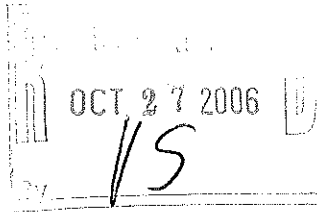


October 24, 2006

Mr. Tom Hyslop
Petroleum Equipment, Inc.
3950 West Douglas Avenue
Milwaukee, WI 53209



09-41-548446

RE: Results of Tank Closure Assessment Conducted at the Children's Hospital Property Located at 9000 West Wisconsin Avenue in the City of Wauwatosa, Wisconsin — EDS Project No. 060902

Dear Mr. Hyslop:

As requested, Environmental & Development Solutions Inc. (EDS) collected soil samples during the Tank Closure Assessment (TCA) conducted for an underground storage tank (UST) at the above-referenced property. This letter documents the TCA procedures and presents the results of the soil sampling and analytical testing. A copy of this letter has also been submitted to the Wisconsin Department of Natural Resources (DNR) as a clean closure assessment.

Project Background and Site Description

The subject property is located at 9000 West Wisconsin Avenue in the City of Wauwatosa, Wisconsin. One 8,000-gallon diesel UST was excavated, cleaned, and removed from the property for disposal on September 18, 2006. The UST was located at the northwest corner of the main building on the central portion of the property and was associated with the back-up generator. The closure documentation for the UST is attached.

Results of UST Closure and Soil Sampling

On September 18, 2006, PEI documented the removal of the 8,000-gallon UST. The UST appeared in good condition, with no holes apparent upon cleaning and inspection. No water was present in the vicinity of the UST.

Following the removal of the UST, PEI assisted EDS in collecting soil samples for laboratory analyses to evaluate the presence or absence of soil impacts.

Two soil samples were collected from beneath each end of the former UST and one soil sample was collected from beneath the piping run.

The UST was closed in accordance with Comm 10 regulations and the requirements of the City of Wauwatosa. A summary of the UST closure procedures and copies of the checklist for UST closure and updated UST registration form are attached. The original forms were submitted to the Wisconsin Department of Commerce ("Commerce").

Results of Analytical Testing

Three soil samples were collected from the site and were submitted to APL Inc. for analyses of diesel range organics (DRO). The results of the analytical testing indicated that DRO concentrations ranging from 2.1 to 3.2 parts per million (ppm) were detected in the samples submitted for analyses. The concentrations are well below the residual contaminant level (RCL) of 100 ppm utilized by the DNR to evaluate if remedial actions are necessary. The analytical report is attached.

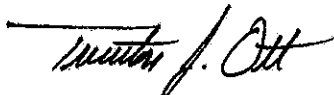
Conclusions and Recommendations

The results of the field observations, site features, and analytical testing do not indicate that additional assessment or remedial actions are necessary. A copy of this report has been submitted to the DNR Southeast office as a clean UST closure to comply with their regulations. The DNR may provide a response.

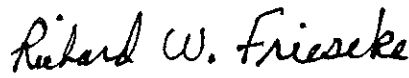
We appreciate the opportunity to assist you with this TCA. Please contact us at (414) 228-9810 if you have any questions.

Respectfully,

Environmental & Development Solutions, Inc.



Trenton J. Ott
Project Manager



Richard W. Frieseke, P.E.
President

Attachments

060601a

UST Closure Summary

Site Name and Location: Children's Hospital
9000 West Wisconsin Avenue
Wauwatosa, WI 53226

UST Contents and Volumes: UST ID # 297266
8,000-gallon diesel UST

UST Closure Date: September 18, 2006

Certified Tank Remover: Petroleum Equipment, Inc.
Ken Pulczinski
Remover no: 41161
3950 Douglas Ave.
Milwaukee, WI 53209

Certified Site Assessor: EDS, Inc.
Trenton J. Ott
Site Assessor no: 269940
6637 N. Sidney Place
Milwaukee, WI 53209

Inspector: Lawrence J. Wolski
City of Wauwatosa
Inspector No. 923280

Certified Tank Cleaner: National Tank Service
1813 South 73rd Street
West Allis, WI 53219

Tank Cleaning Method: Purged, scraped, and cleaned.

Tank Disposal Location: Fiberglass UST was crushed and
disposed of by Veolia Environmental.

Sludge Disposal Location: National Tank Service

UST and Piping Material/Condition: Fiberglass/good condition

Tank Cavity Backfill: Pea gravel

Depth of Water within Cavity: Groundwater was not encountered.

Soil Description: Silty clay

Complete one form for each site closure.

CHECKLIST FOR TANK CLOSURE

RETURN COMPLETED CHECKLIST TO:

The information you provide may be used for secondary purposes (Privacy Law, s.15.04 (1)(m)).

CHECK ONE:
 UNDERGROUND
 ABOVEGROUND
 FOR PORTIONS OF THE FORM THAT DO NOT APPLY, CHECK THE N/A BOX BELOW

Wisconsin Department of Commerce
 ERS Division
 Bureau of Storage Tank Regulation
 P.O. Box 7837
 Madison, WI 53707-7837

A. IDENTIFICATION: (Please Print) Indicate whether closure is for: Tank System Tank Only Piping Only

1. Site Name CHILDRENS HOSP. RED TOWER		2. Owner Name CHILDRENS HOSPITAL	
Site Street Address (not P.O. Box) 9000 W. WISCONSIN AVE		Owner Street Address P.O. BOX 7837	
<input checked="" type="checkbox"/> City WALWATOSA	<input type="checkbox"/> Village	<input type="checkbox"/> Town of:	<input checked="" type="checkbox"/> City WALWATOSA
State WI	Zip Code 53226	County MILWAUKEE	State WI
3. Closure Company Name (print) PETROLEUM EQUIPMENT INC		Closure Company Street Address 3950 W DOVELAS AVE.	
Closure Company Telephone No. (include area code) (414) 466-3000		Closure Company City, State, Zip Code MILWAUKEE, WI 53209	
4. Name of Company Performing Closure Assessment Environmental & Development Solutions		Assessment Company Street Address, City, State, Zip Code 6637 N. Sidney Ave, Milw, WI 53209	
Telephone No. (include area code) (414) 228-9810	Certified Assessor Name (print) Trenton J. Ott	Assessor Signature <i>Trenton J. Ott</i>	Assessor Certification No. 269940

Tank ID #	Closure	Temp. Closure	Closure in Place	Tank Capacity	Contents*	Closure Assessment
1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10,000		<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> Y <input type="checkbox"/> N

* Indicate which product: Diesel; Leaded; Unleaded; Fuel Oil; Gasohol; Aviation Fuel; Kerosene; Premix; Waste/Used Motor Oil; Flammable/Combustible Hazardous Waste; Chemical (indicate the chemical name(s) _____ and CAS number(s) _____); Other _____

Written notification was provided to the local agent 15 days in advance of closure date. Y N NA
 All local permits were obtained before beginning closure. Y N NA

Check applicable box at right in response to all statements in Sections B-E.

	Remover Verified	Inspector Verified	NA
B. TEMPORARILY OUT OF SERVICE			
Written inspector approval of temporary closure obtained, which is effective until (provide date) _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Product Removed			
a. Product lines drained into tank (or other container) and resulting liquid removed, AND	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
b. All product removed to bottom of suction line, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
c. All product removed to within 1" of bottom.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
2. Fill pipe, gauge pipe, tank truck vapor recovery fittings, and vapor return lines capped.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
3. All product lines at the islands or pumps located elsewhere are removed and capped, OR	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
4. Dispensers/pumps left in place but locked and power disconnected.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
5. Vent lines left open.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>
6. Inventory form filed indicating temporary closure.	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>

C. CLOSURE BY REMOVAL

1. Product from piping drained into tank (or other container).	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Piping disconnected from tank and removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. All liquid and residue removed from tank using explosion proof pumps or hand pumps.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. All pump motors and suction hoses bonded to tank or otherwise grounded.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NOTE: DROP TUBE SHOULD NOT BE REMOVED IF THE TANK IS TO BE PURGED THROUGH THE USE OF AN EDUCTOR.			
6. Vent lines left connected until tanks purged.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Tank openings temporarily plugged so vapors exit through vent.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Tank atmosphere reduced to 10% of the lower flammable range (LEL) - see Section F.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Tank removed from excavation after PURGING/INERTING; placed on level ground and blocked to prevent movement.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Tank cleaned before being removed from site.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Remover Verified	Inspector Verified	NA
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ank labeled in 2" high letters after removal but before being moved from site.

NOTE: COMPLETE TANK LABELING SHOULD INCLUDE WARNING AGAINST REUSE; FORMER CONTENTS; VAPOR STATE; VAPOR FREEING TREATMENT; DATE.

- | | | | |
|---|--|-------------------------------------|-------------------------------------|
| 12. Tank vent hole (1/8" in uppermost part of tank) installed prior to moving the tank from site. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Form ERS-7437 or ERS-8731 filed by owner with the Dept. of Commerce indicating closure by removal. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Site security is provided while the excavation is open. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

D. CLOSURE IN PLACE

NOTE: CLOSURES IN PLACE ARE ONLY ALLOWED WITH THE PRIOR WRITTEN APPROVAL OF THE DEPARTMENT OF COMMERCE OR LOCAL AGENT.

- | | | | |
|---|---|--------------------------|-------------------------------------|
| 1. Product from piping drained into tank (or other container). | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Piping disconnected from tank and removed. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. All liquid and residue removed from tank using explosion proof pumps or hand pumps. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. All pump motors and suction hoses bonded to tank or otherwise grounded. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Fill pipes, gauge pipes, vapor recovery connections, submersible pumps and other fixtures removed. ... | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| NOTE: DROP TUBE SHOULD NOT BE REMOVED IF THE TANK IS TO BE PURGED THROUGH THE USE OF AN EDUCTOR - EDUCTOR OUTPUT 12 FT. ABOVE GRADE. | | | |
| 6. Vent lines left connected until tanks purged. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Tank openings temporarily plugged so vapors exit through vent. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Tank atmosphere reduced to 10% of the lower flammable range (LEL) see Section F. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Tank properly cleaned to remove all sludge and residue. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Solid inert material (sand, cyclone boiler slag, pea gravel recommended) introduced and tank filled. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Vent line disconnected or removed. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Inventory form filed by owner with the Department of Commerce indicating closure in place. | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

E. CLOSURE ASSESSMENTS

NOTE: DETERMINE IF A CLOSURE ASSESSMENT IS REQUIRED BY REFERRING TO COMM 10.

- | | | | |
|--|--|-------------------------------------|--------------------------|
| 1. Individual conducting the assessment has a closure assessment plan (written) which is used as the basis for their work on the site. | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do points of obvious contamination exist? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there strong odors in the soils? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Was a field screening instrument used to pre-screen soil sample locations? | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Was a closure assessment omitted because of obvious contamination? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was the DNR notified of suspected or obvious contamination? | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | <input type="checkbox"/> | <input type="checkbox"/> |
| Agency, office and person contacted: _____ | | | |
| 7. Contamination suspected because of: <input type="checkbox"/> Odor <input type="checkbox"/> Soil Staining <input type="checkbox"/> Free Product <input type="checkbox"/> Sheen on Groundwater <input type="checkbox"/> Field Instrument Test | | | |

F. METHOD OF ACHIEVING 10% LEVEL DESCRIPTION

- Eductor Or Diffused Air Blower
 - Eductor driven by compressed air, bonded and drop tube left in place; vapors discharged minimum of 12 feet above ground.
 - Diffused air blower bonded and drop tube removed. Air pressure not exceeding 5 psig.
- Dry Ice
 - Dry Ice introduced at 1.5 pounds per 100 gallons of tank capacity. Dry ice crushed and distributed over the greatest possible tank area.
 - Dry ice evaporated before proceeding.
- Inert Gas (CO₂ or N₂) **NOTE: INERT GASSES PRODUCE AN OXYGEN DEFICIENT ATMOSPHERE. THE TANK MAY NOT BE ENTERED IN THIS STATE WITHOUT SPECIAL EQUIPMENT.**
 - Gas introduced through a single opening at a point near the bottom of the tank at the end of the tank opposite the vent.
 - Gas introduced under low pressure not to exceed 5 psig to reduce static electricity. Gas introducing device grounded.
- Tank atmosphere monitored for flammable or combustible vapor levels.
 - Calibrate combustible gas indicator. Drop tube removed prior to checking atmosphere. Tank space monitored at bottom, middle and upper portion of tank. Readings of 10% or less of the lower flammable range (LEL) obtained before removing tank from ground.

G. NOTE SPECIFIC PROBLEMS OR NONCOMPLIANCE ISSUES BELOW

H. REMOVER/CLEANER INFORMATION

KEN POLCZINSKI [Signature] 41161 9-18-06
 Remover Name (print) Remover Signature Remover Certification No. Date Signed

I. INSPECTOR INFORMATION

LAWRENCE J. NOUSKI [Signature] 923280
 Inspector Name (print) Inspector Signature Inspector Certification No.
4011 414-471-8457 9/18/06
 FDID # For Location Where Inspection Performed Inspector Telephone Number Date Signed

File #:
 Reg Obj #:

**UNDERGROUND
 FLAMMABLE/COMBUSTIBLE/HAZARDOUS
 LIQUID STORAGE TANK REGISTRATION**
 Information Required By Section 101.142, Wis. Stats. Madison, WI 53707-7837

Send Completed Form To:
 Department of Commerce
 Bureau of Storage Tank Regulation
 P.O. Box 7837
 Madison, WI 53707-7837

Underground tanks in Wisconsin that have stored or currently store petroleum or regulated substances must be registered. A separate form is needed for each tank. Send each completed form to the agency designated in the top right corner. Have you previously registered this tank by submitting a form? Yes No. If yes, are you correcting/updating information only? Yes No. Personal information you provide may be used for secondary purposes (Privacy Law, s. 15.04 (1)(m)).

This registration applies to a tank status that is (check one):
 In Use Closed - Tank Removed Ownership Change (Indicate new owner name in block 2)
 Newly Installed Closed - Filled with Inert Materials
 Abandoned with Product Abandoned with Water
 Abandoned without Product (empty) Temporarily Out of Service - Provide Date: _____

Fire Department providing fire coverage where tank is located
 City Village
 Town of: WAUWATOSA

A. IDENTIFICATION (Please Print)

1. Tank Site Name: CHILDREN HOSPITAL BED TOWER Site Street Address: 9000 W. WISCONSIN AVE Site Telephone Number: ()
 City Village Town of: WAUWATOSA State: WISCONSIN Zip Code: 53226 County: MILWAUKEE

2. Tank Owner Name: CHILDRENS HOSPITAL Mailing Address: P.O. BOX # 1997 Telephone Number: ()
 City Village Town of: WAUWATOSA State: WISCONSIN Zip Code: 53226 County: MILWAUKEE

3. Previous Site Name: _____ Previous site address if different than #1: _____

B. Site ID #: _____ **Facility ID #:** 650497 **Customer ID #:** 287671

C. Tank Capacity (gallons): 10,000 **Tank Age (age or date installed):** _____ **Vehicle fueling?** Yes No

D. LAND OWNER TYPE (check one) Refer to back
 County State Federal Leased Federal Owned Tribal Nation Municipal Other Government Private

E. OCCUPANCY TYPE (check one) Refer to back
 Retail Fuel Sales Bulk Storage Terminal Storage Mercantile/Commercial Industrial Residential School
 Agricultural (crop of livestock production) Backup or Emergency Generator Gov't Fleet Utility Other (specify): _____

F. Tank Construction:
 Bare Steel Coated Steel Stainless Steel Steel - Fiberglass Reinforced Plastic Composite
 Fiberglass Unknown Other (specify): _____ Lined (date): _____

Overfill Protection? Yes No
 Spill Containment? Yes No

G. Tank Cathodic Protection: Sacrificial Anodes Impressed Current N/A **Tank Double Walled?** Yes No

H. Primary Tank Leak Detection Method:
 Automatic tank gauging Interstitial monitoring Inventory control and tightness testing Groundwater monitoring Vapor monitoring
 Manual tank gauging (only for tanks of 1,000 gallons or less) Statistical Inventory Reconciliation (SIR) Unknown

I. Piping Construction:
 Bare Steel Coated Steel Stainless Steel Fiberglass Flexible Copper Unknown NA Other _____

J. Piping Cathodic Protection: Sacrificial Anodes Impressed Current N/A **Pipe Double Walled?** Yes No

K. Primary Piping System Type: Pressurized piping with → A. auto shutoff, B. alarm, or C. flow restrictor Unknown
 Suction piping with check valve at tank Suction piping with check valve at pump and inspectable Not needed if waste oil

L. Piping Leak Detection Method: (used if pressurized or check valve at tank): SIR Tightness testing Electronic line leak monitor
 Groundwater monitoring Vapor monitoring Interstitial monitoring Not required Unknown

M. Vapor Recovery/Stage II Fiberglass Flexible Other (specify): _____
 Operational - Provide Date (mo./day/yr.): _____ CARB #: _____

N. TANK CONTENTS (Current, or previous product if tank now empty)
 Diesel Leaded Unleaded Gasohol Aviation Premix Fuel Oil Kerosene
 Empty* Sand/Gravel/Slurry* Waste/Used Motor Oil Hazardous Waste* Unknown*
 Chemical* Name: _____ CAS #: _____ Other (specify): _____

*If chosen, this tank is NOT PECFA eligible.

O. If Tank Closed, Abandoned or Out of Service
 Give date (mo./day/yr.): _____ **Geo Latitude:** _____ **Geo Longitude:** _____
 Has a site assessment been completed? (see reverse side for details) Yes No

Owner or Operator Name (please print): Michael J Schoba **Indicate if you are:**
 Owner or Operator

Owner or Operator Signature (Note: By signing, signer is accepting legal and financial responsibility for the storage tank system.)
Michael J Schoba **Date:** 9-18-06



8222 W. Calumet Rd., Milwaukee, WI 53223
 Phone: (414) 355-5800 Fax: (414) 355-3099

Trenton Ott
 Environmental & Development Solutions, Inc
 6637 N. Sidney Place
 Milwaukee, WI 53209

ORGANIC REPORT

BATCH NUMBER: 20060993
 DATE REPORTED: 03-Oct-06
 DATE RECEIVED: 19-Sep-06
 SAMPLE TEMP (C): Rec On Ice
 PROJECT ID: 060902
 PROJECT NAME: Childrens Hospit

Sample Number: 51217 QC Prep Batch Number: 1019331 Collection: 9/18/2006 Time: 12:30
 Sample ID: East Base % Solid = 87.3 % Sample Description:

Compound	Result	Units	LOD	LOQ	Dil	RQ	Method	Analyst	Date	
									Extract/Analyzed	Extract/Analyzed
Diesel Range Organics	2.910	mg/kg	1.145	3.645	1	3 4 J	WI DRO	2405	9/19/2006	9/26/2006

Sample Number: 51218 QC Prep Batch Number: 1019331 Collection: 9/18/2006 Time: 12:40
 Sample ID: West Base % Solid = 84.1 % Sample Description:

Compound	Result	Units	LOD	LOQ	Dil	RQ	Method	Analyst	Date	
									Extract/Analyzed	Extract/Analyzed
Diesel Range Organics	2.117	mg/kg	1.189	3.783	1	3 4 J	WI DRO	2405	9/19/2006	9/26/2006

Sample Number: 51219 QC Prep Batch Number: 1019331 Collection: 9/18/2006 Time: 1:00
 Sample ID: Pipe Run % Solid = 82.4 % Sample Description:

Compound	Result	Units	LOD	LOQ	Dil	RQ	Method	Analyst	Date	
									Extract/Analyzed	Extract/Analyzed
Diesel Range Organics	3.204	mg/kg	1.214	3.861	1	3 4 J	WI DRO	2405	9/19/2006	9/26/2006

Department of Natural Resources State Certified Laboratory #241340550

APL warrants the test results to be of a precision normal for the sample type and methodology employed for each sample submitted. APL disclaims any other warrants, expressed or implied, including warranty of fitness for a particular purpose and warranty of merchantability. APL accepts no legal responsibility for the purpose for which the client uses test results. Any analytical work performed must be governed by this terms and conditions set forth herein.

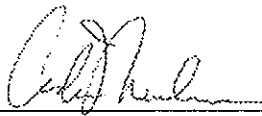


8222 W. Calumet Rd., Milwaukee, WI 53223
Phone: (414) 355-5800 Fax: (414) 355-3099

Trenton Ott
Environmental & Development Solutions, Inc
6637 N. Sidney Place
Milwaukee, WI 53209

ORGANIC REPORT

BATCH NUMBER: 20060993
DATE REPORTED: 03-Oct-06
DATE RECEIVED: 19-Sep-06
SAMPLE TEMP (C): Rec On Ice
PROJECT ID: 060902
PROJECT NAME: Childrens Hospit

Approved By:  Date 10/3/2006
Project Manager

LOQ = Limit of Quantitation LOD = Limit of Detection

RQ : Run Qualifier; 2 - A high blank recovery is associated with this batch QC.

3 - The associated batch QC is outside the control limits for precision.

4 - The associated batch QC is outside the control limits for accuracy.

5 - The internal standard associated with this batch QC is outside control limits.

6 - The surrogate associated with this batch QC is outside control limits.

7 - The duplicate analysis associated with this batch QC is outside control limits.

8 - The internal standard associated with this sample is outside control limits.

9 - The surrogate associated with this sample is outside control limits.

E - Concentration of this compound exceeds the calibration range; the value is an estimate.

O - Presence of significant peaks outside the DRO or GRO chromatographic window.

M - Matrix Spike and/or Matrix Spike Duplicate recovery is outside control limits.

A - The result is an average.

- No LOD or LOQ required.

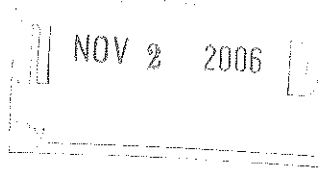
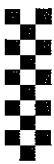
J - The result is between the LOD and LOQ.

S - See attachment for QC qualifiers.

Rounding Rules: Three significant figures were used for concentrations above 99 ug/L, two significant figures for concentrations between 1-99 ug/L, and one significant figure for lower concentrations.
DNR Analytical Detection Limit Guidance, April 1995.

Department of Natural Resources State Certified Laboratory #241340550

APL warrants the test results to be of a precision normal for the sample type and methodology employed for each sample submitted. APL disclaims any other warrants, expressed or implied, including warranty of fitness for a particular purpose and warranty of merchantability. APL accepts no legal responsibility for the purpose for which the client uses test results. Any analytical work performed must be governed by this terms and conditions set forth herein.



fax transmittal

Fax Number (414) 263-8606

To Barb Grundl
Please deliver immediately to the above mentioned person. Thank You.

Company DNR

Department _____

From Trent Ott

Date 10/31/06 Time 12:45 pm

Subject _____

Sketches for the Tank Closure Assessment at Children's Hospital of Wisconsin you requested. Please call w/ questions.

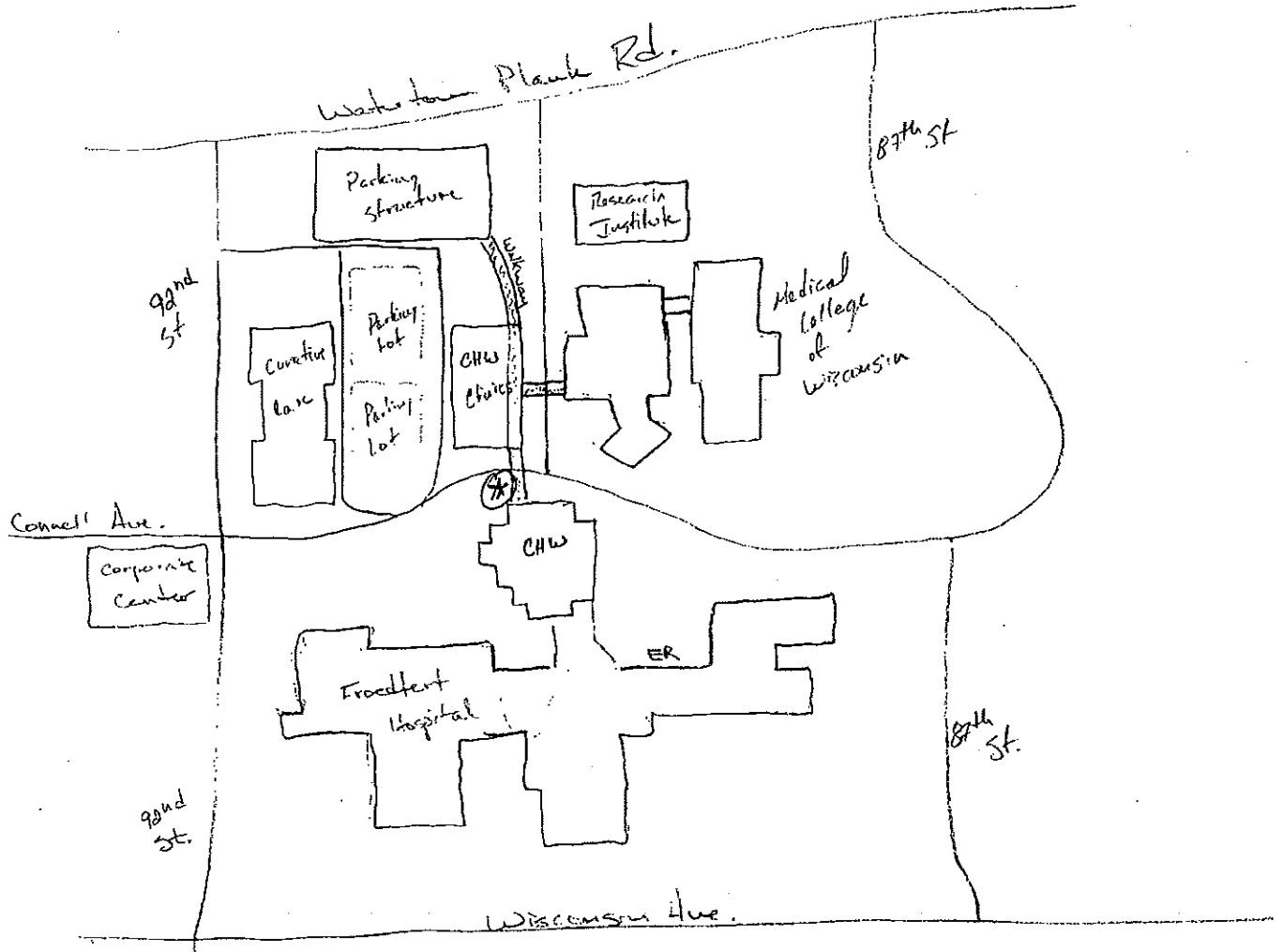
Trent

Number of Pages Being Transmitted (Including Cover Sheet) 3

6637 North Sidney Pl.
Milwaukee, WI 53209
www.edsinc.us

(414) 228-9810 Phone
(414) 228-9840 Fax

NOV 2 2006



⊛ = Former UST location.

Area Sketch

Children's Hospital of Wisconsin Clinics Building

Medical College of Wisconsin Building

Elevated Walkway

Grass

sidewalk

Sidewalk

Former UST Excavation

Connell Ave

Concrete

Underground Piping

Covered Bus stop

Sidewalk

Grass

Doors

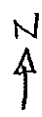
West Base Sample

Former 800-gallon Diesel UST

East Base Sample

Pipe Run Sample

Children's Hospital of Wisconsin



Site Sketch

