

Former CN Property Limited Site Investigation

200 North 10th Street & 1110 Buffalo Street, Manitowoc, WI
WCS-097

Wisconsin Department of Natural Resources

Project number: 60615404

May 8, 2020


Quality information

Prepared by



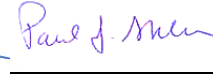
Jennifer Kubicek
Staff Engineer

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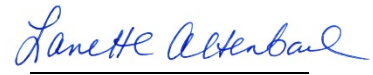
Lanette Altenbach, PG

Verified by



Paul Sklar, PG

Approved by



Lanette Altenbach, PG

NR712 Certification

This Limited Site Investigation was conducted by personnel with the appropriate qualifications required by NR 712.02 (1), NR 712.05 and NR 712.07. AECOM provides the following certification as required by NR712.09:

I, Lanette Altenbach, hereby certify that I am a hydrogeologist as that term is defined in s. NR 712.03 (1), Wis. Adm. Code, am registered in accordance with the requirements of ch. GHSS 2, Wis. Adm. Code, and that, to the best of my knowledge, all of the information contained in this document is correct and the document was prepared in compliance with all applicable requirements in chs. NR 700 to 726, Wis. Adm. Code.



Lanette Altenbach, P.G., CPG
Senior Hydrogeologist

May 12, 2020

Date



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Prepared for:
Wisconsin Department of Natural Resources WCS-097

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Executive Summary

AECOM was retained by the Wisconsin Department of Natural Resources (Client) to conduct a Limited Site Investigation (SI) at the former CN Property located at 200 North 10th Street & 1110 Buffalo Street in Manitowoc, Manitowoc County, Wisconsin (Property). The SI was conducted on behalf of the Client under a Wisconsin Assessment Monies (WAM) Contractor Services Award (WCS-097) to assist in defining the degree and extent of contamination.

The Property is located on a peninsula formed by the Manitowoc River and bound to the east by North 10th and 11th Streets, Manitowoc, Manitowoc County, Wisconsin. The property consists of approximately 20 acres of largely vacant former railroad/industrial Land.

As noted in the Phase I ESA, records suggest that the Property has been owned by the railroad since the late 19th century; other industrial occupants include bulk petroleum storage, ship building, grain storage/elevator, metal/scrap/junk yard storage, and transloading of stone. The surrounding properties are a mix of commercial and industrial properties. Recognized environmental concerns (RECs) identified at the property include: prior railroad use, prior industrial use, residual impacts to soil and groundwater, apparent anthropogenic fill, storage/dumping by adjacent property owners, and residual impacts to soil and groundwater on adjacent properties.

AECOM advanced fifteen soil borings on the Property using a hollow stem auger; soil borings were advanced adjacent to, but offset by about 5 feet, existing temporary wells at the Property. Soil samples were not included in the scope of work. Soil borings were completed as NR141 compliant groundwater monitoring wells and one groundwater sample was collected from each well. Analyses of groundwater samples included volatile organic compounds (VOCs), polycyclic aromatic hydrocarbons (PAHs) and eight RCRA metals.

Soils encountered generally consisted of sand and gravel fill from approximately 0 to six feet below ground surface (bgs); deeper soils consisted of silty sand or silty clay to a depth of 13.5 ft bgs. The depth to groundwater measured in the temporary wells ranged from three feet to seven feet bgs.

Our conclusions include:

- VOCs detected above NR140 enforcement standards (ES) or preventive action limits (PAL) included benzene and tetrachloroethylene (PCE). PAL and ES exceedances for VOCs were limited to Site 3, at the north end of the property. Benzene was detected above the ES in 3_MW-58 and PCE was detected above the PAL in 3_MW-27 and 3_MW-58.
- PAHs detected above their respective NR140 ES included benzo(a)pyrene, benzo(b)fluoranthene, and chrysene at 3_MW-45 and 1_MW-14. Naphthalene was detected above its NR140 PAL at 3_MW-45.
- RCRA metals were not detected above their respective NR140 ES in any groundwater samples. Arsenic was detected above the respective NR140 PAL in wells 1_MW-35, 1_MW-36, 3_MW-11, 3_MW-45, 3_MW-58, and 3_MW-64. Barium was detected above the NR140 PAL in 1_MW-39.

1. Introduction

1.1 Purpose

AECOM was retained by the Wisconsin Department of Natural Resources (Client) to conduct a Limited Site Investigation (SI) at the former CN Property located at 200 North 10th Street & 1110 Buffalo Street in Manitowoc, Manitowoc County, Wisconsin (Property). The SI was conducted on behalf of the Client and under a Wisconsin Assessment Monies (WAM) Contractor Services Award (WCS-097). This SI was performed to supplement other redevelopment environmental assessment activities at the Property.

The scope of the limited SI was based on a Phase I Environmental Site Assessments report provided to AECOM, as well as input from the WDNR regarding scope considerations. AECOM has not conducted an assessment of the site and has not come to a professional opinion that other issues are not present.

1.2 Site Location

The Property is located on a peninsula formed by the Manitowoc River and bound to the east by North 10th and 11th Streets, Manitowoc, Manitowoc County, Wisconsin. The property consists of approximately 20 acres of largely vacant former railroad/industrial Land. The Property is bordered by a mix of commercial and industrial properties to the north, south, east and west by commercial properties and to the east by residential properties. The location of the Property is depicted on Figure 1. The Property has a history of use by the railroad and other industries.

1.3 Contact Information

The following are interested parties in this site investigation.

WAM Applicant:

City of Manitowoc
900 Quay Street
Manitowoc, WI 54220
Contact: Paul Braun, 920-686-6930

Consultant:

AECOM
1555 N. RiverCenter Drive, Suite 214
Milwaukee, WI 53212
Contact: Lanette Altenbach, 414-944-6186

Regulatory Agency:

Wisconsin Department of Natural Resources
101 South Webster Street – RR/5
Madison, WI 53707-7921
Contact: Tom Coogan, 608-267-7560
2984 Shawano Avenue
Green Bay, Wisconsin, 54313-6727
Contact: Mr. Tauren Beggs, 920-662-5178

Analytical Laboratory:

Pace Analytical Services
1241 Bellevue Street, Suite 9
Green Bay, WI 54302
Contact: Christopher Hyska, 920-321-9405

Investigation Derived Waste Disposal:

Covanta Environmental Solutions
210 Tower Road
Winneconne, WI 54986
Contact: Steve Sternard, 920-912-5188

Drilling Subcontractor

On-Site Environmental Services, Inc.
P.O. Box 280
Sun Prairie, WI 53590
Contact: Kim Kapugi, 608-837-8992

1.4 Physical Setting

Surface elevation at the Property ranges from approximately 592 to 588 feet above mean sea level (AMSL), and ground surface decreases radially in an overall westerly direction towards the Manitowoc River. Based on the topography, stormwater/surface water at the Property infiltrates the ground surface or is conveyed through a storm sewer to the Manitowoc River. The Property is bound to the north, west, and south by the Manitowoc River, which flows in an overall easterly direction, towards Lake Michigan.

Stantec's previous investigations indicated surface soils beneath the Property consist of anthropogenic fill/reworked native soils underlain by sand and further underlain by clay. Slight variations occur across Sites 1 and 3. Soil boring logs completed on Site 1 generally indicate coarse-grained sand and sandy gravel fill with pulverized concrete and stone in the uppermost approximately 3.5 feet below ground surface (bgs). The fill overlies sand and silty sand to depths ranging between approximately six and 11 feet bgs. Clay and silty clay generally occur beneath the sand. Soil boring logs completed on Site 3 similarly indicate coarse-grained sandy gravel fill from round surface to approximately six feet bgs overlying an approximately one-foot thick peat layer. Silty sand and clay occur beneath the peat layer.

Regionally, the entire area is underlain by Silurian age bedrock of the Niagaran series. The depth to bedrock is between 50 and 100 feet in this area (Trotta & Cotter, 1973).

As measured in temporary monitoring wells, groundwater occurs within the fill materials between approximately 1.5 and 6.5 ft bgs. Shallow groundwater flow beneath the Property is influenced by the elevation of the Manitowoc River with anticipated radial flow toward the river.

1.5 Potential Migration Pathways and Potential Receptors

Exposures to receptors from potential contamination include direct contact with soil and the potential for soil impacts to extend to and migrate within the groundwater system. Other potential receptors include the Manitowoc River and Lake Michigan.

2. Investigation Methods

2.1 Project Scope

The purpose of this SI was supplement other redevelopment environmental assessment activities at the Property. The scope of work included the installation of fifteen Wisconsin Administrative Code, Chapter NR141 water table monitoring wells for groundwater sampling. Each boring/well location was directly adjacent to an existing temporary monitoring well completed as part of a Phase II ESA (see Stantec's Figure 8) and included seven locations at Site 1 and eight locations at Site 3.

2.2 Soil Boring

AECOM advanced fifteen soil borings on the Property on March 3 and 4, 2020, using a hollow-stem auger. Soil borings were advanced adjacent to, but offset by about 5 feet, existing temporary wells at the Property. The soil borings were advanced to depths of approximately 13-14 feet bgs as shown on the soil boring logs in Appendix A. Representative soil samples, including fill materials were described in general conformance with the Unified Soil Classification System. Soil samples were not collected as part of the scope of work. The WDNR soil boring log forms (Form 4400-122) are provided in Appendix A.

Soils observed at the Property concur with the descriptions included in the Phase I ESA as described in Section 1.4 of this report.

2.3 Groundwater Monitoring Well Installation, Development & Sampling

Fifteen NR 141-compliant groundwater monitoring wells were installed on March 5, 2020 after completion of each associated soil boring. Existing temporary wells were abandoned once the NR 141-compliant monitoring wells were installed. The monitoring well locations are depicted in Figure 2.

The wells were constructed of two-inch diameter polyvinyl chloride (PVC) riser pipes with 0.01-inch-slot size PVC screens that were 10 feet long. In lieu of the proposed sampling method using a peristaltic pump, development of the well consisted of surging and purging with a bailer for 30 minutes followed by purging with a bladder pump until 10 well volumes are removed or until the well produced sediment free water. Three of the fifteen wells installed were pumped dry: wells 1_MW-17, 1_MW-19, 1_MW-43. Well construction forms and well development forms are included in Appendix B.

One groundwater sample was collected from each of the newly installed wells and existing NR 141-compliant well 3_MW-27 on March 18-20, 2020. In lieu of the proposed sampling method using a peristaltic pump, wells were sampled using low-flow purging with a bladder pump and disposable bladders. A new bladder and new tubing was used for each well. Purge volume was determined by the stabilization of field parameters. The groundwater sample analytes for each monitoring well is included as Table 1. The depth to groundwater and field parameters at the time of sampling are listed in Table 2.

Groundwater samples were placed in pre-cleaned and preserved, laboratory-supplied sample jars and submitted to Pace Analytical for laboratory analysis of VOCs (EPA Method 8260), PAHs, and RCRA metals. Sample labels were adhered to each sample jar and contained the sample identification number (with reference to client, facility, and boring number), date and time of collection, analysis to be conducted, preservative, and sampler's initials. The samples were transported by AECOM in coolers containing ice using standard COC procedures.

2.4 Temporary Well Abandonment

Each temporary well that was replaced by an NR-141 compliant monitoring well was abandoned after the new well was installed. The temporary well (SB-27/TW-27) replaced by the previously installed 3_MW-27 was also abandoned. The temporary wells associated with the newly installed wells which were abandoned included:

SB-11/TW-11	SB-64/TW-64	SB-17/TW-17
SB-14/TW-14	SB-72/TW-72	SB-19/TW-19
SB-20/TW-20	SB-77/TW-77	SB-35/TW-35
SB-45/TW-45	SB-10/TW-10	SB-39/TW-39
SB-58/TW-58	SB-14/TW-14	SB-43/TW-43

The temporary wells were abandoned by removing the PVC riser and casing from the borehole. The boring was then backfilled with granular bentonite from its total depth to the surface. WDNR Form 3300-005 Well / Drillhole / Borehole Filling and Sealing Reports are included as Appendix C.

2.5 Investigation-derived Waste

Investigation-derived waste (soil cuttings or purged groundwater) generated during the soil boring and well installation activities were compiled into 55-gallon drums on the property. A composite sample was collected for proper drum disposal, results indicate the soil cuttings are non-hazardous. A total of 13 drums of soil cuttings were generated during soil boring and well installation activities.

Purge water from well development and sampling was collected in 55-gallon drums. Thirteen drums of purge water were accumulated during well development and sampling.

3. Results

Groundwater analytical results are compared to Wisconsin Groundwater Quality standards in WAC Ch. NR 140.10. Wisconsin has two levels of groundwater quality standards. The first level, the Preventive Action Limit (PAL), is a concentration that is 10% (for carcinogenic, mutagenic or teratogenic compounds) to 20% (non-carcinogenic) of the Enforcement Standards (ES). The PAL has been established as the concentration at which notification to the WDNR is required. Remedial action is not always required if a PAL is exceeded. The ES is a health-risk based concentration and exceedances of ESs usually result in further subsurface investigation, remedial action requirements, or monitoring.

Laboratory analytical reports generated as part of this limited SI are provided in Appendix D.

3.1 Soil Results

Soils encountered in Site 1 consisted of sand and fill from approximately 0 to up to 4 ft bgs; deeper soils consisted of silty sand and silty clay to a depth of 13.5 ft bgs. Soils encountered in Site 3 consisted of poorly graded sand and gravel fill from approximately 0.5 to 6 ft bgs; some areas had up to 6 ft of sandy or silty clay and clay. Deeper soils in Site 3 generally consisted of silty clay or sandy silt up to 13.5 ft bgs. Soil descriptions are provided on the soil boring log forms (WDNR Form 440-122) included as Appendix A.

Soil samples were not included in the scope of work.

3.2 Groundwater Results

The depth to groundwater measured in the temporary wells after an approximately one-week equilibration period following installation, ranged from 3.11 feet to 6.93 feet bgs. Groundwater field parameters and depth to water collected prior to testing are included in Table 2. Detected analytes in groundwater are provided in Table 3.

VOCs were detected in groundwater samples collected from 1_MW-35, 3_MW-27, and 3_MW-58. Benzene was detected above the NR 140 ES in well 3_MW-58; Tetrachloroethylene (PCE) was detected above the NR140 PAL in wells 3_MW-27 and 3_MW-58. Petroleum odor was noted at 3_MW-58.

PAHs detected above their respective NR140 ES included benzo(a)pyrene, benzo(b)fluoranthene, and chrysene at 3-MW-45 and 1-MW-14. Naphthalene was detected above its NR140 PAL at 3_MW-45.

RCRA metals were not detected above their respective NR140 ES in any groundwater samples. Arsenic was detected above the respective NR140 PAL in wells 1_MW-35, 1_MW-36, 3_MW-11, 3_MW-45, 3_MW-58, and 3_MW-64. Barium was detected above the NR140 PAL in 1_MW-39.

The groundwater results are depicted in Figure 3.

4. Conclusions

The purpose of this SI was supplement other redevelopment environmental assessment activities at the Property. The scope of work included the advancement of fifteen soil boring sand completion of those borings as water table observation wells to obtain groundwater samples and assist in evaluating the RECs identified in Stantec's March 2019 Phase I ESA.

Fifteen soil borings were advanced adjacent to previously installed temporary wells; all fifteen soil borings were completed as NR 141-compliant monitoring wells. The previously installed temporary wells were abandoned. Soils encountered were generally consistent with those presented in the Stantec Phase I ESA and consisted of fill materials to depths of up to 6 feet bgs overlying silty clay or sandy silt. Soil samples were not included in the scope of work.

Fifteen water table observation wells were completed, developed, and sampled. Groundwater samples were analyzed for parameters spelled out in AECOM's *Sampling and Analysis Plan*.

Our conclusions include:

- VOCs detected above NR140 enforcement standards (ES) or preventive action limits (PAL) included benzene and tetrachloroethylene (PCE). PAL and ES exceedances for VOCs were limited to Site 3, at the north end of the property. Benzene was detected above the ES in 3_MW-58 and PCE was detected above the PAL in 3_MW-27 and 3_MW-58.
- PAHs were detected above their respective NR140 ES and in both Site 1 and Site 3. Benzo(a)pyrene, benzo(b)fluoranthene, and chrysene at 3-MW-45 and 1-MW-14. Naphthalene was detected above its NR140 PAL at 3_MW-45.
- RCRA metals were not detected above their respective NR140 ES in any groundwater samples, but above PALs in both Site 1 and Site 3. Arsenic was detected above the respective NR140 PAL in wells 1_MW-35, 1_MW-36, 3_MW-11, 3_MW-45, 3_MW-58, and 3_MW-64. Barium was detected above the NR140 PAL in 1_MW-39.

5. References

AECOM, 2019, *Sampling and Analysis Plan/Proposal for a Limited Site Investigation at the Former CN Property*, Manitowoc, Wisconsin, WDNR File Ref: WCS-097, prepared for the Wisconsin Department of Natural Resources.

Stantec Consulting Services, Inc, March 2019, *10th Street Railroad Property, Manitowoc, Wisconsin, Phase II Environmental Site Assessment*, prepared for The Community Development Authority of the City of Manitowoc, Wisconsin.

Stantec Consulting Services, Inc, March 2019, *10th Street Railroad Property, Manitowoc, Wisconsin, Phase I Environmental Site Assessment*, prepared for The Community Development Authority of the City of Manitowoc, Wisconsin.

6. General Qualifications

The purpose of this environmental assessment is to investigate possible soil and/or groundwater impacts, and related liabilities, associated with past and current property uses. The extent of the investigation is limited to the area and location described in this report.

AECOM has prepared this report at the request of its client. AECOM assumes responsibility for the accuracy of the report's content, subject to what is stated elsewhere in this section. AECOM recommends the report be used only for the purpose intended by the client and AECOM, as stated in the report. AECOM disclaims responsibility for the application or interpretation of the results by anyone other than the client. Reliance on the contents of this report by anyone other than the client, without the prior expressed written consent of AECOM, is done at the sole risk of the user.

The results, conclusions, and recommendations presented in this report are based on the data obtained from a limited number of soil boring locations and at the soil sample and groundwater sample locations as indicated in this report. Variations in conditions can occur between these boring, soil sample, and groundwater sample locations. In addition, seasonal and annual fluctuations of the groundwater table, which may influence the distribution of contaminants, can occur. Actual groundwater flow rates may vary from those estimated in this report based on soil conditions.

This report has been prepared in conformance with the care and skill ordinarily exercised by reputable members of the professional engineering community practicing under similar conditions at the same time in the same or similar locality. No other warranty of any kind, expressed or implied, at common law or created by statute, is extended, made, or intended.

TABLES

Table 1 Groundwater Sample Analytes by Monitoring Well

Table 2 Groundwater Field Parameters

Table 3 Groundwater Analytical Results

Table 1
Groundwater Sample Analytes by Monitoring Well
200 N 10th St and 1110 Buffalo St
Manitowoc, Wisconsin

Monitoring Well / Sample ID	Well Depth ¹ (Feet)	Constituents				
		PAH	VOC	Dissolved RCRA Metals	Dissolved Arsenic	Dissolved Lead
1_MW-10	14.99	1	1	1		
1_MW-14	14.69	1		1		
1_MW-17	15.20	1	1		1	
1_MW-19	15.31				1	
1_MW-35	15.08	1	1	1		
1_MW-35D		1	1	1		
1_MW-39	14.91	1		1		
1_MW-43	15.30				1	1
3_MW-11	15.04	1			1	
3_MW-14	15.35	1				
3_MW-20	15.15	1				
3_MW-27	15.09	1	1		1	
3_MW-27D		1	1		1	
3_MW-45	15.33	1			1	
3_MW-58	15.31	1	1		1	
3_MW-64	15.05	1			1	
3_MW-72	15.36	1			1	
3_MW-77	15.00	1			1	

Notes:

PAH = Polycyclic Aromatic Hydrocarbons

VOC = Volatile Organic Compounds

RCRA = Resource Conservation and Recovery Act

D is for duplicate

¹ Total depth measured inside from top of well casing

Table 2
Groundwater Field Parameters
Limited Site Investigation - Former CN Property
Manitowoc, WI

Monitoring Well	Depth to Water (ft BTOC)	Temperature (°C)	pH (Units)	Conductivity (µs/cm)	Turbidity (NTU)	Dissolved Oxygen (%)	ORP (mV)
1_MW-10	6.23	4.68	5.88	0.798	6.9	5.98	-47
1_MW-14	6.93	4.25	5.61	1.04	4.3	4.04	102
1_MW-17	3.11	4.4	6.36	0.456	16.4	9.96	-52
1_MW-19	4.4	insufficient water volume					
1_MW-35	4.16	4.03	5.43	1.65	9.7	4.28	-92
1_MW-39	4.52	4.64	5.16	6.57	4.2	3.45	-97
1_MW-43	5.23	insufficient water volume					
3_MW-11	3.39	3.32	5.46	1.18	9.3	5.14	-110
3_MW-14	3.28	2.67	5.51	1.26	2.4	4.18	-120
3_MW-20	4.09	2.94	5.9	1.16	7.7	1.74	16
3_MW-27 (previously installed)	5.59	2.62	5.95	0.568	0.5	2.71	180
3_MW-45	3.35	4.01	5.67	0.986	8.7	2.12	-56
3_MW-58	5	5.57	6.17	0.818	15.6	10.31	-73
3_MW-64	4.27	3.86	5.81	0.734	9.1	3.41	-70
3_MW-72	5.43	4.89	6.17	0.89	8.4	2.54	212
3_MW-77	6.14	4.42	6.25	1.33	36.2	11.91	271

ft BTOC = feet below top of casing

°C = degrees celcius

mg/l = milligrams per liter.

µs/cm -microsiemens per centimeter

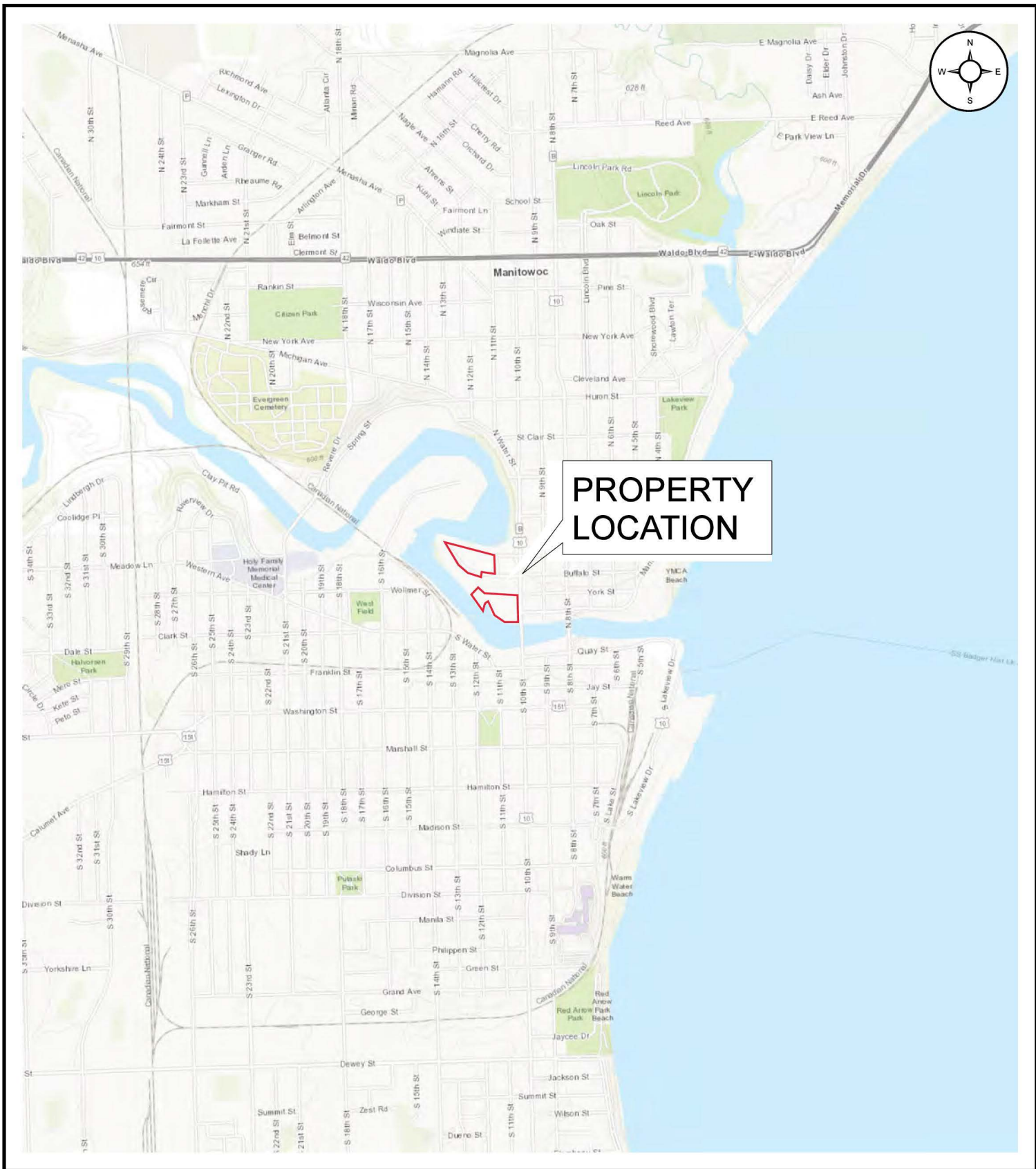
NTU = Nephelometric turbidity units

% = percent

mV = millivolts

FIGURES

- Figure 1 Site Location Map
- Figure 2 Site Layout and Sample Locations
- Figure 3 Groundwater Analytical Results



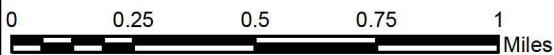
SITE LOCATION MAP
 Former CN Property Limited SI Report
 200 North 10th Street & 1110 Buffalo Street
 Manitowoc, WI

AECOM

1555 N RiverCenter Dr
 Milwaukee, WI 53212
 414-944-6080

AECOM Project: 60615404

Date: April 2020



Source: NGS USA Topographic Maps
 Copyright: © 2009 National Geographic Society

FIGURE 1



Legend:

- 2020 Monitoring Wells
- Site 1 - 200 North 10th Street
- Site 3 - 1110 Buffalo Street
- Former UST (10)
- Product Piping (2)
- Pump House (7)
- Soil Excavation (3)
- Oil House (5)
- Oil Tank (AST) (42)
- UST (2)
- Potable Water Conveyance System (18)
- Potable Water Lateral (34)
- Sanitary Conveyance System (27)
- Sanitary Lateral (149)
- Stormwater Conveyance System (40)
- Stormwater Lateral (22)
- Existing Groundwater Monitoring Well

0' 125' 250' 500'

SCALE



Notes:

1. Aerial map is from Stantec Phase I Environmental Site Assessment dated March 2019.

AECOM
Milwaukee Office
1555 RiverCenter Dr
Milwaukee, WI
414.944.6080

Former CN Property Limited SI Report
200 North 10th Street & 1110 Buffalo Street
Manitowoc, WI

SITE LAYOUT AND SAMPLE LOCATIONS

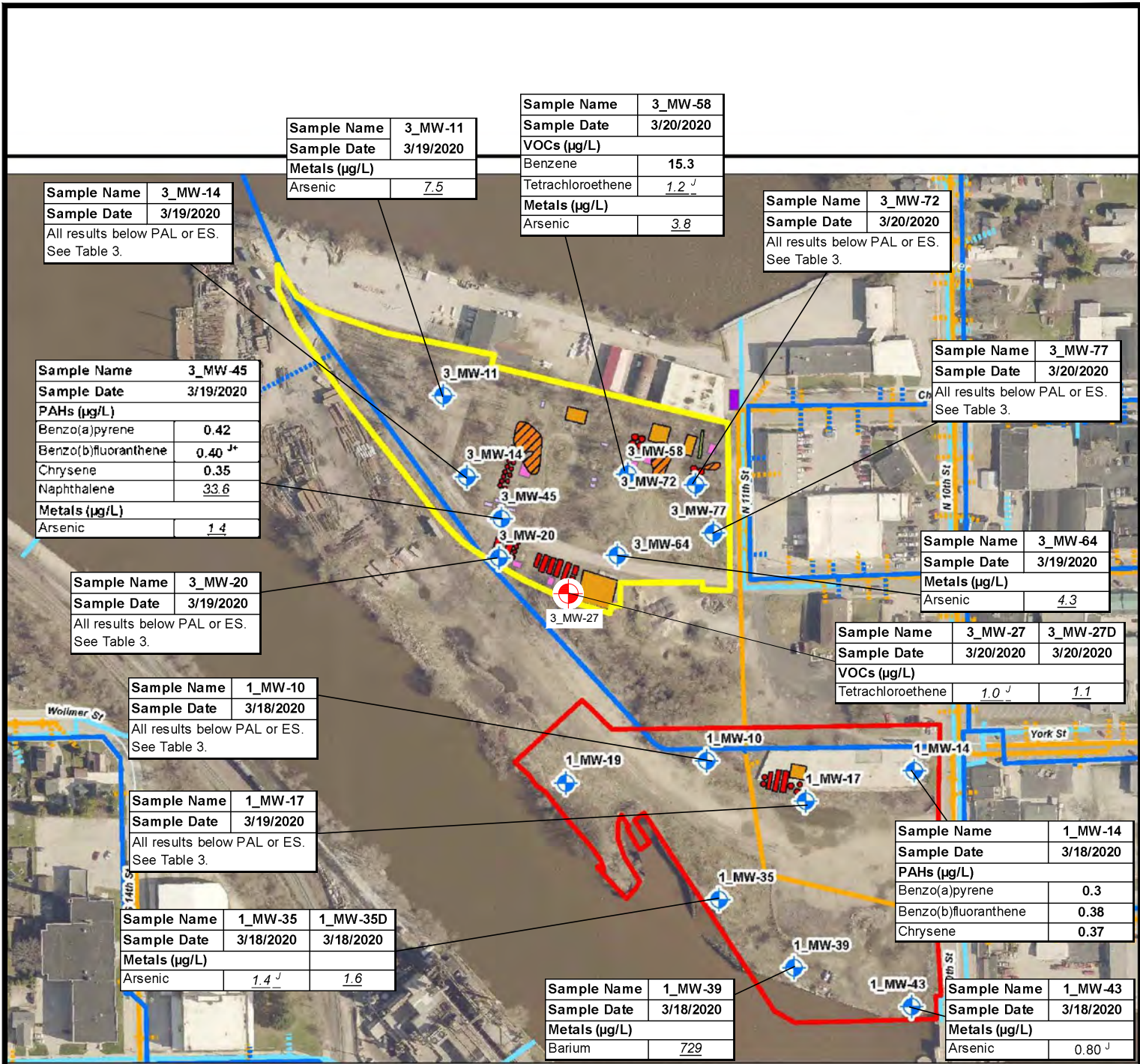


Project Number:
60615404

Drawn By:
CAS

Date:
4/21/2020

Figure No. 2



Legend:

- 2020 Monitoring Wells
- Site 1 - 200 North 10th Street
- Site 3 - 1110 Buffalo Street
- Former UST (10)
- Product Piping (2)
- Pump House (7)
- Soil Excavation (3)
- Oil House (5)
- Oil Tank (AST) (42)
- UST (2)
- Potable Water Conveyance System (18)
- Potable Water Lateral (34)
- Sanitary Conveyance System (27)
- Sanitary Lateral (149)
- Stormwater Conveyance System (40)
- Stormwater Lateral (22)
- Existing Groundwater Monitoring Well

Notes:

1. Aerial map is from Stantec Phase I Environmental Site Assessment dated March 2019.
2. PAL = Preventive Action Limit, ES = Enforcement Standard, J = Estimated concentration (+/- indicate the direction of bias), ug/L = micrograms per liter
3. Only results exceeding NR140 PAL or ES are shown.



AECOM
Milwaukee Office
1555 RiverCenter Dr
Milwaukee, WI
414.944.6080

Former CN Property Limited SI Report
200 North 10th Street & 1110 Buffalo Street
Manitowoc, WI

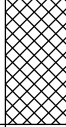
GROUNDWATER PAL AND ES EXCEEDANCES



Appendix A Soil Boring Logs

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

Facility/Project Name CN Manitowoc, 200 N. 10th Street		License/Permit/Monitoring Number 60615404		Boring Number 1 MW-10	
Boring Drilled By: Name of crew chief (first, last) and Firm Tony Kapugi Onsite Environmental		Date Drilling Started 3/3/2020	Date Drilling Completed 3/3/2020	Drilling Method hollow stem auger	
WI Unique Well No.	DNR Well ID No.	Common Well Name 1 MW-10		Final Static Water Level Feet MSL	Surface Elevation Feet MSL
				Borehole Diameter 4.50	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane 1/4 of 1/4 of Section , T N, R		Lat _____ ° _____ ' _____ " Long _____ ° _____ ' _____ "		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID		County	County Code	Civil Town/City/ or Village Manitowoc	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
			1	Coarse sand and gravel fill, 2/2, dry, loose, poorly graded	Fill									11:35 - 12:30
			2	Fine to medium sand, 4/4, moist, loose, poorly graded										
			3											
			4											
			5	Fine to medium sand, 4/4, wet, loose, poorly graded, silty clay, some other light staining, gray colors, soft, medium plasticity, moderate petroleum odor, 5Y 4/1										
			6											
			7											
			8											
			9											
			10											
			11											
			12											
			13											
				End of boring at 13.5 feet bgs, blind drilled; descriptions from soil cuttings. Well completed as NR-141 compliant monitoring well.										

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

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

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

Facility/Project Name CN Manitowoc, 200 N. 10th Street			License/Permit/Monitoring Number 60615404		Boring Number 1 MW-14
Boring Drilled By: Name of crew chief (first, last) and Firm Tony Kapugi Onsite Environmental			Date Drilling Started 3/4/2020	Date Drilling Completed 3/4/2020	Drilling Method hollow stem auger
WI Unique Well No.	DNR Well ID No.	Common Well Name 1 MW-14	Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter 4.50
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane 1/4 of 1/4 of Section , T N, R			Lat _____ ° _____ ' _____ " Long _____ ° _____ ' _____ "		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W
Facility ID		County	County Code	Civil Town/City/ or Village Manitowoc	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			1	Concrete	Concrete										9:30 - 10:30
			2	Medium-coarse sand and gravel, 3/3, dry, loose poorly graded	SP										
			4	Fine-medium-coarse sand, 4/4, wet loose, poorly graded											
			13	End of boring at 13.5 feet bgs, blind drilled; descriptions from soil cuttings. Well completed as NR-141 compliant monitoring well.											

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

Signature <i>Jacob Dean</i>	Firm AECOM	Tel: Fax:
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Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name CN Manitowoc, 200 N. 10th Street		License/Permit/Monitoring Number 60615404		Boring Number 1 MW-17	
Boring Drilled By: Name of crew chief (first, last) and Firm Tony Kapugi Onsite Environmental		Date Drilling Started 3/3/2020	Date Drilling Completed 3/3/2020	Drilling Method hollow stem auger	
WI Unique Well No.	DNR Well ID No.	Common Well Name 1 MW-17		Final Static Water Level Feet MSL	Surface Elevation Feet MSL
				Borehole Diameter 4.50	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane 1/4 of 1/4 of Section , T N, R		Lat _____ ° _____ ' _____ " Long _____ ° _____ ' _____ "		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID		County	County Code	Civil Town/City/ or Village Manitowoc	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			1	Medium sand and fill, 3/2, moist, loose, poorly graded	Fill										12:50 - 13:45
			2	Silty sand, 4/4, wet, loose, poorly graded											
			3												
			4												
			5												
			6												
			7												
			8		SM										
			9												
			10												
			11												
			12												
			13												
				End of boring at 13.5 feet bgs, blind drilled; descriptions from soil cuttings. Well completed as NR-141 compliant monitoring well.											

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

Signature <i>Jacob Dean</i>	Firm AECOM	Tel: Fax:
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Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name CN Manitowoc, 200 N. 10th Street			License/Permit/Monitoring Number 60615404		Boring Number 1 MW-19
Boring Drilled By: Name of crew chief (first, last) and Firm Tony Kapugi Onsite Environmental			Date Drilling Started 3/3/2020	Date Drilling Completed 3/3/2020	Drilling Method hollow stem auger
WI Unique Well No.	DNR Well ID No.	Common Well Name 1 MW-19	Final Static Water Level Feet MSL		Surface Elevation Feet MSL
					Borehole Diameter 4.50
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane N, E S/C/N			Lat _____ ° _____ ' _____ "		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W
1/4 of _____ 1/4 of Section _____, T _____ N, R _____			Long _____ ° _____ ' _____ "		
Facility ID		County	County Code	Civil Town/City/ or Village Manitowoc	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			1	Sand and gravel fill, 4/4, dry, loose, poorly graded	Fill										10:35 - 11:20
			2	Fine to medium sand, 4/4, dry, loose, poorly graded	SP										
			3	Riprap, rock fill	Fill										
			4												
			5	Silty clay, 3/1, wet, soft, high plasticity	CL										
			6												
			7												
			8	Medium to coarse sand and gravel fill, 2/1, wet, loose, poorly graded	Fill										
			9	Silty clay, 3/1, wet, soft, high plasticity	CL										
			10												
			11												
			12												
			13												
				End of boring at 13.5 feet bgs, blind drilled; descriptions from soil cuttings. Well completed as NR-141 compliant monitoring well.											

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

Signature <i>Jacob Dean</i>	Firm AECOM	Tel: Fax:
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Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name CN Manitowoc, 200 N. 10th Street		License/Permit/Monitoring Number 60615404		Boring Number 1 MW-35	
Boring Drilled By: Name of crew chief (first, last) and Firm Tony Kapugi Onsite Environmental		Date Drilling Started 3/4/2020	Date Drilling Completed 3/4/2020	Drilling Method hollow stem auger	
WI Unique Well No.	DNR Well ID No.	Common Well Name 1 MW-35		Final Static Water Level Feet MSL	Surface Elevation Feet MSL
				Borehole Diameter 4.50	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/>		State Plane N, E S/C/N		Local Grid Location	
1/4 of 1/4 of Section , T N, R		Lat _____ ° _____ ' _____ "		<input type="checkbox"/> N <input type="checkbox"/> E	
		Long _____ ° _____ ' _____ "		Feet <input type="checkbox"/> S Feet <input type="checkbox"/> W	
Facility ID		County	County Code	Civil Town/City/ or Village Manitowoc	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			1	Medium sand and gravel fill, 3/3, dry, loose, poorly graded	Fill										
			2	Medium sand and gravel fill, 3/2, wet, loose, poorly graded	Fill										
			4	Silty clay, 3/1, wet, soft, high plasticity	CL										
				End of boring at 13.5 feet bgs, blind drilled; descriptions from soil cuttings. Well completed as NR-141 compliant monitoring well.											

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

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

Jacob Dean

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

Facility/Project Name CN Manitowoc, 200 N. 10th Street		License/Permit/Monitoring Number 60615404		Boring Number 1 MW-39	
Boring Drilled By: Name of crew chief (first, last) and Firm Tony Kapugi Onsite Environmental		Date Drilling Started 3/4/2020	Date Drilling Completed 3/4/2020	Drilling Method hollow stem auger	
WI Unique Well No.	DNR Well ID No.	Common Well Name 1 MW-39		Final Static Water Level Feet MSL	Surface Elevation Feet MSL
				Borehole Diameter 4.50	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/>		State Plane N, E S/C/N		Local Grid Location	
1/4 of 1/4 of Section , T N, R		Lat _____ ° _____ ' _____ "		<input type="checkbox"/> N <input type="checkbox"/> E	
		Long _____ ° _____ ' _____ "		Feet <input type="checkbox"/> S Feet <input type="checkbox"/> W	
Facility ID		County	County Code	Civil Town/City/ or Village Manitowoc	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			1	Coarse sand and gravel fill, 3/2, dry, loose, poorly graded	Fill										
			2												
			3												
			4	Silty clay, 3/2, wet, soft, medium plasticity	CL										
			5												
			6	Coarse sand and gravel fill, 2/2, wet, loose, poorly graded	Fill										
			7												
			8	Silty clay, 3/1, wet, soft, high plasticity	CL										
			9	Some organic material at 8 feet											
			10												
			11												
			12												
			13												
				End of boring at 13.5 feet bgs, blind drilled; descriptions from soil cuttings. Well completed as NR-141 compliant monitoring well.											

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

Signature <i>Jacob Dean</i>	Firm AECOM	Tel: Fax:
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Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name CN Manitowoc, 200 N. 10th Street		License/Permit/Monitoring Number 60615404		Boring Number 1 MW-43	
Boring Drilled By: Name of crew chief (first, last) and Firm Tony Kapugi Onsite Environmental		Date Drilling Started 3/3/2020	Date Drilling Completed 3/3/2020	Drilling Method hollow stem auger	
WI Unique Well No.	DNR Well ID No.	Common Well Name 1 MW-43		Final Static Water Level Feet MSL	Surface Elevation Feet MSL
				Borehole Diameter 4.50	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane 1/4 of 1/4 of Section , T N, R		Lat _____ ° _____ ' _____ " Long _____ ° _____ ' _____ "		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID	County	County Code	Civil Town/City/ or Village Manitowoc		

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			1	Coarse sand and gravel fill, 4/3, dry, loose, poorly graded	Fill										14:00 - 14:40
			5	Sandy silt, 3/2, wet, soft, medium plasticity	CL										
			10	Silty clay, 3/2, wet, soft, medium plasticity	CL										
			13.5	End of boring at 13.5 feet bgs, blind drilled; descriptions from soil cuttings. Well completed as NR-141 compliant monitoring well.											

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

Signature <i>Jacob Dean</i>	Firm AECOM	Tel: Fax:
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Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name CN Manitowoc, 1110 Buffalo Street			License/Permit/Monitoring Number 60615404		Boring Number 3 MW-11	
Boring Drilled By: Name of crew chief (first, last) and Firm Tony Kapugi Onsite Environmental			Date Drilling Started 3/3/2020	Date Drilling Completed 3/3/2020	Drilling Method hollow stem auger	
WI Unique Well No.	DNR Well ID No.	Common Well Name 3 MW-11	Final Static Water Level Feet MSL		Surface Elevation Feet MSL	Borehole Diameter 4.50
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane 1/4 of 1/4 of Section , T N, R		Lat _____ ° _____ ' _____ " Long _____ ° _____ ' _____ "		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		
Facility ID		County	County Code	Civil Town/City/ or Village Manitowoc		

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			1	FILL: Medium to coarse sand and gravel, 3/2, moist, loose, poorly graded	Fill										
			2	FILL: Medium to coarse sand and gravel, 3/2, wet, loose, poorly graded	Fill										
			3												
			4												
			5												
			6	Sandy clay, 3/1, wet, soft, high plasticity	CL										
			7												
			8												
			9												
			10												
			11												
			12												
			13												
				End of boring at 13.5 feet bgs. Blind drilled; descriptions from soil cuttings. Well completed as NR-141 compliant monitoring well.											

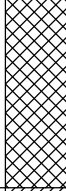

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature <i>Jacob Dean</i>	Firm AECOM	Tel: Fax:
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Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name CN Manitowoc, 1110 Buffalo Street			License/Permit/Monitoring Number 60615404		Boring Number 3 MW-14	
Boring Drilled By: Name of crew chief (first, last) and Firm Tony Kapugi Onsite Environmental			Date Drilling Started 3/3/2020	Date Drilling Completed 3/3/2020	Drilling Method hollow stem auger	
WI Unique Well No.	DNR Well ID No.	Common Well Name 3 MW-14	Final Static Water Level Feet MSL		Surface Elevation Feet MSL	Borehole Diameter 4.50
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane N, E S/C/N			Lat _____ ° _____ ' _____ "		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
1/4 of _____ 1/4 of Section _____, T _____ N, R _____			Long _____ ° _____ ' _____ "			
Facility ID		County	County Code	Civil Town/City/ or Village Manitowoc		

Sample		Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Att. & Recovered (in)								Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
			1 2 3 4 5 6 7 8 9 10 11 12 13	FILL: Sand and gravel, 3/2, moist, loose, poorly graded	Fill								9:00 - 9:40	
				Silty clay, 2/1, wet, soft, high plasticity	CL									
				End of boring at 13.5 feet bgs. Blind drilled; descriptions from soil cuttings. Well completed as NR-141 compliant monitoring well.										

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

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

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

Facility/Project Name CN Manitowoc, 1110 Buffalo Street		License/Permit/Monitoring Number 60615404		Boring Number 3 MW-20	
Boring Drilled By: Name of crew chief (first, last) and Firm Tony Kapugi Onsite Environmental			Date Drilling Started 3/3/2020	Date Drilling Completed 3/3/2020	Drilling Method hollow stem auger
WI Unique Well No.	DNR Well ID No.	Common Well Name 3 MW-20	Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter 4.50
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane N, E S/C/N 1/4 of 1/4 of Section , T N, R			Local Grid Location Lat _____ ° _____ ' _____ " Long _____ ° _____ ' _____ " Feet <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W		

Facility ID	County	County Code	Civil Town/City/ or Village Manitowoc
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Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			1	Topsoil, grass	Topsoil										8:00 - 8:45
			2	FILL: Fine to medium sand, 3/2, moist, loose, poorly graded	Fill										
			3	FILL: Medium sand and gravel, 2/2, wet, loose, poorly graded	Fill										
			4		Fill										
			5		Fill										
			6		Fill										
			7	Silty clay, 3/1, wet, soft, high plasticity	CL										
			8		CL										
			9		CL										
			10		CL										
			11		CL										
			12		CL										
			13		CL										
				End of boring at 13.5 feet bgs. Blind drilled; descriptions from soil cuttings. Well completed as NR-141 compliant monitoring well.											

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

Signature <i>Jacob Dean</i>	Firm AECOM	Tel: Fax:
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Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name CN Manitowoc, 1110 Buffalo Street		License/Permit/Monitoring Number 60615404		Boring Number 3 MW-45	
Boring Drilled By: Name of crew chief (first, last) and Firm Tony Kapugi Onsite Environmental		Date Drilling Started 3/2/2020	Date Drilling Completed 3/2/2020	Drilling Method hollow stem auger	
WI Unique Well No.	DNR Well ID No.	Common Well Name 3 MW-45		Final Static Water Level Feet MSL	Surface Elevation Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane N, E S/C/N		Lat _____ ° _____ ' _____ "		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
1/4 of _____ 1/4 of Section _____, T _____ N, R _____		Long _____ ° _____ ' _____ "		Feet _____ Feet _____	
Facility ID		County	County Code	Civil Town/City/ or Village Manitowoc	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments				
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200					
			1	Clayey fine to medium sand, 4/4, moist, loose, poorly graded	CL													
			2															
			3	FILL: Fine to medium sand, 2/2, wet, loose, poorly graded	Fill													
			4															
			5															
			6	FILL: Sandy gravel, 2/2, wet, loose, poorly graded	Fill													
			7															
			8															
			9															
			10															
			11	Silty clay, 4/1, wet, soft, high plasticity	CL													
			12															
			13															
				End of boring at 13.5 feet bgs. Blind drilled; descriptions from soil cuttings. Well completed as NR-141 compliant monitoring well.														

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

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

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

Facility/Project Name CN Manitowoc, 1110 Buffalo Street			License/Permit/Monitoring Number 60615404		Boring Number 3 MW-58	
Boring Drilled By: Name of crew chief (first, last) and Firm Tony Kapugi Onsite Environmental			Date Drilling Started 3/2/2020	Date Drilling Completed 3/2/2020	Drilling Method hollow stem auger	
WI Unique Well No.	DNR Well ID No.	Common Well Name 3 MW-58	Final Static Water Level Feet MSL		Surface Elevation Feet MSL	Borehole Diameter 4.50
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane 1/4 of 1/4 of Section , T N, R			Lat _____ ° _____ ' _____ " Long _____ ° _____ ' _____ "		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID		County	County Code	Civil Town/City/ or Village Manitowoc		

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			1	Fine to medium sand, 4/3, moist, loose, poorly graded	SP										11:20 - 12:15
			2	Silty clay, black and gray, moist, soft, medium plasticity, strong petroleum odor	CL										
			3				Silty clay, wet, light gray (6/2), soft, high plasticity, strong petroleum odor	CL							
			4	Sandy silt, 6/2, wet, soft, high plasticity, trace gravel	SM										
			5												
			6												
			7												
			8												
			9												
			10												
			11												
			12												
			13												
				End of boring at 13.5 feet bgs. Blind drilled; descriptions from soil cuttings. Well completed as NR-141 compliant monitoring well.											

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

Signature <i>Jacob Dean</i>	Firm AECOM	Tel: Fax:
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Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name CN Manitowoc, 1110 Buffalo Street		License/Permit/Monitoring Number 60615404		Boring Number 3 MW-64	
Boring Drilled By: Name of crew chief (first, last) and Firm Tony Kapugi Onsite Environmental		Date Drilling Started 3/2/2020	Date Drilling Completed 3/2/2020	Drilling Method hollow stem auger	
WI Unique Well No.	DNR Well ID No.	Common Well Name 3 MW-64		Final Static Water Level Feet MSL	Surface Elevation Feet MSL
				Borehole Diameter 4.50	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane N, E S/C/N		Lat _____ ° _____ ' _____ "		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
1/4 of _____ 1/4 of Section _____, T _____ N, R _____		Long _____ ° _____ ' _____ "			
Facility ID		County	County Code	Civil Town/City/ or Village Manitowoc	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
			1	Topsoil, grass	Topsoil										13:30 - 14:50
			2	Clayey fine to medium sand, moist, 3/2, loose, poorly graded	CL										
			4	Clayey fine to medium sand, 3/2, wet, loose, poorly graded	CL										
			8	Silty fine-medium-coarse sand, 2/2, wet, loose, well graded, trace gravel	SM										
			10	Silty clay, very light silvery gray (6/2), wet, soft, high plasticity, strong petroleum odor	CL										
			13	End of boring at 13.5 feet bgs. Blind drilled; descriptions from soil cuttings. Well completed as NR-141 compliant monitoring well.											

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

Signature <i>Jacob Dean</i>	Firm AECOM	Tel: Fax:
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Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name CN Manitowoc, 1110 Buffalo Street			License/Permit/Monitoring Number 60615404		Boring Number 3 MW-72	
Boring Drilled By: Name of crew chief (first, last) and Firm Tony Kapugi Onsite Environmental			Date Drilling Started 3/2/2020	Date Drilling Completed 3/2/2020	Drilling Method hollow stem auger	
WI Unique Well No.	DNR Well ID No.	Common Well Name 3 MW-72	Final Static Water Level Feet MSL		Surface Elevation Feet MSL	Borehole Diameter 4.50
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane 1/4 of 1/4 of Section , T N, R N, E S/C/N			Lat _____ ° _____ ' _____ " Long _____ ° _____ ' _____ "		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID		County	County Code	Civil Town/City/ or Village Manitowoc		

Sample		Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Att. & Recovered (in)								Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
			1	Sand and gravel, moist, 4/4, poorly graded, loose	GW									10:25 - 11:00
			2	Silty clay, wet, 4/4, soft, high plasticity	CL									
			13	End of boring at 13.5 feet bgs. Blind drilled; descriptions from soil cuttings. Well completed as NR-141 compliant monitoring well.										

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

Signature <i>Jacob Dean</i>	Firm AECOM	Tel: Fax:
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Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name CN Manitowoc, 1110 Buffalo Street		License/Permit/Monitoring Number 60615404		Boring Number 3 MW-77	
Boring Drilled By: Name of crew chief (first, last) and Firm Tony Kapugi Onsite Environmental		Date Drilling Started 3/2/2020	Date Drilling Completed 3/2/2020	Drilling Method hollow stem auger	
WI Unique Well No.	DNR Well ID No.	Common Well Name 3 MW-77		Final Static Water Level Feet MSL	Surface Elevation Feet MSL
				Borehole Diameter 4.50	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane 1/4 of 1/4 of Section , T N, R		Lat _____ ° _____ ' _____ " Long _____ ° _____ ' _____ "		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID		County	County Code	Civil Town/City/ or Village Manitowoc	

Sample		Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	U S C S	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Att. & Recovered (in)								Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
			1	Topsoil, grass	Topsoil									12:40 - 13:20
			2	Sandy clay, 4/4, moist, medium soft, medium plasticity	CL									
			3	Sandy clay, 4/4, wet, soft, high plasticity, petroleum odor	CL									
			12	Silty sand, 4/4, wet, loose, poorly graded	SM									
			13	End of boring at 13.5 feet bgs. Blind drilled; descriptions from soil cuttings. Well completed as NR-141 compliant monitoring well.										

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

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

Appendix B Well Construction Forms and Development Forms

Well Construction Forms

Facility/Project Name CN Manitowoc, 200 N. 10th Street		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 1 MW-10	
Facility License, Permit or Monitoring No. 60615404		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. _____ ° _____ ' _____ " Long. _____ ° _____ ' _____ " or		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/03/2020	
Type of Well		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: (Person's Name and Firm) Tony Kapugi	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				Onsite Environmental	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <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 attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 5 0 Hollow Stem Auger <input checked="" type="checkbox"/> 4 1 _____ Other <input type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 0 2 Air <input type="checkbox"/> 0 1 Drilling Mud <input type="checkbox"/> 0 3 None <input checked="" type="checkbox"/> 9 9</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or <u>0.20</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top _____ ft. MSL or <u>2.50</u> ft.</p> <p>H. Screen joint, top _____ ft. MSL or <u>3.00</u> ft.</p> <p>I. Well bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>L. Borehole, diameter <u>4.50</u> in.</p> <p>M. O.D. well casing _____ in.</p> <p>N. I.D. well casing <u>2.00</u> in.</p>		<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: _____ <u>4.0</u> in. b. Length: _____ <u>5.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 0 4 Other <input type="checkbox"/> _____ d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 3 0 Concrete <input type="checkbox"/> 0 1 Other <input type="checkbox"/> _____</p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 3 0 Sand _____ Other <input type="checkbox"/> _____</p> <p>5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 3 3 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 3 5 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 3 1 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 5 0 e. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0 1 Tremie pumped <input type="checkbox"/> 0 2 Gravity <input type="checkbox"/> 0 8</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3 3 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"/> 3 2 c. _____ Halliburton Hole Plug 0.75 ft³ Other <input type="checkbox"/> _____</p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. _____ Red FlintSand and Gravel _____ b. Volume added <u>3</u> ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 2 3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2 4 _____ Other <input type="checkbox"/> _____</p> <p>10. Screen material: _____ PVC Screen a. Screen Type: Factory cut <input checked="" type="checkbox"/> 1 1 Continuous slot <input type="checkbox"/> 0 1 _____ Other <input type="checkbox"/> _____ b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: _____ ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 1 4 _____ Other <input checked="" type="checkbox"/> _____</p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

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

Facility/Project Name CN Manitowoc, 200 N. 10th Street		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 1 MW-14	
Facility License, Permit or Monitoring No. 60615404		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. _____ " Long. _____ " or		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/04/2020	
Type of Well		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: (Person's Name and Firm) Tony Kapugi	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				Onsite Environmental	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <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 type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <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</p> <p>Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or <u>0.20</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top _____ ft. MSL or <u>2.50</u> ft.</p> <p>H. Screen joint, top _____ ft. MSL or <u>3.00</u> ft.</p> <p>I. Well bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>L. Borehole, diameter <u>4.50</u> in.</p> <p>M. O.D. well casing _____ in.</p> <p>N. I.D. well casing <u>2.00</u> in.</p>		<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: _____ <u>4.0</u> in. b. Length: _____ <u>5.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand <input type="checkbox"/></p> <p>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. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input 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. _____ Halliburton Hole Plug 0.5 ft³ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. <u>Red FlintSand and Gravel</u> b. Volume added <u>3</u> ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/></p> <p>10. Screen material: <u>PVC Screen</u> a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/> b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: _____ ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/></p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

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

Facility/Project Name CN Manitowoc, 200 N. 10th Street		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name 1 MW-17	
Facility License, Permit or Monitoring No. 60615404		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. _____ " Long. _____ " or		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/03/2020	
Type of Well		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: (Person's Name and Firm) Tony Kapugi	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				Onsite Environmental	

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: _____ 4.0 in. b. Length: _____ 5.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> _____ d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
C. Land surface elevation _____ ft. MSL		3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/> _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.		4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand <input type="checkbox"/> _____ 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"/>		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. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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. _____ Halliburton Hole Plug 0.5 ft ³ 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"/> _____		7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
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		8. Filter pack material: Manufacturer, product name & mesh size a. Red FlintSand and Gravel _____ b. Volume added 2.5 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____		9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/> _____
17. Source of water (attach analysis, if required): _____		10. Screen material: PVC Screen a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/> _____ b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: _____ ft.
E. Bentonite seal, top _____ ft. MSL or 0.20 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/> _____	
F. Fine sand, top _____ ft. MSL or _____ ft.		
G. Filter pack, top _____ ft. MSL or 2.50 ft.		
H. Screen joint, top _____ ft. MSL or 3.00 ft.		
I. Well bottom _____ ft. MSL or 13.50 ft.		
J. Filter pack, bottom _____ ft. MSL or 13.50 ft.		
K. Borehole, bottom _____ ft. MSL or 13.50 ft.		
L. Borehole, diameter 4.50 in.		
M. O.D. well casing _____ in.		
N. I.D. well casing 2.00 in.		

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

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

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

Facility/Project Name CN Manitowoc, 200 N. 10th Street		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name 1 MW-19	
Facility License, Permit or Monitoring No. 60615404		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. _____ " Long. _____ " or		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID _____		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/03/2020	
Type of Well _____		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: (Person's Name and Firm) Tony Kapugi	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				Onsite Environmental	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <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 attached? <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</p> <p>Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or <u>0.20</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top _____ ft. MSL or <u>2.50</u> ft.</p> <p>H. Screen joint, top _____ ft. MSL or <u>3.00</u> ft.</p> <p>I. Well bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>L. Borehole, diameter <u>4.50</u> in.</p> <p>M. O.D. well casing _____ in.</p> <p>N. I.D. well casing <u>2.00</u> in.</p>		<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: _____ <u>4.0</u> in. b. Length: _____ <u>5.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand <input type="checkbox"/></p> <p>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. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input 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. _____ Halliburton Hole Plug 0.5 ft³ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. <u>Red FlintSand and Gravel</u> b. Volume added <u>2.75</u> ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/></p> <p>10. Screen material: <u>PVC Screen</u> a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/> b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: _____ ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/></p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

Facility/Project Name CN Manitowoc, 200 N. 10th Street		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name 1 MW-35	
Facility License, Permit or Monitoring No. 60615404		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. _____ " Long. _____ " or		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID _____		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/04/2020	
Type of Well _____		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: (Person's Name and Firm) Tony Kapugi	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				Onsite Environmental	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <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 attached? <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</p> <p>Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or <u>0.20</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top _____ ft. MSL or <u>2.50</u> ft.</p> <p>H. Screen joint, top _____ ft. MSL or <u>3.00</u> ft.</p> <p>I. Well bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>L. Borehole, diameter <u>4.50</u> in.</p> <p>M. O.D. well casing _____ in.</p> <p>N. I.D. well casing <u>2.00</u> in.</p>		<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: _____ <u>4.0</u> in. b. Length: _____ <u>5.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand <input type="checkbox"/></p> <p>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. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input 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. _____ Halliburton Hole Plug 0.5 ft³ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. <u>Red FlintSand and Gravel</u> b. Volume added <u>2.5</u> ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/></p> <p>10. Screen material: <u>PVC Screen</u> a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/> b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: _____ ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/></p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

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

Facility/Project Name CN Manitowoc, 200 N. 10th Street		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name 1 MW-39	
Facility License, Permit or Monitoring No. 60615404		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. _____ " Long. _____ " or		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/04/2020	
Type of Well		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: (Person's Name and Firm) Tony Kapugi	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				Onsite Environmental	

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: _____ 4.0 in. b. Length: _____ 5.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> _____ d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
C. Land surface elevation _____ ft. MSL		3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/> _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.		4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand <input type="checkbox"/> _____ 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"/>		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. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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. _____ Halliburton Hole Plug 0.5 ft ³ 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"/> _____		7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
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		8. Filter pack material: Manufacturer, product name & mesh size a. Red FlintSand and Gravel _____ b. Volume added 2.5 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____		9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/> _____
17. Source of water (attach analysis, if required): _____		10. Screen material: PVC Screen a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/> _____ b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: _____ ft.
E. Bentonite seal, top _____ ft. MSL or 0.20 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/> _____	
F. Fine sand, top _____ ft. MSL or _____ ft.		
G. Filter pack, top _____ ft. MSL or 2.50 ft.		
H. Screen joint, top _____ ft. MSL or 3.00 ft.		
I. Well bottom _____ ft. MSL or 13.50 ft.		
J. Filter pack, bottom _____ ft. MSL or 13.50 ft.		
K. Borehole, bottom _____ ft. MSL or 13.50 ft.		
L. Borehole, diameter 4.50 in.		
M. O.D. well casing _____ in.		
N. I.D. well casing 2.00 in.		

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

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

Facility/Project Name CN Manitowoc, 200 N. 10th Street		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 1 MW-43	
Facility License, Permit or Monitoring No. 60615404		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. _____ " Long. _____ " or		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID _____		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/03/2020	
Type of Well _____		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: (Person's Name and Firm) Tony Kapugi	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				Onsite Environmental	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <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 attached? <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</p> <p>Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or <u>0.20</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top _____ ft. MSL or <u>2.50</u> ft.</p> <p>H. Screen joint, top _____ ft. MSL or <u>3.00</u> ft.</p> <p>I. Well bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>L. Borehole, diameter <u>4.50</u> in.</p> <p>M. O.D. well casing _____ in.</p> <p>N. I.D. well casing <u>2.00</u> in.</p>		<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: <u>4.0</u> in. b. Length: <u>5.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand <input type="checkbox"/></p> <p>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. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input 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. _____ Halliburton Hole Plug 0.5 ft³ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. <u>Red FlintSand and Gravel</u> b. Volume added <u>3</u> ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/></p> <p>10. Screen material: <u>PVC Screen</u> a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/> b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: _____ ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/></p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

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

Facility/Project Name CN Manitowoc, 1110 Buffalo Street		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 3 MW-11	
Facility License, Permit or Monitoring No. 60615404		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. _____ ° _____ ' _____ " Long. _____ ° _____ ' _____ " or		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID _____		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/03/2020	
Type of Well _____		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: (Person's Name and Firm) Tony Kapugi	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				Onsite Environmental	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <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 attached? <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe _____ No</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or <u>0.20</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top _____ ft. MSL or <u>2.50</u> ft.</p> <p>H. Screen joint, top _____ ft. MSL or <u>3.00</u> ft.</p> <p>I. Well bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>L. Borehole, diameter <u>4.50</u> in.</p> <p>M. O.D. well casing _____ in.</p> <p>N. I.D. well casing <u>2.00</u> in.</p>		<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: _____ <u>4.0</u> in. b. Length: _____ <u>5.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand _____ Other <input type="checkbox"/></p> <p>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. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input 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. _____ Halliburton Hole Plug 0.5 ft³ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. _____ Red Flint Sand and Gravel b. Volume added <u>2.75</u> ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 _____ Other <input type="checkbox"/></p> <p>10. Screen material: _____ PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 _____ Other <input type="checkbox"/> b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: _____ ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 14 _____ Other <input checked="" type="checkbox"/></p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

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 CN Manitowoc, 1110 Buffalo Street		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 3 MW-14	
Facility License, Permit or Monitoring No. 60615404		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. _____ ° _____ ' _____ " Long. _____ ° _____ ' _____ " or		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID _____		St. Plane _____ ft. N, _____ ft. E. S/C/N _____		Date Well Installed 03/03/2020	
Type of Well _____		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: (Person's Name and Firm) Tony Kapugi	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				Onsite Environmental	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <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 attached? <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe _____ No</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or 0.20 ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top _____ ft. MSL or 2.50 ft.</p> <p>H. Screen joint, top _____ ft. MSL or 3.00 ft.</p> <p>I. Well bottom _____ ft. MSL or 13.50 ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or 13.50 ft.</p> <p>K. Borehole, bottom _____ ft. MSL or 13.50 ft.</p> <p>L. Borehole, diameter 4.50 in.</p> <p>M. O.D. well casing _____ in.</p> <p>N. I.D. well casing 2.00 in.</p>		<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: _____ 4.0 in. b. Length: _____ 5.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand _____ Other <input type="checkbox"/></p> <p>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. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input 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. _____ Halliburton Hole Plug 0.75 ft³ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. Red Flint Sand and Gravel b. Volume added 2.5 ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/></p> <p>10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/> b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: _____ ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/></p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature Jacob Dean Firm **AECOM** Tel: _____ Fax: _____

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 CN Manitowoc, 1110 Buffalo Street		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 3 MW-20	
Facility License, Permit or Monitoring No. 60615404		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. _____ ° _____ ' _____ " Long. _____ ° _____ ' _____ " or		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/03/2020	
Type of Well		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: (Person's Name and Firm) Tony Kapugi	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				Onsite Environmental	

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: _____ 4.0 in. b. Length: _____ 5.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>	
C. Land surface elevation _____ ft. MSL		d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____	
D. Surface seal, bottom _____ ft. MSL or _____ ft.		3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 5px;"> 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"/> </div>		4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand <input type="checkbox"/>	
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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. _____ Ft ³ volume added for any of the above	
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>		f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08	
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		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. _____ Halliburton Hole Plug 0.5 ft ³ Other <input type="checkbox"/>	
16. Drilling additives used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³	
Describe _____ No		8. Filter pack material: Manufacturer, product name & mesh size a. _____ Red Flint Sand and Gravel b. Volume added _____ 2.75 ft ³	
17. Source of water (attach analysis, if required):	9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>		
E. Bentonite seal, top _____ ft. MSL or _____ 0.20 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"/>		
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer _____		
G. Filter pack, top _____ ft. MSL or _____ 2.50 ft.	c. Slot size: _____ in.		
H. Screen joint, top _____ ft. MSL or _____ 3.00 ft.	d. Slotted length: _____ ft.		
I. Well bottom _____ ft. MSL or _____ 13.50 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/>		
J. Filter pack, bottom _____ ft. MSL or _____ 13.50 ft.			
K. Borehole, bottom _____ ft. MSL or _____ 13.50 ft.			
L. Borehole, diameter _____ 4.50 in.			
M. O.D. well casing _____ in.			
N. I.D. well casing _____ 2.00 in.			

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

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

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

Facility/Project Name CN Manitowoc, 1110 Buffalo Street		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 3 MW-45	
Facility License, Permit or Monitoring No. 60615404		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. _____ " Long. _____ " or		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/02/2020	
Type of Well		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: (Person's Name and Firm) Tony Kapugi	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				Onsite Environmental	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <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 attached? <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe _____ No</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or <u>0.20</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top _____ ft. MSL or <u>2.50</u> ft.</p> <p>H. Screen joint, top _____ ft. MSL or <u>3.00</u> ft.</p> <p>I. Well bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>L. Borehole, diameter <u>4.50</u> in.</p> <p>M. O.D. well casing _____ in.</p> <p>N. I.D. well casing <u>2.00</u> in.</p>		<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: _____ <u>4.0</u> in. b. Length: _____ <u>5.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 _____ Other <input type="checkbox"/> d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 _____ Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand _____ Other <input type="checkbox"/></p> <p>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. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input 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. _____ Black Hills Bentonite 0.5 ft³ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. _____ Red Flint Sand and Gravel b. Volume added <u>2.75</u> ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 _____ Other <input type="checkbox"/></p> <p>10. Screen material: _____ PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 _____ Other <input type="checkbox"/> b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: _____ ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 14 _____ Other <input checked="" type="checkbox"/></p>
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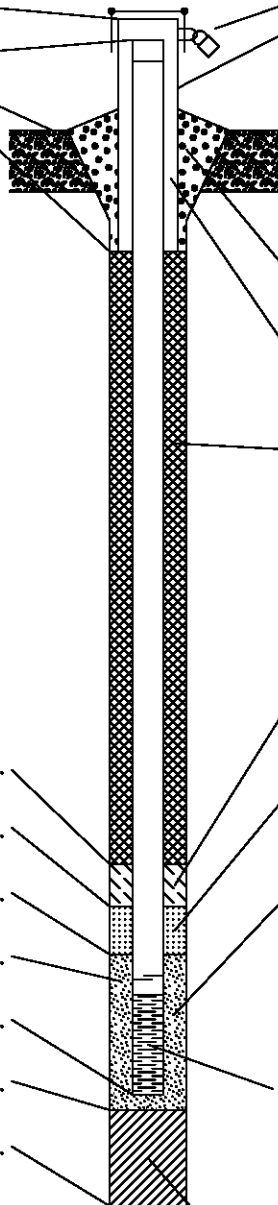
I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

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

Facility/Project Name CN Manitowoc, 1110 Buffalo Street		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 3 MW-58	
Facility License, Permit or Monitoring No. 60615404		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. _____ " Long. _____ " or		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/02/2020	
Type of Well		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: (Person's Name and Firm) Tony Kapugi	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				Onsite Environmental	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input 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 attached? <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe _____ No</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or <u>0.20</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top _____ ft. MSL or <u>2.50</u> ft.</p> <p>H. Screen joint, top _____ ft. MSL or <u>3.00</u> ft.</p> <p>I. Well bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>L. Borehole, diameter <u>4.50</u> in.</p> <p>M. O.D. well casing _____ in.</p> <p>N. I.D. well casing <u>2.00</u> in.</p>	 <p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: <u>4.0</u> in. b. Length: <u>5.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand <input type="checkbox"/></p> <p>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. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input 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. _____ Black Hills Bentonite 0.5 ft³ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. <u>Red Flint Sand and Gravel</u> b. Volume added <u>2.25</u> ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/></p> <p>10. Screen material: <u>PVC</u> a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: _____ ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/></p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

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 CN Manitowoc, 1110 Buffalo Street		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 3 MW-64	
Facility License, Permit or Monitoring No. 60615404		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. _____ ° _____ ' _____ " Long. _____ ° _____ ' _____ " or		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/02/2020	
Type of Well		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: (Person's Name and Firm) Tony Kapugi	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				Onsite Environmental	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <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 attached? <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe _____ No</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or <u>0.20</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top _____ ft. MSL or <u>2.50</u> ft.</p> <p>H. Screen joint, top _____ ft. MSL or <u>3.00</u> ft.</p> <p>I. Well bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>L. Borehole, diameter <u>4.50</u> in.</p> <p>M. O.D. well casing _____ in.</p> <p>N. I.D. well casing <u>2.00</u> in.</p>		<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: _____ <u>4.0</u> in. b. Length: _____ <u>5.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand _____ Other <input type="checkbox"/></p> <p>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. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input 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. _____ Black Hills Bentonite 0.5 ft³ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. _____ Red Flint Sand and Gravel b. Volume added _____ 3 ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 _____ Other <input type="checkbox"/></p> <p>10. Screen material: _____ PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 _____ Other <input type="checkbox"/> b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: _____ ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 14 _____ Other <input checked="" type="checkbox"/></p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

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 CN Manitowoc, 1110 Buffalo Street		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 3 MW-72	
Facility License, Permit or Monitoring No. 60615404		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. _____ ° _____ ' _____ " Long. _____ ° _____ ' _____ " or		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/02/2020	
Type of Well		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: (Person's Name and Firm) Tony Kapugi	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				Onsite Environmental	

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: _____ 4.0 in. b. Length: _____ 5.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL		d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.		3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input 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"/>		4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>		f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
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		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. _____ Black Hills Bentonite 0.5 ft ³ Other <input type="checkbox"/>
16. Drilling additives used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe _____ No		7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____		8. Filter pack material: Manufacturer, product name & mesh size a. _____ Red Flint Sand and Gravel b. Volume added _____ 2 ft ³
E. Bentonite seal, top _____ ft. MSL or _____ 0.20 ft.	9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>	
F. Fine sand, top _____ ft. MSL or _____ ft.	10. Screen material: _____ PVC	
G. Filter pack, top _____ ft. MSL or _____ 2.50 ft.	a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>	
H. Screen joint, top _____ ft. MSL or _____ 3.00 ft.	b. Manufacturer _____	
I. Well bottom _____ ft. MSL or _____ 13.50 ft.	c. Slot size: _____ in.	
J. Filter pack, bottom _____ ft. MSL or _____ 13.50 ft.	d. Slotted length: _____ ft.	
K. Borehole, bottom _____ ft. MSL or _____ 13.50 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/>	
L. Borehole, diameter _____ 4.50 in.		
M. O.D. well casing _____ in.		
N. I.D. well casing _____ 2.00 in.		

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

Signature Jacob Dean Firm AECOM Tel: _____ Fax: _____

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 CN Manitowoc, 1110 Buffalo Street		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 3 MW-77	
Facility License, Permit or Monitoring No. 60615404		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. _____ ° _____ ' _____ " Long. _____ ° _____ ' _____ " or		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID _____		St. Plane _____ ft. N, _____ ft. E. S/C/N _____		Date Well Installed 03/02/2020	
Type of Well _____		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: (Person's Name and Firm) Tony Kapugi	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				Onsite Environmental	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <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 attached? <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Describe _____ No</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or <u>0.20</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top _____ ft. MSL or <u>2.50</u> ft.</p> <p>H. Screen joint, top _____ ft. MSL or <u>3.00</u> ft.</p> <p>I. Well bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or <u>13.50</u> ft.</p> <p>L. Borehole, diameter <u>4.50</u> in.</p> <p>M. O.D. well casing _____ in.</p> <p>N. I.D. well casing <u>2.00</u> in.</p>		<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: _____ <u>4.0</u> in. b. Length: _____ <u>5.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand _____ Other <input type="checkbox"/></p> <p>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. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input 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. _____ Black Hills Bentonite 0.5 ft³ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. _____ Red Flint Sand and Gravel b. Volume added <u>2.25</u> ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/></p> <p>10. Screen material: _____ PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/> b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: _____ ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/></p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature <i>Jacob Dean</i>	Firm AECOM	Tel: Fax:
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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.

Well Development Forms

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

Facility/Project Name CN Manitowoc, 200 N. 10th Street	County	Well Name 1 MW-10	
Facility License, Permit or Monitoring Number 60615404	County Code	Wis. Unique Well Number	DNR Well Number

1. Can this well be purged dry? Yes No
2. Well development method:

surged with bailer and bailed	<input type="checkbox"/>	4 1
surged with bailer and pumped	<input checked="" type="checkbox"/>	6 1
surged with block and bailed	<input type="checkbox"/>	4 2
surged with block and pumped	<input type="checkbox"/>	6 2
surged with block, bailed, and pumped	<input type="checkbox"/>	7 0
compressed air	<input type="checkbox"/>	2 0
bailed only	<input type="checkbox"/>	1 0
pumped only	<input type="checkbox"/>	5 1
pumped slowly	<input type="checkbox"/>	5 0
other _____	<input type="checkbox"/>	
3. Time spent developing well _____ min.
4. Depth of well (from top of well casing) **30 ft.**
5. Inside diameter of well **15.2 in.**
6. Volume of water in filter pack and well casing **1.4 gal.**
7. Volume of water removed from well **25.0 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.	6.50 ft.	13.25 ft.
Date	b.	3/5/2020	12/30/1899
Time	c.	03:55 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	04:25 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom		0.0 inches	0.0 inches
13. Water clarity		Clear <input type="checkbox"/> 1 0 Turbid <input checked="" type="checkbox"/> 1 5 (Describe) <u>Light brown</u>	Clear <input checked="" type="checkbox"/> 2 0 Turbid <input type="checkbox"/> 2 5 (Describe) <u>Clear</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: Person's Name and Firm			
		Jacob Dean AECOM	

17. Additional comments on development:

Facility Address or Owner/Responsible Party Address Name: _____ Firm: _____ Street: <u>200 N. 10th Street</u> City/State/Zip: <u>Manitowoc, WI 54220</u>	I hereby certify that the above information is true and correct to the best of my knowledge. Signature: <u>Jacob Dean</u> Print Name: <u>Jacob Dean</u> Firm: <u>AECOM</u>
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NOTE: See instructions for more information including a list of county codes and well type codes.

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

Facility/Project Name CN Manitowoc, 200 N. 10th Street	County	Well Name 1 MW-14	
Facility License, Permit or Monitoring Number 60615404	County Code	Wis. Unique Well Number	DNR Well Number

1. Can this well be purged dry? Yes No
2. Well development method:
- surged with bailer and bailed 4 1
 - surged with bailer and pumped 6 1
 - surged with block and bailed 4 2
 - surged with block and pumped 6 2
 - surged with block, bailed, and pumped 7 0
 - compressed air 2 0
 - bailed only 1 0
 - pumped only 5 1
 - pumped slowly 5 0
 - other _____
3. Time spent developing well _____ min.
4. Depth of well (from top of well casing) **45 ft.**
5. Inside diameter of well **14.9 in.**
6. Volume of water in filter pack and well casing **1.2 gal.**
7. Volume of water removed from well **55.0 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. 7.55 ft.	8.06 ft.
Date	b. 3/6/2020	12/30/1899
Time	c. 09:00 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	09:45 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom	0.1 inches	0.0 inches
13. Water clarity	Clear <input type="checkbox"/> 1 0 Turbid <input checked="" type="checkbox"/> 1 5 (Describe) <u>Dark Brown, Muddy</u>	Clear <input checked="" type="checkbox"/> 2 0 Turbid <input type="checkbox"/> 2 5 (Describe) <u>Clear</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: Person's Name and Firm Jacob Dean AECOM		

17. Additional comments on development:
12 Gallong after purge and pump

Facility Address or Owner/Responsible Party Address	I hereby certify that the above information is true and correct to the best of my knowledge.
Name: _____	Signature: <u>Jacob Dean</u>
Firm: _____	Print Name: <u>Jacob Dean</u>
Street: <u>200 N. 10th Street</u>	Firm: <u>AECOM</u>
City/State/Zip: <u>Manitowoc, WI 54220</u>	

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

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

Facility/Project Name CN Manitowoc, 200 N. 10th Street	County	Well Name 1 MW-17	
Facility License, Permit or Monitoring Number 60615404	County Code	Wis. Unique Well Number	DNR Well Number

1. Can this well be purged dry? Yes No
2. Well development method:

surged with bailer and bailed	<input type="checkbox"/>	4 1
surged with bailer and pumped	<input checked="" type="checkbox"/>	6 1
surged with block and bailed	<input type="checkbox"/>	4 2
surged with block and pumped	<input type="checkbox"/>	6 2
surged with block, bailed, and pumped	<input type="checkbox"/>	7 0
compressed air	<input type="checkbox"/>	2 0
bailed only	<input type="checkbox"/>	1 0
pumped only	<input type="checkbox"/>	5 1
pumped slowly	<input type="checkbox"/>	5 0
other _____	<input type="checkbox"/>	
3. Time spent developing well _____ min.
4. Depth of well (from top of well casing) **35 ft.**
5. Inside diameter of well **15.2 in.**
6. Volume of water in filter pack and well casing **2.0 gal.**
7. Volume of water removed from well **30.0 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. 3.18 ft.	8.15 ft.
Date	b. 3/5/2020	12/30/1899
Time	c. 03:15 <input checked="" type="checkbox"/> p.m.	03:50 <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	0.1 inches	0.0 inches
13. Water clarity	Clear <input type="checkbox"/> 1 0 Turbid <input checked="" type="checkbox"/> 1 5 (Describe) <u>Very dark brown, muddy</u>	Clear <input checked="" type="checkbox"/> 2 0 Turbid <input type="checkbox"/> 2 5 (Describe) <u>Clear</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: Person's Name and Firm Jacob Dean AECOM		

17. Additional comments on development:

Facility Address or Owner/Responsible Party Address Name: _____ Firm: _____ Street: <u>200 N. 10th Street</u> City/State/Zip: <u>Manitowoc, WI 54220</u>	I hereby certify that the above information is true and correct to the best of my knowledge. Signature: <u></u> Print Name: <u>Jacob Dean</u> Firm: <u>AECOM</u>
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NOTE: See instructions for more information including a list of county codes and well type codes.

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

Facility/Project Name CN Manitowoc, 200 N. 10th Street	County	Well Name 1 MW-19
Facility License, Permit or Monitoring Number 60615404	County Code	Wis. Unique Well Number DNR Well Number

1. Can this well be purged dry? Yes No
2. Well development method:

surged with bailer and bailed	<input type="checkbox"/>	4 1
surged with bailer and pumped	<input checked="" type="checkbox"/>	6 1
surged with block and bailed	<input type="checkbox"/>	4 2
surged with block and pumped	<input type="checkbox"/>	6 2
surged with block, bailed, and pumped	<input type="checkbox"/>	7 0
compressed air	<input type="checkbox"/>	2 0
bailed only	<input type="checkbox"/>	1 0
pumped only	<input type="checkbox"/>	5 1
pumped slowly	<input type="checkbox"/>	5 0
other _____	<input type="checkbox"/>	
3. Time spent developing well _____ min.
4. Depth of well (from top of well casing) **30** ft.
5. Inside diameter of well **15.3** in.
6. Volume of water in filter pack and well casing **1.7** 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. 5.29 ft.	13.62 ft.
Date	b. 3/6/2020	12/30/1899
Time	c. 08:20 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	08:50 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom	0.0 inches	0.0 inches
13. Water clarity	Clear <input type="checkbox"/> 1 0 Turbid <input checked="" type="checkbox"/> 1 5 (Describe) <u>Light brown</u>	Clear <input checked="" type="checkbox"/> 2 0 Turbid <input type="checkbox"/> 2 5 (Describe) <u>Clear</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: Person's Name and Firm Jacob Dean AECOM		

17. Additional comments on development:
Purged dry 4 times.

Facility Address or Owner/Responsible Party Address Name: _____ Firm: _____ Street: <u>200 N. 10th Street</u> City/State/Zip: <u>Manitowoc, WI 54220</u>	I hereby certify that the above information is true and correct to the best of my knowledge. Signature: <u><i>Jacob Dean</i></u> Print Name: <u>Jacob Dean</u> Firm: <u>AECOM</u>
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NOTE: See instructions for more information including a list of county codes and well type codes.

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

Facility/Project Name CN Manitowoc, 200 N. 10th Street	County	Well Name 1 MW-35	
Facility License, Permit or Monitoring Number 60615404	County Code	Wis. Unique Well Number	DNR Well Number

1. Can this well be purged dry? Yes No
2. Well development method:

surged with bailer and bailed	<input type="checkbox"/>	4 1
surged with bailer and pumped	<input checked="" type="checkbox"/>	6 1
surged with block and bailed	<input type="checkbox"/>	4 2
surged with block and pumped	<input type="checkbox"/>	6 2
surged with block, bailed, and pumped	<input type="checkbox"/>	7 0
compressed air	<input type="checkbox"/>	2 0
bailed only	<input type="checkbox"/>	1 0
pumped only	<input type="checkbox"/>	5 1
pumped slowly	<input type="checkbox"/>	5 0
other _____	<input type="checkbox"/>	
3. Time spent developing well _____ min.
4. Depth of well (from top of well casing) **35 ft.**
5. Inside diameter of well **15.3 in.**
6. Volume of water in filter pack and well casing **1.8 gal.**
7. Volume of water removed from well **38.0 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. 4.14 ft.	5.58 ft.
Date	b. 3/5/2020	12/30/1899
Time	c. 02:15 <input checked="" type="checkbox"/> p.m.	02:50 <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	0.0 inches	0.0 inches
13. Water clarity	Clear <input type="checkbox"/> 1 0 Turbid <input checked="" type="checkbox"/> 1 5 (Describe) <u>Very dark brown, muddy</u>	Clear <input checked="" type="checkbox"/> 2 0 Turbid <input type="checkbox"/> 2 5 (Describe) <u>Clear</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: Person's Name and Firm		
Jacob Dean		
AECOM		

17. Additional comments on development:
18 Gallons after purge and pump

Facility Address or Owner/Responsible Party Address Name: _____ Firm: _____ Street: <u>200 N. 10th Street</u> City/State/Zip: <u>Manitowoc, WI 54220</u>	I hereby certify that the above information is true and correct to the best of my knowledge. Signature: <u></u> Print Name: <u>Jacob Dean</u> Firm: <u>AECOM</u>
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NOTE: See instructions for more information including a list of county codes and well type codes.

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

Facility/Project Name CN Manitowoc, 200 N. 10th Street	County	Well Name 1 MW-39	
Facility License, Permit or Monitoring Number 60615404	County Code	Wis. Unique Well Number	DNR Well Number

1. Can this well be purged dry? Yes No
2. Well development method:
- surged with bailer and bailed 4 1
 - surged with bailer and pumped 6 1
 - surged with block and bailed 4 2
 - surged with block and pumped 6 2
 - surged with block, bailed, and pumped 7 0
 - compressed air 2 0
 - bailed only 1 0
 - pumped only 5 1
 - pumped slowly 5 0
 - other _____
3. Time spent developing well _____ min.
4. Depth of well (from top of well casing) **40** ft.
5. Inside diameter of well **15.1** in.
6. Volume of water in filter pack and well casing **1.8** gal.
7. Volume of water removed from well **14.0** 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.	4.48 ft.	12.58 ft.
Date	b.	3/5/2020	12/30/1899
Time	c.	01:30 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	02:10 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom		0.0 inches	0.0 inches
13. Water clarity (Describe)	Clear	<input type="checkbox"/> 1 0	Clear <input checked="" type="checkbox"/> 2 0
	Turbid	<input checked="" type="checkbox"/> 1 5	Turbid <input type="checkbox"/> 2 5
		<u>Dark brown</u>	<u>Clear</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: Person's Name and Firm			
Jacob Dean			
AECOM			

17. Additional comments on development:

Facility Address or Owner/Responsible Party Address	I hereby certify that the above information is true and correct to the best of my knowledge.
Name: _____	Signature: <u>Jacob Dean</u>
Firm: _____	Print Name: <u>Jacob Dean</u>
Street: <u>200 N. 10th Street</u>	Firm: <u>AECOM</u>
City/State/Zip: <u>Manitowoc, WI 54220</u>	

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

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

Facility/Project Name CN Manitowoc, 200 N. 10th Street	County	Well Name 1 MW-43	
Facility License, Permit or Monitoring Number 60615404	County Code	Wis. Unique Well Number	DNR Well Number

1. Can this well be purged dry? Yes No
2. Well development method:

surged with bailer and bailed	<input type="checkbox"/>	4 1
surged with bailer and pumped	<input checked="" type="checkbox"/>	6 1
surged with block and bailed	<input type="checkbox"/>	4 2
surged with block and pumped	<input type="checkbox"/>	6 2
surged with block, bailed, and pumped	<input type="checkbox"/>	7 0
compressed air	<input type="checkbox"/>	2 0
bailed only	<input type="checkbox"/>	1 0
pumped only	<input type="checkbox"/>	5 1
pumped slowly	<input type="checkbox"/>	5 0
other _____	<input type="checkbox"/>	
3. Time spent developing well _____ min.
4. Depth of well (from top of well casing) **45** ft.
5. Inside diameter of well **15.3** in.
6. Volume of water in filter pack and well casing **1.7** gal.
7. Volume of water removed from well **8.0** 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.	5.11 ft.	13.99 ft.
Date	b.	3/5/2020	12/30/1899
Time	c.	12:40 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	01:25 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom		0.0 inches	0.0 inches
13. Water clarity (Describe)	Clear	<input type="checkbox"/> 1 0	Clear <input checked="" type="checkbox"/> 2 0
	Turbid	<input checked="" type="checkbox"/> 1 5	Turbid <input type="checkbox"/> 2 5
		<u>Dark brown</u>	<u>Clear</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: Person's Name and Firm			
		Jacob Dean	
		AECOM	

17. Additional comments on development:
Well purged dry 4 times

Facility Address or Owner/Responsible Party Address Name: _____ Firm: _____ Street: <u>200 N. 10th Street</u> City/State/Zip: <u>Manitowoc, WI 54220</u>	I hereby certify that the above information is true and correct to the best of my knowledge. Signature: <u><i>Jacob Dean</i></u> Print Name: <u>Jacob Dean</u> Firm: <u>AECOM</u>
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NOTE: See instructions for more information including a list of county codes and well type codes.

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

Facility/Project Name CN Manitowoc, 1110 Buffalo Street	County	Well Name 3 MW-11	
Facility License, Permit or Monitoring Number 60615404	County Code	Wis. Unique Well Number	DNR Well Number

1. Can this well be purged dry? Yes No
2. Well development method:
- surged with bailer and bailed 4 1
 - surged with bailer and pumped 6 1
 - surged with block and bailed 4 2
 - surged with block and pumped 6 2
 - surged with block, bailed, and pumped 7 0
 - compressed air 2 0
 - bailed only 1 0
 - pumped only 5 1
 - pumped slowly 5 0
 - other _____
3. Time spent developing well _____ min.
4. Depth of well (from top of well casing) **40** ft.
5. Inside diameter of well **15.0** in.
6. Volume of water in filter pack and well casing **2.1** gal.
7. Volume of water removed from well **50.0** 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.	2.45 ft.	3.67 ft.
Date	b.	3/6/2020	3/6/2020
Time	c.	10:10 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	10:50 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom		1.0 inches	0.0 inches
13. Water clarity		Clear <input type="checkbox"/> 1 0 Turbid <input checked="" type="checkbox"/> 1 5 (Describe) <u>Very dark brown, muddy</u>	Clear <input checked="" type="checkbox"/> 2 0 Turbid <input type="checkbox"/> 2 5 (Describe) <u>Clear</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: Person's Name and Firm			
		Dean Jacob AECOM	

17. Additional comments on development:
21 Gallons after purge and pump

Facility Address or Owner/Responsible Party Address Name: _____ Firm: _____ Street: <u>1110 Buffalo Street</u> City/State/Zip: <u>Manitowoc, WI 54220</u>	I hereby certify that the above information is true and correct to the best of my knowledge. Signature: <u>Jacob Dean</u> Print Name: <u>Jacob Dean</u> Firm: <u>AECOM</u>
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NOTE: See instructions for more information including a list of county codes and well type codes.

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

Facility/Project Name CN Manitowoc, 1110 Buffalo Street	County	Well Name 3 MW-14
Facility License, Permit or Monitoring Number 60615404	County Code	Wis. Unique Well Number DNR Well Number

1. Can this well be purged dry? Yes No
2. Well development method:
 - surged with bailer and bailed 4 1
 - surged with bailer and pumped 6 1
 - surged with block and bailed 4 2
 - surged with block and pumped 6 2
 - surged with block, bailed, and pumped 7 0
 - compressed air 2 0
 - bailed only 1 0
 - pumped only 5 1
 - pumped slowly 5 0
 - other _____
3. Time spent developing well _____ min.
4. Depth of well (from top of well casing) **40** ft.
5. Inside diameter of well **15.4** in.
6. Volume of water in filter pack and well casing **2.0** gal.
7. Volume of water removed from well **50.0** 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.	3.29 ft.	4.15 ft.
Date	b.	3/6/2020	3/6/2020
Time	c.	11:10 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11:50 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom		0.1 inches	0.0 inches
13. Water clarity		Clear <input type="checkbox"/> 1 0 Turbid <input checked="" type="checkbox"/> 1 5 (Describe) <u>Dark brown, muddy</u>	Clear <input checked="" type="checkbox"/> 2 0 Turbid <input type="checkbox"/> 2 5 (Describe) <u>Clear</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: Person's Name and Firm			
		Dean Jacob AECOM	

17. Additional comments on development:
20 Gallons after purge and pump

Facility Address or Owner/Responsible Party Address Name: _____ Firm: _____ Street: <u>1110 Buffalo Street</u> City/State/Zip: <u>Manitowoc, WI 54220</u>	I hereby certify that the above information is true and correct to the best of my knowledge. Signature: <u>Jacob Dean</u> Print Name: <u>Jacob Dean</u> Firm: <u>AECOM</u>
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NOTE: See instructions for more information including a list of county codes and well type codes.

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

Facility/Project Name CN Manitowoc, 1110 Buffalo Street	County	Well Name 3 MW-20	
Facility License, Permit or Monitoring Number 60615404	County Code	Wis. Unique Well Number	DNR Well Number

1. Can this well be purged dry? Yes No
2. Well development method:

surged with bailer and bailed	<input type="checkbox"/>	4 1
surged with bailer and pumped	<input checked="" type="checkbox"/>	6 1
surged with block and bailed	<input type="checkbox"/>	4 2
surged with block and pumped	<input type="checkbox"/>	6 2
surged with block, bailed, and pumped	<input type="checkbox"/>	7 0
compressed air	<input type="checkbox"/>	2 0
bailed only	<input type="checkbox"/>	1 0
pumped only	<input type="checkbox"/>	5 1
pumped slowly	<input type="checkbox"/>	5 0
other _____	<input type="checkbox"/>	
3. Time spent developing well _____ min.
4. Depth of well (from top of well casing) **40** ft.
5. Inside diameter of well **15.2** in.
6. Volume of water in filter pack and well casing **1.8** gal.
7. Volume of water removed from well **50.0** 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.	4.30 ft.	4.46 ft.
Date	b.	3/6/2020	3/6/2020
Time	c.	12:10 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	12:50 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom		0.0 inches	0.0 inches
13. Water clarity		Clear <input type="checkbox"/> 1 0 Turbid <input checked="" type="checkbox"/> 1 5 (Describe) <u>Very dark brown</u>	Clear <input checked="" type="checkbox"/> 2 0 Turbid <input type="checkbox"/> 2 5 (Describe) <u>Clear</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: Person's Name and Firm			
		Dean Jacob	
		AECOM	

17. Additional comments on development:
18 Gallons after purge and pump

Facility Address or Owner/Responsible Party Address Name: _____ Firm: _____ Street: <u>1110 Buffalo Street</u> City/State/Zip: <u>Manitowoc, WI 54220</u>	I hereby certify that the above information is true and correct to the best of my knowledge. Signature: <u>Jacob Dean</u> Print Name: <u>Jacob Dean</u> Firm: <u>AECOM</u>
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NOTE: See instructions for more information including a list of county codes and well type codes.

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

Facility/Project Name CN Manitowoc, 1110 Buffalo Street	County	Well Name 3 MW-45	
Facility License, Permit or Monitoring Number 60615404	County Code	Wis. Unique Well Number	DNR Well Number

1. Can this well be purged dry? Yes No
2. Well development method:
- surged with bailer and bailed 4 1
 - surged with bailer and pumped 6 1
 - surged with block and bailed 4 2
 - surged with block and pumped 6 2
 - surged with block, bailed, and pumped 7 0
 - compressed air 2 0
 - bailed only 1 0
 - pumped only 5 1
 - pumped slowly 5 0
 - other _____
3. Time spent developing well _____ min.
4. Depth of well (from top of well casing) **35 ft.**
5. Inside diameter of well **15.3 in.**
6. Volume of water in filter pack and well casing **2.0 gal.**
7. Volume of water removed from well **55.0 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.	3.50 ft.	3.52 ft.
Date	b.	3/5/2020	3/5/2020
Time	c.	04:45 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	05:20 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom		0.0 inches	0.0 inches
13. Water clarity		Clear <input type="checkbox"/> 1 0 Turbid <input checked="" type="checkbox"/> 1 5 (Describe) <u>Very dark brown</u>	Clear <input checked="" type="checkbox"/> 2 0 Turbid <input type="checkbox"/> 2 5 (Describe) <u>Clear</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: Person's Name and Firm			
		Dean Jacob AECOM	

17. Additional comments on development:
20 Gallons after purge and pump

Facility Address or Owner/Responsible Party Address Name: _____ Firm: _____ Street: <u>1110 Buffalo Street</u> City/State/Zip: <u>Manitowoc, WI 54220</u>	I hereby certify that the above information is true and correct to the best of my knowledge. Signature: <u>Jacob Dean</u> Print Name: <u>Jacob Dean</u> Firm: <u>AECOM</u>
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NOTE: See instructions for more information including a list of county codes and well type codes.

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

Facility/Project Name CN Manitowoc, 1110 Buffalo Street	County	Well Name 3 MW-58	
Facility License, Permit or Monitoring Number 60615404	County Code	Wis. Unique Well Number	DNR Well Number

1. Can this well be purged dry? Yes No
2. Well development method:

surged with bailer and bailed	<input type="checkbox"/>	4 1
surged with bailer and pumped	<input checked="" type="checkbox"/>	6 1
surged with block and bailed	<input type="checkbox"/>	4 2
surged with block and pumped	<input type="checkbox"/>	6 2
surged with block, bailed, and pumped	<input type="checkbox"/>	7 0
compressed air	<input type="checkbox"/>	2 0
bailed only	<input type="checkbox"/>	1 0
pumped only	<input type="checkbox"/>	5 1
pumped slowly	<input type="checkbox"/>	5 0
other _____	<input type="checkbox"/>	
3. Time spent developing well _____ min.
4. Depth of well (from top of well casing) **40** ft.
5. Inside diameter of well **15.3** in.
6. Volume of water in filter pack and well casing **1.7** gal.
7. Volume of water removed from well **50.0** 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.	5.00 ft.	5.14 ft.
Date	b.	3/6/2020	3/6/2020
Time	c.	01:10 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	01:50 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom		0.0 inches	0.0 inches
13. Water clarity (Describe)	Clear	<input type="checkbox"/> 1 0	Clear <input checked="" type="checkbox"/> 2 0
	Turbid	<input checked="" type="checkbox"/> 1 5	Turbid <input type="checkbox"/> 2 5
		<u>Dark brown</u>	<u>Clear</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: Person's Name and Firm			
		Dean Jacob	
		AECOM	

17. Additional comments on development:
17 Gallons after purge and pump

Facility Address or Owner/Responsible Party Address Name: _____ Firm: _____ Street: <u>1110 Buffalo Street</u> City/State/Zip: <u>Manitowoc, WI 54220</u>	I hereby certify that the above information is true and correct to the best of my knowledge. Signature: <u>Jacob Dean</u> Print Name: <u>Jacob Dean</u> Firm: <u>AECOM</u>
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NOTE: See instructions for more information including a list of county codes and well type codes.

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

Facility/Project Name CN Manitowoc, 1110 Buffalo Street	County	Well Name 3 MW-64	
Facility License, Permit or Monitoring Number 60615404	County Code	Wis. Unique Well Number	DNR Well Number

1. Can this well be purged dry? Yes No
2. Well development method:

surged with bailer and bailed	<input type="checkbox"/>	4 1
surged with bailer and pumped	<input checked="" type="checkbox"/>	6 1
surged with block and bailed	<input type="checkbox"/>	4 2
surged with block and pumped	<input type="checkbox"/>	6 2
surged with block, bailed, and pumped	<input type="checkbox"/>	7 0
compressed air	<input type="checkbox"/>	2 0
bailed only	<input type="checkbox"/>	1 0
pumped only	<input type="checkbox"/>	5 1
pumped slowly	<input type="checkbox"/>	5 0
other _____	<input type="checkbox"/>	
3. Time spent developing well _____ min.
4. Depth of well (from top of well casing) **50** ft.
5. Inside diameter of well **15.1** in.
6. Volume of water in filter pack and well casing **1.7** gal.
7. Volume of water removed from well **55.0** 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. 4.58 ft.	4.59 ft.
Date	b. 3/4/2020	3/4/2020
Time	c. 11:10 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	12:00 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	0.0 inches	0.0 inches
13. Water clarity	Clear <input type="checkbox"/> 1 0 Turbid <input checked="" type="checkbox"/> 1 5 (Describe) <u>Very muddy, dark brown</u>	Clear <input checked="" type="checkbox"/> 2 0 Turbid <input type="checkbox"/> 2 5 (Describe) <u>Clear</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: Person's Name and Firm Dean Jacob AECOM		

17. Additional comments on development:
18 Gallons after purge and pump

Facility Address or Owner/Responsible Party Address Name: _____ Firm: _____ Street: <u>1110 Buffalo Street</u> City/State/Zip: <u>Manitowoc, WI 54220</u>	I hereby certify that the above information is true and correct to the best of my knowledge. Signature: <u><i>Jacob Dean</i></u> Print Name: <u>Jacob Dean</u> Firm: <u>AECOM</u>
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NOTE: See instructions for more information including a list of county codes and well type codes.

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

Facility/Project Name CN Manitowoc, 1110 Buffalo Street	County	Well Name 3 MW-72
Facility License, Permit or Monitoring Number 60615404	County Code	Wis. Unique Well Number DNR Well Number

1. Can this well be purged dry? Yes No
2. Well development method:

surged with bailer and bailed	<input type="checkbox"/>	4 1
surged with bailer and pumped	<input checked="" type="checkbox"/>	6 1
surged with block and bailed	<input type="checkbox"/>	4 2
surged with block and pumped	<input type="checkbox"/>	6 2
surged with block, bailed, and pumped	<input type="checkbox"/>	7 0
compressed air	<input type="checkbox"/>	2 0
bailed only	<input type="checkbox"/>	1 0
pumped only	<input type="checkbox"/>	5 1
pumped slowly	<input type="checkbox"/>	5 0
other _____	<input type="checkbox"/>	
3. Time spent developing well _____ min.
4. Depth of well (from top of well casing) **40** ft.
5. Inside diameter of well **15.4** in.
6. Volume of water in filter pack and well casing **1.6** gal.
7. Volume of water removed from well **55.0** 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. 5.54 ft.	5.57 ft.
Date	b. 3/4/2020	3/4/2020
Time	c. 01:00 <input checked="" type="checkbox"/> p.m.	01:40 <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	0.0 inches	0.0 inches
13. Water clarity	Clear <input type="checkbox"/> 1 0 Turbid <input checked="" type="checkbox"/> 1 5 (Describe) <u>Dark brown</u>	Clear <input checked="" type="checkbox"/> 2 0 Turbid <input type="checkbox"/> 2 5 (Describe) <u>Clear</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: Person's Name and Firm		
Dean Jacob		
AECOM		

17. Additional comments on development:
17 Gallons after purge and pump

Facility Address or Owner/Responsible Party Address Name: _____ Firm: _____ Street: <u>1110 Buffalo Street</u> City/State/Zip: <u>Manitowoc, WI 54220</u>	I hereby certify that the above information is true and correct to the best of my knowledge. Signature: <u></u> Print Name: <u>Jacob Dean</u> Firm: <u>AECOM</u>
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NOTE: See instructions for more information including a list of county codes and well type codes.

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

Facility/Project Name CN Manitowoc, 1110 Buffalo Street	County	Well Name 3 MW-77	
Facility License, Permit or Monitoring Number 60615404	County Code	Wis. Unique Well Number	DNR Well Number

1. Can this well be purged dry? Yes No
2. Well development method:

surged with bailer and bailed	<input type="checkbox"/>	4 1
surged with bailer and pumped	<input checked="" type="checkbox"/>	6 1
surged with block and bailed	<input type="checkbox"/>	4 2
surged with block and pumped	<input type="checkbox"/>	6 2
surged with block, bailed, and pumped	<input type="checkbox"/>	7 0
compressed air	<input type="checkbox"/>	2 0
bailed only	<input type="checkbox"/>	1 0
pumped only	<input type="checkbox"/>	5 1
pumped slowly	<input type="checkbox"/>	5 0
other _____	<input type="checkbox"/>	
3. Time spent developing well _____ min.
4. Depth of well (from top of well casing) **40** ft.
5. Inside diameter of well **15.0** in.
6. Volume of water in filter pack and well casing **1.4** gal.
7. Volume of water removed from well **55.0** 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.	6.17 ft.	6.20 ft.
Date	b.	3/4/2020	3/4/2020
Time	c.	12:10 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	12:50 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom		0.0 inches	0.0 inches
13. Water clarity (Describe)	Clear	<input type="checkbox"/> 1 0	Clear <input checked="" type="checkbox"/> 2 0
	Turbid	<input checked="" type="checkbox"/> 1 5	Turbid <input type="checkbox"/> 2 5
		<u>Dark brown</u>	<u>Clear</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: Person's Name and Firm			
		Dean Jacob	
		AECOM	

17. Additional comments on development:
15 Gallons after purge and pump

Facility Address or Owner/Responsible Party Address Name: _____ Firm: _____ Street: <u>1110 Buffalo Street</u> City/State/Zip: <u>Manitowoc, WI 54220</u>	I hereby certify that the above information is true and correct to the best of my knowledge. Signature: <u>Jacob Dean</u> Print Name: <u>Jacob Dean</u> Firm: <u>AECOM</u>
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NOTE: See instructions for more information including a list of county codes and well type codes.

Appendix C Temporary Well Sealing Reports (Form 5500-005)

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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 <i>Manitowoc</i>	WI Unique Well # of Removed Well <i>SB-10/TW-10</i>	Hicap #	Facility Name
Latitude / Longitude (see instructions) N _____ W _____			Facility ID (FID or PWS)
Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM			License/Permit/Monitoring #
Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001			Original Well Owner
Section Township Range <input type="checkbox"/> E <input type="checkbox"/> W			Present Well Owner
Well Street Address <i>00 N. 10th St & Buffalo St.</i>			Mailing Address of Present Owner
Well City, Village or Town <i>Manitowoc</i>			City of Present Owner
Well ZIP Code <i>54220</i>			State
Subdivision Name			ZIP Code
Reason for Removal from Service			WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) <i>11/15/2018</i> If a Well Construction Report is available, please attach.	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): <i>4</i>		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input 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) _____ Casing Diameter (in) _____ Lower Drillhole Diameter (in) _____ Casing Depth (ft) _____		For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" 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
<i>Bentonite - Granular</i>	<i>Surface</i>	<i>10</i>	<i>316</i>	

6. Comments
Jacob Dean of AECOM observed onsite environmental as subcontractor to AECOM and signed the form verifying the well removal and sealing.

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filing & Sealing <i>Onsite Environmental Services</i>	License #	Date of Filing & Sealing or Verification (mm/dd/yyyy) <i>3/3/2020</i>	Date Received	Noted By
Street or Route <i>PO Box 280</i>		Telephone Number <i>(608) 837-8992</i>	Comments	
City <i>Sun Prairie</i>	State <i>WI</i>	ZIP Code <i>53590</i>	Signature of Person Doing Work <i>Jacob Dean</i>	Date Signed <i>3-3-20</i>

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 <i>Manitowoc</i>	WI Unique Well # of Removed Well <i>SB 14/TW-14</i>	Hicap #	Facility Name
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 or Gov't Lot #	Section	Township	License/Permit/Monitoring #
Well Street Address <i>200 N. Main - 1110 Duffalo St.</i>	Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner
Well City, Village or Town <i>Manitowoc</i>	Well ZIP Code <i>54220</i>		Present Well Owner
Subdivision Name	Lot #		Mailing Address of Present Owner
			City of Present Owner State ZIP Code

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

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) <i>11/20/2018</i>	WI Unique Well # of Replacement Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify) _____	If a Well Construction Report is available, please attach.		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.)	Casing Diameter (in.) <i>0.75</i>		Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.) <i>10</i>		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			Was casing cut off below surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)?	Depth to Water (feet)		Did sealing material rise to surface? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> N/A
			If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
			Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input 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 type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" 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
<i>Bentonite - granular</i>	<i>Surface</i>	<i>10</i>	<i>31b</i>	

6. Comments
Jacob Dean of Aecom observed onsite environmental as a subcontractor to Aecom signed the form verifying the well removal and sealing.

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>Onsite Environmental Services</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>03/04/2020</i>	Date Received	Noted By
Street or Route <i>PO Box 280</i>	Telephone Number <i>(608) 837-8992</i>	Comments		
City <i>Sun Prairie</i>	State <i>WI</i>	ZIP Code <i>53590</i>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <i>3-4-20</i>

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 <i>Manitowoc</i>		WI Unique Well # of Removed Well <i>SD 17/TW 17</i>		Hicap #		Facility Name	
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS)	
N <input type="checkbox"/> W <input type="checkbox"/>		<input type="checkbox"/> DD <input type="checkbox"/> DDM		<input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		License/Permit/Monitoring #	
1/4 1/4 or Gov't Lot #		Section Township Range		<input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner	
Well Street Address <i>200 N. 10th 1110 Buffalo St.</i>				Present Well Owner			
Well City, Village or Town <i>Manitowoc</i>				Mailing Address of Present Owner			
Subdivision Name				Well ZIP Code <i>54220</i>		City of Present Owner State ZIP Code	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason for Removal from Service		WI Unique Well # of Replacement Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <i>11/15/2018</i>		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		Construction Type:		Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
		<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
		<input type="checkbox"/> Other (specify): <i>4</i>		Was casing cut off below surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:		<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did sealing material rise to surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.)		Casing Diameter (in.)		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<i>10</i>		<i>0.75</i>		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<i>0</i>		<i>10</i>		Required Method of Placing Sealing Material	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)?		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
Depth to Water (feet)				<input 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 type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
				<input checked="" 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
<i>Surface</i>	<i>10</i>	<i>3165</i>	

6. Comments
Jacob Dean of Aecom observed onsite environmental, as a subcontractor to Aecom and signed the form verifying the well removal and sealing

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>Onsite environmental</i>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>3/3/2020</i>	Date Received	Noted By
Street or Route <i>PO Box 280</i>		Telephone Number <i>(608) 837-8992</i>		Comments	
City <i>Sm Prairie</i>	State <i>WI</i>	ZIP Code <i>53590</i>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <i>3-3-20</i>	

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 <i>Marion</i>	WI Unique Well # of Removed Well <i>SB-19/TW-19</i>	Hicap #	Facility Name
Latitude / Longitude (see instructions) N W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 1/4 or Gov't Lot #	Section	Township N	License/Permit/Monitoring #
Well Street Address <i>200 N. 10th + 110 S. Buffalo St.</i>	Range <input type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner	Present Well Owner
Well City, Village or Town <i>Marion</i>	Well ZIP Code <i>54220</i>	Mailing Address of Present Owner	City of Present Owner
Subdivision Name	Lot #	State	ZIP Code

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <i>11/15/2018</i>	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole	Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): <i>4</i>	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Total Well Depth From Ground Surface (ft.)	Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Diameter (in.) <i>0.75</i>	Casing left in place? <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	Casing Depth (ft.) <i>10</i>	Was casing cut off below surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)?	Depth to Water (feet)	Did sealing material rise to surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		Did material settle after 24 hours? If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input 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 type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" 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
<i>Bentonite - Granular</i>	<i>Surface</i>	<i>10</i>	<i>3/b</i>	

6. Comments
Jacob Bean of Aecom observed on-site environmental as a subcontractor to Aecom and signed the form verifying the well removal and sealing.

7. Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>Onsite Environmental</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>03/03/2020</i>	Date Received
Street or Route <i>PO Box 280</i>	Telephone Number <i>(608) 837-8992</i>	Comments	Noted By
City <i>Sun Prairie</i>	State <i>WI</i>	ZIP Code <i>53590</i>	Signature of Person Doing Work <i>Jacob Bean</i>
			Date Signed <i>3-3-20</i>

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 <i>Manitowoc</i>		WI Unique Well # of Removed Well <i>SB-35/TW-35</i>		Hicap #		Facility Name	
Latitude / Longitude (see instructions)		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
N W		Section		Township <i>N</i>		Range <input type="checkbox"/> E <input type="checkbox"/> W	
1/4 / 1/4 or Gov't Lot #		Well Street Address <i>30 N. 10th + 110 S Buffalo St.</i>		Well City, Village or Town <i>Manitowoc</i>		Well ZIP Code <i>54220</i>	
Subdivision Name		Lot #		City of Present Owner		State ZIP Code	
Reason for Removal from Service		WI Unique Well # of Replacement Well <i>to</i>		Original Well Owner		Present Well Owner	
Mailing Address of Present Owner		City of Present Owner		State		ZIP Code	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <i>11/14/2018</i>		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify) ⁴		If a Well Construction Report is available, please attach.		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft)		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Casing Diameter (in.) <i>0.75</i>		Lower Drillhole Diameter (in.)		Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Casing Depth (ft.) <i>10</i>		Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)?		Depth to Water (feet)		Was casing cut off below surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
5. Material Used to Fill Well / Drillhole		From (ft.)		To (ft.)	
Bentonite - (granular)		Surface		10	
No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight		Required Method of Placing Sealing Material	
3 1/2				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
				<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
6. Comments <i>Jay Deon of Aecom observed on-site environmental as a subcontractor to Aecom and signed the form verifying the well removal and sealing</i>		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 type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>Onsite environmental Services</i>		License #		Date Received	
Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>03/04/2020</i>		Noted By		Comments	
Street or Route <i>PO Box 280</i>		Telephone Number <i>(608) 837-8992</i>		Signature of Person Doing Work <i>[Signature]</i>	
City <i>Sun Prairie</i>		State <i>WI</i>		Date Signed <i>3-4-20</i>	
ZIP Code <i>53590</i>					

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 <i>Manitowish</i>		WI Unique Well # of Removed Well <i>SB-39/TW-39</i>		Hicap #		Facility Name							
Latitude / Longitude (see instructions) N _____ W _____				Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)					
1/4 or Gov't Lot #		Section		Township N		Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner					
Well Street Address <i>200 N 10th 1110 Duffalo St.</i>													
Well City, Village or Town <i>Manitowish</i>						Well ZIP Code <i>54220</i>							
Subdivision Name						Lot #		City of Present Owner		State		ZIP Code	
Reason for Removal from Service						WI Unique Well # of Replacement Well							

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

<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <i>11/14/2018</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): <i>4</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.)		Casing Diameter (in.) <i>0.75</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Casing Depth (ft.) <i>10</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)?		Depth to Water (feet)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Required Method of Placing Sealing Material		Sealing Materials		For Monitoring Wells and Monitoring Well Boreholes Only	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips		<input checked="" 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
<i>Bentonite - Granular</i>		<i>Surface</i>	<i>10</i>	<i>3 lbs</i>	

6. Comments
Valid Dean of A team observed on site environmental as a subcontractor to A team and signed the form verifying the well removal and sealing.

7. Supervision of Work			DNR Use Only		
Name of Person or Firm Doing Filling & Sealing <i>Onsite environmental</i>		License #	Date of Filing & Sealing or Verification (mm/dd/yyyy) <i>10/21/2020</i>	Date Received	Noted By
Street or Route <i>PO Box 280</i>			Telephone Number <i>(608) 837-8992</i>	Comments	
City <i>Sun Prairie</i>	State <i>WI</i>	ZIP Code <i>53590</i>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <i>3-4-20</i>	

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, 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

County: Manitowoc WI Unique Well # of Removed Well: SP-43/TW-43 Hicap #: _____
 Latitude / Longitude (see instructions): _____ N DD GPS008
 _____ W DDM SCR002
 _____ Range E OTH001
 _____ or Govt Lot # _____
 Well Street Address: 200 N. 10th ~~1110 Buffalo St.~~
 Well City, Village or Town: Manitowoc Well ZIP Code: 54220
 Subdivision Name: _____ Lot #: _____
 Reason for Removal from Service: _____ WI Unique Well # of Replacement Well: _____

2. Facility / Owner Information

Facility Name: _____
 Facility ID (FID or PWS): _____
 License/Permit/Monitoring #: _____
 Original Well Owner: _____
 Present Well Owner: _____
 Mailing Address of Present Owner: _____
 City of Present Owner: _____ State: _____ ZIP Code: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date (mm/dd/yyyy): 11/14/2018
 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.): 10 Casing Diameter (in.): 0.75
 Lower Drillhole Diameter (in.): 0.75 Casing Depth (ft.): 10
 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
 Liner(s) removed? Yes No N
 Liner(s) perforated? Yes No N
 Screen removed? Yes No N
 Casing left in place? Yes No N
 Was casing cut off below surface? Yes No N
 Did sealing material rise to surface? Yes No N
 Did material settle after 24 hours? Yes No N
 If yes, was hole relogged? Yes No N
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N
 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	Surface	10	316	

6. Comments

Jacob Bean of AECOM observed onsite environmental as a subcontractor to Aecom and signed the form verifying the well removal and sealing.

7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
Onsite Environmental		03/03/2020		
Street or Route	Telephone Number	Comments		
PO Box 280	(608) 837-8992			
City	State	ZIP Code	Signature of Person Doing Work	Date Signed
Sun Prairie	WI	53590	<i>[Signature]</i>	3-3-20

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 <i>Manitowish</i>		WI Unique Well # of Removed Well <i>SB-11/TW-11</i>		Hicap #		Facility Name	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 or Gov't Lot #		Section		Township N		Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <i>1110 S Buffalo St.</i>				Original Well Owner			
Well City, Village or Town <i>Manitowish</i>				Well ZIP Code <i>54220</i>			
Subdivision Name				Lot #		Present Well Owner	
Reason for Removal from Service				WI Unique Well # of Replacement Well		Mailing Address of Present Owner	
3. Filled & Sealed Well / Drillhole / Borehole Information							
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <i>11/19/2018</i>		<input type="checkbox"/> Water Well		4. Pump, Liner, Screen, Casing & Sealing Material	
<input type="checkbox"/> Borehole / Drillhole		If a Well Construction Report is available, please attach.		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:		<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Screen removed? <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		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Was casing cut off below surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <i>10</i>		Casing Diameter (in.) <i>0.75</i>		Did sealing material rise to surface? <input type="checkbox"/> Yes <input checked="" 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	
Lower Drillhole Diameter (in.) <i>0.75</i>		Casing Depth (ft.) <i>10</i>		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet)		Required Method of Placing Sealing Material		Sealing Materials	
If yes, to what depth (feet)?				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
				<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
5. Material Used to Fill Well / Drillhole				From (ft.)		To (ft.)	
<i>Bentonite - Granular</i>				Surface		<i>10</i>	
						No. Yards, Sacks Sealant or Volume (circle one) <i>3lb</i>	
						Mix Ratio or Mud Weight	
6. Comments							
<i>Jacob Dean of Aecom observed onsite environmental, as a subcontractor to Aecom and signed the form ver. Pumping the well removal and sealing.</i>							
7. Supervision of Work						DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>OnSite Environmental Services</i>		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>03/03/2020</i>		Date Received	
Street or Route <i>PO Box 280</i>		Telephone Number <i>(608) 837-8992</i>		Comments		Noted By	
City <i>Sun Prairie</i>		State <i>WI</i>		ZIP Code <i>53590</i>		Signature of Person Doing Work <i>[Signature]</i>	
						Date Signed <i>3-3-20</i>	

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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 <i>Manitowoc</i>		WI Unique Well # of Removed Well <i>SB 14/TW-14</i>		Hicap #		Facility Name	
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS)	
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring #	
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002			
		<input type="checkbox"/> OTH001					
1/4 1/4		Section		Township		Original Well Owner	
or Gov't Lot #		N		Range		Present Well Owner	
				<input type="checkbox"/> E		Mailing Address of Present Owner	
				<input type="checkbox"/> W		City of Present Owner	
Well Street Address <i>1110 S. Buffalo St.</i>				State			
Well City, Village or Town <i>Manitowoc</i>				ZIP Code			
Subdivision Name				Lot #			

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Original Construction Date (mm/dd/yyyy) <i>11/15/2018</i>		Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If a Well Construction Report is available, please attach.		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type:		Was casing cut off below surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Drilled		Did sealing material rise to surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input 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"/> Dug		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type:		Required Method of Placing Sealing Material			
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Conductor Pipe-Gravity			
<input type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe-Pumped			
Total Well Depth From Ground Surface (ft)		<input type="checkbox"/> Screened & Poured (Bentonite Chips)			
Casing Diameter (in.)		<input type="checkbox"/> Other (Explain): _____			
Lower Drillhole Diameter (in)		Sealing Materials			
Casing Depth (ft.)		<input type="checkbox"/> Neat Cement Grout			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Concrete			
If yes, to what depth (feet)?		<input type="checkbox"/> Sand-Cement (Concrete) Grout			
Depth to Water (feet)		<input type="checkbox"/> Bentonite Chips			
		<input type="checkbox"/> Bentonite - Cement Grout			
		<input checked="" 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
Surface	10	3 lb	

6. Comments
Jacob Dean of Aecom observed onsite environmental as a subcontractor to Aecom and signed the form verifying the well removal and sealing.

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>Onsite Environmental Services</i>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>03/03/2020</i>	Date Received	Noted By
Street or Route <i>PO Box 280</i>		Telephone Number <i>(608) 837-8992</i>		Comments	
City <i>Sun Prairie</i>	State <i>WI</i>	ZIP Code <i>53590</i>	Signature of Person Doing Work <i>Jacob Dean</i>	Date Signed <i>3-3-20</i>	

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		WI Unique Well # of Removed Well <i>SD 20/TW 20</i>		Hicap #		Facility Name	
Latitude / Longitude (see instructions)				Format Code		Facility ID (FID or PWS)	
N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring #	
W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002			
		<input type="checkbox"/> OTH001					
1/4 / 1/4		Section		Township		Original Well Owner	
or Gov't Lot #				Range		Present Well Owner	
				<input type="checkbox"/> E		Mailing Address of Present Owner	
				<input type="checkbox"/> W		City of Present Owner	
Well Street Address				State			
Well City, Village or Town				ZIP Code			
Subdivision Name				Lot #			

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason for Removal from Service		WI Unique Well # of Replacement Well		Pump and piping removed?	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		<i>11/15/2018</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		If a Well Construction Report is available, please attach.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type				Liner(s) removed?	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify) <i>4</i>		<input type="checkbox"/> Dug		Liner(s) perforated?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:				Screen removed?	
<input type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.)		Casing Diameter (in.)		Casing left in place?	
		<i>0.75</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in)		Casing Depth (ft.)		Was casing cut off below surface?	
		<i>10</i>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted?				Did sealing material rise to surface?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)?		Depth to Water (feet)		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 type="checkbox"/> N/A	
				If bentonite chips were used, were they hydrated with water from a known safe source?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
				Required Method of Placing Sealing Material	
				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
				<input 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 type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
				<input checked="" 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
	<i>Bentonite - Granular</i>	<i>Surface</i>	<i>10</i>
			<i>3 lb</i>

6. Comments
Jacob Dean of A2com observed on-site environmental as a subcontractor to A2com and signed the form verifying the well removal and sealing

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
<i>Ons He environmental services</i>			<i>03/03/2020</i>		
Street or Route			Telephone Number	Comments	
<i>PO Box 280</i>			<i>(608) 837-8492</i>		
City	State	ZIP Code	Signature of Person Doing Work		Date Signed
<i>Sun Prairie</i>	<i>WI</i>	<i>53590</i>	<i>Jacob Dean</i>		<i>3-3-20</i>

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 <i>Manitowish</i>		WI Unique Well # of Removed Well <i>SB-27/TW-27</i>		Hicap #		Facility Name	
Latitude / Longitude (see instructions)				Format Code		Facility ID (FID or PWS)	
N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring #	
W		<input type="checkbox"/> DDM		<input type="checkbox"/> OTH001			
1/4 / 1/4		Section		Township		Original Well Owner	
or Gov't Lot #				Range <input type="checkbox"/> E		Present Well Owner	
				N <input type="checkbox"/> W		Mailing Address of Present Owner	
Well Street Address <i>1110 S Buffalo St.</i>				Well ZIP Code <i>54220</i>			
Well City, Village or Town <i>Manitowish</i>				City of Present Owner			
Subdivision Name				Lot #		State ZIP Code	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Original Construction Date (mm/dd/yyyy) <i>11/16/2018</i>		Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If a Well Construction Report is available, please attach.		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type		Was casing cut off below surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did sealing material rise to surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify) <i>4</i>		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type:		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.)		Required Method of Placing Sealing Material			
Casing Diameter (in.)		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
Lower Drillhole Diameter (in.)		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Casing Depth (ft.)		Sealing Materials			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
If yes, to what depth (feet)?		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
Depth to Water (feet)		For Monitoring Wells and Monitoring Well Boreholes Only			
		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
		<input checked="" 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
<i>Bentonite - Granular</i>	<i>Surface</i>	<i>10</i>	<i>3 1 b</i>

6. Comments
Jacob Deang of A&C observed on site environmental as a subcontractor to A&C and signed the form verifying the well removal and sealing

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>On Site environmental</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>03/02/2020</i>	Date Received	Noted By	
Street or Route <i>PO Box 280</i>	Telephone Number <i>(608) 837 8992</i>	Comments			
City <i>Sun Prairie</i>	State <i>WI</i>	ZIP Code <i>53590</i>	Signature of Person Doing Work <i>Jacob Deang</i>	Date Signed <i>3-2-20</i>	

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 <i>maritowoc</i>		WI Unique Well # of Removed Well <i>SB-45/TW-45</i>		Hicap #		Facility Name	
Latitude / Longitude (see instructions) N _____ W _____		Formal Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
Well Street Address <i>1110 S. Buffalo St.</i>		Section		Township <i>N</i>		Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town <i>maritowoc</i>		Well ZIP Code <i>54220</i>		City of Present Owner		State ZIP Code	
Subdivision Name		Lot #		Original Well Owner		Present Well Owner	
Reason for Removal from Service		WI Unique Well # of Replacement Well		Mailing Address of Present Owner		License/Permit/Monitoring #	
3. Filled & Sealed Well / Drillhole / Borehole Information							
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <i>11/15/2018</i>		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> N/A		Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Borehole / Drillhole		Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): <i>4</i>		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Was casing cut off below surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) <i>10</i>		Casing Diameter (in.) <i>0.75</i>		Did sealing material rise to surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <i>0.7</i>		Casing Depth (ft.) <i>10</i>		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		If yes, was hole relapped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet)		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input 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 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.) <i>Surface</i>		To (ft.) <i>10</i>		No. Yards, Sacks Sealant or Volume (circle one) <i>3 lbs</i>		Mix Ratio or Mud Weight	
6. Comments							
<i>Jacob Dean of Arcam observed on-site environmental as a subcontractor to Arcam and signed the form verifying the well removal and sealing</i>							
7. Supervision of Work						DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>OnSite Environmental Services</i>		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>03/02/2020</i>		Date Received	
Street or Route <i>Po Box 280</i>		Telephone Number <i>(608) 837-8992</i>		Comments		Noted By	
City <i>Sun Prairie</i>		State <i>WI</i>		ZIP Code <i>53590</i>		Signature of Person Doing Work <i>Jacob Dean</i>	
						Date Signed <i>3-2-20</i>	

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 <i>Manitowoc</i>		WI Unique Well # of Removed Well <i>SB-58/TW-58</i>		Hicap #		Facility Name	
Latitude / Longitude (see instructions)				Format Code		Facility ID (FID or PWS)	
N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring #	
W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		Original Well Owner	
<input type="checkbox"/> OTH001		Range <input type="checkbox"/> E		Present Well Owner		Mailing Address of Present Owner	
<input type="checkbox"/> W		<input type="checkbox"/> W		City of Present Owner		State ZIP Code	
Well Street Address <i>1110 S Buffalo St.</i>				Well ZIP Code <i>54220</i>			
Well City, Village or Town <i>Manitowoc</i>				Lot #			
Subdivision Name				Reason for Removal from Service			
Well Street Address				WI Unique Well # of Replacement Well			

3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <i>11/16/2018</i>		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		Construction Type		Liner(s) perforated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		Screen removed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify) ⁴		<input type="checkbox"/> Dug		Casing left in place?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:		Was casing cut off below surface?		Did sealing material rise to surface?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<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.) <i>10</i>		Casing Diameter (in.) <i>0.75</i>		If yes, was hole retopped?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <i>0.75</i>		Casing Depth (ft.) <i>10</i>		If bentonite chips were used, were they hydrated with water from a known safe source?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted?		Depth to Water (feet)		Required Method of Placing Sealing Material			
<input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
				Sealing Materials			
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
				For Monitoring Wells and Monitoring Well Boreholes Only:			
				<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
				<input checked="" 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
<i>Bentonite - Granular</i>				<i>Surface</i>	<i>10</i>	<i>3 lbs</i>	

6. Comments
Jacob Dean of Aecom observed on-site environmental as a subcontractor to AECOM and signed the form verifying the well removal and sealing

7. Supervision of Work				DNR Use Only			
Name of Person or Firm Doing Filling & Sealing <i>On Site Environmental</i>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>03/02/2020</i>	Date Received	Noted By		
Street or Route <i>PO Box 280</i>		Telephone Number <i>(608) 8378992</i>		Comments			
City <i>Sun Prairie</i>	State <i>WI</i>	ZIP Code <i>53590</i>	Signature of Person Doing Work <i>Jacob Dean</i>		Date Signed <i>3-2-20</i>		

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 <i>Marathon</i>	WI Unique Well # of Removed Well <i>SB 64/TW-64</i>	Hicap #	Facility Name
Latitude / Longitude (see instructions) N _____ W _____	Formal Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 1/4 _____ or Gov't Lot #	Section	Township <i>N</i>	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address <i>1110 S Buffalo St.</i>			Original Well Owner
Well City, Village or Town <i>Marathon</i>			Well ZIP Code <i>54228</i>
Subdivision Name			Lot #
Reason for Removal from Service			WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
11/16/2018

Water Well

Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): *4*

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) Casing Diameter (in.)
10 *0.75*

Lower Drillhole Diameter (in.) Casing Depth (ft.)
0.75 *10*

Was well annular space grouted? Yes No Unknown

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

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
<i>Bentonite - Granular</i>	<i>Surface</i>	<i>10</i>	<i>3 lbs</i>	

6. Comments
Jacob Deaton A.S.C.M. observed on-site environmental as a subcontractor to A.E.C.O.M. and signed the form verifying the well removal and sealing.

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>On-Site Environmental Services</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>03/02/2020</i>	Date Received	Noted By
Street or Route <i>Po Box 280</i>	Telephone Number <i>(608) 837 8992</i>	Comments		
City <i>Sun Prairie</i>	State <i>WI</i>	ZIP Code <i>53590</i>	Signature of Person Doing Work <i>Jacob Deaton</i>	Date Signed <i>3-2-20</i>

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 B12, 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 <i>Manitowoc</i>	WI Unique Well # of Removed Well <i>SB-72/Tw-72</i>	Hicap #	Facility Name	
Latitude / Longitude (see instructions) _____ N _____ W			Facility ID (FID or PWS)	
Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM			Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	
Section _____ Township _____ Range _____ E _____ W			License/Permit/Monitoring #	
Well Street Address <i>1110 S. Buffalo St</i>			Original Well Owner	
Well City, Village or Town <i>Manitowoc</i>			Present Well Owner	
Well ZIP Code <i>54220</i>			Mailing Address of Present Owner	
Subdivision Name _____ Lot # _____			City of Present Owner _____ State _____ ZIP Code _____	

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <i>11/16/2018</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.		
<input type="checkbox"/> Borehole / Drillhole		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input 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 checked="" type="checkbox"/> Bentonite Chips	
Total Well Depth From Ground Surface (ft.) <i>10'</i>	Casing Diameter (in.) <i>0.75</i>	For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
Lower Drillhole Diameter (in.)	Casing Depth (ft.) <i>10'</i>		
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	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
<i>Bentonite - Granular</i>	<i>Surface</i>	<i>10</i>	<i>2 lbs</i>	

6. Comments

Jacob Deano of AECOM observed on-site environmental as a subcontractor to AECOM and signed the form verifying the well removal and sealing.

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>On-Site Environmental Services Inc.</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
Street or Route <i>P.O. Box 280</i>	City <i>Sun Prairie,</i>	Telephone Number <i>(608) 837-8992</i>	Comments	
State <i>WI</i>	ZIP Code <i>53590</i>	Signature of Person Doing Work <i>Jacob Deano</i>	Date Signed <i>3.2.20</i>	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

County: Manitowoc WI Unique Well # of Removed Well: SB-77/TW-77 Hicap #: _____

Latitude / Longitude (see instructions): _____ N Format Code: DD Method Code: GPS008

_____ W DDM SCR002

_____ OTH001

1/4 1/4 Section Township Range E

or Gov't Lot # N W

Well Street Address: 1110 S. Buffalo St.

Well City, Village or Town: Manitowoc Well ZIP Code: 54220

Subdivision Name: _____ Lot #: _____

Reason for Removal from Service: _____ WI Unique Well # of Replacement Well: _____

2. Facility / Owner Information

Facility Name: _____

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: _____

City of Present Owner: _____ State: _____ ZIP Code: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 11/16/2018

Water Well

Borehole / Drillhole If a Well Construction Report is available, please attach. _____

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): 4

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 10 Casing Diameter (in.): 0.75

Lower Drillhole Diameter (in.): 0.75 Casing Depth (ft.): 10

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 relapped? 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

Bedrock - Granular

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	10	3 lbs	

6. Comments

Jacob Deano of Aecom observed on-site environmental as a subcontractor to Aecom and signed the form verifying the well removal and sealing.

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By	
<u>On-Site Environmental Services</u>		<u>03/02/2020</u>			
Street or Route	Telephone Number	Comments			
<u>PO BOX 280</u>	<u>(608) 837-8992</u>				
City	State	ZIP Code	Signature of Person Doing Work	Date Signed	
<u>Sun Prairie</u>	<u>WI</u>	<u>53590</u>	<u>3-2-20</u> <u>Jacob Deano</u>	<u>3-2-20</u>	

Appendix D Data Validation Memo

Memorandum

Date: April 7, 2020

To: Lanette Altenbach, Project Manager (PG)

From: Lisa Smith, Environmental Chemist (CEAC)

Subject: Data Validation - Analytical Results for Groundwater Samples
Limited Site Investigation
Former CN Property, Manitowoc, Wisconsin

SUMMARY

Data validation was performed on the analytical results of the groundwater samples collected at the CN Manitowoc, Wisconsin site on March 18 through 20, 2020 and submitted to Pace Analytical, Green Bay for analysis. Pace processed the samples and reported the results under sample delivery group (SDG) 40205127.

The analytical data were evaluated with reference to the United States Environmental Protection Agency (USEPA) National Functional Guidelines for Superfund Organic Methods Data Review (January 2017), and National Functional Guidelines for Inorganic Superfund Methods Data Review (January 2017). The National Functional Guidelines were modified to accommodate the non-CLP methodology. Laboratory control limits and/or method criteria were used as appropriate as the basis for validation actions.

Based on the results of the validation, the data are valid as reported and may be used for decision making purpose. Some data required qualifications as discussed below and summarized in Table 1. Data validation qualifiers override any assigned laboratory data flags. Results reported below the limit of quantitation (LOQ) were qualified as estimated (J) by the laboratory; qualifications of these results were accepted by the validator, but are not shown in Table 1.

METHODS

The samples were analyzed by the methods listed below.

Matrix	Analyte Group	Method	Number of Samples
Groundwater	VOCs	SW-846 8260	5 samples, 2 field duplicates, and 1 trip blank
	PAHs	SW-846 8270 HIV	14 samples, 2 field duplicates
	RCRA Metals	SW-846 6020/7470	4 samples, 1 field duplicate
	Arsenic	SW-846 6020	10 samples, 1 field duplicate
	Lead	SW-846 6020	1 sample

REVIEW ELEMENTS

A limited data validation was performed on the samples. Quality control (QC) parameters listed below were reviewed, if applicable to the methodology.

Limited Validation

Holding Time
Method Blanks
Trip Blanks
Surrogate Recoveries
Laboratory Control Samples
Matrix Spikes/Matrix Spike Duplicates
Field Duplicates
Quantitation Limits

DISCUSSION

Sample Receipt

Samples were received at the laboratory intact, properly preserved and in good condition. The samples were received on ice.

Analyses were added to the chain of custody by the laboratory for samples 3_MW-58, 3_MW-72 and 3_MW-77 at the request of AECOM.

Holding Times

Samples were extracted and analyzed within holding times.

Method Blanks

Laboratory blanks are analyzed to assess contamination from laboratory procedures. Method blanks were analyzed at the correct frequency. Analytes were not detected in the associated method blanks, with the exception of 1,2,4-trichlorobenzene. 1,2,4-Trichlorobenzene was detected in the method blank for batch 350835 at a concentration of 1.6 J ug/L. 1,2,4-Trichlorobenzene was not detected in the associated samples and results did not require qualification.

Trip Blanks

Trip blanks are used to assess contamination from sample shipping. One trip blank was associated with the sample shipment. Analytes were not detected in the trip blank.

Surrogate Recoveries

Surrogates are spiked into all field samples, field QC samples, and method QC samples and are used to evaluate accuracy. The surrogates are organic compounds similar to the target compounds in chemical composition and behavior in the analytical process, but are not usually found in environmental samples. Surrogates recoveries were within the laboratory specified QC limits, with the exception of the 2-fluorobiphenyl surrogate for sample 3_MW-14. The laboratory reported a 2-fluorobiphenyl surrogate recovery of 38% for sample 3_MW-14, while the acceptable recovery range is 39% to 120%. Associated PAH detects were qualified as estimated biased low (J-), and nondetects were qualified as UJ. Surrogates were diluted out for PAH sample 3_MW-58 and were not evaluated.

Laboratory Control Samples (LCSs)

LCSs are analyzed to monitor the accuracy of the analytical method independent of matrix effects. LCS recoveries and relative percent differences (RPDs) were within the laboratory specified QC limits, except as listed in the table below.

Method (Batch)	Compound	LCS/LCSD % Recovery	Recovery Limits	Results Qualified
350835	1,2,4-Trichlorobenzene	57/--	70-130	Associated results were nondetect and qualified UJ.
351002	Benzo(b)fluoranthene	107/106	54-97	Associated detects were qualified estimated biased high (J+).
	Indeno(1,2,3-cd)pyrene	108/105	51-101	

Matrix Spike/Matrix Spike Duplicates (MS/MSDs)

MS/MSDs are analyzed to determine the effects of sample matrix on the measurement methodology. Extra volume was collected for sample 1_MW-10 for MS/MSD analysis. MS/MSD recoveries and RPDs were within the laboratory specified criteria.

Quantitation

Dilutions were required during analysis due to high sample concentrations. The dilutions were necessary to bring the sample concentrations within the calibration range of the instrument. In addition, some of the metals samples were diluted due to matrix interference. The limit of detections (LODs) for the metals results reported as nondetect from a dilution analyses were below the PAL, with the exception of the arsenic result for sample 1_MW-39.

Field Duplicates

Field duplicates are collected to assess the overall precision of field sampling and laboratory analysis. Two groundwater field duplicate samples were collected, and field precision is summarized below. RPDs for the field duplicate pairs were within the 30 percent limit for groundwater, or the absolute difference of the values were within \pm the LOQ for values with 5 times the LOQ.

Sample & Compound(s)	Units	LOQ (max)	Sample Concentration	Field Duplicate Concentration	RPD (%)
1_MW-35 and 1_MW-35D:					
p-Isopropyltoluene	ug/l	2.7	34.5	31.2	10
Toluene	ug/l	0.9	0.52 J	0.48 J	8
Acenaphthylene	ug/l	0.027	0.0071 J	0.0075 J	5.5
Anthracene	ug/l	0.056	0.059	0.049 J	18.5
Benzo(a)anthracene	ug/l	0.041	0.0093 J	0.0081 U	--
Benzo(b)fluoranthene	ug/l	0.031	0.011 J	0.0062 U	--
Benzo(g,h,i)perylene	ug/l	0.036	0.0088 J	0.0073 U	--
Pyrene	ug/l	0.041	0.0076 J	0.0082 U	--
Arsenic	ug/l	2	1.4 J	1.6	13.3
Barium	ug/l	2.3	220	208	5.6
3_MW-27 and 3_MW-27D:					
Tetrachloroethene	ug/l	1.1	1 J	1.1	9.5
Trichloroethene	ug/l	1	0.33 J	0.45 J	\pm RL

Validation Flags

Table 1 – Data Validation Summary of Qualified Data

Sample ID	Analyte	Units	Validation Qualifier ¹	Reason Code ²
Groundwater Samples:				
3_MW-14	PAHs	ug/L	Detects: J- Nondetects: UJ	s
1_MW-10 1_MW-17 1_MW-35 1_MW-35D 3_MW-27 3_MW-27D 3_MW-58 TB-1	1,2,4-Trichlorobenzene	ug/L	UJ	I
3_MW-45	Benzo(b)fluoranthene Indeno(1,2,3-cd)pyrene	ug/L	J+	I

(1): Data Validation Qualifiers:

J: The analyte was positively identified. +/- indicate the direction of bias.

UJ: The analyte was analyzed for, but was not detected. The reported quantitation limit is approximated and may be inaccurate or imprecise.

(2): Reason Codes:

I Laboratory control sample
 s Surrogate

Appendix E Laboratory Analytical Reports

aecom.com

April 01, 2020

Lanette Altenbach
AECOM, Inc.
1555 N River Center Drive
Suite 214
Milwaukee, WI 53212

RE: Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

Dear Lanette Altenbach:

Enclosed are the analytical results for sample(s) received by the laboratory on March 23, 2020. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Green Bay

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

Sincerely,



Christopher Hyska
christopher.hyska@pacelabs.com
(920)469-2436
Project Manager

Enclosures



REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
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CERTIFICATIONS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Pace Analytical Services Green Bay

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

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SAMPLE SUMMARY

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Lab ID	Sample ID	Matrix	Date Collected	Date Received
40205127001	1_MW-19	Water	03/18/20 10:00	03/23/20 12:35
40205127002	1_MW-43	Water	03/18/20 10:20	03/23/20 12:35
40205127003	1_MW-39	Water	03/18/20 11:45	03/23/20 12:35
40205127004	1_MW-35	Water	03/18/20 13:10	03/23/20 12:35
40205127005	1_MW-35D	Water	03/18/20 00:00	03/23/20 12:35
40205127006	1_MW-10	Water	03/18/20 14:40	03/23/20 12:35
40205127007	1_MW-14	Water	03/18/20 16:15	03/23/20 12:35
40205127008	1_MW-17	Water	03/19/20 11:05	03/23/20 12:35
40205127009	3_MW-14	Water	03/19/20 11:50	03/23/20 12:35
40205127010	3_MW-11	Water	03/19/20 13:05	03/23/20 12:35
40205127011	3_MW-45	Water	03/19/20 14:05	03/23/20 12:35
40205127012	3_MW-20	Water	03/19/20 15:10	03/23/20 12:35
40205127013	3_MW-64	Water	03/19/20 16:15	03/23/20 12:35
40205127014	3_MW-27	Water	03/20/20 09:50	03/23/20 12:35
40205127015	3_MW-27D	Water	03/20/20 00:00	03/23/20 12:35
40205127016	3_MW-77	Water	03/20/20 11:35	03/23/20 12:35
40205127017	3_MW-72	Water	03/20/20 12:50	03/23/20 12:35
40205127018	3_MW-58	Water	03/20/20 14:45	03/23/20 12:35
40205127019	TB-1	Water	03/20/20 00:00	03/23/20 12:35

REPORT OF LABORATORY ANALYSIS

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SAMPLE ANALYTE COUNT

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
40205127001	1_MW-19	EPA 6020	KXS	1	PASI-G
40205127002	1_MW-43	EPA 6020	DS1	2	PASI-G
40205127003	1_MW-39	EPA 6020	DS1, KXS	7	PASI-G
		EPA 7470	AJT	1	PASI-G
		EPA 8270 by HVI	TPO	20	PASI-G
40205127004	1_MW-35	EPA 6020	DS1, KXS	7	PASI-G
		EPA 7470	AJT	1	PASI-G
		EPA 8270 by HVI	TPO	20	PASI-G
		EPA 8260	LAP	65	PASI-G
40205127005	1_MW-35D	EPA 6020	DS1	7	PASI-G
		EPA 7470	AJT	1	PASI-G
		EPA 8270 by HVI	TPO	20	PASI-G
		EPA 8260	LAP	65	PASI-G
40205127006	1_MW-10	EPA 6020	DS1	7	PASI-G
		EPA 7470	AJT	1	PASI-G
		EPA 8270 by HVI	TPO	20	PASI-G
		EPA 8260	LAP	65	PASI-G
40205127007	1_MW-14	EPA 6020	DS1	7	PASI-G
		EPA 7470	AJT	1	PASI-G
		EPA 8270 by HVI	TPO	20	PASI-G
40205127008	1_MW-17	EPA 6020	DS1	1	PASI-G
		EPA 8270 by HVI	TPO	20	PASI-G
		EPA 8260	LAP	65	PASI-G
40205127009	3_MW-14	EPA 8270 by HVI	TPO	20	PASI-G
40205127010	3_MW-11	EPA 6020	KXS	1	PASI-G
		EPA 8270 by HVI	TPO	20	PASI-G
40205127011	3_MW-45	EPA 6020	DS1	1	PASI-G
		EPA 8270 by HVI	TPO	20	PASI-G
40205127012	3_MW-20	EPA 8270 by HVI	TPO	20	PASI-G
40205127013	3_MW-64	EPA 6020	DS1	1	PASI-G
		EPA 8270 by HVI	TPO	20	PASI-G
40205127014	3_MW-27	EPA 6020	DS1	1	PASI-G
		EPA 8270 by HVI	TPO	20	PASI-G
		EPA 8260	LAP	65	PASI-G
40205127015	3_MW-27D	EPA 6020	DS1	1	PASI-G
		EPA 8270 by HVI	TPO	20	PASI-G
		EPA 8260	LAP	65	PASI-G

REPORT OF LABORATORY ANALYSIS

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SAMPLE ANALYTE COUNT

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

Lab ID	Sample ID	Method	Analysts	Analytes Reported	Laboratory
40205127016	3_MW-77	EPA 6020	DS1	1	PASI-G
		EPA 8270 by HVI	TPO	20	PASI-G
40205127017	3_MW-72	EPA 6020	DS1	1	PASI-G
		EPA 8270 by HVI	TPO	20	PASI-G
40205127018	3_MW-58	EPA 6020	DS1	1	PASI-G
		EPA 8270 by HVI	TPO	20	PASI-G
		EPA 8260	LAP	65	PASI-G
40205127019	TB-1	EPA 8260	LAP	65	PASI-G

PASI-G = Pace Analytical Services - Green Bay

REPORT OF LABORATORY ANALYSIS

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SUMMARY OF DETECTION

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
40205127002	1_MW-43					
EPA 6020	Arsenic, Dissolved	0.80J	ug/L	1.0	03/27/20 17:17	
40205127003	1_MW-39					
EPA 6020	Barium, Dissolved	729	ug/L	2.3	03/27/20 02:04	
EPA 8270 by HVI	Acenaphthene	9.2	ug/L	0.030	03/26/20 21:32	
EPA 8270 by HVI	Acenaphthylene	0.012J	ug/L	0.025	03/26/20 21:32	
EPA 8270 by HVI	Anthracene	0.033J	ug/L	0.052	03/26/20 21:32	
EPA 8270 by HVI	Benzo(a)anthracene	0.0084J	ug/L	0.038	03/26/20 21:32	
EPA 8270 by HVI	Fluoranthene	0.058	ug/L	0.053	03/26/20 21:32	
EPA 8270 by HVI	Fluorene	0.53	ug/L	0.040	03/26/20 21:32	
EPA 8270 by HVI	1-Methylnaphthalene	0.70	ug/L	0.030	03/26/20 21:32	
EPA 8270 by HVI	2-Methylnaphthalene	0.90	ug/L	0.024	03/26/20 21:32	
EPA 8270 by HVI	Naphthalene	0.17	ug/L	0.092	03/26/20 21:32	
EPA 8270 by HVI	Phenanthrene	0.42	ug/L	0.069	03/26/20 21:32	
EPA 8270 by HVI	Pyrene	0.035J	ug/L	0.038	03/26/20 21:32	
40205127004	1_MW-35					
EPA 6020	Arsenic, Dissolved	1.4J	ug/L	2.0	03/30/20 18:56	D3
EPA 6020	Barium, Dissolved	220	ug/L	2.3	03/27/20 17:31	
EPA 8270 by HVI	Acenaphthylene	0.0071J	ug/L	0.024	03/26/20 15:59	
EPA 8270 by HVI	Anthracene	0.059	ug/L	0.050	03/26/20 15:59	
EPA 8270 by HVI	Benzo(a)anthracene	0.0093J	ug/L	0.036	03/26/20 15:59	
EPA 8270 by HVI	Benzo(b)fluoranthene	0.011J	ug/L	0.028	03/26/20 15:59	
EPA 8270 by HVI	Benzo(g,h,i)perylene	0.0088J	ug/L	0.033	03/26/20 15:59	
EPA 8270 by HVI	Pyrene	0.0076J	ug/L	0.037	03/26/20 15:59	
EPA 8260	p-Isopropyltoluene	34.5	ug/L	2.7	03/25/20 15:30	
EPA 8260	Toluene	0.52J	ug/L	0.90	03/25/20 15:30	
40205127005	1_MW-35D					
EPA 6020	Arsenic, Dissolved	1.6	ug/L	1.0	03/27/20 17:38	
EPA 6020	Barium, Dissolved	208	ug/L	2.3	03/27/20 17:38	
EPA 8270 by HVI	Acenaphthylene	0.0075J	ug/L	0.027	03/26/20 16:17	
EPA 8270 by HVI	Anthracene	0.049J	ug/L	0.056	03/26/20 16:17	
EPA 8260	p-Isopropyltoluene	31.2	ug/L	2.7	03/25/20 15:52	
EPA 8260	Toluene	0.48J	ug/L	0.90	03/25/20 15:52	
40205127006	1_MW-10					
EPA 6020	Arsenic, Dissolved	0.88J	ug/L	1.0	03/27/20 16:22	
EPA 6020	Barium, Dissolved	102	ug/L	2.3	03/27/20 16:22	
EPA 6020	Selenium, Dissolved	1.5	ug/L	1.1	03/27/20 16:22	
EPA 8270 by HVI	Acenaphthene	0.074	ug/L	0.030	03/26/20 12:57	
EPA 8270 by HVI	Acenaphthylene	0.011J	ug/L	0.024	03/26/20 12:57	
EPA 8270 by HVI	Fluorene	0.043	ug/L	0.039	03/26/20 12:57	
EPA 8270 by HVI	1-Methylnaphthalene	0.090	ug/L	0.029	03/26/20 12:57	
EPA 8270 by HVI	2-Methylnaphthalene	0.0092J	ug/L	0.024	03/26/20 12:57	
EPA 8270 by HVI	Naphthalene	0.14	ug/L	0.090	03/26/20 12:57	
40205127007	1_MW-14					
EPA 6020	Arsenic, Dissolved	0.64J	ug/L	1.0	03/27/20 17:45	

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SUMMARY OF DETECTION

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
40205127007	1_MW-14					
EPA 6020	Barium, Dissolved	99.2	ug/L	2.3	03/27/20 17:45	
EPA 6020	Selenium, Dissolved	1.6	ug/L	1.1	03/27/20 17:45	
EPA 8270 by HVI	Acenaphthene	0.0089J	ug/L	0.029	03/26/20 16:36	
EPA 8270 by HVI	Acenaphthylene	0.056	ug/L	0.024	03/26/20 16:36	
EPA 8270 by HVI	Anthracene	0.075	ug/L	0.051	03/26/20 16:36	
EPA 8270 by HVI	Benzo(a)anthracene	0.31	ug/L	0.037	03/26/20 16:36	
EPA 8270 by HVI	Benzo(a)pyrene	0.30	ug/L	0.051	03/26/20 16:36	
EPA 8270 by HVI	Benzo(b)fluoranthene	0.38	ug/L	0.028	03/26/20 16:36	
EPA 8270 by HVI	Benzo(g,h,i)perylene	0.14	ug/L	0.033	03/26/20 16:36	
EPA 8270 by HVI	Benzo(k)fluoranthene	0.19	ug/L	0.037	03/26/20 16:36	
EPA 8270 by HVI	Chrysene	0.37	ug/L	0.063	03/26/20 16:36	
EPA 8270 by HVI	Dibenz(a,h)anthracene	0.037J	ug/L	0.049	03/26/20 16:36	
EPA 8270 by HVI	Fluoranthene	0.77	ug/L	0.052	03/26/20 16:36	
EPA 8270 by HVI	Fluorene	0.049	ug/L	0.039	03/26/20 16:36	
EPA 8270 by HVI	Indeno(1,2,3-cd)pyrene	0.14	ug/L	0.086	03/26/20 16:36	
EPA 8270 by HVI	1-Methylnaphthalene	0.011J	ug/L	0.029	03/26/20 16:36	
EPA 8270 by HVI	2-Methylnaphthalene	0.011J	ug/L	0.024	03/26/20 16:36	
EPA 8270 by HVI	Phenanthrene	0.50	ug/L	0.067	03/26/20 16:36	
EPA 8270 by HVI	Pyrene	0.61	ug/L	0.037	03/26/20 16:36	
40205127008	1_MW-17					
EPA 6020	Arsenic, Dissolved	0.32J	ug/L	1.0	03/27/20 02:46	
EPA 8270 by HVI	Acenaphthene	0.016J	ug/L	0.029	03/26/20 16:54	
EPA 8270 by HVI	Acenaphthylene	0.0060J	ug/L	0.024	03/26/20 16:54	
EPA 8270 by HVI	Benzo(a)anthracene	0.0080J	ug/L	0.037	03/26/20 16:54	
EPA 8270 by HVI	Fluorene	0.0083J	ug/L	0.039	03/26/20 16:54	
EPA 8270 by HVI	1-Methylnaphthalene	0.025J	ug/L	0.029	03/26/20 16:54	
EPA 8270 by HVI	2-Methylnaphthalene	0.010J	ug/L	0.024	03/26/20 16:54	
EPA 8270 by HVI	Naphthalene	0.087J	ug/L	0.089	03/26/20 16:54	
EPA 8270 by HVI	Pyrene	0.0075J	ug/L	0.037	03/26/20 16:54	
40205127009	3_MW-14					
EPA 8270 by HVI	Acenaphthene	0.012J	ug/L	0.029	03/26/20 17:12	
EPA 8270 by HVI	Acenaphthylene	0.0078J	ug/L	0.024	03/26/20 17:12	
EPA 8270 by HVI	Benzo(a)anthracene	0.0091J	ug/L	0.037	03/26/20 17:12	
EPA 8270 by HVI	Benzo(b)fluoranthene	0.0089J	ug/L	0.028	03/26/20 17:12	
EPA 8270 by HVI	Fluoranthene	0.040J	ug/L	0.052	03/26/20 17:12	
EPA 8270 by HVI	Fluorene	0.019J	ug/L	0.039	03/26/20 17:12	
EPA 8270 by HVI	Pyrene	0.027J	ug/L	0.037	03/26/20 17:12	
40205127010	3_MW-11					
EPA 6020	Arsenic, Dissolved	7.5	ug/L	2.0	03/30/20 19:03	
EPA 8270 by HVI	Acenaphthene	0.17	ug/L	0.029	03/26/20 22:09	
EPA 8270 by HVI	Fluorene	0.024J	ug/L	0.038	03/26/20 22:09	
EPA 8270 by HVI	1-Methylnaphthalene	0.0066J	ug/L	0.028	03/26/20 22:09	
40205127011	3_MW-45					
EPA 6020	Arsenic, Dissolved	1.4	ug/L	1.0	03/27/20 02:59	
EPA 8270 by HVI	Acenaphthene	0.80	ug/L	0.10	03/26/20 17:31	

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SUMMARY OF DETECTION

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
40205127011	3_MW-45					
EPA 8270 by HVI	Acenaphthylene	4.8	ug/L	0.082	03/26/20 17:31	
EPA 8270 by HVI	Anthracene	1.2	ug/L	0.17	03/26/20 17:31	
EPA 8270 by HVI	Benzo(a)anthracene	0.33	ug/L	0.12	03/26/20 17:31	
EPA 8270 by HVI	Benzo(a)pyrene	0.42	ug/L	0.17	03/26/20 17:31	
EPA 8270 by HVI	Benzo(b)fluoranthene	0.40	ug/L	0.095	03/26/20 17:31	L1
EPA 8270 by HVI	Benzo(g,h,i)perylene	0.42	ug/L	0.11	03/26/20 17:31	
EPA 8270 by HVI	Benzo(k)fluoranthene	0.19	ug/L	0.12	03/26/20 17:31	
EPA 8270 by HVI	Chrysene	0.35	ug/L	0.22	03/26/20 17:31	
EPA 8270 by HVI	Dibenz(a,h)anthracene	0.054J	ug/L	0.17	03/26/20 17:31	
EPA 8270 by HVI	Fluoranthene	1.2	ug/L	0.18	03/26/20 17:31	
EPA 8270 by HVI	Fluorene	2.9	ug/L	0.13	03/26/20 17:31	
EPA 8270 by HVI	Indeno(1,2,3-cd)pyrene	0.25J	ug/L	0.29	03/26/20 17:31	L1
EPA 8270 by HVI	1-Methylnaphthalene	5.1	ug/L	0.097	03/26/20 17:31	
EPA 8270 by HVI	2-Methylnaphthalene	6.5	ug/L	0.081	03/26/20 17:31	
EPA 8270 by HVI	Naphthalene	33.6	ug/L	0.30	03/26/20 17:31	
EPA 8270 by HVI	Phenanthrene	4.8	ug/L	0.23	03/26/20 17:31	
EPA 8270 by HVI	Pyrene	1.0	ug/L	0.13	03/26/20 17:31	
40205127012	3_MW-20					
EPA 8270 by HVI	Benzo(g,h,i)perylene	0.014J	ug/L	0.036	03/27/20 11:24	
40205127013	3_MW-64					
EPA 6020	Arsenic, Dissolved	4.3	ug/L	1.0	03/27/20 03:06	
EPA 8270 by HVI	Benzo(g,h,i)perylene	0.0079J	ug/L	0.039	03/27/20 12:14	
40205127014	3_MW-27					
EPA 8260	Tetrachloroethene	1.0J	ug/L	1.1	03/25/20 16:37	
EPA 8260	Trichloroethene	0.33J	ug/L	1.0	03/25/20 16:37	
40205127015	3_MW-27D					
EPA 8260	Tetrachloroethene	1.1	ug/L	1.1	03/25/20 16:59	
EPA 8260	Trichloroethene	0.45J	ug/L	1.0	03/25/20 16:59	
40205127016	3_MW-77					
EPA 6020	Arsenic, Dissolved	0.92J	ug/L	1.0	03/27/20 17:58	
EPA 8270 by HVI	1-Methylnaphthalene	0.017J	ug/L	0.028	03/27/20 13:04	
EPA 8270 by HVI	2-Methylnaphthalene	0.0077J	ug/L	0.023	03/27/20 13:04	
40205127017	3_MW-72					
EPA 6020	Arsenic, Dissolved	0.44J	ug/L	1.0	03/27/20 03:48	
EPA 8270 by HVI	Naphthalene	0.020J	ug/L	0.10	03/27/20 13:21	
40205127018	3_MW-58					
EPA 6020	Arsenic, Dissolved	3.8	ug/L	1.0	03/27/20 18:05	
EPA 8270 by HVI	Acenaphthene	3.8	ug/L	0.74	03/26/20 17:49	
EPA 8270 by HVI	Acenaphthylene	2.6	ug/L	0.60	03/26/20 17:49	
EPA 8270 by HVI	Anthracene	0.85J	ug/L	1.3	03/26/20 17:49	
EPA 8270 by HVI	Fluorene	7.2	ug/L	0.97	03/26/20 17:49	
EPA 8270 by HVI	1-Methylnaphthalene	146	ug/L	0.72	03/26/20 17:49	
EPA 8270 by HVI	2-Methylnaphthalene	182	ug/L	0.59	03/26/20 17:49	

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SUMMARY OF DETECTION

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Lab Sample ID Method	Client Sample ID Parameters	Result	Units	Report Limit	Analyzed	Qualifiers
40205127018	3_MW-58					
EPA 8270 by HVI	Naphthalene	6.0	ug/L	2.2	03/26/20 17:49	
EPA 8270 by HVI	Phenanthrene	9.8	ug/L	1.7	03/26/20 17:49	
EPA 8270 by HVI	Pyrene	0.40J	ug/L	0.93	03/26/20 17:49	
EPA 8260	Benzene	15.3	ug/L	2.5	03/25/20 18:06	
EPA 8260	n-Butylbenzene	19.3	ug/L	5.9	03/25/20 18:06	
EPA 8260	sec-Butylbenzene	7.7J	ug/L	12.5	03/25/20 18:06	
EPA 8260	Ethylbenzene	112	ug/L	2.7	03/25/20 18:06	
EPA 8260	Isopropylbenzene (Cumene)	15.5	ug/L	14.0	03/25/20 18:06	
EPA 8260	p-Isopropyltoluene	3.5J	ug/L	6.7	03/25/20 18:06	
EPA 8260	n-Propylbenzene	29.7	ug/L	12.5	03/25/20 18:06	
EPA 8260	Tetrachloroethene	1.2J	ug/L	2.7	03/25/20 18:06	
EPA 8260	Toluene	1.9J	ug/L	2.2	03/25/20 18:06	
EPA 8260	1,2,4-Trimethylbenzene	279	ug/L	7.0	03/25/20 18:06	
EPA 8260	1,3,5-Trimethylbenzene	79.6	ug/L	7.3	03/25/20 18:06	
EPA 8260	Xylene (Total)	263	ug/L	7.5	03/25/20 18:06	
EPA 8260	m&p-Xylene	260	ug/L	5.0	03/25/20 18:06	
EPA 8260	o-Xylene	3.1	ug/L	2.5	03/25/20 18:06	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 1_MW-19 **Lab ID: 40205127001** Collected: 03/18/20 10:00 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
6020 MET ICPMS, Dissolved	Analytical Method: EPA 6020 Preparation Method: EPA 3010 Pace Analytical Services - Green Bay								
Arsenic, Dissolved	<0.56	ug/L	2.0	0.56	2	03/24/20 22:14	03/30/20 18:35	7440-38-2	D3

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 1_MW-43 **Lab ID: 40205127002** Collected: 03/18/20 10:20 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
6020 MET ICPMS, Dissolved									
Analytical Method: EPA 6020 Preparation Method: EPA 3010									
Pace Analytical Services - Green Bay									
Arsenic, Dissolved	0.80J	ug/L	1.0	0.28	1	03/24/20 22:14	03/27/20 17:17	7440-38-2	
Lead, Dissolved	<0.24	ug/L	1.0	0.24	1	03/24/20 22:14	03/27/20 17:17	7439-92-1	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 1_MW-39 **Lab ID:** 40205127003 Collected: 03/18/20 11:45 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
6020 MET ICPMS, Dissolved									
Analytical Method: EPA 6020 Preparation Method: EPA 3010									
Pace Analytical Services - Green Bay									
Arsenic, Dissolved	<1.4	ug/L	5.0	1.4	5	03/24/20 22:14	03/30/20 18:49	7440-38-2	D3
Barium, Dissolved	729	ug/L	2.3	0.70	1	03/24/20 22:14	03/27/20 02:04	7440-39-3	
Cadmium, Dissolved	<0.15	ug/L	1.0	0.15	1	03/24/20 22:14	03/27/20 02:04	7440-43-9	
Chromium, Dissolved	<5.1	ug/L	17.0	5.1	5	03/24/20 22:14	03/30/20 18:49	7440-47-3	D3
Lead, Dissolved	<1.2	ug/L	5.0	1.2	5	03/24/20 22:14	03/30/20 18:49	7439-92-1	D3
Selenium, Dissolved	<1.6	ug/L	5.3	1.6	5	03/24/20 22:14	03/30/20 18:49	7782-49-2	D3
Silver, Dissolved	<0.13	ug/L	0.50	0.13	1	03/24/20 22:14	03/27/20 02:04	7440-22-4	
7470 Mercury, Dissolved									
Analytical Method: EPA 7470 Preparation Method: EPA 7470									
Pace Analytical Services - Green Bay									
Mercury, Dissolved	<0.084	ug/L	0.28	0.084	1	03/26/20 10:20	03/27/20 10:14	7439-97-6	
8270 MSSV PAH by HVI									
Analytical Method: EPA 8270 by HVI Preparation Method: EPA 3510									
Pace Analytical Services - Green Bay									
Acenaphthene	9.2	ug/L	0.030	0.0061	1	03/24/20 09:04	03/26/20 21:32	83-32-9	
Acenaphthylene	0.012J	ug/L	0.025	0.0050	1	03/24/20 09:04	03/26/20 21:32	208-96-8	
Anthracene	0.033J	ug/L	0.052	0.010	1	03/24/20 09:04	03/26/20 21:32	120-12-7	
Benzo(a)anthracene	0.0084J	ug/L	0.038	0.0076	1	03/24/20 09:04	03/26/20 21:32	56-55-3	
Benzo(a)pyrene	<0.011	ug/L	0.053	0.011	1	03/24/20 09:04	03/26/20 21:32	50-32-8	
Benzo(b)fluoranthene	<0.0057	ug/L	0.029	0.0057	1	03/24/20 09:04	03/26/20 21:32	205-99-2	
Benzo(g,h,i)perylene	<0.0068	ug/L	0.034	0.0068	1	03/24/20 09:04	03/26/20 21:32	191-24-2	
Benzo(k)fluoranthene	<0.0076	ug/L	0.038	0.0076	1	03/24/20 09:04	03/26/20 21:32	207-08-9	
Chrysene	<0.013	ug/L	0.065	0.013	1	03/24/20 09:04	03/26/20 21:32	218-01-9	
Dibenz(a,h)anthracene	<0.010	ug/L	0.050	0.010	1	03/24/20 09:04	03/26/20 21:32	53-70-3	
Fluoranthene	0.058	ug/L	0.053	0.011	1	03/24/20 09:04	03/26/20 21:32	206-44-0	
Fluorene	0.53	ug/L	0.040	0.0080	1	03/24/20 09:04	03/26/20 21:32	86-73-7	
Indeno(1,2,3-cd)pyrene	<0.018	ug/L	0.088	0.018	1	03/24/20 09:04	03/26/20 21:32	193-39-5	
1-Methylnaphthalene	0.70	ug/L	0.030	0.0059	1	03/24/20 09:04	03/26/20 21:32	90-12-0	
2-Methylnaphthalene	0.90	ug/L	0.024	0.0049	1	03/24/20 09:04	03/26/20 21:32	91-57-6	
Naphthalene	0.17	ug/L	0.092	0.018	1	03/24/20 09:04	03/26/20 21:32	91-20-3	
Phenanthrene	0.42	ug/L	0.069	0.014	1	03/24/20 09:04	03/26/20 21:32	85-01-8	
Pyrene	0.035J	ug/L	0.038	0.0076	1	03/24/20 09:04	03/26/20 21:32	129-00-0	
Surrogates									
2-Fluorobiphenyl (S)	52	%	39-120		1	03/24/20 09:04	03/26/20 21:32	321-60-8	
Terphenyl-d14 (S)	79	%	10-159		1	03/24/20 09:04	03/26/20 21:32	1718-51-0	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 1_MW-35 **Lab ID:** 40205127004 Collected: 03/18/20 13:10 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
6020 MET ICPMS, Dissolved									
Analytical Method: EPA 6020 Preparation Method: EPA 3010									
Pace Analytical Services - Green Bay									
Arsenic, Dissolved	1.4J	ug/L	2.0	0.56	2	03/24/20 22:14	03/30/20 18:56	7440-38-2	D3
Barium, Dissolved	220	ug/L	2.3	0.70	1	03/24/20 22:14	03/27/20 17:31	7440-39-3	
Cadmium, Dissolved	<0.15	ug/L	1.0	0.15	1	03/24/20 22:14	03/27/20 17:31	7440-43-9	
Chromium, Dissolved	<2.0	ug/L	6.8	2.0	2	03/24/20 22:14	03/30/20 18:56	7440-47-3	D3
Lead, Dissolved	<0.47	ug/L	2.0	0.47	2	03/24/20 22:14	03/30/20 18:56	7439-92-1	D3
Selenium, Dissolved	<0.63	ug/L	2.1	0.63	2	03/24/20 22:14	03/30/20 18:56	7782-49-2	D3
Silver, Dissolved	<0.13	ug/L	0.50	0.13	1	03/24/20 22:14	03/27/20 17:31	7440-22-4	
7470 Mercury, Dissolved									
Analytical Method: EPA 7470 Preparation Method: EPA 7470									
Pace Analytical Services - Green Bay									
Mercury, Dissolved	<0.084	ug/L	0.28	0.084	1	03/26/20 10:20	03/27/20 10:17	7439-97-6	
8270 MSSV PAH by HVI									
Analytical Method: EPA 8270 by HVI Preparation Method: EPA 3510									
Pace Analytical Services - Green Bay									
Acenaphthene	<0.0058	ug/L	0.029	0.0058	1	03/24/20 09:04	03/26/20 15:59	83-32-9	
Acenaphthylene	0.0071J	ug/L	0.024	0.0048	1	03/24/20 09:04	03/26/20 15:59	208-96-8	
Anthracene	0.059	ug/L	0.050	0.010	1	03/24/20 09:04	03/26/20 15:59	120-12-7	
Benzo(a)anthracene	0.0093J	ug/L	0.036	0.0073	1	03/24/20 09:04	03/26/20 15:59	56-55-3	
Benzo(a)pyrene	<0.010	ug/L	0.051	0.010	1	03/24/20 09:04	03/26/20 15:59	50-32-8	
Benzo(b)fluoranthene	0.011J	ug/L	0.028	0.0055	1	03/24/20 09:04	03/26/20 15:59	205-99-2	
Benzo(g,h,i)perylene	0.0088J	ug/L	0.033	0.0065	1	03/24/20 09:04	03/26/20 15:59	191-24-2	
Benzo(k)fluoranthene	<0.0073	ug/L	0.036	0.0073	1	03/24/20 09:04	03/26/20 15:59	207-08-9	
Chrysene	<0.013	ug/L	0.063	0.013	1	03/24/20 09:04	03/26/20 15:59	218-01-9	
Dibenz(a,h)anthracene	<0.0096	ug/L	0.048	0.0096	1	03/24/20 09:04	03/26/20 15:59	53-70-3	
Fluoranthene	<0.010	ug/L	0.051	0.010	1	03/24/20 09:04	03/26/20 15:59	206-44-0	
Fluorene	<0.0077	ug/L	0.038	0.0077	1	03/24/20 09:04	03/26/20 15:59	86-73-7	
Indeno(1,2,3-cd)pyrene	<0.017	ug/L	0.085	0.017	1	03/24/20 09:04	03/26/20 15:59	193-39-5	
1-Methylnaphthalene	<0.0057	ug/L	0.028	0.0057	1	03/24/20 09:04	03/26/20 15:59	90-12-0	
2-Methylnaphthalene	<0.0047	ug/L	0.024	0.0047	1	03/24/20 09:04	03/26/20 15:59	91-57-6	
Naphthalene	<0.018	ug/L	0.088	0.018	1	03/24/20 09:04	03/26/20 15:59	91-20-3	
Phenanthrene	<0.013	ug/L	0.066	0.013	1	03/24/20 09:04	03/26/20 15:59	85-01-8	
Pyrene	0.0076J	ug/L	0.037	0.0074	1	03/24/20 09:04	03/26/20 15:59	129-00-0	
Surrogates									
2-Fluorobiphenyl (S)	64	%	39-120		1	03/24/20 09:04	03/26/20 15:59	321-60-8	
Terphenyl-d14 (S)	80	%	10-159		1	03/24/20 09:04	03/26/20 15:59	1718-51-0	
8260 MSV									
Analytical Method: EPA 8260									
Pace Analytical Services - Green Bay									
Benzene	<0.25	ug/L	1.0	0.25	1		03/25/20 15:30	71-43-2	
Bromobenzene	<0.24	ug/L	1.0	0.24	1		03/25/20 15:30	108-86-1	
Bromochloromethane	<0.36	ug/L	5.0	0.36	1		03/25/20 15:30	74-97-5	
Bromodichloromethane	<0.36	ug/L	1.2	0.36	1		03/25/20 15:30	75-27-4	
Bromoform	<4.0	ug/L	13.2	4.0	1		03/25/20 15:30	75-25-2	
Bromomethane	<0.97	ug/L	5.0	0.97	1		03/25/20 15:30	74-83-9	
n-Butylbenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 15:30	104-51-8	

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 1_MW-35 Lab ID: 40205127004 Collected: 03/18/20 13:10 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV									
Analytical Method: EPA 8260									
Pace Analytical Services - Green Bay									
sec-Butylbenzene	<0.85	ug/L	5.0	0.85	1		03/25/20 15:30	135-98-8	
tert-Butylbenzene	<0.30	ug/L	1.0	0.30	1		03/25/20 15:30	98-06-6	
Carbon tetrachloride	<1.1	ug/L	3.6	1.1	1		03/25/20 15:30	56-23-5	
Chlorobenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 15:30	108-90-7	
Chloroethane	<1.3	ug/L	5.0	1.3	1		03/25/20 15:30	75-00-3	
Chloroform	<1.3	ug/L	5.0	1.3	1		03/25/20 15:30	67-66-3	
Chloromethane	<2.2	ug/L	7.3	2.2	1		03/25/20 15:30	74-87-3	
2-Chlorotoluene	<0.93	ug/L	5.0	0.93	1		03/25/20 15:30	95-49-8	
4-Chlorotoluene	<0.76	ug/L	2.5	0.76	1		03/25/20 15:30	106-43-4	
1,2-Dibromo-3-chloropropane	<1.8	ug/L	5.9	1.8	1		03/25/20 15:30	96-12-8	
Dibromochloromethane	<2.6	ug/L	8.7	2.6	1		03/25/20 15:30	124-48-1	
1,2-Dibromoethane (EDB)	<0.83	ug/L	2.8	0.83	1		03/25/20 15:30	106-93-4	
Dibromomethane	<0.94	ug/L	3.1	0.94	1		03/25/20 15:30	74-95-3	
1,2-Dichlorobenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 15:30	95-50-1	
1,3-Dichlorobenzene	<0.63	ug/L	2.1	0.63	1		03/25/20 15:30	541-73-1	
1,4-Dichlorobenzene	<0.94	ug/L	3.1	0.94	1		03/25/20 15:30	106-46-7	
Dichlorodifluoromethane	<0.50	ug/L	5.0	0.50	1		03/25/20 15:30	75-71-8	
1,1-Dichloroethane	<0.27	ug/L	1.0	0.27	1		03/25/20 15:30	75-34-3	
1,2-Dichloroethane	<0.28	ug/L	1.0	0.28	1		03/25/20 15:30	107-06-2	
1,1-Dichloroethene	<0.24	ug/L	1.0	0.24	1		03/25/20 15:30	75-35-4	
cis-1,2-Dichloroethene	<0.27	ug/L	1.0	0.27	1		03/25/20 15:30	156-59-2	
trans-1,2-Dichloroethene	<1.1	ug/L	3.6	1.1	1		03/25/20 15:30	156-60-5	
1,2-Dichloropropane	<0.28	ug/L	1.0	0.28	1		03/25/20 15:30	78-87-5	
1,3-Dichloropropane	<0.83	ug/L	2.8	0.83	1		03/25/20 15:30	142-28-9	
2,2-Dichloropropane	<2.3	ug/L	7.6	2.3	1		03/25/20 15:30	594-20-7	
1,1-Dichloropropene	<0.54	ug/L	1.8	0.54	1		03/25/20 15:30	563-58-6	
cis-1,3-Dichloropropene	<3.6	ug/L	12.1	3.6	1		03/25/20 15:30	10061-01-5	
trans-1,3-Dichloropropene	<4.4	ug/L	14.6	4.4	1		03/25/20 15:30	10061-02-6	
Diisopropyl ether	<1.9	ug/L	6.3	1.9	1		03/25/20 15:30	108-20-3	
Ethylbenzene	<0.32	ug/L	1.1	0.32	1		03/25/20 15:30	100-41-4	
Hexachloro-1,3-butadiene	<1.5	ug/L	4.9	1.5	1		03/25/20 15:30	87-68-3	
Isopropylbenzene (Cumene)	<1.7	ug/L	5.6	1.7	1		03/25/20 15:30	98-82-8	
p-Isopropyltoluene	34.5	ug/L	2.7	0.80	1		03/25/20 15:30	99-87-6	
Methylene Chloride	<0.58	ug/L	5.0	0.58	1		03/25/20 15:30	75-09-2	
Methyl-tert-butyl ether	<1.2	ug/L	4.2	1.2	1		03/25/20 15:30	1634-04-4	
Naphthalene	<1.2	ug/L	5.0	1.2	1		03/25/20 15:30	91-20-3	
n-Propylbenzene	<0.81	ug/L	5.0	0.81	1		03/25/20 15:30	103-65-1	
Styrene	<3.0	ug/L	10.0	3.0	1		03/25/20 15:30	100-42-5	
1,1,1,2-Tetrachloroethane	<0.27	ug/L	1.0	0.27	1		03/25/20 15:30	630-20-6	
1,1,1,2,2-Tetrachloroethane	<0.28	ug/L	1.0	0.28	1		03/25/20 15:30	79-34-5	
Tetrachloroethene	<0.33	ug/L	1.1	0.33	1		03/25/20 15:30	127-18-4	
Toluene	0.52J	ug/L	0.90	0.27	1		03/25/20 15:30	108-88-3	
1,2,3-Trichlorobenzene	<2.2	ug/L	7.4	2.2	1		03/25/20 15:30	87-61-6	
1,2,4-Trichlorobenzene	<0.95	ug/L	5.0	0.95	1		03/25/20 15:30	120-82-1	L2
1,1,1-Trichloroethane	<0.24	ug/L	1.0	0.24	1		03/25/20 15:30	71-55-6	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 1_MW-35 **Lab ID:** 40205127004 Collected: 03/18/20 13:10 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV									
Analytical Method: EPA 8260									
Pace Analytical Services - Green Bay									
1,1,2-Trichloroethane	<0.55	ug/L	5.0	0.55	1		03/25/20 15:30	79-00-5	
Trichloroethene	<0.26	ug/L	1.0	0.26	1		03/25/20 15:30	79-01-6	
Trichlorofluoromethane	<0.21	ug/L	1.0	0.21	1		03/25/20 15:30	75-69-4	
1,2,3-Trichloropropane	<0.59	ug/L	5.0	0.59	1		03/25/20 15:30	96-18-4	
1,2,4-Trimethylbenzene	<0.84	ug/L	2.8	0.84	1		03/25/20 15:30	95-63-6	
1,3,5-Trimethylbenzene	<0.87	ug/L	2.9	0.87	1		03/25/20 15:30	108-67-8	
Vinyl chloride	<0.17	ug/L	1.0	0.17	1		03/25/20 15:30	75-01-4	
Xylene (Total)	<1.5	ug/L	3.0	1.5	1		03/25/20 15:30	1330-20-7	
m&p-Xylene	<0.47	ug/L	2.0	0.47	1		03/25/20 15:30	179601-23-1	
o-Xylene	<0.26	ug/L	1.0	0.26	1		03/25/20 15:30	95-47-6	
Surrogates									
4-Bromofluorobenzene (S)	88	%	70-130		1		03/25/20 15:30	460-00-4	
Dibromofluoromethane (S)	109	%	70-130		1		03/25/20 15:30	1868-53-7	
Toluene-d8 (S)	103	%	70-130		1		03/25/20 15:30	2037-26-5	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 1_MW-35D **Lab ID:** 40205127005 Collected: 03/18/20 00:00 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
6020 MET ICPMS, Dissolved									
Analytical Method: EPA 6020 Preparation Method: EPA 3010									
Pace Analytical Services - Green Bay									
Arsenic, Dissolved	1.6	ug/L	1.0	0.28	1	03/24/20 22:14	03/27/20 17:38	7440-38-2	
Barium, Dissolved	208	ug/L	2.3	0.70	1	03/24/20 22:14	03/27/20 17:38	7440-39-3	
Cadmium, Dissolved	<0.15	ug/L	1.0	0.15	1	03/24/20 22:14	03/27/20 17:38	7440-43-9	
Chromium, Dissolved	<1.0	ug/L	3.4	1.0	1	03/24/20 22:14	03/27/20 17:38	7440-47-3	
Lead, Dissolved	<0.24	ug/L	1.0	0.24	1	03/24/20 22:14	03/27/20 17:38	7439-92-1	
Selenium, Dissolved	<0.32	ug/L	1.1	0.32	1	03/24/20 22:14	03/27/20 17:38	7782-49-2	
Silver, Dissolved	<0.13	ug/L	0.50	0.13	1	03/24/20 22:14	03/27/20 17:38	7440-22-4	
7470 Mercury, Dissolved									
Analytical Method: EPA 7470 Preparation Method: EPA 7470									
Pace Analytical Services - Green Bay									
Mercury, Dissolved	<0.084	ug/L	0.28	0.084	1	03/26/20 10:20	03/27/20 10:19	7439-97-6	
8270 MSSV PAH by HVI									
Analytical Method: EPA 8270 by HVI Preparation Method: EPA 3510									
Pace Analytical Services - Green Bay									
Acenaphthene	<0.0065	ug/L	0.033	0.0065	1	03/24/20 09:04	03/26/20 16:17	83-32-9	
Acenaphthylene	0.0075J	ug/L	0.027	0.0054	1	03/24/20 09:04	03/26/20 16:17	208-96-8	
Anthracene	0.049J	ug/L	0.056	0.011	1	03/24/20 09:04	03/26/20 16:17	120-12-7	
Benzo(a)anthracene	<0.0081	ug/L	0.041	0.0081	1	03/24/20 09:04	03/26/20 16:17	56-55-3	
Benzo(a)pyrene	<0.011	ug/L	0.057	0.011	1	03/24/20 09:04	03/26/20 16:17	50-32-8	
Benzo(b)fluoranthene	<0.0062	ug/L	0.031	0.0062	1	03/24/20 09:04	03/26/20 16:17	205-99-2	
Benzo(g,h,i)perylene	<0.0073	ug/L	0.036	0.0073	1	03/24/20 09:04	03/26/20 16:17	191-24-2	
Benzo(k)fluoranthene	<0.0081	ug/L	0.041	0.0081	1	03/24/20 09:04	03/26/20 16:17	207-08-9	
Chrysene	<0.014	ug/L	0.070	0.014	1	03/24/20 09:04	03/26/20 16:17	218-01-9	
Dibenz(a,h)anthracene	<0.011	ug/L	0.054	0.011	1	03/24/20 09:04	03/26/20 16:17	53-70-3	
Fluoranthene	<0.011	ug/L	0.057	0.011	1	03/24/20 09:04	03/26/20 16:17	206-44-0	
Fluorene	<0.0086	ug/L	0.043	0.0086	1	03/24/20 09:04	03/26/20 16:17	86-73-7	
Indeno(1,2,3-cd)pyrene	<0.019	ug/L	0.095	0.019	1	03/24/20 09:04	03/26/20 16:17	193-39-5	
1-Methylnaphthalene	<0.0063	ug/L	0.032	0.0063	1	03/24/20 09:04	03/26/20 16:17	90-12-0	
2-Methylnaphthalene	<0.0053	ug/L	0.026	0.0053	1	03/24/20 09:04	03/26/20 16:17	91-57-6	
Naphthalene	<0.020	ug/L	0.099	0.020	1	03/24/20 09:04	03/26/20 16:17	91-20-3	
Phenanthrene	<0.015	ug/L	0.074	0.015	1	03/24/20 09:04	03/26/20 16:17	85-01-8	
Pyrene	<0.0082	ug/L	0.041	0.0082	1	03/24/20 09:04	03/26/20 16:17	129-00-0	
Surrogates									
2-Fluorobiphenyl (S)	66	%	39-120		1	03/24/20 09:04	03/26/20 16:17	321-60-8	
Terphenyl-d14 (S)	83	%	10-159		1	03/24/20 09:04	03/26/20 16:17	1718-51-0	
8260 MSV									
Analytical Method: EPA 8260									
Pace Analytical Services - Green Bay									
Benzene	<0.25	ug/L	1.0	0.25	1		03/25/20 15:52	71-43-2	
Bromobenzene	<0.24	ug/L	1.0	0.24	1		03/25/20 15:52	108-86-1	
Bromochloromethane	<0.36	ug/L	5.0	0.36	1		03/25/20 15:52	74-97-5	
Bromodichloromethane	<0.36	ug/L	1.2	0.36	1		03/25/20 15:52	75-27-4	
Bromoform	<4.0	ug/L	13.2	4.0	1		03/25/20 15:52	75-25-2	
Bromomethane	<0.97	ug/L	5.0	0.97	1		03/25/20 15:52	74-83-9	
n-Butylbenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 15:52	104-51-8	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 1_MW-35D **Lab ID:** 40205127005 Collected: 03/18/20 00:00 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV									
Analytical Method: EPA 8260									
Pace Analytical Services - Green Bay									
sec-Butylbenzene	<0.85	ug/L	5.0	0.85	1		03/25/20 15:52	135-98-8	
tert-Butylbenzene	<0.30	ug/L	1.0	0.30	1		03/25/20 15:52	98-06-6	
Carbon tetrachloride	<1.1	ug/L	3.6	1.1	1		03/25/20 15:52	56-23-5	
Chlorobenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 15:52	108-90-7	
Chloroethane	<1.3	ug/L	5.0	1.3	1		03/25/20 15:52	75-00-3	
Chloroform	<1.3	ug/L	5.0	1.3	1		03/25/20 15:52	67-66-3	
Chloromethane	<2.2	ug/L	7.3	2.2	1		03/25/20 15:52	74-87-3	
2-Chlorotoluene	<0.93	ug/L	5.0	0.93	1		03/25/20 15:52	95-49-8	
4-Chlorotoluene	<0.76	ug/L	2.5	0.76	1		03/25/20 15:52	106-43-4	
1,2-Dibromo-3-chloropropane	<1.8	ug/L	5.9	1.8	1		03/25/20 15:52	96-12-8	
Dibromochloromethane	<2.6	ug/L	8.7	2.6	1		03/25/20 15:52	124-48-1	
1,2-Dibromoethane (EDB)	<0.83	ug/L	2.8	0.83	1		03/25/20 15:52	106-93-4	
Dibromomethane	<0.94	ug/L	3.1	0.94	1		03/25/20 15:52	74-95-3	
1,2-Dichlorobenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 15:52	95-50-1	
1,3-Dichlorobenzene	<0.63	ug/L	2.1	0.63	1		03/25/20 15:52	541-73-1	
1,4-Dichlorobenzene	<0.94	ug/L	3.1	0.94	1		03/25/20 15:52	106-46-7	
Dichlorodifluoromethane	<0.50	ug/L	5.0	0.50	1		03/25/20 15:52	75-71-8	
1,1-Dichloroethane	<0.27	ug/L	1.0	0.27	1		03/25/20 15:52	75-34-3	
1,2-Dichloroethane	<0.28	ug/L	1.0	0.28	1		03/25/20 15:52	107-06-2	
1,1-Dichloroethene	<0.24	ug/L	1.0	0.24	1		03/25/20 15:52	75-35-4	
cis-1,2-Dichloroethene	<0.27	ug/L	1.0	0.27	1		03/25/20 15:52	156-59-2	
trans-1,2-Dichloroethene	<1.1	ug/L	3.6	1.1	1		03/25/20 15:52	156-60-5	
1,2-Dichloropropane	<0.28	ug/L	1.0	0.28	1		03/25/20 15:52	78-87-5	
1,3-Dichloropropane	<0.83	ug/L	2.8	0.83	1		03/25/20 15:52	142-28-9	
2,2-Dichloropropane	<2.3	ug/L	7.6	2.3	1		03/25/20 15:52	594-20-7	
1,1-Dichloropropene	<0.54	ug/L	1.8	0.54	1		03/25/20 15:52	563-58-6	
cis-1,3-Dichloropropene	<3.6	ug/L	12.1	3.6	1		03/25/20 15:52	10061-01-5	
trans-1,3-Dichloropropene	<4.4	ug/L	14.6	4.4	1		03/25/20 15:52	10061-02-6	
Diisopropyl ether	<1.9	ug/L	6.3	1.9	1		03/25/20 15:52	108-20-3	
Ethylbenzene	<0.32	ug/L	1.1	0.32	1		03/25/20 15:52	100-41-4	
Hexachloro-1,3-butadiene	<1.5	ug/L	4.9	1.5	1		03/25/20 15:52	87-68-3	
Isopropylbenzene (Cumene)	<1.7	ug/L	5.6	1.7	1		03/25/20 15:52	98-82-8	
p-Isopropyltoluene	31.2	ug/L	2.7	0.80	1		03/25/20 15:52	99-87-6	
Methylene Chloride	<0.58	ug/L	5.0	0.58	1		03/25/20 15:52	75-09-2	
Methyl-tert-butyl ether	<1.2	ug/L	4.2	1.2	1		03/25/20 15:52	1634-04-4	
Naphthalene	<1.2	ug/L	5.0	1.2	1		03/25/20 15:52	91-20-3	
n-Propylbenzene	<0.81	ug/L	5.0	0.81	1		03/25/20 15:52	103-65-1	
Styrene	<3.0	ug/L	10.0	3.0	1		03/25/20 15:52	100-42-5	
1,1,1,2-Tetrachloroethane	<0.27	ug/L	1.0	0.27	1		03/25/20 15:52	630-20-6	
1,1,1,2,2-Tetrachloroethane	<0.28	ug/L	1.0	0.28	1		03/25/20 15:52	79-34-5	
Tetrachloroethene	<0.33	ug/L	1.1	0.33	1		03/25/20 15:52	127-18-4	
Toluene	0.48J	ug/L	0.90	0.27	1		03/25/20 15:52	108-88-3	
1,2,3-Trichlorobenzene	<2.2	ug/L	7.4	2.2	1		03/25/20 15:52	87-61-6	
1,2,4-Trichlorobenzene	<0.95	ug/L	5.0	0.95	1		03/25/20 15:52	120-82-1	L2
1,1,1-Trichloroethane	<0.24	ug/L	1.0	0.24	1		03/25/20 15:52	71-55-6	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 1_MW-35D **Lab ID:** 40205127005 Collected: 03/18/20 00:00 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV									
Analytical Method: EPA 8260									
Pace Analytical Services - Green Bay									
1,1,2-Trichloroethane	<0.55	ug/L	5.0	0.55	1		03/25/20 15:52	79-00-5	
Trichloroethene	<0.26	ug/L	1.0	0.26	1		03/25/20 15:52	79-01-6	
Trichlorofluoromethane	<0.21	ug/L	1.0	0.21	1		03/25/20 15:52	75-69-4	
1,2,3-Trichloropropane	<0.59	ug/L	5.0	0.59	1		03/25/20 15:52	96-18-4	
1,2,4-Trimethylbenzene	<0.84	ug/L	2.8	0.84	1		03/25/20 15:52	95-63-6	
1,3,5-Trimethylbenzene	<0.87	ug/L	2.9	0.87	1		03/25/20 15:52	108-67-8	
Vinyl chloride	<0.17	ug/L	1.0	0.17	1		03/25/20 15:52	75-01-4	
Xylene (Total)	<1.5	ug/L	3.0	1.5	1		03/25/20 15:52	1330-20-7	
m&p-Xylene	<0.47	ug/L	2.0	0.47	1		03/25/20 15:52	179601-23-1	
o-Xylene	<0.26	ug/L	1.0	0.26	1		03/25/20 15:52	95-47-6	
Surrogates									
4-Bromofluorobenzene (S)	88	%	70-130		1		03/25/20 15:52	460-00-4	
Dibromofluoromethane (S)	108	%	70-130		1		03/25/20 15:52	1868-53-7	
Toluene-d8 (S)	101	%	70-130		1		03/25/20 15:52	2037-26-5	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

Sample: 1_MW-10 **Lab ID:** 40205127006 Collected: 03/18/20 14:40 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
6020 MET ICPMS, Dissolved									
Analytical Method: EPA 6020 Preparation Method: EPA 3010 Pace Analytical Services - Green Bay									
Arsenic, Dissolved	0.88J	ug/L	1.0	0.28	1	03/24/20 22:14	03/27/20 16:22	7440-38-2	
Barium, Dissolved	102	ug/L	2.3	0.70	1	03/24/20 22:14	03/27/20 16:22	7440-39-3	
Cadmium, Dissolved	<0.15	ug/L	1.0	0.15	1	03/24/20 22:14	03/27/20 16:22	7440-43-9	
Chromium, Dissolved	<1.0	ug/L	3.4	1.0	1	03/24/20 22:14	03/27/20 16:22	7440-47-3	
Lead, Dissolved	<0.24	ug/L	1.0	0.24	1	03/24/20 22:14	03/27/20 16:22	7439-92-1	
Selenium, Dissolved	1.5	ug/L	1.1	0.32	1	03/24/20 22:14	03/27/20 16:22	7782-49-2	
Silver, Dissolved	<0.13	ug/L	0.50	0.13	1	03/24/20 22:14	03/27/20 16:22	7440-22-4	
7470 Mercury, Dissolved									
Analytical Method: EPA 7470 Preparation Method: EPA 7470 Pace Analytical Services - Green Bay									
Mercury, Dissolved	<0.084	ug/L	0.28	0.084	1	03/26/20 10:20	03/27/20 10:08	7439-97-6	
8270 MSSV PAH by HVI									
Analytical Method: EPA 8270 by HVI Preparation Method: EPA 3510 Pace Analytical Services - Green Bay									
Acenaphthene	0.074	ug/L	0.030	0.0060	1	03/24/20 09:04	03/26/20 12:57	83-32-9	
Acenaphthylene	0.011J	ug/L	0.024	0.0049	1	03/24/20 09:04	03/26/20 12:57	208-96-8	
Anthracene	<0.010	ug/L	0.051	0.010	1	03/24/20 09:04	03/26/20 12:57	120-12-7	
Benzo(a)anthracene	<0.0074	ug/L	0.037	0.0074	1	03/24/20 09:04	03/26/20 12:57	56-55-3	
Benzo(a)pyrene	<0.010	ug/L	0.052	0.010	1	03/24/20 09:04	03/26/20 12:57	50-32-8	
Benzo(b)fluoranthene	<0.0056	ug/L	0.028	0.0056	1	03/24/20 09:04	03/26/20 12:57	205-99-2	
Benzo(g,h,i)perylene	<0.0066	ug/L	0.033	0.0066	1	03/24/20 09:04	03/26/20 12:57	191-24-2	
Benzo(k)fluoranthene	<0.0074	ug/L	0.037	0.0074	1	03/24/20 09:04	03/26/20 12:57	207-08-9	
Chrysene	<0.013	ug/L	0.064	0.013	1	03/24/20 09:04	03/26/20 12:57	218-01-9	
Dibenz(a,h)anthracene	<0.0098	ug/L	0.049	0.0098	1	03/24/20 09:04	03/26/20 12:57	53-70-3	
Fluoranthene	<0.010	ug/L	0.052	0.010	1	03/24/20 09:04	03/26/20 12:57	206-44-0	
Fluorene	0.043	ug/L	0.039	0.0078	1	03/24/20 09:04	03/26/20 12:57	86-73-7	
Indeno(1,2,3-cd)pyrene	<0.017	ug/L	0.086	0.017	1	03/24/20 09:04	03/26/20 12:57	193-39-5	
1-Methylnaphthalene	0.090	ug/L	0.029	0.0058	1	03/24/20 09:04	03/26/20 12:57	90-12-0	
2-Methylnaphthalene	0.0092J	ug/L	0.024	0.0048	1	03/24/20 09:04	03/26/20 12:57	91-57-6	
Naphthalene	0.14	ug/L	0.090	0.018	1	03/24/20 09:04	03/26/20 12:57	91-20-3	
Phenanthrene	<0.014	ug/L	0.068	0.014	1	03/24/20 09:04	03/26/20 12:57	85-01-8	
Pyrene	<0.0075	ug/L	0.038	0.0075	1	03/24/20 09:04	03/26/20 12:57	129-00-0	
Surrogates									
2-Fluorobiphenyl (S)	60	%	39-120		1	03/24/20 09:04	03/26/20 12:57	321-60-8	
Terphenyl-d14 (S)	74	%	10-159		1	03/24/20 09:04	03/26/20 12:57	1718-51-0	
8260 MSV									
Analytical Method: EPA 8260 Pace Analytical Services - Green Bay									
Benzene	<0.25	ug/L	1.0	0.25	1		03/25/20 14:01	71-43-2	
Bromobenzene	<0.24	ug/L	1.0	0.24	1		03/25/20 14:01	108-86-1	
Bromochloromethane	<0.36	ug/L	5.0	0.36	1		03/25/20 14:01	74-97-5	
Bromodichloromethane	<0.36	ug/L	1.2	0.36	1		03/25/20 14:01	75-27-4	
Bromoform	<4.0	ug/L	13.2	4.0	1		03/25/20 14:01	75-25-2	
Bromomethane	<0.97	ug/L	5.0	0.97	1		03/25/20 14:01	74-83-9	
n-Butylbenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 14:01	104-51-8	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 1_MW-10 Lab ID: 40205127006 Collected: 03/18/20 14:40 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV									
Analytical Method: EPA 8260									
Pace Analytical Services - Green Bay									
sec-Butylbenzene	<0.85	ug/L	5.0	0.85	1		03/25/20 14:01	135-98-8	
tert-Butylbenzene	<0.30	ug/L	1.0	0.30	1		03/25/20 14:01	98-06-6	
Carbon tetrachloride	<1.1	ug/L	3.6	1.1	1		03/25/20 14:01	56-23-5	
Chlorobenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 14:01	108-90-7	
Chloroethane	<1.3	ug/L	5.0	1.3	1		03/25/20 14:01	75-00-3	
Chloroform	<1.3	ug/L	5.0	1.3	1		03/25/20 14:01	67-66-3	
Chloromethane	<2.2	ug/L	7.3	2.2	1		03/25/20 14:01	74-87-3	
2-Chlorotoluene	<0.93	ug/L	5.0	0.93	1		03/25/20 14:01	95-49-8	
4-Chlorotoluene	<0.76	ug/L	2.5	0.76	1		03/25/20 14:01	106-43-4	
1,2-Dibromo-3-chloropropane	<1.8	ug/L	5.9	1.8	1		03/25/20 14:01	96-12-8	
Dibromochloromethane	<2.6	ug/L	8.7	2.6	1		03/25/20 14:01	124-48-1	
1,2-Dibromoethane (EDB)	<0.83	ug/L	2.8	0.83	1		03/25/20 14:01	106-93-4	
Dibromomethane	<0.94	ug/L	3.1	0.94	1		03/25/20 14:01	74-95-3	
1,2-Dichlorobenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 14:01	95-50-1	
1,3-Dichlorobenzene	<0.63	ug/L	2.1	0.63	1		03/25/20 14:01	541-73-1	
1,4-Dichlorobenzene	<0.94	ug/L	3.1	0.94	1		03/25/20 14:01	106-46-7	
Dichlorodifluoromethane	<0.50	ug/L	5.0	0.50	1		03/25/20 14:01	75-71-8	
1,1-Dichloroethane	<0.27	ug/L	1.0	0.27	1		03/25/20 14:01	75-34-3	
1,2-Dichloroethane	<0.28	ug/L	1.0	0.28	1		03/25/20 14:01	107-06-2	
1,1-Dichloroethene	<0.24	ug/L	1.0	0.24	1		03/25/20 14:01	75-35-4	
cis-1,2-Dichloroethene	<0.27	ug/L	1.0	0.27	1		03/25/20 14:01	156-59-2	
trans-1,2-Dichloroethene	<1.1	ug/L	3.6	1.1	1		03/25/20 14:01	156-60-5	
1,2-Dichloropropane	<0.28	ug/L	1.0	0.28	1		03/25/20 14:01	78-87-5	
1,3-Dichloropropane	<0.83	ug/L	2.8	0.83	1		03/25/20 14:01	142-28-9	
2,2-Dichloropropane	<2.3	ug/L	7.6	2.3	1		03/25/20 14:01	594-20-7	
1,1-Dichloropropene	<0.54	ug/L	1.8	0.54	1		03/25/20 14:01	563-58-6	
cis-1,3-Dichloropropene	<3.6	ug/L	12.1	3.6	1		03/25/20 14:01	10061-01-5	
trans-1,3-Dichloropropene	<4.4	ug/L	14.6	4.4	1		03/25/20 14:01	10061-02-6	
Diisopropyl ether	<1.9	ug/L	6.3	1.9	1		03/25/20 14:01	108-20-3	
Ethylbenzene	<0.32	ug/L	1.1	0.32	1		03/25/20 14:01	100-41-4	
Hexachloro-1,3-butadiene	<1.5	ug/L	4.9	1.5	1		03/25/20 14:01	87-68-3	
Isopropylbenzene (Cumene)	<1.7	ug/L	5.6	1.7	1		03/25/20 14:01	98-82-8	
p-Isopropyltoluene	<0.80	ug/L	2.7	0.80	1		03/25/20 14:01	99-87-6	
Methylene Chloride	<0.58	ug/L	5.0	0.58	1		03/25/20 14:01	75-09-2	
Methyl-tert-butyl ether	<1.2	ug/L	4.2	1.2	1		03/25/20 14:01	1634-04-4	
Naphthalene	<1.2	ug/L	5.0	1.2	1		03/25/20 14:01	91-20-3	
n-Propylbenzene	<0.81	ug/L	5.0	0.81	1		03/25/20 14:01	103-65-1	
Styrene	<3.0	ug/L	10.0	3.0	1		03/25/20 14:01	100-42-5	
1,1,1,2-Tetrachloroethane	<0.27	ug/L	1.0	0.27	1		03/25/20 14:01	630-20-6	
1,1,1,2,2-Tetrachloroethane	<0.28	ug/L	1.0	0.28	1		03/25/20 14:01	79-34-5	
Tetrachloroethene	<0.33	ug/L	1.1	0.33	1		03/25/20 14:01	127-18-4	
Toluene	<0.27	ug/L	0.90	0.27	1		03/25/20 14:01	108-88-3	
1,2,3-Trichlorobenzene	<2.2	ug/L	7.4	2.2	1		03/25/20 14:01	87-61-6	
1,2,4-Trichlorobenzene	<0.95	ug/L	5.0	0.95	1		03/25/20 14:01	120-82-1	L2
1,1,1-Trichloroethane	<0.24	ug/L	1.0	0.24	1		03/25/20 14:01	71-55-6	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 1_MW-10 **Lab ID:** 40205127006 Collected: 03/18/20 14:40 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV									
Analytical Method: EPA 8260									
Pace Analytical Services - Green Bay									
1,1,2-Trichloroethane	<0.55	ug/L	5.0	0.55	1		03/25/20 14:01	79-00-5	
Trichloroethene	<0.26	ug/L	1.0	0.26	1		03/25/20 14:01	79-01-6	
Trichlorofluoromethane	<0.21	ug/L	1.0	0.21	1		03/25/20 14:01	75-69-4	
1,2,3-Trichloropropane	<0.59	ug/L	5.0	0.59	1		03/25/20 14:01	96-18-4	
1,2,4-Trimethylbenzene	<0.84	ug/L	2.8	0.84	1		03/25/20 14:01	95-63-6	
1,3,5-Trimethylbenzene	<0.87	ug/L	2.9	0.87	1		03/25/20 14:01	108-67-8	
Vinyl chloride	<0.17	ug/L	1.0	0.17	1		03/25/20 14:01	75-01-4	
Xylene (Total)	<1.5	ug/L	3.0	1.5	1		03/25/20 14:01	1330-20-7	
m&p-Xylene	<0.47	ug/L	2.0	0.47	1		03/25/20 14:01	179601-23-1	
o-Xylene	<0.26	ug/L	1.0	0.26	1		03/25/20 14:01	95-47-6	
Surrogates									
4-Bromofluorobenzene (S)	90	%	70-130		1		03/25/20 14:01	460-00-4	
Dibromofluoromethane (S)	112	%	70-130		1		03/25/20 14:01	1868-53-7	
Toluene-d8 (S)	101	%	70-130		1		03/25/20 14:01	2037-26-5	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 1_MW-14 **Lab ID:** 40205127007 Collected: 03/18/20 16:15 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
6020 MET ICPMS, Dissolved									
Analytical Method: EPA 6020 Preparation Method: EPA 3010									
Pace Analytical Services - Green Bay									
Arsenic, Dissolved	0.64J	ug/L	1.0	0.28	1	03/24/20 22:14	03/27/20 17:45	7440-38-2	
Barium, Dissolved	99.2	ug/L	2.3	0.70	1	03/24/20 22:14	03/27/20 17:45	7440-39-3	
Cadmium, Dissolved	<0.15	ug/L	1.0	0.15	1	03/24/20 22:14	03/27/20 17:45	7440-43-9	
Chromium, Dissolved	<1.0	ug/L	3.4	1.0	1	03/24/20 22:14	03/27/20 17:45	7440-47-3	
Lead, Dissolved	<0.24	ug/L	1.0	0.24	1	03/24/20 22:14	03/27/20 17:45	7439-92-1	
Selenium, Dissolved	1.6	ug/L	1.1	0.32	1	03/24/20 22:14	03/27/20 17:45	7782-49-2	
Silver, Dissolved	<0.13	ug/L	0.50	0.13	1	03/24/20 22:14	03/27/20 17:45	7440-22-4	
7470 Mercury, Dissolved									
Analytical Method: EPA 7470 Preparation Method: EPA 7470									
Pace Analytical Services - Green Bay									
Mercury, Dissolved	<0.084	ug/L	0.28	0.084	1	03/26/20 10:20	03/27/20 10:21	7439-97-6	
8270 MSSV PAH by HVI									
Analytical Method: EPA 8270 by HVI Preparation Method: EPA 3510									
Pace Analytical Services - Green Bay									
Acenaphthene	0.0089J	ug/L	0.029	0.0059	1	03/24/20 09:04	03/26/20 16:36	83-32-9	
Acenaphthylene	0.056	ug/L	0.024	0.0048	1	03/24/20 09:04	03/26/20 16:36	208-96-8	
Anthracene	0.075	ug/L	0.051	0.010	1	03/24/20 09:04	03/26/20 16:36	120-12-7	
Benzo(a)anthracene	0.31	ug/L	0.037	0.0073	1	03/24/20 09:04	03/26/20 16:36	56-55-3	
Benzo(a)pyrene	0.30	ug/L	0.051	0.010	1	03/24/20 09:04	03/26/20 16:36	50-32-8	
Benzo(b)fluoranthene	0.38	ug/L	0.028	0.0056	1	03/24/20 09:04	03/26/20 16:36	205-99-2	
Benzo(g,h,i)perylene	0.14	ug/L	0.033	0.0066	1	03/24/20 09:04	03/26/20 16:36	191-24-2	
Benzo(k)fluoranthene	0.19	ug/L	0.037	0.0073	1	03/24/20 09:04	03/26/20 16:36	207-08-9	
Chrysene	0.37	ug/L	0.063	0.013	1	03/24/20 09:04	03/26/20 16:36	218-01-9	
Dibenz(a,h)anthracene	0.037J	ug/L	0.049	0.0097	1	03/24/20 09:04	03/26/20 16:36	53-70-3	
Fluoranthene	0.77	ug/L	0.052	0.010	1	03/24/20 09:04	03/26/20 16:36	206-44-0	
Fluorene	0.049	ug/L	0.039	0.0077	1	03/24/20 09:04	03/26/20 16:36	86-73-7	
Indeno(1,2,3-cd)pyrene	0.14	ug/L	0.086	0.017	1	03/24/20 09:04	03/26/20 16:36	193-39-5	
1-Methylnaphthalene	0.011J	ug/L	0.029	0.0057	1	03/24/20 09:04	03/26/20 16:36	90-12-0	
2-Methylnaphthalene	0.011J	ug/L	0.024	0.0048	1	03/24/20 09:04	03/26/20 16:36	91-57-6	
Naphthalene	<0.018	ug/L	0.089	0.018	1	03/24/20 09:04	03/26/20 16:36	91-20-3	
Phenanthrene	0.50	ug/L	0.067	0.013	1	03/24/20 09:04	03/26/20 16:36	85-01-8	
Pyrene	0.61	ug/L	0.037	0.0074	1	03/24/20 09:04	03/26/20 16:36	129-00-0	
Surrogates									
2-Fluorobiphenyl (S)	56	%	39-120		1	03/24/20 09:04	03/26/20 16:36	321-60-8	
Terphenyl-d14 (S)	73	%	10-159		1	03/24/20 09:04	03/26/20 16:36	1718-51-0	

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 1_MW-17 **Lab ID:** 40205127008 Collected: 03/19/20 11:05 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
6020 MET ICPMS, Dissolved									
Analytical Method: EPA 6020 Preparation Method: EPA 3010 Pace Analytical Services - Green Bay									
Arsenic, Dissolved	0.32J	ug/L	1.0	0.28	1	03/24/20 22:14	03/27/20 02:46	7440-38-2	
8270 MSSV PAH by HVI									
Analytical Method: EPA 8270 by HVI Preparation Method: EPA 3510 Pace Analytical Services - Green Bay									
Acenaphthene	0.016J	ug/L	0.029	0.0059	1	03/24/20 09:04	03/26/20 16:54	83-32-9	
Acenaphthylene	0.0060J	ug/L	0.024	0.0048	1	03/24/20 09:04	03/26/20 16:54	208-96-8	
Anthracene	<0.010	ug/L	0.051	0.010	1	03/24/20 09:04	03/26/20 16:54	120-12-7	
Benzo(a)anthracene	0.0080J	ug/L	0.037	0.0073	1	03/24/20 09:04	03/26/20 16:54	56-55-3	
Benzo(a)pyrene	<0.010	ug/L	0.051	0.010	1	03/24/20 09:04	03/26/20 16:54	50-32-8	
Benzo(b)fluoranthene	<0.0056	ug/L	0.028	0.0056	1	03/24/20 09:04	03/26/20 16:54	205-99-2	
Benzo(g,h,i)perylene	<0.0066	ug/L	0.033	0.0066	1	03/24/20 09:04	03/26/20 16:54	191-24-2	
Benzo(k)fluoranthene	<0.0073	ug/L	0.037	0.0073	1	03/24/20 09:04	03/26/20 16:54	207-08-9	
Chrysene	<0.013	ug/L	0.063	0.013	1	03/24/20 09:04	03/26/20 16:54	218-01-9	
Dibenz(a,h)anthracene	<0.0097	ug/L	0.049	0.0097	1	03/24/20 09:04	03/26/20 16:54	53-70-3	
Fluoranthene	<0.010	ug/L	0.052	0.010	1	03/24/20 09:04	03/26/20 16:54	206-44-0	
Fluorene	0.0083J	ug/L	0.039	0.0077	1	03/24/20 09:04	03/26/20 16:54	86-73-7	
Indeno(1,2,3-cd)pyrene	<0.017	ug/L	0.086	0.017	1	03/24/20 09:04	03/26/20 16:54	193-39-5	
1-Methylnaphthalene	0.025J	ug/L	0.029	0.0057	1	03/24/20 09:04	03/26/20 16:54	90-12-0	
2-Methylnaphthalene	0.010J	ug/L	0.024	0.0048	1	03/24/20 09:04	03/26/20 16:54	91-57-6	
Naphthalene	0.087J	ug/L	0.089	0.018	1	03/24/20 09:04	03/26/20 16:54	91-20-3	
Phenanthrene	<0.013	ug/L	0.067	0.013	1	03/24/20 09:04	03/26/20 16:54	85-01-8	
Pyrene	0.0075J	ug/L	0.037	0.0074	1	03/24/20 09:04	03/26/20 16:54	129-00-0	
Surrogates									
2-Fluorobiphenyl (S)	61	%	39-120		1	03/24/20 09:04	03/26/20 16:54	321-60-8	
Terphenyl-d14 (S)	81	%	10-159		1	03/24/20 09:04	03/26/20 16:54	1718-51-0	
8260 MSV									
Analytical Method: EPA 8260 Pace Analytical Services - Green Bay									
Benzene	<0.25	ug/L	1.0	0.25	1		03/25/20 16:15	71-43-2	
Bromobenzene	<0.24	ug/L	1.0	0.24	1		03/25/20 16:15	108-86-1	
Bromochloromethane	<0.36	ug/L	5.0	0.36	1		03/25/20 16:15	74-97-5	
Bromodichloromethane	<0.36	ug/L	1.2	0.36	1		03/25/20 16:15	75-27-4	
Bromoform	<4.0	ug/L	13.2	4.0	1		03/25/20 16:15	75-25-2	
Bromomethane	<0.97	ug/L	5.0	0.97	1		03/25/20 16:15	74-83-9	
n-Butylbenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 16:15	104-51-8	
sec-Butylbenzene	<0.85	ug/L	5.0	0.85	1		03/25/20 16:15	135-98-8	
tert-Butylbenzene	<0.30	ug/L	1.0	0.30	1		03/25/20 16:15	98-06-6	
Carbon tetrachloride	<1.1	ug/L	3.6	1.1	1		03/25/20 16:15	56-23-5	
Chlorobenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 16:15	108-90-7	
Chloroethane	<1.3	ug/L	5.0	1.3	1		03/25/20 16:15	75-00-3	
Chloroform	<1.3	ug/L	5.0	1.3	1		03/25/20 16:15	67-66-3	
Chloromethane	<2.2	ug/L	7.3	2.2	1		03/25/20 16:15	74-87-3	
2-Chlorotoluene	<0.93	ug/L	5.0	0.93	1		03/25/20 16:15	95-49-8	
4-Chlorotoluene	<0.76	ug/L	2.5	0.76	1		03/25/20 16:15	106-43-4	
1,2-Dibromo-3-chloropropane	<1.8	ug/L	5.9	1.8	1		03/25/20 16:15	96-12-8	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 1_MW-17 Lab ID: 40205127008 Collected: 03/19/20 11:05 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV									
Analytical Method: EPA 8260									
Pace Analytical Services - Green Bay									
Dibromochloromethane	<2.6	ug/L	8.7	2.6	1		03/25/20 16:15	124-48-1	
1,2-Dibromoethane (EDB)	<0.83	ug/L	2.8	0.83	1		03/25/20 16:15	106-93-4	
Dibromomethane	<0.94	ug/L	3.1	0.94	1		03/25/20 16:15	74-95-3	
1,2-Dichlorobenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 16:15	95-50-1	
1,3-Dichlorobenzene	<0.63	ug/L	2.1	0.63	1		03/25/20 16:15	541-73-1	
1,4-Dichlorobenzene	<0.94	ug/L	3.1	0.94	1		03/25/20 16:15	106-46-7	
Dichlorodifluoromethane	<0.50	ug/L	5.0	0.50	1		03/25/20 16:15	75-71-8	
1,1-Dichloroethane	<0.27	ug/L	1.0	0.27	1		03/25/20 16:15	75-34-3	
1,2-Dichloroethane	<0.28	ug/L	1.0	0.28	1		03/25/20 16:15	107-06-2	
1,1-Dichloroethene	<0.24	ug/L	1.0	0.24	1		03/25/20 16:15	75-35-4	
cis-1,2-Dichloroethene	<0.27	ug/L	1.0	0.27	1		03/25/20 16:15	156-59-2	
trans-1,2-Dichloroethene	<1.1	ug/L	3.6	1.1	1		03/25/20 16:15	156-60-5	
1,2-Dichloropropane	<0.28	ug/L	1.0	0.28	1		03/25/20 16:15	78-87-5	
1,3-Dichloropropane	<0.83	ug/L	2.8	0.83	1		03/25/20 16:15	142-28-9	
2,2-Dichloropropane	<2.3	ug/L	7.6	2.3	1		03/25/20 16:15	594-20-7	
1,1-Dichloropropene	<0.54	ug/L	1.8	0.54	1		03/25/20 16:15	563-58-6	
cis-1,3-Dichloropropene	<3.6	ug/L	12.1	3.6	1		03/25/20 16:15	10061-01-5	
trans-1,3-Dichloropropene	<4.4	ug/L	14.6	4.4	1		03/25/20 16:15	10061-02-6	
Diisopropyl ether	<1.9	ug/L	6.3	1.9	1		03/25/20 16:15	108-20-3	
Ethylbenzene	<0.32	ug/L	1.1	0.32	1		03/25/20 16:15	100-41-4	
Hexachloro-1,3-butadiene	<1.5	ug/L	4.9	1.5	1		03/25/20 16:15	87-68-3	
Isopropylbenzene (Cumene)	<1.7	ug/L	5.6	1.7	1		03/25/20 16:15	98-82-8	
p-Isopropyltoluene	<0.80	ug/L	2.7	0.80	1		03/25/20 16:15	99-87-6	
Methylene Chloride	<0.58	ug/L	5.0	0.58	1		03/25/20 16:15	75-09-2	
Methyl-tert-butyl ether	<1.2	ug/L	4.2	1.2	1		03/25/20 16:15	1634-04-4	
Naphthalene	<1.2	ug/L	5.0	1.2	1		03/25/20 16:15	91-20-3	
n-Propylbenzene	<0.81	ug/L	5.0	0.81	1		03/25/20 16:15	103-65-1	
Styrene	<3.0	ug/L	10.0	3.0	1		03/25/20 16:15	100-42-5	
1,1,1,2-Tetrachloroethane	<0.27	ug/L	1.0	0.27	1		03/25/20 16:15	630-20-6	
1,1,2,2-Tetrachloroethane	<0.28	ug/L	1.0	0.28	1		03/25/20 16:15	79-34-5	
Tetrachloroethene	<0.33	ug/L	1.1	0.33	1		03/25/20 16:15	127-18-4	
Toluene	<0.27	ug/L	0.90	0.27	1		03/25/20 16:15	108-88-3	
1,2,3-Trichlorobenzene	<2.2	ug/L	7.4	2.2	1		03/25/20 16:15	87-61-6	
1,2,4-Trichlorobenzene	<0.95	ug/L	5.0	0.95	1		03/25/20 16:15	120-82-1	L2
1,1,1-Trichloroethane	<0.24	ug/L	1.0	0.24	1		03/25/20 16:15	71-55-6	
1,1,2-Trichloroethane	<0.55	ug/L	5.0	0.55	1		03/25/20 16:15	79-00-5	
Trichloroethene	<0.26	ug/L	1.0	0.26	1		03/25/20 16:15	79-01-6	
Trichlorofluoromethane	<0.21	ug/L	1.0	0.21	1		03/25/20 16:15	75-69-4	
1,2,3-Trichloropropane	<0.59	ug/L	5.0	0.59	1		03/25/20 16:15	96-18-4	
1,2,4-Trimethylbenzene	<0.84	ug/L	2.8	0.84	1		03/25/20 16:15	95-63-6	
1,3,5-Trimethylbenzene	<0.87	ug/L	2.9	0.87	1		03/25/20 16:15	108-67-8	
Vinyl chloride	<0.17	ug/L	1.0	0.17	1		03/25/20 16:15	75-01-4	
Xylene (Total)	<1.5	ug/L	3.0	1.5	1		03/25/20 16:15	1330-20-7	
m&p-Xylene	<0.47	ug/L	2.0	0.47	1		03/25/20 16:15	179601-23-1	
o-Xylene	<0.26	ug/L	1.0	0.26	1		03/25/20 16:15	95-47-6	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 1_MW-17 **Lab ID: 40205127008** Collected: 03/19/20 11:05 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV		Analytical Method: EPA 8260 Pace Analytical Services - Green Bay							
Surrogates									
4-Bromofluorobenzene (S)	90	%	70-130		1		03/25/20 16:15	460-00-4	
Dibromofluoromethane (S)	110	%	70-130		1		03/25/20 16:15	1868-53-7	
Toluene-d8 (S)	101	%	70-130		1		03/25/20 16:15	2037-26-5	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 3_MW-14 **Lab ID: 40205127009** Collected: 03/19/20 11:50 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8270 MSSV PAH by HVI									
Analytical Method: EPA 8270 by HVI Preparation Method: EPA 3510									
Pace Analytical Services - Green Bay									
Acenaphthene	0.012J	ug/L	0.029	0.0059	1	03/24/20 09:04	03/26/20 17:12	83-32-9	
Acenaphthylene	0.0078J	ug/L	0.024	0.0048	1	03/24/20 09:04	03/26/20 17:12	208-96-8	
Anthracene	<0.010	ug/L	0.051	0.010	1	03/24/20 09:04	03/26/20 17:12	120-12-7	
Benzo(a)anthracene	0.0091J	ug/L	0.037	0.0073	1	03/24/20 09:04	03/26/20 17:12	56-55-3	
Benzo(a)pyrene	<0.010	ug/L	0.051	0.010	1	03/24/20 09:04	03/26/20 17:12	50-32-8	
Benzo(b)fluoranthene	0.0089J	ug/L	0.028	0.0056	1	03/24/20 09:04	03/26/20 17:12	205-99-2	
Benzo(g,h,i)perylene	<0.0066	ug/L	0.033	0.0066	1	03/24/20 09:04	03/26/20 17:12	191-24-2	
Benzo(k)fluoranthene	<0.0073	ug/L	0.037	0.0073	1	03/24/20 09:04	03/26/20 17:12	207-08-9	
Chrysene	<0.013	ug/L	0.063	0.013	1	03/24/20 09:04	03/26/20 17:12	218-01-9	
Dibenz(a,h)anthracene	<0.0097	ug/L	0.049	0.0097	1	03/24/20 09:04	03/26/20 17:12	53-70-3	
Fluoranthene	0.040J	ug/L	0.052	0.010	1	03/24/20 09:04	03/26/20 17:12	206-44-0	
Fluorene	0.019J	ug/L	0.039	0.0077	1	03/24/20 09:04	03/26/20 17:12	86-73-7	
Indeno(1,2,3-cd)pyrene	<0.017	ug/L	0.086	0.017	1	03/24/20 09:04	03/26/20 17:12	193-39-5	
1-Methylnaphthalene	<0.0057	ug/L	0.029	0.0057	1	03/24/20 09:04	03/26/20 17:12	90-12-0	
2-Methylnaphthalene	<0.0048	ug/L	0.024	0.0048	1	03/24/20 09:04	03/26/20 17:12	91-57-6	
Naphthalene	<0.018	ug/L	0.089	0.018	1	03/24/20 09:04	03/26/20 17:12	91-20-3	
Phenanthrene	<0.013	ug/L	0.067	0.013	1	03/24/20 09:04	03/26/20 17:12	85-01-8	
Pyrene	0.027J	ug/L	0.037	0.0074	1	03/24/20 09:04	03/26/20 17:12	129-00-0	
Surrogates									
2-Fluorobiphenyl (S)	38	%	39-120		1	03/24/20 09:04	03/26/20 17:12	321-60-8	1q,S0
Terphenyl-d14 (S)	50	%	10-159		1	03/24/20 09:04	03/26/20 17:12	1718-51-0	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

Sample: 3_MW-11 **Lab ID: 40205127010** Collected: 03/19/20 13:05 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
6020 MET ICPMS, Dissolved									
Analytical Method: EPA 6020 Preparation Method: EPA 3010 Pace Analytical Services - Green Bay									
Arsenic, Dissolved	7.5	ug/L	2.0	0.56	2	03/24/20 22:14	03/30/20 19:03	7440-38-2	
8270 MSSV PAH by HVI									
Analytical Method: EPA 8270 by HVI Preparation Method: EPA 3510 Pace Analytical Services - Green Bay									
Acenaphthene	0.17	ug/L	0.029	0.0057	1	03/26/20 07:05	03/26/20 22:09	83-32-9	
Acenaphthylene	<0.0047	ug/L	0.023	0.0047	1	03/26/20 07:05	03/26/20 22:09	208-96-8	
Anthracene	<0.0099	ug/L	0.049	0.0099	1	03/26/20 07:05	03/26/20 22:09	120-12-7	
Benzo(a)anthracene	<0.0071	ug/L	0.036	0.0071	1	03/26/20 07:05	03/26/20 22:09	56-55-3	
Benzo(a)pyrene	<0.0099	ug/L	0.050	0.0099	1	03/26/20 07:05	03/26/20 22:09	50-32-8	
Benzo(b)fluoranthene	<0.0054	ug/L	0.027	0.0054	1	03/26/20 07:05	03/26/20 22:09	205-99-2	L1
Benzo(g,h,i)perylene	<0.0064	ug/L	0.032	0.0064	1	03/26/20 07:05	03/26/20 22:09	191-24-2	
Benzo(k)fluoranthene	<0.0071	ug/L	0.036	0.0071	1	03/26/20 07:05	03/26/20 22:09	207-08-9	
Chrysene	<0.012	ug/L	0.062	0.012	1	03/26/20 07:05	03/26/20 22:09	218-01-9	
Dibenz(a,h)anthracene	<0.0095	ug/L	0.047	0.0095	1	03/26/20 07:05	03/26/20 22:09	53-70-3	
Fluoranthene	<0.010	ug/L	0.050	0.010	1	03/26/20 07:05	03/26/20 22:09	206-44-0	
Fluorene	0.024J	ug/L	0.038	0.0075	1	03/26/20 07:05	03/26/20 22:09	86-73-7	
Indeno(1,2,3-cd)pyrene	<0.017	ug/L	0.083	0.017	1	03/26/20 07:05	03/26/20 22:09	193-39-5	L1
1-Methylnaphthalene	0.0066J	ug/L	0.028	0.0056	1	03/26/20 07:05	03/26/20 22:09	90-12-0	
2-Methylnaphthalene	<0.0046	ug/L	0.023	0.0046	1	03/26/20 07:05	03/26/20 22:09	91-57-6	
Naphthalene	<0.017	ug/L	0.086	0.017	1	03/26/20 07:05	03/26/20 22:09	91-20-3	
Phenanthrene	<0.013	ug/L	0.065	0.013	1	03/26/20 07:05	03/26/20 22:09	85-01-8	
Pyrene	<0.0072	ug/L	0.036	0.0072	1	03/26/20 07:05	03/26/20 22:09	129-00-0	
Surrogates									
2-Fluorobiphenyl (S)	56	%	39-120		1	03/26/20 07:05	03/26/20 22:09	321-60-8	
Terphenyl-d14 (S)	72	%	10-159		1	03/26/20 07:05	03/26/20 22:09	1718-51-0	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

Sample: 3_MW-45 **Lab ID: 40205127011** Collected: 03/19/20 14:05 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
6020 MET ICPMS, Dissolved									
Analytical Method: EPA 6020 Preparation Method: EPA 3010 Pace Analytical Services - Green Bay									
Arsenic, Dissolved	1.4	ug/L	1.0	0.28	1	03/24/20 22:14	03/27/20 02:59	7440-38-2	
8270 MSSV PAH by HVI									
Analytical Method: EPA 8270 by HVI Preparation Method: EPA 3510 Pace Analytical Services - Green Bay									
Acenaphthene	0.80	ug/L	0.10	0.020	3	03/26/20 07:05	03/26/20 17:31	83-32-9	
Acenaphthylene	4.8	ug/L	0.082	0.016	3	03/26/20 07:05	03/26/20 17:31	208-96-8	
Anthracene	1.2	ug/L	0.17	0.034	3	03/26/20 07:05	03/26/20 17:31	120-12-7	
Benzo(a)anthracene	0.33	ug/L	0.12	0.025	3	03/26/20 07:05	03/26/20 17:31	56-55-3	
Benzo(a)pyrene	0.42	ug/L	0.17	0.035	3	03/26/20 07:05	03/26/20 17:31	50-32-8	
Benzo(b)fluoranthene	0.40	ug/L	0.095	0.019	3	03/26/20 07:05	03/26/20 17:31	205-99-2	L1
Benzo(g,h,i)perylene	0.42	ug/L	0.11	0.022	3	03/26/20 07:05	03/26/20 17:31	191-24-2	
Benzo(k)fluoranthene	0.19	ug/L	0.12	0.025	3	03/26/20 07:05	03/26/20 17:31	207-08-9	
Chrysene	0.35	ug/L	0.22	0.043	3	03/26/20 07:05	03/26/20 17:31	218-01-9	
Dibenz(a,h)anthracene	0.054J	ug/L	0.17	0.033	3	03/26/20 07:05	03/26/20 17:31	53-70-3	
Fluoranthene	1.2	ug/L	0.18	0.035	3	03/26/20 07:05	03/26/20 17:31	206-44-0	
Fluorene	2.9	ug/L	0.13	0.026	3	03/26/20 07:05	03/26/20 17:31	86-73-7	
Indeno(1,2,3-cd)pyrene	0.25J	ug/L	0.29	0.058	3	03/26/20 07:05	03/26/20 17:31	193-39-5	L1
1-Methylnaphthalene	5.1	ug/L	0.097	0.019	3	03/26/20 07:05	03/26/20 17:31	90-12-0	
2-Methylnaphthalene	6.5	ug/L	0.081	0.016	3	03/26/20 07:05	03/26/20 17:31	91-57-6	
Naphthalene	33.6	ug/L	0.30	0.060	3	03/26/20 07:05	03/26/20 17:31	91-20-3	
Phenanthrene	4.8	ug/L	0.23	0.045	3	03/26/20 07:05	03/26/20 17:31	85-01-8	
Pyrene	1.0	ug/L	0.13	0.025	3	03/26/20 07:05	03/26/20 17:31	129-00-0	
Surrogates									
2-Fluorobiphenyl (S)	49	%	39-120		3	03/26/20 07:05	03/26/20 17:31	321-60-8	
Terphenyl-d14 (S)	57	%	10-159		3	03/26/20 07:05	03/26/20 17:31	1718-51-0	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 3_MW-20 **Lab ID: 40205127012** Collected: 03/19/20 15:10 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8270 MSSV PAH by HVI									
Analytical Method: EPA 8270 by HVI Preparation Method: EPA 3510									
Pace Analytical Services - Green Bay									
Acenaphthene	<0.0064	ug/L	0.032	0.0064	1	03/26/20 07:05	03/27/20 11:24	83-32-9	
Acenaphthylene	<0.0052	ug/L	0.026	0.0052	1	03/26/20 07:05	03/27/20 11:24	208-96-8	
Anthracene	<0.011	ug/L	0.055	0.011	1	03/26/20 07:05	03/27/20 11:24	120-12-7	
Benzo(a)anthracene	<0.0079	ug/L	0.040	0.0079	1	03/26/20 07:05	03/27/20 11:24	56-55-3	
Benzo(a)pyrene	<0.011	ug/L	0.055	0.011	1	03/26/20 07:05	03/27/20 11:24	50-32-8	
Benzo(b)fluoranthene	<0.0060	ug/L	0.030	0.0060	1	03/26/20 07:05	03/27/20 11:24	205-99-2	L1
Benzo(g,h,i)perylene	0.014J	ug/L	0.036	0.0071	1	03/26/20 07:05	03/27/20 11:24	191-24-2	
Benzo(k)fluoranthene	<0.0079	ug/L	0.040	0.0079	1	03/26/20 07:05	03/27/20 11:24	207-08-9	
Chrysene	<0.014	ug/L	0.069	0.014	1	03/26/20 07:05	03/27/20 11:24	218-01-9	
Dibenz(a,h)anthracene	<0.011	ug/L	0.053	0.011	1	03/26/20 07:05	03/27/20 11:24	53-70-3	
Fluoranthene	<0.011	ug/L	0.056	0.011	1	03/26/20 07:05	03/27/20 11:24	206-44-0	
Fluorene	<0.0084	ug/L	0.042	0.0084	1	03/26/20 07:05	03/27/20 11:24	86-73-7	
Indeno(1,2,3-cd)pyrene	<0.019	ug/L	0.093	0.019	1	03/26/20 07:05	03/27/20 11:24	193-39-5	L1
1-Methylnaphthalene	<0.0062	ug/L	0.031	0.0062	1	03/26/20 07:05	03/27/20 11:24	90-12-0	
2-Methylnaphthalene	<0.0052	ug/L	0.026	0.0052	1	03/26/20 07:05	03/27/20 11:24	91-57-6	
Naphthalene	<0.019	ug/L	0.096	0.019	1	03/26/20 07:05	03/27/20 11:24	91-20-3	
Phenanthrene	<0.015	ug/L	0.073	0.015	1	03/26/20 07:05	03/27/20 11:24	85-01-8	
Pyrene	<0.0081	ug/L	0.040	0.0081	1	03/26/20 07:05	03/27/20 11:24	129-00-0	
Surrogates									
2-Fluorobiphenyl (S)	69	%	39-120		1	03/26/20 07:05	03/27/20 11:24	321-60-8	
Terphenyl-d14 (S)	75	%	10-159		1	03/26/20 07:05	03/27/20 11:24	1718-51-0	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

Sample: 3_MW-64 **Lab ID: 40205127013** Collected: 03/19/20 16:15 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
6020 MET ICPMS, Dissolved									
Analytical Method: EPA 6020 Preparation Method: EPA 3010 Pace Analytical Services - Green Bay									
Arsenic, Dissolved	4.3	ug/L	1.0	0.28	1	03/24/20 22:14	03/27/20 03:06	7440-38-2	
8270 MSSV PAH by HVI									
Analytical Method: EPA 8270 by HVI Preparation Method: EPA 3510 Pace Analytical Services - Green Bay									
Acenaphthene	<0.0070	ug/L	0.035	0.0070	1	03/26/20 07:05	03/27/20 12:14	83-32-9	
Acenaphthylene	<0.0057	ug/L	0.029	0.0057	1	03/26/20 07:05	03/27/20 12:14	208-96-8	
Anthracene	<0.012	ug/L	0.060	0.012	1	03/26/20 07:05	03/27/20 12:14	120-12-7	
Benzo(a)anthracene	<0.0087	ug/L	0.043	0.0087	1	03/26/20 07:05	03/27/20 12:14	56-55-3	
Benzo(a)pyrene	<0.012	ug/L	0.060	0.012	1	03/26/20 07:05	03/27/20 12:14	50-32-8	
Benzo(b)fluoranthene	<0.0066	ug/L	0.033	0.0066	1	03/26/20 07:05	03/27/20 12:14	205-99-2	L1
Benzo(g,h,i)perylene	0.0079J	ug/L	0.039	0.0078	1	03/26/20 07:05	03/27/20 12:14	191-24-2	
Benzo(k)fluoranthene	<0.0087	ug/L	0.043	0.0087	1	03/26/20 07:05	03/27/20 12:14	207-08-9	
Chrysene	<0.015	ug/L	0.075	0.015	1	03/26/20 07:05	03/27/20 12:14	218-01-9	
Dibenz(a,h)anthracene	<0.012	ug/L	0.058	0.012	1	03/26/20 07:05	03/27/20 12:14	53-70-3	
Fluoranthene	<0.012	ug/L	0.061	0.012	1	03/26/20 07:05	03/27/20 12:14	206-44-0	
Fluorene	<0.0092	ug/L	0.046	0.0092	1	03/26/20 07:05	03/27/20 12:14	86-73-7	
Indeno(1,2,3-cd)pyrene	<0.020	ug/L	0.10	0.020	1	03/26/20 07:05	03/27/20 12:14	193-39-5	L1
1-Methylnaphthalene	<0.0068	ug/L	0.034	0.0068	1	03/26/20 07:05	03/27/20 12:14	90-12-0	
2-Methylnaphthalene	<0.0056	ug/L	0.028	0.0056	1	03/26/20 07:05	03/27/20 12:14	91-57-6	
Naphthalene	<0.021	ug/L	0.11	0.021	1	03/26/20 07:05	03/27/20 12:14	91-20-3	
Phenanthrene	<0.016	ug/L	0.079	0.016	1	03/26/20 07:05	03/27/20 12:14	85-01-8	
Pyrene	<0.0088	ug/L	0.044	0.0088	1	03/26/20 07:05	03/27/20 12:14	129-00-0	
Surrogates									
2-Fluorobiphenyl (S)	57	%	39-120		1	03/26/20 07:05	03/27/20 12:14	321-60-8	
Terphenyl-d14 (S)	78	%	10-159		1	03/26/20 07:05	03/27/20 12:14	1718-51-0	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

Sample: 3_MW-27 Lab ID: 40205127014 Collected: 03/20/20 09:50 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
6020 MET ICPMS, Dissolved									
Analytical Method: EPA 6020 Preparation Method: EPA 3010 Pace Analytical Services - Green Bay									
Arsenic, Dissolved	<0.28	ug/L	1.0	0.28	1	03/24/20 22:14	03/27/20 03:13	7440-38-2	
8270 MSSV PAH by HVI									
Analytical Method: EPA 8270 by HVI Preparation Method: EPA 3510 Pace Analytical Services - Green Bay									
Acenaphthene	<0.0056	ug/L	0.028	0.0056	1	03/26/20 07:05	03/27/20 12:31	83-32-9	
Acenaphthylene	<0.0046	ug/L	0.023	0.0046	1	03/26/20 07:05	03/27/20 12:31	208-96-8	
Anthracene	<0.0097	ug/L	0.048	0.0097	1	03/26/20 07:05	03/27/20 12:31	120-12-7	
Benzo(a)anthracene	<0.0070	ug/L	0.035	0.0070	1	03/26/20 07:05	03/27/20 12:31	56-55-3	
Benzo(a)pyrene	<0.0098	ug/L	0.049	0.0098	1	03/26/20 07:05	03/27/20 12:31	50-32-8	
Benzo(b)fluoranthene	<0.0053	ug/L	0.027	0.0053	1	03/26/20 07:05	03/27/20 12:31	205-99-2	L1
Benzo(g,h,i)perylene	<0.0063	ug/L	0.031	0.0063	1	03/26/20 07:05	03/27/20 12:31	191-24-2	
Benzo(k)fluoranthene	<0.0070	ug/L	0.035	0.0070	1	03/26/20 07:05	03/27/20 12:31	207-08-9	
Chrysene	<0.012	ug/L	0.060	0.012	1	03/26/20 07:05	03/27/20 12:31	218-01-9	
Dibenz(a,h)anthracene	<0.0093	ug/L	0.046	0.0093	1	03/26/20 07:05	03/27/20 12:31	53-70-3	
Fluoranthene	<0.0099	ug/L	0.049	0.0099	1	03/26/20 07:05	03/27/20 12:31	206-44-0	
Fluorene	<0.0074	ug/L	0.037	0.0074	1	03/26/20 07:05	03/27/20 12:31	86-73-7	
Indeno(1,2,3-cd)pyrene	<0.016	ug/L	0.082	0.016	1	03/26/20 07:05	03/27/20 12:31	193-39-5	L1
1-Methylnaphthalene	<0.0055	ug/L	0.027	0.0055	1	03/26/20 07:05	03/27/20 12:31	90-12-0	
2-Methylnaphthalene	<0.0045	ug/L	0.023	0.0045	1	03/26/20 07:05	03/27/20 12:31	91-57-6	
Naphthalene	<0.017	ug/L	0.085	0.017	1	03/26/20 07:05	03/27/20 12:31	91-20-3	
Phenanthrene	<0.013	ug/L	0.064	0.013	1	03/26/20 07:05	03/27/20 12:31	85-01-8	
Pyrene	<0.0071	ug/L	0.035	0.0071	1	03/26/20 07:05	03/27/20 12:31	129-00-0	
Surrogates									
2-Fluorobiphenyl (S)	58	%	39-120		1	03/26/20 07:05	03/27/20 12:31	321-60-8	
Terphenyl-d14 (S)	83	%	10-159		1	03/26/20 07:05	03/27/20 12:31	1718-51-0	
8260 MSV									
Analytical Method: EPA 8260 Pace Analytical Services - Green Bay									
Benzene	<0.25	ug/L	1.0	0.25	1		03/25/20 16:37	71-43-2	
Bromobenzene	<0.24	ug/L	1.0	0.24	1		03/25/20 16:37	108-86-1	
Bromochloromethane	<0.36	ug/L	5.0	0.36	1		03/25/20 16:37	74-97-5	
Bromodichloromethane	<0.36	ug/L	1.2	0.36	1		03/25/20 16:37	75-27-4	
Bromoform	<4.0	ug/L	13.2	4.0	1		03/25/20 16:37	75-25-2	
Bromomethane	<0.97	ug/L	5.0	0.97	1		03/25/20 16:37	74-83-9	
n-Butylbenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 16:37	104-51-8	
sec-Butylbenzene	<0.85	ug/L	5.0	0.85	1		03/25/20 16:37	135-98-8	
tert-Butylbenzene	<0.30	ug/L	1.0	0.30	1		03/25/20 16:37	98-06-6	
Carbon tetrachloride	<1.1	ug/L	3.6	1.1	1		03/25/20 16:37	56-23-5	
Chlorobenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 16:37	108-90-7	
Chloroethane	<1.3	ug/L	5.0	1.3	1		03/25/20 16:37	75-00-3	
Chloroform	<1.3	ug/L	5.0	1.3	1		03/25/20 16:37	67-66-3	
Chloromethane	<2.2	ug/L	7.3	2.2	1		03/25/20 16:37	74-87-3	
2-Chlorotoluene	<0.93	ug/L	5.0	0.93	1		03/25/20 16:37	95-49-8	
4-Chlorotoluene	<0.76	ug/L	2.5	0.76	1		03/25/20 16:37	106-43-4	
1,2-Dibromo-3-chloropropane	<1.8	ug/L	5.9	1.8	1		03/25/20 16:37	96-12-8	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

Sample: 3_MW-27 Lab ID: 40205127014 Collected: 03/20/20 09:50 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV									
Analytical Method: EPA 8260									
Pace Analytical Services - Green Bay									
Dibromochloromethane	<2.6	ug/L	8.7	2.6	1		03/25/20 16:37	124-48-1	
1,2-Dibromoethane (EDB)	<0.83	ug/L	2.8	0.83	1		03/25/20 16:37	106-93-4	
Dibromomethane	<0.94	ug/L	3.1	0.94	1		03/25/20 16:37	74-95-3	
1,2-Dichlorobenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 16:37	95-50-1	
1,3-Dichlorobenzene	<0.63	ug/L	2.1	0.63	1		03/25/20 16:37	541-73-1	
1,4-Dichlorobenzene	<0.94	ug/L	3.1	0.94	1		03/25/20 16:37	106-46-7	
Dichlorodifluoromethane	<0.50	ug/L	5.0	0.50	1		03/25/20 16:37	75-71-8	
1,1-Dichloroethane	<0.27	ug/L	1.0	0.27	1		03/25/20 16:37	75-34-3	
1,2-Dichloroethane	<0.28	ug/L	1.0	0.28	1		03/25/20 16:37	107-06-2	
1,1-Dichloroethene	<0.24	ug/L	1.0	0.24	1		03/25/20 16:37	75-35-4	
cis-1,2-Dichloroethene	<0.27	ug/L	1.0	0.27	1		03/25/20 16:37	156-59-2	
trans-1,2-Dichloroethene	<1.1	ug/L	3.6	1.1	1		03/25/20 16:37	156-60-5	
1,2-Dichloropropane	<0.28	ug/L	1.0	0.28	1		03/25/20 16:37	78-87-5	
1,3-Dichloropropane	<0.83	ug/L	2.8	0.83	1		03/25/20 16:37	142-28-9	
2,2-Dichloropropane	<2.3	ug/L	7.6	2.3	1		03/25/20 16:37	594-20-7	
1,1-Dichloropropene	<0.54	ug/L	1.8	0.54	1		03/25/20 16:37	563-58-6	
cis-1,3-Dichloropropene	<3.6	ug/L	12.1	3.6	1		03/25/20 16:37	10061-01-5	
trans-1,3-Dichloropropene	<4.4	ug/L	14.6	4.4	1		03/25/20 16:37	10061-02-6	
Diisopropyl ether	<1.9	ug/L	6.3	1.9	1		03/25/20 16:37	108-20-3	
Ethylbenzene	<0.32	ug/L	1.1	0.32	1		03/25/20 16:37	100-41-4	
Hexachloro-1,3-butadiene	<1.5	ug/L	4.9	1.5	1		03/25/20 16:37	87-68-3	
Isopropylbenzene (Cumene)	<1.7	ug/L	5.6	1.7	1		03/25/20 16:37	98-82-8	
p-Isopropyltoluene	<0.80	ug/L	2.7	0.80	1		03/25/20 16:37	99-87-6	
Methylene Chloride	<0.58	ug/L	5.0	0.58	1		03/25/20 16:37	75-09-2	
Methyl-tert-butyl ether	<1.2	ug/L	4.2	1.2	1		03/25/20 16:37	1634-04-4	
Naphthalene	<1.2	ug/L	5.0	1.2	1		03/25/20 16:37	91-20-3	
n-Propylbenzene	<0.81	ug/L	5.0	0.81	1		03/25/20 16:37	103-65-1	
Styrene	<3.0	ug/L	10.0	3.0	1		03/25/20 16:37	100-42-5	
1,1,1,2-Tetrachloroethane	<0.27	ug/L	1.0	0.27	1		03/25/20 16:37	630-20-6	
1,1,2,2-Tetrachloroethane	<0.28	ug/L	1.0	0.28	1		03/25/20 16:37	79-34-5	
Tetrachloroethene	1.0J	ug/L	1.1	0.33	1		03/25/20 16:37	127-18-4	
Toluene	<0.27	ug/L	0.90	0.27	1		03/25/20 16:37	108-88-3	
1,2,3-Trichlorobenzene	<2.2	ug/L	7.4	2.2	1		03/25/20 16:37	87-61-6	
1,2,4-Trichlorobenzene	<0.95	ug/L	5.0	0.95	1		03/25/20 16:37	120-82-1	L2
1,1,1-Trichloroethane	<0.24	ug/L	1.0	0.24	1		03/25/20 16:37	71-55-6	
1,1,2-Trichloroethane	<0.55	ug/L	5.0	0.55	1		03/25/20 16:37	79-00-5	
Trichloroethene	0.33J	ug/L	1.0	0.26	1		03/25/20 16:37	79-01-6	
Trichlorofluoromethane	<0.21	ug/L	1.0	0.21	1		03/25/20 16:37	75-69-4	
1,2,3-Trichloropropane	<0.59	ug/L	5.0	0.59	1		03/25/20 16:37	96-18-4	
1,2,4-Trimethylbenzene	<0.84	ug/L	2.8	0.84	1		03/25/20 16:37	95-63-6	
1,3,5-Trimethylbenzene	<0.87	ug/L	2.9	0.87	1		03/25/20 16:37	108-67-8	
Vinyl chloride	<0.17	ug/L	1.0	0.17	1		03/25/20 16:37	75-01-4	
Xylene (Total)	<1.5	ug/L	3.0	1.5	1		03/25/20 16:37	1330-20-7	
m&p-Xylene	<0.47	ug/L	2.0	0.47	1		03/25/20 16:37	179601-23-1	
o-Xylene	<0.26	ug/L	1.0	0.26	1		03/25/20 16:37	95-47-6	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 3_MW-27 **Lab ID: 40205127014** Collected: 03/20/20 09:50 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV		Analytical Method: EPA 8260 Pace Analytical Services - Green Bay							
Surrogates									
4-Bromofluorobenzene (S)	90	%	70-130		1		03/25/20 16:37	460-00-4	
Dibromofluoromethane (S)	113	%	70-130		1		03/25/20 16:37	1868-53-7	
Toluene-d8 (S)	99	%	70-130		1		03/25/20 16:37	2037-26-5	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

Sample: 3_MW-27D Lab ID: 40205127015 Collected: 03/20/20 00:00 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
6020 MET ICPMS, Dissolved									
Analytical Method: EPA 6020 Preparation Method: EPA 3010 Pace Analytical Services - Green Bay									
Arsenic, Dissolved	<0.28	ug/L	1.0	0.28	1	03/24/20 22:14	03/27/20 03:20	7440-38-2	
8270 MSSV PAH by HVI									
Analytical Method: EPA 8270 by HVI Preparation Method: EPA 3510 Pace Analytical Services - Green Bay									
Acenaphthene	<0.0056	ug/L	0.028	0.0056	1	03/26/20 07:05	03/27/20 12:47	83-32-9	
Acenaphthylene	<0.0046	ug/L	0.023	0.0046	1	03/26/20 07:05	03/27/20 12:47	208-96-8	
Anthracene	<0.0097	ug/L	0.048	0.0097	1	03/26/20 07:05	03/27/20 12:47	120-12-7	
Benzo(a)anthracene	<0.0070	ug/L	0.035	0.0070	1	03/26/20 07:05	03/27/20 12:47	56-55-3	
Benzo(a)pyrene	<0.0098	ug/L	0.049	0.0098	1	03/26/20 07:05	03/27/20 12:47	50-32-8	
Benzo(b)fluoranthene	<0.0053	ug/L	0.027	0.0053	1	03/26/20 07:05	03/27/20 12:47	205-99-2	L1
Benzo(g,h,i)perylene	<0.0063	ug/L	0.031	0.0063	1	03/26/20 07:05	03/27/20 12:47	191-24-2	
Benzo(k)fluoranthene	<0.0070	ug/L	0.035	0.0070	1	03/26/20 07:05	03/27/20 12:47	207-08-9	
Chrysene	<0.012	ug/L	0.060	0.012	1	03/26/20 07:05	03/27/20 12:47	218-01-9	
Dibenz(a,h)anthracene	<0.0093	ug/L	0.046	0.0093	1	03/26/20 07:05	03/27/20 12:47	53-70-3	
Fluoranthene	<0.0099	ug/L	0.049	0.0099	1	03/26/20 07:05	03/27/20 12:47	206-44-0	
Fluorene	<0.0074	ug/L	0.037	0.0074	1	03/26/20 07:05	03/27/20 12:47	86-73-7	
Indeno(1,2,3-cd)pyrene	<0.016	ug/L	0.082	0.016	1	03/26/20 07:05	03/27/20 12:47	193-39-5	L1
1-Methylnaphthalene	<0.0055	ug/L	0.027	0.0055	1	03/26/20 07:05	03/27/20 12:47	90-12-0	
2-Methylnaphthalene	<0.0045	ug/L	0.023	0.0045	1	03/26/20 07:05	03/27/20 12:47	91-57-6	
Naphthalene	<0.017	ug/L	0.085	0.017	1	03/26/20 07:05	03/27/20 12:47	91-20-3	
Phenanthrene	<0.013	ug/L	0.064	0.013	1	03/26/20 07:05	03/27/20 12:47	85-01-8	
Pyrene	<0.0071	ug/L	0.035	0.0071	1	03/26/20 07:05	03/27/20 12:47	129-00-0	
Surrogates									
2-Fluorobiphenyl (S)	59	%	39-120		1	03/26/20 07:05	03/27/20 12:47	321-60-8	
Terphenyl-d14 (S)	85	%	10-159		1	03/26/20 07:05	03/27/20 12:47	1718-51-0	
8260 MSV									
Analytical Method: EPA 8260 Pace Analytical Services - Green Bay									
Benzene	<0.25	ug/L	1.0	0.25	1		03/25/20 16:59	71-43-2	
Bromobenzene	<0.24	ug/L	1.0	0.24	1		03/25/20 16:59	108-86-1	
Bromochloromethane	<0.36	ug/L	5.0	0.36	1		03/25/20 16:59	74-97-5	
Bromodichloromethane	<0.36	ug/L	1.2	0.36	1		03/25/20 16:59	75-27-4	
Bromoform	<4.0	ug/L	13.2	4.0	1		03/25/20 16:59	75-25-2	
Bromomethane	<0.97	ug/L	5.0	0.97	1		03/25/20 16:59	74-83-9	
n-Butylbenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 16:59	104-51-8	
sec-Butylbenzene	<0.85	ug/L	5.0	0.85	1		03/25/20 16:59	135-98-8	
tert-Butylbenzene	<0.30	ug/L	1.0	0.30	1		03/25/20 16:59	98-06-6	
Carbon tetrachloride	<1.1	ug/L	3.6	1.1	1		03/25/20 16:59	56-23-5	
Chlorobenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 16:59	108-90-7	
Chloroethane	<1.3	ug/L	5.0	1.3	1		03/25/20 16:59	75-00-3	
Chloroform	<1.3	ug/L	5.0	1.3	1		03/25/20 16:59	67-66-3	
Chloromethane	<2.2	ug/L	7.3	2.2	1		03/25/20 16:59	74-87-3	
2-Chlorotoluene	<0.93	ug/L	5.0	0.93	1		03/25/20 16:59	95-49-8	
4-Chlorotoluene	<0.76	ug/L	2.5	0.76	1		03/25/20 16:59	106-43-4	
1,2-Dibromo-3-chloropropane	<1.8	ug/L	5.9	1.8	1		03/25/20 16:59	96-12-8	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 3_MW-27D Lab ID: 40205127015 Collected: 03/20/20 00:00 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV									
Analytical Method: EPA 8260									
Pace Analytical Services - Green Bay									
Dibromochloromethane	<2.6	ug/L	8.7	2.6	1		03/25/20 16:59	124-48-1	
1,2-Dibromoethane (EDB)	<0.83	ug/L	2.8	0.83	1		03/25/20 16:59	106-93-4	
Dibromomethane	<0.94	ug/L	3.1	0.94	1		03/25/20 16:59	74-95-3	
1,2-Dichlorobenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 16:59	95-50-1	
1,3-Dichlorobenzene	<0.63	ug/L	2.1	0.63	1		03/25/20 16:59	541-73-1	
1,4-Dichlorobenzene	<0.94	ug/L	3.1	0.94	1		03/25/20 16:59	106-46-7	
Dichlorodifluoromethane	<0.50	ug/L	5.0	0.50	1		03/25/20 16:59	75-71-8	
1,1-Dichloroethane	<0.27	ug/L	1.0	0.27	1		03/25/20 16:59	75-34-3	
1,2-Dichloroethane	<0.28	ug/L	1.0	0.28	1		03/25/20 16:59	107-06-2	
1,1-Dichloroethene	<0.24	ug/L	1.0	0.24	1		03/25/20 16:59	75-35-4	
cis-1,2-Dichloroethene	<0.27	ug/L	1.0	0.27	1		03/25/20 16:59	156-59-2	
trans-1,2-Dichloroethene	<1.1	ug/L	3.6	1.1	1		03/25/20 16:59	156-60-5	
1,2-Dichloropropane	<0.28	ug/L	1.0	0.28	1		03/25/20 16:59	78-87-5	
1,3-Dichloropropane	<0.83	ug/L	2.8	0.83	1		03/25/20 16:59	142-28-9	
2,2-Dichloropropane	<2.3	ug/L	7.6	2.3	1		03/25/20 16:59	594-20-7	
1,1-Dichloropropene	<0.54	ug/L	1.8	0.54	1		03/25/20 16:59	563-58-6	
cis-1,3-Dichloropropene	<3.6	ug/L	12.1	3.6	1		03/25/20 16:59	10061-01-5	
trans-1,3-Dichloropropene	<4.4	ug/L	14.6	4.4	1		03/25/20 16:59	10061-02-6	
Diisopropyl ether	<1.9	ug/L	6.3	1.9	1		03/25/20 16:59	108-20-3	
Ethylbenzene	<0.32	ug/L	1.1	0.32	1		03/25/20 16:59	100-41-4	
Hexachloro-1,3-butadiene	<1.5	ug/L	4.9	1.5	1		03/25/20 16:59	87-68-3	
Isopropylbenzene (Cumene)	<1.7	ug/L	5.6	1.7	1		03/25/20 16:59	98-82-8	
p-Isopropyltoluene	<0.80	ug/L	2.7	0.80	1		03/25/20 16:59	99-87-6	
Methylene Chloride	<0.58	ug/L	5.0	0.58	1		03/25/20 16:59	75-09-2	
Methyl-tert-butyl ether	<1.2	ug/L	4.2	1.2	1		03/25/20 16:59	1634-04-4	
Naphthalene	<1.2	ug/L	5.0	1.2	1		03/25/20 16:59	91-20-3	
n-Propylbenzene	<0.81	ug/L	5.0	0.81	1		03/25/20 16:59	103-65-1	
Styrene	<3.0	ug/L	10.0	3.0	1		03/25/20 16:59	100-42-5	
1,1,1,2-Tetrachloroethane	<0.27	ug/L	1.0	0.27	1		03/25/20 16:59	630-20-6	
1,1,2,2-Tetrachloroethane	<0.28	ug/L	1.0	0.28	1		03/25/20 16:59	79-34-5	
Tetrachloroethene	1.1	ug/L	1.1	0.33	1		03/25/20 16:59	127-18-4	
Toluene	<0.27	ug/L	0.90	0.27	1		03/25/20 16:59	108-88-3	
1,2,3-Trichlorobenzene	<2.2	ug/L	7.4	2.2	1		03/25/20 16:59	87-61-6	
1,2,4-Trichlorobenzene	<0.95	ug/L	5.0	0.95	1		03/25/20 16:59	120-82-1	L2
1,1,1-Trichloroethane	<0.24	ug/L	1.0	0.24	1		03/25/20 16:59	71-55-6	
1,1,2-Trichloroethane	<0.55	ug/L	5.0	0.55	1		03/25/20 16:59	79-00-5	
Trichloroethene	0.45J	ug/L	1.0	0.26	1		03/25/20 16:59	79-01-6	
Trichlorofluoromethane	<0.21	ug/L	1.0	0.21	1		03/25/20 16:59	75-69-4	
1,2,3-Trichloropropane	<0.59	ug/L	5.0	0.59	1		03/25/20 16:59	96-18-4	
1,2,4-Trimethylbenzene	<0.84	ug/L	2.8	0.84	1		03/25/20 16:59	95-63-6	
1,3,5-Trimethylbenzene	<0.87	ug/L	2.9	0.87	1		03/25/20 16:59	108-67-8	
Vinyl chloride	<0.17	ug/L	1.0	0.17	1		03/25/20 16:59	75-01-4	
Xylene (Total)	<1.5	ug/L	3.0	1.5	1		03/25/20 16:59	1330-20-7	
m&p-Xylene	<0.47	ug/L	2.0	0.47	1		03/25/20 16:59	179601-23-1	
o-Xylene	<0.26	ug/L	1.0	0.26	1		03/25/20 16:59	95-47-6	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 3_MW-27D **Lab ID: 40205127015** Collected: 03/20/20 00:00 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV		Analytical Method: EPA 8260 Pace Analytical Services - Green Bay							
Surrogates									
4-Bromofluorobenzene (S)	88	%	70-130		1		03/25/20 16:59	460-00-4	
Dibromofluoromethane (S)	114	%	70-130		1		03/25/20 16:59	1868-53-7	
Toluene-d8 (S)	101	%	70-130		1		03/25/20 16:59	2037-26-5	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 3_MW-77 Lab ID: 40205127016 Collected: 03/20/20 11:35 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
6020 MET ICPMS, Dissolved									
Analytical Method: EPA 6020 Preparation Method: EPA 3010 Pace Analytical Services - Green Bay									
Arsenic, Dissolved	0.92J	ug/L	1.0	0.28	1	03/24/20 22:14	03/27/20 17:58	7440-38-2	
8270 MSSV PAH by HVI									
Analytical Method: EPA 8270 by HVI Preparation Method: EPA 3510 Pace Analytical Services - Green Bay									
Acenaphthene	<0.0057	ug/L	0.028	0.0057	1	03/26/20 07:05	03/27/20 13:04	83-32-9	
Acenaphthylene	<0.0047	ug/L	0.023	0.0047	1	03/26/20 07:05	03/27/20 13:04	208-96-8	
Anthracene	<0.0098	ug/L	0.049	0.0098	1	03/26/20 07:05	03/27/20 13:04	120-12-7	
Benzo(a)anthracene	<0.0071	ug/L	0.035	0.0071	1	03/26/20 07:05	03/27/20 13:04	56-55-3	
Benzo(a)pyrene	<0.0098	ug/L	0.049	0.0098	1	03/26/20 07:05	03/27/20 13:04	50-32-8	
Benzo(b)fluoranthene	<0.0054	ug/L	0.027	0.0054	1	03/26/20 07:05	03/27/20 13:04	205-99-2	L1
Benzo(g,h,i)perylene	<0.0063	ug/L	0.032	0.0063	1	03/26/20 07:05	03/27/20 13:04	191-24-2	
Benzo(k)fluoranthene	<0.0071	ug/L	0.035	0.0071	1	03/26/20 07:05	03/27/20 13:04	207-08-9	
Chrysene	<0.012	ug/L	0.061	0.012	1	03/26/20 07:05	03/27/20 13:04	218-01-9	
Dibenz(a,h)anthracene	<0.0094	ug/L	0.047	0.0094	1	03/26/20 07:05	03/27/20 13:04	53-70-3	
Fluoranthene	<0.010	ug/L	0.050	0.010	1	03/26/20 07:05	03/27/20 13:04	206-44-0	
Fluorene	<0.0074	ug/L	0.037	0.0074	1	03/26/20 07:05	03/27/20 13:04	86-73-7	
Indeno(1,2,3-cd)pyrene	<0.016	ug/L	0.082	0.016	1	03/26/20 07:05	03/27/20 13:04	193-39-5	L1
1-Methylnaphthalene	0.017J	ug/L	0.028	0.0055	1	03/26/20 07:05	03/27/20 13:04	90-12-0	
2-Methylnaphthalene	0.0077J	ug/L	0.023	0.0046	1	03/26/20 07:05	03/27/20 13:04	91-57-6	
Naphthalene	<0.017	ug/L	0.086	0.017	1	03/26/20 07:05	03/27/20 13:04	91-20-3	
Phenanthrene	<0.013	ug/L	0.064	0.013	1	03/26/20 07:05	03/27/20 13:04	85-01-8	
Pyrene	<0.0071	ug/L	0.036	0.0071	1	03/26/20 07:05	03/27/20 13:04	129-00-0	
Surrogates									
2-Fluorobiphenyl (S)	48	%	39-120		1	03/26/20 07:05	03/27/20 13:04	321-60-8	
Terphenyl-d14 (S)	82	%	10-159		1	03/26/20 07:05	03/27/20 13:04	1718-51-0	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

Sample: 3_MW-72 **Lab ID: 40205127017** Collected: 03/20/20 12:50 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
6020 MET ICPMS, Dissolved									
Analytical Method: EPA 6020 Preparation Method: EPA 3010 Pace Analytical Services - Green Bay									
Arsenic, Dissolved	0.44J	ug/L	1.0	0.28	1	03/24/20 22:14	03/27/20 03:48	7440-38-2	
8270 MSSV PAH by HVI									
Analytical Method: EPA 8270 by HVI Preparation Method: EPA 3510 Pace Analytical Services - Green Bay									
Acenaphthene	<0.0067	ug/L	0.033	0.0067	1	03/26/20 07:05	03/27/20 13:21	83-32-9	
Acenaphthylene	<0.0055	ug/L	0.027	0.0055	1	03/26/20 07:05	03/27/20 13:21	208-96-8	
Anthracene	<0.011	ug/L	0.057	0.011	1	03/26/20 07:05	03/27/20 13:21	120-12-7	
Benzo(a)anthracene	<0.0083	ug/L	0.041	0.0083	1	03/26/20 07:05	03/27/20 13:21	56-55-3	
Benzo(a)pyrene	<0.012	ug/L	0.058	0.012	1	03/26/20 07:05	03/27/20 13:21	50-32-8	
Benzo(b)fluoranthene	<0.0063	ug/L	0.032	0.0063	1	03/26/20 07:05	03/27/20 13:21	205-99-2	L1
Benzo(g,h,i)perylene	<0.0075	ug/L	0.037	0.0075	1	03/26/20 07:05	03/27/20 13:21	191-24-2	
Benzo(k)fluoranthene	<0.0083	ug/L	0.041	0.0083	1	03/26/20 07:05	03/27/20 13:21	207-08-9	
Chrysene	<0.014	ug/L	0.072	0.014	1	03/26/20 07:05	03/27/20 13:21	218-01-9	
Dibenz(a,h)anthracene	<0.011	ug/L	0.055	0.011	1	03/26/20 07:05	03/27/20 13:21	53-70-3	
Fluoranthene	<0.012	ug/L	0.059	0.012	1	03/26/20 07:05	03/27/20 13:21	206-44-0	
Fluorene	<0.0088	ug/L	0.044	0.0088	1	03/26/20 07:05	03/27/20 13:21	86-73-7	
Indeno(1,2,3-cd)pyrene	<0.019	ug/L	0.097	0.019	1	03/26/20 07:05	03/27/20 13:21	193-39-5	L1
1-Methylnaphthalene	<0.0065	ug/L	0.032	0.0065	1	03/26/20 07:05	03/27/20 13:21	90-12-0	
2-Methylnaphthalene	<0.0054	ug/L	0.027	0.0054	1	03/26/20 07:05	03/27/20 13:21	91-57-6	
Naphthalene	0.020J	ug/L	0.10	0.020	1	03/26/20 07:05	03/27/20 13:21	91-20-3	
Phenanthrene	<0.015	ug/L	0.076	0.015	1	03/26/20 07:05	03/27/20 13:21	85-01-8	
Pyrene	<0.0084	ug/L	0.042	0.0084	1	03/26/20 07:05	03/27/20 13:21	129-00-0	
Surrogates									
2-Fluorobiphenyl (S)	61	%	39-120		1	03/26/20 07:05	03/27/20 13:21	321-60-8	
Terphenyl-d14 (S)	80	%	10-159		1	03/26/20 07:05	03/27/20 13:21	1718-51-0	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 3_MW-58 **Lab ID:** 40205127018 Collected: 03/20/20 14:45 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
6020 MET ICPMS, Dissolved									
Analytical Method: EPA 6020 Preparation Method: EPA 3010 Pace Analytical Services - Green Bay									
Arsenic, Dissolved	3.8	ug/L	1.0	0.28	1	03/24/20 22:14	03/27/20 18:05	7440-38-2	
8270 MSSV PAH by HVI									
Analytical Method: EPA 8270 by HVI Preparation Method: EPA 3510 Pace Analytical Services - Green Bay									
Acenaphthene	3.8	ug/L	0.74	0.15	25	03/26/20 07:05	03/26/20 17:49	83-32-9	
Acenaphthylene	2.6	ug/L	0.60	0.12	25	03/26/20 07:05	03/26/20 17:49	208-96-8	
Anthracene	0.85J	ug/L	1.3	0.25	25	03/26/20 07:05	03/26/20 17:49	120-12-7	
Benzo(a)anthracene	<0.18	ug/L	0.92	0.18	25	03/26/20 07:05	03/26/20 17:49	56-55-3	
Benzo(a)pyrene	<0.26	ug/L	1.3	0.26	25	03/26/20 07:05	03/26/20 17:49	50-32-8	
Benzo(b)fluoranthene	<0.14	ug/L	0.70	0.14	25	03/26/20 07:05	03/26/20 17:49	205-99-2	L1
Benzo(g,h,i)perylene	<0.16	ug/L	0.82	0.16	25	03/26/20 07:05	03/26/20 17:49	191-24-2	
Benzo(k)fluoranthene	<0.18	ug/L	0.92	0.18	25	03/26/20 07:05	03/26/20 17:49	207-08-9	
Chrysene	<0.32	ug/L	1.6	0.32	25	03/26/20 07:05	03/26/20 17:49	218-01-9	
Dibenz(a,h)anthracene	<0.24	ug/L	1.2	0.24	25	03/26/20 07:05	03/26/20 17:49	53-70-3	
Fluoranthene	<0.26	ug/L	1.3	0.26	25	03/26/20 07:05	03/26/20 17:49	206-44-0	
Fluorene	7.2	ug/L	0.97	0.19	25	03/26/20 07:05	03/26/20 17:49	86-73-7	
Indeno(1,2,3-cd)pyrene	<0.43	ug/L	2.1	0.43	25	03/26/20 07:05	03/26/20 17:49	193-39-5	L1
1-Methylnaphthalene	146	ug/L	0.72	0.14	25	03/26/20 07:05	03/26/20 17:49	90-12-0	
2-Methylnaphthalene	182	ug/L	0.59	0.12	25	03/26/20 07:05	03/26/20 17:49	91-57-6	
Naphthalene	6.0	ug/L	2.2	0.44	25	03/26/20 07:05	03/26/20 17:49	91-20-3	
Phenanthrene	9.8	ug/L	1.7	0.33	25	03/26/20 07:05	03/26/20 17:49	85-01-8	
Pyrene	0.40J	ug/L	0.93	0.19	25	03/26/20 07:05	03/26/20 17:49	129-00-0	
Surrogates									
2-Fluorobiphenyl (S)	0	%	39-120		25	03/26/20 07:05	03/26/20 17:49	321-60-8	S4
Terphenyl-d14 (S)	0	%	10-159		25	03/26/20 07:05	03/26/20 17:49	1718-51-0	S4
8260 MSV									
Analytical Method: EPA 8260 Pace Analytical Services - Green Bay									
Benzene	15.3	ug/L	2.5	0.62	2.5		03/25/20 18:06	71-43-2	
Bromobenzene	<0.60	ug/L	2.5	0.60	2.5		03/25/20 18:06	108-86-1	
Bromochloromethane	<0.91	ug/L	12.5	0.91	2.5		03/25/20 18:06	74-97-5	
Bromodichloromethane	<0.91	ug/L	3.0	0.91	2.5		03/25/20 18:06	75-27-4	
Bromoform	<9.9	ug/L	33.1	9.9	2.5		03/25/20 18:06	75-25-2	
Bromomethane	<2.4	ug/L	12.5	2.4	2.5		03/25/20 18:06	74-83-9	
n-Butylbenzene	19.3	ug/L	5.9	1.8	2.5		03/25/20 18:06	104-51-8	
sec-Butylbenzene	7.7J	ug/L	12.5	2.1	2.5		03/25/20 18:06	135-98-8	
tert-Butylbenzene	<0.76	ug/L	2.5	0.76	2.5		03/25/20 18:06	98-06-6	
Carbon tetrachloride	<2.7	ug/L	9.0	2.7	2.5		03/25/20 18:06	56-23-5	
Chlorobenzene	<1.8	ug/L	5.9	1.8	2.5		03/25/20 18:06	108-90-7	
Chloroethane	<3.4	ug/L	12.5	3.4	2.5		03/25/20 18:06	75-00-3	
Chloroform	<3.2	ug/L	12.5	3.2	2.5		03/25/20 18:06	67-66-3	
Chloromethane	<5.5	ug/L	18.2	5.5	2.5		03/25/20 18:06	74-87-3	
2-Chlorotoluene	<2.3	ug/L	12.5	2.3	2.5		03/25/20 18:06	95-49-8	
4-Chlorotoluene	<1.9	ug/L	6.3	1.9	2.5		03/25/20 18:06	106-43-4	
1,2-Dibromo-3-chloropropane	<4.4	ug/L	14.7	4.4	2.5		03/25/20 18:06	96-12-8	

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

Sample: 3_MW-58 **Lab ID: 40205127018** Collected: 03/20/20 14:45 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV									
Analytical Method: EPA 8260									
Pace Analytical Services - Green Bay									
Dibromochloromethane	<6.5	ug/L	21.7	6.5	2.5		03/25/20 18:06	124-48-1	
1,2-Dibromoethane (EDB)	<2.1	ug/L	6.9	2.1	2.5		03/25/20 18:06	106-93-4	
Dibromomethane	<2.3	ug/L	7.8	2.3	2.5		03/25/20 18:06	74-95-3	
1,2-Dichlorobenzene	<1.8	ug/L	5.9	1.8	2.5		03/25/20 18:06	95-50-1	
1,3-Dichlorobenzene	<1.6	ug/L	5.2	1.6	2.5		03/25/20 18:06	541-73-1	
1,4-Dichlorobenzene	<2.4	ug/L	7.9	2.4	2.5		03/25/20 18:06	106-46-7	
Dichlorodifluoromethane	<1.2	ug/L	12.5	1.2	2.5		03/25/20 18:06	75-71-8	
1,1-Dichloroethane	<0.68	ug/L	2.5	0.68	2.5		03/25/20 18:06	75-34-3	
1,2-Dichloroethane	<0.70	ug/L	2.5	0.70	2.5		03/25/20 18:06	107-06-2	
1,1-Dichloroethene	<0.61	ug/L	2.5	0.61	2.5		03/25/20 18:06	75-35-4	
cis-1,2-Dichloroethene	<0.68	ug/L	2.5	0.68	2.5		03/25/20 18:06	156-59-2	
trans-1,2-Dichloroethene	<2.7	ug/L	9.1	2.7	2.5		03/25/20 18:06	156-60-5	
1,2-Dichloropropane	<0.71	ug/L	2.5	0.71	2.5		03/25/20 18:06	78-87-5	
1,3-Dichloropropane	<2.1	ug/L	6.9	2.1	2.5		03/25/20 18:06	142-28-9	
2,2-Dichloropropane	<5.7	ug/L	18.9	5.7	2.5		03/25/20 18:06	594-20-7	
1,1-Dichloropropene	<1.4	ug/L	4.5	1.4	2.5		03/25/20 18:06	563-58-6	
cis-1,3-Dichloropropene	<9.1	ug/L	30.2	9.1	2.5		03/25/20 18:06	10061-01-5	
trans-1,3-Dichloropropene	<10.9	ug/L	36.4	10.9	2.5		03/25/20 18:06	10061-02-6	
Diisopropyl ether	<4.7	ug/L	15.7	4.7	2.5		03/25/20 18:06	108-20-3	
Ethylbenzene	112	ug/L	2.7	0.80	2.5		03/25/20 18:06	100-41-4	
Hexachloro-1,3-butadiene	<3.7	ug/L	12.2	3.7	2.5		03/25/20 18:06	87-68-3	
Isopropylbenzene (Cumene)	15.5	ug/L	14.0	4.2	2.5		03/25/20 18:06	98-82-8	
p-Isopropyltoluene	3.5J	ug/L	6.7	2.0	2.5		03/25/20 18:06	99-87-6	
Methylene Chloride	<1.5	ug/L	12.5	1.5	2.5		03/25/20 18:06	75-09-2	
Methyl-tert-butyl ether	<3.1	ug/L	10.4	3.1	2.5		03/25/20 18:06	1634-04-4	
Naphthalene	<2.9	ug/L	12.5	2.9	2.5		03/25/20 18:06	91-20-3	
n-Propylbenzene	29.7	ug/L	12.5	2.0	2.5		03/25/20 18:06	103-65-1	
Styrene	<7.5	ug/L	25.1	7.5	2.5		03/25/20 18:06	100-42-5	
1,1,1,2-Tetrachloroethane	<0.67	ug/L	2.5	0.67	2.5		03/25/20 18:06	630-20-6	
1,1,2,2-Tetrachloroethane	<0.69	ug/L	2.5	0.69	2.5		03/25/20 18:06	79-34-5	
Tetrachloroethene	1.2J	ug/L	2.7	0.82	2.5		03/25/20 18:06	127-18-4	
Toluene	1.9J	ug/L	2.2	0.67	2.5		03/25/20 18:06	108-88-3	
1,2,3-Trichlorobenzene	<5.5	ug/L	18.4	5.5	2.5		03/25/20 18:06	87-61-6	
1,2,4-Trichlorobenzene	<2.4	ug/L	12.5	2.4	2.5		03/25/20 18:06	120-82-1	L2
1,1,1-Trichloroethane	<0.61	ug/L	2.5	0.61	2.5		03/25/20 18:06	71-55-6	
1,1,2-Trichloroethane	<1.4	ug/L	12.5	1.4	2.5		03/25/20 18:06	79-00-5	
Trichloroethene	<0.64	ug/L	2.5	0.64	2.5		03/25/20 18:06	79-01-6	
Trichlorofluoromethane	<0.54	ug/L	2.5	0.54	2.5		03/25/20 18:06	75-69-4	
1,2,3-Trichloropropane	<1.5	ug/L	12.5	1.5	2.5		03/25/20 18:06	96-18-4	
1,2,4-Trimethylbenzene	279	ug/L	7.0	2.1	2.5		03/25/20 18:06	95-63-6	
1,3,5-Trimethylbenzene	79.6	ug/L	7.3	2.2	2.5		03/25/20 18:06	108-67-8	
Vinyl chloride	<0.44	ug/L	2.5	0.44	2.5		03/25/20 18:06	75-01-4	
Xylene (Total)	263	ug/L	7.5	3.8	2.5		03/25/20 18:06	1330-20-7	
m&p-Xylene	260	ug/L	5.0	1.2	2.5		03/25/20 18:06	179601-23-1	
o-Xylene	3.1	ug/L	2.5	0.65	2.5		03/25/20 18:06	95-47-6	

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: 3_MW-58 **Lab ID: 40205127018** Collected: 03/20/20 14:45 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV		Analytical Method: EPA 8260 Pace Analytical Services - Green Bay							
Surrogates									
4-Bromofluorobenzene (S)	100	%	70-130		2.5		03/25/20 18:06	460-00-4	
Dibromofluoromethane (S)	110	%	70-130		2.5		03/25/20 18:06	1868-53-7	
Toluene-d8 (S)	102	%	70-130		2.5		03/25/20 18:06	2037-26-5	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Sample: TB-1 **Lab ID: 40205127019** Collected: 03/20/20 00:00 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV									
Analytical Method: EPA 8260									
Pace Analytical Services - Green Bay									
Benzene	<0.25	ug/L	1.0	0.25	1		03/25/20 14:23	71-43-2	
Bromobenzene	<0.24	ug/L	1.0	0.24	1		03/25/20 14:23	108-86-1	
Bromochloromethane	<0.36	ug/L	5.0	0.36	1		03/25/20 14:23	74-97-5	
Bromodichloromethane	<0.36	ug/L	1.2	0.36	1		03/25/20 14:23	75-27-4	
Bromoform	<4.0	ug/L	13.2	4.0	1		03/25/20 14:23	75-25-2	
Bromomethane	<0.97	ug/L	5.0	0.97	1		03/25/20 14:23	74-83-9	
n-Butylbenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 14:23	104-51-8	
sec-Butylbenzene	<0.85	ug/L	5.0	0.85	1		03/25/20 14:23	135-98-8	
tert-Butylbenzene	<0.30	ug/L	1.0	0.30	1		03/25/20 14:23	98-06-6	
Carbon tetrachloride	<1.1	ug/L	3.6	1.1	1		03/25/20 14:23	56-23-5	
Chlorobenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 14:23	108-90-7	
Chloroethane	<1.3	ug/L	5.0	1.3	1		03/25/20 14:23	75-00-3	
Chloroform	<1.3	ug/L	5.0	1.3	1		03/25/20 14:23	67-66-3	
Chloromethane	<2.2	ug/L	7.3	2.2	1		03/25/20 14:23	74-87-3	
2-Chlorotoluene	<0.93	ug/L	5.0	0.93	1		03/25/20 14:23	95-49-8	
4-Chlorotoluene	<0.76	ug/L	2.5	0.76	1		03/25/20 14:23	106-43-4	
1,2-Dibromo-3-chloropropane	<1.8	ug/L	5.9	1.8	1		03/25/20 14:23	96-12-8	
Dibromochloromethane	<2.6	ug/L	8.7	2.6	1		03/25/20 14:23	124-48-1	
1,2-Dibromoethane (EDB)	<0.83	ug/L	2.8	0.83	1		03/25/20 14:23	106-93-4	
Dibromomethane	<0.94	ug/L	3.1	0.94	1		03/25/20 14:23	74-95-3	
1,2-Dichlorobenzene	<0.71	ug/L	2.4	0.71	1		03/25/20 14:23	95-50-1	
1,3-Dichlorobenzene	<0.63	ug/L	2.1	0.63	1		03/25/20 14:23	541-73-1	
1,4-Dichlorobenzene	<0.94	ug/L	3.1	0.94	1		03/25/20 14:23	106-46-7	
Dichlorodifluoromethane	<0.50	ug/L	5.0	0.50	1		03/25/20 14:23	75-71-8	
1,1-Dichloroethane	<0.27	ug/L	1.0	0.27	1		03/25/20 14:23	75-34-3	
1,2-Dichloroethane	<0.28	ug/L	1.0	0.28	1		03/25/20 14:23	107-06-2	
1,1-Dichloroethene	<0.24	ug/L	1.0	0.24	1		03/25/20 14:23	75-35-4	
cis-1,2-Dichloroethene	<0.27	ug/L	1.0	0.27	1		03/25/20 14:23	156-59-2	
trans-1,2-Dichloroethene	<1.1	ug/L	3.6	1.1	1		03/25/20 14:23	156-60-5	
1,2-Dichloropropane	<0.28	ug/L	1.0	0.28	1		03/25/20 14:23	78-87-5	
1,3-Dichloropropane	<0.83	ug/L	2.8	0.83	1		03/25/20 14:23	142-28-9	
2,2-Dichloropropane	<2.3	ug/L	7.6	2.3	1		03/25/20 14:23	594-20-7	
1,1-Dichloropropene	<0.54	ug/L	1.8	0.54	1		03/25/20 14:23	563-58-6	
cis-1,3-Dichloropropene	<3.6	ug/L	12.1	3.6	1		03/25/20 14:23	10061-01-5	
trans-1,3-Dichloropropene	<4.4	ug/L	14.6	4.4	1		03/25/20 14:23	10061-02-6	
Diisopropyl ether	<1.9	ug/L	6.3	1.9	1		03/25/20 14:23	108-20-3	
Ethylbenzene	<0.32	ug/L	1.1	0.32	1		03/25/20 14:23	100-41-4	
Hexachloro-1,3-butadiene	<1.5	ug/L	4.9	1.5	1		03/25/20 14:23	87-68-3	
Isopropylbenzene (Cumene)	<1.7	ug/L	5.6	1.7	1		03/25/20 14:23	98-82-8	
p-Isopropyltoluene	<0.80	ug/L	2.7	0.80	1		03/25/20 14:23	99-87-6	
Methylene Chloride	<0.58	ug/L	5.0	0.58	1		03/25/20 14:23	75-09-2	
Methyl-tert-butyl ether	<1.2	ug/L	4.2	1.2	1		03/25/20 14:23	1634-04-4	
Naphthalene	<1.2	ug/L	5.0	1.2	1		03/25/20 14:23	91-20-3	
n-Propylbenzene	<0.81	ug/L	5.0	0.81	1		03/25/20 14:23	103-65-1	
Styrene	<3.0	ug/L	10.0	3.0	1		03/25/20 14:23	100-42-5	

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ANALYTICAL RESULTS

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

Sample: TB-1 **Lab ID: 40205127019** Collected: 03/20/20 00:00 Received: 03/23/20 12:35 Matrix: Water

Parameters	Results	Units	LOQ	LOD	DF	Prepared	Analyzed	CAS No.	Qual
8260 MSV									
Analytical Method: EPA 8260									
Pace Analytical Services - Green Bay									
1,1,1,2-Tetrachloroethane	<0.27	ug/L	1.0	0.27	1		03/25/20 14:23	630-20-6	
1,1,2,2-Tetrachloroethane	<0.28	ug/L	1.0	0.28	1		03/25/20 14:23	79-34-5	
Tetrachloroethene	<0.33	ug/L	1.1	0.33	1		03/25/20 14:23	127-18-4	
Toluene	<0.27	ug/L	0.90	0.27	1		03/25/20 14:23	108-88-3	
1,2,3-Trichlorobenzene	<2.2	ug/L	7.4	2.2	1		03/25/20 14:23	87-61-6	
1,2,4-Trichlorobenzene	<0.95	ug/L	5.0	0.95	1		03/25/20 14:23	120-82-1	L2
1,1,1-Trichloroethane	<0.24	ug/L	1.0	0.24	1		03/25/20 14:23	71-55-6	
1,1,2-Trichloroethane	<0.55	ug/L	5.0	0.55	1		03/25/20 14:23	79-00-5	
Trichloroethene	<0.26	ug/L	1.0	0.26	1		03/25/20 14:23	79-01-6	
Trichlorofluoromethane	<0.21	ug/L	1.0	0.21	1		03/25/20 14:23	75-69-4	
1,2,3-Trichloropropane	<0.59	ug/L	5.0	0.59	1		03/25/20 14:23	96-18-4	
1,2,4-Trimethylbenzene	<0.84	ug/L	2.8	0.84	1		03/25/20 14:23	95-63-6	
1,3,5-Trimethylbenzene	<0.87	ug/L	2.9	0.87	1		03/25/20 14:23	108-67-8	
Vinyl chloride	<0.17	ug/L	1.0	0.17	1		03/25/20 14:23	75-01-4	
Xylene (Total)	<1.5	ug/L	3.0	1.5	1		03/25/20 14:23	1330-20-7	
m&p-Xylene	<0.47	ug/L	2.0	0.47	1		03/25/20 14:23	179601-23-1	
o-Xylene	<0.26	ug/L	1.0	0.26	1		03/25/20 14:23	95-47-6	
Surrogates									
4-Bromofluorobenzene (S)	89	%	70-130		1		03/25/20 14:23	460-00-4	
Dibromofluoromethane (S)	106	%	70-130		1		03/25/20 14:23	1868-53-7	
Toluene-d8 (S)	102	%	70-130		1		03/25/20 14:23	2037-26-5	

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QUALITY CONTROL DATA

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

QC Batch:	351034	Analysis Method:	EPA 7470
QC Batch Method:	EPA 7470	Analysis Description:	7470 Mercury Dissolved
		Laboratory:	Pace Analytical Services - Green Bay

Associated Lab Samples: 40205127003, 40205127004, 40205127005, 40205127006, 40205127007

METHOD BLANK: 2032974 Matrix: Water
Associated Lab Samples: 40205127003, 40205127004, 40205127005, 40205127006, 40205127007

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Mercury, Dissolved	ug/L	<0.084	0.28	03/27/20 10:03	

LABORATORY CONTROL SAMPLE: 2032975

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Mercury, Dissolved	ug/L	5	5.2	104	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 2032976 2032977

Parameter	Units	40205127006 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Mercury, Dissolved	ug/L	<0.084	5	5	5.1	4.9	102	99	85-115	3	20	

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: 60615404 CN MANITOWOC
Pace Project No.: 40205127

QC Batch: 350865 Analysis Method: EPA 6020
QC Batch Method: EPA 3010 Analysis Description: 6020 MET Dissolved
Laboratory: Pace Analytical Services - Green Bay
Associated Lab Samples: 40205127001, 40205127002, 40205127003, 40205127004, 40205127005, 40205127006, 40205127007, 40205127008, 40205127010, 40205127011, 40205127013, 40205127014, 40205127015, 40205127016, 40205127017, 40205127018

METHOD BLANK: 2032218 Matrix: Water
Associated Lab Samples: 40205127001, 40205127002, 40205127003, 40205127004, 40205127005, 40205127006, 40205127007, 40205127008, 40205127010, 40205127011, 40205127013, 40205127014, 40205127015, 40205127016, 40205127017, 40205127018

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Arsenic, Dissolved	ug/L	<0.28	1.0	03/27/20 15:55	
Barium, Dissolved	ug/L	<0.70	2.3	03/27/20 15:55	
Cadmium, Dissolved	ug/L	<0.15	1.0	03/27/20 15:55	
Chromium, Dissolved	ug/L	<1.0	3.4	03/27/20 15:55	
Lead, Dissolved	ug/L	<0.24	1.0	03/27/20 15:55	
Selenium, Dissolved	ug/L	<0.32	1.1	03/27/20 15:55	
Silver, Dissolved	ug/L	<0.13	0.50	03/27/20 15:55	

LABORATORY CONTROL SAMPLE: 2032219

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Arsenic, Dissolved	ug/L	500	516	103	80-120	
Barium, Dissolved	ug/L	500	525	105	80-120	
Cadmium, Dissolved	ug/L	500	521	104	80-120	
Chromium, Dissolved	ug/L	500	504	101	80-120	
Lead, Dissolved	ug/L	500	532	106	80-120	
Selenium, Dissolved	ug/L	500	536	107	80-120	
Silver, Dissolved	ug/L	250	253	101	80-120	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 2032220 2032221

Parameter	Units	MS		MSD		MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
		40205127006 Result	Spike Conc.	Spike Conc.	Conc.								
Arsenic, Dissolved	ug/L	0.88J	500	500	545	545	109	109	75-125	0	20		
Barium, Dissolved	ug/L	102	500	500	652	645	110	109	75-125	1	20		
Cadmium, Dissolved	ug/L	<0.15	500	500	530	526	106	105	75-125	1	20		
Chromium, Dissolved	ug/L	<1.0	500	500	524	518	105	103	75-125	1	20		
Lead, Dissolved	ug/L	<0.24	500	500	562	545	112	109	75-125	3	20		
Selenium, Dissolved	ug/L	1.5	500	500	548	551	109	110	75-125	1	20		
Silver, Dissolved	ug/L	<0.13	250	250	247	243	99	97	75-125	2	20		

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QUALITY CONTROL DATA

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

QC Batch: 350835 Analysis Method: EPA 8260
QC Batch Method: EPA 8260 Analysis Description: 8260 MSV
Laboratory: Pace Analytical Services - Green Bay
Associated Lab Samples: 40205127004, 40205127005, 40205127006, 40205127008, 40205127014, 40205127015, 40205127018, 40205127019

METHOD BLANK: 2032130 Matrix: Water
Associated Lab Samples: 40205127004, 40205127005, 40205127006, 40205127008, 40205127014, 40205127015, 40205127018, 40205127019

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1,1,1,2-Tetrachloroethane	ug/L	<0.27	1.0	03/25/20 08:41	
1,1,1-Trichloroethane	ug/L	<0.24	1.0	03/25/20 08:41	
1,1,2,2-Tetrachloroethane	ug/L	<0.28	1.0	03/25/20 08:41	
1,1,2-Trichloroethane	ug/L	<0.55	5.0	03/25/20 08:41	
1,1-Dichloroethane	ug/L	<0.27	1.0	03/25/20 08:41	
1,1-Dichloroethene	ug/L	<0.24	1.0	03/25/20 08:41	
1,1-Dichloropropene	ug/L	<0.54	1.8	03/25/20 08:41	
1,2,3-Trichlorobenzene	ug/L	<2.2	7.4	03/25/20 08:41	
1,2,3-Trichloropropane	ug/L	<0.59	5.0	03/25/20 08:41	
1,2,4-Trichlorobenzene	ug/L	1.6J	5.0	03/25/20 08:41	
1,2,4-Trimethylbenzene	ug/L	<0.84	2.8	03/25/20 08:41	
1,2-Dibromo-3-chloropropane	ug/L	<1.8	5.9	03/25/20 08:41	
1,2-Dibromoethane (EDB)	ug/L	<0.83	2.8	03/25/20 08:41	
1,2-Dichlorobenzene	ug/L	<0.71	2.4	03/25/20 08:41	
1,2-Dichloroethane	ug/L	<0.28	1.0	03/25/20 08:41	
1,2-Dichloropropane	ug/L	<0.28	1.0	03/25/20 08:41	
1,3,5-Trimethylbenzene	ug/L	<0.87	2.9	03/25/20 08:41	
1,3-Dichlorobenzene	ug/L	<0.63	2.1	03/25/20 08:41	
1,3-Dichloropropane	ug/L	<0.83	2.8	03/25/20 08:41	
1,4-Dichlorobenzene	ug/L	<0.94	3.1	03/25/20 08:41	
2,2-Dichloropropane	ug/L	<2.3	7.6	03/25/20 08:41	
2-Chlorotoluene	ug/L	<0.93	5.0	03/25/20 08:41	
4-Chlorotoluene	ug/L	<0.76	2.5	03/25/20 08:41	
Benzene	ug/L	<0.25	1.0	03/25/20 08:41	
Bromobenzene	ug/L	<0.24	1.0	03/25/20 08:41	
Bromochloromethane	ug/L	<0.36	5.0	03/25/20 08:41	
Bromodichloromethane	ug/L	<0.36	1.2	03/25/20 08:41	
Bromoform	ug/L	<4.0	13.2	03/25/20 08:41	
Bromomethane	ug/L	<0.97	5.0	03/25/20 08:41	
Carbon tetrachloride	ug/L	<1.1	3.6	03/25/20 08:41	
Chlorobenzene	ug/L	<0.71	2.4	03/25/20 08:41	
Chloroethane	ug/L	<1.3	5.0	03/25/20 08:41	
Chloroform	ug/L	<1.3	5.0	03/25/20 08:41	
Chloromethane	ug/L	<2.2	7.3	03/25/20 08:41	
cis-1,2-Dichloroethene	ug/L	<0.27	1.0	03/25/20 08:41	
cis-1,3-Dichloropropene	ug/L	<3.6	12.1	03/25/20 08:41	
Dibromochloromethane	ug/L	<2.6	8.7	03/25/20 08:41	
Dibromomethane	ug/L	<0.94	3.1	03/25/20 08:41	
Dichlorodifluoromethane	ug/L	<0.50	5.0	03/25/20 08:41	

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QUALITY CONTROL DATA

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

METHOD BLANK: 2032130

Matrix: Water

Associated Lab Samples: 40205127004, 40205127005, 40205127006, 40205127008, 40205127014, 40205127015, 40205127018, 40205127019

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
Diisopropyl ether	ug/L	<1.9	6.3	03/25/20 08:41	
Ethylbenzene	ug/L	<0.32	1.1	03/25/20 08:41	
Hexachloro-1,3-butadiene	ug/L	<1.5	4.9	03/25/20 08:41	
Isopropylbenzene (Cumene)	ug/L	<1.7	5.6	03/25/20 08:41	
m&p-Xylene	ug/L	<0.47	2.0	03/25/20 08:41	
Methyl-tert-butyl ether	ug/L	<1.2	4.2	03/25/20 08:41	
Methylene Chloride	ug/L	<0.58	5.0	03/25/20 08:41	
n-Butylbenzene	ug/L	<0.71	2.4	03/25/20 08:41	
n-Propylbenzene	ug/L	<0.81	5.0	03/25/20 08:41	
Naphthalene	ug/L	<1.2	5.0	03/25/20 08:41	
o-Xylene	ug/L	<0.26	1.0	03/25/20 08:41	
p-Isopropyltoluene	ug/L	<0.80	2.7	03/25/20 08:41	
sec-Butylbenzene	ug/L	<0.85	5.0	03/25/20 08:41	
Styrene	ug/L	<3.0	10.0	03/25/20 08:41	
tert-Butylbenzene	ug/L	<0.30	1.0	03/25/20 08:41	
Tetrachloroethene	ug/L	<0.33	1.1	03/25/20 08:41	
Toluene	ug/L	<0.27	0.90	03/25/20 08:41	
trans-1,2-Dichloroethene	ug/L	<1.1	3.6	03/25/20 08:41	
trans-1,3-Dichloropropene	ug/L	<4.4	14.6	03/25/20 08:41	
Trichloroethene	ug/L	<0.26	1.0	03/25/20 08:41	
Trichlorofluoromethane	ug/L	<0.21	1.0	03/25/20 08:41	
Vinyl chloride	ug/L	<0.17	1.0	03/25/20 08:41	
Xylene (Total)	ug/L	<1.5	3.0	03/25/20 08:41	
4-Bromofluorobenzene (S)	%	89	70-130	03/25/20 08:41	
Dibromofluoromethane (S)	%	108	70-130	03/25/20 08:41	
Toluene-d8 (S)	%	104	70-130	03/25/20 08:41	

LABORATORY CONTROL SAMPLE: 2032131

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1,1,1-Trichloroethane	ug/L	50	49.4	99	70-130	
1,1,2,2-Tetrachloroethane	ug/L	50	45.1	90	70-130	
1,1,2-Trichloroethane	ug/L	50	49.4	99	70-130	
1,1-Dichloroethane	ug/L	50	49.0	98	73-150	
1,1-Dichloroethene	ug/L	50	48.8	98	73-138	
1,2,4-Trichlorobenzene	ug/L	50	28.3	57	70-130	L2
1,2-Dibromo-3-chloropropane	ug/L	50	38.6	77	64-129	
1,2-Dibromoethane (EDB)	ug/L	50	48.4	97	70-130	
1,2-Dichlorobenzene	ug/L	50	44.6	89	70-130	
1,2-Dichloroethane	ug/L	50	42.8	86	75-140	
1,2-Dichloropropane	ug/L	50	42.3	85	73-135	
1,3-Dichlorobenzene	ug/L	50	44.1	88	70-130	
1,4-Dichlorobenzene	ug/L	50	47.9	96	70-130	

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QUALITY CONTROL DATA

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

LABORATORY CONTROL SAMPLE: 2032131

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Benzene	ug/L	50	52.6	105	70-130	
Bromodichloromethane	ug/L	50	45.7	91	70-130	
Bromoform	ug/L	50	54.3	109	68-129	
Bromomethane	ug/L	50	36.7	73	18-159	
Carbon tetrachloride	ug/L	50	49.8	100	70-130	
Chlorobenzene	ug/L	50	50.4	101	70-130	
Chloroethane	ug/L	50	55.5	111	53-147	
Chloroform	ug/L	50	49.9	100	74-136	
Chloromethane	ug/L	50	22.9	46	29-115	
cis-1,2-Dichloroethene	ug/L	50	47.4	95	70-130	
cis-1,3-Dichloropropene	ug/L	50	41.6	83	70-130	
Dibromochloromethane	ug/L	50	49.4	99	70-130	
Dichlorodifluoromethane	ug/L	50	29.3	59	10-130	
Ethylbenzene	ug/L	50	50.1	100	80-124	
Isopropylbenzene (Cumene)	ug/L	50	50.7	101	70-130	
m&p-Xylene	ug/L	100	108	108	70-130	
Methyl-tert-butyl ether	ug/L	50	44.3	89	54-137	
Methylene Chloride	ug/L	50	53.2	106	73-138	
o-Xylene	ug/L	50	49.6	99	70-130	
Styrene	ug/L	50	53.3	107	70-130	
Tetrachloroethene	ug/L	50	51.3	103	70-130	
Toluene	ug/L	50	49.9	100	80-126	
trans-1,2-Dichloroethene	ug/L	50	50.1	100	73-145	
trans-1,3-Dichloropropene	ug/L	50	43.9	88	70-130	
Trichloroethene	ug/L	50	48.6	97	70-130	
Trichlorofluoromethane	ug/L	50	58.8	118	76-147	
Vinyl chloride	ug/L	50	37.2	74	51-120	
Xylene (Total)	ug/L	150	157	105	70-130	
4-Bromofluorobenzene (S)	%			104	70-130	
Dibromofluoromethane (S)	%			92	70-130	
Toluene-d8 (S)	%			103	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 2032132 2032133

Parameter	Units	MS		MSD		MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
		40205127006	Result	Spike Conc.	Spike Conc.								
1,1,1-Trichloroethane	ug/L	<0.24	50	50	53.9	54.6	108	109	70-130	1	20		
1,1,2,2-Tetrachloroethane	ug/L	<0.28	50	50	56.5	56.0	113	112	70-130	1	20		
1,1,2-Trichloroethane	ug/L	<0.55	50	50	56.7	56.1	113	112	70-137	1	20		
1,1-Dichloroethane	ug/L	<0.27	50	50	58.6	57.0	117	114	73-153	3	20		
1,1-Dichloroethene	ug/L	<0.24	50	50	58.7	56.7	117	113	73-138	4	20		
1,2,4-Trichlorobenzene	ug/L	<0.95	50	50	39.9	43.1	80	86	70-130	8	20		
1,2-Dibromo-3-chloropropane	ug/L	<1.8	50	50	49.8	48.6	100	97	58-129	2	20		
1,2-Dibromoethane (EDB)	ug/L	<0.83	50	50	54.7	55.4	109	111	70-130	1	20		

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QUALITY CONTROL DATA

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Parameter	Units	2032132		2032133		MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	Max RPD	Qual
		40205127006 Result	MS Spike Conc.	MSD Spike Conc.	MS Result							
1,2-Dichlorobenzene	ug/L	<0.71	50	50	50.9	50.9	102	102	70-130	0	20	
1,2-Dichloroethane	ug/L	<0.28	50	50	47.9	50.0	96	100	75-140	4	20	
1,2-Dichloropropane	ug/L	<0.28	50	50	48.8	48.0	98	96	71-138	2	20	
1,3-Dichlorobenzene	ug/L	<0.63	50	50	50.1	50.0	100	100	70-130	0	20	
1,4-Dichlorobenzene	ug/L	<0.94	50	50	52.2	52.7	104	105	70-130	1	20	
Benzene	ug/L	<0.25	50	50	61.8	56.7	124	113	70-130	9	20	
Bromodichloromethane	ug/L	<0.36	50	50	50.9	50.4	102	101	70-130	1	20	
Bromoform	ug/L	<4.0	50	50	61.0	60.1	122	120	68-129	1	20	
Bromomethane	ug/L	<0.97	50	50	43.8	42.8	88	86	15-170	2	20	
Carbon tetrachloride	ug/L	<1.1	50	50	55.7	57.0	111	114	70-130	2	20	
Chlorobenzene	ug/L	<0.71	50	50	55.7	55.4	111	111	70-130	1	20	
Chloroethane	ug/L	<1.3	50	50	73.1	70.6	146	141	51-148	3	20	
Chloroform	ug/L	<1.3	50	50	56.2	56.8	112	114	74-136	1	20	
Chloromethane	ug/L	<2.2	50	50	32.9	29.6	66	59	23-115	11	20	
cis-1,2-Dichloroethene	ug/L	<0.27	50	50	56.0	55.9	112	112	70-131	0	20	
cis-1,3-Dichloropropene	ug/L	<3.6	50	50	47.3	47.6	95	95	70-130	1	20	
Dibromochloromethane	ug/L	<2.6	50	50	55.2	54.8	110	110	70-130	1	20	
Dichlorodifluoromethane	ug/L	<0.50	50	50	37.0	35.2	74	70	10-132	5	20	
Ethylbenzene	ug/L	<0.32	50	50	57.5	56.9	115	114	80-125	1	20	
Isopropylbenzene (Cumene)	ug/L	<1.7	50	50	57.7	58.4	115	117	70-130	1	20	
m&p-Xylene	ug/L	<0.47	100	100	121	120	121	120	70-130	1	20	
Methyl-tert-butyl ether	ug/L	<1.2	50	50	54.2	53.1	108	106	51-145	2	20	
Methylene Chloride	ug/L	<0.58	50	50	63.2	62.2	126	124	73-140	2	20	
o-Xylene	ug/L	<0.26	50	50	57.7	56.4	115	113	70-130	2	20	
Styrene	ug/L	<3.0	50	50	57.8	57.7	116	115	70-130	0	20	
Tetrachloroethene	ug/L	<0.33	50	50	55.6	56.0	111	112	70-130	1	20	
Toluene	ug/L	<0.27	50	50	55.8	56.1	112	112	80-131	0	20	
trans-1,2-Dichloroethene	ug/L	<1.1	50	50	59.2	58.0	118	116	73-148	2	20	
trans-1,3-Dichloropropene	ug/L	<4.4	50	50	49.3	50.2	99	100	70-130	2	20	
Trichloroethene	ug/L	<0.26	50	50	53.1	52.4	106	105	70-130	1	20	
Trichlorofluoromethane	ug/L	<0.21	50	50	73.7	71.2	147	142	74-147	3	20	
Vinyl chloride	ug/L	<0.17	50	50	50.0	45.8	100	92	41-129	9	20	
Xylene (Total)	ug/L	<1.5	150	150	178	176	119	117	70-130	1	20	
4-Bromofluorobenzene (S)	%						105	105	70-130			
Dibromofluoromethane (S)	%						95	99	70-130			
Toluene-d8 (S)	%						100	101	70-130			

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QUALITY CONTROL DATA

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

QC Batch:	350762	Analysis Method:	EPA 8270 by HVI
QC Batch Method:	EPA 3510	Analysis Description:	8270 Water PAH by HVI
		Laboratory:	Pace Analytical Services - Green Bay

Associated Lab Samples: 40205127003, 40205127004, 40205127005, 40205127006, 40205127007, 40205127008, 40205127009

METHOD BLANK: 2031769 Matrix: Water
Associated Lab Samples: 40205127003, 40205127004, 40205127005, 40205127006, 40205127007, 40205127008, 40205127009

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1-Methylnaphthalene	ug/L	<0.0059	0.030	03/24/20 15:04	
2-Methylnaphthalene	ug/L	<0.0049	0.024	03/24/20 15:04	
Acenaphthene	ug/L	<0.0061	0.030	03/24/20 15:04	
Acenaphthylene	ug/L	<0.0050	0.025	03/24/20 15:04	
Anthracene	ug/L	<0.010	0.052	03/24/20 15:04	
Benzo(a)anthracene	ug/L	<0.0076	0.038	03/24/20 15:04	
Benzo(a)pyrene	ug/L	<0.011	0.053	03/24/20 15:04	
Benzo(b)fluoranthene	ug/L	<0.0057	0.029	03/24/20 15:04	
Benzo(g,h,i)perylene	ug/L	<0.0068	0.034	03/24/20 15:04	
Benzo(k)fluoranthene	ug/L	<0.0076	0.038	03/24/20 15:04	
Chrysene	ug/L	<0.013	0.065	03/24/20 15:04	
Dibenz(a,h)anthracene	ug/L	<0.010	0.050	03/24/20 15:04	
Fluoranthene	ug/L	<0.011	0.053	03/24/20 15:04	
Fluorene	ug/L	<0.0080	0.040	03/24/20 15:04	
Indeno(1,2,3-cd)pyrene	ug/L	<0.018	0.088	03/24/20 15:04	
Naphthalene	ug/L	<0.018	0.092	03/24/20 15:04	
Phenanthrene	ug/L	<0.014	0.069	03/24/20 15:04	
Pyrene	ug/L	<0.0076	0.038	03/24/20 15:04	
2-Fluorobiphenyl (S)	%	70	39-120	03/24/20 15:04	
Terphenyl-d14 (S)	%	104	10-159	03/24/20 15:04	

LABORATORY CONTROL SAMPLE: 2031770

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
1-Methylnaphthalene	ug/L	2	1.3	67	37-120	
2-Methylnaphthalene	ug/L	2	1.4	70	38-120	
Acenaphthene	ug/L	2	1.6	82	49-120	
Acenaphthylene	ug/L	2	1.5	74	43-85	
Anthracene	ug/L	2	1.7	87	57-110	
Benzo(a)anthracene	ug/L	2	1.8	89	47-118	
Benzo(a)pyrene	ug/L	2	1.9	94	70-120	
Benzo(b)fluoranthene	ug/L	2	1.8	91	54-97	
Benzo(g,h,i)perylene	ug/L	2	1.2	58	26-74	
Benzo(k)fluoranthene	ug/L	2	2.1	104	73-126	
Chrysene	ug/L	2	2.0	98	75-151	
Dibenz(a,h)anthracene	ug/L	2	1.0	52	13-72	
Fluoranthene	ug/L	2	1.8	91	63-120	
Fluorene	ug/L	2	1.7	85	53-120	
Indeno(1,2,3-cd)pyrene	ug/L	2	1.7	87	51-101	

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QUALITY CONTROL DATA

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

LABORATORY CONTROL SAMPLE: 2031770

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Naphthalene	ug/L	2	1.3	66	41-120	
Phenanthrene	ug/L	2	1.8	88	47-100	
Pyrene	ug/L	2	1.7	87	70-128	
2-Fluorobiphenyl (S)	%			75	39-120	
Terphenyl-d14 (S)	%			101	10-159	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 2031771 2031772

Parameter	Units	2031771		2031772		MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
		40205127006 Result	MS Spike Conc.	MSD Spike Conc.	MS Result						
1-Methylnaphthalene	ug/L	0.090	2	2	1.3	1.3	64	62	16-120	4	28
2-Methylnaphthalene	ug/L	0.0092J	2	2	1.3	1.3	67	65	29-120	4	31
Acenaphthene	ug/L	0.074	2	2	1.6	1.5	75	73	33-120	4	30
Acenaphthylene	ug/L	0.011J	2	2	1.3	1.3	68	65	21-85	5	26
Anthracene	ug/L	<0.010	2	2	1.4	1.4	73	70	16-114	4	36
Benzo(a)anthracene	ug/L	<0.0074	2	2	1.4	1.3	69	67	10-118	2	35
Benzo(a)pyrene	ug/L	<0.010	2	2	1.2	1.1	59	58	10-120	3	37
Benzo(b)fluoranthene	ug/L	<0.0056	2	2	1.2	1.2	62	60	10-97	3	36
Benzo(g,h,i)perylene	ug/L	<0.0066	2	2	0.59	0.53	30	27	10-74	12	45
Benzo(k)fluoranthene	ug/L	<0.0074	2	2	1.3	1.2	65	63	10-126	3	41
Chrysene	ug/L	<0.013	2	2	1.4	1.4	73	71	10-161	2	30
Dibenz(a,h)anthracene	ug/L	<0.0098	2	2	0.60	0.52	31	27	10-72	13	50
Fluoranthene	ug/L	<0.010	2	2	1.5	1.4	76	73	35-120	3	33
Fluorene	ug/L	0.043	2	2	1.5	1.5	76	73	17-120	4	33
Indeno(1,2,3-cd)pyrene	ug/L	<0.017	2	2	0.86	0.80	44	41	10-101	7	41
Naphthalene	ug/L	0.14	2	2	1.5	1.4	70	66	24-120	5	30
Phenanthrene	ug/L	<0.014	2	2	1.5	1.4	74	71	15-100	4	30
Pyrene	ug/L	<0.0075	2	2	1.5	1.4	74	72	14-137	3	31
2-Fluorobiphenyl (S)	%						68	65	39-120		
Terphenyl-d14 (S)	%						82	79	10-159		

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

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: 60615404 CN MANITOWOC
Pace Project No.: 40205127

QC Batch:	351002	Analysis Method:	EPA 8270 by HVI
QC Batch Method:	EPA 3510	Analysis Description:	8270 Water PAH by HVI
		Laboratory:	Pace Analytical Services - Green Bay

Associated Lab Samples: 40205127010, 40205127011, 40205127012, 40205127013, 40205127014, 40205127015, 40205127016, 40205127017, 40205127018

METHOD BLANK: 2032879 Matrix: Water
Associated Lab Samples: 40205127010, 40205127011, 40205127012, 40205127013, 40205127014, 40205127015, 40205127016, 40205127017, 40205127018

Parameter	Units	Blank Result	Reporting Limit	Analyzed	Qualifiers
1-Methylnaphthalene	ug/L	<0.0059	0.030	03/26/20 11:07	
2-Methylnaphthalene	ug/L	<0.0049	0.024	03/26/20 11:07	
Acenaphthene	ug/L	<0.0061	0.030	03/26/20 11:07	
Acenaphthylene	ug/L	<0.0050	0.025	03/26/20 11:07	
Anthracene	ug/L	<0.010	0.052	03/26/20 11:07	
Benzo(a)anthracene	ug/L	<0.0076	0.038	03/26/20 11:07	
Benzo(a)pyrene	ug/L	<0.011	0.053	03/26/20 11:07	
Benzo(b)fluoranthene	ug/L	<0.0057	0.029	03/26/20 11:07	
Benzo(g,h,i)perylene	ug/L	<0.0068	0.034	03/26/20 11:07	
Benzo(k)fluoranthene	ug/L	<0.0076	0.038	03/26/20 11:07	
Chrysene	ug/L	<0.013	0.065	03/26/20 11:07	
Dibenz(a,h)anthracene	ug/L	<0.010	0.050	03/26/20 11:07	
Fluoranthene	ug/L	<0.011	0.053	03/26/20 11:07	
Fluorene	ug/L	<0.0080	0.040	03/26/20 11:07	
Indeno(1,2,3-cd)pyrene	ug/L	<0.018	0.088	03/26/20 11:07	
Naphthalene	ug/L	<0.018	0.092	03/26/20 11:07	
Phenanthrene	ug/L	<0.014	0.069	03/26/20 11:07	
Pyrene	ug/L	<0.0076	0.038	03/26/20 11:07	
2-Fluorobiphenyl (S)	%	67	39-120	03/26/20 11:07	
Terphenyl-d14 (S)	%	106	10-159	03/26/20 11:07	

Parameter	Units	2032881		2032881		% Rec Limits	RPD	Max RPD	Qualifiers
		Spike Conc.	LCS Result	LCSD Result	% Rec				
1-Methylnaphthalene	ug/L	2	1.4	1.4	72	70	37-120	2	25
2-Methylnaphthalene	ug/L	2	1.5	1.5	75	74	38-120	1	25
Acenaphthene	ug/L	2	1.8	1.6	88	82	49-120	7	24
Acenaphthylene	ug/L	2	1.7	1.5	83	77	43-85	7	26
Anthracene	ug/L	2	2.0	2.0	101	98	57-110	3	28
Benzo(a)anthracene	ug/L	2	2.2	2.1	110	107	47-118	3	27
Benzo(a)pyrene	ug/L	2	2.3	2.2	113	110	70-120	3	20
Benzo(b)fluoranthene	ug/L	2	2.1	2.1	107	106	54-97	0	21 L1
Benzo(g,h,i)perylene	ug/L	2	1.4	1.4	69	70	26-74	2	42
Benzo(k)fluoranthene	ug/L	2	2.4	2.3	118	113	73-126	5	22
Chrysene	ug/L	2	2.2	2.2	110	108	75-151	1	20
Dibenz(a,h)anthracene	ug/L	2	1.2	1.3	61	63	13-72	4	50
Fluoranthene	ug/L	2	2.2	2.1	109	106	63-120	3	20

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REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

LABORATORY CONTROL SAMPLE & LCSD: 2032880		2032881									
Parameter	Units	Spike Conc.	LCS Result	LCSD Result	LCS % Rec	LCSD % Rec	% Rec Limits	RPD	Max RPD	Qualifiers	
Fluorene	ug/L	2	1.9	1.7	94	87	53-120	8	26		
Indeno(1,2,3-cd)pyrene	ug/L	2	2.2	2.1	108	105	51-101	3	27	L1	
Naphthalene	ug/L	2	1.4	1.4	70	71	41-120	1	24		
Phenanthrene	ug/L	2	1.9	1.8	95	91	47-100	5	22		
Pyrene	ug/L	2	2.1	2.0	103	101	70-128	2	20		
2-Fluorobiphenyl (S)	%				75	70	39-120				
Terphenyl-d14 (S)	%				119	117	10-159				

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REPORT OF LABORATORY ANALYSIS

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QUALIFIERS

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

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, percent moisture, initial weight and final volume.

LOQ - Limit of Quantitation adjusted for dilution factor, percent moisture, initial weight and final volume.

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.

ANALYTE QUALIFIERS

- | | |
|----|--|
| 1q | This sample could not be re-extracted within laboratory hold time. |
| D3 | Sample was diluted due to the presence of high levels of non-target analytes or other matrix interference. |
| L1 | Analyte recovery in the laboratory control sample (LCS) was above QC limits. Results may be biased high. |
| L2 | Analyte recovery in the laboratory control sample (LCS) was below QC limits. Results may be biased low. |
| S0 | Surrogate recovery outside laboratory control limits. |
| S4 | Surrogate recovery not evaluated against control limits due to sample dilution. |

REPORT OF LABORATORY ANALYSIS

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: 60615404 CN MANITOWOC

Pace Project No.: 40205127

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
40205127001	1_MW-19	EPA 3010	350865	EPA 6020	350900
40205127002	1_MW-43	EPA 3010	350865	EPA 6020	350900
40205127003	1_MW-39	EPA 3010	350865	EPA 6020	350900
40205127004	1_MW-35	EPA 3010	350865	EPA 6020	350900
40205127005	1_MW-35D	EPA 3010	350865	EPA 6020	350900
40205127006	1_MW-10	EPA 3010	350865	EPA 6020	350900
40205127007	1_MW-14	EPA 3010	350865	EPA 6020	350900
40205127008	1_MW-17	EPA 3010	350865	EPA 6020	350900
40205127010	3_MW-11	EPA 3010	350865	EPA 6020	350900
40205127011	3_MW-45	EPA 3010	350865	EPA 6020	350900
40205127013	3_MW-64	EPA 3010	350865	EPA 6020	350900
40205127014	3_MW-27	EPA 3010	350865	EPA 6020	350900
40205127015	3_MW-27D	EPA 3010	350865	EPA 6020	350900
40205127016	3_MW-77	EPA 3010	350865	EPA 6020	350900
40205127017	3_MW-72	EPA 3010	350865	EPA 6020	350900
40205127018	3_MW-58	EPA 3010	350865	EPA 6020	350900
40205127003	1_MW-39	EPA 7470	351034	EPA 7470	351061
40205127004	1_MW-35	EPA 7470	351034	EPA 7470	351061
40205127005	1_MW-35D	EPA 7470	351034	EPA 7470	351061
40205127006	1_MW-10	EPA 7470	351034	EPA 7470	351061
40205127007	1_MW-14	EPA 7470	351034	EPA 7470	351061
40205127003	1_MW-39	EPA 3510	350762	EPA 8270 by HVI	350812
40205127004	1_MW-35	EPA 3510	350762	EPA 8270 by HVI	350812
40205127005	1_MW-35D	EPA 3510	350762	EPA 8270 by HVI	350812
40205127006	1_MW-10	EPA 3510	350762	EPA 8270 by HVI	350812
40205127007	1_MW-14	EPA 3510	350762	EPA 8270 by HVI	350812
40205127008	1_MW-17	EPA 3510	350762	EPA 8270 by HVI	350812
40205127009	3_MW-14	EPA 3510	350762	EPA 8270 by HVI	350812
40205127010	3_MW-11	EPA 3510	351002	EPA 8270 by HVI	351033
40205127011	3_MW-45	EPA 3510	351002	EPA 8270 by HVI	351033
40205127012	3_MW-20	EPA 3510	351002	EPA 8270 by HVI	351033
40205127013	3_MW-64	EPA 3510	351002	EPA 8270 by HVI	351033
40205127014	3_MW-27	EPA 3510	351002	EPA 8270 by HVI	351033
40205127015	3_MW-27D	EPA 3510	351002	EPA 8270 by HVI	351033
40205127016	3_MW-77	EPA 3510	351002	EPA 8270 by HVI	351033
40205127017	3_MW-72	EPA 3510	351002	EPA 8270 by HVI	351033
40205127018	3_MW-58	EPA 3510	351002	EPA 8270 by HVI	351033
40205127004	1_MW-35	EPA 8260	350835		
40205127005	1_MW-35D	EPA 8260	350835		
40205127006	1_MW-10	EPA 8260	350835		
40205127008	1_MW-17	EPA 8260	350835		
40205127014	3_MW-27	EPA 8260	350835		
40205127015	3_MW-27D	EPA 8260	350835		
40205127018	3_MW-58	EPA 8260	350835		
40205127019	TB-1	EPA 8260	350835		

REPORT OF LABORATORY ANALYSIS

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(Please Print Clearly)

Company Name: AECOM
 Branch/Location: Oshkosh, WI
 Project Contact: Laetle Altenbach
 Phone: 414-944-6186
 Project Number: 60615404
 Project Name: CN Manitowoc
 Project State: WI
 Sampled By (Print): Jacob Dean
 Sampled By (Sign): *Jacob Dean*
 PO #: 60615404



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

Page 1 of 2
 40205127

CHAIN OF CUSTODY

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

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

Y/N	N	N	Y	Y	Y
	A	B	D	D	D
Analyses Requested	PAH	VOC	Dissolved RCRA Metals	Dissolved Arsenic	Dissolved Lead

Quote #: Same as first column
 Mail To Contact:
 Mail To Company:
 Mail To Address:
 Invoice To Contact:
 Invoice To Company:
 Invoice To Address:
 Invoice To Phone:

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

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

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

PACE LAB #	CLIENT FIELD ID	COLLECTION		MATRIX
		DATE	TIME	
001	1-MW-19	3-18-20	1000	6W
002	1-MW-43		1020	
003	1-MW-39		1145	
004	1-MW-35		1310	
005	1-MW-35D		-	
006*	1-MW-10		1440	
007	1-MW-14		1615	
008	1-MW-17	3-19-20	1105	
009	3-MW-14		1150	
010	3-MW-11		1305	
011	3-MW-45		1405	
012	3-MW-20		1510	
013	3-MW-64		16:15	

CLIENT COMMENTS
 All metals sampled through 0.45 micron filter
 *MS/MSD collected

LAB COMMENTS (Lab Use Only)

Profile #

Rush Turnaround Time Requested - Prelims (Rush TAT subject to approval/surcharge)
 Date Needed:
 Transmit Prelim Rush Results by (complete what you want):
 Email #1:
 Email #2:
 Telephone:
 Fax:
 Samples on HOLD are subject to special pricing and release of liability

Relinquished By: *Jacob Dean* Date/Time: 3-23-20/19:41
 Relinquished By: *Jacob Dean* Date/Time: 3/23/20 12:35
 Relinquished By: _____ Date/Time: _____
 Relinquished By: _____ Date/Time: _____

Received By: *Jacob Dean* Date/Time: 3/23/20 9:41
 Received By: *Susan Miller* Date/Time: 3/23/20 12:35
 Received By: _____ Date/Time: _____
 Received By: _____ Date/Time: _____

PACE Project No. 40205127
 Receipt Temp = ROT
 Sample Receipt pH 6.0 Adjusted
 Cooler Custody Seal Present / ~~Not Present~~
 Intact / Not Intact

(Please Print Clearly)

Company Name: **AECOM**
 Branch/Location: **Oshkosh, WI**
 Project Contact: **Lorette Altenbach**
 Phone: **414-944-6186**
 Project Number: **60615404**
 Project Name: **CN Manitowoc**
 Project State: **WI**
 Sampled By (Print): **Jacob Dean**
 Sampled By (Sign): *Jacob Dean*
 PO #: **60615404**



UPPER MIDWEST REGION

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

40205127

CHAIN OF CUSTODY

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

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

Y/N	N	N	Y	Y	Y				
Pick Letter	A	B	D	D	D				
Analyses Requested	PAH	VOC	Dissolved RCRA Metals	Dissolved Arsenic	Dissolved Lead				

Quote #: **Same as first column**
 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)
 EPA Level III
 EPA Level IV

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

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

PACE LAB #	CLIENT FIELD ID	COLLECTION		MATRIX
		DATE	TIME	
014	3-MW-27	3-20-20	9:50	GW
015	3-MW-27D		-	
016	3-MW-77		11:35	
017	3-MW-72		12:50	
018	3-MW-58		14:45	
019	TB-1		-	

Added per Client: 3/24/20 *CSA*

Rush Turnaround Time Requested - Prelims
(Rush TAT subject to approval/surcharge)
 Date Needed:
 Transmit Prelim Rush Results by (complete what you want):
 Email #1:
 Email #2:
 Telephone:
 Fax:
 Samples on HOLD are subject to special pricing and release of liability

Relinquished By: *Jacob Dean* Date/Time: **3-23-20 / 9:41**
 Relinquished By: *Jacob Dean* Date/Time: **3/23/20 12:35**
 Relinquished By: Date/Time:
 Relinquished By: Date/Time:
 Relinquished By: Date/Time:

Received By: *Jacob Dean* Date/Time: **3/23/20 9:41**
 Received By: *Jacob Dean* Date/Time: **3/23/20 12:35**
 Received By: Date/Time:
 Received By: Date/Time:
 Received By: Date/Time:

PACE Project No. **40205127**
 Receipt Temp **ROI °C**
 Sample Receipt pH **OK Adjusted**
 Cooler Custody Seal Present **(Not Present)**
 Intact / Not Intact

Client Name: AECOM

Sample Preservation Receipt Form

Project # 40205127

All containers needing preservation have been checked and noted below: Yes No N/A

Initial when completed: SKU Date/Time:

Lab Lot# of pH paper: 10US2791 Lab Std #ID of preservation (if pH adjusted):

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	BG1U	AG1H	AG4S	AG4U	AG5U	AG2S	BG3U	BP1U	BP3U	BP3B	BP3N	BP3S	VG9A	DG9T	VG9U	VG9H	VG9M	VG9D	JGFU	JG9U	WGFU	WPFU	SP5T								ZPLC	GN			
001											1																				X				2.5 / 5 / 10	
002											2																				X				2.5 / 5 / 10	
003											1																				X				2.5 / 5 / 10	
004											1																				X				2.5 / 5 / 10	
005											1																				X				2.5 / 5 / 10	
006											3																				X				2.5 / 5 / 10	
007											1																				X				2.5 / 5 / 10	
008											1																				X				2.5 / 5 / 10	
009											1																				X				2.5 / 5 / 10	
010											1																				X				2.5 / 5 / 10	
011											1																				X				2.5 / 5 / 10	
012											1																				X				2.5 / 5 / 10	
013											1																				X				2.5 / 5 / 10	
014											1																				X				2.5 / 5 / 10	
015											1																				X				2.5 / 5 / 10	
016											1																				X				2.5 / 5 / 10	
017											1																				X				2.5 / 5 / 10	
018											1																				X				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	VG9A 40 mL clear ascorbic	JGFU 4 oz amber jar unpres
BG1U 1 liter clear glass	BP3U 250 mL plastic unpres	DG9T 40 mL amber Na Thio	JG9U 9 oz amber jar unpres
AG1H 1 liter amber glass HCL	BP3B 250 mL plastic NaOH	VG9U 40 mL clear vial unpres	WGFU 4 oz clear jar unpres
AG4S 125 mL amber glass H2SO4	BP3N 250 mL plastic HNO3	VG9H 40 mL clear vial HCL	WPFU 4 oz plastic jar unpres
AG4U 120 mL amber glass unpres	BP3S 250 mL plastic H2SO4	VG9M 40 mL clear vial MeOH	SP5T 120 mL plastic Na Thiosulfate
AG5U 100 mL amber glass unpres		VG9D 40 mL clear vial DI	ZPLC ziploc bag
AG2S 500 mL amber glass H2SO4			GN
BG3U 250 mL clear glass unpres			



1241 Bellevue Street, Green Bay, WI 54302

Document Name:
Sample Condition Upon Receipt (SCUR)

Document No.:
F-GB-C-031-Rev.07

Document Revised: 25Apr2018

Issuing Authority:
Pace Green Bay Quality Office

Sample Condition Upon Receipt Form (SCUR)

Client Name: AECOM

Project #: _____

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

WO#: **40205127**



Tracking #: _____

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

Cooler Temperature Uncorr: ROI / Corr: _____

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

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

Person examining contents:
Date: 3-23-20
Initials: SW

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	2016, 017 + 018 analysis not checked
Chain of Custody Relinquished:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3 PM notified. 3-23-20 SW
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	5.
- VOA Samples frozen upon receipt	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:
Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7.
Sufficient Volume:		8.
For Analysis: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No MS/MSD: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input 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	10.
Filtered volume received for Dissolved tests	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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>W</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>431</u>		

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

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: GA

Date: 3/23/20