



Gannett Fleming

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February 25, 2016

File #34265.003

John Sager
Wisconsin Department of Natural Resources
Superior Service Center
1701 North 4th Street
Superior, WI 54880

Re: Historical Contamination Response Action Report for the Tank 27 Basin
Calumet Superior LLC Refinery, Superior, WI
WDNR BRRTS# 02-16-559511
Facility ID: 816009590

Dear John:

On behalf of Calumet Superior LLC (Calumet), Gannett Fleming, Inc. (GF) is submitting this historical contamination response action report for the Tank 27 basin at the Calumet refinery in Superior. In May 2014, the Wisconsin Department of Natural Resources (WDNR) approved Calumet's April 2014 *Site Investigation and Remedial Action Plan (SI/RAP)* for the refinery. Section 3.1.3 on Page 13 of the April 2014 SI/RAP outlines the process to follow when historical contamination is identified. This report includes background information as to when the historical contamination in the Tank 27 basin was discovered and sections on the Geoprobe soil sampling and soil excavation and confirmation soil sampling that was conducted in response, as required by the SI/RAP. A completed certification page for the report is also attached.

Pertinent Background Information

Figure 1 is a location map showing the refinery, its approximate property boundary, and the area around the refinery and was prepared using the most recent USGS topographic map. The refinery occupies portions of Sections 25, 26, 35, and 36; Township 49 North; Range 14 West and Section 30; Township 49 North; Range 13 West; in Superior Township of Douglas County.

Figure 2 shows the locations of the Tank 27 basin, the 23 monitoring wells (MW-1, MW-1/T67, MW-2, MW-2/T66, MW-3/T50, MW-3D, MW-5/T40, MW-5/T70, MW-7, MW-8R, MW-9B, and MW-11

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John Sager
Wisconsin Department of Natural Resources
February 25, 2016

-2-

through MW-22), and 8 piezometers (PZ-2/T66, PZ-3D, PZ-8R, PZ-11, PZ-13, PZ-16, PZ17, and PZ-21) of the facility-wide groundwater network established in conjunction with the SI/RAP.

Figure 3 is a Tank 27 basin site plan showing the estimated horizontal extent of the historical contamination, likely from a release of crude oil before the May 1978 Wisconsin spill laws, although the specifics are unknown. Currently, Tank 27 is being used to store ultra-low sulfur kerosene.

During a routine inspection on August 25, 2015, Calumet staff identified an area of black-stained, hydrocarbon-impacted soil near GP-2. Because of wet conditions at the time the release was identified, Calumet decided to wait for cold weather and frozen conditions to minimize the spread of contamination and for improved access to:

- Define the extent of the impacts, based on soil samples collected using a Geoprobe.
- Excavate the impacted soil to address the direct contact pathway.

All activities were conducted according to the WDNR-approved April 2014 SI/RAP, as described below.

Geoprobe Soil Sampling

On December 28 and 29, 2015, Calumet returned to the Tank 27 basin with Insight Environmental and GF field staff to define the horizontal and vertical extent of impacted soil based on visual observation and the use of a photo-ionization detector (PID) equipped with an 11.7 electron volt (eV) lamp. A 10 parts per million volume (ppmv) PID reading was used as a threshold to identify impacted soil, per Section 3.1.1 of the April 2014 SI/RAP.

As shown on Figure 3, starting directly in front of the service doors to Tank 27, a sample grid was established (approximately 25-foot on center), and a Geoprobe rig operated by Twin Ports Testing of Superior was used to collect 2.5- to 5-foot-long soil cores at 21 locations (GP-1 through GP-21). The 2-inch-diameter cores were split horizontally, and plugs from the center of the cores were placed in plastic Zip-Loc bags, sealed, and kneaded to break up soil clods. The bags were placed in the heated cab of a truck until the samples reached 40° F, while the remaining soil was kept unexposed outdoors (skies were overcast, and the maximum ambient air temperature was <30° F). The heated samples were then field screened for volatile organic vapors (VOCs) with the PID. If a sample from 0-2 feet or 2-4 feet exceeded the 10-ppmv threshold, then a separate plug was collected

John Sager
Wisconsin Department of Natural Resources
February 25, 2016

-3-

from the corresponding segment, placed in a laboratory-supplied vial, preserved with methanol, and stored in a cooler with ice in preparation for lab analysis. Additionally, if the 2- to 4-foot sample exceeded the 10-ppmv threshold, cores were collected below 4 feet and until the samples screened below 10 ppmv. Once the vertical extent was defined, the boring was plugged with bentonite chips, and sampling began at the next location. The horizontal extent was delineated by locations where the top 4 feet of soil screened below 10 ppmv. Location data were collected with a Trimble Yuma tablet and Trimble Pathfinder ProXH GPS receiver while confirming bentonite seal of the borings at the end of each day. Attachment A includes copies of the soil boring logs (with all of the PID data) and filling and sealing reports for GP-1 through GP-21.

Compounds of concern are the petroleum volatile organic compounds (PVOCs) and naphthalene. A total of 13 soil samples from 11 borings were submitted to Pace Analytical (Wisconsin Certification #405132750) of Green Bay for analysis.

Table 1 includes a summary of the analytical results from soil samples collected during the Geoprobe investigation. Attachment B includes copies of the laboratory report used to generate Table 1 and the chain of custody (COC) record. The results confirm that the concentrations of PVOCs and naphthalene in the soil were below applicable industrial direct contact residual concentration levels (RCLs), except for samples collected at GP-2. The sample from 0-2 feet at GP-2 exceeded the RCL for benzene, and the sample from 2-4 feet exceeded the RCL for benzene, ethylbenzene, naphthalene, and xylenes (o- and p-xylene combined).

The Wisconsin Transverse Mercator x,y coordinates of GP-2 (treating it as the spill/release location) are 361624.3, 692126.7 meters.

Soil Excavation and Confirmation Soil Sampling

On January 19, 21, and 22, 2016, Calumet excavated impacted soil and collected confirmation soil samples from the Tank 27 basin excavation with the assistance of Insight Environmental field staff. As show on Figure 3, soil was excavated from a 50-foot by 50-foot area centered on GP-2. Four soil samples were collected from the excavation sidewalls at 3 feet below ground surface. Sidewall samples SW-1 though SW-4 were field screened for VOCs with an 11.7eV PID and then submitted to ESC Lab Sciences (Wisconsin Certification #998093910) of Mt. Juliet, Tennessee, for PVOC-naphthalene analysis. As shown in Table 1, concentrations of PVOCs and naphthalene in all sidewall samples were below applicable industrial direct contact RCLs.

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John Sager
Wisconsin Department of Natural Resources
February 25, 2016

-4-

Approximately 300 cubic yards of impacted soil were removed from Tank 27 basin during excavation, and clean material was used as backfill. The excavated soil is currently stockpiled at Calumet's on-site soil storage facility in preparation for transport to and proper disposal at a local landfill later this year.

In conclusion, the response action described in this report and the facility-wide ERP groundwater monitoring are appropriate remedial actions for the Tank 27 basin historical release. Calumet requests that the WDNR concur with this conclusion.


Feel free to call if you have any questions or need additional information.

Sincerely,

GANNETT FLEMING, INC.



Marcus C. Mussey
Staff Geologist



Clifford C. Wright, P.E., P.G.
Project Engineer

MCM/jec

Enc.

cc electronic only: Peter Fredman (Calumet)

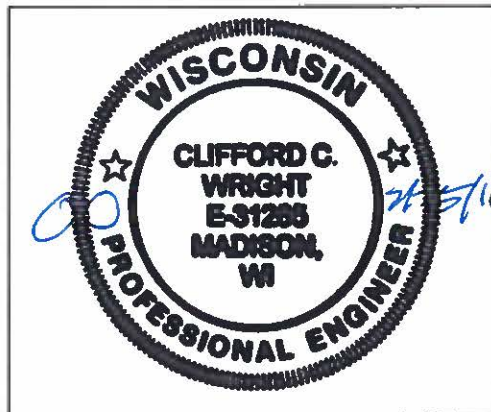
CERTIFICATION

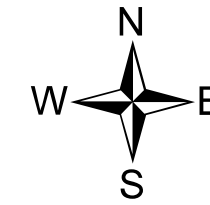
Only persons qualified to submit reports under ch. NR 712 Wis. Adm. Code are to sign this form for sites with any ongoing active remediation, monitoring, or an investigation. Other persons may sign this form for sites with no response activities during the six month reporting period.

I hereby certify that I am a registered professional engineer in the State of Wisconsin, registered in accordance with the requirements of ch. A-E 4, Wis. Adm. Code; that this document has been prepared in accordance with the rules of Professional Conduct in ch. A-E 8, Wis. Adm. Code; and that, to the best of my knowledge, all information contained in this document is correct and the document was prepared in compliance with all applicable requirements in chs. NR 700 to 726, Wis. Adm. Code.

Print Name <i>Clifford C. Wright</i>	Title <i>Project engineer</i>
Signature <i>Clifford C. Wright</i>	Date <i>2/25/16</i>

Professional Seal, if applicable:



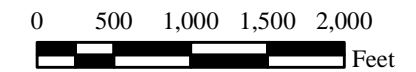



Legend

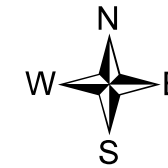
----- Approximate Calumet Superior Property Boundary

Notes:

- 1. Contour interval = 10ft.
- 2. Site datum = mean sea level (MSL).
- 3. Topographic map obtained from ArcGIS USA Topo Map Service. Service includes seamless, scanned image of USGS topographic maps.



Site Location Map			
CALUMET SUPERIOR, LLC SUPERIOR REFINERY SUPERIOR, WISCONSIN			
		Gannett Fleming, Inc. 8025 Excelsior Drive Madison WI 53717-1900 (608) 836-1500 www.gannettfleming.com	
Project No.	34265.003	Date	02/16/16
			Figure 1

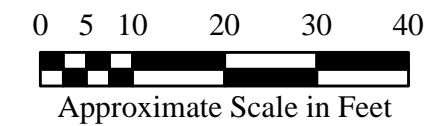



Legend

- Soil Sample Location With Detected Concentrations Above Applicable Direct Contact Limits (Dec. 2015)
- Soil Sample Location With Detected Concentrations Below Applicable Direct Contact Limits (Dec. 2015)
- Excavation Sidewall Soil Sample Location (Jan. 2016)
- Limits Of January 2016 Excavation Area
- Estimated Horizontal Extent Of The Historical Contamination

Note

Tank 27 is currently being used to store ultra-low sulfur kerosene



Tank 27 Historical Contamination Action (Dec. 2015/Jan. 2016)			
CALUMET SUPERIOR, LLC SUPERIOR REFINERY SUPERIOR, WISCONSIN			
		Gannett Fleming, Inc. 8025 Excelsior Drive Madison WI 53717-1900 (608) 836-1500 www.gannettfleming.com	
Project No.	34265.003	Date	2/16/16 Figure 3

CALUMET SUPERIOR, LLC
SUPERIOR, WISCONSIN

TABLE 1

TANK 27 BASIN SOIL ANALYTICAL RESULTS

Boring ID	Sample		Excavated & Landfilled (Yes/No)	PID (ppmv)	Benzene (mg/kg)	Ethyl-benzene (mg/kg)	MTBE (mg/kg)	Naphthalene (mg/kg)	Toluene (mg/kg)	Xylenes (mg/kg)	1,2,4-TMB (mg/kg)	1,3,5-TMB (mg/kg)	TMBs combined (mg/kg)
	Interval (ft bgs)	Date											
NR 720 RCL soil to groundwater pathway					<u>0.0051</u>	<u>1.57</u>	<u>0.027</u>	<u>0.6582</u>	<u>1.1072</u>	<u>3.96</u>	<u>NS</u>	<u>NS</u>	<u>1.3821</u>
NR 720 RCL for industrial direct contact					7.41	37	293	26	818	260	219	182	NS
GP-1	0-2	12/28/15	No	19	<0.025	0.293	<0.025	<u>0.87</u>	<0.025	0.343	0.025 U	0.025 U	0.050 U
GP-2	0-2	"	Yes	442	16	<u>19.4</u>	<u>0.871</u>	<u>15.1</u>	<0.125	<u>56.21</u>	43.6	14	<u>57.6</u>
	2-4	"	Yes	404	102	90.9	<u>4.38</u>	59	<u>153</u>	345.9	165	54	<u>219</u>
GP-3	2-4	"	No	137	<u>1.09</u>	0.382	<0.025	0.442	<0.025	0.717	0.762	0.21	0.972
GP-5	0-2	12/29/15	No	367	<u>5.26</u>	<u>10.1</u>	<u>0.42</u> J	<u>16.2</u>	<0.025	<u>28.5</u>	29.2	12.2	<u>41.4</u>
	2-4	"	No	128	<u>0.841</u>	0.796	<0.025	<u>1.03</u>	0.0757	2.52	2.06	0.792	<u>2.852</u>
GP-7	2-4	"	No	20	<0.025	0.0723	<0.025	0.509	<0.025	0.173	0.478	0.179	0.657
GP-9	2-4	"	No	113	<u>0.795</u>	1.35	<0.050	<u>2.38</u>	<0.050	3.088	3.82	2.01	<u>5.83</u>
GP-11	0-2	"	No	79	<u>0.0824</u>	0.349	<0.025	<u>0.879</u>	<0.025	0.861	1.4	0.591	<u>1.991</u>
GP-12	2-4	"	No	53	<u>1.18</u>	1.35	<0.050	<u>1.72</u>	<0.050	3.791	3.86	1.46	<u>5.32</u>
GP-13	2-4	"	No	128	<u>0.963</u>	<u>2.15</u>	<0.050	<u>3.63</u>	<0.050	<u>4.993</u>	6.48	3.19	<u>9.67</u>
GP-16	2-4	"	No	35	<u>0.692</u>	<u>3.12</u>	<0.0625	<u>4.72</u>	<0.0625	<u>7.612</u>	12.2	4.4	<u>16.6</u>
GP-17	2-4	"	No	23	<u>0.102</u>	0.488	<0.025	<u>1.05</u>	<0.025	1.456	2.19	1.06	<u>3.25</u>
SW-1	3	01/19/16	No	145	<u>2.03</u>	0.888	<u>0.501</u>	<0.317	0.804	3.04	0.801	5.14	<u>5.941</u>
SW-2	3	01/21/16	No	78	<0.0326	0.0584	<0.0652	0.455	<0.326	0.1094	0.123	0.288	0.411
SW-3	3	"	No	23	<u>0.0384</u>	<0.0322	<0.0644	<0.322	<0.322	0.1153	0.159	0.239	0.398
SW-4	4	01/22/16	No	199	<u>0.173</u>	0.176	<0.0682	<0.341	<0.341	0.2981	0.746	0.170	0.916

NOTES:

Concentrations are in units of milligrams per kilogram (mg/kg) on a dry weight basis.

Detected concentrations in bold are at or above an applicable NR 720 industrial direct contact RCL.

Detected concentrations underlined/italicized are at/above applicable NR 720 soil to groundwater pathway RCL.

NR 720 residual contaminant level (RCL) standards from WDNR's RR Program Soil RCL Excel workbook updated December 2015.

Samples analyzed for the petroleum volatile organic compounds and naphthalene.

Excavated & Landfilled = Indicates those sample intervals that are slated to be excavated and disposed of at a local landfill.

J = Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MTBE = Methyl tert butyl ether.

NS = No standard.

PID = Photo-ionization detector reading (with an 11.7-eV lamp) in parts per million, volume (ppmv).

TMBs (combined) = Trimethylbenzenes (1,2,4- and 1,3,5- combined).

U = Compound not detected at or above the detection limit, which is the value shown.

ATTACHMENT A

SOIL BORING LOGS AND FILLING AND SEALING REPORTS FOR GP-1 THROUGH GP-21


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

Page 1 of 1

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 1	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 28 / 2016 m m / d d / y y y y	Date Drilling Completed 12 / 28 / 2016 m m / d d / y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name GP-1	Final Static Water Level Feet MSL	Surface Elevation 660.10 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane N, E		Lat 46.88395236 Long -92.07095218		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID 816009590	County Douglas	County Code 1 6	Civil Town/City/ or Village Superior Township		

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		
GP-1/0-2			1	Gravel Fill				4.2							
			2	Brown, moist clay high plasticity				2.8							
			3												
			4												
			5												
			6						16.3						
			7												
			8												
			9						22.0						
			10												
			11												
			12					0.8							
			13	EOB											
			14												
			15												
			16												
			17												
			18												
			19												
			20												
			21												

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

Signature  Firm
Gannett Fleming

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

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 2	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 28 / 2016 m m / d d / y y y y	Date Drilling Completed 12 / 28 / 2016 m m / d d / y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name GP-2	Final Static Water Level Feet MSL	Surface Elevation 654.32 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane _____ N, _____ E		Lat 46.683950928°		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W		Long -92.07103520°		Feet _____ Feet _____	
Facility ID 816009590	County Douglas	County Code 1 6	Civil Town/City/ or Village Superior Township		

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Foot (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		
GP2/0-2			1	Brown, moist clay				442							
GP2/2-4			3	DK. Br./BK, wet coarse sand. Petrol product				404							
			8	Brown, moist clay				335							
			10	Bk. streaks on sleeve & core from layer above				17.7							
			14					54.6							
			19					0.2							
			20	EOB											


I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature _____ Firm Gannett Fleming

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

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 3	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 28 / 2016 m / d / y y y y	Date Drilling Completed 12 / 28 / 2016 m / d / y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name GP-3	Final Static Water Level Feet MSL	Surface Elevation 653.62 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane _____ N, _____ E NE 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W			Local Grid Location Lat 46.683957061 Long -92.071132014 <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior Township	

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	
GP 3/2-4			1	Brown, moist clay Petrol odor/sheen top 4'				84						
			2											
			3						36.5					
			4											
			5											
			6											
			7											
			8											
			9						8.0					
			10		EOB									


I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature:  Firm: Gannett Fleming

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

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 4	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 28 / 2016 m / m / d / d / y / y / y / y	Date Drilling Completed 12 / 28 / 2016 m / m / d / d / y / y / y / y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name GP-4	Final Static Water Level Feet MSL	Surface Elevation 654.38 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane _____ N, _____ E		Lat 46.683965565 Long -92.67122870		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior Township	
Facility ID 816009590					

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			
			1	Brown, moist clay EOB				1.0								
			2					0.3								
			3													
			4													
			5													

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


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

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 5	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 29 / 2016 m / m / d / d / y / y / y / y	Date Drilling Completed 12 / 29 / 2016 m / m / d / d / y / y / y / y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name GP-5	Final Static Water Level Feet MSL	Surface Elevation 654.44 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane N, E			Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		
NE 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W			Lat 46.684017803 Long -92.07103803		
Facility ID 816009590	County Douglas	County Code 1 6	Civil Town/City/ or Village Superior Township		

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		
GP-5/0-2			1	Br. Moist clay				367							
			2	BK. coarse sand. Petrol Prod											
GP-5/24			3												
			4	Brown, Moist clay				17.5							
			5												
			6												
			7												
			8	EOB											
			9												
			10												

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

Signature  Firm Gannett Fleming


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

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 6	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Eriik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 29 / 2016 m / d / y y y y	Date Drilling Completed 12 / 29 / 2016 m / d / y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name GP-6	Final Static Water Level Feet MSL	Surface Elevation 654.50 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane _____ N, _____ E			Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		
NE 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W			Lat 46.684088015 Long -92.07101668		
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior Township	

Sample Number and Type	Length Av. & 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	
			1	Br. moist clay				30						
			2					9.2						
			3	EOB										
			4											
			5											

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Signature  Firm
Gannett Fleming


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

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 7	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 29 / 2016 m / d / y y y y	Date Drilling Completed 12 / 29 / 2016 m / d / y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No. GP-7	Well Name GP-7		Final Static Water Level Feet MSL	Surface Elevation 654.84 Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane N, E		Lat 46.684025647° N Long -92.971107076° W		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior Township	
Facility ID 816009590					

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	
GP-7/2-4			1	Br. moist clay				15.8						
			2											
			3						20.3					
			4											
			5											
			6											
			7											
			8											
			9						5.2					
			10		EOB									

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Signature  Firm Gannett Fleming


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

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 8	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 29 / 2016 m / d / y y y y	Date Drilling Completed 12 / 29 / 2016 m / d / y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name GP-8	Final Static Water Level Feet MSL	Surface Elevation 654.73 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated) or Boring Location <input checked="" type="checkbox"/> State Plane N, E			Local Grid Location		
NE 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W			Lat 46.684019174° N	<input type="checkbox"/> N <input type="checkbox"/> E	<input type="checkbox"/> S <input type="checkbox"/> W
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior Township	

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	
			1	Br. moist clay				0.4						
			2					0.6						
			3	EOB										
			4											
			5											

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Signature  Firm Gannett Fleming


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

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 9	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 29 / 2016 m m / d d / y y y y		Date Drilling Completed 12 / 29 / 2016 m m / d d / y y y y	
WI Unique Well No.		DNR Well ID No.		Well Name GP-9	
Final Static Water Level Feet MSL		Surface Elevation 655.06 Feet MSL		Borehole Diameter 2 inches	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane N, E		Lat 46.683874413		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W		Long -92.971025746		Feet	
Facility ID 816009590		County Douglas		County Code 1 6	
				Civil Town/City/ or Village Superior Township	

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	
GP-9/2-4			1	Br. moist clay				31.1						
			2											
			3											
			4						112.7					
			5											
			6											
			7											
			8											
			9						0.6					
			10		EOB									

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

Signature 	Firm Gannett Fleming
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Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 10	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 29 / 2016 m m / d d / y y y y	Date Drilling Completed 12 / 29 / 2016 m m / d d / y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name GP-10	Final Static Water Level Feet MSL	Surface Elevation 655.47 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane N, E			Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		
NE 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W			Lat 46.683815280 Long -92.87103894		
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior Township	

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	
			1	Br. moist clay				0.5						
			2					0.9						
			3	EOB										
			4											
			5											

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Signature:  Firm: Gannett Fleming


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

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 11	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 29 / 2016 m / d / y y y y	Date Drilling Completed 12 / 29 / 2016 m / d / y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name GP-11	Final Static Water Level Feet MSL	Surface Elevation 655.55 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane _____ N, _____ E		Lat 46.683883830 Long -92.071137274		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W		County Code 1 6	Civil Town/City/ or Village Superior Township		
Facility ID 816009590		County Douglas			

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	PTD/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
GP-11/0-2			1	Br. moist clay				78.5						
			2											
			3											
			4					1.7						
			5	EOB										

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

Page 1 of 1

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 12	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 29 / 2016 m m / d d / y y y y	Date Drilling Completed 12 / 29 / 2016 m m / d d / y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name GP-12	Final Static Water Level Feet MSL	Surface Elevation 654.13 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane _____ N, _____ E			Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		
NE 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W			Lat 46.683905639 Long -92.07122709		
Facility ID 816009590	County Douglas	County Code 1 6	Civil Town/City/ or Village Superior Township		

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	
GP-12/2-4			1	Br. moist clay				57.2						
			2											
			3											
			4						53.2					
			5											
			6											
			7											
			8											
			9						5.0					
			10		EOB									

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Signature 	Firm Gannett Fleming
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Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

Page 1 of 1

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 13	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 29 / 2016 m m / d d / y y y y	Date Drilling Completed 12 / 29 / 2016 m m / d d / y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name GP-13	Final Static Water Level Feet MSL	Surface Elevation 654.35 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane _____ N, _____ E		Lat 46.683889274° N Long -92.07131362° W		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W		County Code 1 6		Civil Town/City/ or Village Superior Township	
Facility ID 816009590		County Douglas			

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	
GP-B/2-4			1	Br. moist clay				69.3						
			2											
			3											
			4											
			5											
			6											
			7											
			8											
			9											
			10		EOB				0.7					

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

Page 1 of 1

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 14
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 29 / 2016 m m / d d / y y y y	Date Drilling Completed 12 / 29 / 2016 m m / d d / y y y y	Drilling Method Geoprobe
WI Unique Well No.	DNR Well ID No.	Well Name GP-14	Final Static Water Level Feet MSL	Surface Elevation 654.20 Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane N, E		Lat 46.683885181° N Long -92.971420536° W		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W
Facility ID 816009590	County Douglas	County Code 1 6	Civil Town/City/ or Village Superior Township	

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	
			1	Br. moist clay				0.9						
			2					0.7						
			3	EOB										
			4											
			5											

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Gannett Fleming


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

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 15
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 29 / 2016 m m / d d / y y y y	Date Drilling Completed 12 / 29 / 2016 m m / d d / y y y y	Drilling Method Geoprobe
WI Unique Well No.	DNR Well ID No.	Well Name GP-15	Final Static Water Level Feet MSL	Surface Elevation 654.93 Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane _____ N, _____ E		Local Grid Location Lat 46.683849136° Long -92.871239776°		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W
NW 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W		County Code 1 6	Civil Town/City/ or Village Superior Township	
Facility ID 816009590		County Douglas		

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	
			1	Br. moist clay				1.9						
			2					1.4						
			3	EOB										
			4											
			5											

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

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 16	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 29 / 2016 m m / d d / y y y y	Date Drilling Completed 12 / 29 / 2016 m m / d d / y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name GP-16		Final Static Water Level Feet MSL	Surface Elevation 654.28 Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane _____ N, _____ E		Lat 46.683832380°		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W		Long -92.67112147°		Feet _____ Feet _____	
Facility ID 816009590	County Douglas	County Code 1 6	Civil Town/City/ or Village Superior Township		

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	
GP16/24			1	Br. moist clay				23.7						
			2											
			3						35.3					
			4											
			5											
			6											
			7											
			8											
			9						1.6					
			10	EOB										

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Signature  Firm Gannett Fleming

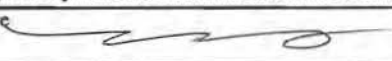
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Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 17
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 29 / 2016 m m / d d / y y y y	Date Drilling Completed 12 / 29 / 2016 m m / d d / y y y y	Drilling Method Geoprobe
WI Unique Well No.	DNR Well ID No.	Well Name GP-17	Final Static Water Level Feet MSL	Surface Elevation 655.44 Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane N, E		Lat 46.68376150617 Long -92.07112369617		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W
Facility ID 816009590	County Douglas	County Code 1 6	Civil Town/City/ or Village Superior Township	

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	
GP-17/2-4			1	Br. moist clay				15.6						
			2											
			3						23.1					
			4											
			5						0.0					
			6											

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Signature  Firm
Gannett Fleming

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

Page 1 of 1

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 18
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 29 / 2016 m m / d d / y y y y	Date Drilling Completed 12 / 29 / 2016 m m / d d / y y y y	Drilling Method Geoprobe
WI Unique Well No.	DNR Well ID No.	Well Name GP-18	Final Static Water Level Feet MSL	Surface Elevation 655.23 Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane _____ N, _____ E		Lat 46.683731838°		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W
NE 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W		Long -92.871231146°		Feet _____
Facility ID 816009590	County Douglas	County Code 1 6	Civil Town/City/ or Village Superior Township	

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			
			1	Br. moist clay				0.1								
			2					0.6								
			3	EOB												
			4													
			5													

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

Signature  Firm
Gannett Fleming

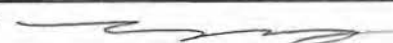
This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally 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

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 19
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 29 / 2016 m m / d d / y y y y	Date Drilling Completed 12 / 29 / 2016 m m / d d / y y y y	Drilling Method Geoprobe
WI Unique Well No.	DNR Well ID No.	Well Name GP-19	Final Static Water Level Feet MSL	Surface Elevation 655.11 Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane _____ N, _____ E		Lat 46.683729247"		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W
NE 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W		Long -92.87104746"		
Facility ID 816009590	County Douglas	County Code 1 6	Civil Town/City/ or Village Superior Township	

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					ROD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
			1	Br. Moist clay				0.0						
			2					0.2						
			3	EOB										
			4											
			5											

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

Signature 	Firm Gannett Fleming
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Route To: Watershed/Wastewater Waste Management
Remediation/Revelpment Other

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 20	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 29 / 2016 m m / d d / y y y y	Date Drilling Completed 12 / 29 / 2016 m m / d d / y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name GP-20	Final Static Water Level Feet MSL	Surface Elevation 657.18 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane N, E		Lat 46.683887463 Long -92.870912006		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W		County Code 1 6		Civil Town/City/ or Village Superior Township	
Facility ID 816009590		County Douglas			

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	
			1	Gravel fill				0.3						
			2	Br. moist clay EOB				0.2						
			3											
			4											
			5											

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

Signature  Firm Gannett Fleming


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

Facility/Project Name Calumet Superior		License/Permit/Monitoring Number		Boring Number 21
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Erik Last Name: Moe Firm: Twin Ports Testing		Date Drilling Started 12 / 29 / 2016 m m / d d / y y y y	Date Drilling Completed 12 / 29 / 2016 m m / d d / y y y y	Drilling Method Geoprobe
WI Unique Well No.	DNR Well ID No.	Well Name GP-21	Final Static Water Level Feet MSL	Surface Elevation 654.71 Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane _____ N, _____ E		Lat 46.6839983011 Long -92.870909966		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W
NE 1/4 of SW 1/4 of Section 36, T 49 N, R 14 W		County Code 1 6	Civil Town/City/ or Village Superior Township	
Facility ID 816009590		County Douglas		

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	
			1	Gravel Fill				0.4						
			2	Br moist clay				2.4						
			3											
			4											
			5	EOB										

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

Signature  Firm Gannett Fleming

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Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) 46.683952365 N 92.070952189 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW, NE ¼ SW or Gov't Lot #	Section 36	Township 49 N
Well Street Address 2407 Stinson Ave.	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Superior Township	Well ZIP Code 54880	
Subdivision Name	Lot #	

Facility Name Calumet-Superior		
Facility ID (FID or PWS) 816009590		
License/Permit/Monitoring # _____		
Original Well Owner Calumet-Superior		
Present Well Owner Calumet-Superior		
Mailing Address of Present Owner 2407 Stinson Ave.		
City of Present Owner Superior	State WI	ZIP Code 54880

Reason for Removal from Service Soil Sample Boring	WI Unique Well # of Replacement Well _____
--	---

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/28/2015
<input type="checkbox"/> Water Well	
<input checked="" type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): DPT	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 12.5	Casing Diameter (in.) N/A
Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)


4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Other (Explain): _____	
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Concrete	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	12.5	31.25lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing Twin Ports Testing	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/28/2015	Date Received	Noted By
Street or Route 1301 N. 3rd St.	Telephone Number (715) 392-7114		Comments	
City Superior	State WI	ZIP Code 54880	Signature of Person Doing Work 	Date Signed 2/11/16

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) 46.683950928 N 92.071035204 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW, NE ¼ SW or Gov't Lot #	Section 36	Township 49 N
Well Street Address 2407 Stinson Ave.	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Superior Township	Well ZIP Code 54880	
Subdivision Name	Lot #	

Facility Name Calumet-Superior		
Facility ID (FID or PWS) 816009590		
License/Permit/Monitoring # _____		
Original Well Owner Calumet-Superior		
Present Well Owner Calumet-Superior		
Mailing Address of Present Owner 2407 Stinson Ave.		
City of Present Owner Superior	State WI	ZIP Code 54880

Reason for Removal from Service Soil Sample Boring	WI Unique Well # of Replacement Well _____
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/28/2015
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input checked="" type="checkbox"/> Borehole / Drillhole	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): DPT	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 19	Casing Diameter (in.) N/A
Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

4. Pump, Liner, Screen, Casing & Sealing Material


Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped		
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____		
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete		
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input checked="" type="checkbox"/> Bentonite Chips		
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout		
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry		

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	19	47.5lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing Twin Ports Testing	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/28/2015	Date Received	Noted By
Street or Route 1301 N. 3rd St.	City Superior	State WI	ZIP Code 54880	Telephone Number (715) 392-7114
Signature of Person Doing Work 			Comments	
Date Signed 2/11/16				

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas		WI Unique Well # of Removed Well	Hicap #	Facility Name Calumet-Superior	
Latitude / Longitude (see instructions) 46.683957061 N		Format Code <input checked="" type="checkbox"/> DD	Method Code <input checked="" type="checkbox"/> GPS008	Facility ID (FID or PWS) 816009590	
92.071132014 W		<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	License/Permit/Monitoring #	
¼ / ¼ NW, NE ¼ SW or Gov't Lot #	Section 36	Township 49 N	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Calumet-Superior
Well Street Address 2407 Stinson Ave.			Present Well Owner Calumet-Superior		
Well City, Village or Town Superior Township			Mailing Address of Present Owner 2407 Stinson Ave.		
Subdivision Name			Lot #	City of Present Owner Superior	State WI
				ZIP Code 54880	

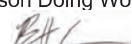
3. Filled & Sealed Well / Drillhole / Borehole Information **4. Pump, Liner, Screen, Casing & Sealing Material**

Reason for Removal from Service Soil Sample Boring	WI Unique Well # of Replacement Well	Original Construction Date (mm/dd/yyyy) 12/28/2015		Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Monitoring Well		If a Well Construction Report is available, please attach.		Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well				Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Borehole / Drillhole				Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Construction Type:				Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Other (specify): DPT				Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:				Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 9	Casing Diameter (in.) N/A	Required Method of Placing Sealing Material		If bentonite chips were used, were they hydrated with water from a known safe source?			
Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) N/A	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Was well annular space grouted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		Sealing Materials			
If yes, to what depth (feet)?	Depth to Water (feet)			<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
				For Monitoring Wells and Monitoring Well Boreholes Only:			
				<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	9	22.5lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing Twin Ports Testing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/28/2015	Date Received	Noted By
Street or Route 1301 N. 3rd St.	City Superior	State WI	ZIP Code 54880	Signature of Person Doing Work 
Telephone Number (715) 392-7114			Date Signed 2/11/16	
Comments				

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) 46.683965565 N 92.071228707 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW, NE ¼ SW or Gov't Lot #	Section 36	Township 49 N
Well Street Address 2407 Stinson Ave.	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Superior Township	Well ZIP Code 54880	
Subdivision Name	Lot #	

Facility Name Calumet-Superior		
Facility ID (FID or PWS)		
License/Permit/Monitoring # 816009590		
Original Well Owner Calumet-Superior		
Present Well Owner Calumet-Superior		
Mailing Address of Present Owner 2407 Stinson Ave.		
City of Present Owner Superior	State WI	ZIP Code 54880

Reason for Removal from Service Soil Sample Boring	WI Unique Well # of Replacement Well _____
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 12/28/2015 If a Well Construction Report is available, please attach.
---	--

Construction Type:
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): DPT

Formation Type:
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock

Total Well Depth From Ground Surface (ft.) 4	Casing Diameter (in.) N/A
--	-------------------------------------

Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) N/A
--	----------------------------------

Was well annular space grouted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	---

If yes, to what depth (feet)?	Depth to Water (feet)
-------------------------------	-----------------------

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Required Method of Placing Sealing Material
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____

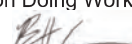
Sealing Materials
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:
<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	4	10lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing Twin Ports Testing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/28/2016	Date Received	Noted By
Street or Route 1301 N. 3rd St.	City Superior	State WI	ZIP Code 54880	Telephone Number (715) 392-7114
Signature of Person Doing Work 			Comments	
Date Signed 2/11/16				

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) 46.684017803 N 92.071038033 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW, NE ¼ SW or Gov't Lot #	Section 36	Township 49 N
Well Street Address 2407 Stinson Ave.	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Superior Township	Well ZIP Code 54880	
Subdivision Name	Lot #	

Facility Name Calumet-Superior		
Facility ID (FID or PWS) 816009590		
License/Permit/Monitoring # _____		
Original Well Owner Calumet-Superior		
Present Well Owner Calumet-Superior		
Mailing Address of Present Owner 2407 Stinson Ave.		
City of Present Owner Superior	State WI	ZIP Code 54880

Reason for Removal from Service Soil Sample Boring	WI Unique Well # of Replacement Well _____
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/29/2015
<input type="checkbox"/> Water Well	
<input checked="" type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): DPT	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 9	Casing Diameter (in.) N/A
Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

4. Pump, Liner, Screen, Casing & Sealing Material


Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Other (Explain): _____	
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Concrete	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	22.5	10lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing Twin Ports Testing	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/29/2015	Date Received	Noted By
Street or Route 1301 N. 3rd St.	Telephone Number (715) 392-7114		Comments	
City Superior	State WI	ZIP Code 54880	Signature of Person Doing Work 	Date Signed 2/11/16

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) 46.684088015 N 92.071016688 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW, NE ¼ SW or Gov't Lot #	Section 36	Township 49 N
Well Street Address 2407 Stinson Ave.	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Superior Township	Well ZIP Code 54880	
Subdivision Name	Lot #	

Facility Name Calumet-Superior		
Facility ID (FID or PWS) 816009590		
License/Permit/Monitoring # _____		
Original Well Owner Calumet-Superior		
Present Well Owner Calumet-Superior		
Mailing Address of Present Owner 2407 Stinson Ave.		
City of Present Owner Superior	State WI	ZIP Code 54880

Reason for Removal from Service Soil Sample Boring	WI Unique Well # of Replacement Well _____
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 12/29/2015 If a Well Construction Report is available, please attach.
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Construction Type:
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): DPT

Formation Type:
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock

Total Well Depth From Ground Surface (ft.) 4	Casing Diameter (in.) N/A
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Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) N/A
--	----------------------------------

Was well annular space grouted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	---

If yes, to what depth (feet)?	Depth to Water (feet)
-------------------------------	-----------------------

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Required Method of Placing Sealing Material
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____

Sealing Materials
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:
<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	4	10lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing Twin Ports Testing	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/29/2016	Date Received	Noted By
Street or Route 1301 N. 3rd St.	City Superior	State WI	ZIP Code 54880	Telephone Number (715) 392-7114
Signature of Person Doing Work <i>[Signature]</i>			Comments	
Date Signed 2/11/16				

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) 46.684025647 N 92.071107075 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW, NE ¼ SW or Gov't Lot #	Section 36	Township 49 N
Well Street Address 2407 Stinson Ave.	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Superior Township	Well ZIP Code 54880	
Subdivision Name	Lot #	

Facility Name Calumet-Superior		
Facility ID (FID or PWS) 816009590		
License/Permit/Monitoring # _____		
Original Well Owner Calumet-Superior		
Present Well Owner Calumet-Superior		
Mailing Address of Present Owner 2407 Stinson Ave.		
City of Present Owner Superior	State WI	ZIP Code 54880

Reason for Removal from Service Soil Sample Boring	WI Unique Well # of Replacement Well _____
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/29/2015
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input checked="" type="checkbox"/> Borehole / Drillhole	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): DPT	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 9	Casing Diameter (in.) N/A
Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

4. Pump, Liner, Screen, Casing & Sealing Material

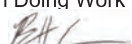
Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		
Sealing Materials	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips		
For Monitoring Wells and Monitoring Well Boreholes Only:	<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry		

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	9	22.5lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing Twin Ports Testing	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/29/2015	Date Received	Noted By
Street or Route 1301 N. 3rd St.	City Superior	State WI	ZIP Code 54880	Telephone Number (715) 392-7114
Signature of Person Doing Work 			Comments	
Date Signed 2/11/16				

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) 46.684019174 N 92.071225688 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW, NE ¼ SW or Gov't Lot #	Section 36	Township 49 N
Well Street Address 2407 Stinson Ave.	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Superior Township	Well ZIP Code 54880	
Subdivision Name	Lot #	

Facility Name Calumet-Superior		
Facility ID (FID or PWS) 816009590		
License/Permit/Monitoring # _____		
Original Well Owner Calumet-Superior		
Present Well Owner Calumet-Superior		
Mailing Address of Present Owner 2407 Stinson Ave.		
City of Present Owner Superior	State WI	ZIP Code 54880

Reason for Removal from Service Soil Sample Boring	WI Unique Well # of Replacement Well _____
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/29/2015
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input checked="" type="checkbox"/> Borehole / Drillhole	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): DPT	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 4	Casing Diameter (in.) N/A
Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)


4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped		
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____		
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete		
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input checked="" type="checkbox"/> Bentonite Chips		
<i>For Monitoring Wells and Monitoring Well Boreholes Only:</i>			
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout		
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry		

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	4	10lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing Twin Ports Testing	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/29/2015	Date Received	Noted By
Street or Route 1301 N. 3rd St.	Telephone Number (715) 392-7114	Comments		
City Superior	State WI	ZIP Code 54880	Signature of Person Doing Work 	Date Signed 2/11/16

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) 46.683874413 N 92.071025740 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW, NE ¼ SW or Gov't Lot #	Section 36	Township 49 N
Well Street Address 2407 Stinson Ave.	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Superior Township	Well ZIP Code 54880	
Subdivision Name	Lot #	

Facility Name Calumet-Superior		
Facility ID (FID or PWS) 816009590		
License/Permit/Monitoring # _____		
Original Well Owner Calumet-Superior		
Present Well Owner Calumet-Superior		
Mailing Address of Present Owner 2407 Stinson Ave.		
City of Present Owner Superior	State WI	ZIP Code 54880

Reason for Removal from Service Soil Sample Boring	WI Unique Well # of Replacement Well _____
--	---

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/29/2015
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input checked="" type="checkbox"/> Borehole / Drillhole	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): DPT	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 9	Casing Diameter (in.) N/A
Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

4. Pump, Liner, Screen, Casing & Sealing Material

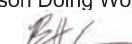
Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		
Sealing Materials	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips		
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout		
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry		

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	9	22.5lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing Twin Ports Testing	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/29/2015	Date Received	Noted By
Street or Route 1301 N. 3rd St.	City Superior	State WI	ZIP Code 54880	Telephone Number (715) 392-7114
Signature of Person Doing Work 			Comments	
Date Signed 2/11/16				

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County: **Douglas** WI Unique Well # of Removed Well: _____ Hicap #: _____

Facility Name: **Calumet-Superior**

Latitude / Longitude (see instructions): **46.683815280** N Format Code: DD Method Code: GPS008
92.071038948 W DDM SCR002 OTH001

Facility ID (FID or PWS): **816009590**

¼ / ¼ NW, NE ¼ SW or Gov't Lot #: _____ Section: **36** Township: **49 N** Range: **14** E W

License/Permit/Monitoring #: _____

Well Street Address: **2407 Stinson Ave.**

Original Well Owner: **Calumet-Superior**

Well City, Village or Town: **Superior Township** Well ZIP Code: **54880**

Present Well Owner: **Calumet-Superior**

Subdivision Name: _____ Lot #: _____

Mailing Address of Present Owner: **2407 Stinson Ave.**

Reason for Removal from Service: **Soil Sample Boring** WI Unique Well # of Replacement Well: _____

City of Present Owner: **Superior** State: **WI** ZIP Code: **54880**

3. Filled & Sealed Well / Drillhole / Borehole Information

4. Pump, Liner, Screen, Casing & Sealing Material

Monitoring Well Original Construction Date (mm/dd/yyyy): **12/29/2015**
 Water Well If a Well Construction Report is available, please attach.
 Borehole / Drillhole

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? Yes No N/A
 Screen removed? Yes No N/A
 Casing left in place? Yes No N/A

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): **DPT**

Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Formation Type:
 Unconsolidated Formation Bedrock

Required Method of Placing Sealing Material
 Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): _____

Total Well Depth From Ground Surface (ft.): **4** Casing Diameter (in.): **N/A**

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

Lower Drillhole Diameter (in.): **2** Casing Depth (ft.): **N/A**

Was well annular space grouted? Yes No Unknown

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

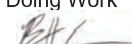
If yes, to what depth (feet)? _____ Depth to Water (feet): _____

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	4	10lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing: Twin Ports Testing	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): 12/29/2015	Date Received: _____	Noted By: _____
Street or Route: 1301 N. 3rd St.	City: Superior	State: WI	ZIP Code: 54880	Telephone Number: (715) 392-7114
Signature of Person Doing Work: 			Comments: _____	
Date Signed: 2/11/16				

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) 46.683883830 N 92.071137271 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW, NE ¼ SW or Gov't Lot #	Section 36	Township 49 N
Well Street Address 2407 Stinson Ave.	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Superior Township	Well ZIP Code 54880	
Subdivision Name	Lot #	

Facility Name Calumet-Superior		
Facility ID (FID or PWS) 816009590		
License/Permit/Monitoring # _____		
Original Well Owner Calumet-Superior		
Present Well Owner Calumet-Superior		
Mailing Address of Present Owner 2407 Stinson Ave.		
City of Present Owner Superior	State WI	ZIP Code 54880

Reason for Removal from Service Soil Sample Boring	WI Unique Well # of Replacement Well _____
--	---

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 12/29/2015 If a Well Construction Report is available, please attach.
---	--

Construction Type:
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): DPT

Formation Type:
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock

Total Well Depth From Ground Surface (ft.) 4	Casing Diameter (in.) N/A
--	-------------------------------------

Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) N/A
--	----------------------------------

Was well annular space grouted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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If yes, to what depth (feet)?	Depth to Water (feet)

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Required Method of Placing Sealing Material
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____

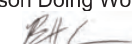
Sealing Materials
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:
<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	4	10lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing Twin Ports Testing	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/29/2015	Date Received	Noted By
Street or Route 1301 N. 3rd St.	City Superior	State WI	ZIP Code 54880	Telephone Number (715) 392-7114
Signature of Person Doing Work 			Comments	
Date Signed 2/11/16				

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) 46.683905639 N 92.071227091 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW, NE ¼ SW or Gov't Lot #	Section 36	Township 49 N
Well Street Address 2407 Stinson Ave.	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Superior Township	Well ZIP Code 54880	
Subdivision Name	Lot #	

Facility Name Calumet-Superior		
Facility ID (FID or PWS) 816009590		
License/Permit/Monitoring # _____		
Original Well Owner Calumet-Superior		
Present Well Owner Calumet-Superior		
Mailing Address of Present Owner 2407 Stinson Ave.		
City of Present Owner Superior	State WI	ZIP Code 54880

Reason for Removal from Service Soil Sample Boring	WI Unique Well # of Replacement Well _____
--	---

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/29/2015
<input type="checkbox"/> Water Well	
<input checked="" type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type:	
<input type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)
<input checked="" type="checkbox"/> Other (specify): DPT	<input type="checkbox"/> Dug
Formation Type:	
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock
Total Well Depth From Ground Surface (ft.) 9	Casing Diameter (in.) N/A
Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

4. Pump, Liner, Screen, Casing & Sealing Material

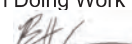
Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped		
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____		
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete		
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input checked="" type="checkbox"/> Bentonite Chips		
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout		
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry		

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	9	22.5lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing Twin Ports Testing	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/29/2015	Date Received	Noted By
Street or Route 1301 N. 3rd St.	Telephone Number (715) 392-7114		Comments	
City Superior	State WI	ZIP Code 54880	Signature of Person Doing Work 	Date Signed 2/11/16

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County: **Douglas** WI Unique Well # of Removed Well: _____ Hicap #: _____

Facility Name: **Calumet-Superior**

Latitude / Longitude (see instructions): **46.683889274** N Format Code: DD Method Code: GPS008
92.071313620 W DDM SCR002
 OTH001

Facility ID (FID or PWS): **816009590**

¼ / ¼ NW, NE ¼ SW or Gov't Lot #: _____ Section: **36** Township: **49 N** Range: **14** E W

License/Permit/Monitoring #: _____

Well Street Address: **2407 Stinson Ave.**

Original Well Owner: **Calumet-Superior**

Well City, Village or Town: **Superior Township** Well ZIP Code: **54880**

Present Well Owner: **Calumet-Superior**

Subdivision Name: _____ Lot #: _____

Mailing Address of Present Owner: **2407 Stinson Ave.**

City of Present Owner: **Superior** State: **WI** ZIP Code: **54880**

Reason for Removal from Service: **Soil Sample Boring** WI Unique Well # of Replacement Well: _____

4. Pump, Liner, Screen, Casing & Sealing Material

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **12/29/2015**
 Water Well If a Well Construction Report is available, please attach.
 Borehole / Drillhole

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? Yes No N/A
 Screen removed? Yes No N/A
 Casing left in place? Yes No N/A

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): **DPT**

Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Formation Type:
 Unconsolidated Formation Bedrock

Required Method of Placing Sealing Material
 Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): _____

Total Well Depth From Ground Surface (ft.): **9** Casing Diameter (in.): **N/A**

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

Lower Drillhole Diameter (in.): **2** Casing Depth (ft.): **N/A**

Was well annular space grouted? Yes No Unknown

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

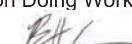
If yes, to what depth (feet)? _____ Depth to Water (feet): _____

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	9	22.5lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing: Twin Ports Testing	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): 12/29/2015	Date Received: _____	Noted By: _____
Street or Route: 1301 N. 3rd St.	City: Superior	State: WI	ZIP Code: 54880	Telephone Number: (715) 392-7114
Signature of Person Doing Work: 			Comments: _____	
Date Signed: 2/11/16				

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) 46.683885181 N 92.071420532 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW, NE ¼ SW or Gov't Lot #	Section 36	Township 49 N
Well Street Address 2407 Stinson Ave.	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Superior Township	Well ZIP Code 54880	
Subdivision Name	Lot #	

Facility Name Calumet-Superior		
Facility ID (FID or PWS) 816009590		
License/Permit/Monitoring # _____		
Original Well Owner Calumet-Superior		
Present Well Owner Calumet-Superior		
Mailing Address of Present Owner 2407 Stinson Ave.		
City of Present Owner Superior	State WI	ZIP Code 54880

Reason for Removal from Service Soil Sample Boring	WI Unique Well # of Replacement Well _____
--	---

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/29/2015
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input checked="" type="checkbox"/> Borehole / Drillhole	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): DPT	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 4	Casing Diameter (in.) N/A
Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

4. Pump, Liner, Screen, Casing & Sealing Material

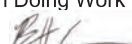
Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		
Sealing Materials	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips		
For Monitoring Wells and Monitoring Well Boreholes Only:	<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry		

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	4	10lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing Twin Ports Testing	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/29/2015	Date Received	Noted By
Street or Route 1301 N. 3rd St.	Telephone Number (715) 392-7114	Comments		
City Superior	State WI	ZIP Code 54880	Signature of Person Doing Work 	Date Signed 2/11/16

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County: **Douglas** WI Unique Well # of Removed Well: _____ Hicap #: _____

Facility Name: **Calumet-Superior**

Latitude / Longitude (see instructions): **46.683849136** N Format Code: DD Method Code: GPS008
92.071239776 W DDM SCR002 OTH001

Facility ID (FID or PWS): **816009590**

¼ / ¼ NW, NE ¼ SW or Gov't Lot #: _____ Section: **36** Township: **49 N** Range: **14** E W

License/Permit/Monitoring #: _____

Well Street Address: **2407 Stinson Ave.**

Original Well Owner: **Calumet-Superior**

Well City, Village or Town: **Superior Township** Well ZIP Code: **54880**

Present Well Owner: **Calumet-Superior**

Subdivision Name: _____ Lot #: _____

Mailing Address of Present Owner: **2407 Stinson Ave.**

City of Present Owner: **Superior** State: **WI** ZIP Code: **54880**

Reason for Removal from Service: **Soil Sample Boring** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

4. Pump, Liner, Screen, Casing & Sealing Material

Monitoring Well Original Construction Date (mm/dd/yyyy): **12/29/2015**
 Water Well If a Well Construction Report is available, please attach.
 Borehole / Drillhole

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? Yes No N/A
 Screen removed? Yes No N/A
 Casing left in place? Yes No N/A

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): **DPT**

Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Formation Type:
 Unconsolidated Formation Bedrock

Required Method of Placing Sealing Material
 Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): _____

Total Well Depth From Ground Surface (ft.): **4** Casing Diameter (in.): **N/A**

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

Lower Drillhole Diameter (in.): **2** Casing Depth (ft.): **N/A**

Was well annular space grouted? Yes No Unknown

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

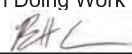
If yes, to what depth (feet)? _____ Depth to Water (feet): _____

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	4	10lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing: Twin Ports Testing	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): 12/29/2015	Date Received: _____	Noted By: _____
Street or Route: 1301 N. 3rd St.	City: Superior	State: WI	ZIP Code: 54880	Telephone Number: (715) 392-7114
Signature of Person Doing Work: 			Date Signed: 2/11/16	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) 46.683832380 N 92.071121472 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW, NE ¼ SW or Gov't Lot #	Section 36	Township 49 N
Well Street Address 2407 Stinson Ave.	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Superior Township	Well ZIP Code 54880	
Subdivision Name	Lot #	

Facility Name Calumet-Superior		
Facility ID (FID or PWS) 816009590		
License/Permit/Monitoring # _____		
Original Well Owner Calumet-Superior		
Present Well Owner Calumet-Superior		
Mailing Address of Present Owner 2407 Stinson Ave.		
City of Present Owner Superior	State WI	ZIP Code 54880

Reason for Removal from Service Soil Sample Boring	WI Unique Well # of Replacement Well _____
--	---

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/29/2015
<input type="checkbox"/> Water Well	
<input checked="" type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): DPT	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 9	Casing Diameter (in.) N/A
Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

4. Pump, Liner, Screen, Casing & Sealing Material


Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Other (Explain): _____	
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Concrete	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	9	22.5lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing Twin Ports Testing	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/29/2015	Date Received	Noted By
Street or Route 1301 N. 3rd St.	Telephone Number (715) 392-7114		Comments	
City Superior	State WI	ZIP Code 54880	Signature of Person Doing Work 	Date Signed 2/11/16

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County: **Douglas** WI Unique Well # of Removed Well: _____ Hicap #: _____

Facility Name: **Calumet-Superior**

Latitude / Longitude (see instructions):
46.683761506 N Format Code: DD Method Code: GPS008
92.071123692 W DDM SCR002
 OTH001

Facility ID (FID or PWS): **816009590**

¼ / ¼ NW, NE ¼ SW or Gov't Lot #: _____ Section: **36** Township: **49 N** Range: **14** E W

License/Permit/Monitoring #: _____

Well Street Address: **2407 Stinson Ave.**

Original Well Owner: **Calumet-Superior**

Well City, Village or Town: **Superior Township** Well ZIP Code: **54880**

Present Well Owner: **Calumet-Superior**

Subdivision Name: _____ Lot #: _____

Mailing Address of Present Owner: **2407 Stinson Ave.**

Reason for Removal from Service: **Soil Sample Boring** WI Unique Well # of Replacement Well: _____

City of Present Owner: **Superior** State: **WI** ZIP Code: **54880**

3. Filled & Sealed Well / Drillhole / Borehole Information

4. Pump, Liner, Screen, Casing & Sealing Material

Monitoring Well Original Construction Date (mm/dd/yyyy): **12/29/2015**
 Water Well If a Well Construction Report is available, please attach.
 Borehole / Drillhole

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? Yes No N/A
 Screen removed? Yes No N/A
 Casing left in place? Yes No N/A

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): **DPT**

Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Formation Type:
 Unconsolidated Formation Bedrock

Required Method of Placing Sealing Material
 Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): _____

Total Well Depth From Ground Surface (ft.): **9** Casing Diameter (in.): **N/A**

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

Lower Drillhole Diameter (in.): **2** Casing Depth (ft.): **N/A**

Was well annular space grouted? Yes No Unknown

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry


If yes, to what depth (feet)? _____ Depth to Water (feet): _____

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	9	22.5lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing: Twin Ports Testing	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): 12/29/2016	Date Received: _____	Noted By: _____
Street or Route: 1301 N. 3rd St.	City: Superior	State: WI	ZIP Code: 54880	Telephone Number: (715) 392-7114
Signature of Person Doing Work: 			Date Signed: 2/11/16	

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Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) 46.683731838 N 92.071231141 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW, NE ¼ SW or Gov't Lot #	Section 36	Township 49 N
Well Street Address 2407 Stinson Ave.	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Superior Township	Well ZIP Code 54880	
Subdivision Name	Lot #	

Facility Name Calumet-Superior		
Facility ID (FID or PWS) 816009590		
License/Permit/Monitoring # _____		
Original Well Owner Calumet-Superior		
Present Well Owner Calumet-Superior		
Mailing Address of Present Owner 2407 Stinson Ave.		
City of Present Owner Superior	State WI	ZIP Code 54880

Reason for Removal from Service Soil Sample Boring	WI Unique Well # of Replacement Well _____
--	---

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/29/2015
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input checked="" type="checkbox"/> Borehole / Drillhole	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): DPT	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 4	Casing Diameter (in.) N/A
Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

4. Pump, Liner, Screen, Casing & Sealing Material


Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
Sealing Materials	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips
<i>For Monitoring Wells and Monitoring Well Boreholes Only:</i>	
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	4	10lbs	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Twin Ports Testing	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/29/2015	DNR Use Only	
Street or Route 1301 N. 3rd St.	City Superior	State WI	Date Received	Noted By
Telephone Number (715) 392-7114	ZIP Code 54880	Signature of Person Doing Work 	Comments	Date Signed 2/11/16

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Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) 46.683729247 N 92.071047468 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW, NE ¼ SW or Gov't Lot #	Section 36	Township 49 N
Well Street Address 2407 Stinson Ave.	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Superior Township	Well ZIP Code 54880	
Subdivision Name	Lot #	

Facility Name Calumet-Superior		
Facility ID (FID or PWS) 816009590		
License/Permit/Monitoring # _____		
Original Well Owner Calumet-Superior		
Present Well Owner Calumet-Superior		
Mailing Address of Present Owner 2407 Stinson Ave.		
City of Present Owner Superior	State WI	ZIP Code 54880

Reason for Removal from Service Soil Sample Boring	WI Unique Well # of Replacement Well _____
--	---

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/29/2015
<input type="checkbox"/> Water Well	
<input checked="" type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.

Construction Type:
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug
<input checked="" type="checkbox"/> Other (specify): DPT

Formation Type:
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock

Total Well Depth From Ground Surface (ft.) 4	Casing Diameter (in.) N/A
--	-------------------------------------

Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) N/A
--	----------------------------------

Was well annular space grouted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	---

If yes, to what depth (feet)?	Depth to Water (feet)
-------------------------------	-----------------------

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

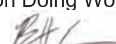
Required Method of Placing Sealing Material
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____

Sealing Materials
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:
<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	4	10lbs	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing Twin Ports Testing	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/29/2015	Date Received	Noted By
Street or Route 1301 N. 3rd St.	Telephone Number (715) 392-7114	Comments		
City Superior	State WI	ZIP Code 54880	Signature of Person Doing Work 	Date Signed 2/11/16

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Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) 46.683887463 N 92.070912005 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW, NE ¼ SW or Gov't Lot #	Section 36	Township 49 N
Well Street Address 2407 Stinson Ave.	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Superior Township	Well ZIP Code 54880	
Subdivision Name	Lot #	

Facility Name Calumet-Superior		
Facility ID (FID or PWS) 816009590		
License/Permit/Monitoring # _____		
Original Well Owner Calumet-Superior		
Present Well Owner Calumet-Superior		
Mailing Address of Present Owner 2407 Stinson Ave.		
City of Present Owner Superior	State WI	ZIP Code 54880

Reason for Removal from Service Soil Sample Boring	WI Unique Well # of Replacement Well _____
--	---

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 12/29/2015 If a Well Construction Report is available, please attach.
---	--

Construction Type:
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): DPT

Formation Type:
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock

Total Well Depth From Ground Surface (ft.) 4	Casing Diameter (in.) N/A
--	-------------------------------------

Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) N/A
--	----------------------------------

Was well annular space grouted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	---

If yes, to what depth (feet)?	Depth to Water (feet)
-------------------------------	-----------------------

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Required Method of Placing Sealing Material
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____

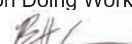
Sealing Materials
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:
<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	4	10lbs	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Twin Ports Testing	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/29/2015	DNR Use Only	
Street or Route 1301 N. 3rd St.	City Superior	State WI	Date Received	Noted By
Telephone Number (715) 392-7114	ZIP Code 54880	Signature of Person Doing Work 	Comments	Date Signed 2/11/16

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, 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. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas		WI Unique Well # of Removed Well	Hicap #	Facility Name Calumet-Superior	
Latitude / Longitude (see instructions) 46.683998301 N		Format Code <input checked="" type="checkbox"/> DD	Method Code <input checked="" type="checkbox"/> GPS008	Facility ID (FID or PWS) 816009590	
92.070909968 W		<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	License/Permit/Monitoring #	
¼ / ¼ NW, NE ¼ SW or Gov't Lot #	Section 36	Township 49 N	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Calumet-Superior
Well Street Address 2407 Stinson Ave.			Present Well Owner Calumet-Superior		
Well City, Village or Town Superior Township			Mailing Address of Present Owner 2407 Stinson Ave.		
Subdivision Name			Lot #	City of Present Owner Superior	State WI
				ZIP Code 54880	

4. Pump, Liner, Screen, Casing & Sealing Material

Reason for Removal from Service Soil Sample Boring	WI Unique Well # of Replacement Well	Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
		Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
		Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
		Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
		Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
		Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
		Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
		If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

3. Filled & Sealed Well / Drillhole / Borehole Information


<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/29/2015
<input type="checkbox"/> Water Well	
<input checked="" type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type:	
<input type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)
<input checked="" type="checkbox"/> Other (specify): DPT	<input type="checkbox"/> Dug
Formation Type:	
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock
Total Well Depth From Ground Surface (ft.) 4	Casing Diameter (in.) N/A
Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	4	10lbs	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Twin Ports Testing		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/29/2015	DNR Use Only	
Street or Route 1301 N. 3rd St.		State WI	ZIP Code 54880	Date Received	Noted By
City Superior		Telephone Number (715) 392-7114		Comments	
Signature of Person Doing Work 			Date Signed 2/11/16		

ATTACHMENT B

LABORATORY REPORTS AND CHAIN-OF-CUSTODY RECORDS FOR SOIL SAMPLES

January 06, 2016

Project #34265.003
Calumet Superior T27
Reviewed by CCW
1/6/16

Clifford Wright
Gannett Fleming
8025 Excelsior Drive
Madison, WI 53717

RE: Project: 34265.003 CS-T27
Pace Project No.: 40126700

Dear Clifford Wright:

Enclosed are the analytical results for sample(s) received by the laboratory on December 31, 2015. The results relate only to the samples included in this report. Results reported herein conform to the most current TNI standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Dan Milewsky
dan.milewsky@pacelabs.com
Project Manager

Enclosures

cc: Dave Olig, Gannett Fleming



REPORT OF LABORATORY ANALYSIS

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CERTIFICATIONS

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Green Bay Certification IDs

1241 Bellevue Street, Green Bay, WI 54302
Florida/NELAP Certification #: E87948
Illinois Certification #: 200050
Kentucky Certification #: 82
Louisiana Certification #: 04168
Minnesota Certification #: 055-999-334
Virginia VELAP ID: 460263

North Dakota Certification #: R-150
South Carolina Certification #: 83006001
Texas Certification #: T104704529-14-1
US Dept of Agriculture #: S-76505
Virginia VELAP ID: 460263
Virginia VELAP Certification ID: 460263
Wisconsin Certification #: 405132750

REPORT OF LABORATORY ANALYSIS

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SAMPLE SUMMARY

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Lab ID	Sample ID	Matrix	Date Collected	Date Received
40126700001	GP-1 0-2	Solid	12/28/15 11:05	12/31/15 09:25
40126700002	GP-2 0-2	Solid	12/28/15 11:55	12/31/15 09:25
40126700003	GP-2 2-4	Solid	12/28/15 11:55	12/31/15 09:25
40126700004	GP-3 2-4	Solid	12/28/15 14:15	12/31/15 09:25
40126700005	GP-5 0-2	Solid	12/29/15 08:25	12/31/15 09:25
40126700006	GP-5 2-4	Solid	12/29/15 08:25	12/31/15 09:25
40126700007	GP-7 2-4	Solid	12/29/15 09:30	12/31/15 09:25
40126700008	GP-9 2-4	Solid	12/29/15 10:35	12/31/15 09:25
40126700009	GP-11 0-2	Solid	12/29/15 11:20	12/31/15 09:25
40126700010	GP-12 2-4	Solid	12/29/15 11:40	12/31/15 09:25
40126700011	GP-13 2-4	Solid	12/29/15 13:15	12/31/15 09:25
40126700012	GP-16 2-4	Solid	12/29/15 14:45	12/31/15 09:25
40126700013	GP-17 2-4	Solid	12/29/15 15:15	12/31/15 09:25
40126700014	TRIP BLANK	Solid	12/29/15 00:00	12/31/15 09:25

REPORT OF LABORATORY ANALYSIS

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SAMPLE ANALYTE COUNT

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
40126700001	GP-1 0-2	WI MOD GRO	LCF	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40126700002	GP-2 0-2	WI MOD GRO	LCF	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40126700003	GP-2 2-4	WI MOD GRO	LCF	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40126700004	GP-3 2-4	WI MOD GRO	LCF	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40126700005	GP-5 0-2	WI MOD GRO	LCF	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40126700006	GP-5 2-4	WI MOD GRO	LCF	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40126700007	GP-7 2-4	WI MOD GRO	LCF	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40126700008	GP-9 2-4	WI MOD GRO	LCF	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40126700009	GP-11 0-2	WI MOD GRO	LCF	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40126700010	GP-12 2-4	WI MOD GRO	LCF	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40126700011	GP-13 2-4	WI MOD GRO	LCF	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40126700012	GP-16 2-4	WI MOD GRO	LCF	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40126700013	GP-17 2-4	WI MOD GRO	LCF	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40126700014	TRIP BLANK	WI MOD GRO	LCF	10	PASI-G

REPORT OF LABORATORY ANALYSIS

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SUMMARY OF DETECTION

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
40126700001	GP-1 0-2					
WI MOD GRO	Ethylbenzene	293	ug/kg	64.7	01/04/16 16:51	
WI MOD GRO	Naphthalene	870	ug/kg	64.7	01/04/16 16:51	
WI MOD GRO	m&p-Xylene	318	ug/kg	129	01/04/16 16:51	
ASTM D2974-87	Percent Moisture	22.8	%	0.10	01/05/16 15:02	
40126700002	GP-2 0-2					
WI MOD GRO	1,2,4-Trimethylbenzene	43600	ug/kg	363	01/05/16 00:07	
WI MOD GRO	1,3,5-Trimethylbenzene	14000	ug/kg	363	01/05/16 00:07	
WI MOD GRO	Benzene	16000	ug/kg	363	01/05/16 00:07	
WI MOD GRO	Ethylbenzene	19400	ug/kg	363	01/05/16 00:07	
WI MOD GRO	Methyl-tert-butyl ether	871	ug/kg	363	01/05/16 00:07	
WI MOD GRO	Naphthalene	15100	ug/kg	363	01/05/16 00:07	
WI MOD GRO	m&p-Xylene	54400	ug/kg	725	01/05/16 00:07	
WI MOD GRO	o-Xylene	1810	ug/kg	363	01/05/16 00:07	
ASTM D2974-87	Percent Moisture	31.1	%	0.10	01/05/16 15:02	
40126700003	GP-2 2-4					
WI MOD GRO	1,2,4-Trimethylbenzene	165000	ug/kg	1780	01/04/16 23:42	
WI MOD GRO	1,3,5-Trimethylbenzene	54000	ug/kg	1780	01/04/16 23:42	
WI MOD GRO	Benzene	102000	ug/kg	1780	01/04/16 23:42	
WI MOD GRO	Ethylbenzene	90900	ug/kg	1780	01/04/16 23:42	
WI MOD GRO	Methyl-tert-butyl ether	4380	ug/kg	1780	01/04/16 23:42	
WI MOD GRO	Naphthalene	59000	ug/kg	1780	01/04/16 23:42	
WI MOD GRO	Toluene	153000	ug/kg	1780	01/04/16 23:42	
WI MOD GRO	m&p-Xylene	254000	ug/kg	3550	01/04/16 23:42	
WI MOD GRO	o-Xylene	91900	ug/kg	1780	01/04/16 23:42	
ASTM D2974-87	Percent Moisture	29.6	%	0.10	01/05/16 15:03	
40126700004	GP-3 2-4					
WI MOD GRO	1,2,4-Trimethylbenzene	762	ug/kg	71.8	01/04/16 15:34	
WI MOD GRO	1,3,5-Trimethylbenzene	210	ug/kg	71.8	01/04/16 15:34	
WI MOD GRO	Benzene	1090	ug/kg	71.8	01/04/16 15:34	
WI MOD GRO	Ethylbenzene	382	ug/kg	71.8	01/04/16 15:34	
WI MOD GRO	Naphthalene	442	ug/kg	71.8	01/04/16 15:34	
WI MOD GRO	m&p-Xylene	692	ug/kg	144	01/04/16 15:34	
ASTM D2974-87	Percent Moisture	30.3	%	0.10	01/05/16 15:54	
40126700005	GP-5 0-2					
WI MOD GRO	1,2,4-Trimethylbenzene	29200	ug/kg	641	01/04/16 22:50	
WI MOD GRO	1,3,5-Trimethylbenzene	12200	ug/kg	641	01/04/16 22:50	
WI MOD GRO	Benzene	5260	ug/kg	641	01/04/16 22:50	
WI MOD GRO	Ethylbenzene	10100	ug/kg	641	01/04/16 22:50	
WI MOD GRO	Methyl-tert-butyl ether	420J	ug/kg	641	01/04/16 22:50	
WI MOD GRO	Naphthalene	16200	ug/kg	641	01/04/16 22:50	
WI MOD GRO	m&p-Xylene	27100	ug/kg	1280	01/04/16 22:50	
WI MOD GRO	o-Xylene	1400	ug/kg	641	01/04/16 22:50	
ASTM D2974-87	Percent Moisture	22.0	%	0.10	01/05/16 15:54	

REPORT OF LABORATORY ANALYSIS

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SUMMARY OF DETECTION

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
40126700006	GP-5 2-4					
WI MOD GRO	1,2,4-Trimethylbenzene	2060	ug/kg	65.2	01/04/16 17:42	
WI MOD GRO	1,3,5-Trimethylbenzene	792	ug/kg	65.2	01/04/16 17:42	
WI MOD GRO	Benzene	841	ug/kg	65.2	01/04/16 17:42	
WI MOD GRO	Ethylbenzene	796	ug/kg	65.2	01/04/16 17:42	
WI MOD GRO	Naphthalene	1030	ug/kg	65.2	01/04/16 17:42	
WI MOD GRO	Toluene	75.7	ug/kg	65.2	01/04/16 17:42	
WI MOD GRO	m&p-Xylene	2230	ug/kg	130	01/04/16 17:42	
WI MOD GRO	o-Xylene	290	ug/kg	65.2	01/04/16 17:42	
ASTM D2974-87	Percent Moisture	23.3	%	0.10	01/05/16 15:54	
40126700007	GP-7 2-4					
WI MOD GRO	1,2,4-Trimethylbenzene	478	ug/kg	69.5	01/04/16 15:59	
WI MOD GRO	1,3,5-Trimethylbenzene	179	ug/kg	69.5	01/04/16 15:59	
WI MOD GRO	Ethylbenzene	72.3	ug/kg	69.5	01/04/16 15:59	
WI MOD GRO	Naphthalene	509	ug/kg	69.5	01/04/16 15:59	
WI MOD GRO	m&p-Xylene	148	ug/kg	139	01/04/16 15:59	
ASTM D2974-87	Percent Moisture	28.1	%	0.10	01/05/16 15:55	
40126700008	GP-9 2-4					
WI MOD GRO	1,2,4-Trimethylbenzene	3820	ug/kg	139	01/04/16 21:59	
WI MOD GRO	1,3,5-Trimethylbenzene	2010	ug/kg	139	01/04/16 21:59	
WI MOD GRO	Benzene	795	ug/kg	139	01/04/16 21:59	
WI MOD GRO	Ethylbenzene	1350	ug/kg	139	01/04/16 21:59	
WI MOD GRO	Naphthalene	2380	ug/kg	139	01/04/16 21:59	
WI MOD GRO	m&p-Xylene	2670	ug/kg	277	01/04/16 21:59	
WI MOD GRO	o-Xylene	418	ug/kg	139	01/04/16 21:59	
ASTM D2974-87	Percent Moisture	27.9	%	0.10	01/05/16 15:55	
40126700009	GP-11 0-2					
WI MOD GRO	1,2,4-Trimethylbenzene	1400	ug/kg	69.9	01/04/16 16:25	
WI MOD GRO	1,3,5-Trimethylbenzene	591	ug/kg	69.9	01/04/16 16:25	
WI MOD GRO	Benzene	82.4	ug/kg	69.9	01/04/16 16:25	
WI MOD GRO	Ethylbenzene	349	ug/kg	69.9	01/04/16 16:25	
WI MOD GRO	Naphthalene	879	ug/kg	69.9	01/04/16 16:25	
WI MOD GRO	m&p-Xylene	695	ug/kg	140	01/04/16 16:25	
WI MOD GRO	o-Xylene	166	ug/kg	69.9	01/04/16 16:25	
ASTM D2974-87	Percent Moisture	28.5	%	0.10	01/05/16 15:55	
40126700010	GP-12 2-4					
WI MOD GRO	1,2,4-Trimethylbenzene	3860	ug/kg	142	01/04/16 21:33	
WI MOD GRO	1,3,5-Trimethylbenzene	1460	ug/kg	142	01/04/16 21:33	
WI MOD GRO	Benzene	1180	ug/kg	142	01/04/16 21:33	
WI MOD GRO	Ethylbenzene	1350	ug/kg	142	01/04/16 21:33	
WI MOD GRO	Naphthalene	1720	ug/kg	142	01/04/16 21:33	
WI MOD GRO	m&p-Xylene	3570	ug/kg	284	01/04/16 21:33	
WI MOD GRO	o-Xylene	221	ug/kg	142	01/04/16 21:33	
ASTM D2974-87	Percent Moisture	29.6	%	0.10	01/05/16 15:55	

REPORT OF LABORATORY ANALYSIS

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SUMMARY OF DETECTION

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
40126700011	GP-13 2-4					
WI MOD GRO	1,2,4-Trimethylbenzene	6480	ug/kg	144	01/04/16 22:25	
WI MOD GRO	1,3,5-Trimethylbenzene	3190	ug/kg	144	01/04/16 22:25	
WI MOD GRO	Benzene	963	ug/kg	144	01/04/16 22:25	
WI MOD GRO	Ethylbenzene	2150	ug/kg	144	01/04/16 22:25	
WI MOD GRO	Naphthalene	3630	ug/kg	144	01/04/16 22:25	
WI MOD GRO	m&p-Xylene	4400	ug/kg	289	01/04/16 22:25	
WI MOD GRO	o-Xylene	593	ug/kg	144	01/04/16 22:25	
ASTM D2974-87	Percent Moisture	30.8	%	0.10	01/05/16 15:55	
40126700012	GP-16 2-4					
WI MOD GRO	1,2,4-Trimethylbenzene	12200	ug/kg	186	01/04/16 23:16	
WI MOD GRO	1,3,5-Trimethylbenzene	4400	ug/kg	186	01/04/16 23:16	
WI MOD GRO	Benzene	692	ug/kg	186	01/04/16 23:16	
WI MOD GRO	Ethylbenzene	3120	ug/kg	186	01/04/16 23:16	
WI MOD GRO	Naphthalene	4720	ug/kg	186	01/04/16 23:16	
WI MOD GRO	m&p-Xylene	6960	ug/kg	372	01/04/16 23:16	
WI MOD GRO	o-Xylene	652	ug/kg	186	01/04/16 23:16	
ASTM D2974-87	Percent Moisture	32.7	%	0.10	01/05/16 15:55	
40126700013	GP-17 2-4					
WI MOD GRO	1,2,4-Trimethylbenzene	2190	ug/kg	70.3	01/04/16 17:17	
WI MOD GRO	1,3,5-Trimethylbenzene	1060	ug/kg	70.3	01/04/16 17:17	
WI MOD GRO	Benzene	102	ug/kg	70.3	01/04/16 17:17	
WI MOD GRO	Ethylbenzene	488	ug/kg	70.3	01/04/16 17:17	
WI MOD GRO	Naphthalene	1050	ug/kg	70.3	01/04/16 17:17	
WI MOD GRO	m&p-Xylene	1250	ug/kg	141	01/04/16 17:17	
WI MOD GRO	o-Xylene	206	ug/kg	70.3	01/04/16 17:17	
ASTM D2974-87	Percent Moisture	28.9	%	0.10	01/05/16 15:55	

REPORT OF LABORATORY ANALYSIS

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PROJECT NARRATIVE

Project: 34265.003 CS-T27
Pace Project No.: 40126700

Method: WI MOD GRO
Description: WIGRO GCV
Client: Gannett Fleming Inc.
Date: January 06, 2016

General Information:

14 samples were analyzed for WI MOD GRO. All samples were received in acceptable condition with any exceptions noted below or on the chain-of custody and/or the sample condition upon receipt form (SCUR) attached at the end of this report.

Hold Time:

The samples were analyzed within the method required hold times with any exceptions noted below.

Sample Preparation:

The samples were prepared in accordance with TPH GRO/PVOC WI ext. with any exceptions noted below.

Initial Calibrations (including MS Tune as applicable):

All criteria were within method requirements with any exceptions noted below.

Continuing Calibration:

All criteria were within method requirements with any exceptions noted below.

Internal Standards:

All internal standards were within QC limits with any exceptions noted below.

Surrogates:

All surrogates were within QC limits with any exceptions noted below.

Method Blank:

All analytes were below the report limit in the method blank, where applicable, with any exceptions noted below.

Laboratory Control Spike:

All laboratory control spike compounds were within QC limits with any exceptions noted below.

Matrix Spikes:

All percent recoveries and relative percent differences (RPDs) were within acceptance criteria with any exceptions noted below.

Additional Comments:

Analyte Comments:

QC Batch: GCV/15552

D3: Sample was diluted due to the presence of high levels of non-target analytes or other matrix interference.

- GP-12 2-4 (Lab ID: 40126700010)
 - a,a,a-Trifluorotoluene (S)
- GP-13 2-4 (Lab ID: 40126700011)
 - a,a,a-Trifluorotoluene (S)
- GP-5 0-2 (Lab ID: 40126700005)
 - a,a,a-Trifluorotoluene (S)

REPORT OF LABORATORY ANALYSIS

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PROJECT NARRATIVE

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Method: WI MOD GRO

Description: WIGRO GCV

Client: Gannett Fleming Inc.

Date: January 06, 2016

Analyte Comments:

QC Batch: GCV/15552

D3: Sample was diluted due to the presence of high levels of non-target analytes or other matrix interference.

- GP-9 2-4 (Lab ID: 40126700008)
 - a,a,a-Trifluorotoluene (S)

This data package has been reviewed for quality and completeness and is approved for release.

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ANALYTICAL RESULTS

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Sample: GP-1 0-2 **Lab ID: 40126700001** Collected: 12/28/15 11:05 Received: 12/31/15 09:25 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV									
Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
1,2,4-Trimethylbenzene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 16:51	95-63-6	W
1,3,5-Trimethylbenzene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 16:51	108-67-8	W
Benzene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 16:51	71-43-2	W
Ethylbenzene	293	ug/kg	64.7	32.4	1	01/04/16 07:05	01/04/16 16:51	100-41-4	
Methyl-tert-butyl ether	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 16:51	1634-04-4	W
Naphthalene	870	ug/kg	64.7	32.4	1	01/04/16 07:05	01/04/16 16:51	91-20-3	
Toluene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 16:51	108-88-3	W
m&p-Xylene	318	ug/kg	129	64.7	1	01/04/16 07:05	01/04/16 16:51	179601-23-1	
o-Xylene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 16:51	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	105	%	80-120		1	01/04/16 07:05	01/04/16 16:51	98-08-8	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	22.8	%	0.10	0.10	1		01/05/16 15:02		

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 34265.003 CS-T27
Pace Project No.: 40126700

Sample: GP-2 0-2 **Lab ID: 40126700002** Collected: 12/28/15 11:55 Received: 12/31/15 09:25 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV									
Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
1,2,4-Trimethylbenzene	43600	ug/kg	363	181	5	01/04/16 07:05	01/05/16 00:07	95-63-6	
1,3,5-Trimethylbenzene	14000	ug/kg	363	181	5	01/04/16 07:05	01/05/16 00:07	108-67-8	
Benzene	16000	ug/kg	363	181	5	01/04/16 07:05	01/05/16 00:07	71-43-2	
Ethylbenzene	19400	ug/kg	363	181	5	01/04/16 07:05	01/05/16 00:07	100-41-4	
Methyl-tert-butyl ether	871	ug/kg	363	181	5	01/04/16 07:05	01/05/16 00:07	1634-04-4	
Naphthalene	15100	ug/kg	363	181	5	01/04/16 07:05	01/05/16 00:07	91-20-3	
Toluene	<125	ug/kg	250	125	5	01/04/16 07:05	01/05/16 00:07	108-88-3	W
m&p-Xylene	54400	ug/kg	725	363	5	01/04/16 07:05	01/05/16 00:07	179601-23-1	
o-Xylene	1810	ug/kg	363	181	5	01/04/16 07:05	01/05/16 00:07	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	105	%	80-120		5	01/04/16 07:05	01/05/16 00:07	98-08-8	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	31.1	%	0.10	0.10	1		01/05/16 15:02		

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ANALYTICAL RESULTS

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Sample: GP-2 2-4 **Lab ID: 40126700003** Collected: 12/28/15 11:55 Received: 12/31/15 09:25 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV									
Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
1,2,4-Trimethylbenzene	165000	ug/kg	1780	888	25	01/04/16 07:05	01/04/16 23:42	95-63-6	
1,3,5-Trimethylbenzene	54000	ug/kg	1780	888	25	01/04/16 07:05	01/04/16 23:42	108-67-8	
Benzene	102000	ug/kg	1780	888	25	01/04/16 07:05	01/04/16 23:42	71-43-2	
Ethylbenzene	90900	ug/kg	1780	888	25	01/04/16 07:05	01/04/16 23:42	100-41-4	
Methyl-tert-butyl ether	4380	ug/kg	1780	888	25	01/04/16 07:05	01/04/16 23:42	1634-04-4	
Naphthalene	59000	ug/kg	1780	888	25	01/04/16 07:05	01/04/16 23:42	91-20-3	
Toluene	153000	ug/kg	1780	888	25	01/04/16 07:05	01/04/16 23:42	108-88-3	
m&p-Xylene	254000	ug/kg	3550	1780	25	01/04/16 07:05	01/04/16 23:42	179601-23-1	
o-Xylene	91900	ug/kg	1780	888	25	01/04/16 07:05	01/04/16 23:42	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	104	%	80-120		25	01/04/16 07:05	01/04/16 23:42	98-08-8	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	29.6	%	0.10	0.10	1		01/05/16 15:03		

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ANALYTICAL RESULTS

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Sample: GP-3 2-4 **Lab ID: 40126700004** Collected: 12/28/15 14:15 Received: 12/31/15 09:25 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV									
Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
1,2,4-Trimethylbenzene	762	ug/kg	71.8	35.9	1	01/04/16 07:05	01/04/16 15:34	95-63-6	
1,3,5-Trimethylbenzene	210	ug/kg	71.8	35.9	1	01/04/16 07:05	01/04/16 15:34	108-67-8	
Benzene	1090	ug/kg	71.8	35.9	1	01/04/16 07:05	01/04/16 15:34	71-43-2	
Ethylbenzene	382	ug/kg	71.8	35.9	1	01/04/16 07:05	01/04/16 15:34	100-41-4	
Methyl-tert-butyl ether	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 15:34	1634-04-4	W
Naphthalene	442	ug/kg	71.8	35.9	1	01/04/16 07:05	01/04/16 15:34	91-20-3	
Toluene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 15:34	108-88-3	W
m&p-Xylene	692	ug/kg	144	71.8	1	01/04/16 07:05	01/04/16 15:34	179601-23-1	
o-Xylene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 15:34	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	103	%	80-120		1	01/04/16 07:05	01/04/16 15:34	98-08-8	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	30.3	%	0.10	0.10	1		01/05/16 15:54		

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ANALYTICAL RESULTS

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Sample: GP-5 0-2 **Lab ID: 40126700005** Collected: 12/29/15 08:25 Received: 12/31/15 09:25 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV									
Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
1,2,4-Trimethylbenzene	29200	ug/kg	641	320	10	01/04/16 07:05	01/04/16 22:50	95-63-6	
1,3,5-Trimethylbenzene	12200	ug/kg	641	320	10	01/04/16 07:05	01/04/16 22:50	108-67-8	
Benzene	5260	ug/kg	641	320	10	01/04/16 07:05	01/04/16 22:50	71-43-2	
Ethylbenzene	10100	ug/kg	641	320	10	01/04/16 07:05	01/04/16 22:50	100-41-4	
Methyl-tert-butyl ether	420J	ug/kg	641	320	10	01/04/16 07:05	01/04/16 22:50	1634-04-4	
Naphthalene	16200	ug/kg	641	320	10	01/04/16 07:05	01/04/16 22:50	91-20-3	
Toluene	<250	ug/kg	500	250	10	01/04/16 07:05	01/04/16 22:50	108-88-3	W
m&p-Xylene	27100	ug/kg	1280	641	10	01/04/16 07:05	01/04/16 22:50	179601-23-1	
o-Xylene	1400	ug/kg	641	320	10	01/04/16 07:05	01/04/16 22:50	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	108	%	80-120		10	01/04/16 07:05	01/04/16 22:50	98-08-8	D3
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	22.0	%	0.10	0.10	1		01/05/16 15:54		

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ANALYTICAL RESULTS

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Sample: GP-5 2-4 **Lab ID: 40126700006** Collected: 12/29/15 08:25 Received: 12/31/15 09:25 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV									
Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
1,2,4-Trimethylbenzene	2060	ug/kg	65.2	32.6	1	01/04/16 07:05	01/04/16 17:42	95-63-6	
1,3,5-Trimethylbenzene	792	ug/kg	65.2	32.6	1	01/04/16 07:05	01/04/16 17:42	108-67-8	
Benzene	841	ug/kg	65.2	32.6	1	01/04/16 07:05	01/04/16 17:42	71-43-2	
Ethylbenzene	796	ug/kg	65.2	32.6	1	01/04/16 07:05	01/04/16 17:42	100-41-4	
Methyl-tert-butyl ether	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 17:42	1634-04-4	W
Naphthalene	1030	ug/kg	65.2	32.6	1	01/04/16 07:05	01/04/16 17:42	91-20-3	
Toluene	75.7	ug/kg	65.2	32.6	1	01/04/16 07:05	01/04/16 17:42	108-88-3	
m&p-Xylene	2230	ug/kg	130	65.2	1	01/04/16 07:05	01/04/16 17:42	179601-23-1	
o-Xylene	290	ug/kg	65.2	32.6	1	01/04/16 07:05	01/04/16 17:42	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	105	%	80-120		1	01/04/16 07:05	01/04/16 17:42	98-08-8	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	23.3	%	0.10	0.10	1		01/05/16 15:54		

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ANALYTICAL RESULTS

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Sample: GP-7 2-4 **Lab ID: 40126700007** Collected: 12/29/15 09:30 Received: 12/31/15 09:25 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV									
Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
1,2,4-Trimethylbenzene	478	ug/kg	69.5	34.8	1	01/04/16 07:05	01/04/16 15:59	95-63-6	
1,3,5-Trimethylbenzene	179	ug/kg	69.5	34.8	1	01/04/16 07:05	01/04/16 15:59	108-67-8	
Benzene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 15:59	71-43-2	W
Ethylbenzene	72.3	ug/kg	69.5	34.8	1	01/04/16 07:05	01/04/16 15:59	100-41-4	
Methyl-tert-butyl ether	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 15:59	1634-04-4	W
Naphthalene	509	ug/kg	69.5	34.8	1	01/04/16 07:05	01/04/16 15:59	91-20-3	
Toluene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 15:59	108-88-3	W
m&p-Xylene	148	ug/kg	139	69.5	1	01/04/16 07:05	01/04/16 15:59	179601-23-1	
o-Xylene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 15:59	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	100	%	80-120		1	01/04/16 07:05	01/04/16 15:59	98-08-8	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	28.1	%	0.10	0.10	1		01/05/16 15:55		

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ANALYTICAL RESULTS

Project: 34265.003 CS-T27
Pace Project No.: 40126700

Sample: GP-9 2-4 **Lab ID: 40126700008** Collected: 12/29/15 10:35 Received: 12/31/15 09:25 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV									
Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
1,2,4-Trimethylbenzene	3820	ug/kg	139	69.4	2	01/04/16 07:05	01/04/16 21:59	95-63-6	
1,3,5-Trimethylbenzene	2010	ug/kg	139	69.4	2	01/04/16 07:05	01/04/16 21:59	108-67-8	
Benzene	795	ug/kg	139	69.4	2	01/04/16 07:05	01/04/16 21:59	71-43-2	
Ethylbenzene	1350	ug/kg	139	69.4	2	01/04/16 07:05	01/04/16 21:59	100-41-4	
Methyl-tert-butyl ether	<50.0	ug/kg	100	50.0	2	01/04/16 07:05	01/04/16 21:59	1634-04-4	W
Naphthalene	2380	ug/kg	139	69.4	2	01/04/16 07:05	01/04/16 21:59	91-20-3	
Toluene	<50.0	ug/kg	100	50.0	2	01/04/16 07:05	01/04/16 21:59	108-88-3	W
m&p-Xylene	2670	ug/kg	277	139	2	01/04/16 07:05	01/04/16 21:59	179601-23-1	
o-Xylene	418	ug/kg	139	69.4	2	01/04/16 07:05	01/04/16 21:59	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	107	%	80-120		2	01/04/16 07:05	01/04/16 21:59	98-08-8	D3
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	27.9	%	0.10	0.10	1		01/05/16 15:55		

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ANALYTICAL RESULTS

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Sample: GP-11 0-2 **Lab ID: 40126700009** Collected: 12/29/15 11:20 Received: 12/31/15 09:25 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV									
Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
1,2,4-Trimethylbenzene	1400	ug/kg	69.9	34.9	1	01/04/16 07:05	01/04/16 16:25	95-63-6	
1,3,5-Trimethylbenzene	591	ug/kg	69.9	34.9	1	01/04/16 07:05	01/04/16 16:25	108-67-8	
Benzene	82.4	ug/kg	69.9	34.9	1	01/04/16 07:05	01/04/16 16:25	71-43-2	
Ethylbenzene	349	ug/kg	69.9	34.9	1	01/04/16 07:05	01/04/16 16:25	100-41-4	
Methyl-tert-butyl ether	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 16:25	1634-04-4	W
Naphthalene	879	ug/kg	69.9	34.9	1	01/04/16 07:05	01/04/16 16:25	91-20-3	
Toluene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 16:25	108-88-3	W
m&p-Xylene	695	ug/kg	140	69.9	1	01/04/16 07:05	01/04/16 16:25	179601-23-1	
o-Xylene	166	ug/kg	69.9	34.9	1	01/04/16 07:05	01/04/16 16:25	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	107	%	80-120		1	01/04/16 07:05	01/04/16 16:25	98-08-8	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	28.5	%	0.10	0.10	1		01/05/16 15:55		

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ANALYTICAL RESULTS

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Sample: GP-12 2-4 **Lab ID: 40126700010** Collected: 12/29/15 11:40 Received: 12/31/15 09:25 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV									
Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
1,2,4-Trimethylbenzene	3860	ug/kg	142	71.1	2	01/04/16 07:05	01/04/16 21:33	95-63-6	
1,3,5-Trimethylbenzene	1460	ug/kg	142	71.1	2	01/04/16 07:05	01/04/16 21:33	108-67-8	
Benzene	1180	ug/kg	142	71.1	2	01/04/16 07:05	01/04/16 21:33	71-43-2	
Ethylbenzene	1350	ug/kg	142	71.1	2	01/04/16 07:05	01/04/16 21:33	100-41-4	
Methyl-tert-butyl ether	<50.0	ug/kg	100	50.0	2	01/04/16 07:05	01/04/16 21:33	1634-04-4	W
Naphthalene	1720	ug/kg	142	71.1	2	01/04/16 07:05	01/04/16 21:33	91-20-3	
Toluene	<50.0	ug/kg	100	50.0	2	01/04/16 07:05	01/04/16 21:33	108-88-3	W
m&p-Xylene	3570	ug/kg	284	142	2	01/04/16 07:05	01/04/16 21:33	179601-23-1	
o-Xylene	221	ug/kg	142	71.1	2	01/04/16 07:05	01/04/16 21:33	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	104	%	80-120		2	01/04/16 07:05	01/04/16 21:33	98-08-8	D3
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	29.6	%	0.10	0.10	1		01/05/16 15:55		

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ANALYTICAL RESULTS

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Sample: GP-13 2-4 **Lab ID: 40126700011** Collected: 12/29/15 13:15 Received: 12/31/15 09:25 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV									
Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
1,2,4-Trimethylbenzene	6480	ug/kg	144	72.2	2	01/04/16 07:05	01/04/16 22:25	95-63-6	
1,3,5-Trimethylbenzene	3190	ug/kg	144	72.2	2	01/04/16 07:05	01/04/16 22:25	108-67-8	
Benzene	963	ug/kg	144	72.2	2	01/04/16 07:05	01/04/16 22:25	71-43-2	
Ethylbenzene	2150	ug/kg	144	72.2	2	01/04/16 07:05	01/04/16 22:25	100-41-4	
Methyl-tert-butyl ether	<50.0	ug/kg	100	50.0	2	01/04/16 07:05	01/04/16 22:25	1634-04-4	W
Naphthalene	3630	ug/kg	144	72.2	2	01/04/16 07:05	01/04/16 22:25	91-20-3	
Toluene	<50.0	ug/kg	100	50.0	2	01/04/16 07:05	01/04/16 22:25	108-88-3	W
m&p-Xylene	4400	ug/kg	289	144	2	01/04/16 07:05	01/04/16 22:25	179601-23-1	
o-Xylene	593	ug/kg	144	72.2	2	01/04/16 07:05	01/04/16 22:25	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	107	%	80-120		2	01/04/16 07:05	01/04/16 22:25	98-08-8	D3
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	30.8	%	0.10	0.10	1		01/05/16 15:55		

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Sample: GP-16 2-4 **Lab ID: 40126700012** Collected: 12/29/15 14:45 Received: 12/31/15 09:25 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV									
Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
1,2,4-Trimethylbenzene	12200	ug/kg	186	92.9	2.5	01/04/16 07:05	01/04/16 23:16	95-63-6	
1,3,5-Trimethylbenzene	4400	ug/kg	186	92.9	2.5	01/04/16 07:05	01/04/16 23:16	108-67-8	
Benzene	692	ug/kg	186	92.9	2.5	01/04/16 07:05	01/04/16 23:16	71-43-2	
Ethylbenzene	3120	ug/kg	186	92.9	2.5	01/04/16 07:05	01/04/16 23:16	100-41-4	
Methyl-tert-butyl ether	<62.5	ug/kg	125	62.5	2.5	01/04/16 07:05	01/04/16 23:16	1634-04-4	W
Naphthalene	4720	ug/kg	186	92.9	2.5	01/04/16 07:05	01/04/16 23:16	91-20-3	
Toluene	<62.5	ug/kg	125	62.5	2.5	01/04/16 07:05	01/04/16 23:16	108-88-3	W
m&p-Xylene	6960	ug/kg	372	186	2.5	01/04/16 07:05	01/04/16 23:16	179601-23-1	
o-Xylene	652	ug/kg	186	92.9	2.5	01/04/16 07:05	01/04/16 23:16	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	108	%	80-120		2.5	01/04/16 07:05	01/04/16 23:16	98-08-8	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	32.7	%	0.10	0.10	1		01/05/16 15:55		

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Sample: GP-17 2-4 **Lab ID: 40126700013** Collected: 12/29/15 15:15 Received: 12/31/15 09:25 Matrix: Solid

Results reported on a "dry weight" basis and are adjusted for percent moisture, sample size and any dilutions.

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV									
Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
1,2,4-Trimethylbenzene	2190	ug/kg	70.3	35.2	1	01/04/16 07:05	01/04/16 17:17	95-63-6	
1,3,5-Trimethylbenzene	1060	ug/kg	70.3	35.2	1	01/04/16 07:05	01/04/16 17:17	108-67-8	
Benzene	102	ug/kg	70.3	35.2	1	01/04/16 07:05	01/04/16 17:17	71-43-2	
Ethylbenzene	488	ug/kg	70.3	35.2	1	01/04/16 07:05	01/04/16 17:17	100-41-4	
Methyl-tert-butyl ether	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 17:17	1634-04-4	W
Naphthalene	1050	ug/kg	70.3	35.2	1	01/04/16 07:05	01/04/16 17:17	91-20-3	
Toluene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 17:17	108-88-3	W
m&p-Xylene	1250	ug/kg	141	70.3	1	01/04/16 07:05	01/04/16 17:17	179601-23-1	
o-Xylene	206	ug/kg	70.3	35.2	1	01/04/16 07:05	01/04/16 17:17	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	109	%	80-120		1	01/04/16 07:05	01/04/16 17:17	98-08-8	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	28.9	%	0.10	0.10	1		01/05/16 15:55		

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Sample: TRIP BLANK **Lab ID: 40126700014** Collected: 12/29/15 00:00 Received: 12/31/15 09:25 Matrix: Solid

Results reported on a "wet-weight" basis

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
WIGRO GCV									
Analytical Method: WI MOD GRO Preparation Method: TPH GRO/PVOC WI ext.									
1,2,4-Trimethylbenzene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 20:16	95-63-6	W
1,3,5-Trimethylbenzene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 20:16	108-67-8	W
Benzene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 20:16	71-43-2	W
Ethylbenzene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 20:16	100-41-4	W
Methyl-tert-butyl ether	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 20:16	1634-04-4	W
Naphthalene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 20:16	91-20-3	W
Toluene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 20:16	108-88-3	W
m&p-Xylene	<50.0	ug/kg	100	50.0	1	01/04/16 07:05	01/04/16 20:16	179601-23-1	W
o-Xylene	<25.0	ug/kg	50.0	25.0	1	01/04/16 07:05	01/04/16 20:16	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	101	%	80-120		1	01/04/16 07:05	01/04/16 20:16	98-08-8	

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: 34265.003 CS-T27
Pace Project No.: 40126700

QC Batch: GCV/15552 Analysis Method: WI MOD GRO
QC Batch Method: TPH GRO/PVOC WI ext. Analysis Description: WIGRO Solid GCV
Associated Lab Samples: 40126700001, 40126700002, 40126700003, 40126700004, 40126700005, 40126700006, 40126700007, 40126700008, 40126700009, 40126700010, 40126700011, 40126700012, 40126700013, 40126700014

METHOD BLANK: 1280101 Matrix: Solid
Associated Lab Samples: 40126700001, 40126700002, 40126700003, 40126700004, 40126700005, 40126700006, 40126700007, 40126700008, 40126700009, 40126700010, 40126700011, 40126700012, 40126700013, 40126700014

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,2,4-Trimethylbenzene	ug/kg	<25.0	50.0	01/04/16 13:51	
1,3,5-Trimethylbenzene	ug/kg	<25.0	50.0	01/04/16 13:51	
Benzene	ug/kg	<25.0	50.0	01/04/16 13:51	
Ethylbenzene	ug/kg	<25.0	50.0	01/04/16 13:51	
m&p-Xylene	ug/kg	<50.0	100	01/04/16 13:51	
Methyl-tert-butyl ether	ug/kg	<25.0	50.0	01/04/16 13:51	
Naphthalene	ug/kg	<25.0	50.0	01/04/16 13:51	
o-Xylene	ug/kg	<25.0	50.0	01/04/16 13:51	
Toluene	ug/kg	<25.0	50.0	01/04/16 13:51	
a,a,a-Trifluorotoluene (S)	%	101	80-120	01/04/16 13:51	

LABORATORY CONTROL SAMPLE & LCSD: 1280102

Parameter	Units	1280103								
		Spike Conc.	LCS Result	LCSD Result	LCS % Rec	LCSD % Rec	% Rec Limits	RPD	Max RPD	Qualifiers
1,2,4-Trimethylbenzene	ug/kg	1000	1000	1010	100	101	80-120	1	20	
1,3,5-Trimethylbenzene	ug/kg	1000	991	1000	99	100	80-120	1	20	
Benzene	ug/kg	1000	1040	1040	104	104	80-120	0	20	
Ethylbenzene	ug/kg	1000	1020	1030	102	103	80-120	1	20	
m&p-Xylene	ug/kg	2000	2020	2030	101	101	80-120	0	20	
Methyl-tert-butyl ether	ug/kg	1000	997	1040	100	104	80-120	4	20	
Naphthalene	ug/kg	1000	945	1010	94	101	80-120	7	20	
o-Xylene	ug/kg	1000	1030	1030	103	103	80-120	1	20	
Toluene	ug/kg	1000	1030	1040	103	104	80-120	1	20	
a,a,a-Trifluorotoluene (S)	%				102	102	80-120			

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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QUALITY CONTROL DATA

Project: 34265.003 CS-T27

Pace Project No.: 40126700

QC Batch: PMST/12300

Analysis Method: ASTM D2974-87

QC Batch Method: ASTM D2974-87

Analysis Description: Dry Weight/Percent Moisture

Associated Lab Samples: 40126700001, 40126700002, 40126700003

SAMPLE DUPLICATE: 1280660

Parameter	Units	40126748002 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	7.8	7.6	3	10	

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: 34265.003 CS-T27

Pace Project No.: 40126700

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above LOD.

J - Estimated concentration at or above the LOD and below the LOQ.

LOD - Limit of Detection adjusted for dilution factor and percent moisture.

LOQ - Limit of Quantitation adjusted for dilution factor and percent moisture.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected at or above the adjusted LOD.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

LABORATORIES

PASI-G Pace Analytical Services - Green Bay

ANALYTE QUALIFIERS

D3 Sample was diluted due to the presence of high levels of non-target analytes or other matrix interference.

W Non-detect results are reported on a wet weight basis.

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 34265.003 CS-T27

Pace Project No.: 40126700

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
40126700001	GP-1 0-2	TPH GRO/PVOC WI ext.	GCV/15552	WI MOD GRO	GCV/15555
40126700002	GP-2 0-2	TPH GRO/PVOC WI ext.	GCV/15552	WI MOD GRO	GCV/15555
40126700003	GP-2 2-4	TPH GRO/PVOC WI ext.	GCV/15552	WI MOD GRO	GCV/15555
40126700004	GP-3 2-4	TPH GRO/PVOC WI ext.	GCV/15552	WI MOD GRO	GCV/15555
40126700005	GP-5 0-2	TPH GRO/PVOC WI ext.	GCV/15552	WI MOD GRO	GCV/15555
40126700006	GP-5 2-4	TPH GRO/PVOC WI ext.	GCV/15552	WI MOD GRO	GCV/15555
40126700007	GP-7 2-4	TPH GRO/PVOC WI ext.	GCV/15552	WI MOD GRO	GCV/15555
40126700008	GP-9 2-4	TPH GRO/PVOC WI ext.	GCV/15552	WI MOD GRO	GCV/15555
40126700009	GP-11 0-2	TPH GRO/PVOC WI ext.	GCV/15552	WI MOD GRO	GCV/15555
40126700010	GP-12 2-4	TPH GRO/PVOC WI ext.	GCV/15552	WI MOD GRO	GCV/15555
40126700011	GP-13 2-4	TPH GRO/PVOC WI ext.	GCV/15552	WI MOD GRO	GCV/15555
40126700012	GP-16 2-4	TPH GRO/PVOC WI ext.	GCV/15552	WI MOD GRO	GCV/15555
40126700013	GP-17 2-4	TPH GRO/PVOC WI ext.	GCV/15552	WI MOD GRO	GCV/15555
40126700014	TRIP BLANK	TPH GRO/PVOC WI ext.	GCV/15552	WI MOD GRO	GCV/15555
40126700001	GP-1 0-2	ASTM D2974-87	PMST/12300		
40126700002	GP-2 0-2	ASTM D2974-87	PMST/12300		
40126700003	GP-2 2-4	ASTM D2974-87	PMST/12300		
40126700004	GP-3 2-4	ASTM D2974-87	PMST/12301		
40126700005	GP-5 0-2	ASTM D2974-87	PMST/12301		
40126700006	GP-5 2-4	ASTM D2974-87	PMST/12301		
40126700007	GP-7 2-4	ASTM D2974-87	PMST/12301		
40126700008	GP-9 2-4	ASTM D2974-87	PMST/12301		
40126700009	GP-11 0-2	ASTM D2974-87	PMST/12301		
40126700010	GP-12 2-4	ASTM D2974-87	PMST/12301		
40126700011	GP-13 2-4	ASTM D2974-87	PMST/12301		
40126700012	GP-16 2-4	ASTM D2974-87	PMST/12301		
40126700013	GP-17 2-4	ASTM D2974-87	PMST/12301		

REPORT OF LABORATORY ANALYSIS

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(Please Print Clearly)

Company Name: Gannett Fleming
 Branch/Location: Madison WI
 Project Contact: Cliff Wright
 Phone: 608-936-1510 ext 30
 Project Number: 34265,003
 Project Name: OS/T27
 Project State: WI
 Sampled By (Print): Marcus Mussey
 Sampled By (Sign): [Signature]
 PO #: _____ Regulatory Program: _____

Data Package Options (billable)
 EPA Level III
 EPA Level IV

MS/MSD
 On your sample (billable)
 NOT needed on your sample

Matrix Codes
 A = Air W = Water
 B = Biota DW = Drinking Water
 C = Charcoal GW = Ground Water
 O = Oil SW = Surface Water
 S = Soil WW = Waste Water
 SI = Sludge WP = Wipe

PACE LAB #	CLIENT FIELD ID		COLLECTION		MATRIX
			DATE	TIME	
001	GP-1	0-2	12/28	11:05	S
002	GP-2	0-2	↓	11:55	S
003	GP-2	2-4	↓	11:55	S
004	GP-3	2-4	↓	14:15	S
005	GP-5	0-2	12/29	8:25	S
006	GP-5	2-4		8:25	S
007	GP- 4	2-4 (GP-7)		9:30	S
008	GP-9	2-4		10:35	S
009	GP-11	0-2		11:20	S
010	GP-12	2-4		11:40	S
011	GP-13	2-4		13:15	S
012	GP-16	2-4		14:45	S
013	GP-17	2-4		15:15	S



UPPER MIDWEST REGION
 MN: 612-607-1700 WI: 920-469-2436

40126700

Page 29 of 31

CHAIN OF CUSTODY

***Preservation Codes**
 A=None B=HCL C=H2SO4 D=HNO3 E=DI Water F=Methanol G=NaOH
 H=Sodium Bisulfate Solution I=Sodium Thiosulfate J=Other

FILTERED?
(YES/NO)
 PRESERVATION
(CODE)*

Y/N	Pick Letter	Analyses Requested																		
N	F	PVOCs/naphthalene																		

Quote #: _____
 Mail To Contact: _____
 Mail To Company: _____
 Mail To Address: _____
 Invoice To Contact: _____
 Invoice To Company: _____
 Invoice To Address: _____
 Invoice To Phone: _____

CLIENT COMMENTS	LAB COMMENTS (Lab Use Only)	Profile #
	1-402P ^A 1-40ml ^F	

Rush Turnaround Time Requested - Prelims
 (Rush TAT subject to approval/surcharge)
 Date Needed: _____

Transmit Prelim Rush Results by (complete what you want):
Fedex

Email #1: _____
 Email #2: _____
 Telephone: _____
 Fax: _____

Samples on HOLD are subject to special pricing and release of liability

Relinquished By: <u>Marcus Mussey</u>	Date/Time: <u>12/30/15, 9:15</u>	Received By: _____	Date/Time: _____
Relinquished By: <u>Fedex</u>	Date/Time: <u>12/31/15 0925</u>	Received By: <u>[Signature]</u>	Date/Time: <u>1/31/15 0925</u>
Relinquished By: _____	Date/Time: _____	Received By: _____	Date/Time: _____
Relinquished By: _____	Date/Time: _____	Received By: _____	Date/Time: _____

PACE Project No.
40126700

Receipt Temp = ROL °C

Sample Receipt pH
 OK / Adjusted

Cooler Custody Seal
 Present / Not Present
 Intact / Not Intact

Sample Condition Upon Receipt

Pace Analytical Services, Inc.
1241 Bellevue Street, Suite 9
Green Bay, WI 54302



Project #:

WO#: 40126700



Client Name: Gannett Fleming

Courier: Fed Ex UPS Client Pace Other: _____

Tracking #: 8094 6558 2056

Custody Seal on Cooler/Box Present: yes no Seals intact: yes no

Custody Seal on Samples Present: yes no Seals intact: yes no

Packing Material: Bubble Wrap Bubble Bags None Other _____

Thermometer Used N/A Type of Ice: Wet Blue Dry None Samples on ice, cooling process has begun

Cooler Temperature Uncorr: R01 /Corr: _____ Biological Tissue is Frozen: yes no

Temp Blank Present: yes no no

Person examining contents:

Date: 12/31/15
Initials: MH

Temp should be above freezing to 6°C for all sample except Biota.
Frozen Biota Samples should be received ≤ 0°C.

Comments:

Chain of Custody Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2. Only first page of COC MH 12/31/15
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.
- VOA Samples frozen upon receipt	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:
Short Hold Time Analysis (<72hr):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
-Pace IR Containers Used:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	11.
Sample Labels match COC:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	12. No time on 402 poly small samples MH 12/31/15
-Includes date/time/ID/Analysis Matrix:	<u>S</u>	
All containers needing preservation have been checked. (Non-Compliance noted in 13.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13. <input type="checkbox"/> HNO3 <input type="checkbox"/> H2SO4 <input type="checkbox"/> NaOH <input type="checkbox"/> NaOH +ZnAct
All containers needing preservation are found to be in compliance with EPA recommendation. (HNO3, H2SO4 ≤2; NaOH+ZnAct ≥9, NaOH ≥12)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
exceptions: VOA, coliform, TOC, TOX, TOH, O&G, WIDROW, Phenolics, OTHER:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initial when completed
		Lab Std #ID of preservative
		Date/Time:
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

Client Notification/ Resolution:

If checked, see attached form for additional comments

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review:

MH for DM

Date: 12/31/15

Company Name/Address: **Murphy Oil Company**
 2407 Stinson Avenue
 Superior, WI 54880

Billing Information:
 David Beattie
 2407 Stinson Avenue
 Superior, WI 54880

Analysis/Container/Preservative

Chain of Custody
 Page 1 of 1

ESC
 L.A.B. S.C.I.E.N.C.E.S.
 12065 Lebanon Road
 Mt. Juliet, TN 37122
 Phone: (800) 767-5859
 Phone: (615) 758-5858
 Fax: (615) 758-5859

Report to: *Peter Fredman* Email to: *peter.fredman@clmt.com*

Project Description: *Tank 27* City/State Collected: *Superior, Wisconsin*

Phone: (715) 398-8455 Client Project #: ESC Key:
 FAX: (715) 398-8209

Collected by: (print) *Josh Van Hornweder* Site/Facility ID#: P.O.#: *221571*

Collected by (signature): *[Signature]* **Rush?** (Lab MUST Be Notified)
 Same Day..... 200%
 Next Day..... 100%
 Two Day..... 50%
 Three Day..... 25%

Date Results Needed:
 Email? No Yes
 FAX? No Yes

Immediately Packed on Ice N Y

CoCode **MUROILSW** (lab use only)
 Template/Prelogin *6813248*
 Shipped Via: *FedEx*

Sample ID	Comp/Grab	Matrix*	Depth	Date	Time	No. of Cntrs	Remarks/Contaminant	Sample # (lab only)
SW-1	Grab	SS	3'	1/19/2016	15:09	2	X X	-01
SW-3	Grab	SS	3'	1/21/2016	11:06	2	X X	-02
SW-2	Grab	SS	3'	1/21/2016	11:35	2	X X	-03
SW-4	Grab	SS	4'	1/22/2016	10:51	2	X X	-04

PVOC GRO 60m Amb/McDH/Syr
 TS 2oz CIR - No Pres

*Matrix: SS - Soil/Solid GW - Groundwater WW - WasteWater DW - Drinking Water OT - Other _____

pH _____ Temp _____

Flow _____ Other _____

Relinquished by: (Signature) *[Signature]* Date: *1/22/2016* Time: *11:36*

Received by: (Signature) *[Signature]* Samples returned via: UPS FedEx Courier Other

Condition: (lab use only) *10/11*

Temp: *21°C* Bottles Received: *8* CoC Seals Intact Y N NA OK

Relinquished by: (Signature) *[Signature]* Date: _____ Time: _____

Received by: (Signature) *[Signature]* Date: *1/23/15* Time: *14:52* pH Checked: _____ NCF: _____

5547 0237 6720



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Peter Fredman
Calumet Specialty Products
2407 Stinson Avenue
Superior, WI 54880

Report Summary

Friday January 29, 2016

Report Number: L813248

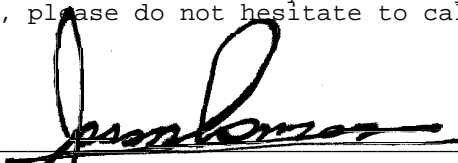
Samples Received: 01/23/16

Client Project:

Description: Tank 27

The analytical results in this report are based upon information supplied by you, the client, and are for your exclusive use. If you have any questions regarding this data package, please do not hesitate to call.

Entire Report Reviewed By:


Jason Romer, ESC Representative

Laboratory Certification Numbers

A2LA - 1461-01,1461-02, AIHA - 100789, AL - 40660, CA - 01157CA, CT - PH-0197,
FL - E87487, GA - 923, IN - C-TN-01, KY - 90010, KYUST - 0016,
NC - ENV375/DW21704/BIO041, ND - R-140. NJ - TN002, NJ NELAP - TN002,
SC - 84004, TN - 2006, VA - 460132, WV - 233, AZ - 0612,
MN - 047-999-395, NY - 11742, WI - 998093910, NV - TN000032011-1,
TX - T104704245-11-3, OK - 9915, PA - 68-02979, IA Lab #364, EPA - TN002

Accreditation is only applicable to the test methods specified on each scope of accreditation held by ESC Lab Sciences.

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REPORT OF ANALYSIS

January 29, 2016

Peter Fredman
 Calumet Specialty Products
 2407 Stinson Avenue
 Superior, WI 54880

Date Received : January 23, 2016
 Description : Tank 27
 Sample ID : SW-1 3FT
 Collected By : Josh V
 Collection Date : 01/19/16 15:09

ESC Sample # : L813248-01

Site ID :

Project # :

Parameter	Dry Result	Det. Limit	Units	Method	Date	Dil.
Total Solids	73.4		%	2540 G-2011	01/25/16	1
PVOCGRO						
Benzene	2.03	0.0317	mg/kg	8021	01/28/16	46.5
Toluene	0.804	0.317	mg/kg	8021	01/28/16	46.5
Ethylbenzene	0.888	0.0317	mg/kg	8021	01/28/16	46.5
m&p-Xylene	1.92	0.0634	mg/kg	8021	01/28/16	46.5
o-Xylene	1.12	0.0317	mg/kg	8021	01/28/16	46.5
Methyl tert-butyl ether	0.501	0.0634	mg/kg	8021	01/28/16	46.5
Naphthalene	BDL	0.317	mg/kg	8021	01/28/16	46.5
1,3,5-Trimethylbenzene	5.14	0.0634	mg/kg	8021	01/28/16	46.5
1,2,4-Trimethylbenzene	0.801	0.0634	mg/kg	8021	01/28/16	46.5
TPH (GC/FID) Low Fraction	386.	63.4	mg/kg	8015	01/29/16	465
Surrogate recovery-%						
a,a,a-Trifluorotoluene(PID)	99.0		% Rec.	8021	01/28/16	1

Results listed are dry weight basis.

BDL - Below Detection Limit

Det. Limit - Practical Quantitation Limit(PQL)

Note:

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REPORT OF ANALYSIS

January 29, 2016

Peter Fredman
 Calumet Specialty Products
 2407 Stinson Avenue
 Superior, WI 54880

Date Received : January 23, 2016
 Description : Tank 27
 Sample ID : SW-3 3FT
 Collected By : Josh V
 Collection Date : 01/21/16 11:06

ESC Sample # : L813248-02

Site ID :

Project # :

Parameter	Dry Result	Det. Limit	Units	Method	Date	Dil.
Total Solids	75.3		%	2540 G-2011	01/25/16	1
PVOCGRO						
Benzene	0.0384	0.0322	mg/kg	8021	01/28/16	48.5
Toluene	BDL	0.322	mg/kg	8021	01/28/16	48.5
Ethylbenzene	BDL	0.0322	mg/kg	8021	01/28/16	48.5
m&p-Xylene	BDL	0.0644	mg/kg	8021	01/28/16	48.5
o-Xylene	0.0509	0.0322	mg/kg	8021	01/28/16	48.5
Methyl tert-butyl ether	BDL	0.0644	mg/kg	8021	01/28/16	48.5
Naphthalene	BDL	0.322	mg/kg	8021	01/28/16	48.5
1,3,5-Trimethylbenzene	0.239	0.0644	mg/kg	8021	01/28/16	48.5
1,2,4-Trimethylbenzene	0.159	0.0644	mg/kg	8021	01/28/16	48.5
TPH (GC/FID) Low Fraction	16.7	6.44	mg/kg	8015	01/28/16	48.5
Surrogate recovery-%						
a,a,a-Trifluorotoluene(PID)	98.8		% Rec.	8021	01/28/16	1

Results listed are dry weight basis.

BDL - Below Detection Limit

Det. Limit - Practical Quantitation Limit(PQL)

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REPORT OF ANALYSIS

January 29, 2016

Peter Fredman
 Calumet Specialty Products
 2407 Stinson Avenue
 Superior, WI 54880

Date Received : January 23, 2016
 Description : Tank 27
 Sample ID : SW-2 3FT
 Collected By : Josh V
 Collection Date : 01/21/16 11:35

ESC Sample # : L813248-03

Site ID :

Project # :

Parameter	Dry Result	Det. Limit	Units	Method	Date	Dil.
Total Solids	77.4		%	2540 G-2011	01/25/16	1
PVOCGRO						
Benzene	BDL	0.0326	mg/kg	8021	01/28/16	50.5
Toluene	BDL	0.326	mg/kg	8021	01/28/16	50.5
Ethylbenzene	0.0584	0.0326	mg/kg	8021	01/28/16	50.5
m&p-Xylene	BDL	0.0652	mg/kg	8021	01/28/16	50.5
o-Xylene	0.0442	0.0326	mg/kg	8021	01/28/16	50.5
Methyl tert-butyl ether	BDL	0.0652	mg/kg	8021	01/28/16	50.5
Naphthalene	0.455	0.326	mg/kg	8021	01/28/16	50.5
1,3,5-Trimethylbenzene	0.288	0.0652	mg/kg	8021	01/28/16	50.5
1,2,4-Trimethylbenzene	0.123	0.0652	mg/kg	8021	01/28/16	50.5
TPH (GC/FID) Low Fraction	31.4	6.52	mg/kg	8015	01/28/16	50.5
Surrogate recovery-%						
a,a,a-Trifluorotoluene(PID)	101.		% Rec.	8021	01/28/16	1

Results listed are dry weight basis.

BDL - Below Detection Limit

Det. Limit - Practical Quantitation Limit(PQL)

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REPORT OF ANALYSIS

January 29, 2016

Peter Fredman
 Calumet Specialty Products
 2407 Stinson Avenue
 Superior, WI 54880

Date Received : January 23, 2016
 Description : Tank 27
 Sample ID : SW-4 4FT
 Collected By : Josh V
 Collection Date : 01/22/16 10:51

ESC Sample # : L813248-04

Site ID :

Project # :

Parameter	Dry Result	Det. Limit	Units	Method	Date	Dil.
Total Solids	68.2		%	2540 G-2011	01/25/16	1
PVOCGRO						
Benzene	0.173	0.0341	mg/kg	8021	01/28/16	46.5
Toluene	BDL	0.341	mg/kg	8021	01/28/16	46.5
Ethylbenzene	0.176	0.0341	mg/kg	8021	01/28/16	46.5
m&p-Xylene	0.264	0.0682	mg/kg	8021	01/28/16	46.5
o-Xylene	BDL	0.0341	mg/kg	8021	01/28/16	46.5
Methyl tert-butyl ether	BDL	0.0682	mg/kg	8021	01/28/16	46.5
Naphthalene	BDL	0.341	mg/kg	8021	01/28/16	46.5
1,3,5-Trimethylbenzene	0.170	0.0682	mg/kg	8021	01/28/16	46.5
1,2,4-Trimethylbenzene	0.746	0.0682	mg/kg	8021	01/28/16	46.5
TPH (GC/FID) Low Fraction	34.8	6.82	mg/kg	8015	01/28/16	46.5
Surrogate recovery-%						
a,a,a-Trifluorotoluene(PID)	99.7		% Rec.	8021	01/28/16	1

Results listed are dry weight basis.

BDL - Below Detection Limit

Det. Limit - Practical Quantitation Limit(PQL)

Note:

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Attachment A
List of Analytes with QC Qualifiers

Sample Number	Work Group	Sample Type	Analyte	Run ID	Qualifier
L813248-01	WG844869	SAMP	Naphthalene	R3109776	J6J3
	WG844869	SAMP	1,3,5-Trimethylbenzene	R3109776	J6

Attachment B
Explanation of QC Qualifier Codes

Qualifier	Meaning
J3	The associated batch QC was outside the established quality control range for precision.
J6	The sample matrix interfered with the ability to make any accurate determination; spike value is low

Qualifier Report Information

ESC utilizes sample and result qualifiers as set forth by the EPA Contract Laboratory Program and as required by most certifying bodies including NELAC. In addition to the EPA qualifiers adopted by ESC, we have implemented ESC qualifiers to provide more information pertaining to our analytical results. Each qualifier is designated in the qualifier explanation as either EPA or ESC. Data qualifiers are intended to provide the ESC client with more detailed information concerning the potential bias of reported data. Because of the wide range of constituents and variety of matrices incorporated by most EPA methods, it is common for some compounds to fall outside of established ranges. These exceptions are evaluated and all reported data is valid and useable "unless qualified as 'R' (Rejected)."

Definitions

Accuracy - The relationship of the observed value of a known sample to the true value of a known sample. Represented by percent recovery and relevant to samples such as: control samples, matrix spike recoveries, surrogate recoveries, etc.

Precision - The agreement between a set of samples or between duplicate samples. Relates to how close together the results are and is represented by Relative Percent Difference.

Surrogate - Organic compounds that are similar in chemical composition, extraction, and chromatography to analytes of interest. The surrogates are used to determine the probable response of the group of analytes that are chemically related to the surrogate compound. Surrogates are added to the sample and carried through all stages of preparation and analyses.

TIC - Tentatively Identified Compound: Compounds detected in samples that are not target compounds, internal standards, system monitoring compounds, or surrogates.



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Quality Assurance Report
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Analyte	Result	Laboratory Blank		Limit	Batch	Date Analyzed
		Units	% Rec			
Total Solids	< .1	%			WG844218	01/25/16 14:51
1,2,4-Trimethylbenzene	< .001	mg/kg			WG844869	01/28/16 10:49
1,3,5-Trimethylbenzene	< .001	mg/kg			WG844869	01/28/16 10:49
Benzene	< .0005	mg/kg			WG844869	01/28/16 10:49
Ethylbenzene	< .0005	mg/kg			WG844869	01/28/16 10:49
m&p-Xylene	< .001	mg/kg			WG844869	01/28/16 10:49
Methyl tert-butyl ether	< .001	mg/kg			WG844869	01/28/16 10:49
Naphthalene	< .005	mg/kg			WG844869	01/28/16 10:49
o-Xylene	< .0005	mg/kg			WG844869	01/28/16 10:49
Toluene	< .005	mg/kg			WG844869	01/28/16 10:49
TPH (GC/FID) Low Fraction	< .1	mg/kg			WG844869	01/28/16 10:49
a,a,a-Trifluorotoluene(PID)		% Rec.	105.0	80-200	WG844869	01/28/16 10:49
TPH (GC/FID) Low Fraction	< .1	mg/kg			WG845202	01/29/16 08:40
a,a,a-Trifluorotoluene(PID)		% Rec.	105.0	80-200	WG845202	01/29/16 08:40

Analyte	Units	Result	Duplicate		Limit	Ref Samp	Batch
			Duplicate	RPD			
Total Solids	%	68.6	68.2	0.512	5	L813248-04	WG844218

Analyte	Units	Laboratory Control Sample		% Rec	Limit	Batch
		Known Val	Result			
Total Solids	%	50	50.0	100.	85-115	WG844218
1,2,4-Trimethylbenzene	mg/kg	.05	0.0467	93.4	80-120	WG844869
1,3,5-Trimethylbenzene	mg/kg	.05	0.0452	90.4	80-120	WG844869
Benzene	mg/kg	.05	0.0445	88.9	80-120	WG844869
Ethylbenzene	mg/kg	.05	0.0455	90.9	80-120	WG844869
m&p-Xylene	mg/kg	.1	0.0959	95.9	80-120	WG844869
Methyl tert-butyl ether	mg/kg	.05	0.0506	101.	80-120	WG844869
Naphthalene	mg/kg	.05	0.0506	101.	80-120	WG844869
o-Xylene	mg/kg	.05	0.0454	90.7	80-120	WG844869
Toluene	mg/kg	.05	0.0435	87.0	80-120	WG844869
a,a,a-Trifluorotoluene(PID)				112.0	80-200	WG844869
TPH (GC/FID) Low Fraction	mg/kg	.5	0.447	89.4	80-120	WG844869
a,a,a-Trifluorotoluene(PID)				112.0	80-200	WG844869
TPH (GC/FID) Low Fraction	mg/kg	.5	0.428	85.7	80-120	WG845202
a,a,a-Trifluorotoluene(PID)				110.0	80-200	WG845202

Analyte	Units	Laboratory Control Sample Duplicate			Limit	RPD	Limit	Batch
		Result	Ref	%Rec				
1,2,4-Trimethylbenzene	mg/kg	0.0434	0.0467	87.0	80-120	7.30	20	WG844869
1,3,5-Trimethylbenzene	mg/kg	0.0424	0.0452	85.0	80-120	6.37	20	WG844869
Benzene	mg/kg	0.0419	0.0445	84.0	80-120	5.86	20	WG844869
Ethylbenzene	mg/kg	0.0431	0.0455	86.0	80-120	5.36	20	WG844869
m&p-Xylene	mg/kg	0.0900	0.0959	90.0	80-120	6.33	20	WG844869
Methyl tert-butyl ether	mg/kg	0.0461	0.0506	92.0	80-120	9.31	20	WG844869
Naphthalene	mg/kg	0.0459	0.0506	92.0	80-120	9.94	20	WG844869
o-Xylene	mg/kg	0.0432	0.0454	86.0	80-120	4.96	20	WG844869
Toluene	mg/kg	0.0412	0.0435	82.0	80-120	5.38	20	WG844869

* Performance of this Analyte is outside of established criteria.

For additional information, please see Attachment A 'List of Analytes with QC Qualifiers.'



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Analyte	Units	Laboratory Control Sample Duplicate			Limit	RPD	Limit	Batch
		Result	Ref	%Rec				
a,a,a-Trifluorotoluene(PID)				105.0	80-200			
TPH (GC/FID) Low Fraction	mg/kg	0.447	0.447	89.0	80-120	0.0600	20	WG844869
a,a,a-Trifluorotoluene(PID)				105.0	80-200			WG844869
TPH (GC/FID) Low Fraction	mg/kg	0.424	0.428	85.0	80-120	1.02	20	WG845202
a,a,a-Trifluorotoluene(PID)				103.0	80-200			WG845202

Analyte	Units	MS Res	Matrix Spike			Limit	Ref Samp	Batch
			Ref Res	TV	% Rec			
1,2,4-Trimethylbenzene	mg/kg	2.63	0.588	.05	87.9	80-120	L813248-01	WG844869
1,3,5-Trimethylbenzene	mg/kg	5.19	3.77	.05	60.9*	80-120	L813248-01	WG844869
Benzene	mg/kg	3.16	1.49	.05	71.6	32-137	L813248-01	WG844869
Ethylbenzene	mg/kg	2.48	0.652	.05	78.7	10-150	L813248-01	WG844869
m&p-Xylene	mg/kg	6.62	1.41	.1	112.	14-141	L813248-01	WG844869
Methyl tert-butyl ether	mg/kg	1.95	0.369	.05	68.2	24-151	L813248-01	WG844869
Naphthalene	mg/kg	0.496	0.00169	.05	21.2*	80-120	L813248-01	WG844869
o-Xylene	mg/kg	2.55	0.820	.05	74.5	10-157	L813248-01	WG844869
Toluene	mg/kg	2.00	0.590	.05	60.8	20-142	L813248-01	WG844869
a,a,a-Trifluorotoluene(PID)					94.50	80-200		WG844869
TPH (GC/FID) Low Fraction	mg/kg	281.	273.	.5	36.3*	80-120	L813248-01	WG844869
a,a,a-Trifluorotoluene(PID)					94.50	80-200		WG844869
TPH (GC/FID) Low Fraction	mg/kg	22.1	0.609	.5	85.9	80-120	L813660-08	WG845202
a,a,a-Trifluorotoluene(PID)					104.0	80-200		WG845202

Analyte	Units	MSD	Matrix Spike Duplicate		Limit	RPD	Limit	Ref Samp	Batch
			Ref	%Rec					
1,2,4-Trimethylbenzene	mg/kg	2.90	2.63	99.4	80-120	9.66	20	L813248-01	WG844869
1,3,5-Trimethylbenzene	mg/kg	5.68	5.19	81.8	80-120	8.94	20	L813248-01	WG844869
Benzene	mg/kg	3.43	3.16	83.5	32-137	8.36	39	L813248-01	WG844869
Ethylbenzene	mg/kg	2.74	2.48	89.9	10-150	9.98	44	L813248-01	WG844869
m&p-Xylene	mg/kg	7.27	6.62	126.	14-141	9.39	44	L813248-01	WG844869
Methyl tert-butyl ether	mg/kg	2.13	1.95	75.7	24-151	8.53	37	L813248-01	WG844869
Naphthalene	mg/kg	0.623	0.496	26.7*	80-120	22.7*	20	L813248-01	WG844869
o-Xylene	mg/kg	2.82	2.55	85.8	10-157	9.81	44	L813248-01	WG844869
Toluene	mg/kg	2.21	2.00	69.8	20-142	9.91	42	L813248-01	WG844869
a,a,a-Trifluorotoluene(PID)				92.90	80-200				WG844869
TPH (GC/FID) Low Fraction	mg/kg	279.	281.	26.5*	80-120	0.810	20	L813248-01	WG844869
a,a,a-Trifluorotoluene(PID)				92.90	80-200				WG844869
TPH (GC/FID) Low Fraction	mg/kg	22.2	22.1	86.4	80-120	0.580	20	L813660-08	WG845202
a,a,a-Trifluorotoluene(PID)				104.0	80-200				WG845202

Batch number /Run number / Sample number cross reference

WG844218: R3108704: L813248-01 02 03 04
WG844869: R3109776: L813248-01 02 03 04
WG845202: R3109917: L813248-01

* * Calculations are performed prior to rounding of reported values.
* Performance of this Analyte is outside of established criteria.
For additional information, please see Attachment A 'List of Analytes with QC Qualifiers.'



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January 29, 2016

The data package includes a summary of the analytic results of the quality control samples required by the SW-846 or CWA methods. The quality control samples include a method blank, a laboratory control sample, and the matrix spike/matrix spike duplicate analysis. If a target parameter is outside the method limits, every sample that is effected is flagged with the appropriate qualifier in Appendix B of the analytic report.

Method Blank - an aliquot of reagent water carried through the entire analytic process. The method blank results indicate if any possible contamination exposure during the sample handling, digestion or extraction process, and analysis. Concentrations of target analytes above the reporting limit in the method blank are qualified with the "B" qualifier.

Laboratory Control Sample - is a sample of known concentration that is carried through the digestion/extraction and analysis process. The percent recovery, expressed as a percentage of the theoretical concentration, has statistical control limits indicating that the analytic process is "in control". If a target analyte is outside the control limits for the laboratory control sample or any other control sample, the parameter is flagged with a "J4" qualifier for all effected samples.

Matrix Spike and Matrix Spike Duplicate - is two aliquots of an environmental sample that is spiked with known concentrations of target analytes. The percent recovery of the target analytes also has statistical control limits. If any recoveries that are outside the method control limits, the sample that was selected for matrix spike/matrix spike duplicate analysis is flagged with either a "J5" or a "J6". The relative percent difference (%RPD) between the matrix spike and the matrix spike duplicate recoveries is all calculated. If the RPD is above the method limit, the effected samples are flagged with a "J3" qualifier.