

268087380



January 12, 2016

Rec'd
1-19-16
DSV

Mr. David G. Volkert, Hydrogeologist
Wisconsin Department of Natural Resources
Bureau for Remediation & Redevelopment
Waukesha Service Center
141 NW Barstow Street
Waukesha, Wisconsin 53188

**Re: Results of Further WDNR Requested Site Investigations Supplemental to the NR 716
Site Investigation Report
OHM - Oconomowoc
36929 Plank Road
Oconomowoc, Wisconsin
FID # 268087380; BRRTS # 02-68-551911**

Dear Mr. Volkert:

As consultant to Mr. Charles Cass of OHM Holdings, Inc., Environmental Forensic Investigations, Inc. (EnviroForensics) is providing this results report of additional site investigation activities at the One Hour Martinizing (OHM) facility formerly located at 36929 Plank Road in Oconomowoc, Wisconsin (Site). This report is in response to the Wisconsin Department of Natural Resources (the Department) request of January 12, 2015 for additional groundwater and vapor intrusion information to supplement the Site Investigation Report dated November 20, 2014.

As stated in the Department letter, the Department requested additional groundwater monitoring wells on neighboring properties located east of the Site. Specifically, one (1) monitoring well on the KIA Dealership property (KIA) between existing wells MW-11 and MW-12, and wells further to the east on the NAPA Auto Parts Store (NAPA) property. It is our understanding that the Department concerns are as follows:

1. There may be a vapor intrusion risk to the Ewald KIA building if groundwater concentrations adjacent to the building are above the groundwater Enforcement Standards (ES); and
2. If groundwater impacts have spread further to the east to encroach the NAPA property at concentrations above the ES, then there may be a vapor intrusion risk to this building. Also, a Groundwater Use Restriction would need to be registered for this property.

Environmental Forensic Investigations, Inc.
N16 W23390 Stone Ridge Drive, Suite G, Waukesha, WI 53188
Phone: 262-290-4001 • Fax 262-510-0460

Proposed Additional Sampling

To address these concerns, EnviroForensics proposed the following in a work scope titled *Work Scope for Further Site Investigations*, dated February 2, 2015:

- Three (3) wells to be installed on the NAPA auto parts store property to include two (2) water table wells (MW-14 and MW-15) and one deeper piezometer (PZ-2) to define vertical and down-gradient extent of chlorinated solvent impacts (see attached **Figure 1**); and
- Five (5) sub-slab vapor samples would be collected inside the KIA building to determine if a vapor risk was present, rather than installing a permanent monitoring well. This was deemed a more practical approach. The exact sample locations would be selected based on configuration of office and other potential partially closed spaces within the building and areas where installation of the sub-slab vapor probes would be most inconspicuous.

Access Issues and Modifications to Scope

Several attempts were made to gain access to the Ewald KIA building for the planned sub-slab sampling. The owner, Mr. Brian Ewald, refused to allow sub-slab sampling ports to be installed in his building. Alternative options were discussed with WDNR project manager Dave Volkert and Mr. Ewald in an attempt to resolve Mr. Ewald's concerns. It was decided that groundwater conditions would be evaluated on the Ewald KIA property near the building by installing and sampling the groundwater monitoring well originally requested by the WDNR (MW-17 on attached **Figure 1**). If groundwater impacts were detected in this well at concentrations exceeding the ES, then a vapor sample would be collected from the well, and the concentrations detected in the vapor sample would be compared to vapor risk levels (VRLs) established for deep soil gas.

Well Installation Procedures and Groundwater Sampling Results

NAPA Auto Parts Store Property

Two (2) water table observation wells (MW-14 and MW-15) and piezometer PZ-2 were installed in April, 2015 on the NAPA Auto Parts property at the locations shown on **Figure 1**. The wells were constructed in accordance with the requirements of the Department regulation Chapter NR 141. The water table wells and piezometer were constructed of 2-inch diameter schedule 40 PVC.

The water table observation wells were installed with screen lengths of ten-feet and factory cut 0.010-inch wide factory-cut slots. The screens were placed to intersect the water table, which was at a depth of approximately 31 feet below ground surface at the time of installation.

The piezometer was constructed of similar materials, except it was installed with a screen length of five-feet and installed below the water table at a depth of 61.5 feet below ground surface. **Well construction logs** are attached.

The new wells were developed according to NR 141 and sampled according to guidance in the Department Groundwater Sampling Desk Reference, PUBL-DGT-037. The wells were sampled using low-flow procedures, sent to a Wisconsin Certified laboratory, and analyzed by EPA Method 8260 for the short list of chlorinated dry cleaning solvents, only. **Well Development Logs** are attached.

The wells have been sampled two to four (2-4) times on a quarter year basis since their installation (see attached **Table 1** for a summary of all analytical results, and attached **laboratory sheets** for the June sampling event, only). As can be seen in **Table 1**, the concentration of tetrachloroethylene (PCE) in MW-14 has been above the ES during all four (4) sampling events and MW-15 has alternately contained PCE above the PAL and ES, respectively. This prompted the installation of an additional water table observation well further down-gradient, MW-16. Concentrations of PCE in MW-16 have been above the groundwater Preventative Action Limit (PAL), but below the ES. Piezometer PZ-2 did not contain chlorinated compounds above laboratory detection limits.

During the initial sampling event of April, 2015, MW-15 had a concentration of PCE that was above the PAL, but below the ES (**Table 1**). However, during the subsequent sampling event in June, 2015, MW-15 contained PCE in a concentration above the ES. This well is nearest to the NAPA building (**Figure 1**), and as such, the concentrations of PCE above the ES poses a potential vapor intrusion risk to the NAPA building. To evaluate this risk, a vapor sample was later collected from this well.

Ewald KIA Property

Water table observation well MW-17 was installed on the Ewald KIA property in July, 2015, after access was granted (**Figure 1**). This well was constructed in a similar fashion to the other water table observation wells with the exception of a longer screen length of 15 feet to provide adequate open screen length above the water table for potential collection of a soil vapor sample. The screen was installed to a depth of 37.5 feet below ground surface with the water table residing at a depth of 32.5 feet below ground surface. As can be seen in **Table 1**, the concentrations of PCE detected during the August 2015 sampling event exceeded the ES indicating the potential for a vapor intrusion risk to the building. To evaluate this risk, a vapor sample was collected from this well.

Vapor Sampling in Monitoring Wells MW-15 and MW-17

The vapor intrusion risk to the NAPA Auto Parts Store and the Ewald KIA dealership was evaluated by collecting soil vapor samples from monitoring wells MW-15 and MW-17, respectively. The vapor samples were analyzed by EPA Method TO-15 for the dry cleaning list of chlorinated solvents, only.

Vapor Sampling Procedures

A custom sample collection train was fashioned to allow the following adaptations (see attached **photographs**):

- A rubber connector was fitted to one end of the sample train with a screw-tightened hose clamp to allow an air-tight connection to the 2-inch diameter PVC well riser;
- Another rubber connector was fitted with a screw-tightened hose clamp on the opposite end of the sample train to allow attachment of a vacuum source for purging of the dead air space in the monitoring well;
- A shut off lever-operated valve was installed to isolate the open vacuum end used for purging stagnant air in the well prior to sample collection; and
- A tee connector and hose barb was installed below the shut-off valve to allow attachment of tubing for helium leak testing and for sample collection.

To ensure that the sub-slab vapor samples were representative of subsurface vapor conditions, leak testing was performed generally in accordance with methods presented in the *Standard Practice for Active Soil Gas Sampling in the Vadose Zone for Vapor Intrusion Evaluation*, ASTM Standard D7663-11, and WDNR Publication RR-800.

Testing the integrity of the sample ports was conducted utilizing a helium tracer gas inside of a shroud (sealed plastic bag) that covered the sample collection train. While purging stagnant air from the well, if there was no detection of helium, the train was considered free of leaks. The integrity of the sampling lines was tested prior to sampling using a hand pump with a pressure gauge. Negative pressure was added to the line and observed for 60 seconds for changes. If no change to the pressure is observed the line was considered to be intact.

Calculating the Purge Volume

Prior to testing the integrity of the sampling ports, the depth to groundwater was measured to calculate the amount of unsaturated sand pack and well column.

The air flow of a small vacuum pump was calculated by connecting the pump to the entire sampling system and purging into a bag of known volume. The flow rate was calculated to be about 4 liters per second.

The amount of air per well volume was found by adding the calculated volume of air in the PVC riser (V_{riser}) and calculated amount of air in the unsaturated sand pack which includes the two foot filter pack above the well screen (V_{unsat}). The V_{unsat} was then adjusted for effective porosity of 35%. The amount of air per well volume was calculated using the following formulae:

Equations

$$V_{\text{unsat}} = \pi \times r^2 \times h_{\text{unsat}} \times ef$$
$$V_{\text{riser}} = \pi \times r^2 \times h_{\text{riser}}$$
$$V_{\text{total}} = V_{\text{riser}} + V_{\text{unsat}}$$
$$1 \text{ ft}^3 = 28.31 \text{ liters}$$
$$t = (V_{\text{total}} / \text{vacuum flow rate})$$

Definitions

V_{unsat} = volume of air in unsaturated filter pack
 V_{riser} = volume of air in well riser
 V_{total} = total volume of air in well
 t = length of purge time
 ef = effective porosity
 h_{riser} = height of riser
 h_{unsat} = height of unsaturated zone
 r = radius
 l = liter
 ft^3 = cubic feet
 $1 \text{ ft}^3 = 28.31 \text{ liters}$
flow rate = 4 liters/second

The amount of time and air purged is equal to the total volume of air in one well, divided by the flow rate. About three well volumes were purged from each well. 50.1 liters was purged from MW-15 and 44.1 liters was purged from MW-17.

Following purging, the vapor samples were collected in laboratory batch-certified one-liter sample vacuum canisters. In order to avoid the potential desorption of contaminants from the soil and to avoid leaks in the sampling system, a recommended sampling flow rate of 200 milliliters per minute (mL/min) was maintained by using a laboratory supplied flow controller. The vacuum canisters were connected to each vapor port using compression fittings and Teflon[®]-lined polyethylene tubing. Initial and final pressure readings were collected from the vacuum canisters and recorded on the attached **Field Sampling Forms**, along with all other required information. Soil gas vapor samples were submitted to Envision Laboratories of Indianapolis, Indiana for analysis of VOCs according to EPA Method TO-15. The samples were shipped via courier under appropriate chain-of-custody procedures.

Vapor Sampling Results

The vapor sampling results are recorded in attached **Table 2**, and attached **Laboratory Results Sheets**. As can be seen in **Table 2**, PCE was detected in both wells, but at concentrations well below the VRSLs established for deep soil gas samples.

Conclusions

PCE concentrations in down-gradient monitoring well MW-16 exceed the PAL, but do not exceed the ES. However, PCE in groundwater at concentrations above the ES have migrated to the adjacent NAPA and Ewald properties, and groundwater use restrictions will be needed for these properties. The concentrations of PCE detected in vapor samples collected from groundwater monitoring wells located near the Ewald KIA and NAPA buildings are well below VRSLs. These concentrations of PCE do not pose a vapor intrusion risk to the buildings. Based on these findings, the site investigations are



considered complete. EnviroForensics recommends that no further site investigations are needed to determine the extent of impacts. Instead, efforts should be focused on pilot testing and selecting the most appropriate and cost effective methods for remediation.

If you have any questions or require additional information, please don't hesitate to contact me at 414-982-3988.

Sincerely yours,

A handwritten signature in blue ink, appearing to read "Wayne P. Fassbender".

Wayne P. Fassbender, PG, PMP
Senior Project Manager

Attachments:

Attachment 1: Figure 1 showing locations of groundwater monitoring wells

Attachment 2: Well Construction Logs

Attachment 3: Well development logs

Attachment 4: Table 1 of groundwater analytical results

Attachment 5: Laboratory results sheets

Attachment 6: Photographs of vapor sampling train

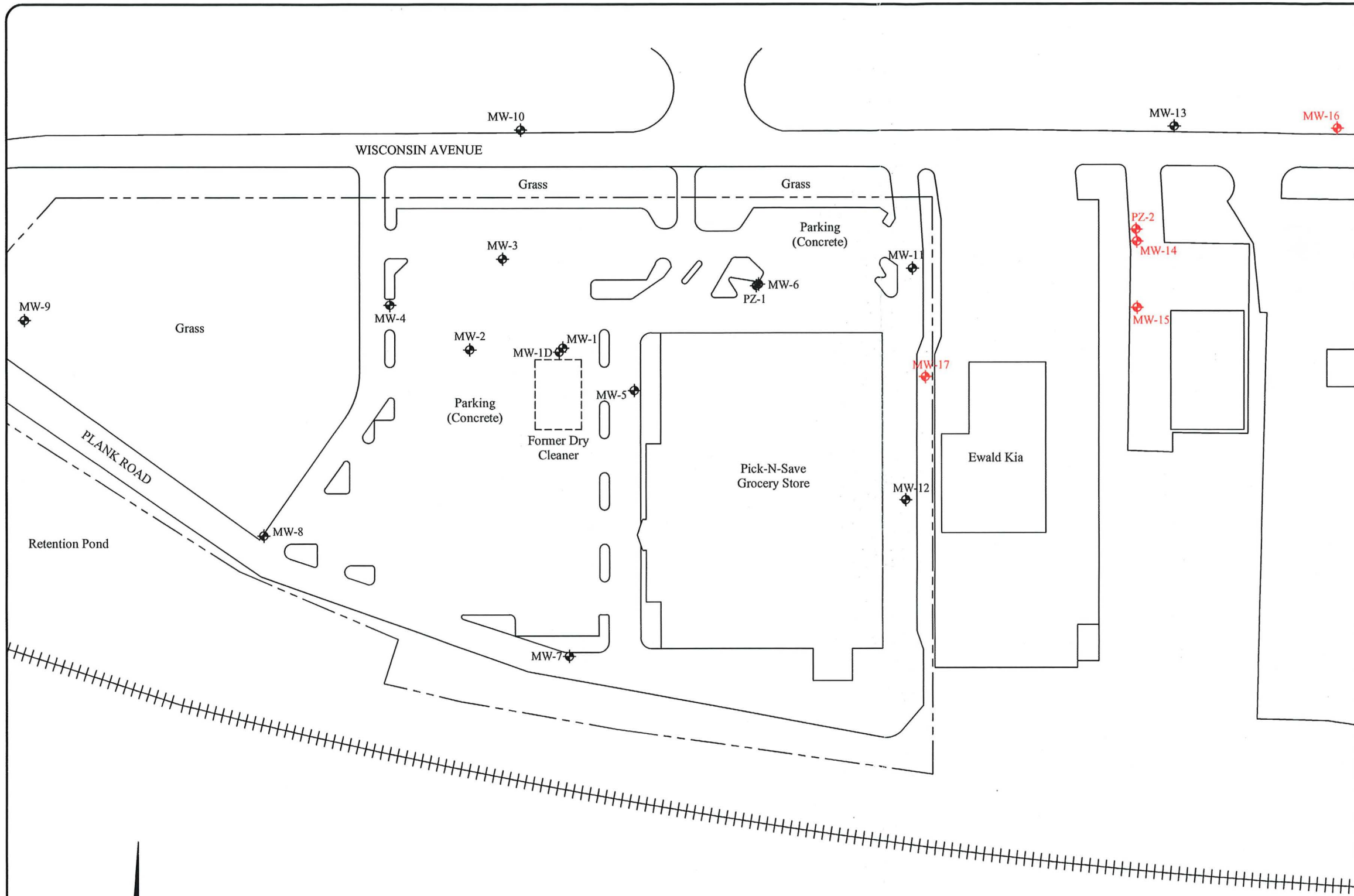
Attachment 7: Field sampling logs

Attachment 8: Table 2 of vapor sampling results





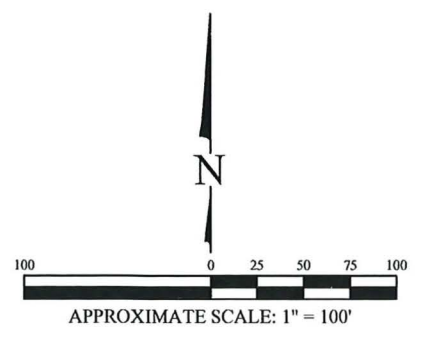
ATTACHMENT 1

Figure 1 Showing Locations of Groundwater Monitoring Wells



Legend

- Property boundary
- MW-1  Monitoring well sample location
- MW-15  New monitoring well sample location



MONITORING WELL LOCATION MAP

Martinizing Dry Cleaning
 36929 Plank Road
 Oconomowoc, WI

Date:	5/1/15
Designed:	EB
Drawn:	EB
Checked:	KH
DWG file:	6143-0135



ENVIRONMENTAL FORENSIC INVESTIGATIONS, INC.
 602 N. Capitol Ave., Ste. 210 • Indianapolis, IN 46204
 EnviroForensics.com

Figure	1
Project	6143

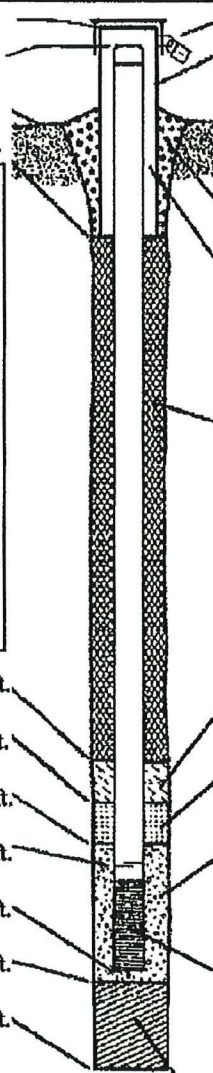


ATTACHMENT 2

Well Construction Logs



Facility/Project Name <u>OHM Oconomowoc</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <u>MW-14</u>
Facility License, Permit or Monitoring No. <u>02-68-551911</u>	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. " Long. " or "	Wis. Unique Well No. <u>VY-861</u> DNR Well ID No. _____
Facility ID <u>268087380</u>	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>04/06/2015</u> m m d d y y y y
Type of Well Well Code <u>11 / MW</u>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Alex Plummer</u> <u>Badger State Drilling</u>
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or <u>1</u> ft.</p> <div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input checked="" type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 <u>8 1/4 inch CD</u> Other <input type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or <u>1</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or <u>22.5</u> ft.</p> <p>G. Filter pack, top _____ ft. MSL or <u>24</u> ft.</p> <p>H. Screen joint, top _____ ft. MSL or <u>26</u> ft.</p> <p>I. Well bottom _____ ft. MSL or <u>36</u> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or <u>37</u> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or <u>37</u> ft.</p> <p>L. Borehole, diameter <u>8.25</u> in.</p> <p>M. O.D. well casing <u>2.375</u> in.</p> <p>N. I.D. well casing <u>2.047</u> in.</p>	 <p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: _____ in. <u>8</u> b. Length: _____ ft. <u>1</u> c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/></p> <p>5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. <u>Black Hills</u> Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. <u>Red Flint #15</u> b. Volume added <u>0.25</u> ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. <u>Ohio #5</u> b. Volume added <u>2.5</u> ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/></p> <p>10. Screen material: a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>b. Manufacturer <u>Monoflex</u> c. Slot size: _____ in. <u>0.1</u> d. Slotted length: _____ ft. <u>10</u></p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/></p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature [Signature] Firm EnviroForensics

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 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 these forms 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 these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Facility/Project Name <u>OHM Oconomowoc</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name <u>MW-15</u>
Facility License, Permit or Monitoring No. <u>02-68-551911</u>	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. " Long. " or "	Wis. Unique Well No. <u>VY-862</u> DNR Well ID No. _____
Facility ID <u>268087380</u>	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>04/07/2015</u> m m d d y y y y
Type of Well Well Code <u>11 / MW</u>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Alex Plummer</u> <u>Enviroforensics</u>
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____
Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidgradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>8</u> in. b. Length: <u>1</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or <u>1</u> ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input checked="" type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
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Facility/Project Name <u>OHM Geomemo</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name <u>PZ-2</u>
Facility License, Permit or Monitoring No. <u>02-68-551911</u>	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. " Long. " or	Wis. Unique Well No. <u>VY-860</u> DNR Well ID No.
Facility ID <u>268087380</u>	St. Plane ft. N. ft. E. S/C/N	Date Well Installed <u>04/07/2015</u> m m d d y y y y
Type of Well Well Code <u>12/PZ</u>	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N. R. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: Name (first, last) and Firm <u>Alex Plummer</u> <u>Badger State Drilling</u>
Distance from Waste/Source ft. <input type="checkbox"/> Enfl. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number

A. Protective pipe, top elevation ----- ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation ----- ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>8</u> in. b. Length: <u>1</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation ----- ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom ----- ft. MSL or <u>1</u> ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input checked="" type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input checked="" type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input checked="" type="checkbox"/> 03 None <input type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. <u>Black Hills</u> Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size a. <u>Red Flint #15</u> b. Volume added <u>0.25</u> ft ³
Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. <u>Ohio #5</u> b. Volume added <u>0.75</u> ft ³
17. Source of water (attach analysis, if required): <u>Madison, WI</u>	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top ----- ft. MSL or <u>1</u> ft.	10. Screen material: a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top ----- ft. MSL or <u>53</u> ft.	b. Manufacturer <u>Mono Flex</u>
G. Filter pack, top ----- ft. MSL or <u>54.5</u> ft.	c. Slot size: <u>0.1</u> in.
H. Screen joint, top ----- ft. MSL or <u>56.5</u> ft.	d. Slotted length: <u>5</u> ft.
I. Well bottom ----- ft. MSL or <u>61.5</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom ----- ft. MSL or <u>62</u> ft.	
K. Borehole, bottom ----- ft. MSL or <u>62</u> ft.	
L. Borehole, diameter <u>6</u> in.	
M. O.D. well casing <u>2.375</u> in.	
N. I.D. well casing <u>2.047</u> in.	

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

Signature [Signature] Firm EnviroForensics

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 chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stat., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stat., failure to file these forms 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 these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Facility/Project Name <u>OHM Oconomowoc</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <u>G143-mw-16</u>
Facility License, Permit or Monitoring No. <u>02-68-551911</u>	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <u>VY-866</u> DNR Well ID No. _____
Facility ID <u>268087380</u>	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>07/27/2015</u> m m d d y y y y
Type of Well Well Code <u>11 MW</u>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Kevin Duerst - Badger State Drilling</u>
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in.
C. Land surface elevation _____ ft. MSL	b. Length: _____ ft.
D. Surface seal, bottom _____ ft. MSL or <u>1.5</u> ft.	c. Material: Steel <input type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input checked="" type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: <u>concrete flushend</u>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input checked="" type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	4. Material between well casing and protective pipe: <u>sand</u> Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
17. Source of water (attach analysis, if required): _____	7. Fine sand material: Manufacturer, product name & mesh size a. <u>Red Flint #15</u>
E. Bentonite seal, top _____ ft. MSL or <u>1.5</u> ft.	b. Volume added _____ ft ³
F. Fine sand, top _____ ft. MSL or <u>22</u> ft.	8. Filter pack material: Manufacturer, product name & mesh size a. <u>R.W. Sidley #5</u>
G. Filter pack, top _____ ft. MSL or <u>22</u> ft.	b. Volume added _____ ft ³
H. Screen joint, top _____ ft. MSL or <u>26</u> ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or <u>36</u> ft.	10. Screen material: <u>PVC</u>
J. Filter pack, bottom _____ ft. MSL or <u>36.5</u> ft.	a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or <u>36.5</u> ft.	b. Manufacturer <u>Manaflex</u>
L. Borehole, diameter <u>8 1/2</u> in.	c. Slot size: _____ in.
M. O.D. well casing <u>2.375</u> in.	d. Slotted length: _____ ft.
N. I.D. well casing <u>2.067</u> in.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>

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

Signature [Signature]

Firm EnviroForensics

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Facility/Project Name <u>OHM Oceanmowoc</u>		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name <u>6143-MW-17</u>	
Facility License, Permit or Monitoring No. <u>02-68-551911</u>		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. <u>VY 867</u> DNR Well ID No. _____	
Facility ID <u>268087380</u>		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed <u>07/27/2015</u> m m d d y y y y	
Type of Well Well Code <u>11 / MW</u>		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm <u>Kevin Duerst</u> <u>Badger State Drilling</u>	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>					

- A. Protective pipe, top elevation _____ ft. MSL
B. Well casing, top elevation _____ ft. MSL
C. Land surface elevation _____ ft. MSL
D. Surface seal, bottom _____ ft. MSL or 1.5 ft.

12. USCS classification of soil near screen:
GP GM GC GW SW SP
SM SC ML MH CL CH
Bedrock

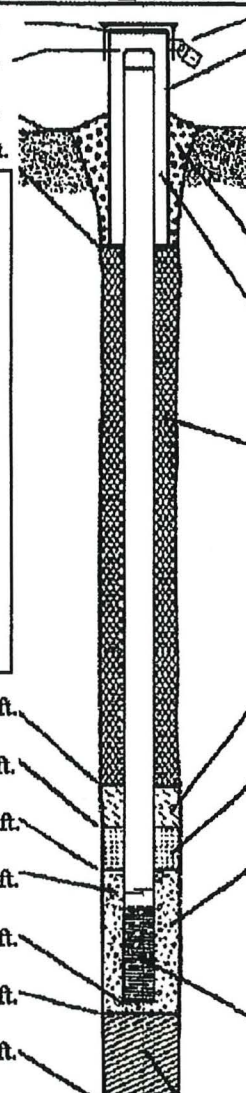
13. Sieve analysis performed? Yes No

14. Drilling method used: Rotary 50
Hollow Stem Auger 41
Other

15. Drilling fluid used: Water 02 Air 01
Drilling Mud 03 None 99

16. Drilling additives used? Yes No
Describe _____

17. Source of water (attach analysis, if required): _____



1. Cap and lock? Yes No
2. Protective cover pipe:
a. Inside diameter: 8 in.
b. Length: 7 ft.
c. Material: Steel 04
Other
- d. Additional protection? Yes No
If yes, describe: concrete flush pad
3. Surface seal: Bentonite 30
Concrete 01
Other
4. Material between well casing and protective pipe: Bentonite 30
Other
5. Annular space seal: a. Granular/Chipped Bentonite 33
b. _____ Lbs/gal mud weight... Bentonite-sand slurry 35
c. _____ Lbs/gal mud weight... Bentonite slurry 31
d. _____ % Bentonite... Bentonite-cement grout 50
e. _____ Ft³ volume added for any of the above
f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
6. Bentonite seal: a. Bentonite granules 33
b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
c. _____ Other
7. Fine sand material: Manufacturer, product name & mesh size
a. Red Flint #15
b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
a. R.W. sidley #5
b. Volume added _____ ft³
9. Well casing: Flush threaded PVC schedule 40 23
Flush threaded PVC schedule 80 24
Other
10. Screen material: PVC
a. Screen type: Factory cut 11
Continuous slot 01
Other
- b. Manufacturer Monoflex
c. Slot size: _____ in.
d. Slotted length: 15 ft.
11. Backfill material (below filter pack): None 14
Other

- E. Bentonite seal, top _____ ft. MSL or 1.5 ft.
F. Fine sand, top _____ ft. MSL or 19.3 ft.
G. Filter pack, top _____ ft. MSL or 21.6 ft.
H. Screen joint, top _____ ft. MSL or 22.8 ft.
I. Well bottom _____ ft. MSL or 37.8 ft.
J. Filter pack, bottom _____ ft. MSL or 37.8 ft.
K. Borehole, bottom _____ ft. MSL or 37.8 ft.
L. Borehole, diameter 8 1/2 in.
M. O.D. well casing 2.375 in.
N. I.D. well casing 2.067 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature [Signature] Firm EnviroForensics

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 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 these forms 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 these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.





ATTACHMENT 3
Well Development Logs



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

Facility/Project Name <u>OHM Oconomowoc</u>	County Name <u>Waukesha</u>	Well Name <u>MW-14</u>
Facility License, Permit or Monitoring Number <u>02-68-551911</u>	County Code <u>67</u>	Wis. Unique Well Number <u>V4-861</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 55 min.
4. Depth of well (from top of well casing) 35.8 ft.
5. Inside diameter of well 2.0 in.
6. Volume of water in filter pack and well casing 44 gal.
7. Volume of water removed from well 20.8 gal.
8. Volume of water added (if any) _____ gal.
9. Source of water added NA
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>31.84</u> ft. | <u>31.84</u> ft. |
| Date | b. <u>04/09/2015</u>
m m d d y y y y | <u>04/09/2015</u>
m m d d y y y y |
| Time | c. <u>04:32</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. | <u>05:27</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. |
| 12. Sediment in well bottom | <u>1.1</u> inches | _____ inches |
| 13. Water clarity | Clear <input type="checkbox"/> 10
Turbid <input checked="" type="checkbox"/> 15
(Describe) <u>very murky</u> | Clear <input checked="" type="checkbox"/> 20
Turbid <input type="checkbox"/> 25
(Describe) _____ |
| 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>Kyle</u> | Last Name: <u>Vander Heiden</u> |
| Firm: | <u>Enviro Forensics</u> | |

17. Additional comments on development:
purged clear

Name and Address of Facility Contact/Owner/Responsible Party

First Name: _____ Last Name: _____

Facility/Firm: _____

Street: _____

City/State/Zip: _____

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

Signature: [Signature]

Print Name: Kyle Vander Heiden

Firm: Enviro Forensics



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

Facility/Project Name <u>OHM Oconomowoc</u>	County Name <u>Waukesha</u>	Well Name <u>MW-15</u>
Facility License, Permit or Monitoring Number <u>02-58-551911</u>	County Code <u>57</u>	Wis. Unique Well Number <u>UY-862</u>
		DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method

surged with bailer and bailed	<input 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 checked="" 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 _____	<input type="checkbox"/>	

3. Time spent developing well 70 min.

4. Depth of well (from top of well casing) 37.2 ft.

5. Inside diameter of well 2 in.

6. Volume of water in filter pack and well casing 53 gal.

7. Volume of water removed from well 48.5 gal.

8. Volume of water added (if any) _____ gal.

9. Source of water added NS/A

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>31.31</u> ft.	<u>31.71</u> ft.
Date	b. <u>04/09/2015</u> m m d d y y y y	<u>04/09/2015</u> m m d d y y y y
Time	c. <u>03:08</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<u>04:18</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	<u>1.7</u> inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) <u>very murky</u>	Clear <input type="checkbox"/> 20 Turbid <input checked="" type="checkbox"/> 25 (Describe) <u>slightly murky</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>Kyle</u>	Last Name: <u>Vander Heiden</u>
Firm:		<u>Enviro Forensics</u>

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party

First Name: _____ Last Name: _____

Facility/Firm: _____

Street: _____

City/State/Zip: _____

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

Signature: [Signature]

Print Name: Kyle Vander Heiden

Firm: Enviro Forensics

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

Facility/Project Name <u>OHM Oconomowoc</u>	County Name <u>Waukesha</u>	Well Name <u>PZ-2</u>
Facility License, Permit or Monitoring Number <u>02-68-551911</u>	County Code <u>67</u>	Wis. Unique Well Number <u>VY-860</u>
		DNR Well 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 18 min.
4. Depth of well (from top of well casing) 61.2 ft.
5. Inside diameter of well 2 in.
6. Volume of water in filter pack and well casing 160 gal.
7. Volume of water removed from well 54 gal.
8. Volume of water added (if any) --- gal.
9. Source of water added NA
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>16.14</u> ft. | <u>20.33</u> ft. |
| Date | b. <u>04/09/2015</u>
m m d d y y y y | <u>04/09/2015</u>
m m d d y y y y |
| Time | c. <u>05:41</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. | <u>05:59</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. |
| 12. Sediment in well bottom | <u>0</u> inches | <u>---</u> inches |
| 13. Water clarity | Clear <input type="checkbox"/> 10
Turbid <input checked="" type="checkbox"/> 15
(Describe) <u>slightly murky</u> | Clear <input checked="" type="checkbox"/> 20
Turbid <input type="checkbox"/> 25
(Describe) _____ |

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: Kyle Last Name: Vander Heiden

Firm: EnviroForensics

17. Additional comments on development:
* pretty clear after 4 minutes...
* purged clear

Name and Address of Facility Contact/Owner/Responsible Party

First Name: _____ Last Name: _____
Name: _____

Facility/Firm: _____

Street: _____

City/State/Zip: _____

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

Signature: [Signature]

Print Name: Kyle Vander Heiden

Firm: EnviroForensics

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 Oconomowoc</u>	County Name <u>Waukesha</u>	Well Name <u>6143-MW-16</u>
Facility License, Permit or Monitoring Number <u>02-68-551911</u>	County Code <u>57</u>	Wis. Unique Well Number <u>14-866</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 129 min.
4. Depth of well (from top of well casing) 36.05 ft.
5. Inside diameter of well 2.067 in.
6. Volume of water in filter pack and well casing 20.92 gal.
7. Volume of water removed from well 39 gal.
8. Volume of water added (if any) NA 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>28.54</u> ft. | <u>28.53</u> ft. |
| Date | b. <u>07/28/2015</u>
m m d d y y y y | <u>07/28/2015</u>
m m d d y y y y |
| Time | c. <u>14:35</u> a.m.
<input type="checkbox"/> p.m. | <u>16:44</u> a.m.
<input type="checkbox"/> p.m. |
| 12. Sediment in well bottom | <u>0.22</u> inches | _____ inches |
| 13. Water clarity | Clear <input type="checkbox"/> 10
Turbid <input checked="" type="checkbox"/> 15
(Describe) _____ | Clear <input type="checkbox"/> 20
Turbid <input checked="" type="checkbox"/> 25
(Describe) _____ |

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: Kyle Last Name: Vander Heiden
Firm: EnviroForensics

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party

First Name: _____ Last Name: _____
Name: _____ Name: _____

Facility/Firm: _____

Street: _____

City/State/Zip: _____ WI _____

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

Signature:

Print Name: Kyle Vander Heiden

Firm: EnviroForensics

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 Oconomowoc</u>	County Name <u>Waukesha</u>	Well Name <u>6143- MW-17</u>
Facility License, Permit or Monitoring Number <u>02-68-551911</u>	County Code <u>67</u>	Wis. Unique Well Number <u>WY 867</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 70 min.
4. Depth of well (from top of well casing) 37.54 ft.
5. Inside diameter of well 2.067 in.
6. Volume of water in filter pack and well casing 14.24 gal.
7. Volume of water removed from well 27 gal.
8. Volume of water added (if any) NA 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>32.42</u> ft. | <u>32.43</u> ft. |
| Date | b. <u>07/28/2015</u>
m m d d y y y y | <u>07/28/2015</u>
m m d d y y y y |
| Time | c. <u>13:05</u> a.m. <input type="checkbox"/> p.m. | <u>14:15</u> a.m. <input type="checkbox"/> p.m. |
| 12. Sediment in well bottom | <u>0.1</u> inches | _____ inches |
| 13. Water clarity | Clear <input type="checkbox"/> 10
Turbid <input checked="" type="checkbox"/> 15
(Describe) _____ | Clear <input checked="" type="checkbox"/> 20
Turbid <input type="checkbox"/> 25
(Describe) <u>Slightly turbid</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: Kyle Last Name: VanderHeiden

Firm: EnviroForensics

17. Additional comments on development:

Name and Address of Facility Contact /Owner/Responsible Party

First Name: _____ Last Name: _____

Facility/Firm: _____

Street: _____

City/State/Zip: _____ WI _____

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

Signature:

Print Name: Kyle VanderHeiden

Firm: EnviroForensics

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



ATTACHMENT 4

Table 1 of Groundwater Analytical Results

Table 1
Summary of Groundwater Analytical Results
Former One Hour Martinizing Cleaners
Oconomowoc, Wisconsin

Monitoring Well ID	Sample Date	Tetrachloroethene	Trichloroethene	cis-1,2-Dichloroethene	trans-1,2-Dichloroethene	Vinyl chloride
Preventive Action Limit		0.5	0.5	7	20	0.02
Enforcement Standard		5	5	70	100	0.2
MW-14	4/15/2015	10.50	<0.47	<0.45	<0.54	<0.17
	6/22/2015	12.6	<0.47	<0.45	<0.54	<0.17
	8/3/2015	6.7	<0.47	<0.45	<0.54	<0.17
	11/6/2015	12.2	<0.47	<0.45	<0.54	<0.17
MW-15	4/15/2015	2.97	<0.47	<0.45	<0.54	<0.17
	6/22/2015	10.7	<0.47	<0.45	<0.54	<0.17
	8/3/2015	3.2	<0.47	<0.45	<0.54	<0.17
	11/6/2015	8.2	<0.47	<0.45	<0.54	<0.17
MW-16	8/3/2015	2.99	<0.47	<0.45	<0.54	<0.17
	11/6/2015	4.6	<0.47	<0.45	<0.54	<0.17
MW-17	8/3/2015	8.4	<0.47	<0.45	<0.54	<0.17
	11/5/2015	11.1	<0.47	<0.45	<0.54	<0.17
PZ-2	4/15/2015	<0.74	<0.47	<0.45	<0.54	<0.17
	6/23/2015	<0.74	<0.47	<0.45	<0.54	<0.17
	8/3/2015	<0.74	<0.47	<0.45	<0.54	<0.17
	11/6/2015	<0.49	<0.47	<0.45	<0.54	<0.17

Notes:

Samples analyzed using EPA SW-846 Method 8260

All concentrations reported in µg/L

Bolded and orange shaded values are above Public Health Enforcement Standards

Bolded and blue shaded values are above Public Health Preventive Action Limits



ATTACHMENT 5

Laboratory Results Sheets

Synergy Environmental Lab, INC.

1990 Prospect Ct., Appleton, WI 54914 *P 920-830-2455 * F 920-733-0631

WAYNE FASSBENDER
ENVIROFORENSICS
N16 W23390 STONE RIDGE DRIVE
WAUKESHA, WI 53188

Report Date 29-Jun-15

Project Name OHM
Project # 6143 PO#2015536
Lab Code 5029155A
Sample ID 6143-MW-1
Sample Matrix Water
Sample Date 6/23/2015

Invoice # E29155

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 2.25	ug/l	2.25	7	5	8260B	6/25/2015	6/25/2015	CJR	1
trans-1,2-Dichloroethene	< 2.7	ug/l	2.7	8.5	5	8260B	6/25/2015	6/25/2015	CJR	1
Tetrachloroethene	78	ug/l	3.7	12	5	8260B	6/25/2015	6/25/2015	CJR	1
Trichloroethene (TCE)	< 2.35	ug/l	2.35	7.5	5	8260B	6/25/2015	6/25/2015	CJR	1
Vinyl Chloride	< 0.85	ug/l	0.85	2.7	5	8260B	6/25/2015	6/25/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	103	REC %			5	8260B	6/25/2015	6/25/2015	CJR	1
SUR - 4-Bromofluorobenzene	103	REC %			5	8260B	6/25/2015	6/25/2015	CJR	1
SUR - Dibromofluoromethane	109	REC %			5	8260B	6/25/2015	6/25/2015	CJR	1
SUR - Toluene-d8	93	REC %			5	8260B	6/25/2015	6/25/2015	CJR	1

Lab Code 5029155B
Sample ID 6143-MW-1d
Sample Matrix Water
Sample Date 6/23/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B	6/25/2015	6/25/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B	6/25/2015	6/25/2015	CJR	1
Tetrachloroethene	2.33 "J"	ug/l	0.74	2.4	1	8260B	6/25/2015	6/25/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B	6/25/2015	6/25/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B	6/25/2015	6/25/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	98	REC %			1	8260B	6/25/2015	6/25/2015	CJR	1
SUR - 4-Bromofluorobenzene	98	REC %			1	8260B	6/25/2015	6/25/2015	CJR	1
SUR - Dibromofluoromethane	104	REC %			1	8260B	6/25/2015	6/25/2015	CJR	1
SUR - Toluene-d8	94	REC %			1	8260B	6/25/2015	6/25/2015	CJR	1



Project Name OHM
Project # 6143 PO#2015536

Invoice # E29155

Lab Code 5029155C
Sample ID 6143-MW-2
Sample Matrix Water
Sample Date 6/23/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/25/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/25/2015	CJR	1
Tetrachloroethene	16.9	ug/l	0.74	2.4	1	8260B		6/25/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B		6/25/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/25/2015	CJR	1
SUR - Toluene-d8	93	REC %				8260B		6/25/2015	CJR	1
SUR - Dibromofluoromethane	106	REC %				8260B		6/25/2015	CJR	1
SUR - 4-Bromofluorobenzene	103	REC %				8260B		6/25/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	99	REC %				8260B		6/25/2015	CJR	1

Lab Code 5029155D
Sample ID 6143-MW-3
Sample Matrix Water
Sample Date 6/23/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/25/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/25/2015	CJR	1
Tetrachloroethene	64	ug/l	0.74	2.4	1	8260B		6/25/2015	CJR	1
Trichloroethene (TCE)	1.55	ug/l	0.47	1.5	1	8260B		6/25/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/25/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	96	REC %				8260B		6/25/2015	CJR	1
SUR - 4-Bromofluorobenzene	95	REC %				8260B		6/25/2015	CJR	1
SUR - Dibromofluoromethane	109	REC %				8260B		6/25/2015	CJR	1
SUR - Toluene-d8	96	REC %				8260B		6/25/2015	CJR	1

Lab Code 5029155E
Sample ID 6143-MW-4
Sample Matrix Water
Sample Date 6/23/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/25/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/25/2015	CJR	1
Tetrachloroethene	14.8	ug/l	0.74	2.4	1	8260B		6/25/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B		6/25/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/25/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	98	REC %				8260B		6/25/2015	CJR	1
SUR - 4-Bromofluorobenzene	103	REC %				8260B		6/25/2015	CJR	1
SUR - Dibromofluoromethane	106	REC %				8260B		6/25/2015	CJR	1
SUR - Toluene-d8	98	REC %				8260B		6/25/2015	CJR	1

Project Name OHM
Project # 6143 PO#2015536

Invoice # E29155

Lab Code 5029155F
Sample ID 6143-MW-5
Sample Matrix Water
Sample Date 6/23/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/25/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/25/2015	CJR	1
Tetrachloroethene	152	ug/l	0.74	2.4	1	8260B		6/25/2015	CJR	1
Trichloroethene (TCE)	0.89 "J"	ug/l	0.47	1.5	1	8260B		6/25/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/25/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	97	REC %				1 8260B		6/25/2015	CJR	1
SUR - Toluene-d8	93	REC %				1 8260B		6/25/2015	CJR	1
SUR - 4-Bromofluorobenzene	97	REC %				1 8260B		6/25/2015	CJR	1
SUR - Dibromofluoromethane	106	REC %				1 8260B		6/25/2015	CJR	1

Lab Code 5029155G
Sample ID 6143-MW-6
Sample Matrix Water
Sample Date 6/23/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/25/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/25/2015	CJR	1
Tetrachloroethene	45	ug/l	0.74	2.4	1	8260B		6/25/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B		6/25/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/25/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	112	REC %				1 8260B		6/25/2015	CJR	1
SUR - 4-Bromofluorobenzene	92	REC %				1 8260B		6/25/2015	CJR	1
SUR - Dibromofluoromethane	107	REC %				1 8260B		6/25/2015	CJR	1
SUR - Toluene-d8	97	REC %				1 8260B		6/25/2015	CJR	1

Lab Code 5029155H
Sample ID 6143-MW-7
Sample Matrix Water
Sample Date 6/23/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/25/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/25/2015	CJR	1
Tetrachloroethene	< 0.74	ug/l	0.74	2.4	1	8260B		6/25/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B		6/25/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/25/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	103	REC %				1 8260B		6/25/2015	CJR	1
SUR - 4-Bromofluorobenzene	102	REC %				1 8260B		6/25/2015	CJR	1
SUR - Dibromofluoromethane	107	REC %				1 8260B		6/25/2015	CJR	1
SUR - Toluene-d8	93	REC %				1 8260B		6/25/2015	CJR	1

Project Name OHM
Project # 6143 PO#2015536

Invoice # E29155

Lab Code 5029155I
Sample ID 6143-MW-8
Sample Matrix Water
Sample Date 6/23/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/26/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/26/2015	CJR	1
Tetrachloroethene	2.12 "J"	ug/l	0.74	2.4	1	8260B		6/26/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B		6/26/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/26/2015	CJR	1
SUR - Toluene-d8	97	REC %				8260B		6/26/2015	CJR	1
SUR - Dibromofluoromethane	108	REC %				8260B		6/26/2015	CJR	1
SUR - 4-Bromofluorobenzene	110	REC %				8260B		6/26/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	105	REC %				8260B		6/26/2015	CJR	1

Lab Code 5029155J
Sample ID 6143-MW-9
Sample Matrix Water
Sample Date 6/22/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/26/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/26/2015	CJR	1
Tetrachloroethene	< 0.74	ug/l	0.74	2.4	1	8260B		6/26/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B		6/26/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/26/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	103	REC %				8260B		6/26/2015	CJR	1
SUR - 4-Bromofluorobenzene	102	REC %				8260B		6/26/2015	CJR	1
SUR - Dibromofluoromethane	102	REC %				8260B		6/26/2015	CJR	1
SUR - Toluene-d8	95	REC %				8260B		6/26/2015	CJR	1

Lab Code 5029155K
Sample ID 6143-MW-10
Sample Matrix Water
Sample Date 6/23/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/26/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/26/2015	CJR	1
Tetrachloroethene	< 0.74	ug/l	0.74	2.4	1	8260B		6/26/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B		6/26/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/26/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	103	REC %				8260B		6/26/2015	CJR	1
SUR - 4-Bromofluorobenzene	101	REC %				8260B		6/26/2015	CJR	1
SUR - Dibromofluoromethane	106	REC %				8260B		6/26/2015	CJR	1
SUR - Toluene-d8	96	REC %				8260B		6/26/2015	CJR	1

Project Name OHM
Project # 6143 PO#2015536

Invoice # E29155

Lab Code 5029155L
Sample ID 6143-MW-11
Sample Matrix Water
Sample Date 6/22/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/26/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/26/2015	CJR	1
Tetrachloroethene	24	ug/l	0.74	2.4	1	8260B		6/26/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B		6/26/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/26/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	101	REC %			1	8260B		6/26/2015	CJR	1
SUR - 4-Bromofluorobenzene	110	REC %			1	8260B		6/26/2015	CJR	1
SUR - Dibromofluoromethane	105	REC %			1	8260B		6/26/2015	CJR	1
SUR - Toluene-d8	95	REC %			1	8260B		6/26/2015	CJR	1

Lab Code 5029155M
Sample ID 6143-MW-12
Sample Matrix Water
Sample Date 6/22/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/26/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/26/2015	CJR	1
Tetrachloroethene	< 0.74	ug/l	0.74	2.4	1	8260B		6/26/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B		6/26/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/26/2015	CJR	1
SUR - Dibromofluoromethane	108	REC %			1	8260B		6/26/2015	CJR	1
SUR - Toluene-d8	95	REC %			1	8260B		6/26/2015	CJR	1
SUR - 4-Bromofluorobenzene	106	REC %			1	8260B		6/26/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	99	REC %			1	8260B		6/26/2015	CJR	1

Lab Code 5029155N
Sample ID 6143-MW-13
Sample Matrix Water
Sample Date 6/22/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/26/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/26/2015	CJR	1
Tetrachloroethene	3.9	ug/l	0.74	2.4	1	8260B		6/26/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B		6/26/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/26/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	107	REC %			1	8260B		6/26/2015	CJR	1
SUR - 4-Bromofluorobenzene	103	REC %			1	8260B		6/26/2015	CJR	1
SUR - Dibromofluoromethane	104	REC %			1	8260B		6/26/2015	CJR	1
SUR - Toluene-d8	97	REC %			1	8260B		6/26/2015	CJR	1

Project Name OHM
Project # 6143 PO#2015536

Invoice # E29155

Lab Code 5029155O
Sample ID 6143-MW-14
Sample Matrix Water
Sample Date 6/22/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/26/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/26/2015	CJR	1
Tetrachloroethene	12.6	ug/l	0.74	2.4	1	8260B		6/26/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B		6/26/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/26/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	104	REC %			1	8260B		6/26/2015	CJR	1
SUR - 4-Bromofluorobenzene	103	REC %			1	8260B		6/26/2015	CJR	1
SUR - Dibromofluoromethane	110	REC %			1	8260B		6/26/2015	CJR	1
SUR - Toluene-d8	98	REC %			1	8260B		6/26/2015	CJR	1

Lab Code 5029155P
Sample ID 6143-MW-15
Sample Matrix Water
Sample Date 6/22/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/26/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/26/2015	CJR	1
Tetrachloroethene	10.7	ug/l	0.74	2.4	1	8260B		6/26/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B		6/26/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/26/2015	CJR	1
SUR - 4-Bromofluorobenzene	105	REC %			1	8260B		6/26/2015	CJR	1
SUR - Dibromofluoromethane	103	REC %			1	8260B		6/26/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	99	REC %			1	8260B		6/26/2015	CJR	1
SUR - Toluene-d8	93	REC %			1	8260B		6/26/2015	CJR	1

Lab Code 5029155Q
Sample ID 6143-PZ-1
Sample Matrix Water
Sample Date 6/23/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/26/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/26/2015	CJR	1
Tetrachloroethene	10.6	ug/l	0.74	2.4	1	8260B		6/26/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B		6/26/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/26/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	104	REC %			1	8260B		6/26/2015	CJR	1
SUR - 4-Bromofluorobenzene	103	REC %			1	8260B		6/26/2015	CJR	1
SUR - Dibromofluoromethane	107	REC %			1	8260B		6/26/2015	CJR	1
SUR - Toluene-d8	94	REC %			1	8260B		6/26/2015	CJR	1

Project Name OHM
Project # 6143 PO#2015536

Invoice # E29155

Lab Code 5029155R
Sample ID 6143-PZ-2
Sample Matrix Water
Sample Date 6/23/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/27/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/27/2015	CJR	1
Tetrachloroethene	< 0.74	ug/l	0.74	2.4	1	8260B		6/27/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B		6/27/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/27/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	106	REC %			1	8260B		6/27/2015	CJR	1
SUR - 4-Bromofluorobenzene	102	REC %			1	8260B		6/27/2015	CJR	1
SUR - Dibromofluoromethane	110	REC %			1	8260B		6/27/2015	CJR	1
SUR - Toluene-d8	96	REC %			1	8260B		6/27/2015	CJR	1

Lab Code 5029155S
Sample ID 6143-DUP-1
Sample Matrix Water
Sample Date 6/23/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/27/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/27/2015	CJR	1
Tetrachloroethene	138	ug/l	0.74	2.4	1	8260B		6/27/2015	CJR	1
Trichloroethene (TCE)	1.15 "J"	ug/l	0.47	1.5	1	8260B		6/27/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/27/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	99	REC %			1	8260B		6/27/2015	CJR	1
SUR - Toluene-d8	95	REC %			1	8260B		6/27/2015	CJR	1
SUR - 4-Bromofluorobenzene	102	REC %			1	8260B		6/27/2015	CJR	1
SUR - Dibromofluoromethane	107	REC %			1	8260B		6/27/2015	CJR	1

Lab Code 5029155T
Sample ID 6143-DUP-2
Sample Matrix Water
Sample Date 6/23/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/27/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/27/2015	CJR	1
Tetrachloroethene	85	ug/l	0.74	2.4	1	8260B		6/27/2015	CJR	1
Trichloroethene (TCE)	0.53 "J"	ug/l	0.47	1.5	1	8260B		6/27/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/27/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	102	REC %			1	8260B		6/27/2015	CJR	1
SUR - 4-Bromofluorobenzene	105	REC %			1	8260B		6/27/2015	CJR	1
SUR - Dibromofluoromethane	106	REC %			1	8260B		6/27/2015	CJR	1
SUR - Toluene-d8	93	REC %			1	8260B		6/27/2015	CJR	1

Project Name OHM
Project # 6143 PO#2015536

Invoice # E29155

Lab Code 5029155U
Sample ID 6143-EB-1
Sample Matrix Water
Sample Date 6/22/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/25/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/25/2015	CJR	1
Tetrachloroethene	< 0.74	ug/l	0.74	2.4	1	8260B		6/25/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B		6/25/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/25/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	96	REC %				8260B		6/25/2015	CJR	1
SUR - 4-Bromofluorobenzene	96	REC %				8260B		6/25/2015	CJR	1
SUR - Dibromofluoromethane	103	REC %				8260B		6/25/2015	CJR	1
SUR - Toluene-d8	92	REC %				8260B		6/25/2015	CJR	1

Lab Code 5029155V
Sample ID 6143-EB-2
Sample Matrix Water
Sample Date 6/23/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/26/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/26/2015	CJR	1
Tetrachloroethene	< 0.74	ug/l	0.74	2.4	1	8260B		6/26/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B		6/26/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/26/2015	CJR	1
SUR - Toluene-d8	94	REC %				8260B		6/26/2015	CJR	1
SUR - Dibromofluoromethane	102	REC %				8260B		6/26/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	98	REC %				8260B		6/26/2015	CJR	1
SUR - 4-Bromofluorobenzene	112	REC %				8260B		6/26/2015	CJR	1

Lab Code 5029155W
Sample ID TRIP BLANK
Sample Matrix Water
Sample Date 6/23/2015

	Result	Unit	LOD	LOQ	Dil	Method	Ext Date	Run Date	Analyst	Code
Organic										
VOC's										
cis-1,2-Dichloroethene	< 0.45	ug/l	0.45	1.4	1	8260B		6/26/2015	CJR	1
trans-1,2-Dichloroethene	< 0.54	ug/l	0.54	1.7	1	8260B		6/26/2015	CJR	1
Tetrachloroethene	< 0.74	ug/l	0.74	2.4	1	8260B		6/26/2015	CJR	1
Trichloroethene (TCE)	< 0.47	ug/l	0.47	1.5	1	8260B		6/26/2015	CJR	1
Vinyl Chloride	< 0.17	ug/l	0.17	0.54	1	8260B		6/26/2015	CJR	1
SUR - Toluene-d8	95	REC %				8260B		6/26/2015	CJR	1
SUR - 1,2-Dichloroethane-d4	99	REC %				8260B		6/26/2015	CJR	1
SUR - 4-Bromofluorobenzene	108	REC %				8260B		6/26/2015	CJR	1
SUR - Dibromofluoromethane	110	REC %				8260B		6/26/2015	CJR	1

Project Name OHM
Project # 6143 PO#2015536

Invoice # E29155

"J" Flag: Analyte detected between LOD and LOQ

LOD Limit of Detection

LOQ Limit of Quantitation

Code *Comment*

1 Laboratory QC within limits.

All solid sample results reported on a dry weight basis unless otherwise indicated. All LOD's and LOQ's are adjusted for dilutions but not dry weight. Subcontracted results are denoted by SUB in the analyst field.

Authorized Signature



Environmental Lab, Inc.

1990 Prospect Ct. • Appleton, WI 54914
920-830-2455 • FAX 920-733-0631

Sample Handling Request
Rush Analysis Date Required _____
(Rushes accepted only with prior authorization)
 Normal Turn Around

Lab I.D. # _____
Account No. : _____ Quote No.: _____
Project #: **6143**
Sampler: (signature) *Kyle Kuntel*

Project (Name / Location): *OHM - Oconomowoc / Oconomowoc, WI*

Reports To: *W. Frustbacher / K. Heinsternd* Invoice To: _____
Company: *Enrico Ferracane* Company: _____
Address: *116 W23350 Stone Ridge Pt.* Address: _____
City State Zip: *Watkinsville WI 53183* City State Zip: _____
Phone: *317-972-7870* Phone: _____
FAX: _____ FAX: _____

Analysis Requested **Other Analysis**

Lab I.D.	Sample I.D.	Collection Date	Time	Comp	Grab	Filtered Y/N	No. of Containers	Sample Type (Matrix)*	Preservation	DRO (Mod DRO Sep 95)	GRO (Mod GRO Sep 95)	LEAD	NITRATE/NITRITE	OIL & GREASE	PAH (EPA 8270)	PVOC (EPA 8021)	PVOC + NAPHTHALENE	SULFATE	TOTAL SUSPENDED SOLIDS	VOC DW (EPA 542.2)	VOC (EPA 8260)	8-RCRA METALS	PID/ FID	
																								5029155A
B	<i>6143-MW-1d</i>	<i>6-23-15</i>	<i>1030</i>		<i>✓</i>	<i>N</i>	<i>3</i>	<i>GW</i>	<i>HCl</i>												<i>✓</i>			
C	<i>6143-MW-2</i>	<i>6-23-15</i>	<i>1120</i>		<i>x</i>	<i>N</i>	<i>3</i>	<i>GW</i>	<i>HCl</i>												<i>✓</i>			
D	<i>6143-MW-3</i>	<i>6-23-15</i>	<i>1355</i>		<i>✓</i>	<i>N</i>	<i>3</i>	<i>GW</i>	<i>HCl</i>												<i>✓</i>			
E	<i>6143-MW-4</i>	<i>6-23-15</i>	<i>1305</i>		<i>✓</i>	<i>N</i>	<i>3</i>	<i>GW</i>	<i>HCl</i>												<i>✓</i>			
F	<i>6143-MW-5</i>	<i>6-23-15</i>	<i>850</i>		<i>x</i>	<i>N</i>	<i>3</i>	<i>GW</i>	<i>HCl</i>												<i>✓</i>			
G	<i>6143-MW-6</i>	<i>6-23-15</i>	<i>1635</i>		<i>✓</i>	<i>N</i>	<i>3</i>	<i>GW</i>	<i>HCl</i>												<i>✓</i>			
H	<i>6143-MW-7</i>	<i>6-23-15</i>	<i>800</i>		<i>x</i>	<i>N</i>	<i>3</i>	<i>GW</i>	<i>HCl</i>												<i>✓</i>			
I	<i>6143-MW-8</i>	<i>6-23-15</i>	<i>1210</i>		<i>x</i>	<i>N</i>	<i>3</i>	<i>GW</i>	<i>HCl</i>												<i>✓</i>			
J	<i>6143-MW-9</i>	<i>6-22-15</i>	<i>1205</i>		<i>x</i>	<i>N</i>	<i>3</i>	<i>GW</i>	<i>HCl</i>												<i>✓</i>			

Comments/Special Instructions (*Specify groundwater "GW", Drinking Water "DW", Waste Water "WW", Soil "S", Air "A", Oil, Sludge etc.)

PO# 2015536

Only report PCE, TCE, cis-1,2-DCE, Trans-1,2-DCE & Vinyl chloride

Sample Integrity - To be completed by receiving lab. Method of Shipment: <i>Refrigerated</i> Temp. of Temp. Blank _____ °C On Ice <input checked="" type="checkbox"/> Cooler seal intact upon receipt: <input checked="" type="checkbox"/> Yes _____ No	Relinquished By: (sign) <i>Kyle Kuntel</i>	Time <i>6:24</i>	Date <i>6/24/15</i>	Received By: (sign) <i>[Signature]</i>	Time <i>11:01</i>	Date <i>6/24/15</i>
	Received in Laboratory By: <i>[Signature]</i>	Time <i>8:00</i>	Date <i>6/25/15</i>			

Environmental Lab, Inc.

1990 Prospect Ct. • Appleton, WI 54914
920-830-2455 • FAX 920-733-0631

Sample Handling Request

Rush Analysis Date Required _____
(Rushes accepted only with prior authorization)

Normal Turn Around

Lab I.D. # _____
Account No.: _____ Quote No.: _____
Project #: **6143**
Sampler: (signature) *[Signature]*

Project (Name / Location): **OHM Occurrence / Occurrence, WI**
Reports To: *W. Fassbender / K. Heinstead* Invoice To: _____
Company **Enviro Forensics** Company _____
Address **116 W25390 Stone Ridge Dr.** Address _____
City State Zip **Waukesha WI 53188** City State Zip _____
Phone **317-972-7870** Phone _____
FAX _____ FAX _____

Analysis Requested		Other Analysis												
DRO (Mod DRO Sep 95)	GRO (Mod GRO Sep 95)	LEAD	NITRATE/NITRITE	OIL & GREASE	PAH (EPA 8270)	PCOC (EPA 8021)	PVOC + NAPHTHALENE	SULFATE	TOTAL SUSPENDED SOLIDS	VOC DW (EPA 542.2)	VOC (EPA 8260)	8-PCRA METALS	PID/FID	

Lab I.D.	Sample I.D.	Collection Date	Time	Comp	Grab	Filtered Y/N	No. of Containers	Sample Type (Matrix)*	Preservation
S029B5K	6143-MW-10	6-23-15	1445		X	N	3	GW	HCL
L	6143-MW-11	6-22-15	1355		X	N	3	GW	HCL
M	6143-MW-12	6-22-15	1300		X	N	3	GW	HCL
N	6143-MW-13	6-22-15	1330		X	N	3	GW	HCL
O	6143-MW-14	6-22-15	1450		X	N	3	GW	HCL
P	6143-MW-15	6-22-15	1635		X	N	3	GW	HCL
Q	6143-P2-1	6-22-15	1540		X	N	3	GW	HCL
R	6143-P2-2	6-22-15	1545		X	N	3	GW	HCL
S	6143-Dup-1	6-23-15	-		X	N	3	GW	HCL
T	6143-Dup-2	6-23-15	-		X	N	3	GW	HCL

Comments/Special Instructions ("Specify groundwater "GW", Drinking Water "DW", Waste Water "WW", Soil "S", Air "A", Oil, Sludge etc.)

PO# 2015536

Only report PLE, TLE, Cis-1,2-DCE, Trans-1,2-DCE & Vinyl Chloride

Sample Integrity - To be completed by receiving lab.
Method of Shipment: *Delivery*
Temp. of Temp. Blank ____ °C On Ice:
Cooler seal intact upon receipt: Yes No

Relinquished By: (sign) *[Signature]* Time 11:01 Date 6/24/15
Received By: (sign) *[Signature]* Time 11:01 Date 6/24/15
Received in Laboratory By: *[Signature]* Time 8:00 Date 6/25/15

Environmental Lab, Inc.

1990 Prospect Ct. • Appleton, WI 54914
920-830-2455 • FAX 920-733-0631

Sample Handling Request
Rush Analysis Date Required _____
(Rushes accepted only with prior authorization)
 Normal Turn Around

Lab I.D. # _____
Account No. : _____ Quote No.: _____
Project #: 6143
Sampler: (signature) [Signature]

Project (Name / Location): OHM Occurrence / Occurrence, WI
Reports To: W. Fassbender / K. Kinstead
Company: EnviroForensics
Address: N16 W23310 Skunk Ridge Dr.
City State Zip: Waukesha WI 53188
Phone: 317-972-7870
FAX: _____

Analysis Requested												Other Analysis		
DFO (Mod DFO Sep 95)	GRO (Mod GRO Sep 95)	LEAD	NITRATE/NITRITE	OIL & GREASE	PAH (EPA 8270)	PVOC (EPA 8021)	PVOC + NAPHTHALENE	SULFATE	TOTAL SUSPENDED SOLIDS	VOC DW (EPA 812.2)	VOC (EPA 8260)	9-RCRA METALS	PID:	FID

Lab I.D.	Sample I.D.	Collection Date	Time	Comp	Grab	Filtered Y/N	No. of Containers	Sample Type (Matrix)*	Preservation
<u>S029155 U</u>	<u>6143-EB-1</u>	<u>6/22/15</u>	<u>-</u>		<u>✓</u>	<u>~</u>	<u>3</u>	<u>GW</u>	<u>HCl</u>
<u>V</u>	<u>6143-EB-2</u>	<u>6/23/15</u>	<u>-</u>		<u>✓</u>	<u>~</u>	<u>3</u>	<u>GW</u>	<u>HCl</u>
<u>W</u>	<u>TRIP BLANK</u>	<u>-</u>	<u>-</u>			<u>-</u>	<u>1</u>	<u>-</u>	

Comments/Special Instructions (*Specify groundwater "GW", Drinking Water "DW", Waste Water "WW", Soil "S", Air "A", Oil, Sludge etc.)

FO# 2015536 Only Report PCE, TCE, Cis-1,2-DCE, Trans-1,2-DCE & Vinyl Chloride

Sample Integrity - To be completed by receiving lab.
Method of Shipment: Dry Ice
Temp. of Temp. Blank: _____ °C On Ice? ✓
Cooler seal intact upon receipt: Yes No

Relinquished By: (sign) [Signature] Time 11:01 Date 6/24/15
Received By: (sign) [Signature] Time _____ Date _____

Received in Laboratory By: [Signature] Time: 8:00 Date: 6/25/15



EnvisionAir
1441 Sadlier Circle West Drive
Indianapolis, IN 46239
Ph: 317-351-0885
Fax: 317-351-0882
www.envision-air.com

Mr. Wayne Fassbender
Enviroforensics
N16 W. 23390 Stone Ridge Dr
Suite G
Waukesha, WI 53188

September 29, 2015

ENVision Project Number: 2015-538
Client Project Name: 6143 – OHM-Oconomowoc

Dear Mr. Fassbender,

Please find the attached analytical report for the samples received September 17, 2015. All test methods performed were fully compliant with local, state, and federal EPA methods unless otherwise noted. The project was analyzed as requested on the enclosed chain of custody record. Please review the comments section for additional information about your results or Quality Control data.

Feel free to contact me if you have any questions or comments regarding your analytical report or service.

Thank you for your business. EnvisionAir looks forward to working with you on your next project.

Yours Sincerely,

A handwritten signature in black ink that reads "David Norris". The signature is written in a cursive style with a large initial "D".

David Norris

Client Services Manager
EnvisionAir



EnvisionAir
1441 Sadlier Circle West Drive
Indianapolis, IN 46239
Ph: 317-351-0885
Fax: 317-351-0882
www.envision-air.com

Client Name: ENVIROFORENSICS
Project ID: 6143 - OHM-OCONOMOWOC
Client Project Manager: W. FASSBENDER
EnvisionAir Project Number: 2015-538

Sample Summary

Canister Pressure / Vacuum

<u>Laboratory Sample Number:</u>	<u>Sample Description:</u>	<u>START</u>		<u>START</u>		<u>End Date</u>		<u>End Time</u>		<u>Date</u>		<u>Time</u>		<u>Initial Field</u>		<u>Final Field</u>		<u>Lab</u>	
		<u>Collected:</u>	<u>Collected:</u>	<u>Collected:</u>	<u>Collected:</u>	<u>Received:</u>	<u>Received:</u>	<u>(in. Hg)</u>	<u>(in. Hg)</u>	<u>(in. Hg)</u>	<u>(in. Hg)</u>	<u>Received</u>	<u>Received</u>	<u>(in. Hg)</u>	<u>(in. Hg)</u>	<u>(in. Hg)</u>	<u>(in. Hg)</u>		
15-1972	6143-SG-5 (MW-15)	A	9/15/15	13:10	9/15/15	13:17	9/17/15	9:15	-29	-2	-2								



EnvisionAir
1441 Sadlier Circle West Drive
Indianapolis, IN 46239
Ph: 317-351-0885
Fax: 317-351-0882
www.envision-air.com

Client Name: ENVIROFORENSICS
Project ID: 6143 - OHM-OCONOMOWOC
Client Project Manager: W. FASSBENDER
EnvisionAir Project Number: 2015-538

Analytical Method: TO-15
Analytical Batch: 092515AIR

Client Sample ID: 6143-SG-5 (MW-15) **Sample Collection START Date/Time:** 9/15/15 13:10
Envision Sample Number: 15-1972 **Sample Collection END Date/Time:** 9/15/15 13:17
Sample Matrix: AIR **Sample Received Date/Time:** 9/17/15 9:15

<u>Compounds</u>	<u>Sample Results ug/m³</u>	<u>Reporting Limit ug/m³</u>	<u>Flag</u>
cis-1,2-Dichloroethene	< 198	198	1
Tetrachloroethene	661	31.9	1
trans-1,2-Dichloroethene	< 396	396	1
Trichlorethene	< 10.7	10.7	1
Vinyl Chloride	< 12.8	12.8	1
4-bromofluorobenzene (surrogate)	108%		
Analysis Date/Time:	09-25-15/12:47		
Analyst Initials	tjg		



TO-15 Quality Control Data

EnvisionAir Batch Number: 092515AIR

<u>Method Blank (MB):</u>	<u>MB Results (ppbv)</u>	<u>Reporting Limit (ppbv)</u>	<u>Flags</u>
cis-1,2-Dichloroethene	< 5	5	
Tetrachloroethene	< 0.47	0.47	
trans-1,2-Dichloroethene	< 10	10	
Trichloroethene	< 0.2	0.2	
Vinyl Chloride	< 0.5	0.5	
4-bromofluorobenzene (surrogate)	111%		
Analysis Date/Time:	09-24-15/20:19		
Analyst Initials	tjg		

<u>LCS/LCSD</u>	<u>LCS Results (ppbv)</u>	<u>LCSD Results (ppbv)</u>	<u>LCS/D Conc(ppbv)</u>	<u>LCS Rec.</u>	<u>LCSD Rec.</u>	<u>RPD</u>	<u>Flag</u>
cis-1,2-Dichloroethene	9.71	8.52	10	97%	85%	13.1%	
Tetrachloroethene	8.91	8.14	10	89%	81%	9.0%	
trans-1,2-Dichloroethene	9.35	8.05	10	94%	81%	14.9%	
Trichloroethene	8.91	8.85	10	89%	89%	0.7%	
Vinyl Chloride	9.36	9.32	10	94%	93%	0.4%	
4-bromofluorobenzene (surrogate)	116%	109%					
Analysis Date/Time:	09-24-15/19:09	09-24-15/19:45					
Analyst Initials	tjg	tjg					



EnvisionAir
1441 Sadlier Circle West Drive
Indianapolis, IN 46239
Ph: 317-351-0885
Fax: 317-351-0882
www.envision-air.com

Flag Number

1

Comments

Reported value is from a 10x dilution. TJG 09-29-15

CHAIN OF CUSTODY RECORD WAF

EnvisionAir | 1441 Sadlier Circle West Drive | Indianapolis, IN 46239 | Phone: (317) 351-0885 | Fax: (317) 351-0882

Client: <u>Environ Forensics</u>	P.O. Number: <u>2015835</u>
Report Address: <u>1216 W. 38th Stm Ridge Dr Waukesha WI 53188</u>	Project Name or Number: <u>6143</u> <u>OHM-Occonocore</u>
Report To: <u>W. Fissenden / K. Heimstead</u>	Sampled by:
Phone: <u>317-972-7870</u>	QA/QC Required: (circle if applicable) Level III Level IV
Invoice Address:	Reporting Units needed: (circle) <u>ug/m³</u> mg/m ³ PPBV PPMV
Desired TAT: (Please Circle One) 1 day 2 days 3 days Std (5 bus. days)	Media type: 1LC = 1 Liter Canister 6LC = 6 Liter Canister TB = Tedlar Bag TD = Thermal Desorption Tube

REQUESTED PARAMETERS

TO-15 Full List

TO-15 Short List Dry Clean



Sampling Type:
 Soil-Gas:
 Sub-Slab:
 Indoor-Air:

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Canister Pressure / Vacuum

Air Sample ID	Media Type <small>(see code above)</small>	Coll. Date <small>(Grab/Comp. Start)</small>	Coll. Time <small>(Grab/Comp. Start)</small>	Coll. Date <small>(Comp. End)</small>	Coll. Time <small>(Comp. End)</small>					Canister Serial #	Flow Controller Serial #	Initial Field (in. Hg)	Final Field (in. Hg)	Lab Received (in. Hg)	EnvisionAir Sample Number
6143-SG-5 (HW-15)	1LC	9-15-15	1310	9-15-15	1317					84049	-	-29	-2	-2	15-1972

Comments:

Relinquished by:	Date	Time	Received by:	Date	Time
<u>[Signature]</u>	9-16-15		<u>FEDEX</u> <u>Stanley A. Hurnicito</u>	9-16-15	0915



EnvisionAir
1441 Sadlier Circle West Drive
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Mr. Wayne Fassbender
Enviroforensics
N16 W. 23390 Stone Ridge Dr
Suite G
Waukesha, WI 53188

September 29, 2015

ENVision Project Number: 2015-537
Client Project Name: 6143 – OHM-Oconomowoc

Dear Mr. Fassbender,

Please find the attached analytical report for the samples received September 17, 2015. All test methods performed were fully compliant with local, state, and federal EPA methods unless otherwise noted. The project was analyzed as requested on the enclosed chain of custody record. Please review the comments section for additional information about your results or Quality Control data.

Feel free to contact me if you have any questions or comments regarding your analytical report or service.

Thank you for your business. EnvisionAir looks forward to working with you on your next project.

Yours Sincerely,

A handwritten signature in black ink that reads "David Norris". The signature is written in a cursive style with a large, looped initial "D".

David Norris

Client Services Manager
EnvisionAir



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Indianapolis, IN 46239
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Fax: 317-351-0882
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Client Name: ENVIROFORENSICS
Project ID: 6143 - OHM-OCONOMOWOC
Client Project Manager: W. FASSBENDER
EnvisionAir Project Number: 2015-537

Sample Summary

Canister Pressure / Vacuum

<u>Laboratory Sample Number:</u>	<u>Sample Description:</u>	<u>START</u>		<u>START</u>				<u>Canister Pressure / Vacuum</u>		<u>Lab</u>	
		<u>Date</u>	<u>Time</u>	<u>End Date</u>	<u>End Time</u>	<u>Date</u>	<u>Time</u>	<u>Initial Field</u>	<u>Final Field</u>	<u>Received</u>	
		<u>Collected:</u>	<u>Collected:</u>	<u>Collected:</u>	<u>Collected:</u>	<u>Received:</u>	<u>Received</u>	<u>(in. Hg)</u>	<u>(in. Hg)</u>	<u>(in. Hg)</u>	
15-1971	6143-SG-4 (MW-17)	A	9/15/15	13:55	9/15/15	14:01	9/17/15	9:15	-29	-2	-2



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Client Name: ENVIROFORENSICS
Project ID: 6143 - OHM-OCONOMOWOC
Client Project Manager: W. FASSBENDER
EnvisionAir Project Number: 2015-537

Analytical Method: TO-15
Analytical Batch: 092515AIR

Client Sample ID: 6143-SG-4 (MW-17)

Sample Collection START Date/Time: 9/15/15 15:55
Sample Collection END Date/Time: 9/15/15 14:01
Sample Received Date/Time: 9/17/15 9:15

Envision Sample Number: 15-1971
Sample Matrix: AIR

<u>Compounds</u>	<u>Sample Results ug/m³</u>	<u>Reporting Limit ug/m³</u>	<u>Flag</u>
cis-1,2-Dichloroethene	< 198	198	1
Tetrachloroethene	54.9	31.9	1
trans-1,2-Dichloroethene	< 396	396	1
Trichloroethene	< 10.7	10.7	1
Vinyl Chloride	< 12.8	12.8	1
4-bromofluorobenzene (surrogate)	107%		
Analysis Date/Time:	09-25-15/08:48		
Analyst Initials	tjg		

TO-15 Quality Control Data

EnvisionAir Batch Number: 092515AIR

<u>Method Blank (MB):</u>	<u>MB Results (ppbv)</u>	<u>Reporting Limit (ppbv)</u>	<u>Flags</u>
cis-1,2-Dichloroethene	< 5	5	
Tetrachloroethene	< 0.47	0.47	
trans-1,2-Dichloroethene	< 10	10	
Trichloroethene	< 0.2	0.2	
Vinyl Chloride	< 0.5	0.5	
4-bromofluorobenzene (surrogate)	111%		
Analysis Date/Time:	09-24-15/20:19		
Analyst Initials	tjg		

<u>LCS/LCSD</u>	<u>LCS Results (ppbv)</u>	<u>LCSD Results (ppbv)</u>	<u>LCS/D Conc(ppbv)</u>	<u>LCS Rec.</u>	<u>LCSD Rec.</u>	<u>RPD</u>	<u>Flag</u>
cis-1,2-Dichloroethene	9.71	8.52	10	97%	85%	13.1%	
Tetrachloroethene	8.91	8.14	10	89%	81%	9.0%	
trans-1,2-Dichloroethene	9.35	8.05	10	94%	81%	14.9%	
Trichloroethene	8.91	8.85	10	89%	89%	0.7%	
Vinyl Chloride	9.36	9.32	10	94%	93%	0.4%	
4-bromofluorobenzene (surrogate)	116%	109%					
Analysis Date/Time:	09-24-15/19:09	09-24-15/19:45					
Analyst Initials	tjg	tjg					



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Comments

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Reported value is from a 10x dilution. TJG 09-29-15

CHAIN OF CUSTODY RECORD

NOAF

EnvisionAir | 1441 Sadler Circle West Drive | Indianapolis, IN 46239 | Phone: (317) 351-0885 | Fax: (317) 351-0882

Client: <u>Enviro Forensics</u>	P.O. Number: <u>2015835</u>
Report Address: <u>NW 623390 Stem Ridge Dr Crawfordsville IN 46188</u>	Project Name or Number: <u>6143</u>
Report To: <u>W. Fassbender / K. Heunstead</u>	Sampled by: <u>K. Heunstead</u>
Phone: <u>317-972-7870</u>	QA/QC Required: (circle if applicable) Level III Level IV
Invoice Address:	Reporting Units needed: (circle) <u>ug/m³</u> mg/m ³ PPBV PPMV
Desired TAT: (Please Circle One) 1 day 2 days 3 days Std (5 bus. days)	Media type: 1LC = 1 Liter Canister 6LC = 6 Liter Canister TB = Tedlar Bag TD = Thermal Desorption Tube

REQUESTED PARAMETERS	
<input type="checkbox"/> TO-15 Full List	<input checked="" type="checkbox"/> TO-15 Short List <u>Dye Leaks</u>



Sampling Type:

- Soil-Gas:
- Sub-Slab:
- Indoor-Air:

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Canister Pressure / Vacuum

Air Sample ID	Media Type <small>(see code above)</small>	Coll. Date <small>(Grab/Comp Start)</small>	Coll. Time <small>(Grab/Comp Start)</small>	Coll. Date <small>(Comp. End)</small>	Coll. Time <small>(Comp. End)</small>					Canister Serial #	Flow Controller Serial #	Initial Field (in. Hg)	Final Field (in. Hg)	Lab. Received (in. Hg)	EnvisionAir Sample Number
6143-SG-4 (16-17)	1LC	9-15-15	1355	9-15-15	1401					2235	-	-29	-2	-2	15-1971

Comments:

Relinquished by:	Date	Time	Received by:	Date	Time
<u>[Signature]</u>	9-16-15		<u>FEDEX</u>	9-16-15	
			<u>Stanley A. Hunsicker</u>	9/17/15	0915



ATTACHMENT 6

Photographs of Vapor Sampling Train



ATTACHMENT 7

Field Sampling Logs



Sub-Slab Vapor/ Soil Gas Field Sampling Form

602 N. Capitol Avenue, Ste. 210,
 Indianapolis, IN 46204
 T:317-972-7870 F: 317-972-7875

PROJECT NAME	<u>OHM - Oceanview</u>	SAMPLE DATE	<u>9-15-2015</u>
LOCATION/ADDRESS	<u>36929 Plank Rd Oceanview</u>	SAMPLE ID	<u>6143-SG-4(Mur-17)</u>
PROJECT NO.	<u>6143</u>	SAMPLE TIME	
CLIENT/CONTACT	<u>Brian Cass</u>	CANISTER ID	<u>2235</u>
DATA COLLECTION: START DATE	<u>9-15-2015</u>	END DATE	<u>9-15-2015</u>

Time hh:mm	Vacuum Reading In. of Hg	Wind Direction	Wind Speed mph	Temperature °F	Barometer Hg	Relative Humidity %
<u>1355</u>	<u>-29</u>	<u>S</u>	<u>10-15</u>	<u>80</u>	<u>30.15</u>	<u>42</u>
<u>1401</u>	<u>-2</u>					

Helium Leak Test		Negative Pressure Test	
Date/Time performed:	<u>9-15-2015 /</u>	Date/Time performed:	<u>9-15-2015 /</u>
Background He concentration (ppm):	<u>0</u>	Negative pressure of at least -15 in. Hg induced on sampling train?	
Shroud He concentration (%):	<u>57.1</u>	(circle one):	<input checked="" type="radio"/> yes <input type="radio"/> no
Sub-slab vapor/soil-gas He concentration (post helium insertion):	<u>0</u>	Did pressure hold?	<input checked="" type="radio"/> yes <input type="radio"/> no
Helium Leak Test Passed:	<input checked="" type="radio"/> yes <input type="radio"/> no		

Notes:



Sub-Slab Vapor/ Soil Gas Field Sampling Form

602 N. Capitol Avenue, Ste. 210,
 Indianapolis, IN 46204
 T:317-972-7870 F:317-972-7875

PROJECT NAME	<u>OHM - Ocean Marine</u>	SAMPLE DATE	<u>9-15-15</u>
LOCATION/ADDRESS	<u>56929 Plank Rd, Ocean Grove</u>	SAMPLE ID	<u>6143-56-5 (New 15)</u>
PROJECT NO.	<u>6113</u>	SAMPLE TIME	
CLIENT/CONTACT		CANISTER ID	<u>84049</u>
DATA COLLECTION: START DATE	<u>9-15-15</u>	END DATE	<u>9-15-15</u>

Time hh:mm	Vacuum Reading In. of Hg	Wind Direction	Wind Speed mph	Temperature °F	Barometer Hg	Relative Humidity %
<u>1510</u>	<u>-29</u>	<u>S</u>	<u>10.15</u>	<u>80</u>	<u>30.15</u>	<u>42</u>
<u>1517</u>	<u>-2</u>					

Helium Leak Test		Negative Pressure Test	
Date/Time performed:	<u>9-15-15</u> / <u>1</u>	Date/Time performed:	<u>9-15-15</u> / <u>1</u>
Background He concentration (ppm):	<u>0</u>	Negative pressure of at least -15 in. Hg induced on sampling train?	
Shroud He concentration (%):	<u>61.8</u>	(circle one):	<u>yes</u> no
Sub-slab vapor/soil-gas He concentration (post helium insertion):	<u>0</u>	Did pressure hold?	<u>yes</u> no
Helium Leak Test Passed:	<u>yes</u> no		

Notes:



ATTACHMENT 8

Table 2 of Vapor Sampling Results

Table 2
Summary of Soil Gas Analytical Results
 Former One Hour Martinizing
 Oconomowoc, Wisconsin

Soil Gas Well ID	Sample Date	Tetrachloroethene	Trichloroethene	cis-1,2-Dichloroethene	trans-1,2-Dichloroethene	Vinyl chloride
Deep Vapor Risk Screening Level ¹		18,000	880	NE	NE	2,800
NAPA 6143-SG-5 (MW-15)	9/15/2015	661	<10.7	<198	<396	<12.8
Ewald 6143-SG-4 (MW-17)	9/15/2015	54.9	<10.7	<198	<396	<12.8

Notes:

¹ The Vapor Risk Screening Levels are based on U.S. E.P.A.'s Regional Screening Levels (RSL's) for non-residential indoor air with an attenuation factor of 0.001 for soil gas deeper than 5 feet below the foundation of a large commercial buildings and a 0.1 adjustment for 1 x 10⁻⁵ lifetime cancer risk for carcinogens.

Bolded values are above laboratory detection limits

NE = Not Established





