

LETTER OF TRANSMITTAL

DATE : July 20, 2022

TO : Ms. Jennifer Dorman
Wisconsin Department of Natural Resources
Remediation and Redevelopment / Waste and Materials Management
1027 W. St. Paul Ave.
Milwaukee, WI 53233

FROM : Daniel K. Pelczar, CPG, P.G. | Senior Geologist

SUBJECT : Development at Historic Fill Site or Licensed Landfill Exemption Application,
Form 4400-226 (R 05/16)
Community Within the Corridor Limited Partnership - East Block
2748 N. 32nd Street, Milwaukee, WI 53210
BRRTS #: 02-41-263675; FID #: 241025400

COPY TO : File (40441); Mr. Shane LaFave / Roers Companies, LLC; and
Mr. Que El-Amin / Scott Crawford, Inc.

We are:

Attaching Submitting As Requested

Copies	Date	Description
1	7/20/2022	Development at Historic Fill Site or Licensed Landfill Exemption Application (submitted electronically)
1	7/11/2022	\$700.00 Check WDNR Review Fee (FedEx Mail)

Transmitted For Your:

Information/Records Review Approval
 Action (Signature/Date) Revision/Resubmittal Distribution

Remarks:

Should you have any questions regarding this submittal or require any additional information, please feel free to contact me via email at dpelczar@ksinghengineering.com or telephone at (262) 821-1171, ext. 112. We look forward to working with you on this project!

Notice: Use of this form is required by the DNR for any application to develop at a historic fill site or licensed landfill pursuant to secs. NR 506.085 and NR 500.08(4), Wis. Adm. Code. The Department will not consider your application unless you provide complete information requested. Personally identifiable information collected will be used to process your application and will also be accessible by request under Wisconsin's Open Records law [ss.19.31 - 19.39, Wis. Stats.]

Instructions: See *Development at Historic Fill Sites and Licensed Landfills: What you need to know* (PUB-RR-683, November 2013) for detailed instructions.

- All Exemption Application materials should be sent to the region where the site is located, as listed on page 6.
- Include \$700 fee payment with this application. If the site is a licensed landfill and the Waste and Materials Management program is doing the review, submit no fee now. You will be sent an invoice upon receipt of this application.
- Determine the appropriate exemption type for the site and check appropriate box below.
- Provide complete information requested for each type of exemption. Include the following attachments:
Required: Summary of Existing and Potential Impacts described in Section V as an attachment, under the seal of a professional engineer or geologist registered to practice in Wisconsin.

Optional: Site Visit Summary Comments (Section IX) including any photos, sketches or site visit notes.

Exemption Type

- Remediation and Redevelopment Program NR 700 Rule Series Process Exemption:** Site with remedial actions conducted in accordance with NR 700 series
Required: Sections I - VI **Optional:** Sections VII - X
- Case-by-Case Evaluation:** Sites with anticipated environmental impacts or wastes of special concerns
Required: Sections I - VI **Optional:** Sections VII - X
- Expedited Exemption:** Site with no expected environmental impact
Required: Sections I - VI and Form 4400-226A Expedited Exemption Application **Optional:** Sections VII - X

I. Applicant Information

Owner - Last Name	First	MI	Phone Number (include area code)
n/a	n/a		

Contact Name (if different)

Community Within the Corridor Limited Partnership

Street Address	City	State	ZIP Code
2748 N. 32nd St.	Milwaukee	WI	53210
Developer - Last Name	First	MI	Phone Number (include area code)
LaFave	Shane		(763) 285-8795
Street Address	City	State	ZIP Code
110 Cheshire Lane, Suite 120	Minnetonka	MN	55305

II. Site Name and Location

Site Name	Location / Address		
Community Within the Corridor - East Block	2748 N. 32nd St.		
Is the site known by another name(s)? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	<input checked="" type="radio"/> City <input type="radio"/> Town <input type="radio"/> Village		
If yes, provide name:	of <u>Milwaukee</u>		
Does the site have a license number? <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	State	ZIP Code	County
If yes, License Number:	WI	53210	Milwaukee

A. Attach a map with site location and limits of fill/waste disposal area.

B. Global Positioning System Coordinates	Describe method for collecting GPS Coordinates DNR Website.
Latitude DEG MIN SEC 43 04 08.4500 N	Longitude DEG MIN SEC 87 57 13.0170 W

Program Lead, Fee Status and Regulatory ID Numbers (This area for DNR use only)			
<input type="radio"/> Waste Management Bureau	<input type="checkbox"/> Payment Attached		
<input type="radio"/> Remediation and Redevelopment Bureau - Exemption is part of remedy under NR 700 program	Amount		
<input type="radio"/> Fee already paid for review of remedial design report	\$		
<input type="radio"/> Review of remedial design report not requested and payment is attached.			
Hazardous Waste Facility License ID # (5 digits)	DNR FID # (9 digits)	USEPA ID # (used for both RCRA & CERCLIS #s) (WI+Alpha+9 digits)	
Region	Project Manager	Telephone Number	

Development at Historic Fill Site or Licensed Landfill Exemption Application

Form 4400-226 (R 05/16)

Page 2 of 6

III. Site Ownership History

Previous Owner - Last Name		First	MI	Telephone Number	
Briggs and Stratton (manufacturing facility)		n/a			
Street Address		City		State	ZIP Code
2748 N. 32nd St.		Milwaukee		WI	53210
Responsible Municipal / Private Operator - Last Name (if applicable)		First	MI	Telephone Number	
n/a		n/a			
Street Address		City		State	ZIP Code
n/a		n/a			

IV. Evaluation of Existing and Potential Impacts. See Development at Historic Fill Sites and Licensed Landfill: Guidance for Investigation and Development at Historic Fill Sites and Licensed Landfill: Potential Problems and Considerations.

- A. Analytical data for the following media have been collected and/or examined before completing this application:
1. Groundwater: Yes No
 2. Soil: Yes No
 3. Surface water / sediment: Yes No
 4. Air: Yes No
 5. Methane or other explosive gases: Yes No
- B. Based on known or suspected sources and wastes, their physical characteristics, containment and geologic environment, do you suspect a release of pollutants to the environment?
- Yes: Groundwater Soil Surface Water / Sediment Methane or Other Explosive Gases
- No
- C. If there is NOT a likelihood of a release of pollutants or evidence of a release, would the impact of the proposed development be likely to cause a release to the environment?
- Yes: **If yes, be sure to summarize actions to be taken to prevent adverse environmental impacts in V. Part C below.**
- No

V. Summary of Existing and Potential Impacts. See Development at Historic Fill Sites and Licensed Landfill: Guidance for Investigation and Development at Historic Fill Sites and Licensed Landfill: Potential Problems and Considerations.

Describe the following in an attached narrative under the signature of a qualified professional. Organize, label and package as listed below.

- A. Existing Site Conditions
 1. existing site conditions including waste types,
 2. potential for impacts, and
 3. evaluation of existing impacts.
- B. Proposed Development Summary. Include explanation for overall site decision.
- C. Summary of actions to be taken and engineering controls that will prevent or minimize adverse environmental impacts and potential threats to human health and welfare, including worker safety.

VI. Certification of Application Information

I certify that information in this application and all its attachments is true and correct and in conformity with applicable Wis. statutes.

Print / Type Name of Applicant

Mr. Shane LaFave / Community Within the Corridor Limited Partnership

Applicant Signature _____

Date Signed _____

Development at Historic Fill Site or Licensed Landfill Exemption Application

Form 4400-226 (R 05/16)

Page 3 of 6

Sections VII - IX are optional for all Applicants.

VII. Current and Historic Type of Waste Disposal Site (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Licensed Landfill | <input type="checkbox"/> One-time Disposal |
| <input type="checkbox"/> Non-approved {See s.289.01(3)}, Wis Stats. | <input type="checkbox"/> Construction / Demolition |
| <input type="checkbox"/> Approved | <input checked="" type="checkbox"/> Historic Fill Site |

Liner <input checked="" type="checkbox"/> Unlined <input type="checkbox"/> Lined <input type="checkbox"/> Composite Liner <input type="checkbox"/> Other Liner (Describe): _____	Total Landfill Volume <input checked="" type="radio"/> < 50,000 yd ³ <input type="radio"/> 50,000-500,000 yd <input type="radio"/> > 500,000 yd ³
<input type="checkbox"/> Clay Liner <input type="checkbox"/> Unengineered	

Does the landfill have a closure plan? Yes No Unknown

Does the landfill have a groundwater monitoring plan? Yes No Unknown

Have groundwater monitoring wells been installed? Yes No Unknown

Was a cover installed? Yes: No **If no, go to Past Land Uses.**

- Composite cap
- Layered soil cap with clay barrier
- Clay cap
- Soil cap - not recompacted clay
- Other cover
- Unknown

What is the thickness of the cover? < 6 in 6-12 in 12-24 in > 24 in Unknown

Past Land Uses. (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Agricultural co-op | <input type="checkbox"/> Electroplater | <input type="checkbox"/> Salvage yard |
| <input type="checkbox"/> Brush pile | <input type="checkbox"/> Lagoon | <input type="checkbox"/> Service Station |
| <input type="checkbox"/> Bulk plant | <input checked="" type="checkbox"/> Manufacturing Type: <u>Briggs and Stratton</u> | <input type="checkbox"/> Tannery |
| <input type="checkbox"/> Coal gas manufacturer | <input type="checkbox"/> Old burn pit | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Deer pit | <input type="checkbox"/> Pipeline | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dry cleaner | <input type="checkbox"/> RCRA generator | |

Date(s) of Site Operation

From	<u>01/01/1906</u>	To	<u>01/01/1980</u>	No. of Years	<u>74</u>	<input type="checkbox"/> Unknown
------	-------------------	----	-------------------	--------------	-----------	----------------------------------

VIII. Waste Information & Geologic Environment. See Development at Historic Fill Sites and Licensed Landfills: Guidance for Investigation

A. Known or Suspected Sources/Wastes. (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Abandoned containers | <input type="checkbox"/> Known or suspected hazardous materials | <input type="checkbox"/> Demolition/construction waste |
| <input type="checkbox"/> Above ground pipeline or tank | <input type="checkbox"/> Municipal waste | <input type="checkbox"/> Surface impoundment/lagoons |
| <input type="checkbox"/> Animal carcasses | <input type="checkbox"/> Paper mill sludge | <input checked="" type="checkbox"/> Underground pipeline or tank |
| <input type="checkbox"/> Buried drums | <input type="checkbox"/> Transformer | <input type="checkbox"/> Exempted fill [NR 500.08(1) and (2)] |
| <input type="checkbox"/> Burning of materials | <input type="checkbox"/> Trees/brush | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Foundry sand | <input checked="" type="checkbox"/> Surface spills | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Industrial accident | <input type="checkbox"/> Fly ash | |

B. Physical Characteristics of Sources/Wastes

Liquid Solid Liquid & Solid Unknown

VIII. Waste Information & Geologic Environment (continued)

C. Waste Containment Liner Unknown Not applicable

Engineered cover

Maintained Not maintained

Functioning leachate collection & removal system

Functioning & maintained run-off management system

Functioning groundwater monitoring system

D. Soil Type: Estimate distances or determinations based on regional or site specific information.

Regional Site specific

Clay, silt or other fine grained soils present? (lacustrine, tills, etc.) Yes No

At surface? Yes No At depth? Yes No 28.5 feet

Sand & gravel, coarse grained soils present? Yes No

At surface? Yes No At depth? Yes No

Variable feet **Sand & Silt Seams**

E. Depth to Groundwater

Regional Site specific 24 feet

F. Direction of Groundwater Flow

Regional Site specific SW direction

G. Depth to Bedrock

Regional Site specific 28.5 direction

H. Bedrock Type

Regional Site specific Sandstone Limestone/Dolomite Metamorphic/Igneous

IX. Site Visit

Conduct a site visit to complete site screening and determine general site conditions, on-site activities and adjacent land use encroachment issues. As appropriate to document the site, take photos, sketch the site and prepare a Site Visit Report.

On-site visit conducted? Yes No

General site conditions: Document any observed releases and note whether or not you were able to walk the site. Examples of things to be aware of include the following:

- leachate seeps or evidence of seeps such as stained soil/vegetation
- stressed vegetation as a sign of gas migration to the surface or of leachate seeps;
- quality and coverage of vegetation on the cap;
- odors which may indicate gas migration to the atmosphere;
- erosion of the cap;
- maintenance of positive drainage over the capped area;
- visual desiccation cracks in the cap.

Attach the following to your application:

Photographs, regular or digital Site sketch Site Visit Report

Name(s) of Person(s) Conducting Site Visit

Date of Site Visit

Robert T. Reinecke, P.E. & Daniel K. Pelczar, CPG, P.G.

01/01/2022

Development at Historic Fill Site or Licensed Landfill Exemption Application

Form 4400-226 (R 05/16)

Page 5 of 6

IX. Site Visit (continued)

A. Adjacent Land Uses. Indicate all directions. (Check all that apply)

<input type="checkbox"/> Agricultural	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input checked="" type="checkbox"/> Industrial	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> S	<input type="checkbox"/> E	<input checked="" type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input checked="" type="checkbox"/> SE	<input checked="" type="checkbox"/> SW
<input type="checkbox"/> Recreational	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input checked="" type="checkbox"/> Residential	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input checked="" type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input type="checkbox"/> Undeveloped	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	<input checked="" type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW
<input checked="" type="checkbox"/> Other: Railroad	<input type="checkbox"/> N	<input type="checkbox"/> S	<input checked="" type="checkbox"/> E	<input type="checkbox"/> W	<input type="checkbox"/> NE	<input type="checkbox"/> NW	<input type="checkbox"/> SE	<input type="checkbox"/> SW

B. Potential Groundwater Receptors. Estimate distances. (1 mile = 5,280 ft)

See attached map & logs.

Distance to and direction of nearest municipal well: _____ feet > ½ mile from the waste _____ direction

Distance to and direction of nearest other-than-municipal well: _____ feet > ½ mile from the waste _____ direction

Distance to and direction of nearest non-community well: _____ feet > ½ mile from the waste _____ direction

Distance to and direction of nearest private well: _____ feet > ½ mile from the waste _____ direction

Distance to and direction of nearest private well: _____ feet > ½ mile from the waste _____ direction

C. Potential For Gas Migration

 3 No. of homes within 300 feet of waste (gas migration potential)

 262 No. of homes between 300 & 1,000 ft to waste (gas migration potential)

Distance to and direction of nearest building: 0 feet > ½ mile from the waste _____ direction

Type of building: On-site building Municipal Residential Commercial Industrial Unknown

D. Potential Surface Water Receptors. Estimate distances

Creek _____ feet Drainage ditch: _____ feet Intermittent stream: _____ feet

River 12870 feet Lake _____ feet Wetland: _____ feet

E. Based on the site visit, did you visually observe...

1. a release to a surface water body? Yes No Unknown

2. a leachate seep? Yes No Unknown

3. a release to soils? Yes No Unknown

X. Comments: Use this section to provide comments on any aspect of the site visit. Attach any information or explanations labeled with the appropriate section number to which the material applies.

Please see the Site investigation Report (KSingh, November 2, 2021) for further information (BRRTS #: 02-41-263675).

Region Map

NORTHERN REGION

Remediation & Redevelopment
 Team Supervisor
 Department of Natural Resources
 107 Suttiff Avenue
 Rhinelander, WI 54501
 (715) 365-8976

OR

Regional Waste Program Manager
 Department of Natural Resources
 107 Suttiff Avenue
 Rhinelander, WI 54501
 (715) 365-8946

NORTHEAST REGION

Remediation & Redevelopment
 Team Supervisor
 Department of Natural Resources
 2984 Shawano Avenue
 Green Bay, WI 54313-6727
 (920) 662-5160

OR

Regional Waste Program Manager
 Department of Natural Resources
 2984 Shawano Avenue
 Green Bay, WI 54313-6727
 (920) 662-5120

SOUTHEAST REGION

Remediation & Redevelopment
 Team Supervisor
 Department of Natural Resources
 2300 N. Martin Luther King Drive
 Milwaukee, WI 53212
 (414) 263-8561 or (414) 263-8714

OR

Regional Waste Program Manager
 Department of Natural Resources
 2300 N. Martin Luther King Drive
 Milwaukee, WI 53212
 (414) 263-8694 or (414) 263-8697

WEST CENTRAL REGION

Remediation & Redevelopment
 Team Supervisor
 Department of Natural Resources
 1300 West Clairemont Avenue
 Eau Claire, WI 54701
 (715) 839-3710

OR

Regional Waste Program Manager
 Department of Natural Resources
 1300 West Clairemont Avenue
 Eau Claire, WI 54701
 (715) 839-3708

SOUTH CENTRAL REGION

Remediation & Redevelopment
 Team Supervisor
 Department of Natural Resources
 3911 Fish Hatchery Road
 Fitchburg, WI 53711
 (608) 275-3241

OR

Regional Waste Program Manager
 Department of Natural Resources
 3911 Fish Hatchery Road
 Fitchburg, WI 53711
 (608) 275-3466

**The State of Wisconsin
 Department of Natural Resources**



• Region Offices

Green Bay

Madison

Milwaukee

NORTHERN

WEST CENTRAL

NORTHEAST

SOUTH CENTRAL

SOUTHEAST

Spooner

Rhinelander

Eau Claire

Madison

Milwaukee

2015 Wisconsin Basin Office

V. Summary of Existing and Potential Impacts.

A. Existing Site Conditions

1. Existing site conditions including waste types,
 - *Within the soils both petroleum and chlorinated VOCs were detected along with PAHs, PCBs, arsenic and lead above Residual Contaminant Levels (RCLs) for the protection to groundwater and/or non-industrial direct contact exposure pathways. Soils analyzed for PFAS were either below the laboratory's method detection limit or were below the non-industrial direct contact exposure pathway. All other soil samples were below respective groundwater protection RCLs for pesticides and herbicides. Groundwater had detections of petroleum and chlorinated VOCs, naphthalene, arsenic, cadmium, chromium, and lead above state standards.*
2. Potential for impacts, and
 - *There are impacts to the soil, groundwater and sub-slab vapor which are documented in the Site Investigation Report (KSingh, November 2, 2021).*
3. Evaluation of existing impacts.
 - *Soil contamination is present at the site for CVOCs, PVOCs, PAHs, and Metals (arsenic, lead and selenium). The additional PFAS soil testing revealed that there are no concerns with PFAS. The majority of the CVOC impacts were defined to within the footprint of the buildings to an approximate depth of 5-feet.*
 - *Groundwater contamination is at the site for CVOCs, PVOCs, and PAHs within the northern courtyard area. From the newer wells installed and sampled during this SI there were no CVOCs nor PVOCs detected on the southern half of the site suggesting that there has not been an expansion of the known contaminated groundwater from the northern courtyard southward (03-41-000793 Jonas Construction – Closed LUST). In addition, it appears that CVOCs in soil have not impacted groundwater on the southern portion of the site. Local groundwater flow on the East Block appears to be to the southwest and on the West Block to the southeast with an overall regional flow to the southeast.*
 - *The majority of the buildings and additions had sub-slab vapor concentrations that were exceeding residential Vapor Risk Screening Levels (VRSLs), six areas exceeding small commercial VRSLs and three areas exceeding large commercial/industrial VRSLs.*
 - *Residential Indoor Air Vapor Action Limits (VALs) were exceeded for chloroform and TCE in all three of the exterior sanitary manholes along the easter side of N. 32nd St., and benzene exceeded Residential Indoor VALs in the tunnel.*

B. Proposed Development Summary. Include explanation for overall site decision.

- *The Community Within the Corridor Limited Partnership is proposing to redevelop the property (both the East and West Blocks) into a mix of affordable housing, commercial spaces, and other amenities. The proposed development includes the following: The Corridor Lofts (64 Units), Creme City Lofts (36 Units) & 30 Square Townhomes (6 Units) and the Briggs Apartment Homes (91 Units) and a Community Service Facility which will include early childhood education, Science, Technology, Engineering, Art & Math after school programming, a health club (Basketball, Volleyball & Futsal, Skatepark), laundromat and a petite grocery store. The property has been rezoned Industrial Mix to facilitate development of the project.*
- *No demolition of existing buildings is planned. The building interiors will be renovated and reconfigured. A ramp will be constructed to utilize the basement as a parking garage. Paved areas will be milled and paved or have pavement removed, be regraded, and then restored with asphalt.*

C. Summary of actions to be taken and engineering controls that will prevent or minimize adverse impacts and potential treats to human health and welfare, including worker safety.

- *CVOCs hot spot removals are completed at the site which have reduced the mass of CVOCs within the buildings footprint as planned.*
- *Groundwater contamination has not migrated off-site and has been delineated and no further monitoring wells are necessary.*
- *Due to the shallow soil and vapor contamination of CVOCs within the buildings a vapor mitigation system is being installed as of the writing of this report.*
- *The tunnel has since been abandoned (filled in with concrete) and the manholes will be abandoned, and new laterals /manholes will be installed during the redevelopment thus, mitigating the risk of vapor intrusion into the building.*
- *Overall, this site will be closed with continuing obligations consisting of a barrier (buildings, asphalt parking lots, and landscaped areas) to prevent direct contact exposure to the impacted soil; and a large vapor mitigation system is being installed to decrease the risk of vapor intrusion into the building.*

IX. Site Visit.

B. Potential Groundwater Receptors.

See attached maps and well logs. Groundwater is assumed to be flowing regionally to the southeast towards the Milwaukee River and Lake Michigan.

INSTRUCTIONS

ALL INFORMATION INDICATED ON THE FACE OF THIS FORM MUST BE GIVEN

PLEASE BE GUIDED BY THE FOLLOWING:

Numbers below correspond to numbers of items of the form on the opposite side.

1. Name of the County and the name of the Town, Village or City. Indicate which is given.
2. If Rural: Number and the 1/4 of the Section, the number of the Town North, and the number of the Range East or West.
If Urban: Name of the Street and the number of the Premise.
3. Name of the Owner. If the name of the owner cannot be given, give instead the name of the Agent. Indicate which is given.
4. Name of the Street and the number of the Premise or the number of the Mail Route, the name of the Post Office and the name of the State.
5. Distance, in feet, from the well to the nearest building and to each source of pollution shown.
6. Indicate: Home, farm, school, tavern, creamery, community, industry, etc.
7. Show the diameter and depth of the initial drillhole or excavation and each reduction in size to bottom. If well was reconstructed, show diameter and depth of original well on first line.
8. Show diameter and kind of casing pipe, liner pipe or curbing and actual position in the well, measured from the surface.
9. Show kind of material (mud or cement) used in sealing the annular space, from and to what depths from the surface. If neither was used indicate "none".
10. Show thickness of each formation and the total depth at the base thereof.
11. Provide the data indicated.

Your opinion concerning other pollution hazards, information concerning difficulties encountered, and data relating to nearby wells, screens, seals, type of casing joints, method of finishing the well, amount of cement used in grouting, blasting, subsurface pumphooms, connecting pits, etc., may be given here:

When permanent pump is installed during the month of August 1946, the well will be disinfected, water samples taken and submitted to the laboratory for analysis.

ML 14505-2

If more space is needed another sheet may be attached.

SEE OTHER SIDE

7

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH

See Instructions on Reverse Side

WAUWATOSA

- 1. County milwaukee
- 2. Location 2519 No. 39th St.
- 3. Owner or Agent Paul Mraz
- 4. Mail Address 2519 No. 39th St. Milwaukee Wis.
- 5. From well to nearest: Building 22 ft; sewer 26 ft; drain 22 ft; septic tank _____ ft; dry well or filter bed _____ ft; abandoned well _____ ft.
- 6. Well is intended to supply water for: Home

Town Village City

Check one **REC'D** 77N R21E

SE NW SW Sec. 13

NOV 15 1955

ENVIRO

7. DRILLHOLE:

Dia. (in.)	From (ft.)	To (ft.)	Dia. (in.)	From (ft.)	To (ft.)
10	0	20			
6	20	73			

8. CASING AND LINER PIPE OR CURBING:

Dia. (in.)	Kind and Weight	From (ft.)	To (ft.)
6	Steel	0	47

9. GROUT:

Kind	From (ft.)	To (ft.)
Mud	0	20

11. MISCELLANEOUS DATA:

Yield test: 3 Hrs. at 30 GPM.

Depth from surface to water-level: 51 ft.

Water-level when pumping: 53 ft.

Water sample was sent to the state laboratory at: Madison on Oct. 11 1955

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
Clay Stone	0	18
Hard Pan	18	47
limestone	47	73

Construction of the well was completed on:

Oct. 11 1955

The well is terminated 8 inches above, below the permanent ground surface.

Was the well disinfected upon completion? Yes No _____

Was the well sealed watertight upon completion? Yes No _____

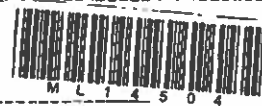
Signature Lyle L. Linn Registered Well Driller

Complete Mail Address Box 91 R. 2, Hevensville Wis.

Rec'd _____ No. _____

Ans'd _____

Interpretal _____



M L 1 4 5 0 4

10 ml 10 ml 10 ml 10 ml 10 ml

Gas—24 hrs. _____

48 hrs. _____

Confirm _____

B. Coll _____

Examiner _____

Plot 2501

WELL CONSTRUCTOR'S REPORT TO WISCONSIN STATE BOARD OF HEALTH
See Instructions on Reverse Side

10

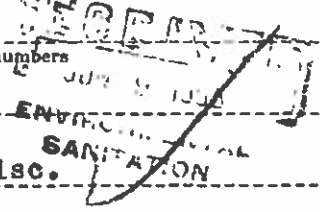
1. County Milwaukee Town Village City Wauwatosa
Check one and give name

2. Location 2137 N. 37th St. SW, NE W, Sec 24, T7N, R21E
Name of street and number of premise or Section, Town and Range numbers

3. Owner or Agent Edwin Thierman
Name of individual, partnership or firm

4. Mail Address 4452 N. Sherman Blvd. Milwaukee 10 Wisc.
Complete address required

5. From well to nearest: Building 15 ft; sewer xx ft; drain 15 ft; septic tank 69 ft;
 dry well or filter bed 59 ft; abandoned well xx ft.



6. Well is intended to supply water for: Home

7. DRILLHOLE:

Dis. (in.)	From (ft.)	To (ft.)	Dis. (in.)	From (ft.)	To (ft.)
10	0	20			
6	0	214			

8. CASING AND LINER PIPE OR CURBING:

Dis. (in.)	Kind	From (ft.)	To (ft.)
6	blk. wd 19.45	0	79

9. GROUT:

Kind	From (ft.)	To (ft.)
Drill mud	0	20

11. MISCELLANEOUS DATA:

Yield test: 9 Hrs. at 8 GPM.
 Depth from surface to water-level: 60 ft.
 Water-level when pumping: 117 ft.
 Water sample was sent to the state laboratory at:
Madison on 6/2 1955
City

10. FORMATIONS:

Kind	From (ft.)	To (ft.)
clay		49
hardpan	20	69
gravel	10	79
limestone white	121	200
limestone WB	13	213

Construction of the well was completed on:
June 2 1955

The well is terminated 8 inches
 above, below the permanent ground surface.

Was the well disinfected upon completion?
 Yes No

Was the well sealed watertight upon completion?
 Yes No

Signature Garber & Son B.G. Garber 5807 W. Hampton Rd Milwaukee 16
Registered Well Driller Complete Mail Address

Rec'd JUN 4 1955 No. 14923
 Ans'd _____
 Interpretation _____



SAFE

10 ml 10 ml 10 ml 10 ml 10 ml
 Gas—24 hrs. _____
 48 hrs. _____
 Confirm _____
 B. Coli _____
 Examiner O/S

Handwritten initials

County Milwaukee Twp. Midway City Sec. _____
 (Office Record - Do not fill in)
 NW, NW, Sec. 19 T. 7 N. R. 22 E. per mailing address

TO THE WISCONSIN STATE BOARD OF HEALTH,
 WELL DRILLING DIVISION, MADISON, WIS.

WELL LOG PREMISES DIAGRAM, and REPORT

For Official Record of the Board
 (TO BE USED FOR THAT PURPOSE ONLY)

Owner A. Baker Driller L. L. May
 (If a joint ownership give name of responsible official. Also name of each individual holding an interest. Use a separate sheet and attach hereto.)
 Address 2036 No. 25th St Address R-1 Cudahy Wis
 (City, village, township, county) Date of Report May 7 1937
Milwaukee Wis. Registration No. 392

Give below the location of the property on which well is drilled.
 If incorporated village or city: _____
 If unincorporated hamlet: _____
 If Lake Shore Plat: _____
 If Farm: _____
 If School: _____
 If other public building: _____
 Miscellaneous Private Kind _____ County Sec. 19 T. 7 N. Twp. R. 22 E. Sec. _____

WELL LOG and REPORT

Kind of casing and liner in feet. Kind of shoe. Indicate grout, screen, seal, etc.	WELL DIAGRAM Vertical Lines = in. Dia. Horizontal Lines = ft. Depth	Give depth of formations in feet. State if dry or water bearing.	Record of FINAL Pumping Test
5" Well casing Forged Steel Drive Shoe	0 2 4 6 8 10 12 14 16 18 20		Duration of test. Hours <u>5 hrs</u>
	20 40 60 80 100		Pumping Rate. G. P. M. <u>11</u>
	100 120 140 160 180		Depth of pump in well. Ft. <u>72</u>
	180 200 220 240 260		Standing water-level (from surface.) Ft. <u>68</u>
	260 280 300 320 340		Water level when pumping Ft. <u>60</u>
	340 360 380 400 420		Water. End of test. Check: Clear <input checked="" type="checkbox"/> Cloudy _____ Turbid _____
	420 440 460 480 500		Was well sterilized before test? Yes <input checked="" type="checkbox"/> No _____ Date _____
	500 520 540 560 580		To which Laboratory was sample sent? <u>Madison</u> Date _____
	580 600 620 640 660		Was the well sealed on completion? Yes <input checked="" type="checkbox"/> No _____
	660 680 700 720 740		How high did you leave casing above grade? <u>1 1/2"</u>
740 760 780 800 820		Well was completed <u>May 7 1937</u>	
820 840 860 880 900		Well Driller <u>L. L. May</u> Signature.	
900 920 940 960 980		(Be sure to complete the report on the reverse side) Back is Blank	

134 ft to Rock
 142 ft Depth of well



Well Construction Report				UH492		Drinking Water and Groundwater - DG/5				Form 3300-077A			
WISCONSIN UNIQUE WELL NUMBER						Department of Natural Resources, Box 7921 Madison WI 53707							
Property Owner UNITED MILWAUKEE SCRAP					Phone # (414)444-7480			1. Well Location			Fire # (if avail.)		
Mailing Address 3295 W TOWNSEND DR								City of MILWAUKEE					
City MILWAUKEE					State WI		Zip Code 53216		Street Address or Road Name and Number			3295 W TOWNSEND DR	
County Milwaukee		Co. Permit #		Notification # 29921784		Completed 07-03-2008		Subdivision Name			Lot #	Block #	
Well Constructor (Business Name) MICHAEL G HARTMAN				Lic. # 436	Facility ID # (Public Wells)			Latitude / Longitude in Decimal Degree (DD)			Method Code		
				Well Plan Approval #			*N	*W					
Address MICHAEL HARTMAN WELL DRLG & PUMP NORTH LAKE WI 53064-0218				Approval Date (mm-dd-yyyy)			NW	SE	Section 12	Township 7 N	Range 21	E	2. Well Type New Well
Hicap Permanent Well #		Common Well #		Specific Capacity 0.4		or Govt Lot #						of previous unique well # constructed in	
3. Well serves 1 # of BUILDING				Hicap Well ? No		Reason for replaced or reconstructed well ?			NEW CONSTRUCTION				
Private, potable				Hicap Property ? No		Construction Type Drilled							
Heat Exchange ___ # of drillholes				Hicap Potable ?									
4. Potential Contamination Sources - ON REVERSE SIDE													
5. Drillhole Dimensions and Construction Method						8. Geology							
Dia. (in.)	From (ft.)	To (ft.)	Upper Enlarged Drillhole		Lower Open Bedrock	Geology Codes	8. Geology Type, Caving/Noncaving, Color, Hardness, etc...			From (ft.)	To (ft.)		
6	Surface	205	Rotary - Mud Circulation			- - C -	CLAY			Surface	20		
			Yes Rotary - Air		No	- - P -	HARDPAN			20	80		
			Rotary - Air & Foam			- - L -	LIMESTONE			80	205		
			Drill-Through Casing Hammer										
			Reverse Rotary										
			Cable-tool Bit ___ in. dia...										
			Dual Rotary										
			Temp. Outer Casing ___ in. dia										
			Removed? ___ depth ft. (If NO explain on back side)										
6. Casing, Liner, Screen						9. Static Water Level			11. Well Is				
Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly			From (ft.)	To (ft.)	60 ft. below ground surface			18 in. above grade				
6	0.280 A 53 GRB WHEATLAND STEEL WELDED			Surface	81	10. Pump Test			Developed ? Yes				
Dia. (in.)	Screen type, material & slot size			From (ft.)	To (ft.)	Pumping level 100 ft. below surface			Disinfected ? Yes				
						Pumping at 15 GP M for 4 Hrs.			Capped ? Yes				
						Pumping Method ?							
7. Grout or Other Sealing Material						12. Notified Owner of need to fill & seal ?							
Method MOUNDED						Filled & Sealed Well(s) as needed? No							
Kind of Sealing Material		From (ft.)	To (ft.)	# Sacks Cement		NO WELL							
CRUMBLES		Surface											
13. Constructor / Supervisory Driller			Lic #		Date Signed								
MH					07-07-2008								
Drill Rig Operator			Lic or Reg #		Date Signed								
MA													

4a. Potential Contamination Sources

Is the well located in floodplain ? No

Comment:

Water Quality Text:

Water Quantity Text:

Difficulty Text:

Created On: 08-05-2008

Created by: WELL CONST LOAD

Updated On: 08-05-2008

Updated by: WELL PROCESS