



KPRG and Associates, Inc.

**TRANSMITTAL LETTER**

July 20, 2011

Ms. Victoria Stovall  
Program Assistant, Remediation and Redevelopment  
Wisconsin Department of Natural Resources  
2300 N. Dr. Martin Luther King, Jr., Drive  
Milwaukee, WI 53212-0436

VIA FEDERAL EXPRESS

KPRG Project No. 15608

Re: Site Investigation Information Submittal  
Former OHM-Oconomowoc  
36929 Plank Road, Oconomowoc, WI  
FID #268087380, BRRTS# 02-68-551911

Dear Ms. Stovall:

On behalf of the former OHM-Oconomowoc, Inc. (OHM), KPRG and Associates, Inc. (KPRG) is providing information for the previously submitted Site Investigation Report. This submittal is in response to the WDNR letter date July 20, 2011, requesting information, including:

- Groundwater monitoring well development forms
- Site investigation certification page
- Documentation of investigation derived waste disposal

Please find the requested information included with this transmittal. The July 20, 2011 WDNR letter discussed additional information regarding the DERF reimbursement application which is not included with this transmittal.

If there are any questions, please contact me at 262-781-0475.

Sincerely,  
KPRG and Associates, Inc.

A handwritten signature in black ink, appearing to read "Patrick Allenstein". The signature is stylized and includes a long horizontal line extending to the right.

Patrick Allenstein  
Senior Geologist

cc: Ms. Nancy Ryan, WDNR  
Mr. Charles Cass

TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
1.0 INTRODUCTION .....	1
1.1 Site Name and Location.....	1
1.2 Contact Information.....	1
1.3 Background Information.....	1
1.4 Objective of Site Investigation.....	2
1.5 Organization of Initial Site Investigation Report.....	2
2.0 DOCUMENTATION OF FIELD ACTIVITIES .....	3
2.1 Soil Investigation .....	3
2.2 Groundwater Investigation.....	3
2.2.1 Monitoring Well Installation.....	3
2.2.2 Groundwater Sampling Procedures .....	4
2.2.3 Slug Tests.....	5
3.0 GEOLOGY/HYDROGEOLOGY.....	6
3.1 Geology.....	6
3.2 Hydrogeology .....	6
4.0 DATA SUMMARY AND INTERPRETATIONS.....	8
4.1 VOC Soil Data .....	8
4.2 VOC Groundwater Data .....	9
4.3 Calculation of SSRCLs.....	10
5.0 EXPOSURE PATHWAY EVALUATION.....	11
5.1 Direct Contact/Ingestion for Soil.....	11
5.2 Potential Migration Soil to Groundwater Pathway .....	11
5.3 Potential Migration of Groundwater Impacts .....	11
5.3.1 Direct Ingestion of Impacted Groundwater .....	11
5.3.2 Discharge of Impacted Groundwater to Surface Water .....	11
5.4 Surface Water Pathway.....	12
5.5 Air/Vapor Migration Pathway .....	12
5.6 Underground Utilities .....	12
6.0 CONCLUSIONS AND RECOMMENDATIONS .....	13
6.1 Conclusions.....	13
6.2 Recommendations.....	14
7.0 REFERENCES .....	15
8.0 SUBMITTAL CERTIFICATION .....	16

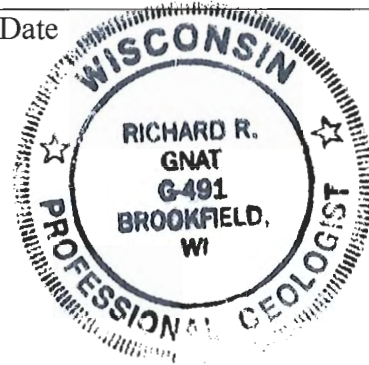
8.0 SUBMITTAL CERTIFICATION

“I, Richard R. Gnat, hereby certify that I am a scientist as that term is defined in s. NR 712.03 (3), Wis. Adm. Code, and that, to the best of my knowledge, all of the information contained in this document is correct and the document was prepared in compliance with all applicable requirements in chs. NR 700 to 726, Wis. Adm. Code.”

Richard R. Gnat, P.G. Principal  
Signature and Title

7/20/11

Date



[Handwritten Signature]

Patrick Allenstein, Project Geologist

7-20-2011

Date

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

Facility/Project Name <u>OHM OF OCONOMOWOC</u>	County Name <u>WAUKESHA</u>	Well Name <u>MW-1</u>
Facility License, Permit or Monitoring Number	County Code <u>68</u>	Wis. Unique Well Number <u>VU266</u>
		DNR Well ID Number _____

1. Can this well be purged dry?  Yes  No
2. Well development method
- surged with bailer and bailed  41
  - surged with bailer and pumped  61
  - surged with block and bailed  42
  - surged with block and pumped  62
  - surged with block, bailed and pumped  70
  - compressed air  20
  - bailed only  10
  - pumped only  51
  - pumped slowly  50
  - Other \_\_\_\_\_
3. Time spent developing well 75 min.
4. Depth of well (from top of well casing) 34.1 ft.
5. Inside diameter of well 2 in.
6. Volume of water in filter pack and well casing 5.9 gal.
7. Volume of water removed from well 20 gal.
8. Volume of water added (if any) 0 gal.
9. Source of water added \_\_\_\_\_
10. Analysis performed on water added?  Yes  No  
(If yes, attach results)

- |  |                           |                          |
|--|---------------------------|--------------------------|
|  | <u>Before Development</u> | <u>After Development</u> |
|--|---------------------------|--------------------------|
11. Depth to Water (from top of well casing) a. 27.40 ft. \_\_\_\_\_ ft.
- Date b. 05/08/2009 05/08/2009  
m m d d y y y y m m d d y y y y
- Time c. 11:40  a.m. 12:55  p.m.
12. Sediment in well bottom 0 inches 0 inches
13. Water clarity Clear  10 Turbid  15  
(Describe) (Describe)
- \_\_\_\_\_ LT BR
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Fill in if drilling fluids were used and well is at solid waste facility:
14. Total suspended solids \_\_\_\_\_ mg/l \_\_\_\_\_ mg/l
15. COD \_\_\_\_\_ mg/l \_\_\_\_\_ mg/l
16. Well developed by: Name (first, last) and Firm  
First Name: PATRICK Last Name: ALLENSTEIN  
Firm: KPRG

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party

First Name: CHARLES Last Name: CASS

Facility/Firm: OHM OF OCONOMOWOC

Street: N44 W27760 ISHOLA TRAIL

City/State/Zip: PEWAUKEE, WI

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

Signature: [Signature]

Print Name: PATRICK ALLENSTEIN

Firm: KPRG AND ASSOCIATES, INC

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

Facility/Project Name <u>OHM OF OCONOMOWOC</u>	County Name <u>WAUKESHA</u>	Well Name <u>MW-1D</u>
Facility License, Permit or Monitoring Number	County Code <u>68</u>	Wis. Unique Well Number _____
		DNR Well ID Number _____

1. Can this well be purged dry?  Yes  No
2. Well development method
- surged with bailer and bailed  41
  - surged with bailer and pumped  61
  - surged with block and bailed  42
  - surged with block and pumped  62
  - surged with block, bailed and pumped  70
  - compressed air  20
  - bailed only  10
  - pumped only  51
  - pumped slowly  50
  - Other \_\_\_\_\_
3. Time spent developing well 60 min.
4. Depth of well (from top of well casing) 49.2 ft.
5. Inside diameter of well 2 in.
6. Volume of water in filter pack and well casing 7 gal.
7. Volume of water removed from well 7 gal.
8. Volume of water added (if any) 0 gal.
9. Source of water added \_\_\_\_\_
10. Analysis performed on water added?  Yes  No  
(If yes, attach results)

- |                                                                           | Before Development                                                                               | After Development                                                                                                       |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 11. Depth to Water (from top of well casing)                              | a. <u>27.67</u> ft.                                                                              | _____ ft.                                                                                                               |
| Date                                                                      | b. <u>08/28/2009</u>                                                                             | <u>08/28/2009</u>                                                                                                       |
|                                                                           | m m d d y y y y                                                                                  | m m d d y y y y                                                                                                         |
| Time                                                                      | c. <u>12:00</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.           | <u>1:00</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.                                      |
| 12. Sediment in well bottom                                               | <u>0.5</u> inches                                                                                | <u>0</u> inches                                                                                                         |
| 13. Water clarity                                                         | Clear <input checked="" type="checkbox"/> 10<br>Turbid <input type="checkbox"/> 15<br>(Describe) | Clear <input checked="" type="checkbox"/> 20<br>Turbid <input type="checkbox"/> 25<br>(Describe)<br><u>ALMOST CLEAR</u> |
| Fill in if drilling fluids were used and well is at solid waste facility: |                                                                                                  |                                                                                                                         |
| 14. Total suspended solids                                                | _____ mg/l                                                                                       | _____ mg/l                                                                                                              |
| 15. COD                                                                   | _____ mg/l                                                                                       | _____ mg/l                                                                                                              |
| 16. Well developed by: Name (first, last) and Firm                        |                                                                                                  |                                                                                                                         |
| First Name:                                                               | <u>PATRICK</u>                                                                                   | Last Name: <u>ALLENSTEIN</u>                                                                                            |
| Firm:                                                                     | <u>KPRG</u>                                                                                      |                                                                                                                         |

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party

First Name: CHARLES Last Name: CASS

Facility/Firm: OHM OF OCONOMOWOC

Street: N41 W27760 ISHJALA TRAIL

City/State/Zip: PEWAUKEE, WI

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

Signature: [Signature]

Print Name: PATRICK ALLENSTEIN

Firm: KPRG AND ASSOCIATES, INC.

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

Facility/Project Name <u>OHM OF OCONOMOWOC</u>	County Name <u>WAUKESHA</u>	Well Name <u>MW-2</u>
Facility License, Permit or Monitoring Number	County Code <u>68</u>	Wis. Unique Well Number <u>VU270</u>
		DNR Well ID Number _____

1. Can this well be purged dry?  Yes  No
2. Well development method
- surged with bailer and bailed  41
  - surged with bailer and pumped  61
  - surged with block and bailed  42
  - surged with block and pumped  62
  - surged with block, bailed and pumped  70
  - compressed air  20
  - bailed only  10
  - pumped only  51
  - pumped slowly  50
  - Other  \_\_\_\_\_
3. Time spent developing well 45 min.
4. Depth of well (from top of well casing) 34.0 ft.
5. Inside diameter of well 2.0 in.
6. Volume of water in filter pack and well casing 7.0 gal.
7. Volume of water removed from well 10.0 gal.
8. Volume of water added (if any) 0.0 gal.
9. Source of water added \_\_\_\_\_
10. Analysis performed on water added?  Yes  No  
(If yes, attach results)

- |  |                           |                          |
|--|---------------------------|--------------------------|
|  | <u>Before Development</u> | <u>After Development</u> |
|--|---------------------------|--------------------------|
11. Depth to Water (from top of well casing) a. 26.00 ft. \_\_\_\_\_ ft.
- Date b. 08/28/2009 08/28/2009  
m m d d y y y y m m d d y y y y
- Time c. 10:50  a.m. 11:35  a.m.  
 p.m.  p.m.
12. Sediment in well bottom 0 inches 0 inches
13. Water clarity Clear  10 Clear  20  
Turbid  15 Turbid  25  
(Describe) (Describe)
- \_\_\_\_\_ LT BR CLOUDY
- Fill in if drilling fluids were used and well is at solid waste facility:
14. Total suspended solids \_\_\_\_\_ mg/l \_\_\_\_\_ mg/l
15. COD \_\_\_\_\_ mg/l \_\_\_\_\_ mg/l

16. Well developed by: Name (first, last) and Firm

First Name: PATRICK Last Name: ALLENSTEIN

Firm: KPRG

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party

First Name: CHARLES Last Name: CASS

Facility/Firm: OHM OF OCONOMOWOC

Street: N41 W27760 ISHJALA TRAIL

City/State/Zip: PEWAUKEE, WI

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

Signature: [Signature]

Print Name: PATRICK ALLENSTEIN

Firm: KPRG AND ASSOCIATES, INC.

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

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

Facility/Project Name <u>OHM OF OCONOMOWOC</u>	County Name <u>WAUKESHA</u>	Well Name <u>MW-3</u>
Facility License, Permit or Monitoring Number	County Code <u>68</u>	Wis. Unique Well Number <u>VU271</u>
		DNR Well ID Number _____

1. Can this well be purged dry?  Yes  No
2. Well development method
- surged with bailer and bailed  41
  - surged with bailer and pumped  61
  - surged with block and bailed  42
  - surged with block and pumped  62
  - surged with block, bailed and pumped  70
  - compressed air  20
  - bailed only  10
  - pumped only  51
  - pumped slowly  50
  - Other  \_\_\_\_\_
3. Time spent developing well 45 min.
4. Depth of well (from top of well casing) 32.8 ft.
5. Inside diameter of well 2 in.
6. Volume of water in filter pack and well casing 44 gal.
7. Volume of water removed from well 10 gal.
8. Volume of water added (if any) 0 gal.
9. Source of water added \_\_\_\_\_
10. Analysis performed on water added?  Yes  No  
(If yes, attach results)

- |                                                                           | Before Development                                                                                     | After Development                                                                                                    |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 11. Depth to Water (from top of well casing)                              | a. <u>27.66</u> ft.                                                                                    | _____ ft.                                                                                                            |
| Date                                                                      | b. <u>08/28/2009</u><br>m m d d y y y y                                                                | <u>08/28/2009</u><br>m m d d y y y y                                                                                 |
| Time                                                                      | c. <u>9:45</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.                  | <u>10:30</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.                                  |
| 12. Sediment in well bottom                                               | <u>0</u> inches                                                                                        | <u>0</u> inches                                                                                                      |
| 13. Water clarity                                                         | Clear <input checked="" type="checkbox"/> 10<br>Turbid <input type="checkbox"/> 15<br>(Describe) _____ | Clear <input checked="" type="checkbox"/> 20<br>Turbid <input type="checkbox"/> 25<br>(Describe) <u>LT BR CLOUDY</u> |
| Fill in if drilling fluids were used and well is at solid waste facility: |                                                                                                        |                                                                                                                      |
| 14. Total suspended solids                                                | _____ mg/l                                                                                             | _____ mg/l                                                                                                           |
| 15. COD                                                                   | _____ mg/l                                                                                             | _____ mg/l                                                                                                           |

16. Well developed by: Name (first, last) and Firm

First Name: PATRICK Last Name: ALLENSTEIN

Firm: KPRG

17. Additional comments on development:

Name and Address of Facility Contact /Owner/Responsible Party

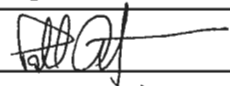
First Name: CHARLES Last Name: CASS

Facility/Firm: OHM OF OCONOMOWOC

Street: N41 W27760 ISHNALA TRAIL

City/State/Zip: PEWAUKEE, WI

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

Signature: 

Print Name: PATRICK ALLENSTEIN

Firm: KPRG AND ASSOCIATES, INC.

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



May 6, 2010

KPRG and Associates Inc.  
Attn: Mr. Rich Gnat  
14665 West Lisbon Road Suite 2B  
Brookfield WI 53005

Re: Former OHM of Oconomowoc Inc.

Dear Mr. Gnat:

Enclosed you will find the owners copies of the Non Hazardous Waste and the approved profiles and letters associated with the disposal of the soil cuttings and purge water from the site investigation. North Shore Environmental Construction Inc. provided the waste disposal services on February 22, 2010.

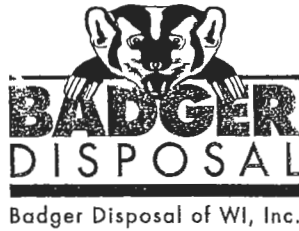
Thank you for allowing North Shore the opportunity to provide these services to you and I look forward to working with you on future projects. If you have any questions or require additional information please contact me at (262) 255-4468.

Sincerely,

Fred Ringle  
Operations Manager  
North Shore Environmental Construction Inc.

Enc.





January 23, 2010

Former OHM of Oconomowoc Inc.  
36929 Plank Road  
Oconomowoc, WI 53066

Badger Disposal of WI., Inc. is pleased to notify you that we have the requisite permits to accept your waste material listed below for management at our recycling facility.

The proposed method of management for this waste stream is:

**Wastewater Treatment**

Material Description: **purge water**

Approval Number (WS#): **WS021824**

This acceptance is based upon the information provided by the waste profile sheet you provided for the waste stream.

Badger Disposal of WI., Inc. is looking forward to assisting you with your recycling needs.

Sincerely,

Badger Disposal of WI, Inc.

A handwritten signature in black ink, appearing to read "SW", is written over the printed name of Sarah L. Wetsten.

Sarah L. Wetsten  
Approvals Coordinator

**PLEASE MAINTAIN THIS COPY FOR YOUR FILE.**



Badger Disposal of WI, Inc.  
5611 W. Hemlock Street  
Milwaukee, WI 53223

5611 W. HEMLOCK STREET  
MILWAUKEE, WI 53223

WS Number: WS021824  
Approval #: WS021824

(414) 760-9175 1-866-271-0961 WID988580056

A. Generator Name: Former OHM of Oconomowoc Inc. Bill to: North Shore  
Address: 36929 Plank Road Billing Address: \_\_\_\_\_  
City, State, Zip: Oconomowoc WI 53066 SIC Code: \_\_\_\_\_ City, State, Zip: WI  
Contact: Charles Cass Title: \_\_\_\_\_ Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: 691-4135 Ext. \_\_\_\_\_ FAX #: \_\_\_\_\_ Phone Number: \_\_\_\_\_ FAX #: \_\_\_\_\_  
EPA ID: \_\_\_\_\_ This profile sheet was completed using:  General Knowledge  Analysis (attached)  MSDS  Both

**B. WASTE DESCRIPTION AND GENERAL CHARACTERISTICS**

Name of Waste: purge water  
Process Generating Waste: site investigation work  
Color: Clear Odor: \_\_\_\_\_  None  Mild  Strong  Single Layer  Double Layer  Multi-Layer  
Free Phases: 1  Liquid 95.00 %  Powder \_\_\_\_\_ %  Solid \_\_\_\_\_ %  Sludge 5.00 %

**C. RCRA AND DOT INFORMATION**

Is this a USEPA Hazardous Waste?  Yes  No Please list the USEPA Hazardous waste codes: \_\_\_\_\_  
Is this a DOT Hazardous Material?  Yes  No Anticipated Annual Volume: 0.00 /Units. \_\_\_\_\_  
Proper Shipping Name: Non-regulated material  
Hazardous Class #: \_\_\_\_\_ PG #: \_\_\_\_\_ UN/NA #: \_\_\_\_\_ Additional Description: (L) WS021824  
Method of Shipment:  Bulk Liquid  Bulk Solid  Drum Container Type: \_\_\_\_\_ Size: \_\_\_\_\_

**D. SPECIAL HANDLING INSTRUCTIONS**

Treatment: WSTWTR If special handling techniques are required, specify: \_\_\_\_\_  
Is a representative sample provided?  Yes  No

**E. METALS** (Indicate in parts per million (ppm) if this waste contains any of the following using):  TCLP  Generator Knowledge  TOTAL

Metal	Less than	or Actual	Metal	Less than	or Actual	Metal	Less than	or Actual
Arsenic	<input checked="" type="checkbox"/> <5	<input type="checkbox"/> <500	Mercury	<input checked="" type="checkbox"/> <0.2	<input type="checkbox"/> <20	Nickel	<input checked="" type="checkbox"/> <5	<input type="checkbox"/> <134
Barium	<input checked="" type="checkbox"/> <100		Selenium	<input checked="" type="checkbox"/> <1	<input type="checkbox"/> <100	Thallium	<input checked="" type="checkbox"/> <5	<input type="checkbox"/> <130
Cadmium	<input checked="" type="checkbox"/> <1	<input type="checkbox"/> <100	Silver	<input checked="" type="checkbox"/> <5		Zinc	<input checked="" type="checkbox"/> <5	
Chromium	<input checked="" type="checkbox"/> <5		Chromium-Hex	<input checked="" type="checkbox"/> <5	<input type="checkbox"/> <500			
Lead	<input checked="" type="checkbox"/> <5	<input type="checkbox"/> <500	Copper	<input checked="" type="checkbox"/> <5				

**F. PHYSICAL/CHEMICAL PROPERTIES**

Specific Gravity:  <0.8  0.8-1.0  1.0-1.2  1.2-1.4  1.4-1.7  >1.7 Actual: \_\_\_\_\_  
Total Suspended Solids:  0.5  0.5-2.0  2.0-5.0  5.0-20  >20 Actual: \_\_\_\_\_  
pH:  <2  2-6  6-8  8-10  10-12.5  >12.5 Actual: \_\_\_\_\_  
BTU's:  <1  1-4  4-8  8-12  12-16 Actual: \_\_\_\_\_  
Flash Point Degree F:  <73°F  73-140°F  >140-200°F  >200°F Actual: \_\_\_\_\_  
Sulfur (WT)%:  <0.5  0.5-2.0  2-5  >5.0 Actual: \_\_\_\_\_

**G. HAZARDOUS CHARACTERISTICS AND OTHER COMPONENTS**

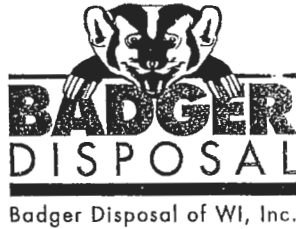
Reactivity:  None  Explosive  Pyrophoric  Shock Sensitive  Water Reactive  Etiological  Radioactive  Acutely Hazardous Waste  
Viscosity:  Low  Medium  High Are TC Codes present?  Yes  No (If yes, please list in USEPA Waste Code Section).  
Halogens:  \_\_\_\_\_ % Chlorine  \_\_\_\_\_ % Fluorine  \_\_\_\_\_ % Bromine  \_\_\_\_\_ % Iodine  
Cyanides (ppm) \_\_\_\_\_ PCB's (ppm) \_\_\_\_\_ Pesticides: (ppm) \_\_\_\_\_ Sulfides: (ppm) \_\_\_\_\_ Phenolics: (ppm) \_\_\_\_\_

**H. CHEMICAL COMPOSITION (MUST TOTAL 100%)**

	0.0- 95.0 %	%	%	%
Water	0.0- 95.0	%		%
Sludge	0.0- 5.0	%		%
		%		%
		%		%
		%		%
		%		%
		%		%
		%		%

I hereby certify that all information submitted in this and all attached documents is complete and accurate, and that all known or suspected hazards have been disclosed. The Generator further recognizes that for reasons of efficiency and speed in processing it is desirable to name Badger Disposal of WI, Inc. as Generator's agent for disposal of waste. Accordingly, Generator specifically authorizes office and/or employees of Badger Disposal of WI, Inc. to sign forms and/or contract in respect to waste disposal utilizing only information and matters that appear on the Badger Disposal "master sheet" above. In this respect, Badger Disposal of WI, Inc. is to in no manner change or alter the data on the above master sheet. The Generator specifically acknowledges that it has carefully reviewed the above master sheet data and information. With the above limitations, Generator further consents and directs that the officer and/or employee of Badger Disposal sign the name of the undersigned agent of Generator to any and all such forms and/or contracts respecting processing and disposal of Generator's waste.

SIGNATURE OF GENERATOR'S OFFICER AND/OR AGENT \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_



January 23, 2010

Former OHM of Oconomowoc Inc.  
36929 Plank Road  
Oconomowoc, WI 53066

Badger Disposal of WI., Inc. is pleased to notify you that we have the requisite permits to accept your waste material listed below for management at our recycling facility.

The proposed method of management for this waste stream is:

**Landfill**

Material Description: **soil cuttings**

Approval Number (WS#): **WS021825**

This acceptance is based upon the information provided by the waste profile sheet you provided for the waste stream.

Badger Disposal of WI., Inc. is looking forward to assisting you with your recycling needs.

Sincerely,

Badger Disposal of WI, Inc.

Sarah L. Wetsten  
Approvals Coordinator

**PLEASE MAINTAIN THIS COPY FOR YOUR FILE.**



Badger Disposal of WI, Inc.  
5611 W. Hemlock Street  
Milwaukee, WI 53223

5611 W. HEMLOCK STREET  
MILWAUKEE, WI 53223

WS Number: WS021825  
Approval #: WS021825

(414) 760-9175 1-866-271-0961 WID988580056

A. Generator Name: Former OHM of Oconomowoc Inc. Bill to: North Shore  
 Address: 36929 Plank Road Billing Address: \_\_\_\_\_  
 City, State, Zip: Oconomowoc WI 53066 SIC Code: \_\_\_\_\_ City, State, Zip: WI  
 Contact: Charles Cass Title: \_\_\_\_\_ Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: 691-4135 Ext. \_\_\_\_\_ FAX #: \_\_\_\_\_ Phone Number: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 EPA ID: \_\_\_\_\_ This profile sheet was completed using:  General Knowledge  Analysis (attached)  MSDS  Both

**B. WASTE DESCRIPTION AND GENERAL CHARACTERISTICS**

Name of Waste: soil cuttings  
 Process Generating Waste: site investigation work  
 Color: Brown Odor: \_\_\_\_\_  None  Mild  Strong  Single Layer  Double Layer  Multi-Layer  
 Free Phases: 1  Liquid 95.00 %  Powder \_\_\_\_\_ %  Solid \_\_\_\_\_ %  Sludge 5.00 %

**C. RCRA AND DOT INFORMATION**

Is this a USEPA Hazardous Waste?  Yes  No Please list the USEPA Hazardous waste codes: \_\_\_\_\_  
 Is this a DOT Hazardous Material?  Yes  No Anticipated Annual Volume: 0.00 / Units. \_\_\_\_\_  
 Proper Shipping Name: Non-regulated material  
 Hazardous Class #: \_\_\_\_\_ PG #: \_\_\_\_\_ UNNA #: \_\_\_\_\_ Additional Description: (S) WS021825  
 Method of Shipment:  Bulk Liquid  Bulk Solid  Drum Container Type: \_\_\_\_\_ Size: \_\_\_\_\_

**D. SPECIAL HANDLING INSTRUCTIONS**

Treatment: LND/LL Is a representative sample provided?  Yes  No  
 If special handling techniques are required, specify: \_\_\_\_\_

**E. METALS** (Indicate in parts per million [ppm] if this waste contains any of the following using:  TCLP  Generator Knowledge  TOTAL

Metal	Less than	or Actual	Metal	Less than	or Actual	Metal	Less than	or Actual
Arsenic	<input checked="" type="checkbox"/> <5	<input type="checkbox"/> <500	Mercury	<input checked="" type="checkbox"/> <0.2	<input type="checkbox"/> <20	Nickel	<input checked="" type="checkbox"/> <5	<input type="checkbox"/> <134
Barium	<input checked="" type="checkbox"/> <100		Selenium	<input checked="" type="checkbox"/> <1	<input type="checkbox"/> <100	Thallium	<input checked="" type="checkbox"/> <5	<input type="checkbox"/> <130
Cadmium	<input checked="" type="checkbox"/> <1	<input type="checkbox"/> <100	Silver	<input checked="" type="checkbox"/> <5		Zinc	<input checked="" type="checkbox"/> <5	
Chromium	<input checked="" type="checkbox"/> <5		Chromium-Hex	<input checked="" type="checkbox"/> <5	<input type="checkbox"/> <500			
Lead	<input checked="" type="checkbox"/> <5	<input type="checkbox"/> <500	Copper	<input checked="" type="checkbox"/> <5				

**F. PHYSICAL/CHEMICAL PROPERTIES**

Specific Gravity:  <0.8  0.8-1.0  1.0-1.2  1.2-1.4  1.4-1.7  >1.7 Actual: \_\_\_\_\_  
 Total Suspended Solids:  0.5  0.5-2.0  2.0-5.0  5.0-20  >20 Actual: \_\_\_\_\_  
 pH:  <7  2-6  6-8  8-10  10-12.5  >12.5 Actual: \_\_\_\_\_  
 BTU's:  <1  1-4  4-8  8-12  12-16 Actual: \_\_\_\_\_  
 Flash Point Degree F:  <73°F  73-140°F  >140-200°F  >200°F Actual: \_\_\_\_\_  
 Sulfur (WT)%:  <0.5  0.5-2.0  2-5  >5.0 Actual: \_\_\_\_\_

**G. HAZARDOUS CHARACTERISTICS AND OTHER COMPONENTS**

Reactivity:  None  Explosive  Pyrophoric  Shock Sensitive  Water Reactive  Etiological  Radioactive  Acutely Hazardous Waste  
 Viscosity:  Low  Medium  High Are TC Codes present?  Yes  No (If yes, please list in USEPA Waste Code Section).  
 Halogens:  \_\_\_\_\_ % Chlorine  \_\_\_\_\_ % Fluorine  \_\_\_\_\_ % Bromine  \_\_\_\_\_ % Iodine  
 Cyanides (ppm) \_\_\_\_\_ PCB's (ppm) \_\_\_\_\_ Pesticides: (ppm) \_\_\_\_\_ Sulfides: (ppm) \_\_\_\_\_ Phenolics: (ppm) \_\_\_\_\_

**H. CHEMICAL COMPOSITION (MUST TOTAL 100%)**

Component	0.0- 100.0 %	%	%	%	%	%
sand, dirt, gravel						

I hereby certify that all information submitted in this and all attached documents is complete and accurate, and that all known or suspected hazards have been disclosed. The Generator further recognizes that for reasons of efficiency and speed in processing it is desirable to name Badger Disposal of WI, Inc. as Generator's agent for disposal of waste. Accordingly, Generator specifically authorizes office and/or employees of Badger Disposal of WI, Inc. to sign forms and/or contract in respect to waste disposal utilizing only information and matters that appear on the Badger Disposal "master sheet" above. In this respect, Badger Disposal of WI, Inc. is to in no manner change or alter the data on the above master sheet. The Generator specifically acknowledges that it has carefully reviewed the above master sheet data and information. With the above limitations, Generator further consents and directs that the officer and/or employee of Badger Disposal sign the name of the undersigned agent of Generator to any and all such forms and/or contracts respecting processing and disposal of Generator's waste.

SIGNATURE OF GENERATOR'S OFFICER AND/OR AGENT \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

<b>NON-HAZARDOUS WASTE MANIFEST</b>	1. Generator ID Number <b>N/A</b>	2. Page 1 of <b>1</b>	3. Emergency Response Phone <b>414 510-0516</b>	4. Waste Tracking Number <b>10K02</b>	
5. Generator's Name and Mailing Address <b>Former OHM of Oconomowoc Inc. 36929 Plank Road Oconomowoc WI 53066 Generator's Phone: 691-4135</b>		Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name <b>North Shore Environmental Construction Inc.</b>		U.S. EPA ID Number <b>WIR000117259</b>			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>Badger Disposal of WI Inc. 5611 W. Hemlock Street Milwaukee WI 53223 Facility's Phone: 414 760-7175</b>		U.S. EPA ID Number <b>WID988580056</b>			
<b>GENERATOR</b>	9. Waste Shipping Name and Description	10. Containers		11. Total Quantity	12. Unit Wt./Vol.
		No.	Type		
	1. Non Hazardous Non Regulated Special Waste	011	DM	7700	P
	2. Non Hazardous Non Regulated Special Waste	001	DM	0055	G
	3.				
4.					
13. Special Handling Instructions and Additional Information <b>1. Soil Cuttings WS# 021825 2. Purge Water WS# 021824</b>					
14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.					
Generator's/Officer's Printed/Typed Name <b>Fred J Ringle Oconomowoc</b>		Signature <i>Fred J Ringle</i>		Month Day Year <b>02 22 10</b>	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:					
<b>TRANSPORTER</b>	16. Transporter Acknowledgment of Receipt of Materials				
	Transporter 1 Printed/Typed Name <b>Donald A Schrauth</b>	Signature <i>Donald A Schrauth</i>		Month Day Year <b>02 22 10</b>	
Transporter 2 Printed/Typed Name		Signature		Month Day Year	
<b>DESIGNATED FACILITY</b>	17. Discrepancy				
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection				
	Manifest Reference Number:				
17b. Alternate Facility (or Generator)		U.S. EPA ID Number			
Facility's Phone:					
17c. Signature of Alternate Facility (or Generator)				Month Day Year	
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a					
Printed/Typed Name <b>Ron Mitchell</b>		Signature <i>Ron Mitchell</i>		Month Day Year <b>02 23 10</b>	

**NON-HAZARDOUS  
WASTE MANIFEST**

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone

4. Waste Tracking Number

5. Generator's Name and Mailing Address

Generator's Site Address (if different than mailing address)

Generator's Phone:

6. Transporter 1 Company Name

U.S. EPA ID Number

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

U.S. EPA ID Number

Facility's Phone:

9. Waste Shipping Name and Description

10. Containers

No.

Type

11. Total Quantity

12. Unit Wt./Vol.

1.

2.

3.

4.

13. Special Handling Instructions and Additional Information

14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.

Generator's/Officer's Printed/Typed Name

Signature

Month Day Year

15. International Shipments

Import to U.S.

Export from U.S.

Port of entry/exit:

Transporter Signature (for exports only):

Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space

Quantity

Type

Residue

Partial Rejection

Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)

U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator)

Month Day Year

18. Designated Facility Owner or Operator; Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name

Signature

Month Day Year

GENERATOR

TRANSPORTER INT'L

DESIGNATED FACILITY