

Directions: In accordance with s. NR 727.05 (1) (b) 3., Wis. Adm. Code, use of this form for documenting the inspections and maintenance of certain continuing obligations is required. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]. When using this form, identify the condition that is being inspected. See the closure approval letter for this site for requirements regarding the submittal of this form to the Department of Natural Resources. A copy of this inspection log is required to be maintained either on the property, or at a location specified in the closure approval letter. Do NOT delete previous inspection results. This form was developed to provide a continuous history of site inspection results. The Department of Natural Resources project manager is identified in the closure letter. The project manager may also be identified from the database, BRRTS on the Web, at <http://dnr.wi.gov/botw/SetUpBasicSearchForm.do>, by searching for the site using the BRRTS ID number, and then looking in the "Who" section.

Activity (Site) Name One Hour Martinizing	BRRTS No. 02-68-539238
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Inspections are required to be conducted (see closure approval letter):

annually
 semi-annually
 other – specify _____

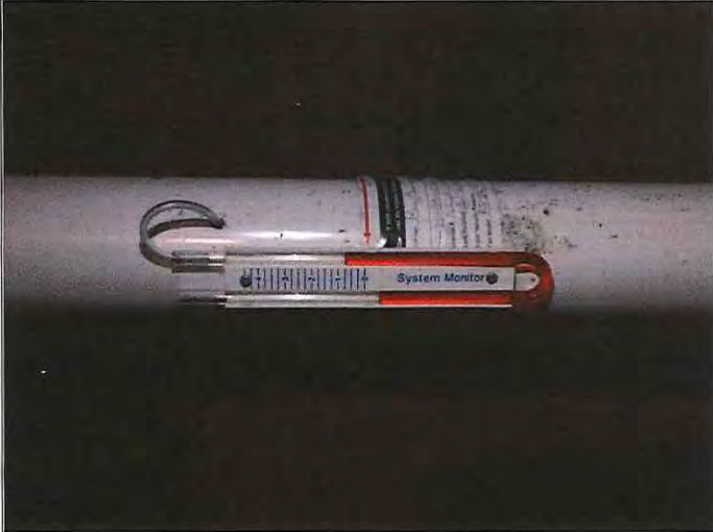
When submittal of this form is required, submit the form electronically to the DNR project manager. An electronic version of this filled out form, or a scanned version may be sent to the following email address (see closure approval letter):

nancy.ryan@wisconsin.gov

Inspection Date	Inspector Name	Item	Describe the condition of the item that is being inspected	Recommendations for repair or maintenance	Previous recommendations implemented?	Photographs taken and attached?
07/12/2016 <i>Co Audit</i>	Ryan, Wentland, Grimm	<input type="checkbox"/> monitoring well <input checked="" type="checkbox"/> cover/barrier <input checked="" type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:	Overall good; caulking around vent pipe exit from sub-grade to exterior is degraded.	re-caulk vent pipe opening to exterior (at sidewalk) <i>7/12/16 h. Ryan</i>	<input type="radio"/> Y <input type="radio"/> N <i>NA</i>	<input checked="" type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
		<input type="checkbox"/> monitoring well <input type="checkbox"/> cover/barrier <input type="checkbox"/> vapor mitigation system <input type="checkbox"/> other:			<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N
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{Click to Add/Edit Image}

Date added: 07/12/2016



Title:

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Date added: 07/12/2016



Title:

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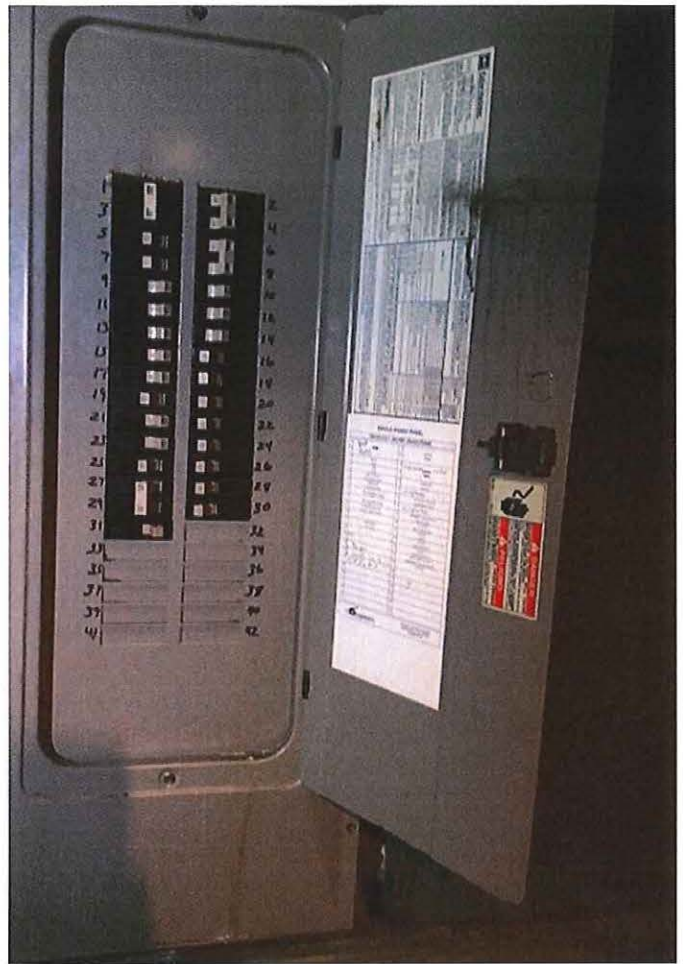
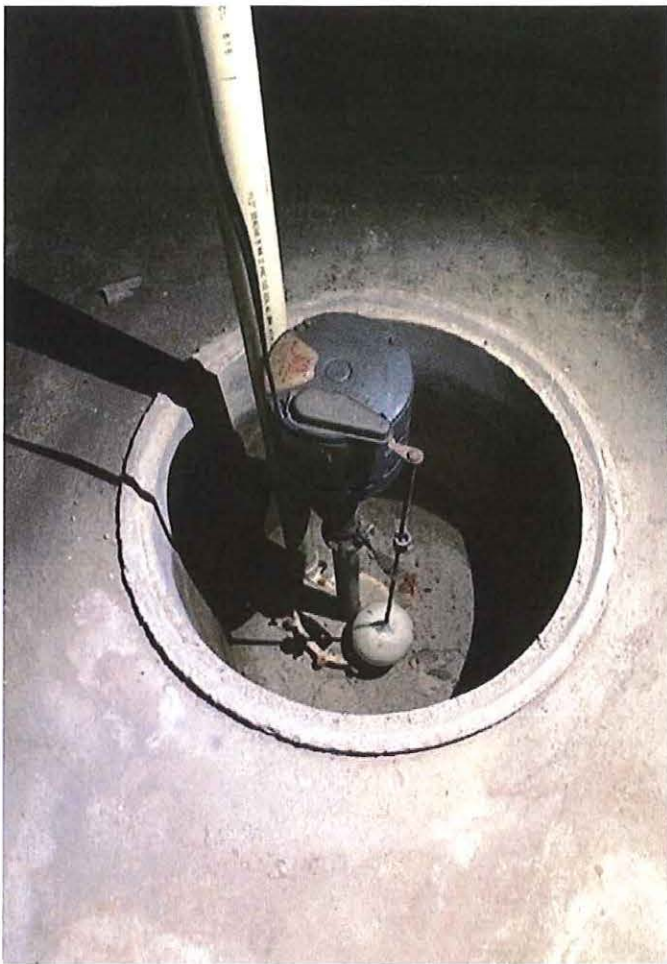
Title:

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Date added: 07/12/2016



Title:



Sub-Slab Depressurization Systems -- Annual O&M Inspection Form

Address: 12527 W. Hampton, Butler
 Property Identification Number: 12527 W. Hampton Temperature (Ambient): 85° °F
 Tenant's Name: Thomas Grimm Temperature (House): _____ °F
 Owner's Name: _____ Barometric Pressure: _____ °Hg
 Owners Address (If Different from Property): _____ Weather Conditions: Sunny
W204 N9126 Lannon Rd. Menomonee Falls, WI 53051
 Inspector Name: Tiffany Ryan / Tom Wentland, DNIC, Thomas Grimm
 Date: 7/12/16
 Time: 10:00 a.m.

System Inspection

Is Fan Operating? Yes No NA
 Any Unusual Fan Noises? Yes No
 Are Vent Piping and Piping Joints Intact? Yes No
 Any Caulking Required Around Piping Penetrations? Yes No - Exterior only. not affecting system performance.
 Is System Padlock Intact (System ON/OFF Switch)? Yes No (NA) Electrical box in basement. Disconnect switch 10' above ground outside.
 Is O&M Manual Present? Yes No - kept at home of owner
 Any Areas In Need of Additional Sealing? Yes No
 List Areas to be Sealed: Outside pipe penetration from basement should be caulked but not integral to SSDS operation
 List Any Necessary System Repairs: _____

Tenant/Owner Observations

Any Change in Fan Noise or Vibration? Yes No
 Have you Turned the Fan OFF for Any Period of Time? Yes No NA
 Reason? _____
 Is Differential Pressure in the Manometer Outside of Normal Operating Range? Yes No NA
 Is the System Manometer Steady? Yes No NA
 Have You or the Owner Made any Changes to the Basement or Other Foundation? Yes No
 If So, What Were the Changes: _____

Quarterly Manometer Measurements

Sample Point ID	Minimum Vacuum (in w.c.)	Inspection			Post Repair (If Necessary)		
		Date	Time	Pressure (in w.c.)	Date	Time	Pressure (in w.c.)
Manometer - Q1	0.50	7/12/16	10:00am	.75			
Manometer - Q2	0.50						
Manometer - Q3	0.50						
Manometer - Q4	0.50						

Comments (Any Repairs Made While Visiting, etc.):

Repair should be made to exterior opening to grade at sidewalk.

DNIC suggested keeping a copy of the O&M inspection form next to the manometer. Advised owner that he should confirm maintenance of cap at 12523 W. Hampton during annual inspection.

Repairs: _____ Date: _____
 Additional Sealing Completed: _____ Date: _____
 System Repairs Completed: _____ Date: _____

Annual Maintenance/Inspection of engineered barrier at 12523 West Hampton Avenue property has been completed and documented by property owner. Date of inspection: 7/12/16 N. Ryan contacted Nancy Hyndman (off. site manager) who confirmed that bldg floor is intact, no breaches or changes made to site.

Note: The active mitigation system design is based on the sub-slab depressurization system (SSDS), sub-membrane depressurization system (SMDS), and crawlspace depressurization system (CSDS) design criteria found in American Society for Testing and Materials (ASTM) Designation: E2121-03, Standard Practice for Installing Radon Mitigation Systems in Existing Low-Rise Residential Buildings (ASTM, 2008), United States Environmental Protection Agency (U.S. EPA) Region 5, Vapor Intrusion Guidebook (U.S. EPA, 2010), and U.S. EPA 625, Radon Reduction Techniques for Existing Detached Houses (U.S. EPA, 1993), and U.S. EPA, Indoor Air Vapor Intrusion Mitigation Approaches (U.S. EPA, 2008).

