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**GROUNDWATER MONITORING WELL INFORMATION FORM**  
Chapter 281 and 289, Wis. Stats.  
Form 4400-89

Rev. 7-98

Facility Name		Facility ID Number	License, Permit or Monitoring No.	Date	Completed By (Name and Firm)															
LIME KILN PARK		246036780	03602	7/19/2001	DAVID ZOLP/ EARTH TECH															
WI Unique Well No	Well Name	DNR Well ID Number	Well Location	Dir. N S E W	Date Established	Well Casing		Elevations		Reference		Depths			Screen Length	Well Type	Well Status	Enf. Stds.	Grad-ient	Distance to Waste
						Diam.	Type	Top of Well Casing	Ground Surface	MSL (✓)	Site Datum (✓)	Screen Top	Initial Groundwater	Well Depth						
PN851	P2A	1	482193.9	X	2/18/1998	2	P	713.2	711	X		10.5	15.8	20.5	10	11/mw	A	X	D	50
			2544551	X																
PN852	P2B	3	482200.9	X	3/25/1998	2	P	713.8	711.5	X		73.5	17.2	75.2	10	12/pz	A	X	D	50
			2544559.7	X																
PN853	P3B	5	482060.1	X	3/26/1998	2	P	716.9	714.6	X		70	17	82.4	10	12/pz	A	X	S	400
			2544019.5	X																
PN854	P4B	7	482666.6	X	3/30/1998	2	P	733.9	731.3	X		79.5	20.4	92.9	10	12/pz	A	X	U	200
			2544118.5	X																
PN855	LW-01	9	482448.2	X	2/16/1998	6	P	731.9	728.8	X		13	27.5	33	20	24/lh	A	X	N	0
			2544360.7	X																
PN856	LW-02	11	482348.3	X	2/17/1998	6	P	0	726.9	X		8.5	24.9	30	20	24/lh	A	X	N	0
			2544422	X																
PN857	P7B	13	479749.79	X	3/17/2000	1.4	P	693.34	690.5	X		55	10.46	150	10	11/mw	A	K	D	4000
			2546382.69	X																
PN858	P8A	15	481635.3	X	3/23/2000	2	P	745.27	745.62	X		105	0	120	10	11/mw	A	K	D	1000
			2544947.09	X																
PN859	P8B	17	481544.32	X	3/15/2000	2	P	740.29	740.35	X		188	52.44	210	10	11/mw	A	K	D	1000
			2544891.65	X																
PN860	P9B	19	481568.22	X	3/15/2000	2	P	737.81	736.47	X		95	45.17	105	10	11/mw	A	K	S	750
			2544327.56	X																

3-27-02; 8:01AM; EarthTech

: 2125

# 1

Screen elevation

702.7  
700.5

640.3  
637.5

400  
646.9  
644.6

200  
651.8

715.8

718.4

4000  
635.5

1000  
640.62

1000  
552.35

750  
641.47

Location Coordinates Are:

State Plane Coordinate     Local Grid System

Northern     Central     Southern

Grid Origin Location: (Check if estimated: )

Lat. \_\_\_\_\_ " Long. \_\_\_\_\_ " or \_\_\_\_\_

St. Plane \_\_\_\_\_ ft. N. \_\_\_\_\_ ft. E.    S Zone \_\_\_\_\_

Post-it® Fax Note    7671    Date \_\_\_\_\_ # of pages \_\_\_\_\_

To Kathy Thompson    From BJ Kelso

Co./Dept. \_\_\_\_\_    Co. \_\_\_\_\_

Phone # \_\_\_\_\_    Phone # \_\_\_\_\_

Fax # \_\_\_\_\_    Fax # \_\_\_\_\_

*data added to GEMS  
copy to John Feney - SER 3/28/2002  
KJT*

Completion of this form is mandatory under s. NR 507.14 and NR 110.25 Wis. Adm. Code. Failure to file this form may result in forfeiture of not less than \$10 nor used by the Department for the purposes related to the waste management program.