to address. Unfortunately, the name we recommended previously is too long to fit into BRRS and the case closure form. The DNR will update our BRRS database with this name change.

Case Closure Form Page 12, item H. – The response to this question should note that natural attenuation *will* address groundwater contamination and that and vapor is being addressed by the operating mitigation system.

Case Closure Form Page 14, the Continuing Obligation Table will need to be modified. Rows iv, vi, and xiii will need to be selected for the 'source property' column. MW-4 must be properly abandoned if found in the future, the barrier/cover will need to be maintained over soil contamination that poses a risk to groundwater, and the need to mitigate vapor intrusion will need to be considered in the future if a building on the property is constructed or modified.

Table A.1 – This table must note that SB-11 and SB-12 are located in the same locations as MW-11 and 12 since they are not labeled on the figures.

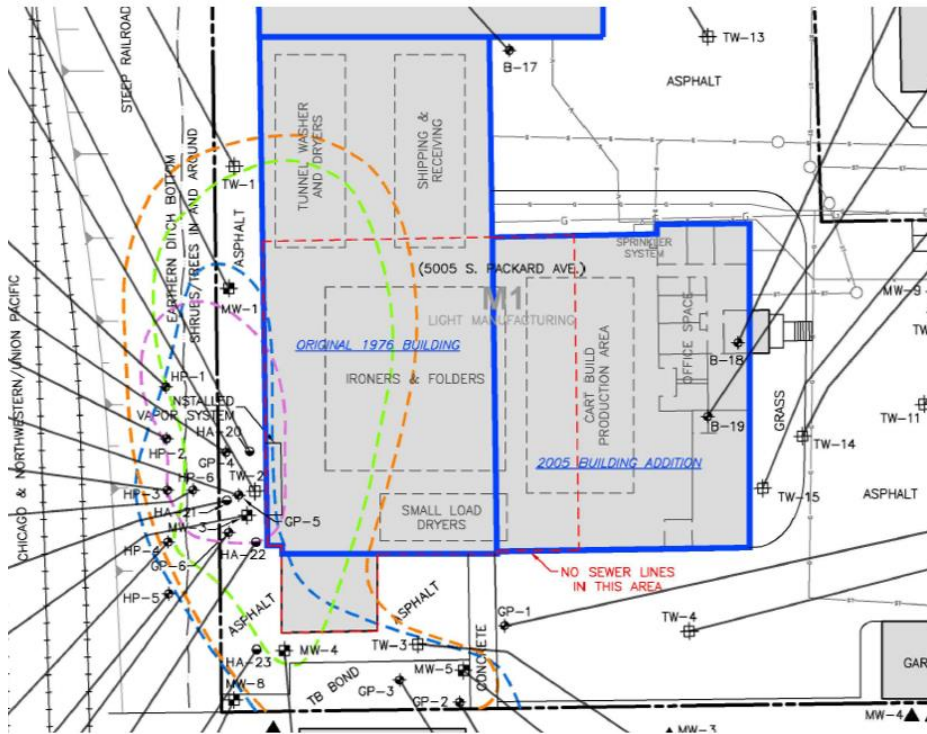
Tables A.2, A.3 The 'Notes' section needs to be corrected/finished.

Figures B.2.a and B.2.b - Soil samples collected from boring locations TW-6, 9 through 13, and 17 had lead concentrations greater than an RCL. The location of lead contaminated soil must be identified on soil contamination figures.

Attachment D - Cover or Barrier Maintenance Plan

- As was noted in an earlier email from the DNR, the floors within the portions of the main building that were constructed in 1976 and 2005 will be required to be maintained as part of the cap due to the uncertainty of limits of soil contamination under the building. The requirement to maintain a barrier must be applied to the entire extent of these additions

(the 'Engineered Barrier Protection of Groundwater RCLs' depicted on Figure 1 of the Plan must be extended north and eastward).



- Representative photos of all surfaces that make up the cap must be provided as part of attachment D.3. Photos are provided to document the condition of the barrier at the time of closure and are used to judge whether the cap changed or deteriorated during annual inspections conducted by the facility and during occasional inspections conducted by the DNR. The photos provided are not current, do not provide a good representation of the cap (no pictures south of building, etc.), and are too small to make out details. New photos must be provided.

Attachment E – include the construction form and development form for MW-4 (see attached).

Attachment G.

Notification of the closure request and the intent to impose continuing obligations needs to be provided to the current owner of the Superior Linens site. The initial notification did not list all continuing obligations that will be placed on the property. The need to take 'Future Actions to Address Vapor Intrusion' and the missing monitoring well MW-4 was not identified on the form. Form 4400-286 must be updated and resubmitted to the property owner. The updated form can be emailed to the current property owner for review. The DNR will not close this site until at least 30 days after this updated form is received by the owner (as documented by an email read-receipt if necessary) or until the property owner provides written or emailed notification that they have been informed of these continuing obligations and that have no technical issues with them.

Only submit a corrected Case Closure Form and any attachments that were modified. We will incorporate them into the existing packet. Please let me know if you have any questions regarding these requests.

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**Paul Grittner**

Hydrogeologist - Remediation and Redevelopment Program

Wisconsin Department of Natural Resources

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MONITORING WELL CONSTRUCTION  
Form 4400-113A  
Rev. 7-98

State of Wisconsin  
Department of Natural Resources  
Routin. ID: \_\_\_\_\_  
Waterbody/Watercourse: \_\_\_\_\_  
Remediation/Redevelopment: \_\_\_\_\_  
Waste Management: \_\_\_\_\_  
Other: \_\_\_\_\_  
Facility/Project Name: \_\_\_\_\_  
Local Field Location of Well: \_\_\_\_\_  
Local GCH Origin: \_\_\_\_\_  
Local GCH No.: \_\_\_\_\_  
Permit or Monitoring No.: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Well Installed By: \_\_\_\_\_  
DNR Well ID No.: \_\_\_\_\_  
Date Well Installed: \_\_\_\_\_  
Well Installed: \_\_\_\_\_

Facility ID: \_\_\_\_\_  
St. Plane: \_\_\_\_\_  
Section Location of Water/Source: \_\_\_\_\_  
1/4 of Sec.: \_\_\_\_\_  
T.: \_\_\_\_\_  
N.: \_\_\_\_\_  
R.: \_\_\_\_\_  
Distance from Water/Source: \_\_\_\_\_  
Source: \_\_\_\_\_  
Type of Well: \_\_\_\_\_  
Well Code: \_\_\_\_\_  
Well Depth: \_\_\_\_\_  
Distance from Water/Source: \_\_\_\_\_  
Source: \_\_\_\_\_  
Apply: \_\_\_\_\_  
Type of Well: \_\_\_\_\_  
Well Code: \_\_\_\_\_  
Well Depth: \_\_\_\_\_  
Distance from Water/Source: \_\_\_\_\_  
Source: \_\_\_\_\_  
Apply: \_\_\_\_\_

A. Protective pipe, top elevation: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
B. Well casing, top elevation: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
C. Lead surface elevation: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
D. Surface seal, bottom: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
E. Surface seal, top: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.

12. USCS classification of soil near screen: \_\_\_\_\_  
OP  GM  GC  GW  SW  SP  GP   
SM  SC  ML  MH  CL  CH   
Bedrock   
13. Sieve analysis performed?  Yes  No  
14. Drilling method used: \_\_\_\_\_  
Hollow Stem Auger  1) \_\_\_\_\_  
Other  \_\_\_\_\_  
15. Drilling fluid used: Water  0.2  Air  0.1   
Drilling Mud  0.3  None  9.9   
16. Drilling additives used?  Yes  No  
Describe: \_\_\_\_\_

17. Source of water (attach analysis, if required): \_\_\_\_\_  
E. Bentonite seal, top: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
F. Fine sand, top: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
G. Filter pack, top: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
H. Screen joint, top: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
I. Well bottom: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
J. Filter pack, bottom: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
K. Borehole, bottom: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.

L. Borehole, diameter: \_\_\_\_\_ in.  
M. O.D. well casing: \_\_\_\_\_ in.  
N. I.D. well casing: \_\_\_\_\_ in.  
O.D. well casing: \_\_\_\_\_ in.  
I.D. well casing: \_\_\_\_\_ in.  
Manufacturer: \_\_\_\_\_  
Slotted length: \_\_\_\_\_  
Backfill material (below filter pack): \_\_\_\_\_  
None  1.4   
Other  \_\_\_\_\_

I hereby certify that the information on this form is true and correct to the best of my knowledge.  
Signature: \_\_\_\_\_  
Firm: \_\_\_\_\_

Please complete both forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by s. 160.281, Stats., s. 281.292, Stats., and s. 289.141, Wis. Adm. Code. In accordance with s. 281.289, Stats., and s. 289.141, Wis. Adm. Code, the information on these forms may not be used for any other purpose, including where the completed forms should be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be used.

MONITORING WELL CONSTRUCTION  
Form 4400-113A  
Rev. 7-98

State of Wisconsin  
Department of Natural Resources  
Routin. ID: \_\_\_\_\_  
Waterbody/Watercourse: \_\_\_\_\_  
Remediation/Redevelopment: \_\_\_\_\_  
Waste Management: \_\_\_\_\_  
Other: \_\_\_\_\_  
Facility/Project Name: \_\_\_\_\_  
Local Field Location of Well: \_\_\_\_\_  
Local GCH Origin: \_\_\_\_\_  
Local GCH No.: \_\_\_\_\_  
Permit or Monitoring No.: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Well Installed By: \_\_\_\_\_  
DNR Well ID No.: \_\_\_\_\_  
Date Well Installed: \_\_\_\_\_  
Well Installed: \_\_\_\_\_

Facility ID: \_\_\_\_\_  
St. Plane: \_\_\_\_\_  
Section Location of Water/Source: \_\_\_\_\_  
1/4 of Sec.: \_\_\_\_\_  
T.: \_\_\_\_\_  
N.: \_\_\_\_\_  
R.: \_\_\_\_\_  
Distance from Water/Source: \_\_\_\_\_  
Source: \_\_\_\_\_  
Type of Well: \_\_\_\_\_  
Well Code: \_\_\_\_\_  
Well Depth: \_\_\_\_\_  
Distance from Water/Source: \_\_\_\_\_  
Source: \_\_\_\_\_  
Apply: \_\_\_\_\_  
Type of Well: \_\_\_\_\_  
Well Code: \_\_\_\_\_  
Well Depth: \_\_\_\_\_  
Distance from Water/Source: \_\_\_\_\_  
Source: \_\_\_\_\_  
Apply: \_\_\_\_\_

A. Protective pipe, top elevation: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
B. Well casing, top elevation: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
C. Lead surface elevation: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
D. Surface seal, bottom: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
E. Surface seal, top: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.

12. USCS classification of soil near screen: \_\_\_\_\_  
OP  GM  GC  GW  SW  SP  GP   
SM  SC  ML  MH  CL  CH   
Bedrock   
13. Sieve analysis performed?  Yes  No  
14. Drilling method used: \_\_\_\_\_  
Hollow Stem Auger  1) \_\_\_\_\_  
Other  \_\_\_\_\_  
15. Drilling fluid used: Water  0.2  Air  0.1   
Drilling Mud  0.3  None  9.9   
16. Drilling additives used?  Yes  No  
Describe: \_\_\_\_\_

17. Source of water (attach analysis, if required): \_\_\_\_\_  
E. Bentonite seal, top: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
F. Fine sand, top: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
G. Filter pack, top: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
H. Screen joint, top: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
I. Well bottom: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
J. Filter pack, bottom: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.  
K. Borehole, bottom: \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL. or \_\_\_\_\_ f. MSL.

L. Borehole, diameter: \_\_\_\_\_ in.  
M. O.D. well casing: \_\_\_\_\_ in.  
N. I.D. well casing: \_\_\_\_\_ in.  
O.D. well casing: \_\_\_\_\_ in.  
I.D. well casing: \_\_\_\_\_ in.  
Manufacturer: \_\_\_\_\_  
Slotted length: \_\_\_\_\_  
Backfill material (below filter pack): \_\_\_\_\_  
None  1.4   
Other  \_\_\_\_\_

I hereby certify that the information on this form is true and correct to the best of my knowledge.  
Signature: \_\_\_\_\_  
Firm: \_\_\_\_\_

Please complete both forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by s. 160.281, Stats., s. 281.292, Stats., and s. 289.141, Wis. Adm. Code. In accordance with s. 281.289, Stats., and s. 289.141, Wis. Adm. Code, the information on these forms may not be used for any other purpose, including where the completed forms should be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be used.

MONITORING WELL DEVELOPMENT  
Form 4600.113B Rev. 7-98

State of Wisconsin  
Department of Natural Resources

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

Facility/Project Name: Superior Health Linens  
County Name: Milwaukee  
County Code: Milwaukee  
Well Name: MW-3  
Well ID Number: \_\_\_\_\_

1. Can this well be purged dry?  Yes  No

2. Well development method

surged with bailer and bailed	<input checked="" type="checkbox"/>	41
surged with bailer and pumped	<input type="checkbox"/>	61
surged with block and bailed	<input type="checkbox"/>	42
surged with block and pumped	<input type="checkbox"/>	62
surged with block, bailed and pumped	<input type="checkbox"/>	70
compressed air	<input type="checkbox"/>	20
bailed only	<input type="checkbox"/>	10
pumped only	<input type="checkbox"/>	51
pumped slowly	<input type="checkbox"/>	50
Other	_____	_____

3. Time spent developing well: 120 min.

4. Depth of well (from top of well casing): 18.25 ft.

5. Inside diameter of well: 2.0 in.

6. Volume of water in filter pack and well casing: 18.41 gal.

7. Volume of water removed from well: 14.0 gal.

8. Volume of water added (if any): None gal.

9. Source of water added: None

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

11. Depth to Water (from top of well casing): 6.13 ft. Before Development After Development

Date: 10/22/2007 m d y y y y 10/22/2007 m d y y y y

Time: 9:55 a.m. 11:55 p.m.

12. Sediment in well bottom: \_\_\_\_\_ inches \_\_\_\_\_ inches

13. Water clarity: Clear  10 Turbid  20 (Describe) Turbid  15 Turbid  25 (Describe)

14. Total suspended solids: \_\_\_\_\_ mg/l

15. COD: \_\_\_\_\_ mg/l

16. Well developed by: Name (first, last) and Firm: David Dailey Last Name: Dailey Firm: Sigma Env.

17. Additional comments on development: Bails well dry 3 times  
1st = 10 gals. 3 50 min. interval  
2nd = 3 gals. 3 20 min. interval  
3rd = 1 gal. 3 20 min. interval

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

Signature: David Dailey  
Print Name: David Dailey  
Firm: Sigma Env.

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

MONITORING WELL DEVELOPMENT  
Form 4600.113B Rev. 7-98

State of Wisconsin  
Department of Natural Resources

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

Facility/Project Name: Superior Health Linens  
County Name: Milwaukee  
County Code: Milwaukee  
Well Name: MW-4  
Well ID Number: \_\_\_\_\_

1. Can this well be purged dry?  Yes  No

2. Well development method

surged with bailer and bailed	<input checked="" type="checkbox"/>	41
surged with bailer and pumped	<input type="checkbox"/>	61
surged with block and bailed	<input type="checkbox"/>	42
surged with block and pumped	<input type="checkbox"/>	62
surged with block, bailed and pumped	<input type="checkbox"/>	70
compressed air	<input type="checkbox"/>	20
bailed only	<input type="checkbox"/>	10
pumped only	<input type="checkbox"/>	51
pumped slowly	<input type="checkbox"/>	50
Other	_____	_____

3. Time spent developing well: 120 min.

4. Depth of well (from top of well casing): 13.85 ft.

5. Inside diameter of well: 2.0 in.

6. Volume of water in filter pack and well casing: 9.7 gal.

7. Volume of water removed from well: 5.5 gal.

8. Volume of water added (if any): None gal.

9. Source of water added: None

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

11. Depth to Water (from top of well casing): 7.45 ft. Before Development After Development

Date: 10/22/2007 m d y y y y 10/22/2007 m d y y y y

Time: 10:30 a.m. 13:30 p.m.

12. Sediment in well bottom: \_\_\_\_\_ inches \_\_\_\_\_ inches

13. Water clarity: Clear  10 Turbid  20 (Describe) Turbid  15 Turbid  25 (Describe)

14. Total suspended solids: \_\_\_\_\_ mg/l

15. COD: \_\_\_\_\_ mg/l

16. Well developed by: Name (first, last) and Firm: David Dailey Last Name: Dailey Firm: Sigma Env.

17. Additional comments on development: Bailed well dry 3 times

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

Signature: David Dailey  
Print Name: David Dailey  
Firm: Sigma Env.

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