



Robert E. Lee & Associates, Inc.

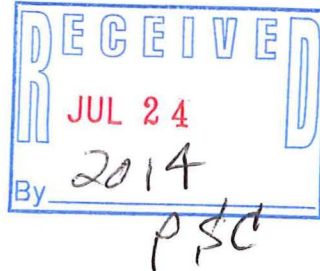
Engineering, Surveying, Environmental Services

Effective November 1, 2013, our street name will change to 1250 Centennial Centre Boulevard

Green Bay Office
1250 Centennial Centre Boulevard
Hobart, WI 54155-8995
920-662-9641
FAX 920-662-9141

July 18, 2014

Mr. Gerald Kuehl
5350 Cascade Drive
West Bend, Wisconsin 53095



RE: Vapor Intrusion and Mitigation for the Former Quality Cleaners Building, 1228 11th Avenue, Grafton, Wisconsin; WDNR BRRTS #02-46-560212

Dear Mr. Kuehl:

FID #246166470

Robert E. Lee & Associates, Inc., (REL) has completed the vapor intrusion sampling activities associated with the release of perchloroethene (PCE) at former Quality Cleaners, 1228 11th Avenue, Grafton, Wisconsin (Site). The sampling was conducted during January 2014 and consisted of the collection of indoor air and sub-slab vapor samples from the Site building. The purpose of the sampling was to determine whether dry cleaning related compound vapors from subsurface contamination are migrating through soil and into the air (atmosphere) in the building.

Vapor Intrusion Results – Site Building

Sampling results indicated that concentrations of PCE were detected in the sub-slab vapor samples collected from beneath the building's floor. The PCE concentrations are above the Vapor Risk Screening Level (VRSL) established by the Wisconsin Department of Natural Resources (WDNR). The VRSL for PCE is a health-based risk standard for long-term exposure and is a protective value that serves as a threshold of when sub-slab soil vapor concentrations may start to pose a risk for reaching and affecting indoor air quality. In addition, concentrations of PCE were also detected in the indoor air of the building above the Vapor Action Level (VAL). The VAL for PCE is a health-based risk standard for long-term exposure and is set at a concentration that is protective of human health and serves as a threshold above which exposure needs to be halted.

The sampling results were submitted to the WDNR to determine the next step of action. In a letter dated February 11, 2014, the WDNR indicated that the installation of a sub-slab depressurization system is required in the building to reduce PCE exposures to occupants, if it is to remain occupied. Other requirements outlined by the WDNR include the completion of the soil and groundwater investigation; an assessment of adjacent buildings to determine the extent of the vapor intrusion issue; and develop a remedial action plan to mitigate the source of the PCE contamination, once the site investigation is completed.

Vapor Intrusion Results – Adjoining 1224 11th Avenue Building

In response to the WDNR's letter, REL completed vapor intrusion sampling during April 2014 in the adjoining building at 1224 11th Avenue, Grafton, Wisconsin and collected groundwater

samples from existing Monitoring Wells MW-1 and MW-2. The sampling in this building was performed prior to installation of a sub-slab depressurization system in the Site building, so that if a system was needed in the 1224th 11th Avenue building as well, both systems could be installed concurrently for a potential cost savings. Sampling results indicated that concentrations of PCE were present in the indoor and sub-slab vapor samples collected from the 1224 11th Avenue building; however, the concentrations are below the health-based risk standards (VAL and VRSL) for long-term exposures and halting exposures, respectively. The results were submitted to the WDNR for review and REL was informed that re-testing in this building during the winter months (i.e., January or February) was required. Additional re-testing may be necessary after the winter sampling event. At this time, the installation of a sub-slab depressurization system is not required in the building.

Vapor Mitigation

Based on the levels of PCE detected in the sub-slab vapor and indoor air samples, the WDNR, is requiring a sub-slab depressurization system be installed within the Site building followed by post installation sampling to confirm that the system is effective and concentrations of PCE have been reduced to acceptable levels. The system is necessary to protect the building occupants from exposures to the dry cleaning related contamination at the Site. In order to keep the Site building occupied by tenants, REL recommends that your next course of action be to mitigate the PCE concentrations in the air and vapors in the building. We believe this is the best use of funds for the Site at this time. After the system is installed, the remaining site investigation work may be completed.

REL does not design and install sub-slab depressurization systems; however, on your behalf we contacted contractors requesting a proposal for the installation of a sub-slab depressurization system in the Site building. The contact information for the three contractors and the status of their proposal submittal is listed below:

- ◆ Acura Services, LLC
Tony Hendricks
105 Chelsea Ct., Oregon, WI
(608) 835-8812
Email: Hendricks_at@yahoo.com
Proposal Status: Cost estimate of \$1,075 provided for communication testing in order to design the system for the building. This estimate does not include cost for sub-slab depressurization system design and installation.

- ◆ Radon Abatement Inc.
Tom Heine
12221 West Rockne Ave., Hales Corners, WI
(414) 546-3691
Email: Radabt1@wi.rr.com
Proposal Status: Cost estimate of \$4,100 provided for sub-slab depressurization system design and installation.

July 18, 2014
Mr. Gerald Kuehl
Page 3

- ◆ Allis Environmental Services
Richard Drew
1938 S. 71st Street, West Allis, WI
(414) 303-4338
Email: rdrew127@wi.rr.com
Proposal Status: Cost estimate has not been provided.

The information provided to REL by each contractor is enclosed for your review in Attachments A through C. At this time, REL recommends that you follow up with each of the contractors and retain the contractor of your choice to design and install the sub-slab depressurization system in the Site building. If the contractors have any further questions regarding the data provided to them by REL, please have them contact Nicole LaPlant at 920-662-9641. Upon retaining a contractor, please contact us and we can provide an update to the WDNR on the progress of the system installation. Once the sub-slab depressurization system is installed and operating, then REL can work with the WDNR to determine the next step for investigation at the Site.

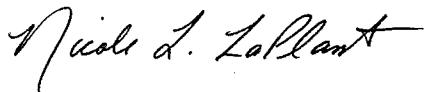
If you have any questions or concerns regarding the sampling results or required future actions for the Site, please contact Mr. John Feeney of WDNR at (920) 893-8523.

Please contact Ms. Liz Evans of the Wisconsin Department of Health Services at (608) 266-3393 or Mr. Dan Ziegler of the Ozaukee County Public Health Department at (262) 284-8170 with any questions regarding any health issues related to the PCE concentrations detected in the building.

We trust this information meets your needs. If you have any questions, please contact Robert E. Lee & Associates, Inc. at (920) 662-9641.

Sincerely,

ROBERT E. LEE & ASSOCIATES, INC.



Nicole L. LaPlant
Senior Project Geologist



Bruce D. Meissner, PG, Principal
Environmental Compliance Manager

NLL/BDM/LAR

ENC.

CC: Mr. John Feeney, WDNR
Ms. Liz Evans, WDHS
Mr. Dan Ziegler, Ozaukee County Health Department

A

ATTACHMENT A

ACURA SERVICES LLC INFORMATION

Nicole L. LaPlant

*Acura Services LLC
(4 pgs)*

Subject: FW: Vapor Intrusion Mitigation - Grafton, WI

From: Anthony (Tony) Hendricks [mailto:hendricks_at@yahoo.com]
Sent: Thursday, March 13, 2014 7:45 PM
To: Nicole L. LaPlant
Subject: Re: Vapor Intrusion Mitigation - Grafton, WI

Hi Nicole; I reviewed the information you sent me about the building etc. Beside seeing the building I need to do communication testing so that I can design a mitigation system in the most cost effective manner. I'll write a report documenting the results and lay out a proposed design. What are the typical hours of operation for the occupants? I'll need two to four hours in the building. If you are not familiar with communication testing it involves the following: 1) Opening a small hole through the concrete floor. Pulling suction on that point. Then opening other small holes at certain distances and using a micro manometer to determine how far the depressurization zone is extended. I use this information to determine how many pickup points will be needed, to size fans and determine piping layout and sizes. My estimate to do the communication testing and report is \$1075.00. Tony

On Monday, March 10, 2014 10:43 AM, Nicole L. LaPlant <nlaplant@releeinc.com> wrote:
Good Morning,

I spoke with Mr. Kuehl, you may do the site visit at you convenience. There is a lock box on the back door of the building with a building key. The code is 4868. Please let me know if you have any questions and when you think you might be able to do the visit.

Thanks,

Nicole L. LaPlant
Senior Project Geologist

Robert E. Lee & Associates
1250 Centennial Centre Boulevard
Hobart, WI 54155
Office: 920-662-9641
Fax: 920-662-9141
nlaplant@releeinc.com

From: Nicole L. LaPlant
Sent: Friday, March 07, 2014 3:32 PM
To: 'Anthony (Tony) Hendricks'
Subject: RE: Vapor Intrusion Mitigation - Grafton, WI

Hi Tony,

Thanks for getting back to me. I put this information together for you to review. Unfortunately, at the moment I don't have much information on the building itself, but I included what I do have later in this email.

The Site is:

Former Quality Cleaners
1228 11th Avenue
Grafton, WI
Owner: Mr. Gerald Kuehl

Here is the data that has been collected at the Site. The soil and analytical data collected at the site was completed by another consulting firm. Our firm was subsequently contracted and we did the sub-slab vapor sampling. The soil and groundwater investigation still needs to be completed, as well as an evaluation of remedial options for the Site's source area. Lots of moving parts to this Site at once because the owner would like to keep the building occupied with tenants.

The other consultant indicated bedrock was encountered at the Site from 4-6 feet below grade. Groundwater is at approximately 7 fbg, but likely fluctuates seasonally. The source of the release is a spill of PCE at the location of the former dry cleaning machine (see the location in Photo 1 on the first page of attached photos). The concrete floor is suspected to be penetrated with product. Cleaning of the floor and sealing it has been discussed, as well.

I don't have much information regarding what is located beneath the slab (foundation construction). The slab may be 6-inches thick. The other consultant indicated the soil type under the floor is a mix of sand, silt, peat.

Here is information I pulled from an earlier report regarding the site history:

The building was believed to have been constructed during the 1950s for use as a post office for the Village of Grafton. It is reported to have operated as a drycleaner for approximately the past 25 years. Dry cleaning operations ceased sometime during the Summer - Fall of 2012.

When I spoke to Mr. Kuehl he indicated they owned the property of about 19 years and operated the dry cleaner for approximately 18 years. He indicated they have always had tenants. The building is occupied by two tenants. The lady that owns Hair Vision has occupied her space for approximately 14 years, the other hair stylist (we never have been able to touch base with) but is believed to have been there only a couple years.

The HVAC system is force air fueled by natural gas. There are two units in the building, one near the southwest corner for the former dry cleaners and the second is in the northwest quarter of the building for the two tenant spaces. There is an outside combustion air vent on the building.

There is an central air conditioner as well in the building.

I look forward to hearing from you. I'm waiting the hear back from Mr. Kuehl regarding getting you access to the building. I left him a message this morning. After you look at this information, feel free to call me. I can give you more background information as needed.

Thanks,

From: Anthony (Tony) Hendricks [mailto:hendricks_at@yahoo.com]
Sent: Friday, March 07, 2014 1:26 PM
To: Nicole L. LaPlant
Subject: Re: Vapor Intrusion Mitigation - Grafton, WI

Yes and Yes Nicole; Send as much as you have on the building and any pictures? I assume you've done sub slab testing. Do you have any information about the type of material under the slab. Any original plans that might show footers. The more information the better. Tony

On Thursday, March 6, 2014 3:50 PM, Nicole L. LaPlant <nlaplant@releeinc.com> wrote:

Hi Tony,

Our client would like to obtain a written cost estimate for the installation of a sub-slab depressurization system in the building. How do we proceed from here? Wondering if you need to do a site visit to inspect the building, review the data that has been collected thus far, etc.

Let me know. Appreciate your help.

Thank you ,

Nicole L. LaPlant
Senior Project Geologist

Robert E. Lee & Associates
1250 Centennial Centre Boulevard
Hobart, WI 54155
Office: 920-662-9641
Fax: 920-662-9141
nlaplant@releeinc.com

From: Nicole L. LaPlant
Sent: Thursday, February 20, 2014 4:41 PM
To: 'Anthony (Tony) Hendricks'
Subject: RE: Vapor Intrusion Mitigation - Grafton, WI

Thank you Tony. I appreciate the response and input. My meeting was rescheduled to next week due to the weather today. I will share this information. We'll be in touch.

Thanks,

Nicole L. LaPlant
Senior Project Geologist

Robert E. Lee & Associates
1250 Centennial Centre Boulevard
Hobart, WI 54155
Office: 920-662-9641
Fax: 920-662-9141
nlaplant@releeinc.com

From: Anthony (Tony) Hendricks [mailto:hendricks_at@yahoo.com]
Sent: Wednesday, February 19, 2014 7:24 PM
To: Nicole L. LaPlant
Subject: Re: Vapor Intrusion Mitigation - Grafton, WI

Hi Nicole; Very hard to estimate with such limited information. There are some many variables; 1) What's under the slab; 2) Any footers separating portions of the slab; 3) How high are the supports for hanging pipe etc. 4) Multiple fans???? etc. A range of costs would start at 10,000 and go to 25,000. I hope this is helpful. Tony

On Tuesday, February 18, 2014 1:03 PM, Nicole L. LaPlant <nlaplant@releeinc.com> wrote:

Hi Tony,

I have another client I will be recommending your VI mitigation services to. I have a meeting with him on Thursday of this week and would like to just get a ballpark on an approximate cost for you to install a system in the building.

The building is approximately 3,000 square feet, single-story, commercial, slab-on-grade, formerly occupied by a dry cleaner. Presently, there are two tenants occupying a small portion of the building (hair stylists). The former dry cleaner area is vacant. Concentrations of tetrachloroethene (PCE) above WDNR standards were detected in both sub-slab vapor and indoor air samples from the building. The concentrations were relatively high. In addition, soil contamination has been identified beneath the building slab by the former consultant.

At this time, can you give me a ballpark cost to install a system in the building? This would include any pre-diagnostic testing, post-installation testing of system, and reporting to WDNR. If you can give me a estimate before, Thursday morning that would be helpful. I appreciate your assistance.

Thanks,

Nicole L. LaPlant
Senior Project Geologist

Robert E. Lee & Associates
1250 Centennial Centre Boulevard
Hobart, WI 54155
Office: 920-662-9641
Fax: 920-662-9141
nlaplant@releeinc.com

B

ATTACHMENT B

RADON ABATEMENT INC. INFORMATION

Nicole L. LaPlant

Radon Abatement Inc. (12 pgs.)

From: Tom Heine <radabt1@wi.rr.com>
Sent: Thursday, March 13, 2014 6:59 AM
To: Nicole L. LaPlant
Subject: Proposal
Attachments: LaPlant Grafton.pdf; CERTIFICATION.jpg; Radon Abatement Inc Cert 2014.pdf; RADON ABATEMENT INFO.pdf; Caulking and sealin.JPG; hole in floor.tif; pipe in floor.tif; IMG_20121120_151724_277.jpg; IMG_20121120_153013_980.jpg

Dear Nicole LaPlant:

Thank you for contacting the company for a review of our services and a proposal.

The promised proposal is attached with company information and pictures of a similar system, for review and distribution.

The work takes approximately three to four hours with an experienced two man crew. Testing is conducted by an independent nationally certified radon testing professional.

If you have further questions, or need additional information, please do not hesitate to call or email.

Please extend a special thank you to the concerned individual that referred you to our company.

You just need to call for an appointment.

Best regards,

Tom, Erik, Patti and the rest of our Radon Abatement Family



PROPOSED PROJECT

1. Sealing will be conducted on all floor penetrations and cracks that may affect the integrity of the remediation system.
2. Two remediation points will be clean drilled and developed along in manifold along the inside south wall of the said building for sub-slab depressurization of the affected sub-soil. One in the southeast furnace room and another approximately mid building along the south wall. Approximately ten (10) gallons of sub-soil will be excavated through the drilled four inch draw points to develop the system's needed depressurization for efficient extraction from the excavated draw pits.
3. Four (4) inch schedule 40 PVC ventilation pipe will be carried superior from the described remediation points and manifold together. The ventilation pipe will then be carried through the upper rear east side of the building's upper exterior wall at the southeast corner. The exhausting will then be carried twelve (12) inches above the roof line. A partial goose neck will be applied to retard moisture entrance and direct the flumes to the east, away from other buildings and fresh air intakes. The wall penetrations will be properly secured and sealed.
4. A remediation suction fan will be applied in line with the systems exhaust pipe close to the roof line. After initial communication testing the fan will be properly sized to efficiently depressurize the sub-slab to gain proper evacuation of intruding sub-slab vapors. Energy economy will be also taken into consideration in sizing the correct suction fan.
5. Communication tests will be conducted to confirm good sub-slab communication. If communication and negative pressure is not gained in certain areas of the sub-slab and contamination field, appropriate action will be taken to interconnect the area of concern with one of the two main systems. If a problem is identified Nicole L. LaPlant will be contacted at Robert E. Lee Incorporated to discuss modifications and any additional costs.
6. Electrical power will be gained from the main panel box and gain its own circuit. Radon Abatement's state licensed electrical will pull the proper permits and performed this work. The system will have an electric disconnect adjacent to the fan.
7. A manometer warning device will be applied to each of the two drop pipes to inform the occupants of any system shutdown. Company identification tags will be applied next to the manometers for building occupants reference and company contact.

8. Vapor post testing will be conducted by responsible parties designated by Robert E. Lee Incorporated to insure the systems effectiveness.

The work will take approximately two eight working days with a three man crew.

Note: A company maintenance program is strongly suggested and made available through the company. This would be separately contracted.

Note: Radon Abatement Incorporated liability is limited to the factory warranties on system components installed. All labor was performed as stated in this proposal in an experienced contractor-like manner. Two working days will be required to complete the work.

TOTAL COST OF ALL THE WORK NECESSARY TO THIS PROJECT

Four-thousand and one-hundred dollars. (\$4,100.00)

Payment is due within 30days following the work and company's final billing and report.

**Respectfully submitted by: Thomas J. Heine and Erik V. Heine
PTT and Radon Abatement Inc. owner and
representative**

In the event that any of the terms of this proposal / contract are breached, including and not limited to the fee for parts of labor; Radon Abatement Inc. will be entitled to collect collection fees, attorney fees, and interest set at 18% per annum.

No changes may be made in stated installation specifications without written contract and associated charges above the proposed estimated of costs. If any changes are made to the building in the form of remodeling or damage, Radon Abatement Inc. can not be held liable for damage to the system.

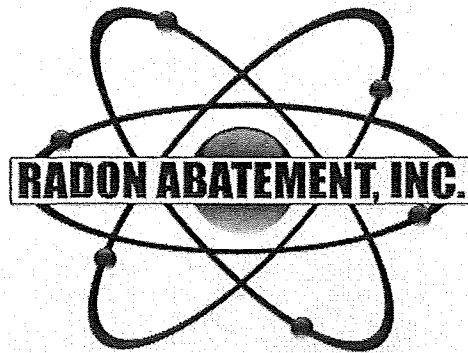
Radon Abatement Inc. holds the right to make adjustment to proposed costs, if upon viewing and further analyzing the work site, Radon Abatement, Inc. determines that additional material and labor would be necessary to assure the proficiency and safety of the system. Client will be informed at that time any unforeseen changes are identified, and will be required to approve the same if needed.

The abatement proposal / agreement may be withdrawn, if not accepted in 15 days from the date of proposal, by Radon Abatement Incorporated. Client is satisfied with the above price, conditions and specifications of installation, fully accepting the same. Client will make payments as described above. Client fully understands all stated particulars of this proposal / agreement.

Signature _____ Date: _____

Printed Name: _____

Please scan and email to radabt1@wi.rr.com .



12221 West Rockne Avenue Hales Corners, WI 53130 414-546-3691

Toll Free: 866-546-3691 facsimile: 414-425-5044

radabt1@wi.rr.com

www.radonprofessionalcare.com

NATIONALLY CERTIFIED



USEPA COMPLIANT



Radon Mitigation NRPP 101879MT Radon Measurement NRPP 101878RT

Fully Insured by Intercontinental Insurance Radon35 Policy AARST GP 500G

RADON ABATEMENT INC. is a full time radon mitigation and measurement company, covering all of Southern Wisconsin.

RADON ABATEMENT INC. is a family run company that has been successfully reducing radon levels in thousands of buildings and homes throughout Wisconsin for over 3 decades.

RADON ABATEMENT INC. is experienced in all forms of radon mitigation and measurement procedures for indoor air and water. Mitigation applications and measurement techniques are USEPA certified for homes, commercial buildings, public buildings, schools, government buildings and new construction.

RADON ABATEMENT INC. protects the building's occupants with high quality, efficient, nationally certified radon reduction systems and testing procedures.

RADON ABATEMENT INC. has worked to set the standard for excellence in radon services in Wisconsin for decades.

**FAST, EFFICIENT, QUALITY CRAFTSMANSHIP that is
SERVICE ORIENTATED and COMPETATIVELY PRICED**



RADON PROFESSIONALS SAVING LIVES



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/02/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER InterContinental Ins Solutions 175 Federal Street Suite 725 Boston, MA 02110 Thomas E. Sleeper	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
INSURED Radon Abatement Inc. 12221 West Rockne Avenue Hales Corners, WI 53130	INSURER A: American Safety Risk Retention	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

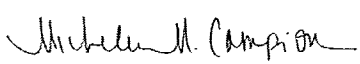
CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			ENV0211931306	11/21/13	11/21/14	EACH OCCURRENCE	\$ 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Prof/Poll Liabili						PERSONAL & ADV INJURY	\$ 500,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 500,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 500,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR						AGGREGATE	\$
	EXCESS LIAB							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED						WC STATU-TORY LIMITS	OTH-ER
	RETENTION \$						E.L. EACH ACCIDENT	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. DISEASE - EA EMPLOYEE	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - POLICY LIMIT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER EVIDENCE OF COVERAGE	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



NATIONAL CERTIFICATION AND AFFILIATION

RADON ABATEMENT INC



A DIVISION OF PT TECHNOLOGIES

12221 West Rockne Avenue Hales Corners, Wisconsin 53130
414-546-3691 Toll Free 1-866-546-3691 Fax: 414-425-5044
radabtl@wi.rr.com

NATIONAL RADON PROFICIENCY PROGRAM

Certification numbers: Mitigation 101879MT Measurement 101878RT



NATIONAL ENVIRONMENTAL HEALTH ASSOC.



AMERICAN ASSOCIATION OF RADON SCIENTISTS AND TECHNOLOGISTS

Radon Abatement Staff and Officers are members of the Association



**Radon Abatement Inc. is compliant with the standards of Practice,
protocol and code of ethics set by the above organizations.**

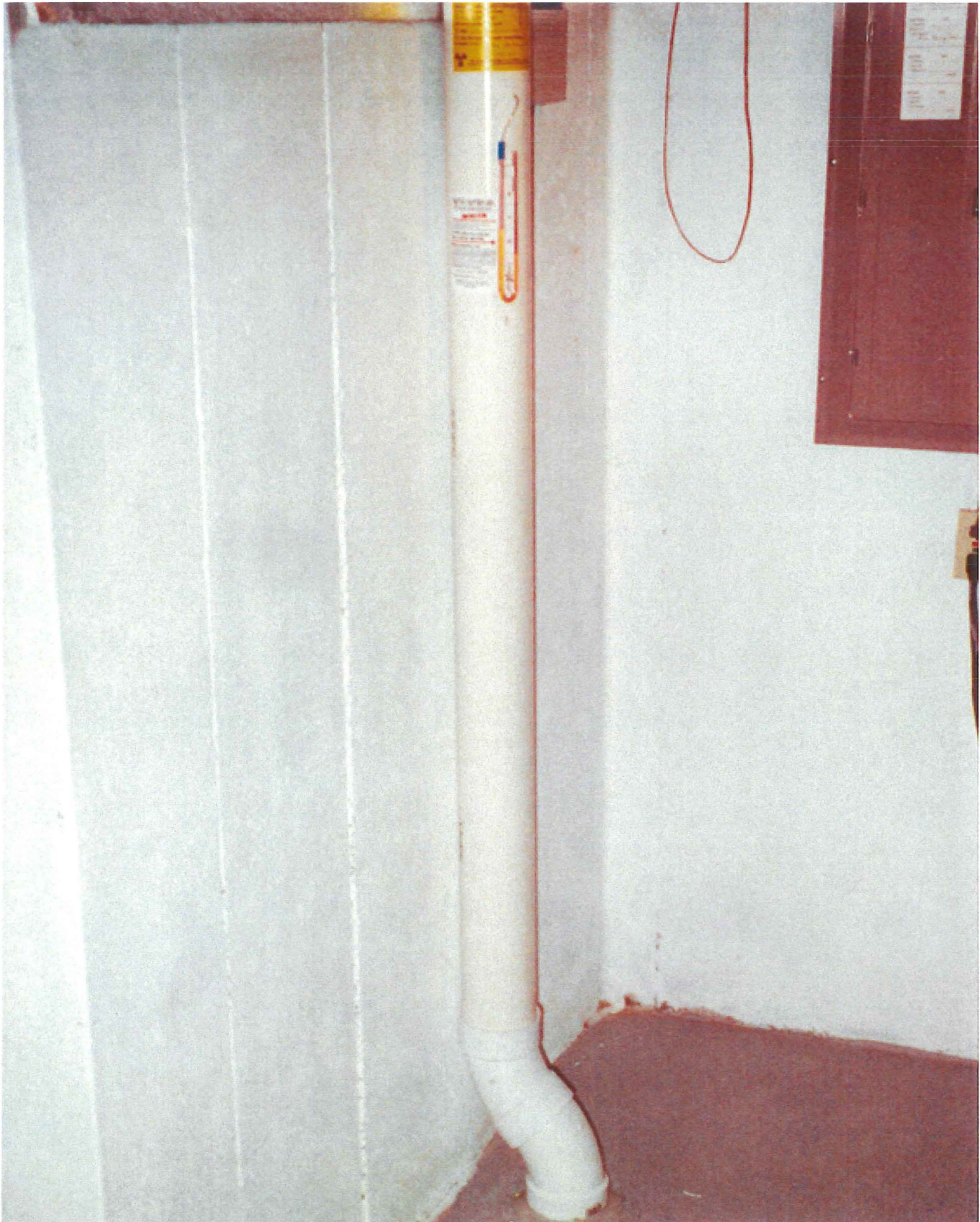
**It follows the standards and protocol set by the
United States Environmental Protection Agency.**











C

ATTACHMENT C

ALLIS ENVIRONMENTAL SERVICES INFORMATION

Nicole L. LaPlant

Allis Env. Services (16 pgs.)

From: Nicole L. LaPlant
Sent: Friday, April 25, 2014 9:33 AM
To: rdrew127@wi.rr.com
Subject: FW: Former Quality Cleaners, Grafton, WI
Attachments: boring logs and map.pdf

From: Nicole L. LaPlant
Sent: Tuesday, April 15, 2014 2:07 PM
To: 'rdrew127@wi.rr.com'
Subject: RE: Former Quality Cleaners, Grafton, WI

Hi Rick,

I apologize for my delay. We've been coordinating several things at this site since we last spoke. To update you briefly, last week we collect a sub-slab vapor and indoor air sample in the building (1224 11th Avenue) that is attached to the Quality Cleaners building (north side) to determine if there were vapor impacts to that building as well. The thought process is getting that completed was so that if it had exceedances also, a mitigation system for that building could be installed at the same time as the Quality Cleaners building. We should have our lab results back in about 10 days for those samples.

I provided the answer to your questions in red:

Is there any information on how thick the slab of the building is ? **Based on the boring logs from the prior consultant, if I am interpreting the logs correctly it appears to be 6-inches thick. Building was constructed in approximately the 1950s**
Do you need a description and drawing of what is proposed ? **Yes, please provide a description of what you propose. Drawing**

What is the time frame on this project? **No hard dead line on the installation at this time; however, we need to be prepared to install a system shortly after receipt of the lab results for the adjacent building. There will be a potential that a system may be needed in that building as well.**

Is there any description on the borings that were done ? **I've attached the boring logs, as well as a map showing their locations. I identified the adjacent building on the map as well.**

After the system is installed you are probably going to need pressure field testing. We will go back in after two weeks to do that. **Please include costs for this testing as well. Also, do you do communication testing prior to system install?**

I was contacted by WDNR today regarding an update on this project, so they are following the status and looking for forward progress. Thank you for your assistance on this project. Look forward to hearing back from you soon.

Have a good day,

Nicole L. LaPlant
Senior Project Geologist

Robert E. Lee & Associates
1250 Centennial Centre Boulevard
Hobart, WI 54155
Office: 920-662-9641

Fax: 920-662-9141
nlaplant@releeinc.com

-----Original Message-----

From: rdrew127@wi.rr.com [<mailto:rdrew127@wi.rr.com>]
Sent: Thursday, March 13, 2014 10:35 PM
To: Nicole L. LaPlant
Subject: RE: Former Quality Cleaners, Grafton, WI

Nicole:

I had a chance to visit the site today and I have a few questions.

Is there any information on how thick the slab of the building is ?
Do you need a description and drawing of what is proposed ?
What is the time frame on this project?
Is there any description on the borings that were done ?

After the system is installed you are probably going to need pressure field testing. We will go back in after two weeks to do that.

If you have any question let me know.

Richard E. Drew
"Rick"
Allis Environmental Services
414-303-4338

---- "Nicole L. LaPlant" <nlaplant@releeinc.com> wrote:

> Sounds good. Thank you,
>
>
> Nicole L. LaPlant
> Senior Project Geologist
>
> Robert E. Lee & Associates
> 1250 Centennial Centre Boulevard
> Hobart, WI 54155
> Office: 920-662-9641
> Fax: 920-662-9141
> nlaplant@releeinc.com
>

>
> -----Original Message-----
> From: Richard Drew [mailto:rdrew127@wi.rr.com]
> Sent: Tuesday, March 11, 2014 11:49 AM
> To: Nicole L. LaPlant
> Subject: RE: Former Quality Cleaners, Grafton, WI
>
> Nicole:
>
> Good Morning (just) thank you for the information, I plan on doing a site visit Thursday 3/13/14. After that we can discuss just exactly what you are going to require from me.
>
> Richard E. Drew
> "Rick"
> Allis Environmental Services
> 414-303-4338
>
>
> -----Original Message-----
> From: Nicole L. LaPlant [mailto:nlaplant@releeinc.com]
> Sent: Monday, March 10, 2014 10:45 AM
> To: rdrew127@wi.rr.com
> Subject: RE: Former Quality Cleaners, Grafton, WI
>
> Good Morning Rick,
>
> I spoke with Mr. Kuehl, you may do the site visit at your convenience.
> There is a lock box on the back door of the building with a building key.
> The code is 4868. Please let me know if you have any questions and when you think you might be able to do the visit.
>
> Thanks,
>
>
> Nicole L. LaPlant
> Senior Project Geologist
>
> Robert E. Lee & Associates
> 1250 Centennial Centre Boulevard
> Hobart, WI 54155
> Office: 920-662-9641
> Fax: 920-662-9141
> nlaplant@releeinc.com
>
>
> -----Original Message-----
> From: rdrew127@wi.rr.com [mailto:rdrew127@wi.rr.com]
> Sent: Sunday, March 09, 2014 2:58 PM
> To: Nicole L. LaPlant
> Subject: Re: Former Quality Cleaners, Grafton, WI
>
> Nicole:

> Thank you for the information, I will look it over and if I have any
> questions I will contact you.
> I would like to get in to see the property, let me know how that works out.
>
> Richard E. Drew
> "Rick"
> Allis Environmental Services
> 414-303-4338
>
> ---- "Nicole L. LaPlant" <nlaplant@releeinc.com> wrote:
>> Hi Richard,
>>
>> Thank your for talking with me today. The Site we discussed is:
>>
>> Former Quality Cleaners
>> 1228 11th Avenue
>> Grafton, WI
>> Owner: Mr. Gerald Kuehl
>>
>> Here is the data that has been collected at the Site. The soil and
> analytical data collected at the site was completed by another
> consulting firm. Our firm was subsequently contracted and we did the
> sub-slab vapor sampling. The soil and groundwater investigation still
> needs to be completed, as well as an evaluation of remedial options
> for the Site's source area. Lots of moving parts to this Site at once
> because the owner would like to keep the building occupied with tenants.
>>
>> The other consultant indicated bedrock was encountered at the Site
>> from
> 4-6 feet below grade. Groundwater is at approximately 7 fbg, but
> likely fluctuates seasonally. The source of the release is a spill of
> PCE at the location of the former dry cleaning machine (see the
> location in Photo 1 on the first page of attached photos). The
> concrete floor is suspected to be penetrated with product. Cleaning of
> the floor and sealing it has been discussed, as well.
>>
>> I don't have much information regarding what is located beneath the
>> slab
> (foundation construction). Here is information I pulled from an
> earlier report regarding the site history:
>>
>> The building was believed to have been constructed during the 1950s
>> for
> use as a post office for the Village of Grafton. It is reported to
> have operated as a drycleaner for approximately the past 25 years.
> Dry cleaning operations ceased sometime during the Summer - Fall of 2012.
>>
>> When I spoke to Mr. Kuehl he indicated they owned the property of
>> about 19
> years and operated the dry cleaner for approximately 18 years. He
> indicated they have always had tenants. The building is occupied by
> two tenants. The lady that owns Hair Vision has occupied her space

> for approximately 14 years, the other hair stylist (we never have been
> able to touch base with) but is believed to have been there only a couple years.
>>
>> The HVAC system is force air fueled by natural gas. There are two
>> units
> in the building, one near the southwest corner for the former dry
> cleaners and the second is in the northwest quarter of the building
> for the two tenant spaces. There is an outside combustion air vent on the building.
>>
>> There is an central air conditioner as well in the building.
>>
>> I look forward to hearing from you. I'm waiting the hear back from Mr.
> Kuehl regarding getting you access to the building. I left him a
> message this morning. After you look at this information, feel free to
> call me. I can give you more background information as needed.
>>
>> Thanks,
>>
>>
>> Nicole L. LaPlant
>> Senior Project Geologist
>>
>> Robert E. Lee & Associates
>> 1250 Centennial Centre Boulevard
>> Hobart, WI 54155
>> Office: 920-662-9641
>> Fax: 920-662-9141
>> nlaplant@releeinc.com<mailto:nlaplant@releeinc.com>
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Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

Page 1 of 3

Facility/Project Name Quality Cleaners		License/Permit/Monitoring Number	Boring Number
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Adam Last Name: Sweet Firm: Horizon Construction and Exploration		Date Drilling Started 02, 21, 2013 m m d d y y y y	Date Drilling Completed 02, 21, 2013 m m d d y y y y
WT Unique Well No.	DNR Well ID No.	Well Name	Drilling Method Direct Push
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E		Final Static Water Level ____ Feet MSL	Surface Elevation ____ Feet MSL
1/4 of _____ 1/4 of Section _____, T _____ N, R _____		Lat _____ Long _____	Borehole Diameter 2.25 inches
Facility ID	County OSHAUKEE	County Code	Civil Town/City/ or Village Village of Grafton

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			0-1'	concrete											
			1'	fine sand											
			2'	black peat											

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

Signature Dan Ziel Firm Marine Environmental

This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in 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 this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

Page 2 of 3

Facility/Project Name <u>Quality Cleaners</u>			License/Permit/Monitoring Number	Boring Number <u>B-2</u>
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: <u>Adam</u> Last Name: <u>Sweet</u> Firm: <u>Horizon Construction and Exploration</u>			Date Drilling Started <u>02/21/2013</u> m m d d y y y y	Date Drilling Completed <u>02/21/2013</u> m m d d y y y y
Drilling Method <u>Direct Push</u>	VI Unique Well No.	DNR Well ID No.	Well Name	Borehole Diameter <u>2.25</u> inches
Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane <u>N</u> <u>E</u> Lat <u>0</u> ' " Long <u>0</u> ' "		
Local Grid Location Feet <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	1/4 of <u>1</u> 1/4 of Section <u>1</u> T <u>N</u> R <u>R</u>			
Facility ID	County <u>OZAUKEE</u>	County Code	Civil Town/City/ or Village <u>Village of Eau Claire</u>	

Sample Number and Type	Length Air & Recovered (in)	Blow Counts	Depth in Feet (below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments			
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200				
			0'														
			6"	Concrete													
			1'	pea gravel				0									
			2'	black silt				0									
			4'	brown silt				0									
			5'	1/4" rock coarse sand				0									
			6'	1/4" coarse silt bedrock at 6'				0									6 feet

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

Signature Adam Sweet Firm Horizon Environmental

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Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

Page 3 of 3

Facility/Project Name <u>Quality Cleaners</u>		License/Permit/Monitoring Number	Boring Number <u>B-3</u>
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: <u>Adam</u> Last Name: <u>Sweet</u> Firm: <u>Moraine Construction and Explorations</u>		Date Drilling Started <u>02/21/2013</u> m m d d y y y y	Date Drilling Completed <u>02/21/2013</u> m m d d y y y y
WI Unique Well No.	DNR Well ID No.	Well Name	Drilling Method <u>Direct Push</u>
Final Static Water Level Feet MSL		Surface Elevation Feet MSL	Borehole Diameter <u>2.25</u> inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane <u>N</u> , <u>E</u>		Local Grid Location Lat <u>0</u> ' <u>0</u> " <input type="checkbox"/> N <input type="checkbox"/> E Long <u>0</u> ' <u>0</u> " <input type="checkbox"/> S <input type="checkbox"/> W	
1/4 of <u>1</u> 1/4 of Section <u>1</u> , T <u>N</u> , R <u>1</u>		County <u>Ozaukee</u>	Civil Town/City or Village <u>Village of Gratton</u>

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/Comments			
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200				
			0														
			6"	concrete				0									
			7"	per gravel				0									
			3'	black peat				0									
			4'	black peat				0									
			6'	brown clay bedrock starts 6'				0									sample 3 feet

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

Signature Adam Sweet Firm Moraine Environmental

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Route To: Watershed/Wastewater Waste Management
 Remediation/Revelpment Other _____

Facility/Project Name <u>Quality Cleaners</u>			License/Permit/Monitoring Number		Boring Number <u>B-4</u>
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: <u>Adam</u> Last Name: <u>Sweet</u> Firm: <u>Horizon Construction and Exploration</u>			Date Drilling Started <u>03/18/2013</u> m m d d y y y y	Date Drilling Completed <u>03/18/2013</u> m m d d y y y y	Drilling Method <u>Direct Push</u>
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter <u>1.5 inches</u>
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E 1/4 of _____ 1/4 of Section _____ T _____ N, R _____			Lat _____ Long _____	Local Grid Location Feet <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID _____		County <u>Orange</u>	County Code _____	Civil Town/City/ or Village <u>Village of Gratton</u>	

Sample Number and Type	Length An. & Recovered (in)	Blow Counts	Depth in Feet (below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					P 200	RDY Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index			
			0'	concrete											
			4"												
			1'	brown clay				392							SAMPLE 3-4 Feet
			1 1/2'	light brown clay				884							
			2'	dark brown silt				434							
			3'	dark brown silt				197							
			4'	light brown fine sand				667							
			5'	light brown fine sand				1677							
			6'	brown silt down to bed rock				475						SAMPLE 6 Feet	
								678							

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

Signature: [Signature] Firm: Moraine Environmental

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Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

Facility/Project Name Quality Cleaners			License/Permit/Monitoring Number	Boring Number B-5
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Adam Last Name: sweet			Date Drilling Started 03, 18, 2013 m m d d y y y y	Date Drilling Completed 03, 18, 2013 m m d d y y y y
Firm: Horizon Construction and Exploration			Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>			Local Grid Location	
State Plane _____ N, _____ E			Lat _____ ° _____ ' _____ "	
1/4 of _____ 1/4 of Section _____, T _____ N, R _____			Long _____ ° _____ ' _____ "	
Facility ID _____		County Ozaukee	County Code _____	Civil Town/City/ or Village Village of Grafton

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			0-4"	Concrete											
			4-7"	silt				957							
			7-8"	concrete											sample 8"

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

Signature Jan Fil	Firm Morgan Environmental
-----------------------------	-------------------------------------

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Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

Page 3 of 7

Facility/Project Name <i>Quality Cleaners</i>		License/Permit/Monitoring Number	Boring Number <i>B-6</i>
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: <i>Adam</i> Last Name: <i>Sweet</i>		Date Drilling Started <i>03, 18, 2013</i>	Date Drilling Completed <i>03, 18, 2013</i>
Firm: <i>Horizon Construction and Explorations</i>		Drilling Method <i>Direct Push</i>	
WI Unique Well No.	DNR Well ID No.	Well Name	Borehole Diameter <i>1.5</i> inches
Local Grid Origin: <input type="checkbox"/> (estimated) or Boring Location <input type="checkbox"/>		Final Static Water Level _____ Feet MSL	Surface Elevation _____ Feet MSL
State Plane: _____ N, _____ E		Lat: _____ " _____ "	Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W
1/4 of _____ 1/4 of Section _____, T _____ N, R _____		Long: _____ " _____ "	Feet _____ Feet _____
Facility ID	County <i>Ozaukee</i>	County Code	Civil Town/City or Village <i>Village of Grafton</i>

Sample Number and Type	Length At. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties				RQD/Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index		
			0-4"	concrete										
			1'	brown silt				468						sample 1 feet
			1 1/2'	concrete										
			2'	sand/silt black				397						
			3'	black organic				307						
			4'	brown silt				199						
			5'	brown sand to bedrock 5 feet				124						sample 5 feet

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

Signature: *D. Sweet* Firm: *Moraine Environments*

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Route To: Watershed/Wastewater Waste Management
 Remediation/Revelopment Other

Page 4 of 7

Facility/Project Name <u>Quality Cleaners</u>		License/Permit/Monitoring Number	Boring Number <u>B-7</u>
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: <u>Adam</u> Last Name: <u>Sweet</u> Firm: <u>Horizon Construction and Exploration</u>		Date Drilling Started <u>03, 18, 2013</u> m m d d y y y y	Date Drilling Completed <u>03, 18, 2013</u> m m d d y y y y
WI Unique Well No.	DNR Well ID No.	Well Name	Drilling Method <u>Direct Push</u>
		Final Static Water Level Feet MSL	Surface Elevation Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		Local Grid Location	
State Plane <u>N</u> , <u>E</u>		Feet <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
1/4 of <u> </u> 1/4 of Section <u> </u> , T <u> </u> N, R <u> </u>		Long <u> </u> " "	
Facility ID	County <u>Ozaukee</u>	County Code	Civil Town/City/ or Village <u>Village of Greifen</u>

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments		
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200			
			0'													
			4"	brown silt				356								
			1'	concrete				778								sample 2 feet
			2'	brown silt				4								
			3'	black organic silt				183								sample 4 feet
			4'	brown silt bedrock 4 feet												

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

Signature [Signature] Firm Moraine Environmental

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Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

Page 5 of 7

Facility/Project Name <i>Quality Cleaners</i>		License/Permit/Monitoring Number	Boring Number <i>8-8</i>
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: <i>Adam</i> Last Name: <i>Sweet</i>		Date Drilling Started <i>03/18/2013</i>	Date Drilling Completed <i>03/18/2013</i>
Firm: <i>Horizon Construction and Exploration</i>		Drilling Method <i>Direct Push</i>	
WI Unique Well No.	DNR Well ID No.	Well Name	Borehole Diameter <i>1.5</i> inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		Final Static Water Level ____ Feet MSL	Surface Elevation ____ Feet MSL
State Plane N, _____ E		Lat. _____	Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E
1/4 of _____ 1/4 of Section _____, T _____, N, R _____		Long. _____	Feet <input type="checkbox"/> S _____ Feet <input type="checkbox"/> W
Facility ID	County <i>Ozaukee</i>	County Code	Civil Town/City/ or Village <i>Village of Grafton</i>

Number and Type	Length At. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					ROD/Comments			
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200				
			0'														
			1'	Concrete				0									
			2'	no recovery				0									
			3'	brown sand				57									Sample 4 Feet
			4'	coarse sand				478									
			4 1/4'	bedrock													

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

Signature *Jan Fil* Firm *Moraine Environmental*

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Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

Page 67 of 7

Facility/Project Name <u>Quality Cleaners</u>		License/Permit/Monitoring Number	Boring Number <u>B-1</u>
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: <u>Adam</u> Last Name: <u>Swent</u> Firm: <u>Horizon Construction and Explorations</u>		Date Drilling Started <u>03/18/2013</u> m m d d y y y y	Date Drilling Completed <u>03/18/2013</u> m m d d y y y y
WI Unique Well No.	DNR Well ID No.	Well Name	Drilling Method <u>Direct Push</u>
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		Final Static Water Level Feet MSL	Surface Elevation Feet MSL
State Plane _____ N, _____ E		Borehole Diameter <u>1.5</u> inches	
1/4 of _____ 1/4 of Section _____, T _____ N, R _____		Lat _____ " _____ "	Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W
Facility ID _____		County <u>Ozaukee</u>	Civil Town/City/ or Village <u>Village of Crafton</u>

Sample Number and Type	Length An. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			0'												
			4"	Concrete				0							
			1'	sand brown				56							sample 1 foot
			2'	black organic silt				10							
			3'	brown silt				4							
			4'	brown silt				6							sample 5 feet
			5'	bed rock											

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

Signature Adam Swent Firm MORNING Environmental

This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in 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 this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

Page 7 of 7

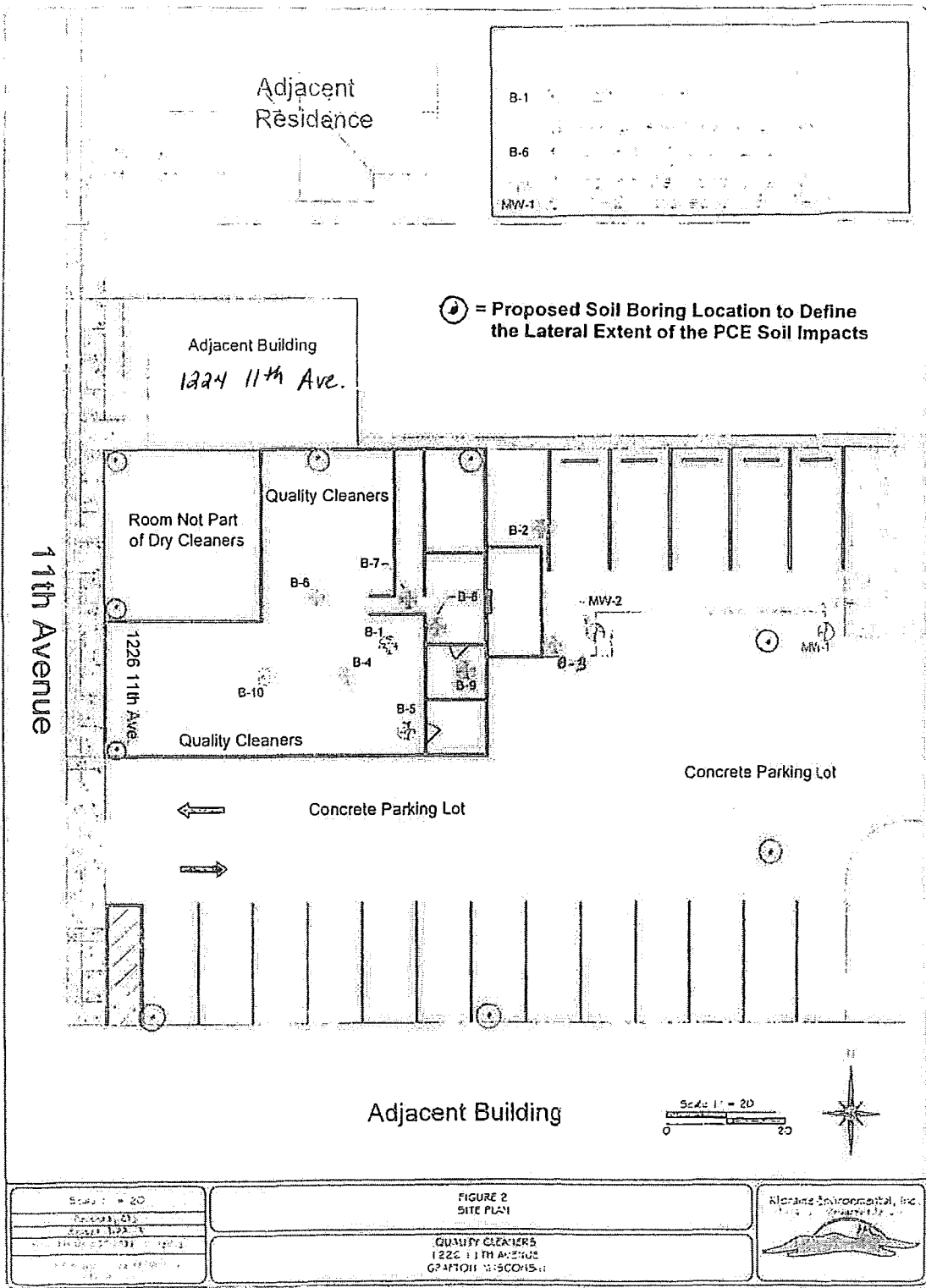
Facility/Project Name <u>Quality Cleaners</u>		License/Permit/Monitoring Number	Boring Number <u>B-10</u>
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: <u>Adam</u> Last Name: <u>Swiat</u> Firm: <u>Moraine Environmental and Exploration</u>		Date Drilling Started <u>03/18/2013</u> m m d d y y y y	Date Drilling Completed <u>03/18/2013</u> m m d d y y y y
WI Unique Well No.	DNR Well ID No.	Well Name	Drilling Method <u>Direct Push</u>
Final Static Water Level Feet MSL		Surface Elevation Feet MSL	Borehole Diameter <u>1.5</u> inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane N, E		Lat <u>0</u> ' "	Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W
1/4 of _____ 1/4 of Section _____, T _____ N, R _____		Long <u>0</u> ' "	
Facility ID	County <u>Wauchesa</u>	County Code	Civil Town/City/ or Village <u>Village of Grafton</u>

Sample Number and Type	Length An. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments			
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200				
			0'														
			6"	concrete													
			1'	brown sand				4									
			2'	silty clay				12									
			3'	brown silty clay				15									sample 3 feet
			4'	brown silty clay				12									
			5'	bedrock				8									sample 5 feet

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

Signature Adam Swiat Firm Moraine Environmental

This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in 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 this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.



Scale 1" = 20'
Project No. 013
Sheet 122-1
11th Avenue, 1226
12/15/01

FIGURE 2
SITE PLAN

QUALITY CLEANERS
1226 11TH AVENUE
GRANTON, WISCONSIN



From: Nicole L. LaPlant <nlaplant@releeinc.com>
Sent: Friday, May 30, 2014 2:38 PM
To: Feeney, John M - DNR
Subject: Status Update Quality Cleaners, Grafton, WI - BRRTS #02-46-560212
Attachments: VI analytical results table.pdf; VI lab report 5_27_14.pdf; VI sampling field sheets.pdf; Figure 1 Vapor Intrusion Sampling Locations.pdf

Hi John,

Attached for your review and opinion of the next steps is the VI data collected from the building adjacent (1224 11th Avenue) to the Quality Cleaners building. I will be calling the off-site property owner this afternoon as they are inquiring. I will let them know that a letter will be sent indicating the next step for their property after we talk.

I'm unsure if you want another sample collected to confirm or if this suffices?? In our opinion, based on this result a mitigation system for this building does not appear necessary. I expect once the mitigation system gets installed in the Quality Cleaners building the VI pathway in this building will remain protected.

Thanks for all your help. Look forward to hearing from you.

Nicole L. LaPlant
Senior Project Geologist

246166470

Robert E. Lee & Associates
1250 Centennial Centre Boulevard
Hobart, WI 54155
Office: 920-662-9641
Fax: 920-662-9141
nlaplant@releeinc.com

TABLE 1
SUB-SLAB VAPOR AND AIR ANALYTICAL RESULTS SUMMARY
ADJACENT RESIDENTIAL/COMMERCIAL PROPERTY TO FORMER QUALITY CLEANERS, GRAFTON, WI

Sample ID	Sample Location	Sample Type	Date Collected	Relevant VOCs ($\mu\text{g}/\text{m}^3$)				
				PCE	TCE	Cis-1,2 DCE	Trans-1,2 DCE	Vinyl Chloride
Residential Sub-Slab Vapor Risk Screening Level (VRSL) -- $\mu\text{g}/\text{m}^3$				420	21	---	630	16
Residential Indoor Air Vapor Action Level (VAL) -- $\mu\text{g}/\text{m}^3$				42	2.1	---	63	1.6
SSV-3	1224 11th Avenue	Sub-slab	4/9/2014	375	ND	ND	ND	ND
IA-3		Indoor air		3.4	ND	ND	ND	ND
OA-2	Parking lot, east of building along east property boundary (upwind)	Outdoor air		1	ND	ND	ND	ND

Key:

- = No screening level established
- ND = Not detected above laboratory detection limits
- $\mu\text{g}/\text{m}^3$ = Micrograms per cubic meter
- PCE = Tetrachloroethene
- TCE = Trichloroethene
- Cis-1,2 DCE = Cis-1,2 Dichloroethene
- Trans-1,2 DCE = Trans-1,2 Dichloroethene
- 138 = Vapor Risk Screening Level (VRSL) exceeded

Notes:

- 1.) Sub-slab samples collected using Vapor Pin.
- 2.) The Vapor Risk Screening Level (VRSL) was calculated by multiplying the VAL by a dilution factor of 10 for residential buildings, in accordance with WDNR guidance.

**TABLE 1
SUB-SLAB VAPOR AND AIR ANALYTICAL RESULTS SUMMARY
FORMER QUALITY CLEANERS, 1228 11th AVENUE, GRAFTON, WI**

Sample ID	Sample Location	Sample Type	Date Collected	Relevant VOCs ($\mu\text{g}/\text{m}^3$)				
				PCE	TCE	Cis-1,2 DCE	Trans-1,2 DCE	Vinyl Chloride
Non-Residential Sub-Slab Vapor Risk Screening Level (VRSL) -- $\mu\text{g}/\text{m}^3$				1,800	88	---	2,600	280
Non-Residential Indoor Air Vapor Action Level (VAL) -- $\mu\text{g}/\text{m}^3$				180	8.8	---	260	28
SSV-1	Hallway entrance to two tenant spaces, occupied by Hair Vision and private hair stylist.	Sub-slab	1/16/2014	246,000	3.3	ND	ND	ND
IA-1		Indoor air	1/16/2014	882	ND	ND	ND	ND
SSV-2	Near the location of the former dry cleaning machine (vicinity of Boring B1)	Sub-slab	1/16/2014	7,000,000	ND	ND	ND	ND
IA-2		Indoor air	1/16/2014	865	ND	ND	ND	ND
OA-1	Southwest of Site building, across 11th Street (upwind)	Outdoor air	1/16/2014	1.5	ND	ND	ND	ND

Key:

--- = No screening level established
 ND = Not detected above laboratory detection limits
 $\mu\text{g}/\text{m}^3$ = Micrograms per cubic meter
 PCE = Tetrachloroethene
 TCE = Trichloroethene
 Cis-1,2 DCE = Cis-1,2 Dichloroethene
 Trans-1,2 DCE = Trans-1,2 Dichloroethene
138 = Vapor Risk Screening Level (VRSL) exceeded
1.5 = Vapor Action Level (VAL) exceeded

Notes:

- 1.) Sub-slab samples collected using Vapor Pin.
- 2.) The Vapor Risk Screening Level (VRSL) was calculated by multiplying the VAL by a dilution factor of 10 for small commercial buildings, in accordance with WDNR guidance.

Facility/Project Name <u>Quality Cleaners</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name <u>MW-1</u>
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID _____	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>03/31/2013</u> m d y y y
Type of Well Well Code <u>1</u>	Section Location of Waste/Source <u>SW 1/4 of NE 1/4 of Sec 24, T. 10 N, R. 21 E W</u>	Well Installed By: Name (first, last) and Firm <u>Adam Sweet</u> <u>Horizon Construction & Equip.</u>
Distance from Waste/Source <u>30</u> 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	

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>8.0</u> in.
C. Land surface elevation _____ ft. MSL	b. Length: <u>1</u> ft.
D. Surface seal, bottom _____ ft. MSL or _____ ft.	c. Material: Steel <input checked="" 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 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 checked="" type="checkbox"/>	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input checked="" type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
15. Drilling fluid used: Water <input checked="" type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input 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
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
17. Source of water (attach analysis, if required): <u>Grafton - Municipal H₂O supply</u>	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"/>
E. Bentonite seal, top _____ ft. MSL or <u>1</u> ft.	7. Fine sand material: Manufacturer, product name & mesh size a. <u>R.W. Sidley #4000</u>
F. Fine sand, top _____ ft. MSL or <u>3</u> ft.	b. Volume added <u>725 lbs</u>
G. Filter pack, top _____ ft. MSL or <u>4</u> ft.	8. Filter pack material: Manufacturer, product name & mesh size a. <u>R.W. Sidley 10/20</u>
H. Screen joint, top _____ ft. MSL or <u>5</u> ft.	b. Volume added <u>450 lbs</u>
I. Well bottom _____ ft. MSL or <u>20</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"/>
J. Filter pack, bottom _____ ft. MSL or <u>20</u> ft.	10. Screen material: <u>PVC</u>
K. Borehole, bottom _____ ft. MSL or <u>20</u> ft.	a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
L. Borehole, diameter _____ in.	b. Manufacturer <u>Mon. of Lex</u>
M. O.D. well casing _____ in.	c. Slot size: <u>0.10</u> in.
N. I.D. well casing _____ in.	d. Slotted length: <u>5</u> ft.
	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 _____ Firm Horizon Construction & Exploration

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.

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

Facility/Project Name Quality Cleaners		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 MW-2	
Facility License, Permit or Monitoring No.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well ID No.	
Facility ID		Lat. _____ " Long. _____ "		Date Well Installed 03/21/2013 m m d d y y y y	
Type of Well		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: Name (first, last) and Firm ADAM Sweet	
Well Code _____		Section Location of Waste/Source SW 1/4 of NE 1/4 of Sec. 24, T. 10 N, R. 21 E W		Well Installed By: Name (first, last) and Firm Horizon Construction & Exp.	
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	1. Cap and look? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: 8.0 in.
C. Land surface elevation _____ ft. MSL	b. Length: 1 ft.
D. Surface seal, bottom _____ ft. MSL or _____ ft.	c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" 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 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 checked="" type="checkbox"/>	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input checked="" type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
15. Drilling fluid used: Water <input checked="" type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input 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
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
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): Grafton - Municipal H₂O Supply	7. Fine sand material: Manufacturer, product name & mesh size a. R.W. Sidley #4000
E. Bentonite seal, top _____ ft. MSL or 1 ft.	b. Volume added 1.25 lbs ft³
F. Fine sand, top _____ ft. MSL or 3 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. R.W. Sidley 10/20
G. Filter pack, top _____ ft. MSL or 4 ft.	b. Volume added 450 lbs ft³
H. Screen joint, top _____ ft. MSL or 5 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 20 ft.	10. Screen material: PVC
J. Filter pack, bottom _____ ft. MSL or 20 ft.	a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 20 ft.	b. Manufacturer Monaflex
L. Borehole, diameter _____ in.	c. Slot size: 0.10 in.
M. O.D. well casing _____ in.	d. Slotted length: 5 ft.
N. I.D. well casing _____ 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 _____ Firm **Horizon Construction & Exploration**

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