



Gannett Fleming

Excellence Delivered *As Promised*

May 9, 2018
File #34265.003

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

Re: Historical Contamination Response Action Report for the Tank 25 Basin
Superior Refining Company LLC, Superior, WI
Facility-Wide WDNR BRRTS# 02-16-559511
Facility ID: 816009590

Dear John:

On behalf of Superior Refining Company LLC (SRC), Gannett Fleming, Inc. (GF) is submitting this historical contamination response action report for the Tank 25 basin at the SRC refinery in Superior. In May 2014, the Wisconsin Department of Natural Resources (WDNR) approved SRC'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 25 basin was discovered and a section on the Geoprobe 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 facility-wide groundwater monitoring network with the locations of the Tank 25 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 through MW-22), and 8 piezometers (PZ-

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2/T66, PZ-3D, PZ-8R, PZ-11, PZ-13, PZ-16, PZ17, and PZ-21) established in conjunction with the SI/RAP.

Figure 3 is a Tank 25 basin site plan showing the estimated horizontal extent of residual hydrocarbon-impacted soil, some or all of which may be from a release of crude oil before the May 1978 Wisconsin spill laws, although the specifics are unknown. Currently, Tank 25 is being used to store crude oil.

During a routine inspection on May 15, 2017, Calumet Superior (Calumet) staff identified an area of black-stained, hydrocarbon-impacted soil in the western portion of the Tank 25 basin. The source of the initial area of visibly impacted soil was traced to a release that occurred when the seal on a mixing pump attached to the tank failed, causing an estimated 144 gallons of crude oil to enter the tank basin (BRRTS# 02-16-580801). Calumet directed soil excavation to remove soil impacted by this release. During excavation, additional hydrocarbon-impacted soil was discovered at a depth that suggested it was associated with a historic release.

Because of very wet conditions at the time the historic release was identified, Calumet suspended excavation activities and decided to wait for cold weather and frozen conditions to minimize the spread of contamination and for improved access to:

- Define the extent of residual soil impacts using a Geoprobe.

Effective November 8, 2017, Husky Superior Refining Holding Corp (Husky Superior) purchased Calumet and changed its legal name to Superior Refining Company LLC (SRC).

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

Geoprobe Soil Sampling

On March 19 and 20, 2018, SRC returned to the Tank 25 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.

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As shown on Figure 3, starting in front of the service doors to Tank 25, 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 5-foot-long soil cores at 30 locations (GP-1 through GP-30). 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 (below final grade) exceeded the 10-ppmv threshold, then a separate plug was collected 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 sample collected from the 4- to 5-feet below ground surface exceeded the 10-ppmv threshold, cores were collected below 5 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 soil boring core screened below 10 ppmv. Structural impediments were encountered during the investigation as identified on Figure 3.

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 the PID data) and filling and sealing reports for GP-1 through GP-30.

Compounds of concern are the petroleum volatile organic compounds (PVOCs) and naphthalene. A total of 11 shallow soil samples within 4 feet of final grade 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 a copy of the laboratory report used to generate Table 1 and the chain of custody record. Results document that only one location had soil with a concentration at or above an NR 720 industrial direct contact residual contaminant level (RCL). In GP-15 0-1, the naphthalene concentration was 25.7 mg/kg, slightly above its NR 720 industrial direct contact RCL of 24.1 mg/kg. Consequently, SRC plans to:

- Excavate the area of impacted soil with the naphthalene industrial direct contact RCL exceedance, collect confirmation soil samples to document final conditions, and place clean backfill in all excavated areas to restore final grade after a turnaround currently in progress at the refinery is complete, but by November 30, 2018.

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- Submit a technical memorandum report requesting transfer of the residual historical contamination and BRRTS #02-16-580801 to the facility-wide BRRTS # 02-16-559511 within 30 days of receiving the confirmation soil sample results.

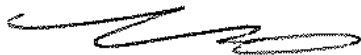
When multiple detected contaminants are not of concern, soil data are directly compared to individual NR 720 RCLs for evaluation alone. However, WDNR June 2014 guidance document RR-890 (Soil Residual Contaminant Determinations Using the USEPA Regional Screening Level Web Calculator) states that cumulative cancer risk (CCR) and hazard index (HI) values should also be evaluated for samples with detected concentrations “when there is potential for direct contact of soil with multiple contaminants” (Page 6). During this investigation of historical contamination, 11 shallow sample locations within 4 feet of final grade were collected for PVOCs/naphthalene analysis, and 10 of the 11 shallow samples had multiple detected analytes. As shown in Table 1, their respective CCR and HI values were all below the 1E-5 CCR and 1 HI thresholds in NR 720.12(b), Wis. Adm. Code. GP-15 is the only location with a contaminant (naphthalene) above its NR 720 industrial contact RCL.

The Wisconsin Transverse Mercator x,y coordinates of GP-15 (treating it as the spill/release location) are 361826.3, 692295.3 meters.

Feel free to call me and/or Matt Turner at Husky Superior if you have any questions or need additional information.

Sincerely,

GANNETT FLEMING, INC.



Marcus C. Mussey
Staff Geologist

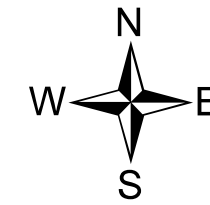


Clifford C. Wright
Project Engineer

MCM/jec

Enc.

ecc: Matt Turner (Husky Superior)

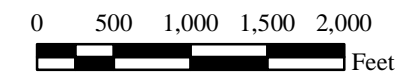


Legend

----- Approximate Superior Refining Company 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.

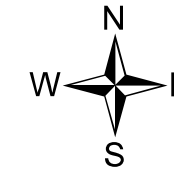


Site Location Map




SUPERIOR REFINING COMPANY LLC
 SUPERIOR REFINERY
 SUPERIOR, WISCONSIN



Gannett Fleming, Inc.
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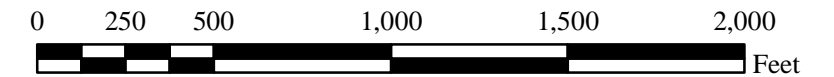


Legend

-  Monitoring Well
-  Monitoring Well\Piezometer Pair
-  Approximate Calumet Property Boundary

Note:

Well\Piezometer locations based on 02/06/15 survey by TKDA using a Trimble GNSS RTK GPS R8 Model 3



Tank 25 Basin

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

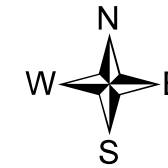
Facility-Wide Groundwater Monitoring Network

SUPERIOR REFINING COMPANY LLC
 SUPERIOR REFINERY
 SUPERIOR, WISCONSIN



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 8025 Excelsior Drive
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Project No.	34265.003	Date	02/16/16	Figure	2
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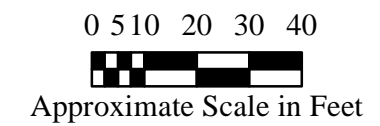


Legend

- Soil Boring Location That Screened Above 10ppmv and Had Detected Concentrations Above Applicable Direct Contact Limits
- Soil Boring Location That Screened Above 10ppmv and Had Detected Concentrations Below Applicable Direct Contact Limits
- Soil Boring Location That Screened Below 10ppmv
- Estimated Horizontal Extent Of Hydrocarbon-Impacted Soil
- Structural Impediments In Investigation Area

Notes:

- 1) Tank 25 is currently being used to store crude oil.
- 2) Not all boring locations that screened above 10ppmv were analyzed for PVOCs/Naphthalene.



Tank 25 Basin Hydrocarbon-Impacted Soil Investigation (March 2018)

CALUMET SUPERIOR, LLC
 SUPERIOR REFINERY
 SUPERIOR, WISCONSIN



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Project No.	34265.003	Date	4/17/18	Figure	3
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SUPERIOR REFINING COMPANY LLC
 SUPERIOR, WISCONSIN

TABLE 1

TANK 25 BASIN HISTORICAL CONTAMINATION INVESTIGATION SOIL ANALYTICAL RESULTS

Boring ID	Sample		Final Grade ⁽¹⁾ (ft bgs)	PID (ppmv)	Benzene (mg/kg)	Ethyl- benzene (mg/kg)	Toluene (mg/kg)	Xylenes (mg/kg)	MTBE (mg/kg)	1,2,4- TMB (mg/kg)	1,3,5- TMB (mg/kg)	TMBs combined (mg/kg)	Naph- thalene (mg/kg)	Shallow Soil Multiple Contaminant Cumulative ⁽²⁾					
	Interval ⁽¹⁾ (ft bgs)	Date												Hazard Index	Cancer Risk				
NR 720 RCL soil to groundwater pathway					0.0051	1.57	1.1072	3.96	0.027	NS	NS	1.3787	0.6582	Hazard Index	Cancer Risk				
NR 720 RCL for industrial direct contact					7.07	35.4	818	260	282	219	182	NS	24.1						
GP-1	0-2	03/19/18	0-2	69	<0.025	0.0756	<0.025	0.176	U	<0.025	0.302	0.200	0.502	0.570	0.001	2.6E-08			
GP-11	0-1	03/20/18	1-2	36.2	<0.025	<0.025	<0.025	0.075	U	<0.025	0.025	U	0.025	U	0.050	U	<0.025	--	--
GP-12 ⁽³⁾	1-3	"	2-4	26.2	<0.100	0.363	<0.100	0.830	J	<0.100	1.580	1.060	2.640	3.500	0.0056	1.6E-07			
GP-13 ⁽³⁾	0-1	"	1-2	50.3	<0.100	0.230	J	<0.100	0.673	J	<0.100	2.250	1.290	3.540	4.420	0.0071	1.9E-07		
GP-14 ⁽³⁾	1-3	"	2-4	33.9	<0.0625	0.373	<0.0625	0.768	J	<0.0625	2.130	1.140	3.270	2.490	0.0047	1.1E-07			
GP-15	0-1	"	1-2	241	4.590	22.000	<0.500	26.060		<0.500	70.800	19.500	90.300	25.700	0.086	2.3E-06			
GP-16 ⁽³⁾	1-3	"	2-4	151	0.211	1.330	<0.0500	2.037		<0.0500	5.870	2.240	8.110	2.710	0.0077	1.8E-07			
GP-19 ⁽³⁾	1-3	"	2-4	40	<0.0500	0.692	<0.0500	1.382		<0.0500	2.940	1.530	4.470	2.230	0.0051	1.1E-07			
GP-20 ⁽³⁾	0-1	"	1-2	48	1.940	3.510	<0.100	3.003	J	<0.100	4.240	2.400	6.640	5.470	0.0138	6.0E-07			
GP-23 ⁽³⁾	1-3	"	2-4	52	<0.100	0.679	<0.100	1.305		<0.100	3.130	1.640	4.770	3.930	0.0072	1.8E-07			
GP-27 ⁽³⁾	1-3	"	2-4	38	<0.100	0.196	J	<0.100	0.417	JU	<0.100	0.100	U	0.671	0.771	U	3.580	0.0048	1.5E-07

TABLE 1

TANK 25 BASIN HISTORICAL CONTAMINATION INVESTIGATION SOIL ANALYTICAL RESULTS

NOTES:

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

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

Detected concentrations at or above an applicable NR 720 soil to groundwater pathway RCL are in red font and italicized.

NR 720 residual contaminant level (RCL) standards from WDNR's RR Program Soil RCL Excel workbook updated December 2017.

Samples analyzed for the petroleum volatile organic compounds and naphthalene.

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 for all substances except xylenes and TMBs (combined).

-- = Not applicable because only one substance was detected.

FOOTNOTES:

(1) Clean backfill will be placed to restore original grade. *Sample Interval* data & their corresponding *Final Grade* depths (approx.) are in feet below ground surface (ft bgs).

(2) Industrial multiple contaminant cumulative cancer risk (CCR) and hazard index (HI) levels, if applicable (based on detected concentrations only). Thresholds are 1E-5 for CCR and 1 for HI per NR 720.12(1)(b), Wis. Adm. Code.

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

ATTACHMENT A

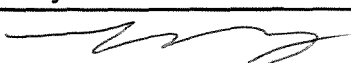
SOIL BORING LOGS AND FILLING AND SEALING REPORTS
FOR GP-1 THROUGH GP-30

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

Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-1	
Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/19/2018 m m d d y y y y	Date Drilling Completed 03/19/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level NA Feet MSL	Surface Elevation 658 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		
SE 1/4 of NW 1/4 of Section 30, T49 N, R14 W			Lat 46° 06' 48" N	<input type="checkbox"/> N <input type="checkbox"/> E	
			Long 92° 06' 26" W	<input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior	

Sample Number and Type	Length At. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
			1	BRN. clay, Dense Frost top 1.5'				64						02 1215
			2					2-						
			3					0.0						
			4					4-						
			5					0.0						
			EOB				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.

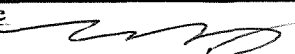
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number 022	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/19/2018 m m d d y y y y	Date Drilling Completed 03/19/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level NA Feet MSL	Surface Elevation 658 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 SE 1/4 of NW 1/4 of Section 36, T49 N, R14W			Local Grid Location Lat 46° 68' 54.3" Long 92° 06' 33.4" Feet <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W		
Facility ID 816009590	County Douglas	County Code 1 6	Civil Town/City/ or Village Superior		

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	
	5'			Brn clay first to 2'				0 -2' 0 283						
	18'		-5'	- visual pebbles 6"				4' 283 -5'						
	5'		-10'	Brn clay				9' 262 -10'						
	5'		-15'	Brn clay visual free prod + shear @ 14-15.5' 13-14'				13' 35 -14' 0.0 -15'						

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

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-3	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/19/2018 m m d d y y y y	Date Drilling Completed 03/19/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 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 SE 1/4 of NW 1/4 of Section 36, T49 N, R 14W			Local Grid Location Lat 46° 08' 53.86" Long 92° 06' 34.20" <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> Feet <input type="checkbox"/> W		
Facility ID 816009590	County Douglas	County Code 1 6	Civil Town/City/ or Village Superior		

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	
			51 FOD	Br. Clay Dense				00 -2' 00 4' 00 -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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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

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-4	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03, 19, 2018 m m d d y y y y	Date Drilling Completed 03, 19, 2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 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 <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		
SE 1/4 of NW 1/4 of Section 36, T49 N, R 14 W			Lat 46.685345 Long 92.065501		
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior	

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		
	5'			Brn. Clay, Dense frost top 2'				0.0 -2' 0.0 -4' 630 5'							
	5'		5'												
			10' EOB					-9' 0.0 -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/Revelopment Other

Page 1 of 1

Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-5
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/19/2018 m m d d y y y y	Date Drilling Completed 03/19/2018 m m d d y y y y	Drilling Method Direct Push
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/>		Local Grid Location		
State Plane N, E		Lat 46° 68' 33" N		
SE 1/4 of NW 1/4 of Section 36, T49 N, R 14 W		Long 92° 06' 26" W		
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior

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	
	5'			Brn. clay 4-5' - visible petrol odor				0.0 -2' 0.0						
	5'		5'	Brn clay seams of vis prod.				-4' 237 91.4						
	5'		10'	Brn clay free prod visible @ 13'				-10' -14' 6.6						
			15' FOB					-15'						

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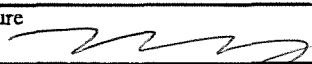
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-6	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03, 19, 2018 m m d d y y y y	Date Drilling Completed 03, 19, 2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 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 SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14W			Local Grid Location Lat 46° 08' 31.2" N Long 92° 06' 55.3" W Feet <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W		
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior	

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	
	5'		5.1 EOB	Brn clay, dense				0.0 -2' 0.0 -4' 0.0 -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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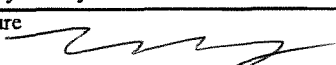
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other _____

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number 6P-7	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/19/2018 m m d d y y y y	Date Drilling Completed 03/19/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level NA Feet MSL	Surface Elevation 658 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14W			Local Grid Location Lat 46° 08' 21" N Long 92° 08' 43" W Feet <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W		
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior	

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	
		5'		5'	Brn. clay dense				0.0 2' 0.0 4' 0.0 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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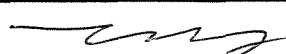
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

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Facility/Project Name Superior Refining Company Tank 25			License/Permit/Monitoring Number		Boring Number GP-8
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing			Date Drilling Started 03/19/2018 m m d d y y y y	Date Drilling Completed 03/19/2018 m m d d y y y y	Drilling Method Direct Push
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 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 SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W			Local Grid Location Lat 46° 06' 35.2" Long 92° 06' 05.2" <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	

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	
	5'		5' EOB	Brn. Clay Dense				0.0 -1' 0.0 -3' -4' 0.0 -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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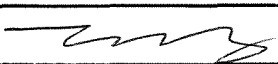
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Route To: Watershed/Wastewater Waste Management
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Page 1 of 1

Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-9	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/19/2018 m m d d y y y y	Date Drilling Completed 03/19/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 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	
SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W		Lat 46° 68' 21" E		Feet <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior	

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		
	5'		5'	Brn. Clay Dense				0.0 -2'							
	5'		10'					35.7 -5'							
			10'					0.0 -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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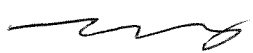
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-10	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/19/2018 m m d d y y y y	Date Drilling Completed 03/19/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W			Local Grid Location Lat 46° 08' 18.2" Long 92° 08' 12.7" Feet <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W		
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior	

Sample				Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (below ground surface)						Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
			5' EGR	Bin. clay Dense Frost to 2'				0.0 -2' 0.0 4' 0.0 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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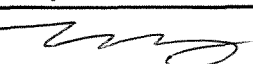
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-11	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/20/2018 m m d d y y y y	Date Drilling Completed 03/20/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 Feet MSL	Borehole Diameter 7 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W			Local Grid Location Lat 46° 68' 69" <input type="checkbox"/> N <input type="checkbox"/> E Long 92° 06' 24" <input type="checkbox"/> S _____ Feet <input type="checkbox"/> W		
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior	

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	
	5'		5' EOB	Bm. Clay Dense				36.2 -1- 0.0 -3- -4- 0.0 -5-						GP-11 0-1 8:10

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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Facility/Project Name Superior Refining Company Tank 25			License/Permit/Monitoring Number		Boring Number GP-12
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing			Date Drilling Started 03/20/2018 m m d d y y y y	Date Drilling Completed 03/20/2018 m m d d y y y y	Drilling Method Direct Push
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E			Local Grid Location		
SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14W			Lat 46° 05' 63"	<input type="checkbox"/> N <input type="checkbox"/> E	
			Long 92° 06' 27"	<input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior	

Sample Number and Type	Length Att. & Recovered (ft)	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		
	5'		5'	Brn Clay DENSE				0.0 1.1 26.2 3.1 4.1 5.1							GP-12 1-3 8:20
	5'			vis prod @ 8 ft				9'							
			10' EOB					0.0 10'							

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

Signature  Firm Gunnett Fleming

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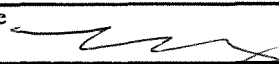
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-13	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/20/2018 m m d d y y y y	Date Drilling Completed 03/20/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		State Plane _____ N, _____ E		Local Grid Location	
SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W		Lat 46° 08' 52"		Feet <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior	

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	
	5'		5' EOB	Brn. Clay Dense				50.3 -1' 37.2 -3' -4' 3.2 -5'						GP-13 0-1 845

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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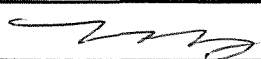
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Remediation/Revelopment Other

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-14	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/20/2018 m m d d y y y y	Date Drilling Completed 03/20/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 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 SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W			Local Grid Location Lat 46° 08' 38.2" Long 92° 06' 38.5" Feet <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W		
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior	

Sample Number and Type	Length At. & Recovered (in)	Blow Counts	Depth in Feet (below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
	5'		5' E08	Bin Clay dense prod shear @ 34'				46 33.9 34.1 34.9 5.1						GP-14 1-3 900

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

Signature  Firm Garnett Fleming

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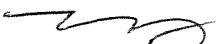
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-15	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/20/2018 m m d d y y y y	Date Drilling Completed 03/20/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 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 SE 1/4 of NW 1/4 of Section 36, T49 N, R14 W			Local Grid Location Lat 46° 06' 55.15" Long 92° 06' 45.3" _____ Feet <input type="checkbox"/> N _____ Feet <input type="checkbox"/> E _____ Feet <input type="checkbox"/> S _____ Feet <input type="checkbox"/> W		
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior	

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		
	5'		5'	Brn Dense Clay vis prod + odor top 4'				241 -1' 131 -3' 41 -4' 15.8 -5'							GP-15 0-1 915
	10'		10'	Brn. Dense clay				9' 00 -10'							
			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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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-16	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/20/2018 m m d d y y y y	Date Drilling Completed 03/20/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E SE 1/4 of NW 1/4 of Section 36, T49 N, R14 W			Local Grid Location Lat 46° 05' 46.3" Long 92° 06' 56.2" _____ Feet <input type="checkbox"/> N _____ Feet <input type="checkbox"/> E _____ Feet <input type="checkbox"/> S _____ Feet <input type="checkbox"/> W		
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior	

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					RDI/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
	5'			Brn. Dense clay frost 0-2'				1.4 1.1 1.5 1.3 1.4 3.0 5.1						GP-16 1-3 935
	5'		5'	Brn. Dense clay				9.1 2.0 10.1						
			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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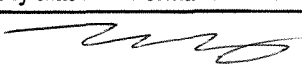
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Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

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Facility/Project Name Superior Refining Company Tank 25			License/Permit/Monitoring Number		Boring Number GP-17
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing			Date Drilling Started 03/20/2018 m m d d y y y y	Date Drilling Completed 03/20/2018 m m d d y y y y	Drilling Method Direct Push
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 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 SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W			Local Grid Location Lat 46° 68' 41" N Long 92° 06' 47" W Feet <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W		
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior	

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		
	5'		5' EQB	Brn Dense Clay				0.0 1.0 0.0 -3' -4' 0.0 -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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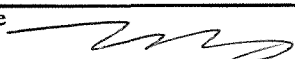
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP10	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/20/2018 m m d d y y y y	Date Drilling Completed 03/20/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 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 SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W			Local Grid Location Lat 46° 68' 54.71" Long 92° 06' 37.12" _____ Feet <input type="checkbox"/> N _____ Feet <input type="checkbox"/> E _____ Feet <input type="checkbox"/> S _____ Feet <input type="checkbox"/> W		
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior	

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		
	5'		5' EOB	Brn. Dense Clay				0.0 -1' 0.0 -3' -4' 0.0 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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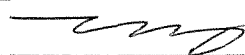
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-19	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/20/2018 m m d d y y y y	Date Drilling Completed 03/20/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E		Lat <u>46° 68' 51.7"</u>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W		Long <u>92° 06' 61.3"</u>			
Facility ID 816009590	County Douglas	County Code 1 6	Civil Town/City/ or Village Superior		

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	
	8'		5' EOB	Brn. Dense Clay frost to 2' bgs				0.0 1.1 4.0 3.1 4.1 5.3 5.1						GP-19 1-3 1040

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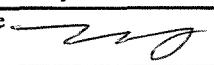
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-20	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/20/2018 m m d d y y y y	Date Drilling Completed 03/20/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W			Local Grid Location Lat 46° 68' 57" <input type="checkbox"/> N <input type="checkbox"/> E Long 92° 06' 52" <input type="checkbox"/> S <input type="checkbox"/> W		
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior	

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	
	5'		5'	Brn Dense clay frost to 1.5' gravel seam @ 2.5'				48 1' 42 3' 4' 16.7 5'						GP-20 0-1 1050
	2.5'			Brn. Dense clay				9' 00 10'						
			10' EOB											

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

Signature  Firm Garnett Fleming

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

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number	Boring Number CP-21
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/20/2018 m m d d y y y y	Date Drilling Completed 03/20/2018 m m d d y y y y
WI Unique Well No.	DNR Well ID No.	Well Name	Drilling Method Direct Push
		Final Static Water Level Feet MSL	Surface Elevation 658 Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E		Lat 46° 06' 58.49"	Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W
SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W		Long 92° 06' 33.00"	
Facility ID 816009590	County Douglas	County Code 1 6	Civil Town/City/ or Village Superior

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		
	5'		5'	Brn. Dense clay frost top 2'				0.0 -1.0 7.2 -3- 4- 2.0 -5-							
	5'		10' EOB					-9- 0.0 -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/Revelopment Other

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Facility/Project Name Superior Refining Company Tank 25			License/Permit/Monitoring Number		Boring Number GP-22	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing			Date Drilling Started 03/20/2018 m m d d y y y y		Date Drilling Completed 03/20/2018 m m d d y y y y	
WI Unique Well No.		DNR Well ID No.	Well Name		Final Static Water Level Feet MSL	Surface Elevation 658 Feet MSL
						Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E			Lat <u>46° 08' 59.21"</u>		Local Grid Location	
SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W			Long <u>92° 06' 8.86"</u>		<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		

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	
	5'		5' EOB	Brn. Dense clay				0.0 -1'- 0.0 -3'- 4'- 0.0 -5'-						

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

Signature [Signature] Firm Gannett Fleming

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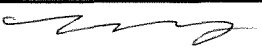
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-23	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/20/2018 m m d d y y y y	Date Drilling Completed 03/20/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input 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		
SE 1/4 of NW 1/4 of Section 36, T49 N, R14 W			Lat 46° 68' 80" N Long 92° 06' 40" W		
Facility ID 816009590		County Douglas	County Code 1 6	Civil Town/City/ or Village Superior	

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		
	5'			Brn. Dense clay collected trough ice				24.5 -1' 52 -3' -4' 23.7 -5'							GP-23 1.3 1320
	5'		5'												
			-10' EOB					9' 00 10'							

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

Signature  Firm Lannett Fleming

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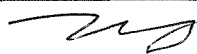
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-24	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/20/2018 m m d d y y y y	Date Drilling Completed 03/20/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W			Local Grid Location Lat 46° 08' 53" <input type="checkbox"/> N <input type="checkbox"/> E Long 92° 08' 46" <input type="checkbox"/> S <input type="checkbox"/> W		
Facility ID 816009590	County Douglas	County Code 1 6	Civil Town/City/ or Village Superior		

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	
	5'		5' EGB	Brn. Dense Clay				0.0 1.0 0.1 3.0 4.0 0.0 5.0						

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

Signature  Firm Gunnett Fleming

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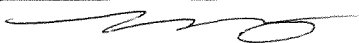
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-25	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/20/2018 m m d d y y y y	Date Drilling Completed 03/20/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 Feet MSL	Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W			Local Grid Location Lat 46° 06' 37.83" Long 92° 06' 58.1" <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	

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	
	5'		5'	Brn dense clay frost top 2.5'				0.0 1.0 15.7 3.1 4.1 0.0 5.0						

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

Signature  Firm Gannett Flaming


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

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number	Boring Number GP-26
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/20/2018 m m / d d / y y y y	Date Drilling Completed 03/20/2018 m m / d d / y y y y
WI Unique Well No.	DNR Well ID No.	Well Name	Drilling Method Direct Push
Final Static Water Level Feet MSL		Surface Elevation 658 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	
SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W		Lat 46° 08' 58.29" Long 92° 06' 06.26"	
Facility ID 816009590	County Douglas	County Code 16	Civil Town/City/ or Village Superior

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	
	2'			Brn. Dense Clay				0.0						
								1.1						
								0.0						
								3.1						
			5'					13.4						
	4'							5.8						
								9.1						
								0.0						
			10'					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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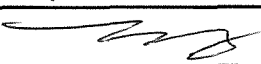
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number	Boring Number GP-27
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/20/2018 m m d d y y y y	Date Drilling Completed 03/20/2018 m m d d y y y y
WI Unique Well No.	DNR Well ID No.	Well Name	Drilling Method Direct Push
		Final Static Water Level Feet MSL	Surface Elevation 658 Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input 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	
SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W		Lat 46° 06' 57.26"	Long 92° 06' 36.68"
Facility ID 816009590	County Douglas	County Code 1 6	Civil Town/City/ or Village Superior

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	
	5'		5'	Brn. Dense Clay				0.0 -1' 38 -3' -4' 0.0 -5'						GP-27 1-3 14:35
	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

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Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number <u>CP-28</u>	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: <u>Twin Ports Testing</u>		Date Drilling Started <u>03/20/2018</u> m m d d y y y y	Date Drilling Completed <u>03/20/2018</u> m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation <u>658</u> Feet MSL	Borehole Diameter <u>2</u> inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane N, E		Lat <u>46° 68' 76.2"</u> Long <u>92° 06' 73.6"</u>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID <u>816009590</u>	County <u>Douglas</u>	County Code <u>1 6</u>	Civil Town/City/ or Village <u>Superior</u>		

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
	<u>5'</u>		<u>5'</u>	<u>Brn. Dense clay Petrol odor</u>				<u>0.0</u> <u>1'</u> <u>26.4</u> <u>3'</u> <u>4'</u> <u>6.0</u> <u>5'</u>						

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

Signature [Signature] Firm Gannett Fleming

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

Page 1 of 1

Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number	Boring Number GP-29
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03, 20, 2018 m m d d y y y y	Date Drilling Completed 03, 20, 2018 m m d d y y y y
WI Unique Well No.	DNR Well ID No.	Well Name	Drilling Method Direct Push
		Final Static Water Level Feet MSL	Surface Elevation 658 Feet MSL
			Borehole Diameter 2 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/>		Local Grid Location	
State Plane _____ N, _____ E		Feet <input type="checkbox"/> N <input type="checkbox"/> E	
SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W		Feet <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID 816009590		County Douglas	Civil Town/City/ or Village Superior
		County Code 1 6	

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	
	3'		5' EOB	Brn. Dense clay				0.0 -1' 0.0 -3' -4' 0.0 -5'						

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

Signature  Firm Gunnett Fleming

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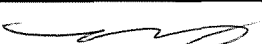
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other

Page 1 of 1

Facility/Project Name Superior Refining Company Tank 25		License/Permit/Monitoring Number		Boring Number GP-30	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Last Name: Firm: Twin Ports Testing		Date Drilling Started 03/20/2018 m m d d y y y y	Date Drilling Completed 03/20/2018 m m d d y y y y	Drilling Method Direct Push	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 658 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 SE 1/4 of NW 1/4 of Section 36, T 49 N, R 14 W			Local Grid Location Lat 46° 6' 55.97" <input type="checkbox"/> N <input type="checkbox"/> E Long 92° 06' 32.0" <input type="checkbox"/> S <input type="checkbox"/> W		
Facility ID 816009590	County Douglas	County Code 1 6	Civil Town/City/ or Village Superior		

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	
	5'		5'	Brn. Dense clay				0.0 -1' 0.0 -3' -4' 0.0 -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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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 #: _____

Facility Name: **Superior Refining Company LLC**

Latitude / Longitude (see instructions): **46.685480° N** Format Code: DD Method Code: GPS008
92.068267° W DDM SCR002 OTH001

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

¼ / ¼ **SE, SE** ¼ **NW** Section: **36** Township: **49 N** Range: **14** E W

License/Permit/Monitoring #: _____

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

Original Well Owner: **Superior Refining Company LLC**

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

Present Well Owner: **Superior Refining Company LLC**

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: **Temporary Boring** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **03/19/2018**
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): **5'** Casing Diameter (in.): _____

Lower Drillhole Diameter (in.): **2"** Casing Depth (ft.): _____

Was well annular space grouted? Yes No Unknown

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

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

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
 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

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

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips
 For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite 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	5'	0.1 cubic feet	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: Gannett Fleming	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): 03/20/2018	Date Received: _____	Noted By: _____
Street or Route: 8025 Excelsior Dr.	City: Madison	State: WI	ZIP Code: 53717	Telephone Number: (608) 836-1500
Signature of Person Doing Work: _____			Date Signed: 04/16/2018	

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
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County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Superior Refining Company LLC		
Latitude / Longitude (see instructions) 46.685436° N		Format Code <input checked="" type="checkbox"/> DD	Facility ID (FID or PWS) 816009590		
92.068344° W		<input type="checkbox"/> DDM	License/Permit/Monitoring # _____		
¼ / ¼ SE, SE ¼ NW		Section 36	Township 49 N	Range 14	Original Well Owner Superior Refining Company LLC
or Gov't Lot #				<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Present Well Owner Superior Refining Company LLC
Well Street Address 2407 Stinson Ave.			Mailing Address of Present Owner 2407 Stinson Ave.		
Well City, Village or Town Superior			Well ZIP Code 54880		
Subdivision Name			City of Present Owner Superior		State WI
					ZIP Code 54880

3. Filled & Sealed Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	<input type="checkbox"/> Pump and piping removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? Yes No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 03/19/2018 If a Well Construction Report is available, please attach.	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) 15'		Casing Diameter (in.) _____	
Lower Drillhole Diameter (in.) 2"		Casing Depth (ft.) _____	
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)	
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 type="checkbox"/> Bentonite Chips			
For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" 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	15'	0.3 cubic feet	

6. Comments

7. Supervision of Work	DNR Use Only
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Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received	Noted By
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500		Comments
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	
			Date Signed 04/16/2018	

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
County Douglas	Facility Name Superior Refining Company LLC
WI Unique Well # of Removed Well _____	Facility ID (FID or PWS) 816009590
Hicap # _____	License/Permit/Monitoring # _____

Latitude / Longitude (see instructions) 46.685386° N	Format Code <input checked="" type="checkbox"/> DD	Method Code <input checked="" type="checkbox"/> GPS008
92.068420° W	<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002
		<input type="checkbox"/> OTH001

¼ / ¼ SE, SE ¼ NW	Section 36	Township 49 N	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Superior Refining Company LLC
or Gov't Lot #					Present Well Owner Superior Refining Company LLC

Well Street Address 2407 Stinson Ave.	Well ZIP Code 54880	Mailing Address of Present Owner 2407 Stinson Ave.
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Well City, Village or Town Superior	Subdivision Name	Lot #	City of Present Owner Superior	State WI	ZIP Code 54880
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material			
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<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 03/19/2018	Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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<input type="checkbox"/> Water 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
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<input checked="" type="checkbox"/> Borehole / Drillhole	Construction Type:	Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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<input type="checkbox"/> Drilled	<input checked="" type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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<input type="checkbox"/> Other (specify): _____	Formation Type:	Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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Total Well Depth From Ground Surface (ft.) 5'	Casing Diameter (in.)	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.)	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
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Was well annular space grouted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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If yes, to what depth (feet)?	Depth to Water (feet)	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
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5. Material Used to Fill Well / Drillhole			
Bentonite Chips	From (ft.) Surface	To (ft.) 5'	No. Yards, Sacks Sealant or Volume (circle one) 0.1 cubic feet
			Mix Ratio or Mud Weight

6. Comments			
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7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received	Noted By	
Street or Route 8025 Excelsior Dr.	Telephone Number (608) 836-1500	Comments			

City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018
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<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
County Douglas	Facility Name Superior Refining Company LLC
WI Unique Well # of Removed Well _____	Facility ID (FID or PWS) 816009590
Hicap # _____	License/Permit/Monitoring # _____

Latitude / Longitude (see instructions) 46.685345° N	Format Code <input checked="" type="checkbox"/> DD	Method Code <input checked="" type="checkbox"/> GPS008
92.068501° W	<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002
		<input type="checkbox"/> OTH001

¼ / ¼ SE, SE ¼ NW	Section 36	Township 49 N	Range 14	<input type="checkbox"/> E	Original Well Owner Superior Refining Company LLC
or Gov't Lot #				<input checked="" type="checkbox"/> W	Present Well Owner Superior Refining Company LLC

Well Street Address 2407 Stinson Ave.	Well ZIP Code 54880	Mailing Address of Present Owner 2407 Stinson Ave.
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Well City, Village or Town Superior	Subdivision Name	Lot #	City of Present Owner Superior	State WI	ZIP Code 54880
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material			
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<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 03/19/2018	Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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<input type="checkbox"/> Water 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
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<input checked="" type="checkbox"/> Borehole / Drillhole	Construction Type:	Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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<input type="checkbox"/> Drilled	<input checked="" type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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<input type="checkbox"/> Other (specify): _____	Formation Type:	Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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Total Well Depth From Ground Surface (ft.) 10'	Casing Diameter (in.)	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.)	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
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Was well annular space grouted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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If yes, to what depth (feet)?	Depth to Water (feet)	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
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5. Material Used to Fill Well / Drillhole		Required Method of Placing Sealing Material			
Bentonite Chips	From (ft.) Surface	To (ft.) 10'	No. Yards, Sacks Sealant or Volume (circle one) 0.2 cubic feet	Mix Ratio or Mud Weight	


<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped	Sealing Materials			
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<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____	<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete	<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips
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6. Comments					
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7. Supervision of Work			DNR Use Only		
Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received	Noted By	

Street or Route 8025 Excelsior Dr.	Telephone Number (608) 836-1500	Comments			
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City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018
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<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
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County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Superior Refining Company LLC		
Latitude / Longitude (see instructions) 46.685335° N		Format Code <input checked="" type="checkbox"/> DD	Facility ID (FID or PWS) 816009590		
92.068261° W		<input type="checkbox"/> DDM	License/Permit/Monitoring # _____		
¼ / ¼ SE, SE ¼ NW		Section 36	Township 49 N	Range 14	Original Well Owner Superior Refining Company LLC
or Gov't Lot #				<input type="checkbox"/> E	Present Well Owner Superior Refining Company LLC
				<input checked="" type="checkbox"/> W	Mailing Address of Present Owner 2407 Stinson Ave.
Well Street Address 2407 Stinson Ave.			City of Present Owner Superior		
Well City, Village or Town Superior			State WI		
Subdivision Name			ZIP Code 54880		
Well ZIP Code 54880			Lot #		

Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material			
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<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 03/19/2018 If a Well Construction Report is available, please attach.	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	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		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	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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): _____	
Total Well Depth From Ground Surface (ft.) 15'		Casing Diameter (in.) 2"	
Lower Drillhole Diameter (in.) 2"		Casing Depth (ft.) _____	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
If yes, to what depth (feet)? _____		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
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	15'	0.3 cubic feet	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	DNR Use Only	
Street or Route 8025 Excelsior Dr.			Date Received	Noted By
City Madison			Comments	
State WI			Signature of Person Doing Work 	
ZIP Code 53717			Date Signed 04/16/2018	

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
County Douglas	Facility Name Superior Refining Company LLC
WI Unique Well # of Removed Well _____	Facility ID (FID or PWS) 816009590
Hicap # _____	License/Permit/Monitoring # _____

Latitude / Longitude (see instructions) 46.685312° N	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
92.068553° W		

¼ / ¼ SE, SE ¼ NW	Section 36	Township 49 N	Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Superior Refining Company LLC
or Gov't Lot #				Present Well Owner Superior Refining Company LLC

Well Street Address 2407 Stinson Ave.	Well ZIP Code 54880	Mailing Address of Present Owner 2407 Stinson Ave.
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Well City, Village or Town Superior	Subdivision Name	Lot #	City of Present Owner Superior	State WI	ZIP Code 54880
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material			
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3. Filled & Sealed Well / Drillhole / Borehole Information					
<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 03/19/2018	<input type="checkbox"/> Pump and piping removed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<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 checked="" type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	<input type="checkbox"/> Other (specify): _____
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Formation Type:	<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	Required Method of Placing Sealing Material	<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
Total Well Depth From Ground Surface (ft.) 5'	Casing Diameter (in.)		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____	

Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.)	Sealing Materials	<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips	

If yes, to what depth (feet)?	Depth to Water (feet)	<i>For Monitoring Wells and Monitoring Well Boreholes Only:</i>			
		<input checked="" 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	5'	0.1 cubic feet	

6. Comments				

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received	Noted By
Street or Route 8025 Excelsior Dr.	Telephone Number (608) 836-1500	Comments		
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
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County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Superior Refining Company LLC		
Latitude / Longitude (see instructions) 46.685215° N		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Facility ID (FID or PWS) 816009590		
92.068432° W		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	License/Permit/Monitoring # _____		
¼ / ¼ SE, SE ¼ NW or Gov't Lot #	Section 36	Township 49 N	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Superior Refining Company LLC
Well Street Address 2407 Stinson Ave.					Present Well Owner Superior Refining Company LLC
Well City, Village or Town Superior			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
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Reason for Removal from Service Temporary 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			
Original Construction Date (mm/dd/yyyy) 03/19/2018		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			
If a Well Construction Report is available, please attach. _____		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): _____			
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Total Well Depth From Ground Surface (ft.) 5'	Casing Diameter (in.) _____				
Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.) _____				
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	5'	0.1 cubic feet	

6. Comments

7. Supervision of Work	DNR Use Only
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Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received _____	Noted By _____
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500		Comments _____
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	
			Date Signed 04/16/2018	

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
County Douglas	Facility Name Superior Refining Company LLC
WI Unique Well # of Removed Well _____	Facility ID (FID or PWS) 816009590
Hicap # _____	License/Permit/Monitoring # _____

Latitude / Longitude (see instructions) 46.685352° N	Format Code <input checked="" type="checkbox"/> DD	Method Code <input checked="" type="checkbox"/> GPS008
92.068052° W	<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002
		<input type="checkbox"/> OTH001

¼ / ¼ SE, SE ¼ NW	Section 36	Township 49 N	Range 14	<input type="checkbox"/> E	Original Well Owner Superior Refining Company LLC
or Gov't Lot #				<input checked="" type="checkbox"/> W	Present Well Owner Superior Refining Company LLC

Well Street Address 2407 Stinson Ave.	Well ZIP Code 54880	Mailing Address of Present Owner 2407 Stinson Ave.
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Well City, Village or Town Superior	Subdivision Name _____	Lot # _____	City of Present Owner Superior	State WI	ZIP Code 54880
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material			
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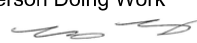
<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 03/19/2018	Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Borehole / Drillhole		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

3. Filled & Sealed Well / Drillhole / Borehole Information		Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Construction Type:		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Drilled	<input checked="" type="checkbox"/> Driven (Sandpoint)	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Dug	If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Formation Type:		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
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	Required Method of Placing Sealing Material			
Total Well Depth From Ground Surface (ft.) 5'	Casing Diameter (in.) _____	<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped		
Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.) _____	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____		

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

5. Material Used to Fill Well / Drillhole				
Bentonite Chips	From (ft.) Surface	To (ft.) 5'	No. Yards, Sacks Sealant or Volume (circle one) 0.1 cubic feet	Mix Ratio or Mud Weight _____

6. Comments			

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received _____	Noted By _____
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500	Comments _____	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
County Douglas	Facility Name Superior Refining Company LLC
WI Unique Well # of Removed Well _____	Facility ID (FID or PWS) 816009590
Hicap # _____	License/Permit/Monitoring # _____

Latitude / Longitude (see instructions) 46.685216° N	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
92.068130° W		

¼ / ¼ SE, SE ¼ NW	Section 36	Township 49 N	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Superior Refining Company LLC
or Gov't Lot #					Present Well Owner Superior Refining Company LLC

Well Street Address 2407 Stinson Ave.	Well ZIP Code 54880	Mailing Address of Present Owner 2407 Stinson Ave.
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Well City, Village or Town Superior	Subdivision Name	Lot #	City of Present Owner Superior	State WI	ZIP Code 54880
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material			
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3. Filled & Sealed Well / Drillhole / Borehole Information		Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 03/19/2018	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	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 checked="" type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	Was casing cut off below surface?		
<input type="checkbox"/> Other (specify): _____			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Formation Type:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	Did sealing material rise to surface?		
Total Well Depth From Ground Surface (ft.) 10'		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Casing Diameter (in.)		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 2"		If yes, was hole retopped?		
Casing Depth (ft.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> 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)		

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 type="checkbox"/> Bentonite Chips

<i>For Monitoring Wells and Monitoring Well Boreholes Only:</i>			
<input checked="" 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	10'	0.2 cubic feet	

6. Comments				

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received	Noted By
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500	Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018

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 #: _____

Facility Name: **Superior Refining Company LLC**

Latitude / Longitude (see instructions):
46.685182° N Format Code: DD Method Code: GPS008
92.068127° W DDM SCR002
 OTH001

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

¼ / ¼ **SE, SE** ¼ **NW** Section: **36** Township: **49 N** Range: **14** E W

License/Permit/Monitoring #

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

Original Well Owner: **Superior Refining Company LLC**

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

Present Well Owner: **Superior Refining Company LLC**

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: **Temporary Boring** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **03/19/2018**
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): **5'** Casing Diameter (in.): _____

Lower Drillhole Diameter (in.): **2"** Casing Depth (ft.): _____

Was well annular space grouted? Yes No Unknown

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

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

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
 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

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

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips
 For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	5'	0.1 cubic feet	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: Gannett Fleming	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): 03/20/2018	Date Received	Noted By
Street or Route: 8025 Excelsior Dr.	City: Madison	State: WI	ZIP Code: 53717	Telephone Number: (608) 836-1500
Signature of Person Doing Work: _____			Date Signed: 04/16/2018	

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
County Douglas	Facility Name Superior Refining Company LLC
WI Unique Well # of Removed Well _____	Facility ID (FID or PWS) 816009590
Hicap # _____	License/Permit/Monitoring # _____

Latitude / Longitude (see instructions) 46.685694° N	Format Code <input checked="" type="checkbox"/> DD	Method Code <input checked="" type="checkbox"/> GPS008
92.068240° W	<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002
		<input type="checkbox"/> OTH001

¼ / ¼ SE, SE ¼ NW	Section 36	Township 49 N	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Superior Refining Company LLC
or Gov't Lot #					Present Well Owner Superior Refining Company LLC

Well Street Address 2407 Stinson Ave.	Well ZIP Code 54880	Mailing Address of Present Owner 2407 Stinson Ave.
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Well City, Village or Town Superior	Subdivision Name _____	Lot # _____	City of Present Owner Superior	State WI	ZIP Code 54880
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material			
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<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 03/20/2018	Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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<input type="checkbox"/> Water 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
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<input checked="" type="checkbox"/> Borehole / Drillhole	Construction Type:	Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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<input type="checkbox"/> Drilled	<input checked="" type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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<input type="checkbox"/> Other (specify): _____	Formation Type:	Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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Total Well Depth From Ground Surface (ft.) 5'	Casing Diameter (in.) _____	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.) _____	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
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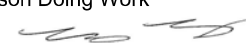
Was well annular space grouted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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If yes, to what depth (feet)?	Depth to Water (feet)	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
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5. Material Used to Fill Well / Drillhole			
Bentonite Chips	From (ft.) Surface	To (ft.) 5'	No. Yards, Sacks Sealant or Volume (circle one) 0.1 cubic feet

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): _____			

6. Comments			

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received	Noted By
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500	Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
County Douglas	Facility Name Superior Refining Company LLC
WI Unique Well # of Removed Well _____	Facility ID (FID or PWS) 816009590
Hicap # _____	License/Permit/Monitoring # _____

Latitude / Longitude (see instructions) 46.685631° N	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
92.068277° W		

¼ / ¼ SE, SE ¼ NW	Section 36	Township 49 N	Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Superior Refining Company LLC
or Gov't Lot #				Present Well Owner Superior Refining Company LLC

Well Street Address 2407 Stinson Ave.	Well ZIP Code 54880	Mailing Address of Present Owner 2407 Stinson Ave.
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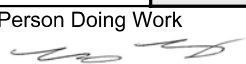
Well City, Village or Town Superior	Subdivision Name _____	Lot # _____	City of Present Owner Superior	State WI	ZIP Code 54880
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____
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3. Filled & Sealed Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
<input type="checkbox"/> Monitoring Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Borehole / Drillhole	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Original Construction Date (mm/dd/yyyy) 03/20/2018	Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If a Well Construction Report is available, please attach.	Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input checked="" 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
Other (specify): _____	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 10'	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing Diameter (in.)	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
Lower Drillhole Diameter (in.) 2"	Required Method of Placing Sealing Material
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
If yes, to what depth (feet)?	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
Depth to Water (feet)	Sealing Materials
	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete
	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
	<i>For Monitoring Wells and Monitoring Well Boreholes Only:</i>
	<input checked="" 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	
Bentonite Chips	From (ft.) Surface To (ft.) 10' No. Yards, Sacks Sealant or Volume (circle one) 0.2 cubic feet Mix Ratio or Mud Weight

6. Comments	

7. Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received _____
Street or Route 8025 Excelsior Dr.	Telephone Number (608) 836-1500	Noted By _____	
City Madison	State WI	ZIP Code 53717	Comments _____
Signature of Person Doing Work 			Date Signed 04/16/2018

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
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County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Superior Refining Company LLC		
Latitude / Longitude (see instructions) 46.685752° N		Format Code <input checked="" type="checkbox"/> DD	Facility ID (FID or PWS) 816009590		
92.068305° W		<input type="checkbox"/> DDM	License/Permit/Monitoring # _____		
¼ / ¼ SE, SE ¼ NW		Section 36	Township 49 N	Range <input type="checkbox"/> E	Original Well Owner Superior Refining Company LLC
or Gov't Lot #			14	<input checked="" type="checkbox"/> W	Present Well Owner Superior Refining Company LLC
Well Street Address 2407 Stinson Ave.			Mailing Address of Present Owner 2407 Stinson Ave.		
Well City, Village or Town Superior			Well ZIP Code 54880		
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
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	<input type="checkbox"/> Pump and piping removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? Yes No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 03/20/2018 If a Well Construction Report is available, please attach.	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) 5'		Casing Diameter (in.) _____	
Lower Drillhole Diameter (in.) 2"		Casing Depth (ft.) _____	
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)	
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 type="checkbox"/> Bentonite Chips			
For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" 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	5'	0.1 cubic feet	

6. Comments

7. Supervision of Work	DNR Use Only
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Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received	Noted By
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500	Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
County Douglas	Facility Name Superior Refining Company LLC
WI Unique Well # of Removed Well _____	Facility ID (FID or PWS) 816009590
Hicap # _____	License/Permit/Monitoring # _____

Latitude / Longitude (see instructions) 46.685682° N	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
92.068385° W		

¼ / ¼ SE, SE ¼ NW	Section 36	Township 49 N	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Superior Refining Company LLC
or Gov't Lot #					Present Well Owner Superior Refining Company LLC

Well Street Address 2407 Stinson Ave.	Well ZIP Code 54880	Mailing Address of Present Owner 2407 Stinson Ave.
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Well City, Village or Town Superior	Subdivision Name _____	Lot # _____	City of Present Owner Superior	State WI	ZIP Code 54880
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____
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3. Filled & Sealed Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
<input type="checkbox"/> Monitoring Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Borehole / Drillhole	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Original Construction Date (mm/dd/yyyy) 03/20/2018	Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If a Well Construction Report is available, please attach.	Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input checked="" 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
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 5'	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 2"	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing Diameter (in.) _____	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
Casing Depth (ft.) _____	Required Method of Placing Sealing Material
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
If yes, to what depth (feet)? _____	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
Depth to Water (feet) _____	Sealing Materials
	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete
	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
	<i>For Monitoring Wells and Monitoring Well Boreholes Only:</i>
	<input checked="" 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	6. Comments
Bentonite Chips	

5. Material Used to Fill Well / Drillhole	6. Comments
Bentonite Chips	

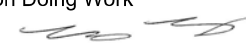
5. Material Used to Fill Well / Drillhole	6. Comments
Bentonite Chips	

5. Material Used to Fill Well / Drillhole	6. Comments
Bentonite Chips	

5. Material Used to Fill Well / Drillhole	6. Comments
Bentonite Chips	

5. Material Used to Fill Well / Drillhole	6. Comments
Bentonite Chips	

5. Material Used to Fill Well / Drillhole	6. Comments
Bentonite Chips	

7. Supervision of Work	DNR Use Only
Name of Person or Firm Doing Filling & Sealing Gannett Fleming	Date Received _____
License # _____	Noted By _____
Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Comments _____
Street or Route 8025 Excelsior Dr.	Telephone Number (608) 836-1500
City Madison	Signature of Person Doing Work 
State WI	Date Signed 04/16/2018
ZIP Code 53717	

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<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
County Douglas	Facility Name Superior Refining Company LLC
WI Unique Well # of Removed Well _____	Facility ID (FID or PWS) 816009590
Hicap # _____	License/Permit/Monitoring # _____

Latitude / Longitude (see instructions) 46.685515° N	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
92.068453° W		

¼ / ¼ SE, SE ¼ NW	Section 36	Township 49 N	Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Superior Refining Company LLC
or Gov't Lot #				Present Well Owner Superior Refining Company LLC

Well Street Address 2407 Stinson Ave.	Well ZIP Code 54880	Mailing Address of Present Owner 2407 Stinson Ave.
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Well City, Village or Town Superior	Subdivision Name _____	Lot # _____	City of Present Owner Superior	State WI	ZIP Code 54880
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material			
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<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 03/20/2018	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water 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 checked="" type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

3. Filled & Sealed Well / Drillhole / Borehole Information		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 10'	Casing Diameter (in.) _____	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.) _____	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" 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		If yes, to what depth (feet)? _____	Depth to Water (feet) _____	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): _____
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Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
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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	10'	0.2 cubic feet	

6. Comments				

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received _____	Noted By _____
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500	Comments _____	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
County Douglas	Facility Name Superior Refining Company LLC
WI Unique Well # of Removed Well _____	Facility ID (FID or PWS) 816009590
Hicap # _____	License/Permit/Monitoring # _____

Latitude / Longitude (see instructions) 46.685463° N	Format Code <input checked="" type="checkbox"/> DD	Method Code <input checked="" type="checkbox"/> GPS008
92.068562° W	<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002
		<input type="checkbox"/> OTH001

¼ / ¼ SE, SE ¼ NW	Section 36	Township 49 N	Range 14	<input type="checkbox"/> E	Original Well Owner Superior Refining Company LLC
or Gov't Lot #				<input checked="" type="checkbox"/> W	Present Well Owner Superior Refining Company LLC

Well Street Address 2407 Stinson Ave.	Well ZIP Code 54880	Mailing Address of Present Owner 2407 Stinson Ave.
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Well City, Village or Town Superior	Subdivision Name _____	Lot # _____	City of Present Owner Superior	State WI	ZIP Code 54880
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material			
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<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 03/20/2018	Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water 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 checked="" type="checkbox"/> Borehole / Drillhole		Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

3. Filled & Sealed Well / Drillhole / Borehole Information					
Construction Type:		Required Method of Placing Sealing Material			

<input type="checkbox"/> Drilled	<input checked="" type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	<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): _____
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Formation Type:		Sealing Materials			
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<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete	
Total Well Depth From Ground Surface (ft.) 10'		<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite Chips

Lower Drillhole Diameter (in.) 2"		Casing Diameter (in.) _____			
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Was well annular space grouted?		For Monitoring Wells and Monitoring Well Boreholes Only:			
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<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
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If yes, to what depth (feet)?		Depth to Water (feet)			
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<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry
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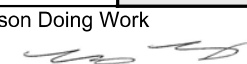
5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight

Bentonite Chips	Surface	10'	0.2 cubic feet
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6. Comments			
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7. Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received _____

Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500	Comments _____
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City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018
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<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
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County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Superior Refining Company LLC		
Latitude / Longitude (see instructions) 46.685412° N		Format Code <input checked="" type="checkbox"/> DD	Facility ID (FID or PWS) 816009590		
92.068647° W		<input type="checkbox"/> DDM	License/Permit/Monitoring # _____		
¼ / ¼ SE, SE ¼ NW		Section 36	Township 49 N	Range 14	Original Well Owner Superior Refining Company LLC
or Gov't Lot #				<input type="checkbox"/> E	Present Well Owner Superior Refining Company LLC
				<input checked="" type="checkbox"/> W	Mailing Address of Present Owner 2407 Stinson Ave.
Well Street Address 2407 Stinson Ave.			City of Present Owner Superior		
Well City, Village or Town Superior			State WI		
Subdivision Name			ZIP Code 54880		
Well ZIP Code 54880			Lot #		

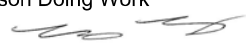
Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material			
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<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 03/20/2018 If a Well Construction Report is available, please attach.	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			
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Construction Type:		Required Method of Placing Sealing Material			
<input type="checkbox"/> Drilled	<input checked="" type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	<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): _____		
Other (specify): _____		Sealing Materials			
Formation Type:		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Total Well Depth From Ground Surface (ft.) 5'	Casing Diameter (in.)				
Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.)				
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	5'	0.1 cubic feet	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received	Noted By
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500	Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information				2. Facility / Owner Information			
County Douglas		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name Superior Refining Company LLC	
Latitude / Longitude (see instructions) 46.685471° N		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		Facility ID (FID or PWS) 816009590	
92.068712° W		Section 36		Township 49 N		License/Permit/Monitoring # _____	
¼ / ¼ SE, SE ¼ NW or Gov't Lot #		Range 14		<input type="checkbox"/> E <input checked="" type="checkbox"/> W		Original Well Owner Superior Refining Company LLC	
Well Street Address 2407 Stinson Ave.				Present Well Owner Superior Refining Company LLC			
Well City, Village or Town Superior				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 Temporary 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	
<input type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 03/20/2018		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach. _____		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 checked="" type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug	
<input type="checkbox"/> Other (specify): _____				Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type:		<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 5'		Casing Diameter (in.) _____		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 2"		Casing Depth (ft.) _____		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" 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				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If yes, to what depth (feet)? _____		Depth to Water (feet) _____		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	

5. Material Used to Fill Well / Drillhole			
Bentonite Chips			
From (ft.) Surface	To (ft.) 5'	No. Yards, Sacks Sealant or Volume (circle one) 0.1 cubic feet	Mix Ratio or Mud Weight _____

6. Comments			

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gannett Fleming		License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500		Comments _____
City Madison		State WI	ZIP Code 53717	Signature of Person Doing Work
			Date Signed 04/16/2018	

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
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County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Superior Refining Company LLC		
Latitude / Longitude (see instructions) 46.685517° N		Format Code <input checked="" type="checkbox"/> DD	Facility ID (FID or PWS) 816009590		
92.068613° W		<input type="checkbox"/> DDM	License/Permit/Monitoring # _____		
¼ / ¼ SE, SE ¼ NW		Section 36	Township 49 N	Range 14	Original Well Owner Superior Refining Company LLC
or Gov't Lot #				<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Present Well Owner Superior Refining Company LLC
Well Street Address 2407 Stinson Ave.			Mailing Address of Present Owner 2407 Stinson Ave.		
Well City, Village or Town Superior			Well ZIP Code 54880		
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
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Reason for Removal from Service Temporary 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	
Original Construction Date (mm/dd/yyyy) 03/20/2018		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	
If a Well Construction Report is available, please attach.		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): _____	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
Total Well Depth From Ground Surface (ft.) 5'	Casing Diameter (in.)		
Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.)		
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	5'	0.1 cubic feet	

6. Comments

7. Supervision of Work	DNR Use Only
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Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received	Noted By
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500	Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018

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<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

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

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Superior Refining Company LLC		
Latitude / Longitude (see instructions) 46.685575° N		Format Code <input checked="" type="checkbox"/> DD	Facility ID (FID or PWS) 816009590		
92.068521° W		<input type="checkbox"/> DDM	License/Permit/Monitoring # _____		
¼ / ¼ SE, SE ¼ NW		Section 36	Township 49 N	Range <input type="checkbox"/> E	Original Well Owner Superior Refining Company LLC
or Gov't Lot #			14	<input checked="" type="checkbox"/> W	Present Well Owner Superior Refining Company LLC
Well Street Address 2407 Stinson Ave.			Mailing Address of Present Owner 2407 Stinson Ave.		
Well City, Village or Town Superior			Well ZIP Code 54880		
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
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	<input type="checkbox"/> Pump and piping removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Was casing cut off below surface? Yes No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Did sealing material rise to surface? Yes No <input type="checkbox"/> N/A <input type="checkbox"/> Did material settle after 24 hours? 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 <input checked="" type="checkbox"/> If bentonite chips were used, were they hydrated with water from a known safe source? Yes No <input type="checkbox"/> N/A				
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 03/20/2018	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): _____			
If a Well Construction Report is available, please attach.		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips				
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry				
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock						
Total Well Depth From Ground Surface (ft.) 10'	Casing Diameter (in.)					
Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.)					
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
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Bentonite Chips	Surface	10'	0.2 cubic feet	

6. Comments

7. Supervision of Work	DNR Use Only
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Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received	Noted By
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500	Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018

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<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
-------------------------------------	--

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Superior Refining Company LLC		
Latitude / Longitude (see instructions) 46.685849° N		Format Code <input checked="" type="checkbox"/> DD	Facility ID (FID or PWS) 816009590		
92.068300° W		<input type="checkbox"/> DDM	License/Permit/Monitoring # _____		
¼ / ¼ SE, SE ¼ NW		Section 36	Township 49 N	Range 14	Original Well Owner Superior Refining Company LLC
or Gov't Lot #				<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Present Well Owner Superior Refining Company LLC
Well Street Address 2407 Stinson Ave.			Mailing Address of Present Owner 2407 Stinson Ave.		
Well City, Village or Town Superior			Well ZIP Code 54880		
Subdivision Name			City of Present Owner Superior		State WI
					ZIP Code 54880

Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material			
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<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 03/20/2018 If a Well Construction Report is available, please attach.	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			
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Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		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): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
Total Well Depth From Ground Surface (ft.) 10'	Casing Diameter (in.) _____	For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.) _____				
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	10'	0.2 cubic feet	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received	Noted By
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500	Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
County Douglas	Facility Name Superior Refining Company LLC
WI Unique Well # of Removed Well _____	Facility ID (FID or PWS) 816009590
Hicap # _____	License/Permit/Monitoring # _____

Latitude / Longitude (see instructions) 46.685921° N	Format Code <input checked="" type="checkbox"/> DD	Method Code <input checked="" type="checkbox"/> GPS008
92.068286° W	<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002
		<input type="checkbox"/> OTH001

¼ / ¼ SE, SE ¼ NW	Section 36	Township 49 N	Range 14	<input type="checkbox"/> E	Original Well Owner Superior Refining Company LLC
or Gov't Lot #				<input checked="" type="checkbox"/> W	Present Well Owner Superior Refining Company LLC

Well Street Address 2407 Stinson Ave.	Well ZIP Code 54880	Mailing Address of Present Owner 2407 Stinson Ave.
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Well City, Village or Town Superior	Subdivision Name _____	Lot # _____	City of Present Owner Superior	State WI	ZIP Code 54880
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material			
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3. Filled & Sealed Well / Drillhole / Borehole Information					
<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 03/20/2018				
<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 checked="" type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	<input type="checkbox"/> Other (specify): _____	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type:	<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		

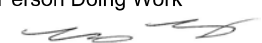
Total Well Depth From Ground Surface (ft.) 5'	Casing Diameter (in.) _____	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.) _____	Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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)? _____	Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Depth to Water (feet) _____	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 type="checkbox"/> Bentonite Chips		
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input checked="" 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	5'	0.1 cubic feet	

6. Comments					

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received _____	Noted By _____	
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500	Comments _____		
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018	

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
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County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Superior Refining Company LLC		
Latitude / Longitude (see instructions) 46.685809° N		Format Code <input checked="" type="checkbox"/> DD	Facility ID (FID or PWS) 816009590		
92.068402° W		<input type="checkbox"/> DDM	License/Permit/Monitoring # _____		
¼ / ¼ SE, SE ¼ NW		Section 36	Township 49 N	Range 14	Original Well Owner Superior Refining Company LLC
or Gov't Lot #				<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Present Well Owner Superior Refining Company LLC
Well Street Address 2407 Stinson Ave.			Mailing Address of Present Owner 2407 Stinson Ave.		
Well City, Village or Town Superior			Well ZIP Code 54880		
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
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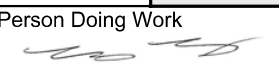
Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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	
Original Construction Date (mm/dd/yyyy) 03/20/2018		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	
If a Well Construction Report is available, please attach.		Required Method of Placing Sealing Material	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		<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): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Sealing Materials	
Total Well Depth From Ground Surface (ft.) 10'		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
Casing Diameter (in.)		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
Lower Drillhole Diameter (in.) 2"		Casing Depth (ft.)	
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
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Bentonite Chips	Surface	10'	0.2 cubic feet	
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6. Comments

7. Supervision of Work	DNR Use Only
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Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received	Noted By
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500	Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
County Douglas	Facility Name Superior Refining Company LLC
WI Unique Well # of Removed Well _____	Facility ID (FID or PWS) 816009590
Hicap # _____	License/Permit/Monitoring # _____

Latitude / Longitude (see instructions) 46.685853° N	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
92.068460° W		

¼ / ¼ SE, SE ¼ NW	Section 36	Township 49 N	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Superior Refining Company LLC
or Gov't Lot #					Present Well Owner Superior Refining Company LLC

Well Street Address 2407 Stinson Ave.	Well ZIP Code 54880	Mailing Address of Present Owner 2407 Stinson Ave.
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Well City, Village or Town Superior	Subdivision Name _____	Lot # _____	City of Present Owner Superior	State WI	ZIP Code 54880
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material			
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<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 03/20/2018	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water 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 checked="" type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

3. Filled & Sealed Well / Drillhole / Borehole Information		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 5'	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing Diameter (in.) _____	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 2"	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing Depth (ft.) _____	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

Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	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): _____
If yes, to what depth (feet)? _____	Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips

Depth to Water (feet) _____	<i>For Monitoring Wells and Monitoring Well Boreholes Only:</i> <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry		
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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	5'	0.1 cubic feet	

6. Comments			
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7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received _____	Noted By _____
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500	Comments _____	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018

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<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
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County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Superior Refining Company LLC		
Latitude / Longitude (see instructions) 46.685785° N		Format Code <input checked="" type="checkbox"/> DD	Facility ID (FID or PWS) 816009590		
92.068581° W		<input type="checkbox"/> DDM	License/Permit/Monitoring # _____		
¼ / ¼ SE, SE ¼ NW		Section 36	Township 49 N	Range <input type="checkbox"/> E	Original Well Owner Superior Refining Company LLC
or Gov't Lot #			14	<input checked="" type="checkbox"/> W	Present Well Owner Superior Refining Company LLC
Well Street Address 2407 Stinson Ave.			Mailing Address of Present Owner 2407 Stinson Ave.		
Well City, Village or Town Superior			Well ZIP Code 54880		
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
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	<input type="checkbox"/> Pump and piping removed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Original Construction Date (mm/dd/yyyy) 03/20/2018		<input type="checkbox"/> Was casing cut off below surface? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Did sealing material rise to surface? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Did material settle after 24 hours? 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 <input checked="" type="checkbox"/> If bentonite chips were used, were they hydrated with water from a known safe source? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If a Well Construction Report is available, please attach.		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): _____			
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Total Well Depth From Ground Surface (ft.) 5'	Casing Diameter (in.)				
Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.)				
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	5'	0.1 cubic feet	

6. Comments

7. Supervision of Work	DNR Use Only
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Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received	Noted By
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500	Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
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County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Superior Refining Company LLC		
Latitude / Longitude (see instructions) 46.685829° N		Format Code <input checked="" type="checkbox"/> DD	Facility ID (FID or PWS) 816009590		
92.068626° W		<input type="checkbox"/> DDM	License/Permit/Monitoring # _____		
¼ / ¼ SE, SE ¼ NW		Section 36	Township 49 N	Range 14	Original Well Owner Superior Refining Company LLC
or Gov't Lot #				<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Present Well Owner Superior Refining Company LLC
Well Street Address 2407 Stinson Ave.			Mailing Address of Present Owner 2407 Stinson Ave.		
Well City, Village or Town Superior			Well ZIP Code 54880		
Subdivision Name			City of Present Owner Superior		State WI
					ZIP Code 54880

3. Filled & Sealed Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	<input type="checkbox"/> Pump and piping removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? Yes No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 03/20/2018 If a Well Construction Report is available, please attach.	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) 10'		Casing Diameter (in.) _____	
Lower Drillhole Diameter (in.) 2"		Casing Depth (ft.) _____	
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)	
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 type="checkbox"/> Bentonite Chips			
<i>For Monitoring Wells and Monitoring Well Boreholes Only:</i> <input checked="" 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	10'	0.2 cubic feet	

6. Comments

7. Supervision of Work	DNR Use Only
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Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received	Noted By
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500		Comments
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	
			Date Signed 04/16/2018	

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

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

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Superior Refining Company LLC		
Latitude / Longitude (see instructions) 46.685726° N		Format Code <input checked="" type="checkbox"/> DD	Facility ID (FID or PWS) 816009590		
92.068668° W		<input type="checkbox"/> DDM	License/Permit/Monitoring # _____		
¼ / ¼ SE, SE ¼ NW		Section 36	Township 49 N	Range 14	Original Well Owner Superior Refining Company LLC
or Gov't Lot #				<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Present Well Owner Superior Refining Company LLC
Well Street Address 2407 Stinson Ave.			Mailing Address of Present Owner 2407 Stinson Ave.		
Well City, Village or Town Superior			Well ZIP Code 54880		
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 Temporary Boring	WI Unique Well # of Replacement Well _____	<input type="checkbox"/> Pump and piping removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? Yes No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole		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	
Original Construction Date (mm/dd/yyyy) 03/20/2018		Required Method of Placing Sealing Material	
If a Well Construction Report is available, please attach.		<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): _____	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Sealing Materials	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
Total Well Depth From Ground Surface (ft.) 5'	Casing Diameter (in.)	For Monitoring Wells and Monitoring Well Boreholes Only:	
Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.)	<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
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	5'	0.1 cubic feet	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received	Noted By
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500	Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

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

County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Superior Refining Company LLC		
Latitude / Longitude (see instructions) 46.685762° N		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		Facility ID (FID or PWS) 816009590
92.068736° W		Section 36	Township 49 N	Range 14	License/Permit/Monitoring # _____
¼ / ¼ SE, SE ¼ NW or Gov't Lot #		Well Street Address 2407 Stinson Ave.	Original Well Owner Superior Refining Company LLC		
Well City, Village or Town Superior		Well ZIP Code 54880	Present Well Owner Superior Refining Company LLC		
Subdivision Name		Lot #	Mailing Address of Present Owner 2407 Stinson Ave.		City of Present Owner Superior
			State WI	ZIP Code 54880	

3. Filled & Sealed Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	<input type="checkbox"/> Pump and piping removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? Yes No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Was casing cut off below surface? Yes No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Did sealing material rise to surface? Yes No <input type="checkbox"/> N/A <input type="checkbox"/> Did material settle after 24 hours? 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 <input checked="" type="checkbox"/> If bentonite chips were used, were they hydrated with water from a known safe source? Yes No <input type="checkbox"/> N/A			
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 03/20/2018 If a Well Construction Report is available, please attach.			
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		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): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
Total Well Depth From Ground Surface (ft.) 5'	Casing Diameter (in.) _____	For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.) _____				
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	5'	0.1 cubic feet	

6. Comments

7. Supervision of Work	DNR Use Only
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Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received	Noted By
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500	Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	
			Date Signed 04/16/2018	

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 #: _____

Facility Name: **Superior Refining Company LLC**

Latitude / Longitude (see instructions):
46.685697° N Format Code: DD Method Code: GPS008
92.068849° W DDM SCR002
 OTH001

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

¼ / ¼ **SE, SE** ¼ **NW** Section: **36** Township: **49 N** Range: **14** E W

License/Permit/Monitoring #

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

Original Well Owner: **Superior Refining Company LLC**

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

Present Well Owner: **Superior Refining Company LLC**

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: **Temporary Boring** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **03/20/2018**
 Water Well If a Well Construction Report is available, please attach.
 Borehole / Drillhole

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): **5'** Casing Diameter (in.): _____

Lower Drillhole Diameter (in.): **2"** Casing Depth (ft.): _____

Was well annular space grouted? Yes No Unknown

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

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

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
 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

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

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips
 For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	5'	0.1 cubic feet	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: Gannett Fleming	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): 03/20/2018	Date Received	Noted By
Street or Route: 8025 Excelsior Dr.	City: Madison	State: WI	ZIP Code: 53717	Telephone Number: (608) 836-1500
Signature of Person Doing Work: _____			Date Signed: 04/16/2018	

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
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County Douglas	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Superior Refining Company LLC		
Latitude / Longitude (see instructions) 46.685597° N		Format Code <input checked="" type="checkbox"/> DD	Facility ID (FID or PWS) 816009590		
92.068820° W		<input type="checkbox"/> DDM	License/Permit/Monitoring # _____		
¼ / ¼ SE, SE ¼ NW		Section 36	Township 49 N	Range 14	Original Well Owner Superior Refining Company LLC
or Gov't Lot #				<input type="checkbox"/> E	Present Well Owner Superior Refining Company LLC
				<input checked="" type="checkbox"/> W	Mailing Address of Present Owner 2407 Stinson Ave.
Well Street Address 2407 Stinson Ave.			City of Present Owner Superior		
Well City, Village or Town Superior			State WI		
Subdivision Name			ZIP Code 54880		
Lot #					

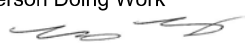
Reason for Removal from Service Temporary Boring	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material			
--	---	--	--	--	--

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 03/20/2018 If a Well Construction Report is available, please attach.	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			
---	--	---	--	--	--

Construction Type:		Required Method of Placing Sealing Material			
<input type="checkbox"/> Drilled	<input checked="" type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped	
Other (specify): _____			<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____	
Formation Type:		Sealing Materials			
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete		
Total Well Depth From Ground Surface (ft.) 5'	Casing Diameter (in.)	<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips		
Lower Drillhole Diameter (in.) 2"	Casing Depth (ft.)	For Monitoring Wells and Monitoring Well Boreholes Only:			
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout		
If yes, to what depth (feet)?	Depth to Water (feet)	<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	5'	0.1 cubic feet	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gannett Fleming	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 03/20/2018	Date Received	Noted By
Street or Route 8025 Excelsior Dr.		Telephone Number (608) 836-1500	Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 04/16/2018

ATTACHMENT B

LABORATORY REPORT AND CHAIN-OF-CUSTODY RECORD FOR SOIL SAMPLES

March 27, 2018

Project #34265.003
T25 Soil Results
Reviewed by CCW
3/27/18

Clifford Wright
Gannett Fleming
8025 Excelsior Drive
Madison, WI 53717

RE: Project: 34265.003 SRC/T25
Pace Project No.: 40166298

Dear Clifford Wright:

Enclosed are the analytical results for sample(s) received by the laboratory on March 22, 2018. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC 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
(920)469-2436
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, LLC.

CERTIFICATIONS

Project: 34265.003 SRC/T25

Pace Project No.: 40166298

Green Bay Certification IDs

1241 Bellevue Street, Green Bay, WI 54302

Florida/NELAP Certification #: E87948

Illinois Certification #: 200050

Kentucky UST Certification #: 82

Louisiana Certification #: 04168

Minnesota Certification #: 055-999-334

New York Certification #: 12064

North Dakota Certification #: R-150

Virginia VELAP ID: 460263

South Carolina Certification #: 83006001

Texas Certification #: T104704529-14-1

Wisconsin Certification #: 405132750

Wisconsin DATCP Certification #: 105-444

USDA Soil Permit #: P330-16-00157

Federal Fish & Wildlife Permit #: LE51774A-0

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, LLC.

SAMPLE SUMMARY

Project: 34265.003 SRC/T25

Pace Project No.: 40166298

Lab ID	Sample ID	Matrix	Date Collected	Date Received
40166298001	GP-1/0-2	Solid	03/19/18 12:15	03/22/18 10:45
40166298002	GP-11/0-1	Solid	03/20/18 08:10	03/22/18 10:45
40166298003	GP-12/1-3	Solid	03/20/18 08:20	03/22/18 10:45
40166298004	GP-13/0-1	Solid	03/20/18 08:45	03/22/18 10:45
40166298005	GP-14/1-3	Solid	03/20/18 09:00	03/22/18 10:45
40166298006	GP-15/0-1	Solid	03/20/18 09:15	03/22/18 10:45
40166298007	GP-16/1-3	Solid	03/20/18 09:35	03/22/18 10:45
40166298008	GP-19/1-3	Solid	03/20/18 10:40	03/22/18 10:45
40166298009	GP-20/0-1	Solid	03/20/18 10:50	03/22/18 10:45
40166298010	GP-23/1-3	Solid	03/20/18 13:20	03/22/18 10:45
40166298011	GP-27/1-3	Solid	03/20/18 14:35	03/22/18 10:45
40166298012	TRIP BLANK	Solid	03/20/18 00:00	03/22/18 10:45

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, LLC.

SAMPLE ANALYTE COUNT

Project: 34265.003 SRC/T25
Pace Project No.: 40166298

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
40166298001	GP-1/0-2	WI MOD GRO	ALD	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40166298002	GP-11/0-1	WI MOD GRO	ALD	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40166298003	GP-12/1-3	WI MOD GRO	ALD	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40166298004	GP-13/0-1	WI MOD GRO	ALD	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40166298005	GP-14/1-3	WI MOD GRO	ALD	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40166298006	GP-15/0-1	WI MOD GRO	ALD	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40166298007	GP-16/1-3	WI MOD GRO	ALD	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40166298008	GP-19/1-3	WI MOD GRO	ALD	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40166298009	GP-20/0-1	WI MOD GRO	ALD	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40166298010	GP-23/1-3	WI MOD GRO	ALD	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40166298011	GP-27/1-3	WI MOD GRO	ALD	10	PASI-G
		ASTM D2974-87	KTS	1	PASI-G
40166298012	TRIP BLANK	WI MOD GRO	ALD	10	PASI-G

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, LLC.

SUMMARY OF DETECTION

Project: 34265.003 SRC/T25

Pace Project No.: 40166298

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
40166298001	GP-1/0-2					
WI MOD GRO	1,2,4-Trimethylbenzene	302	ug/kg	65.7	03/23/18 12:32	
WI MOD GRO	1,3,5-Trimethylbenzene	200	ug/kg	65.7	03/23/18 12:32	
WI MOD GRO	Ethylbenzene	75.6	ug/kg	65.7	03/23/18 12:32	
WI MOD GRO	Naphthalene	570	ug/kg	65.7	03/23/18 12:32	
WI MOD GRO	m&p-Xylene	151	ug/kg	131	03/23/18 12:32	
ASTM D2974-87	Percent Moisture	23.8	%	0.10	03/23/18 13:56	
40166298002	GP-11/0-1					
ASTM D2974-87	Percent Moisture	23.7	%	0.10	03/23/18 13:56	
40166298003	GP-12/1-3					
WI MOD GRO	1,2,4-Trimethylbenzene	1580	ug/kg	278	03/23/18 12:58	
WI MOD GRO	1,3,5-Trimethylbenzene	1060	ug/kg	278	03/23/18 12:58	
WI MOD GRO	Ethylbenzene	363	ug/kg	278	03/23/18 12:58	
WI MOD GRO	Naphthalene	3500	ug/kg	278	03/23/18 12:58	
WI MOD GRO	m&p-Xylene	635	ug/kg	557	03/23/18 12:58	
WI MOD GRO	o-Xylene	195J	ug/kg	278	03/23/18 12:58	
ASTM D2974-87	Percent Moisture	28.1	%	0.10	03/23/18 13:56	
40166298004	GP-13/0-1					
WI MOD GRO	1,2,4-Trimethylbenzene	2250	ug/kg	298	03/23/18 16:49	
WI MOD GRO	1,3,5-Trimethylbenzene	1290	ug/kg	298	03/23/18 16:49	
WI MOD GRO	Ethylbenzene	230J	ug/kg	298	03/23/18 16:49	
WI MOD GRO	Naphthalene	4420	ug/kg	298	03/23/18 16:49	
WI MOD GRO	m&p-Xylene	474J	ug/kg	597	03/23/18 16:49	
WI MOD GRO	o-Xylene	199J	ug/kg	298	03/23/18 16:49	
ASTM D2974-87	Percent Moisture	33.0	%	0.10	03/23/18 13:56	
40166298005	GP-14/1-3					
WI MOD GRO	1,2,4-Trimethylbenzene	2130	ug/kg	170	03/26/18 10:55	
WI MOD GRO	1,3,5-Trimethylbenzene	1140	ug/kg	170	03/26/18 10:55	
WI MOD GRO	Ethylbenzene	373	ug/kg	170	03/26/18 10:55	
WI MOD GRO	Naphthalene	2490	ug/kg	170	03/26/18 10:55	
WI MOD GRO	m&p-Xylene	625	ug/kg	341	03/26/18 10:55	
WI MOD GRO	o-Xylene	143J	ug/kg	170	03/26/18 10:55	
ASTM D2974-87	Percent Moisture	26.7	%	0.10	03/23/18 13:56	
40166298006	GP-15/0-1					
WI MOD GRO	1,2,4-Trimethylbenzene	70800	ug/kg	1470	03/23/18 16:24	
WI MOD GRO	1,3,5-Trimethylbenzene	19500	ug/kg	1470	03/23/18 16:24	
WI MOD GRO	Benzene	4590	ug/kg	1470	03/23/18 16:24	
WI MOD GRO	Ethylbenzene	22000	ug/kg	1470	03/23/18 16:24	
WI MOD GRO	Naphthalene	25700	ug/kg	1470	03/23/18 16:24	
WI MOD GRO	m&p-Xylene	24200	ug/kg	2940	03/23/18 16:24	
WI MOD GRO	o-Xylene	1860	ug/kg	1470	03/23/18 16:24	
ASTM D2974-87	Percent Moisture	31.9	%	0.10	03/23/18 13:56	
40166298007	GP-16/1-3					
WI MOD GRO	1,2,4-Trimethylbenzene	5870	ug/kg	144	03/23/18 19:24	
WI MOD GRO	1,3,5-Trimethylbenzene	2240	ug/kg	144	03/23/18 19:24	

REPORT OF LABORATORY ANALYSIS

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SUMMARY OF DETECTION

Project: 34265.003 SRC/T25
Pace Project No.: 40166298

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
40166298007	GP-16/1-3					
WI MOD GRO	Benzene	211	ug/kg	144	03/23/18 19:24	
WI MOD GRO	Ethylbenzene	1330	ug/kg	144	03/23/18 19:24	
WI MOD GRO	Naphthalene	2710	ug/kg	144	03/23/18 19:24	
WI MOD GRO	m&p-Xylene	1810	ug/kg	288	03/23/18 19:24	
WI MOD GRO	o-Xylene	227	ug/kg	144	03/23/18 19:24	
ASTM D2974-87	Percent Moisture	30.7	%	0.10	03/23/18 13:56	
40166298008	GP-19/1-3					
WI MOD GRO	1,2,4-Trimethylbenzene	2940	ug/kg	140	03/23/18 19:50	
WI MOD GRO	1,3,5-Trimethylbenzene	1530	ug/kg	140	03/23/18 19:50	
WI MOD GRO	Ethylbenzene	692	ug/kg	140	03/23/18 19:50	
WI MOD GRO	Naphthalene	2230	ug/kg	140	03/23/18 19:50	
WI MOD GRO	m&p-Xylene	1130	ug/kg	280	03/23/18 19:50	
WI MOD GRO	o-Xylene	252	ug/kg	140	03/23/18 19:50	
ASTM D2974-87	Percent Moisture	28.5	%	0.10	03/23/18 14:41	
40166298009	GP-20/0-1					
WI MOD GRO	1,2,4-Trimethylbenzene	4240	ug/kg	295	03/23/18 17:15	
WI MOD GRO	1,3,5-Trimethylbenzene	2400	ug/kg	295	03/23/18 17:15	
WI MOD GRO	Benzene	1940	ug/kg	295	03/23/18 17:15	
WI MOD GRO	Ethylbenzene	3510	ug/kg	295	03/23/18 17:15	
WI MOD GRO	Naphthalene	5470	ug/kg	295	03/23/18 17:15	
WI MOD GRO	m&p-Xylene	2770	ug/kg	591	03/23/18 17:15	
WI MOD GRO	o-Xylene	233J	ug/kg	295	03/23/18 17:15	
ASTM D2974-87	Percent Moisture	32.3	%	0.10	03/23/18 14:41	
40166298010	GP-23/1-3					
WI MOD GRO	1,2,4-Trimethylbenzene	3130	ug/kg	284	03/23/18 17:41	
WI MOD GRO	1,3,5-Trimethylbenzene	1640	ug/kg	284	03/23/18 17:41	
WI MOD GRO	Ethylbenzene	679	ug/kg	284	03/23/18 17:41	
WI MOD GRO	Naphthalene	3930	ug/kg	284	03/23/18 17:41	
WI MOD GRO	m&p-Xylene	988	ug/kg	568	03/23/18 17:41	
WI MOD GRO	o-Xylene	317	ug/kg	284	03/23/18 17:41	
ASTM D2974-87	Percent Moisture	29.6	%	0.10	03/23/18 14:41	
40166298011	GP-27/1-3					
WI MOD GRO	1,3,5-Trimethylbenzene	671	ug/kg	274	03/23/18 18:07	
WI MOD GRO	Ethylbenzene	196J	ug/kg	274	03/23/18 18:07	
WI MOD GRO	Naphthalene	3580	ug/kg	274	03/23/18 18:07	
WI MOD GRO	m&p-Xylene	317J	ug/kg	547	03/23/18 18:07	
ASTM D2974-87	Percent Moisture	26.9	%	0.10	03/23/18 14:41	

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PROJECT NARRATIVE

Project: 34265.003 SRC/T25
Pace Project No.: 40166298

Method: WI MOD GRO
Description: WIGRO GCV
Client: Gannett Fleming Inc.
Date: March 27, 2018

General Information:

12 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.

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: 284111

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

- GP-12/1-3 (Lab ID: 40166298003)
 - a,a,a-Trifluorotoluene (S)
- GP-13/0-1 (Lab ID: 40166298004)
 - a,a,a-Trifluorotoluene (S)
- GP-14/1-3 (Lab ID: 40166298005)
 - a,a,a-Trifluorotoluene (S)
- GP-16/1-3 (Lab ID: 40166298007)
 - a,a,a-Trifluorotoluene (S)
- GP-19/1-3 (Lab ID: 40166298008)
 - a,a,a-Trifluorotoluene (S)

REPORT OF LABORATORY ANALYSIS

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PROJECT NARRATIVE

Project: 34265.003 SRC/T25

Pace Project No.: 40166298

Method: WI MOD GRO

Description: WIGRO GCV

Client: Gannett Fleming Inc.

Date: March 27, 2018

Analyte Comments:

QC Batch: 284111

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

- GP-20/0-1 (Lab ID: 40166298009)
 - a,a,a-Trifluorotoluene (S)
- GP-23/1-3 (Lab ID: 40166298010)
 - a,a,a-Trifluorotoluene (S)
- GP-27/1-3 (Lab ID: 40166298011)
 - a,a,a-Trifluorotoluene (S)

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

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 34265.003 SRC/T25
Pace Project No.: 40166298

Sample: GP-1/0-2 **Lab ID: 40166298001** Collected: 03/19/18 12:15 Received: 03/22/18 10:45 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	302	ug/kg	65.7	32.8	1	03/23/18 07:15	03/23/18 12:32	95-63-6	
1,3,5-Trimethylbenzene	200	ug/kg	65.7	32.8	1	03/23/18 07:15	03/23/18 12:32	108-67-8	
Benzene	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 12:32	71-43-2	W
Ethylbenzene	75.6	ug/kg	65.7	32.8	1	03/23/18 07:15	03/23/18 12:32	100-41-4	
Methyl-tert-butyl ether	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 12:32	1634-04-4	W
Naphthalene	570	ug/kg	65.7	32.8	1	03/23/18 07:15	03/23/18 12:32	91-20-3	
Toluene	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 12:32	108-88-3	W
m&p-Xylene	151	ug/kg	131	65.7	1	03/23/18 07:15	03/23/18 12:32	179601-23-1	
o-Xylene	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 12:32	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	98	%	80-120		1	03/23/18 07:15	03/23/18 12:32	98-08-8	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	23.8	%	0.10	0.10	1		03/23/18 13:56		

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ANALYTICAL RESULTS

Project: 34265.003 SRC/T25

Pace Project No.: 40166298

Sample: GP-11/0-1 **Lab ID: 40166298002** Collected: 03/20/18 08:10 Received: 03/22/18 10:45 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	03/23/18 07:15	03/23/18 11:56	95-63-6	W
1,3,5-Trimethylbenzene	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 11:56	108-67-8	W
Benzene	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 11:56	71-43-2	W
Ethylbenzene	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 11:56	100-41-4	W
Methyl-tert-butyl ether	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 11:56	1634-04-4	W
Naphthalene	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 11:56	91-20-3	W
Toluene	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 11:56	108-88-3	W
m&p-Xylene	<50.0	ug/kg	100	50.0	1	03/23/18 07:15	03/23/18 11:56	179601-23-1	W
o-Xylene	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 11:56	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	96	%	80-120		1	03/23/18 07:15	03/23/18 11:56	98-08-8	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	23.7	%	0.10	0.10	1		03/23/18 13:56		

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ANALYTICAL RESULTS

Project: 34265.003 SRC/T25

Pace Project No.: 40166298

Sample: GP-12/1-3 **Lab ID: 40166298003** Collected: 03/20/18 08:20 Received: 03/22/18 10:45 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	1580	ug/kg	278	139	4	03/23/18 07:15	03/23/18 12:58	95-63-6	
1,3,5-Trimethylbenzene	1060	ug/kg	278	139	4	03/23/18 07:15	03/23/18 12:58	108-67-8	
Benzene	<100	ug/kg	200	100	4	03/23/18 07:15	03/23/18 12:58	71-43-2	W
Ethylbenzene	363	ug/kg	278	139	4	03/23/18 07:15	03/23/18 12:58	100-41-4	
Methyl-tert-butyl ether	<100	ug/kg	200	100	4	03/23/18 07:15	03/23/18 12:58	1634-04-4	W
Naphthalene	3500	ug/kg	278	139	4	03/23/18 07:15	03/23/18 12:58	91-20-3	
Toluene	<100	ug/kg	200	100	4	03/23/18 07:15	03/23/18 12:58	108-88-3	W
m&p-Xylene	635	ug/kg	557	278	4	03/23/18 07:15	03/23/18 12:58	179601-23-1	
o-Xylene	195J	ug/kg	278	139	4	03/23/18 07:15	03/23/18 12:58	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	97	%	80-120		4	03/23/18 07:15	03/23/18 12:58	98-08-8	D3
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	28.1	%	0.10	0.10	1		03/23/18 13:56		

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ANALYTICAL RESULTS

Project: 34265.003 SRC/T25

Pace Project No.: 40166298

Sample: GP-13/0-1 **Lab ID: 40166298004** Collected: 03/20/18 08:45 Received: 03/22/18 10:45 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	2250	ug/kg	298	149	4	03/23/18 07:15	03/23/18 16:49	95-63-6	
1,3,5-Trimethylbenzene	1290	ug/kg	298	149	4	03/23/18 07:15	03/23/18 16:49	108-67-8	
Benzene	<100	ug/kg	200	100	4	03/23/18 07:15	03/23/18 16:49	71-43-2	W
Ethylbenzene	230J	ug/kg	298	149	4	03/23/18 07:15	03/23/18 16:49	100-41-4	
Methyl-tert-butyl ether	<100	ug/kg	200	100	4	03/23/18 07:15	03/23/18 16:49	1634-04-4	W
Naphthalene	4420	ug/kg	298	149	4	03/23/18 07:15	03/23/18 16:49	91-20-3	
Toluene	<100	ug/kg	200	100	4	03/23/18 07:15	03/23/18 16:49	108-88-3	W
m&p-Xylene	474J	ug/kg	597	298	4	03/23/18 07:15	03/23/18 16:49	179601-23-1	
o-Xylene	199J	ug/kg	298	149	4	03/23/18 07:15	03/23/18 16:49	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	99	%	80-120		4	03/23/18 07:15	03/23/18 16:49	98-08-8	D3
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	33.0	%	0.10	0.10	1		03/23/18 13:56		

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ANALYTICAL RESULTS

Project: 34265.003 SRC/T25

Pace Project No.: 40166298

Sample: GP-14/1-3 **Lab ID: 40166298005** Collected: 03/20/18 09:00 Received: 03/22/18 10:45 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	2130	ug/kg	170	85.2	2.5	03/23/18 07:15	03/26/18 10:55	95-63-6	
1,3,5-Trimethylbenzene	1140	ug/kg	170	85.2	2.5	03/23/18 07:15	03/26/18 10:55	108-67-8	
Benzene	<62.5	ug/kg	125	62.5	2.5	03/23/18 07:15	03/26/18 10:55	71-43-2	W
Ethylbenzene	373	ug/kg	170	85.2	2.5	03/23/18 07:15	03/26/18 10:55	100-41-4	
Methyl-tert-butyl ether	<62.5	ug/kg	125	62.5	2.5	03/23/18 07:15	03/26/18 10:55	1634-04-4	W
Naphthalene	2490	ug/kg	170	85.2	2.5	03/23/18 07:15	03/26/18 10:55	91-20-3	
Toluene	<62.5	ug/kg	125	62.5	2.5	03/23/18 07:15	03/26/18 10:55	108-88-3	W
m&p-Xylene	625	ug/kg	341	170	2.5	03/23/18 07:15	03/26/18 10:55	179601-23-1	
o-Xylene	143J	ug/kg	170	85.2	2.5	03/23/18 07:15	03/26/18 10:55	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	101	%	80-120		2.5	03/23/18 07:15	03/26/18 10:55	98-08-8	D3
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	26.7	%	0.10	0.10	1		03/23/18 13:56		

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ANALYTICAL RESULTS

Project: 34265.003 SRC/T25

Pace Project No.: 40166298

Sample: GP-15/0-1 **Lab ID: 40166298006** Collected: 03/20/18 09:15 Received: 03/22/18 10:45 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	70800	ug/kg	1470	734	20	03/23/18 07:15	03/23/18 16:24	95-63-6	
1,3,5-Trimethylbenzene	19500	ug/kg	1470	734	20	03/23/18 07:15	03/23/18 16:24	108-67-8	
Benzene	4590	ug/kg	1470	734	20	03/23/18 07:15	03/23/18 16:24	71-43-2	
Ethylbenzene	22000	ug/kg	1470	734	20	03/23/18 07:15	03/23/18 16:24	100-41-4	
Methyl-tert-butyl ether	<500	ug/kg	1000	500	20	03/23/18 07:15	03/23/18 16:24	1634-04-4	W
Naphthalene	25700	ug/kg	1470	734	20	03/23/18 07:15	03/23/18 16:24	91-20-3	
Toluene	<500	ug/kg	1000	500	20	03/23/18 07:15	03/23/18 16:24	108-88-3	W
m&p-Xylene	24200	ug/kg	2940	1470	20	03/23/18 07:15	03/23/18 16:24	179601-23-1	
o-Xylene	1860	ug/kg	1470	734	20	03/23/18 07:15	03/23/18 16:24	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	103	%	80-120		20	03/23/18 07:15	03/23/18 16:24	98-08-8	
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	31.9	%	0.10	0.10	1		03/23/18 13:56		

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ANALYTICAL RESULTS

Project: 34265.003 SRC/T25

Pace Project No.: 40166298

Sample: GP-16/1-3 **Lab ID: 40166298007** Collected: 03/20/18 09:35 Received: 03/22/18 10:45 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	5870	ug/kg	144	72.1	2	03/23/18 07:15	03/23/18 19:24	95-63-6	
1,3,5-Trimethylbenzene	2240	ug/kg	144	72.1	2	03/23/18 07:15	03/23/18 19:24	108-67-8	
Benzene	211	ug/kg	144	72.1	2	03/23/18 07:15	03/23/18 19:24	71-43-2	
Ethylbenzene	1330	ug/kg	144	72.1	2	03/23/18 07:15	03/23/18 19:24	100-41-4	
Methyl-tert-butyl ether	<50.0	ug/kg	100	50.0	2	03/23/18 07:15	03/23/18 19:24	1634-04-4	W
Naphthalene	2710	ug/kg	144	72.1	2	03/23/18 07:15	03/23/18 19:24	91-20-3	
Toluene	<50.0	ug/kg	100	50.0	2	03/23/18 07:15	03/23/18 19:24	108-88-3	W
m&p-Xylene	1810	ug/kg	288	144	2	03/23/18 07:15	03/23/18 19:24	179601-23-1	
o-Xylene	227	ug/kg	144	72.1	2	03/23/18 07:15	03/23/18 19:24	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	103	%	80-120		2	03/23/18 07:15	03/23/18 19:24	98-08-8	D3
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	30.7	%	0.10	0.10	1		03/23/18 13:56		

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 34265.003 SRC/T25

Pace Project No.: 40166298

Sample: GP-19/1-3 **Lab ID: 40166298008** Collected: 03/20/18 10:40 Received: 03/22/18 10:45 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	2940	ug/kg	140	70.0	2	03/23/18 07:15	03/23/18 19:50	95-63-6	
1,3,5-Trimethylbenzene	1530	ug/kg	140	70.0	2	03/23/18 07:15	03/23/18 19:50	108-67-8	
Benzene	<50.0	ug/kg	100	50.0	2	03/23/18 07:15	03/23/18 19:50	71-43-2	W
Ethylbenzene	692	ug/kg	140	70.0	2	03/23/18 07:15	03/23/18 19:50	100-41-4	
Methyl-tert-butyl ether	<50.0	ug/kg	100	50.0	2	03/23/18 07:15	03/23/18 19:50	1634-04-4	W
Naphthalene	2230	ug/kg	140	70.0	2	03/23/18 07:15	03/23/18 19:50	91-20-3	
Toluene	<50.0	ug/kg	100	50.0	2	03/23/18 07:15	03/23/18 19:50	108-88-3	W
m&p-Xylene	1130	ug/kg	280	140	2	03/23/18 07:15	03/23/18 19:50	179601-23-1	
o-Xylene	252	ug/kg	140	70.0	2	03/23/18 07:15	03/23/18 19:50	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	102	%	80-120		2	03/23/18 07:15	03/23/18 19:50	98-08-8	D3
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	28.5	%	0.10	0.10	1		03/23/18 14:41		

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 34265.003 SRC/T25

Pace Project No.: 40166298

Sample: GP-20/0-1 **Lab ID: 40166298009** Collected: 03/20/18 10:50 Received: 03/22/18 10:45 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	4240	ug/kg	295	148	4	03/23/18 07:15	03/23/18 17:15	95-63-6	
1,3,5-Trimethylbenzene	2400	ug/kg	295	148	4	03/23/18 07:15	03/23/18 17:15	108-67-8	
Benzene	1940	ug/kg	295	148	4	03/23/18 07:15	03/23/18 17:15	71-43-2	
Ethylbenzene	3510	ug/kg	295	148	4	03/23/18 07:15	03/23/18 17:15	100-41-4	
Methyl-tert-butyl ether	<100	ug/kg	200	100	4	03/23/18 07:15	03/23/18 17:15	1634-04-4	W
Naphthalene	5470	ug/kg	295	148	4	03/23/18 07:15	03/23/18 17:15	91-20-3	
Toluene	<100	ug/kg	200	100	4	03/23/18 07:15	03/23/18 17:15	108-88-3	W
m&p-Xylene	2770	ug/kg	591	295	4	03/23/18 07:15	03/23/18 17:15	179601-23-1	
o-Xylene	233J	ug/kg	295	148	4	03/23/18 07:15	03/23/18 17:15	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	100	%	80-120		4	03/23/18 07:15	03/23/18 17:15	98-08-8	D3
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	32.3	%	0.10	0.10	1		03/23/18 14:41		

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 34265.003 SRC/T25

Pace Project No.: 40166298

Sample: GP-23/1-3 **Lab ID: 40166298010** Collected: 03/20/18 13:20 Received: 03/22/18 10:45 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	3130	ug/kg	284	142	4	03/23/18 07:15	03/23/18 17:41	95-63-6	
1,3,5-Trimethylbenzene	1640	ug/kg	284	142	4	03/23/18 07:15	03/23/18 17:41	108-67-8	
Benzene	<100	ug/kg	200	100	4	03/23/18 07:15	03/23/18 17:41	71-43-2	W
Ethylbenzene	679	ug/kg	284	142	4	03/23/18 07:15	03/23/18 17:41	100-41-4	
Methyl-tert-butyl ether	<100	ug/kg	200	100	4	03/23/18 07:15	03/23/18 17:41	1634-04-4	W
Naphthalene	3930	ug/kg	284	142	4	03/23/18 07:15	03/23/18 17:41	91-20-3	
Toluene	<100	ug/kg	200	100	4	03/23/18 07:15	03/23/18 17:41	108-88-3	W
m&p-Xylene	988	ug/kg	568	284	4	03/23/18 07:15	03/23/18 17:41	179601-23-1	
o-Xylene	317	ug/kg	284	142	4	03/23/18 07:15	03/23/18 17:41	95-47-6	
Surrogates									
a,a,a-Trifluorotoluene (S)	100	%	80-120		4	03/23/18 07:15	03/23/18 17:41	98-08-8	D3
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	29.6	%	0.10	0.10	1		03/23/18 14:41		

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 34265.003 SRC/T25

Pace Project No.: 40166298

Sample: GP-27/1-3 **Lab ID: 40166298011** Collected: 03/20/18 14:35 Received: 03/22/18 10:45 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	<100	ug/kg	200	100	4	03/23/18 07:15	03/23/18 18:07	95-63-6	W
1,3,5-Trimethylbenzene	671	ug/kg	274	137	4	03/23/18 07:15	03/23/18 18:07	108-67-8	
Benzene	<100	ug/kg	200	100	4	03/23/18 07:15	03/23/18 18:07	71-43-2	W
Ethylbenzene	196J	ug/kg	274	137	4	03/23/18 07:15	03/23/18 18:07	100-41-4	
Methyl-tert-butyl ether	<100	ug/kg	200	100	4	03/23/18 07:15	03/23/18 18:07	1634-04-4	W
Naphthalene	3580	ug/kg	274	137	4	03/23/18 07:15	03/23/18 18:07	91-20-3	
Toluene	<100	ug/kg	200	100	4	03/23/18 07:15	03/23/18 18:07	108-88-3	W
m&p-Xylene	317J	ug/kg	547	274	4	03/23/18 07:15	03/23/18 18:07	179601-23-1	
o-Xylene	<100	ug/kg	200	100	4	03/23/18 07:15	03/23/18 18:07	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	98	%	80-120		4	03/23/18 07:15	03/23/18 18:07	98-08-8	D3
Percent Moisture									
Analytical Method: ASTM D2974-87									
Percent Moisture	26.9	%	0.10	0.10	1		03/23/18 14:41		

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ANALYTICAL RESULTS

Project: 34265.003 SRC/T25

Pace Project No.: 40166298

Sample: TRIP BLANK **Lab ID: 40166298012** Collected: 03/20/18 00:00 Received: 03/22/18 10:45 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	03/23/18 07:15	03/23/18 15:06	95-63-6	W
1,3,5-Trimethylbenzene	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 15:06	108-67-8	W
Benzene	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 15:06	71-43-2	W
Ethylbenzene	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 15:06	100-41-4	W
Methyl-tert-butyl ether	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 15:06	1634-04-4	W
Naphthalene	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 15:06	91-20-3	W
Toluene	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 15:06	108-88-3	W
m&p-Xylene	<50.0	ug/kg	100	50.0	1	03/23/18 07:15	03/23/18 15:06	179601-23-1	W
o-Xylene	<25.0	ug/kg	50.0	25.0	1	03/23/18 07:15	03/23/18 15:06	95-47-6	W
Surrogates									
a,a,a-Trifluorotoluene (S)	97	%	80-120		1	03/23/18 07:15	03/23/18 15:06	98-08-8	

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: 34265.003 SRC/T25
Pace Project No.: 40166298

QC Batch: 284111 Analysis Method: WI MOD GRO
QC Batch Method: TPH GRO/PVOC WI ext. Analysis Description: WIGRO Solid GCV
Associated Lab Samples: 40166298001, 40166298002, 40166298003, 40166298004, 40166298005, 40166298006, 40166298007, 40166298008, 40166298009, 40166298010, 40166298011, 40166298012

METHOD BLANK: 1662982 Matrix: Solid
Associated Lab Samples: 40166298001, 40166298002, 40166298003, 40166298004, 40166298005, 40166298006, 40166298007, 40166298008, 40166298009, 40166298010, 40166298011, 40166298012

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,2,4-Trimethylbenzene	ug/kg	<25.0	50.0	03/23/18 08:44	
1,3,5-Trimethylbenzene	ug/kg	<25.0	50.0	03/23/18 08:44	
Benzene	ug/kg	<25.0	50.0	03/23/18 08:44	
Ethylbenzene	ug/kg	<25.0	50.0	03/23/18 08:44	
m&p-Xylene	ug/kg	<50.0	100	03/23/18 08:44	
Methyl-tert-butyl ether	ug/kg	<25.0	50.0	03/23/18 08:44	
Naphthalene	ug/kg	<25.0	50.0	03/23/18 08:44	
o-Xylene	ug/kg	<25.0	50.0	03/23/18 08:44	
Toluene	ug/kg	<25.0	50.0	03/23/18 08:44	
a,a,a-Trifluorotoluene (S)	%	97	80-120	03/23/18 08:44	

Parameter	Units	1662983		1662984		% Rec Limits	RPD	Max RPD	Qualifiers
		Spike Conc.	LCS Result	LCSD Result	LCS % Rec				
1,2,4-Trimethylbenzene	ug/kg	1000	983	1040	98	104	80-120	6	20
1,3,5-Trimethylbenzene	ug/kg	1000	955	1010	96	101	80-120	6	20
Benzene	ug/kg	1000	919	985	92	98	80-120	7	20
Ethylbenzene	ug/kg	1000	950	1010	95	101	80-120	6	20
m&p-Xylene	ug/kg	2000	1880	1980	94	99	80-120	5	20
Methyl-tert-butyl ether	ug/kg	1000	921	990	92	99	80-120	7	20
Naphthalene	ug/kg	1000	901	970	90	97	80-120	7	20
o-Xylene	ug/kg	1000	941	1000	94	100	80-120	6	20
Toluene	ug/kg	1000	933	996	93	100	80-120	7	20
a,a,a-Trifluorotoluene (S)	%				98	98	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 SRC/T25

Pace Project No.: 40166298

QC Batch: 284174

Analysis Method: ASTM D2974-87

QC Batch Method: ASTM D2974-87

Analysis Description: Dry Weight/Percent Moisture

Associated Lab Samples: 40166298001, 40166298002, 40166298003, 40166298004, 40166298005, 40166298006, 40166298007

SAMPLE DUPLICATE: 1663314

Parameter	Units	40166325003 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	19.0	19.1	0	10	

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QUALITY CONTROL DATA

Project: 34265.003 SRC/T25

Pace Project No.: 40166298

QC Batch: 284180

Analysis Method: ASTM D2974-87

QC Batch Method: ASTM D2974-87

Analysis Description: Dry Weight/Percent Moisture

Associated Lab Samples: 40166298008, 40166298009, 40166298010, 40166298011

SAMPLE DUPLICATE: 1663380

Parameter	Units	40166316001 Result	Dup Result	RPD	Max RPD	Qualifiers
Percent Moisture	%	6.3	6.3	0	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.

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QUALIFIERS

Project: 34265.003 SRC/T25

Pace Project No.: 40166298

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 SRC/T25

Pace Project No.: 40166298

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
40166298001	GP-1/0-2	TPH GRO/PVOC WI ext.	284111	WI MOD GRO	284156
40166298002	GP-11/0-1	TPH GRO/PVOC WI ext.	284111	WI MOD GRO	284156
40166298003	GP-12/1-3	TPH GRO/PVOC WI ext.	284111	WI MOD GRO	284156
40166298004	GP-13/0-1	TPH GRO/PVOC WI ext.	284111	WI MOD GRO	284156
40166298005	GP-14/1-3	TPH GRO/PVOC WI ext.	284111	WI MOD GRO	284156
40166298006	GP-15/0-1	TPH GRO/PVOC WI ext.	284111	WI MOD GRO	284156
40166298007	GP-16/1-3	TPH GRO/PVOC WI ext.	284111	WI MOD GRO	284156
40166298008	GP-19/1-3	TPH GRO/PVOC WI ext.	284111	WI MOD GRO	284156
40166298009	GP-20/0-1	TPH GRO/PVOC WI ext.	284111	WI MOD GRO	284156
40166298010	GP-23/1-3	TPH GRO/PVOC WI ext.	284111	WI MOD GRO	284156
40166298011	GP-27/1-3	TPH GRO/PVOC WI ext.	284111	WI MOD GRO	284156
40166298012	TRIP BLANK	TPH GRO/PVOC WI ext.	284111	WI MOD GRO	284156
40166298001	GP-1/0-2	ASTM D2974-87	284174		
40166298002	GP-11/0-1	ASTM D2974-87	284174		
40166298003	GP-12/1-3	ASTM D2974-87	284174		
40166298004	GP-13/0-1	ASTM D2974-87	284174		
40166298005	GP-14/1-3	ASTM D2974-87	284174		
40166298006	GP-15/0-1	ASTM D2974-87	284174		
40166298007	GP-16/1-3	ASTM D2974-87	284174		
40166298008	GP-19/1-3	ASTM D2974-87	284180		
40166298009	GP-20/0-1	ASTM D2974-87	284180		
40166298010	GP-23/1-3	ASTM D2974-87	284180		
40166298011	GP-27/1-3	ASTM D2974-87	284180		

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(Please Print Clearly)



UPPER MIDWEST REGION

Company Name: Gannett Fleming
 Branch/Location: Madison, WI
 Project Contact: Cliff Wright
 Phone: 608-836-1500 x30
 Project Number: 34265.003
 Project Name: SRC/T25
 Project State: WI
 Sampled By (Print): Marcus Mussey
 Sampled By (Sign): *[Signature]*
 PO #: _____ Regulatory Program: _____

MN: 612-607-1700 WI: 920-469-2436

40166298

CHAIN OF CUSTODY

*Preservation Codes						
A=None	B=HCL	C=H2SO4	D=HNO3	E=D1 Water	F=Methanol	G=NaOH
H=Sodium Bisulfate Solution			I=Sodium Thiosulfate		J=Other	

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

Analyses Requested	Y / N	N									
Pick Letter	F										
P.V.O.C.s / Naphtha											

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 #

Data Package Options (billable)	MS/MSD	Matrix Codes
<input type="checkbox"/> EPA Level III <input type="checkbox"/> EPA Level IV	<input type="checkbox"/> On your sample (billable) <input type="checkbox"/> NOT needed on your sample	A = Air B = Biota C = Charcoal O = Oil S = Soil Sl = Sludge W = Water DW = Drinking Water GW = Ground Water SW = Surface Water WW = Waste Water WP = Wipe

PACE LAB #	CLIENT FIELD ID	COLLECTION		MATRIX								
		DATE	TIME									
001	GP-1/P-2	3-19	1215	S								2
002	GP-11/O-1	3-20	810									2
003	GP-12/1-3		820									2
004	GP-13/O-1		845									2
005	GP-14/1-3		900									2
006	GP-15/O-1		915									2
007	GP-16/1-3		935									2
008	GP-19/1-3		1040									2
009	GP-20/O-1		1050									2
010	GP-23/1-3		1320									2
011	GP-27/1-3		1435									2
012	Trip Blank											2

Rush Turnaround Time Requested - Prelims (Rush TAT subject to approval/surcharge) Date Needed:	Relinquished By: <i>[Signature]</i> Date/Time: 3/21/18 1415	Received By: FedEx Date/Time: 3/22/18 1045	PACE Project No. 40166298 Receipt Temp = 1045 ROI °C Sample Receipt pH OK / Adjusted Cooler Custody Seal Present / <u>Not Present</u> Intact / Not Intact	
	Transmit Prelim Rush Results by (complete what you want): FedEx	Relinquished By: FedEx Date/Time: 3/22/18 1045		Received By: <i>[Signature]</i> Date/Time: 3/22/18 1045
	Email #1: _____	Relinquished By: _____ Date/Time: _____		Received By: _____ Date/Time: _____
	Email #2: _____	Relinquished By: _____ Date/Time: _____		Received By: _____ Date/Time: _____
Telephone: _____	Relinquished By: _____ Date/Time: _____	Received By: _____ Date/Time: _____		
Fax: _____	Relinquished By: _____ Date/Time: _____	Received By: _____ Date/Time: _____		

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

Sample Preservation Receipt Form

Client Name: Grannett Fleming

Project # 4066298

Page 27

All containers needing preservation have been checked and noted below: Yes No N/A Lab Std #ID of preservation (if pH adjusted):

Initial when completed:

Date/Time:

Pace Lab #	Glass							Plastic						Vials					Jars			General			VOA Vials (>6mm) *	H2SO4 pH ≤2	NaOH+Zn Act pH ≥9	NaOH pH ≥12	HNO3 pH ≤2	pH after adjusted	Volume (mL)					
	AG1U	AG1H	AG4S	AG4U	AG5U	AG2S	BG3U	BP1U	BP2N	BP2Z	BP3U	BP3C	BP3N	BP3S	DG9A	DG9T	VG9U	VG9H	VG9M	VG9D	JGFU	WGFU	WPFU	SP5T								ZPLC	GN			
001																																				2.5 / 5 / 10
002																																				2.5 / 5 / 10
003																																				2.5 / 5 / 10
004																																				2.5 / 5 / 10
005																																				2.5 / 5 / 10
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017																																				2.5 / 5 / 10
018																																				2.5 / 5 / 10
019																																				2.5 / 5 / 10
020																																				2.5 / 5 / 10

Exceptions to preservation check: VOA, Coliform, TOC, TOX, TOH, O&G, WI DRO, Phenolics, Other: _____ Headspace in VOA Vials (>6mm) : Yes No N/A *If yes look in headspace column

AG1U	1 liter amber glass	BP1U	1 liter plastic unpres	DG9A	40 mL amber ascorbic	JGFU	4 oz amber jar unpres
AG1H	1 liter amber glass HCL	BP2N	500 mL plastic HNO3	DG9T	40 mL amber Na Thio	WGFU	4 oz clear jar unpres
AG4S	125 mL amber glass H2SO4	BP2Z	500 mL plastic NaOH, Znact	VG9U	40 mL clear vial unpres	WPFU	4 oz plastic jar unpres
AG4U	120 mL amber glass unpres	BP3U	250 mL plastic unpres	VG9H	40 mL clear vial HCL		
AG5U	100 mL amber glass unpres	BP3C	250 mL plastic NaOH	VG9M	40 mL clear vial MeOH	SP5T	120 mL plastic Na Thiosulfate
AG2S	500 mL amber glass H2SO4	BP3N	250 mL plastic HNO3	VG9D	40 mL clear vial DI	ZPLC	ziploc bag
BG3U	250 mL clear glass unpres	BP3S	250 mL plastic H2SO4			GN:	50320A

Sample Condition Upon Receipt Form (SCUR)

Project #: _____

Client Name: Crannett Fleming

WO#: 40166298

Courier: CS Logistics Fed Ex Speedee UPS Walto
 Client Pace Other: _____



Tracking #: 180188594049

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 SR - NA Type of Ice: Wet Blue Dry None Samples on ice, cooling process has begun

Cooler Temperature Uncorr: _____ /Corr: ROI

Temp Blank Present: yes no Biological Tissue is Frozen: yes no

Person examining contents: Date: <u>3/22/18</u> Initials: <u>KJ</u>

Temp should be above freezing to 6°C.
 Biota Samples may be received at ≤ 0°C.

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.
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3. <u>relinquished in pencil w/ 3/22/18</u>
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A MS/MSD <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes date/time/ID/Analysis Matrix: <u>S</u>		
Trip Blank Present:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	13.
Trip Blank Custody Seals Present	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased): <u>67-56-1</u>		

Client Notification/ Resolution: _____ If checked, see attached form for additional comments

Person Contacted: _____ Date/Time: _____
 Comments/ Resolution: _____

Project Manager Review: RMR for DM Date: 3/22/18