



**DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS 128TH AIR REFUELING WING (ANG)**

19 December 2018

MEMORANDUM FOR WISCONSIN DEPARTMENT OF NATURAL RESOURCES  
ATTN: MR. RILEY NEUMANN

FROM: 128 CES/CEIE  
128<sup>th</sup> Air Refueling Wing  
1919 E Grange Ave  
Milwaukee WI 53207-6142

SUBJECT: Transfer monitoring wells

1. Monitoring wells MW-7P, MW-103P, MW-110P, MW-112P, and MW-115 are located on the 128<sup>th</sup> Air Refueling Wing, General Mitchell International Airport, Milwaukee, WI. The 128<sup>th</sup> Air Refueling Wing shall maintain ownership of property for which the monitoring wells are located. The DNR Form 4400-113 A & B for each well is attached.
2. The above monitoring wells were installed as part of the Legacy Jet Fuel Release at the Jet Fuel Offloading Facility (DNR BRRTS Activity #02-41-548175). These monitoring wells are no longer required as part of that investigation. The contractor responsible for the monitoring wells is HDR (POC – Phil Warner) and funding for the investigation is provided by Defense Logistics Agency (DLA) (POC – Stephen Deatherage).
3. The monitoring wells listed above shall be transferred for use in the 128th PFAS investigation (DNR BRRTS Activity #02-41-582725). Funding to maintain these monitoring wells shall be provided by the Air National Guard (POC – Keith Freihofer). At the time of abandonment, the Air National Guard or their contractor shall perform required notification and filing of form 3300-005.
4. The point of contact for the installation regarding this matter is 2d Lt Brian Schrader, whom can be reached at 414-944-8414 or by email at [brian.j.schrader4.mil@mail.mil](mailto:brian.j.schrader4.mil@mail.mil)

BRIAN J. SCHRADER, 2d Lt, WI ANG  
Environmental Scientist

5 Attachments:

1. MW-7P DNR Form 4400-113 A&B
2. MW-103P DNR Form 4400-113 A&B
3. MW-110P DNR Form 4400-113 A&B
4. MW-112P DNR Form 4400-113 A&B
5. MW-115 DNR Form 4400-113 A&B

1st Ind, DLA

MEMORANDUM FOR NGB A4

I concur MW-7P, MW-103P, MW-110P, MW-112P, and MW-115 are no longer needed and request they be transferred to NGB A4 for use in a separate investigation. Once transfer is completed DLA shall no longer provide funds for maintenance or abandonment of the listed wells.

STEPHEN J. DEATHERAGE, Civ  
Defense Logistics Agency

2nd Ind, NGB A4

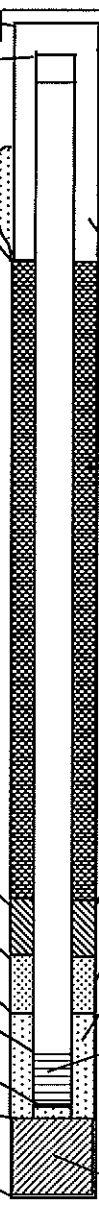
MEMORANDUM FOR 128 CES/CEIE

I concur MW-7P, MW-103P, MW-110P, MW-112P, and MW-115 shall be used in the perfluorinated compounds investigation. NGB A4 shall include the listed monitoring wells as part of the investigation well network and provide the required funding to maintain these wells. At the time of abandonment, the Air National Guard or their contractor shall perform required notification and filing of form 3300-005.

KEITH E. FREIHOFER, Civ  
Air National Guard Readiness Center

Facility/Project Name Mitchell Field		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name MW07P	
Facility License, Permit or Monitoring No.		Local Grid Origin (estimated: or Well Location Lat. _____ Long. _____ or St. Plane 349,332.40 ft. N, 2,534,024.54 ft. E. S/C/N		Wis. Unique Well No. _____ DNR Well ID No. _____	
Facility ID		Section Location of Waste/Source NW <input type="checkbox"/> NW <input type="checkbox"/> T. <input type="checkbox"/> N.R. <input type="checkbox"/> E. <input type="checkbox"/> W. <input type="checkbox"/>		Date Well Installed 10/27/2009	
Type of Well Well Code		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input checked="" type="checkbox"/> Not Known		Well Installed By: (Name (first, last) and Firm Adam Sweet / Moraine Environmental	
Distance from Waste/ Source _____ ft.		Enf. Stds. Apply <input checked="" type="checkbox"/>		Gov. Lot Number _____	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: 8.0 in. b. Length: 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
C. Land surface elevation _____ ft. MSL	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
D. Surface Seal, bottom _____ ft. MSL or 2.0 ft.	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Annular space seal <input type="checkbox"/> Sand <input type="checkbox"/> Other <input checked="" type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input checked="" type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	
17. Source of water (attach analysis, if required): _____	
E. Bentonite seal, top _____ ft. MSL or 2.0 ft.	5. Annular space seal: a. Granular Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight..Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight.....Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite.....Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft <sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
F. Fine sand, top _____ ft. MSL or 27.0 ft.	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in <input checked="" type="checkbox"/> 3/8 in <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. _____ Bentonite Chips - 2 cu ft Other <input checked="" type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 28.0 ft.	7. Fine sand material: Manufacturer, product name & mesh: a. RW Sidley #4000 b. Volume added 0.25 ft <sup>3</sup>
H. Screen joint, top _____ ft. MSL or 30.0 ft.	8. Filter pack material: Manufacturer, product name & mesh: a. RW Sidley #1020 Silica b. Volume added 2 ft <sup>3</sup>
I. Well bottom _____ ft. MSL or 35.0 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or 35.0 ft.	10. Screen material: PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 39.0 ft.	b. Manufacturer Monoflex c. Slot size: 0.010 in. d. Slotted length: 5' 1" ft.
L. Borehole, diameter 8.25 in.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
M. O.D. well casing 2.25 in.	
N. I.D. well casing 2.25 in.	



I hereby certify that the information on this form is true and correct to the best of my knowledge.  
Signature Steve Wisker Firm MWH Americas, Inc. L:\JOBS\10017217\Well Construction Summary\MW07P\_mwc.xlsx

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 28, 283, 289, 291, 292, 293, 295, and 299. Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299. Wis. Stats. Failure to file these forms may result in a forfeiture of between \$10 and \$25,000 or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose.

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

Facility/Project Name <u>Mitchell Field</u>	County Name <u>Milwaukee</u>	Well Name <u>MW 7P</u>
Facility License, Permit or Monitoring Number	County Code	Wis. Unique Well Number
		DNR Well ID Number

1. Can this well be purged dry?  Yes  No

2. Well development method

surged with bailer and bailed  41  
surged with bailer and pumped  61  
surged with block and bailed  42  
surged with block and pumped  62  
surged with block, bailed and pumped  70  
compressed air  20  
bailed only  10  
pumped only  51  
pumped slowly  50  
Other \_\_\_\_\_

3. Time spent developing well \_\_\_\_\_ 60 min.

4. Depth of well (from top of well casing) \_\_\_\_\_ 34.5 ft.

5. Inside diameter of well \_\_\_\_\_ 2.00 in.

6. Volume of water in filter pack and well casing \_\_\_\_\_ 7.5 gal.

7. Volume of water removed from well \_\_\_\_\_ 12.0 gal.

8. Volume of water added (if any) \_\_\_\_\_ . gal.

9. Source of water added \_\_\_\_\_

10. Analysis performed on water added?  Yes  No  
(If yes, attach results)

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. <u>3.83</u> ft.	<u>dry</u> ft.
Date:	b. <u>10 28 109</u> mm dd yy	<u>10 120 109</u> mm dd yy
Time:	c. <u>65 : 00</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<u>16 : 00</u> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom:	<u>12</u> inches	<u>0</u> inches
13. Water Clarity:	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe)	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe)
Color	<u>gray</u>	<u>clear</u>
Odor	<u>No</u>	<u>No</u>
Turbidity HNu	<u>Very</u>	<u>No</u>
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l
16. Well developed by: Name (first, last) and Firm First Name: <u>Steve</u> Last Name: <u>Raspach</u> Firm: <u>Moraine Environmental</u>		

16. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party

First Name: Clair Last Name: Beckwedge

Facility/Firm: WEANG IZETH AW

Street: 1919 E. Grange Ave

City/State/Zip: Milwaukee, WI

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

Signature: Steve Raspach

Print Name: Steve Raspach

Firm: Moraine Environmental

Facility/Project Name <b>WI ANG 128<sup>th</sup> ARW</b>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <b>MW-103P</b>
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. _____ "Long. _____ or _____	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID	St. Plane <b>349524.78</b> ft. N, <b>2565817.39</b> ft. E. S/C/N	Date Well Installed <b>07/10/2013</b> m m d d y y y y
Type of Well Well Code <b>12 / R2</b>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <b>Adam Sweet</b> <b>Horizon</b>
Distance from Waste/Source <b>150</b> ft.	Enf. Stds. Apply <input checked="" type="checkbox"/>	Gov. Lot Number
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input checked="" type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

- A. Protective pipe, top elevation **674.32** ft. MSL
- B. Well casing, top elevation **673.67** ft. MSL
- C. Land surface elevation **674.32** ft. MSL
- D. Surface seal, bottom **673.32** ft. MSL or **1** ft.

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

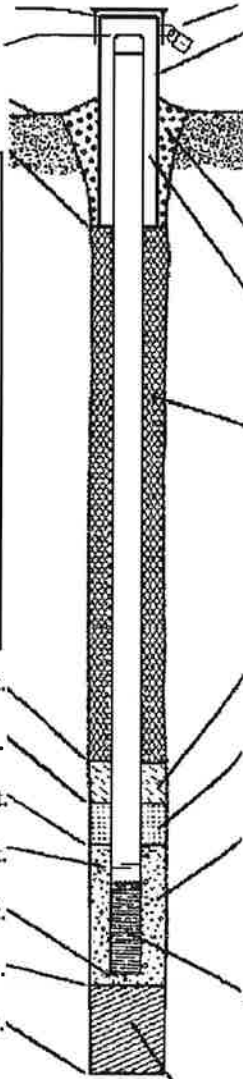
13. Sieve analysis performed?  Yes  No

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

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

16. Drilling additives used?  Yes  No  
 Describe \_\_\_\_\_

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



- 1. Cap and lock?  Yes  No
- 2. Protective cover pipe:
  - a. Inside diameter: **8** in.
  - b. Length: **1** ft.
  - c. Material: Steel  04  
Other
  - d. Additional protection?  Yes  No  
If yes, describe: \_\_\_\_\_
- 3. Surface seal: Bentonite  30  
Concrete  01  
Other
- 4. Material between well casing and protective pipe: Bentonite  30  
Other  **Sand**
- 5. Annular space seal:
  - a. Granular/Chipped Bentonite  33
  - b. \_\_\_\_\_ Lbs/gal mud weight . . . Bentonite-sand slurry  35
  - c. \_\_\_\_\_ Lbs/gal mud weight . . . . . Bentonite slurry  31
  - d. \_\_\_\_\_ % Bentonite . . . . . Bentonite-cement grout  50
  - e. **10.4** Ft<sup>3</sup> volume added for any of the above
  - f. How installed: Tremie  01  
Tremie pumped  02  
Gravity  08
- 6. Bentonite seal:
  - a. Bentonite granules  33
  - b.  1/4 in.  3/8 in.  1/2 in. Bentonite chips  32
  - c. \_\_\_\_\_ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
  - a. **RW Sidley #4000**
  - b. Volume added **0.4** ft<sup>3</sup>
- 8. Filter pack material: Manufacturer, product name & mesh size
  - a. **RW Sidley #1020**
  - b. Volume added **6** ft<sup>3</sup>
- 9. Well casing: Flush threaded PVC schedule 40  23  
 Flush threaded PVC schedule 80  24  
 Other
- 10. Screen material: **PVC**
  - a. Screen type: Factory cut  11  
Continuous slot  01  
Other
  - b. Manufacturer **Mono flex**
  - c. Slot size: **0.010** in.
  - d. Slotted length: **10** ft.
- 11. Backfill material (below filter pack): None  14  
Other

- E. Bentonite seal, top **673.32** ft. MSL or **1** ft.
- F. Fine sand, top **647.32** ft. MSL or **27** ft.
- G. Filter pack, top **646.32** ft. MSL or **28** ft.
- H. Screen joint, top **644.32** ft. MSL or **30** ft.
- I. Well bottom **634.32** ft. MSL or **40** ft.
- J. Filter pack, bottom **631.32** ft. MSL or **43** ft.
- K. Borehole, bottom **631.32** ft. MSL or **43** ft.
- L. Borehole, diameter **6** in.
- M. O.D. well casing **2.375** in.
- N. I.D. well casing **2.047** in.

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

Signature  Firm **HOR**

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

Facility/Project Name <u>WI AUG 128<sup>TH</sup> ARW</u>	County Name <u>Milwaukee</u>	Well Name <u>MW-103P</u>
Facility License, Permit or Monitoring Number	County Code <u>41</u>	Wis. Unique Well Number _____
		DNR Well ID Number _____

1. Can this well be purged dry?  Yes  No
2. Well development method
- surged with bailer and bailed  41
  - surged with bailer and pumped  61
  - surged with block and bailed  42
  - surged with block and pumped  62
  - surged with block, bailed and pumped  70
  - compressed air  20
  - bailed only  10
  - pumped only  51
  - pumped slowly  50
  - Other  \_\_\_\_\_
3. Time spent developing well \_\_\_\_\_ min.
4. Depth of well (from top of well casing) 40.0 ft.
5. Inside diameter of well 2.00 in.
6. Volume of water in filter pack and well casing \_\_\_\_\_ gal.
7. Volume of water removed from well 37.0 gal.
8. Volume of water added (if any) \_\_\_\_\_ gal.
9. Source of water added \_\_\_\_\_
10. Analysis performed on water added?  Yes  No  
(If yes, attach results)

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. <u>6.20</u> ft.	<u>7.25</u> ft.
Date	b. <u>07/17/2013</u> m m d d y y y y	<u>07/17/2013</u> m m d d y y y y
Time	c. <u>1:50</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<u>3:40</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	<u>16.0</u> inches	<u>0.0</u> inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) _____	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____

Fill in if drilling fluids were used and well is at solid waste facility:

14. Total suspended solids \_\_\_\_\_ mg/l \_\_\_\_\_ mg/l

15. COD \_\_\_\_\_ mg/l \_\_\_\_\_ mg/l

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

First Name: Adam Last Name: Sweet

Firm: Horizon Construction and Exploration

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party

First Name: Clair Last Name: Bickeridge

Facility/Firm: WI AUG 128<sup>TH</sup> ARW

Street: 1919 E Grange Ave

City/State/Zip: Milwaukee WI 53207

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

Signature: Samuel P. Gillet

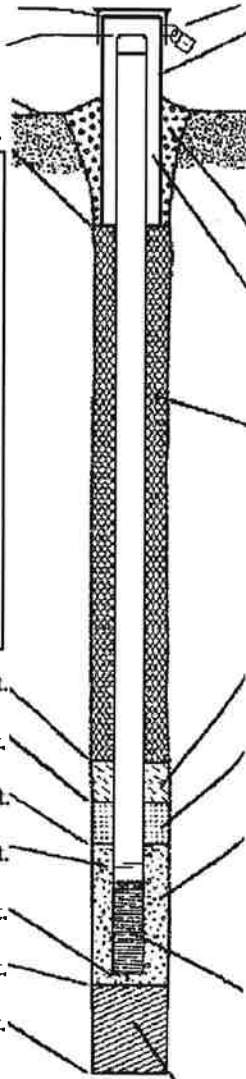
Print Name: Samuel P. Gillet

Firm: HDR

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

Facility/Project Name <b>WI ANG 128th ARU</b>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <b>MW-110P</b>
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. _____ "Long. _____ or _____	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane <b>349568.42</b> ft. N. <b>256566.64</b> ft. E. S/C/N	Date Well Installed <b>07/12/2013</b> m m d d y y y y
Type of Well Well Code <b>12/P2</b>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <b>Adam Sweet</b> <b>Horizon</b>
Distance from Waste/Source <b>50</b> ft.	Enf. Stds. Apply <input checked="" type="checkbox"/> Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input checked="" type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number

A. Protective pipe, top elevation <b>673.04</b> ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation <b>672.36</b> ft. MSL	2. Protective cover pipe: a. Inside diameter: <b>8</b> in.
C. Land surface elevation <b>673.04</b> ft. MSL	b. Length: <b>1</b> ft.
D. Surface seal, bottom <b>671.04</b> ft. MSL or <b>2</b> ft.	c. Material: Steel <input type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	4. Material between well casing and protective pipe: <b>Sand</b> Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . . . Bentonite-cement grout <input type="checkbox"/> 50 e. <b>10</b> Ft <sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
17. Source of water (attach analysis, if required): _____	7. Fine sand material: Manufacturer, product name & mesh size a. <b>RW Sidley #4000</b>
E. Bentonite seal, top <b>671.04</b> ft. MSL or <b>2</b> ft.	b. Volume added <b>0.4</b> ft <sup>3</sup>
F. Fine sand, top <b>646.04</b> ft. MSL or <b>27</b> ft.	8. Filter pack material: Manufacturer, product name & mesh size a. <b>RW Sidley #1020</b>
G. Filter pack, top <b>645.04</b> ft. MSL or <b>28</b> ft.	b. Volume added <b>6</b> ft <sup>3</sup>
H. Screen joint, top <b>643.04</b> ft. MSL or <b>30</b> ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
I. Well bottom <b>633.04</b> ft. MSL or <b>40</b> ft.	10. Screen material: <b>PVC</b>
J. Filter pack, bottom <b>630.04</b> ft. MSL or <b>43</b> ft.	a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
K. Borehole, bottom <b>630.04</b> ft. MSL or <b>43</b> ft.	b. Manufacturer <b>Mono flex</b>
L. Borehole, diameter <b>6</b> in.	c. Slot size: <b>0.010</b> in.
M. O.D. well casing <b>2.375</b> in.	d. Slotted length: <b>10</b> ft.
N. I.D. well casing <b>2.047</b> in.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>



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

Signature: *[Signature]* Firm: **HDR**

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

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

Facility/Project Name <u>WLANG 128<sup>th</sup> ARW</u>	County Name <u>Milwaukee</u>	Well Name <u>MW-110P</u>
Facility License, Permit or Monitoring Number	County Code <u>41</u>	Wis. Unique Well Number _____
		DNR Well ID Number _____

1. Can this well be purged dry?  Yes  No
2. Well development method
- surged with bailer and bailed  41
  - surged with bailer and pumped  61
  - surged with block and bailed  42
  - surged with block and pumped  62
  - surged with block, bailed and pumped  70
  - compressed air  20
  - bailed only  10
  - pumped only  51
  - pumped slowly  50
  - Other \_\_\_\_\_
3. Time spent developing well \_\_\_\_\_ min.
4. Depth of well (from top of well casing) 40.0 ft.
5. Inside diameter of well 2.00 in.
6. Volume of water in filter pack and well casing \_\_\_\_\_ gal.
7. Volume of water removed from well 550 gal.
8. Volume of water added (if any) \_\_\_\_\_ gal.
9. Source of water added \_\_\_\_\_
10. Analysis performed on water added?  Yes  No  
(If yes, attach results)

- |  | Before Development   | After Development  |
|--|--|--|
| 11. Depth to Water (from top of well casing) | a. <u>4.97</u> ft.   | <u>5.63</u> ft.  |
| Date   | b. <u>07, 17, 2013</u><br>m m d d y y y y  | <u>07, 17, 2013</u><br>m m d d y y y y   |
| Time   | c. <u>2:50</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.                  | <u>4:10</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.                     |
| 12. Sediment in well bottom                  | <u>4.0</u> inches  | <u>0.0</u> inches  |
| 13. Water clarity                            | Clear <input type="checkbox"/> 10<br>Turbid <input checked="" type="checkbox"/> 15<br>(Describe) _____ | Clear <input checked="" type="checkbox"/> 20<br>Turbid <input type="checkbox"/> 25<br>(Describe) _____ |
- Fill in if drilling fluids were used and well is at solid waste facility:
14. Total suspended solids \_\_\_\_\_ mg/l \_\_\_\_\_ mg/l
15. COD \_\_\_\_\_ mg/l \_\_\_\_\_ mg/l

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

First Name: Aden Last Name: Sweet

Firm: Horizon Construction and Exploration

17. Additional comments on development:

Name and Address of Facility Contact /Owner/Responsible Party

First Name: Clair Last Name: Breckridge

Facility/Firm: WLANG 128<sup>th</sup> ARW

Street: 1919 E Grange Ave.

City/State/Zip: Milwaukee /WI/ 53207

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

Signature: Samuel P. Gilled

Print Name: Samuel P. Gilled

Firm: HDR

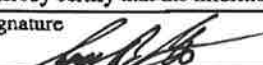
NOTE: See instructions for more information including a list of county codes and well type codes.



Facility/Project Name <b>WI ANG 128.7<sup>th</sup> ARW</b>		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name <b>MW-112P</b>	
Facility License, Permit or Monitoring No.		Local Grid Origin (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well ID No.	
Facility ID		Lat. " Long. " or		Date Well Installed <b>07/11/2013</b> m m d d y y y y	
Type of Well Well Code <b>12/P2</b>		St. Plane <b>349383.16</b> ft. N, <b>2565438.42</b> ft. E. S/C/N		Well Installed By: Name (first, last) and Firm <b>Adam Sweet</b> <b>Horizon</b>	
Distance from Waste/Source <b>300</b> ft.		Enf. Stds. Apply <input checked="" type="checkbox"/>		Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W	
Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input checked="" type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number			

A. Protective pipe, top elevation <b>673.33</b> ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation <b>672.83</b> ft. MSL	2. Protective cover pipe: a. Inside diameter: <b>8</b> in.
C. Land surface elevation <b>673.33</b> ft. MSL	b. Length: <b>1</b> ft.
D. Surface seal, bottom <b>672.33</b> ft. MSL or <b>1</b> ft.	c. Material: Steel <input checked="" type="checkbox"/> 0.4 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input checked="" type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	4. Material between well casing and protective pipe: <b>Sand</b> Bentonite <input type="checkbox"/> 30 Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. <b>8</b> Ft <sup>3</sup> volume added for any of the above
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
17. Source of water (attach analysis, if required): _____	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
E. Bentonite seal, top <b>672.33</b> ft. MSL or <b>1</b> ft.	7. Fine sand material: Manufacturer, product name & mesh size a. <b>RW S. dley #4000</b>
F. Fine sand, top <b>652.33</b> ft. MSL or <b>21</b> ft.	b. Volume added <b>0.4</b> ft <sup>3</sup>
G. Filter pack, top <b>651.33</b> ft. MSL or <b>22</b> ft.	8. Filter pack material: Manufacturer, product name & mesh size a. <b>Pre-packed Screen (Monoflex)</b>
H. Screen joint, top <b>650.33</b> ft. MSL or <b>23</b> ft.	b. Volume added <b>4.4</b> ft <sup>3</sup>
I. Well bottom <b>640.33</b> ft. MSL or <b>33</b> ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
J. Filter pack, bottom <b>640.33</b> ft. MSL or <b>33</b> ft.	10. Screen material: a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
K. Borehole, bottom <b>640.33</b> ft. MSL or <b>33</b> ft.	b. Manufacturer _____ c. Slot size: <b>0.010</b> in. d. Slotted length: <b>10</b> ft.
L. Borehole, diameter <b>6</b> in.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
M. O.D. well casing <b>2.375</b> in.	
N. I.D. well casing <b>2.047</b> in.	

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

Signature  Firm **HDR**

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

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

Facility/Project Name <u>WI ANGE 128<sup>TH</sup> ARW</u>	County Name <u>Milwaukee</u>	Well Name <u>MW-112P</u>
Facility License, Permit or Monitoring Number	County Code <u>41</u>	Wis. Unique Well Number _____
		DNR Well ID Number _____

1. Can this well be purged dry?  Yes  No
2. Well development method
- surged with bailer and bailed  41
  - surged with bailer and pumped  61
  - surged with block and bailed  42
  - surged with block and pumped  62
  - surged with block, bailed and pumped  70
  - compressed air  20
  - bailed only  10
  - pumped only  51
  - pumped slowly  50
  - Other  \_\_\_\_\_
3. Time spent developing well \_\_\_\_\_ min.
4. Depth of well (from top of well casing) ~~40.0~~ 33.0 ft.
5. Inside diameter of well 2.00 in.
6. Volume of water in filter pack and well casing \_\_\_\_\_ gal.
7. Volume of water removed from well 10.0 gal.
8. Volume of water added (if any) \_\_\_\_\_ gal.
9. Source of water added \_\_\_\_\_
10. Analysis performed on water added?  Yes  No  
(If yes, attach results)

- |  |                    |                   |
|--|--------------------|-------------------|
|  | Before Development | After Development |
|--|--------------------|-------------------|
11. Depth to Water (from top of well casing)
- a. 4.20 ft. 29.8 ft.
- Date
- b. 07/17/2013 07/17/2013  
m m d d y y y y m m d d y y y y
- Time
- c. 7:50  a.m. 8:30  a.m.  
\_\_\_\_\_  p.m. \_\_\_\_\_  p.m.
12. Sediment in well bottom 0.0 inches 0.0 inches
13. Water clarity
- |   |  |
|---|--|
| Clear <input type="checkbox"/> 10             | Clear <input checked="" type="checkbox"/> 20 |
| Turbid <input checked="" type="checkbox"/> 15 | Turbid <input type="checkbox"/> 25           |
- (Describe) \_\_\_\_\_ (Describe) \_\_\_\_\_

Fill in if drilling fluids were used and well is at solid waste facility:

14. Total suspended solids \_\_\_\_\_ mg/l \_\_\_\_\_ mg/l

15. COD \_\_\_\_\_ mg/l \_\_\_\_\_ mg/l

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

First Name: Adam Last Name: Sweet

Firm: Horizon Construction and Exploration

17. Additional comments on development:

Name and Address of Facility Contact /Owner/Responsible Party

First Name: Clair Last Name: Brookridge

Facility/Firm: WI ANGE 128<sup>TH</sup> ARW

Street: 1919 E Grange Ave

City/State/Zip: Milwaukee /WI/ 53207

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

Signature: Samuel P. Gillet

Print Name: Samuel P. Gillet

Firm: ADR

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

Facility/Project Name <b>WIANG 128<sup>th</sup> ARW</b>	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name <b>MW-115</b>
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID	St. Plane <b>349360.02</b> ft. N, <b>2565157.98</b> ft. E. S/C/N	Date Well Installed <b>1 2 / 0 2 / 2 0 1 3</b> m m d d y y y y
Type of Well Well Code <b>11 / M</b>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <b>Adam Sweet</b> <b>Horizon</b>
Distance from Waste/Source <b>550</b> ft.	Enf. Stds. Apply <input checked="" type="checkbox"/>	
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input checked="" type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
	Gov. Lot Number	

<p>A. Protective pipe, top elevation <b>630.55</b> ft. MSL</p> <p>B. Well casing, top elevation <b>630.14</b> ft. MSL</p> <p>C. Land surface elevation <b>630.55</b> ft. MSL</p> <p>D. Surface seal, bottom <b>669.55</b> ft. MSL or <b>1</b> ft.</p>		<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: <b>8</b> in. b. Length: <b>1</b> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: <b>sand</b> Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/></p> <p>5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . . . Bentonite-cement grout <input type="checkbox"/> 50 e. <b>0.8</b> Ft<sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name &amp; mesh size a. <b>RW Sidley #4000</b> b. Volume added <b>0.4</b> ft<sup>3</sup></p> <p>8. Filter pack material: Manufacturer, product name &amp; mesh size a. <b>RW Sidley #1020</b> b. Volume added <b>6.4</b> ft<sup>3</sup></p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/></p> <p>10. Screen material: <b>PVC</b> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/> b. Manufacturer <b>Monoflex</b> c. Slot size: <b>0.010</b> in. d. Slotted length: <b>15</b> ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input type="checkbox"/></p>
<p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p>	<p>E. Bentonite seal, top <b>669.55</b> ft. MSL or <b>1</b> ft.</p> <p>F. Fine sand, top <b>667.55</b> ft. MSL or <b>3</b> ft.</p> <p>G. Filter pack, top <b>666.55</b> ft. MSL or <b>4</b> ft.</p> <p>H. Screen joint, top <b>665.55</b> ft. MSL or <b>5</b> ft.</p> <p>I. Well bottom <b>650.55</b> ft. MSL or <b>20</b> ft.</p> <p>J. Filter pack, bottom <b>650.55</b> ft. MSL or <b>20</b> ft.</p> <p>K. Borehole, bottom <b>650.55</b> ft. MSL or <b>20</b> ft.</p> <p>L. Borehole, diameter <b>6</b> in.</p> <p>M. O.D. well casing <b>2.375</b> in.</p> <p>N. I.D. well casing <b>2.047</b> in.</p>	

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

Signature *Adam Sweet* Firm **HDR**

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

Facility/Project Name <u>WI ANG 12874 ARW</u>	County Name <u>Milwaukee</u>	Well Name <u>MW-115</u>
Facility License, Permit or Monitoring Number	County Code <u>41</u>	Wis. Unique Well Number _____
		DNR Well ID Number _____

1. Can this well be purged dry?  Yes  No
2. Well development method
- surged with bailer and bailed  41
  - surged with bailer and pumped  61
  - surged with block and bailed  42
  - surged with block and pumped  62
  - surged with block, bailed and pumped  70
  - compressed air  20
  - bailed only  10
  - pumped only  51
  - pumped slowly  50
  - Other  \_\_\_\_\_
3. Time spent developing well 1 hr 30 min
4. Depth of well (from top of well casing) 20.5 ft.
5. Inside diameter of well 2.00 in.
6. Volume of water in filter pack and well casing \_\_\_\_\_ gal.
7. Volume of water removed from well 70.0 gal.
8. Volume of water added (if any) \_\_\_\_\_ gal.
9. Source of water added \_\_\_\_\_

- |  |  |  |
|--|--|--|
|  | <u>Before Development</u>  | <u>After Development</u>   |
| 11. Depth to Water (from top of well casing) | a. <u>2.19</u> ft.   | <u>15.65</u> ft.   |
| Date   | b. <u>12/03/2013</u>   | <u>12/03/2013</u>  |
| Time   | c. <u>9:45</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.                  | <u>11:15</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.                    |
| 12. Sediment in well bottom                  | <u>0.0</u> inches  | <u>0.0</u> inches  |
| 13. Water clarity                            | Clear <input type="checkbox"/> 10<br>Turbid <input checked="" type="checkbox"/> 15<br>(Describe) _____ | Clear <input checked="" type="checkbox"/> 20<br>Turbid <input type="checkbox"/> 25<br>(Describe) _____ |
- Fill in if drilling fluids were used and well is at solid waste facility:
14. Total suspended solids \_\_\_\_\_ mg/l \_\_\_\_\_ mg/l
15. COD \_\_\_\_\_ mg/l \_\_\_\_\_ mg/l

16. Well developed by: Name (first, last) and Firm  
 First Name: Adam Last Name: Sweet  
 Firm: Horizon Construction and Exploration

17. Additional comments on development: 201

Name and Address of Facility Contact/Owner/Responsible Party

First Name: Clair Last Name: Breckenridge

Facility/Firm: WI ANG 12874 ARW

Street: 1919 E Grange Ave.

City/State/Zip: Milwaukee/WI/53207

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

Signature: [Signature]

Print Name: Adam Sweet

Firm: Horizon Construction and Exploration