



444 21st Street South · La Crosse, Wisconsin · 54601

November 15, 2022

David Rozeboom
Remediation and Redevelopment Program
Wisconsin Department of Natural Resources
Eau Claire Regional Office
1300 W. Clairemont Ave.
Eau Claire, WI 54701

**RE: Site Investigation Status Update
La Crosse Airport PFAS Investigation
Fisherman Rd, French Island, La Crosse, WI
WDNR BRRTS Activity # 02-32-587347**

Dear Mr. Rozeboom:

On August 13, 2021, the OS Group, LLC, (OSG) provided the Wisconsin Department of Natural Resources (WDNR) with a workplan and schedule for additional site investigation for the La Crosse Airport PFAS Investigation site. The WDNR issued a notice to proceed with that workplan on August 27, 2021. The activities included in that workplan now have been completed.

This status update serves to inform the City of La Crosse (the City) and WDNR about the findings of the additional investigative work. This submittal provides information about the groundwater potentiometric surface elevation measurements conducted in 2022, in addition to providing copies of WDNR boring logs, abandonment forms, monitoring well construction forms, monitoring well development forms and the groundwater monitoring well and point information form for all site investigation activities to date.

1.0 Background and Discussion

The La Crosse Municipal Wells 23 and 24 site is located at the La Crosse Regional Airport (LSE or the airport) on French Island in the Mississippi/Black River complex, in La Crosse County, WI. See Figure 1: Site Location Map and Figure 2: Site Layout Map.

The first (revised) investigation workplan for this site was submitted to the WDNR on January 25, 2020 and approved by the WDNR on March 13, 2020. The activities included in that initial workplan were completed and documented in a status report dated October 7, 2020. The status report recommended that additional groundwater sampling of private wells in an area south and east of the airport be conducted. After most of the recommended private well sampling was completed, OSG submitted an interim site investigation report dated April 7, 2021 to the WDNR. The interim site investigation report included OSG's conclusions and recommendations. Two of OSG's primary conclusions were that the groundwater flow on most of French Island was to the south and southeast and that the existence of PFAS contamination at the airport site did not explain the PFAS detections in private wells west of the airport site.

On June 11, 2021, the WDNR directed the City to conduct additional site investigation. OSG submitted a new site investigation workplan to the WDNR, which was approved by the WDNR on August 27, 2021. This workplan was primarily focused on further investigating the groundwater flow at and adjacent to the airport site. OSG previously submitted a status update on this investigation to the WDNR on January 19, 2022. Now that the work identified in the August 17, 2022 workplan has been completed, the OSG submits this update summarizing the information gathered from the additional groundwater flow investigation.

Please refer to the prior submittals for the results of prior investigation activities.

2.0 Recent Activities

The following additional site investigation activities have been conducted at the La Crosse Airport PFAS Investigation site since the January 19, 2022 Site Investigation Status Update:

1. Established local elevation benchmarks above and below the dams/spillways on the Black and Mississippi Rivers;
2. Collected groundwater potentiometric surface elevations from all monitoring wells and piezometers in February, March, May and August 2022;
3. Collected surface water elevations from the Black and Mississippi Rivers both upstream and downstream of the dams during all four measuring events;
4. Developed potentiometric surface maps for both monitoring wells and piezometers for all four events;

5. Completed WDNR boring logs, abandonments forms, monitoring well construction forms, and monitoring well development forms for all borings and monitoring wells at the site. Copies of the completed forms are provided in Attachment A;
6. Preparation of this Status Update

3.0 Findings, Discussion, Conclusions and Recommendations

Potentiometric surface maps of the water table and piezometers for the four (4) measurement events are provided in Figures 3 through 10. Lake Onalaska and river elevations depicted on the February 9, 2022 event and used in the interpretation of ground water elevations and flow are based on lake and tailwater elevations at Mississippi River Lock and Dam 7 on February 9, 2022¹. Lake and river elevations during the remaining events were collected by measuring from the local benchmarks established above and below the spillways. The local benchmarks' elevations were surveyed by Coulee Region Land Surveyors on April 1, 2022. A summary of groundwater elevations for all monitoring wells is provided in Table 1.

During the four (4) events, groundwater was observed at depths ranging from approximately 10 to 35 feet below ground surface. The groundwater elevations within individual wells fluctuated approximately 2 ½ feet with the lowest elevations observed during the February 9, 2022 event and the highest elevations observed during the May 19, 2022 event. A slight downward vertical gradient ranging from approximately 0.001 to 0.002 ft/ft was observed in nests MW-6/PZ-6 and MW-7/PZ-7 during all four measuring events. A slight upward vertical gradient ranging from approximately 0.001 to 0.002 ft/ft was observed in nest MW-104/PZ-104 during the four events. This indicates essentially horizontal flow conditions.

At the La Crosse Airport, the groundwater flow direction was generally toward the southeast at both the water table and approximately 30 feet below the water table. West of the airport around the dam, flow lines enter the aquifer upstream of the dam, bend around the east end of the dam – more tightly near the dam – and discharge to the Mississippi River downstream from the dam when the tailwaters are at a low level (February and August 2022). When the tailwaters are higher, flow lines enter the aquifer both upstream and downstream of the dam as the island behaves as a sink. A similar flow pattern exists around the dam northeast of the airport on the Black River side of French Island.

While the flow patterns observed in March and May 2022 during higher river stages differed from the lower river stage flow patterns, the differences do not appear to explain the PFAS contamination observed to the west of the airport. Figures 11 and 12 depict the November

¹ United States Army Corps of Engineers (USACE), Access to Water Resources Data - Corps Water Management System (CWMS) Data Dissemination tool. <https://water.usace.army.mil/a2w/f?p=100:1:0>: Accessed 2/10/22.

2021 groundwater PFAS contamination observed in the monitoring wells and both November 2021 and March 2022 (Figure 11) or May 22 (Figure 22) water table elevation contours and flow lines. As shown in the figures, the March and May 2022 flow patterns do not account for the PFAS contamination previously detected in potable wells on the far western portion of French Island, both north and south of the dam at least north of I-90, *because the groundwater flow lines passing through those areas originate at the Lake Onalaska shoreline and do not pass through the airport*. Given the horizontal flow conditions (i.e., the zero to minimal vertical gradient), the flow patterns observed in the piezometers at approximately 30 feet below the water table are similar, and the same conclusion is drawn.

No observations to date contradict the conclusions from the April 2021 Interim SIR², including in particular:

- “It is improbable that contaminant transport with groundwater flow explains PFAS detections to the west of the airport. Even if flow west of the airport and south of the dam has a strong southwesterly component, that alone cannot explain contaminant transport from any point at the airport because flow lines west of the airport originate in the recharge area at Lake Onalaska, west of the airport.” (p. 38)
- “Spatial patterns in detections of PFAS compounds in water wells west of the site [i.e., the airport] indicate at least one off-site source, including background levels from Lake Onalaska/Mississippi River in groundwater recharge of the sand-and-gravel aquifer. The spatial pattern of PFAS detections in wells west of the site indicate a relatively large area of affected wells and no clearly delineated plume. Based on concentrations observed in up-gradient wells along Lake Onalaska, it is believed that at least a portion of the PFAS detections can be attributed to “background” levels from Lake Onalaska/Mississippi River in groundwater recharge of the sand-and-gravel aquifer.” (p. 42)

Moreover, OSG reasserts its recommendation in the April 2021 Interim SIR (p. 43) that “the following activities be undertaken by WDNR or others to identify the off-site sources of PFAS contamination:

1. Research into potential PFAS emissions from the Xcel Energy MSW WTE incinerator.
2. Research into current and past industrial activities in the industrial park.

² The OS Group, LLC. April 7, 2021. Interim Site Investigation Report: La Crosse Airport PFAS Investigation, WDNR BRRTS # 02-32-587347. La Crosse, WI.

3. Research into emergency fire responses and the conduct of practice burns in the Town, particularly in upgradient locations, such as along the Lake Onalaska shoreline where newer, larger homes have replaced prior housing stock.
4. Investigation of surface water contaminant conditions in Lake Onalaska and the Mississippi River at multiple locations upstream of, adjacent to and downstream from French Island.
5. Research into PFAS levels in Lake Onalaska sediments in the aquifer recharge areas on the west side of the island and near and along the dam forming Pool 7, coupled with similar studies of sediments in upstream pools, Pools 6, 5, 4,”

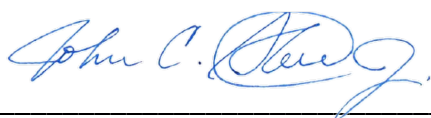
4.0 Standard of Care

In performing this scope of work, OSG has exercised that degree of care and skill ordinarily exercised under similar circumstances, such as scope, schedule and budget, by firms in the environmental consulting profession performing substantially similar services and practicing at the same time in the same or similar locality.

5.0 Certification

I, John C. Storlie, 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, or licensed in accordance with the requirements of ch. GHSS, 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.

Signature



November 15, 2022

Printed name and title: **John C. Storlie, PG, Principal Hydrogeologist**

Figures

Figure 1: Site Location Map

Figure 2: Site Layout

Figure 3: Water Table Potentiometric Surface Map – February 9, 2022

Figure 4: Piezometer Potentiometric Surface Map – February 9, 2022

Figure 5: Water Table Potentiometric Surface Map – March 29, 2022

Figure 6: Piezometer Potentiometric Surface Map – March 29, 2022

Figure 7: Water Table Potentiometric Surface Map – May 19, 2022

Figure 8: Piezometer Potentiometric Surface Map – May 19, 2022

Figure 9: Water Table Potentiometric Surface Map – August 11, 2022

Figure 10: Piezometer Potentiometric Surface Map – August 11, 2022

Figure 11: March 2022 Groundwater Flow Overlain on November 2021 Groundwater PFOA / PFOS / PFOSA (combined) Isoconcentrations

Figure 12: May 2022 Groundwater Flow Overlain on November 2021 Groundwater PFOA / PFOS / PFOSA (combined) Isoconcentrations

Tables

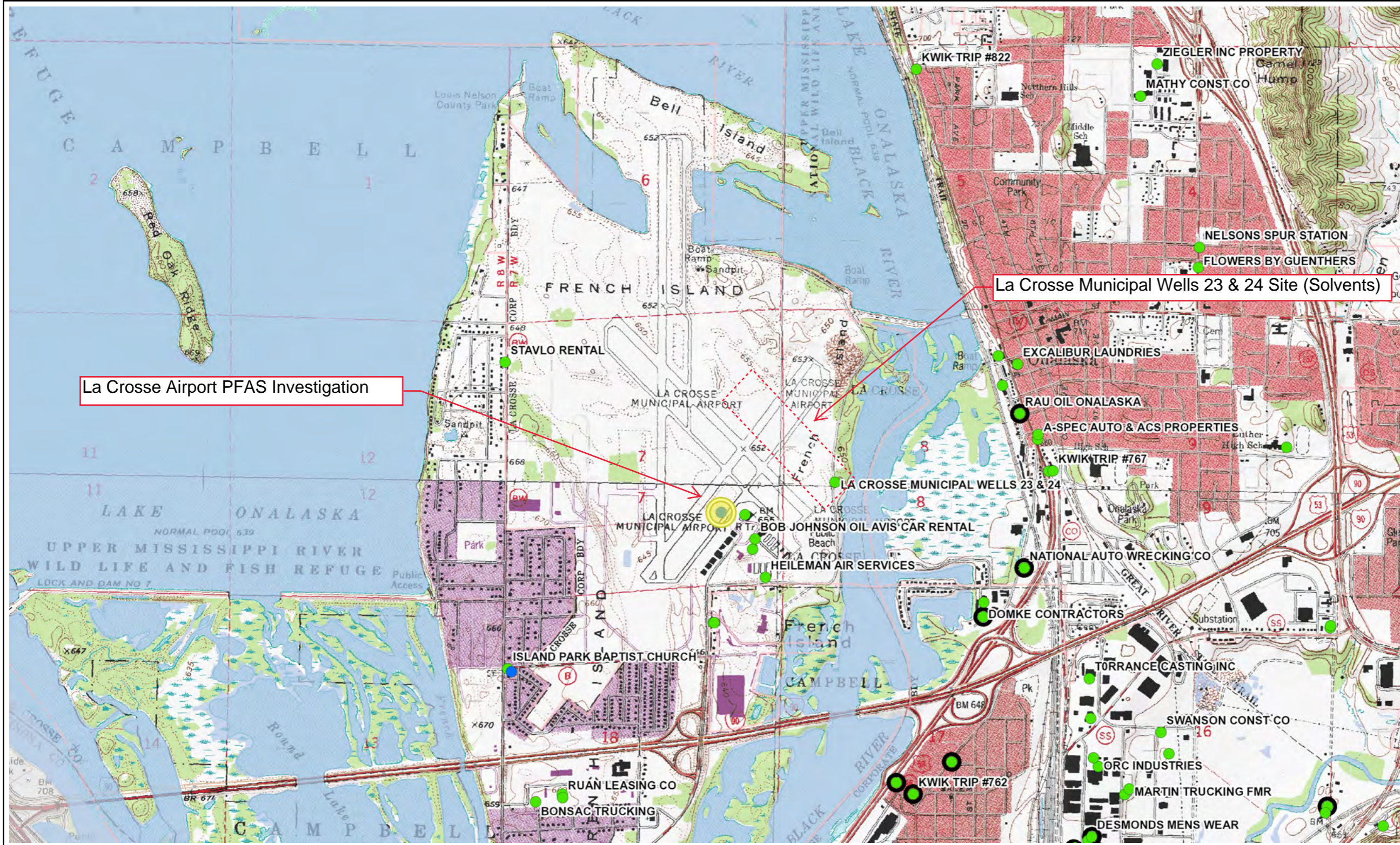
Table 1: Groundwater and Surface Water Elevations

Attachments

Attachment A: WDNR Boring Logs, Abandonment Forms, Monitoring Well Construction Forms and Monitoring Well Development Forms



Figure 1: Site Location Map BRRTS # 02-32-587347 - La Crosse Airport PFAS Investigation



- ### Legend
- Open Site
 - Open Site Boundary
 - Closed Site
 - Continuing Obligations Apply
 - Facility-wide Site



0.8 0 0.38 0.8 Miles

NAD_1983_HARN_Wisconsin_TM

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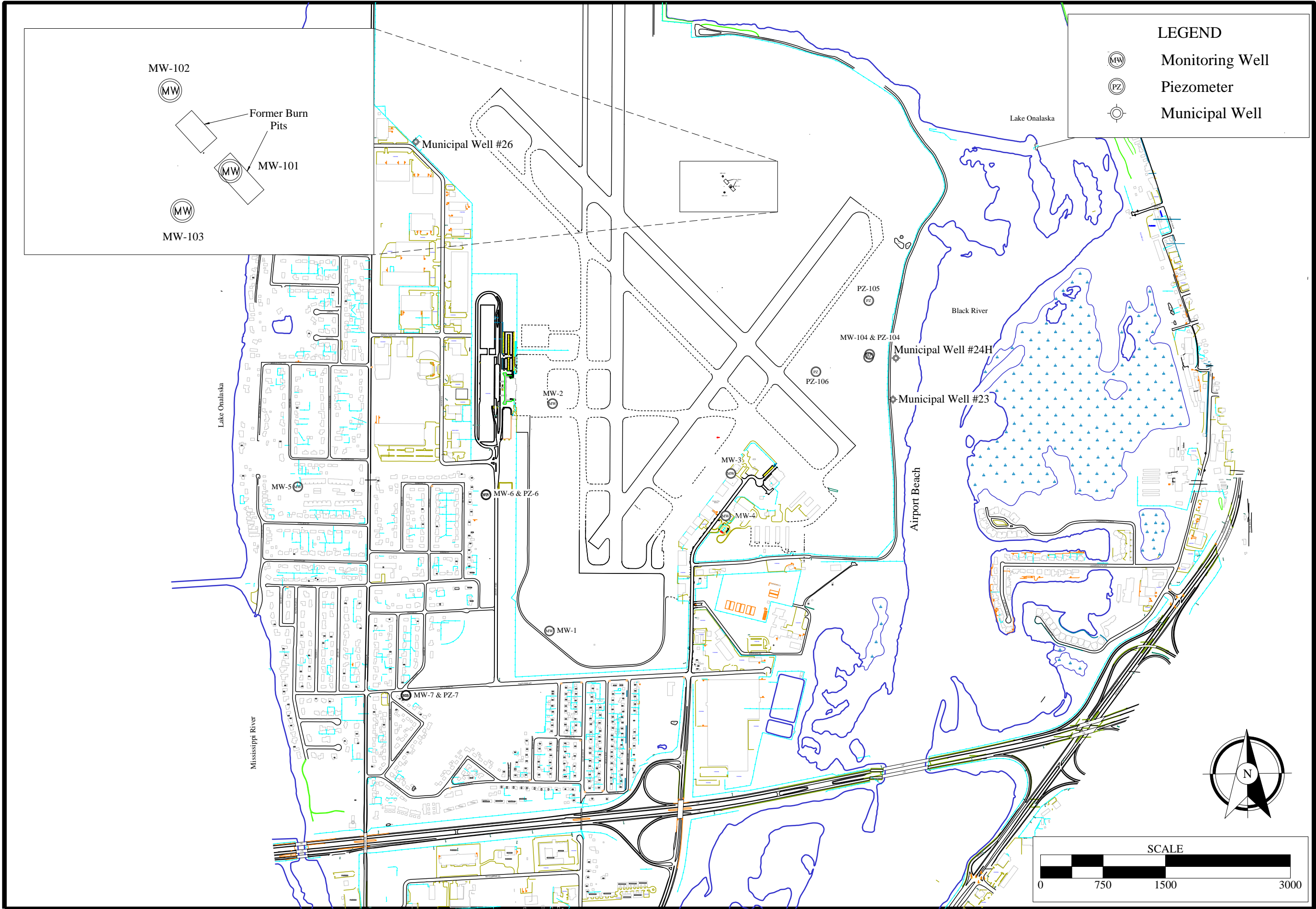
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Note: Not all sites are mapped.

Notes

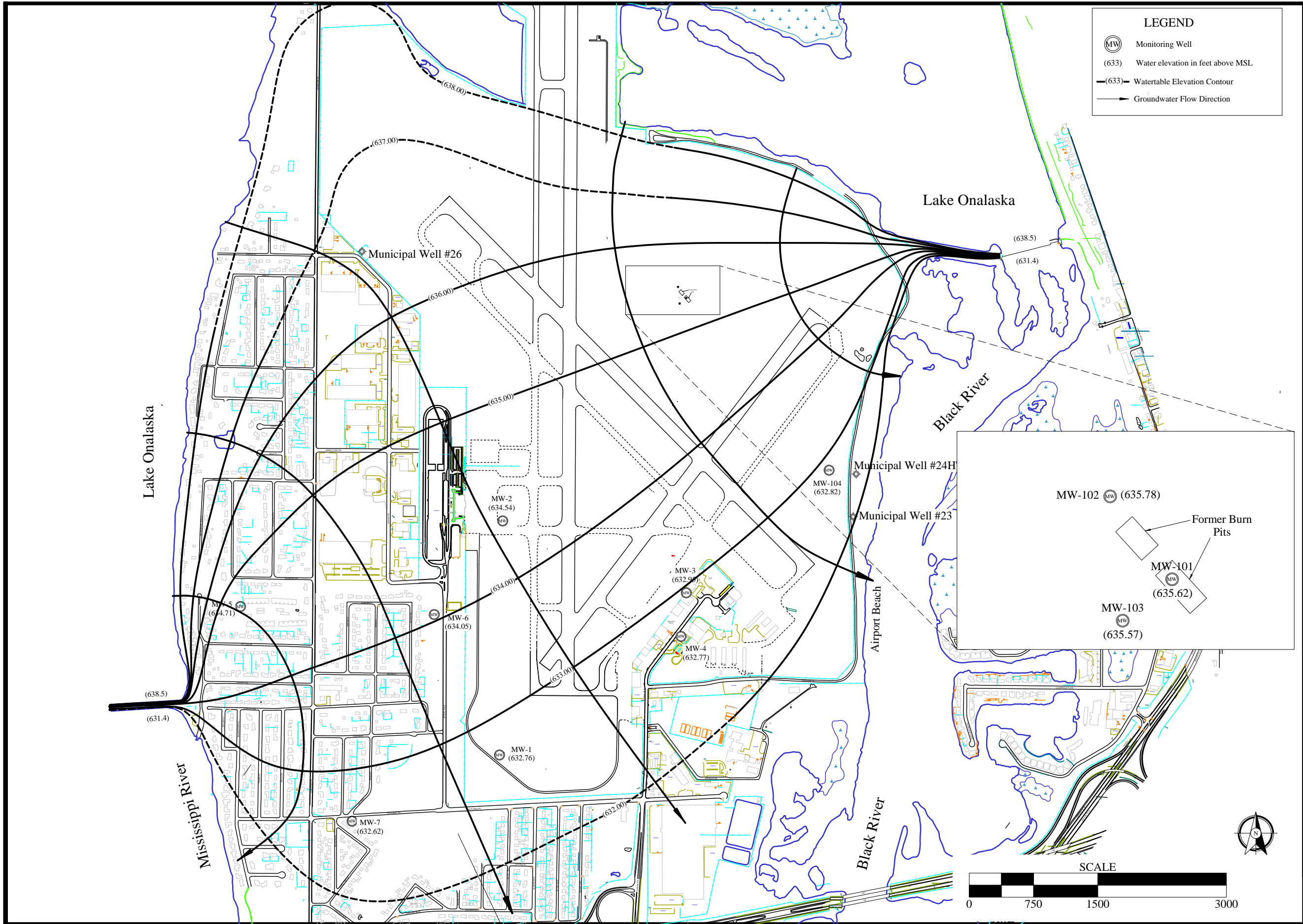
Source:
Wisconsin DNR RR Sites map, <https://drmaps.wi.gov/H5/?viewer=rrsites>
accessed 04/05/2021



Site Plan View
 La Crosse Airport PFAAS Investigation
 La Crosse, WI

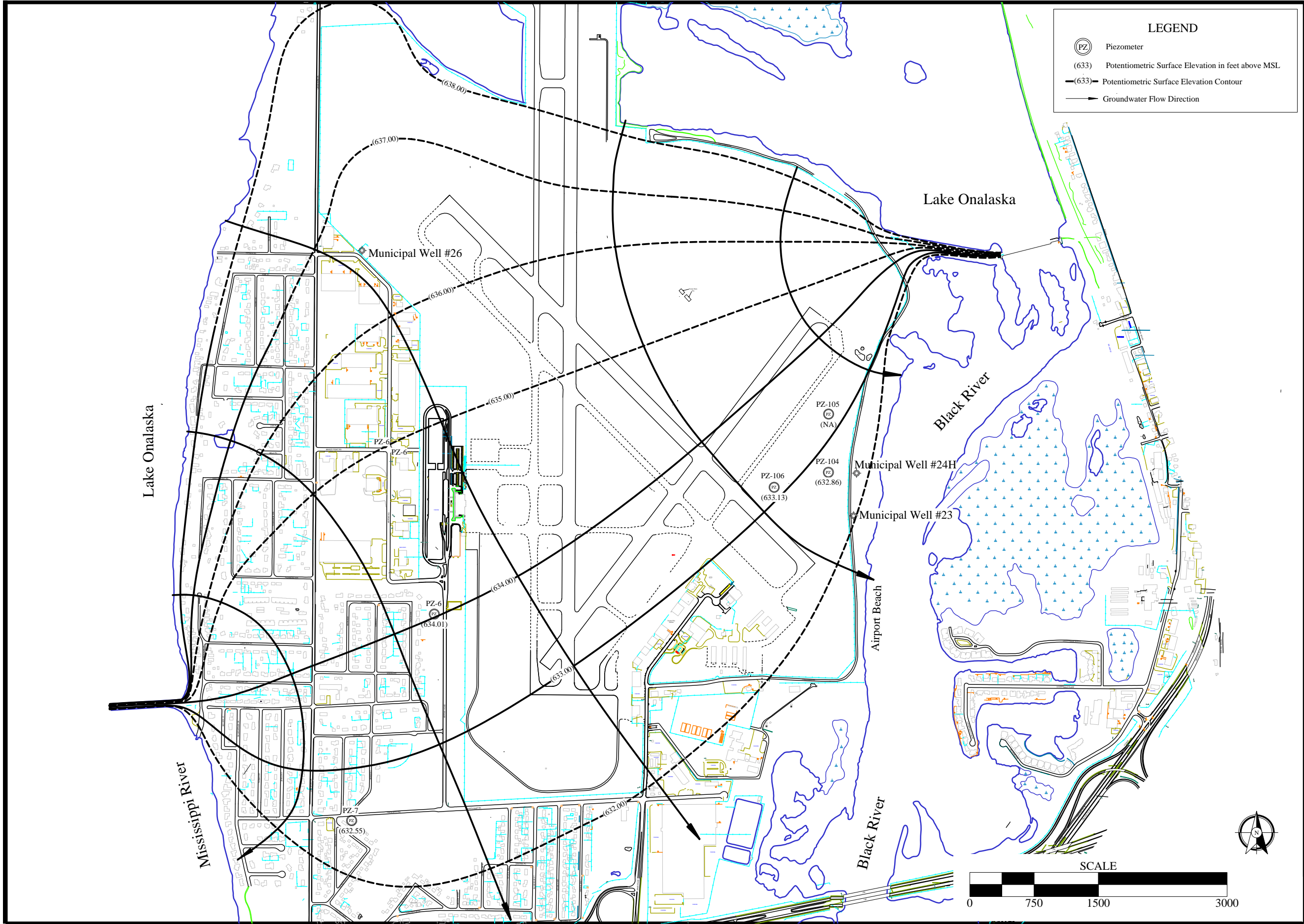
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Drawing No:
Scale:
Drawn By: SJO
Date Drawn: 01/10/22
Checked By: JCS
Last Modified: 01/10/22

Sheet: 1 of 1 **Fig:** 2



Water Table Potentiometric Surface Map - February 9, 2022
 La Crosse Airport PFAS Investigation
 La Crosse, WI

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Drawing No:	
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Date Drawn:	03/21/22
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Sheet:	1 of 1
Fig:	3



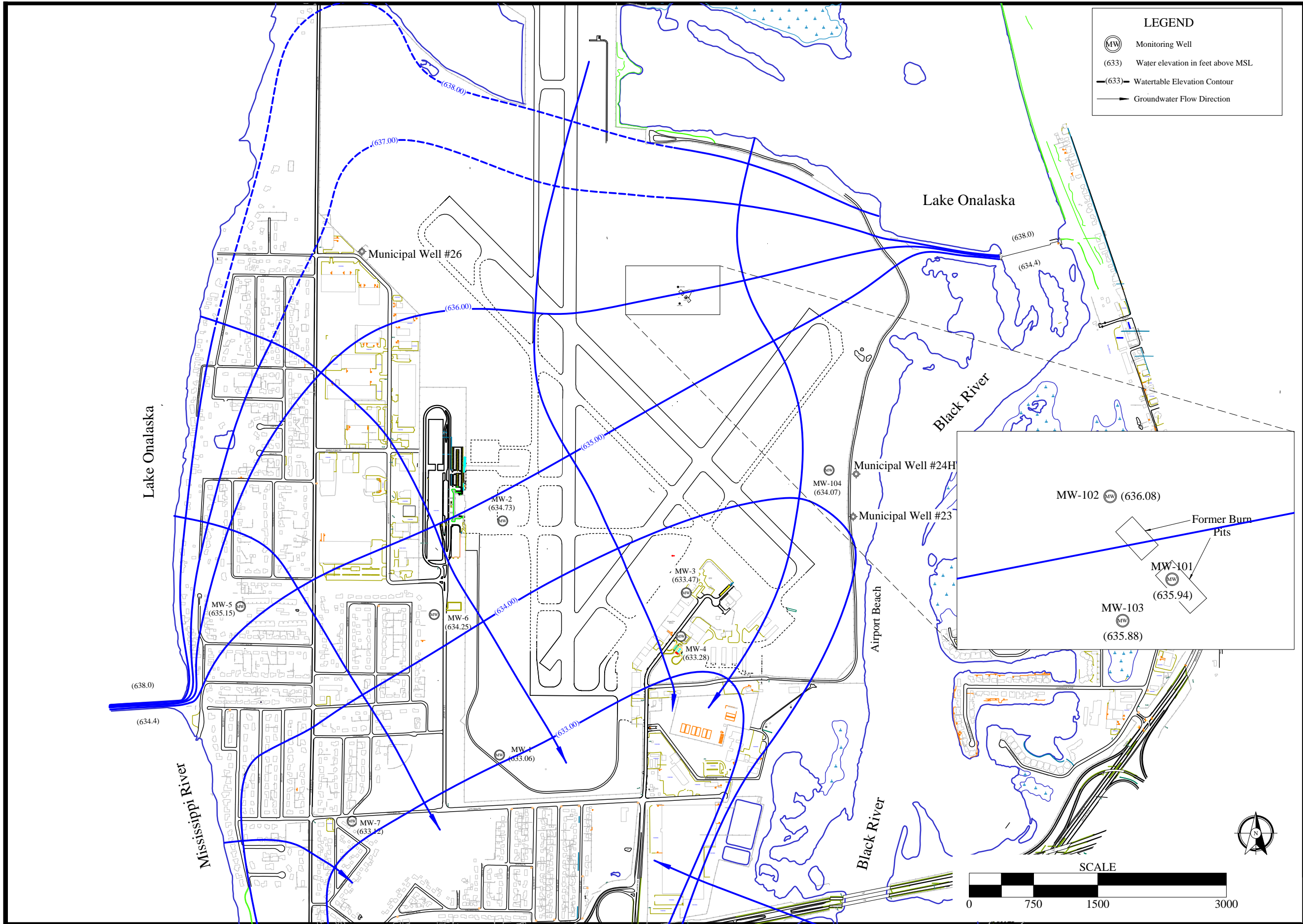
LEGEND

- Piezometer
- (633) Potentiometric Surface Elevation in feet above MSL
- (633) Potentiometric Surface Elevation Contour
- Groundwater Flow Direction



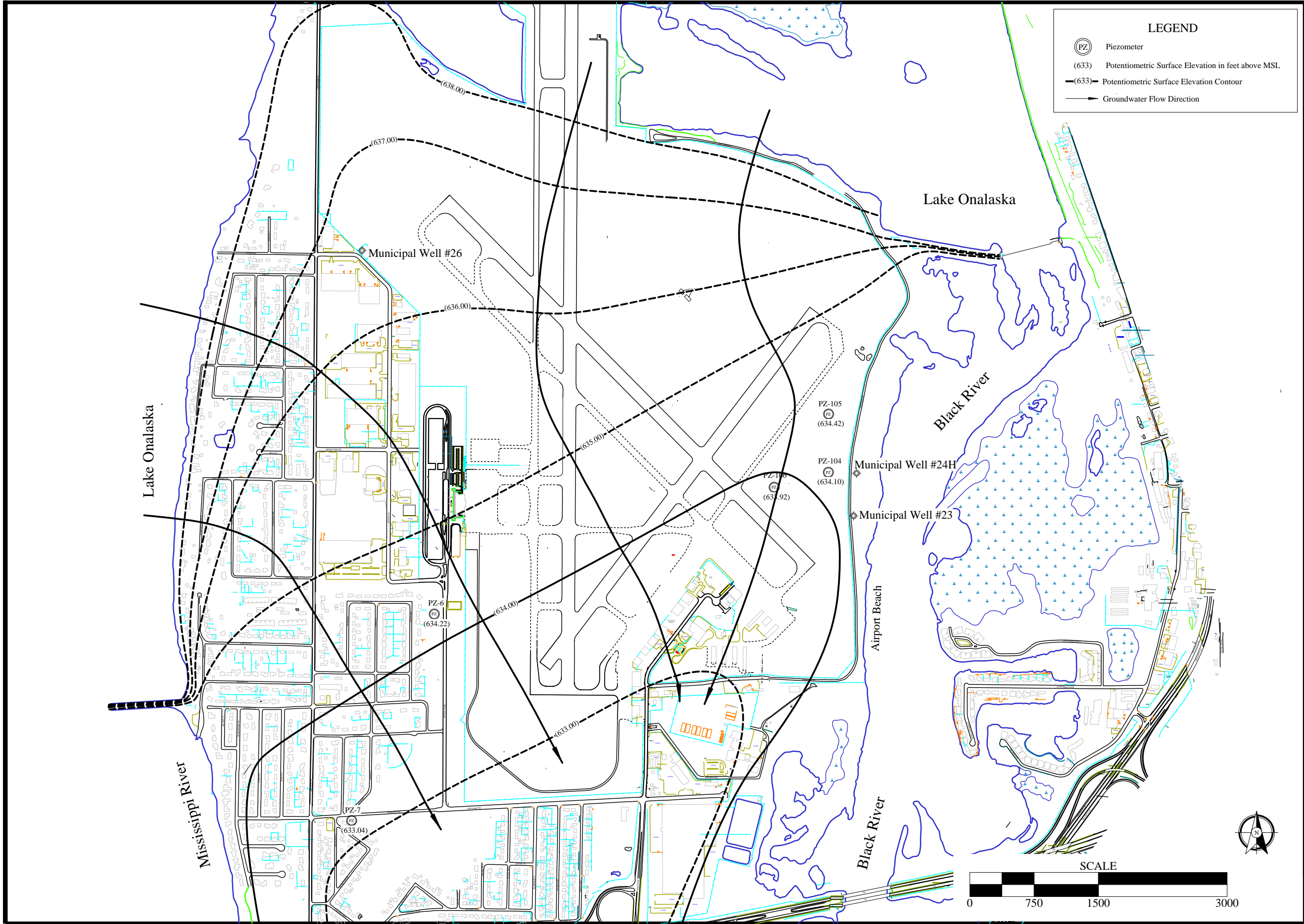
Piezometer Potentiometric Surface Map - February 9, 2022
 La Crosse Airport PFAS Investigation
 La Crosse, WI

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Drawn By:	SJO
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Last Modified:	08/26/22
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Water Table Potentiometric Surface Map - March 29, 2022
 La Crosse Airport PFAS Investigation
 La Crosse, WI

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Date Drawn:	06/17/22
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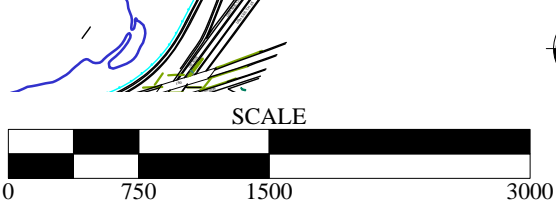
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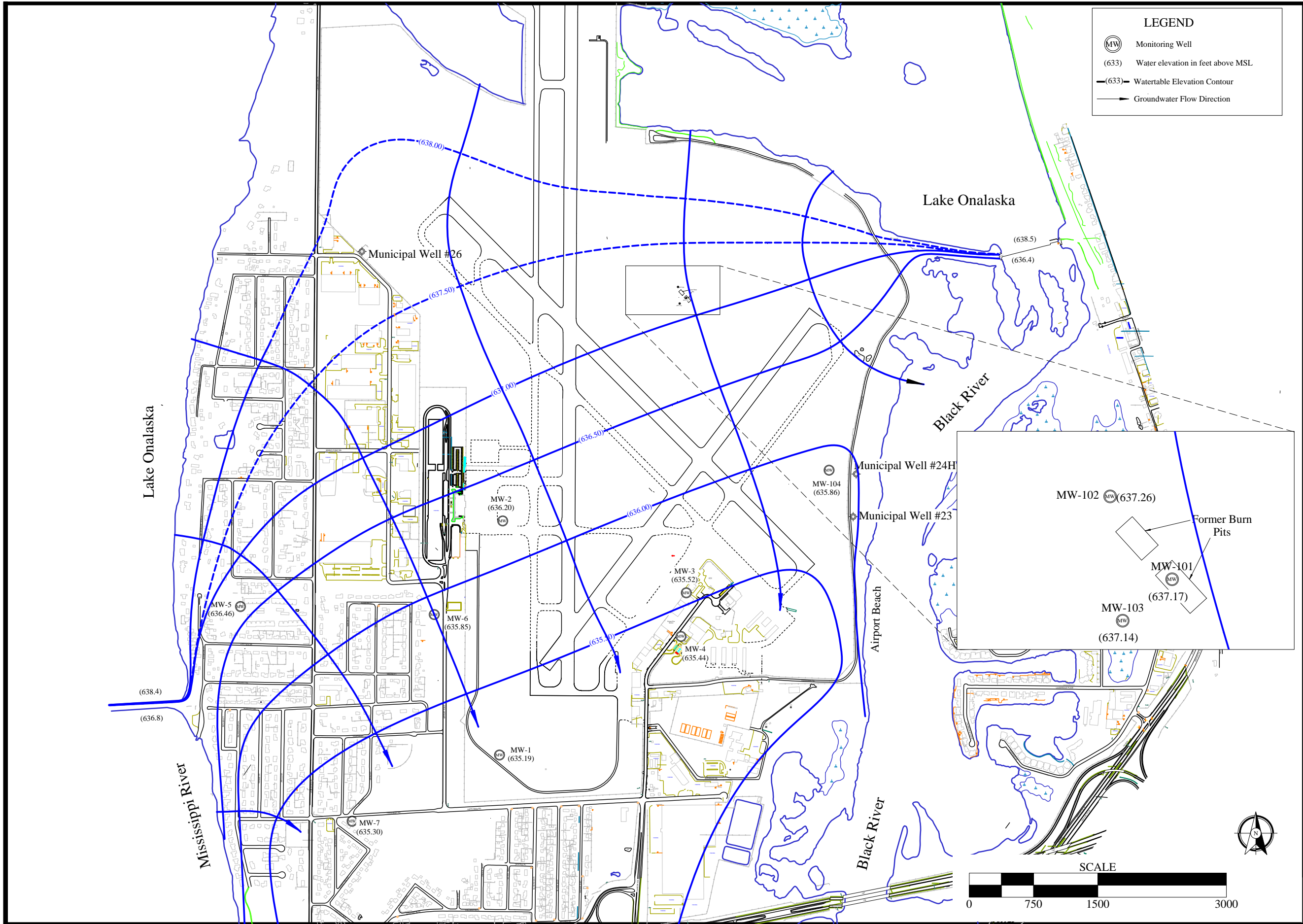
- Piezometer
- Potentiometric Surface Elevation in feet above MSL
- Potentiometric Surface Elevation Contour
- Groundwater Flow Direction



Piezometer Potentiometric Surface Map - March 29, 2022
 La Crosse Airport PFAS Investigation
 La Crosse, WI

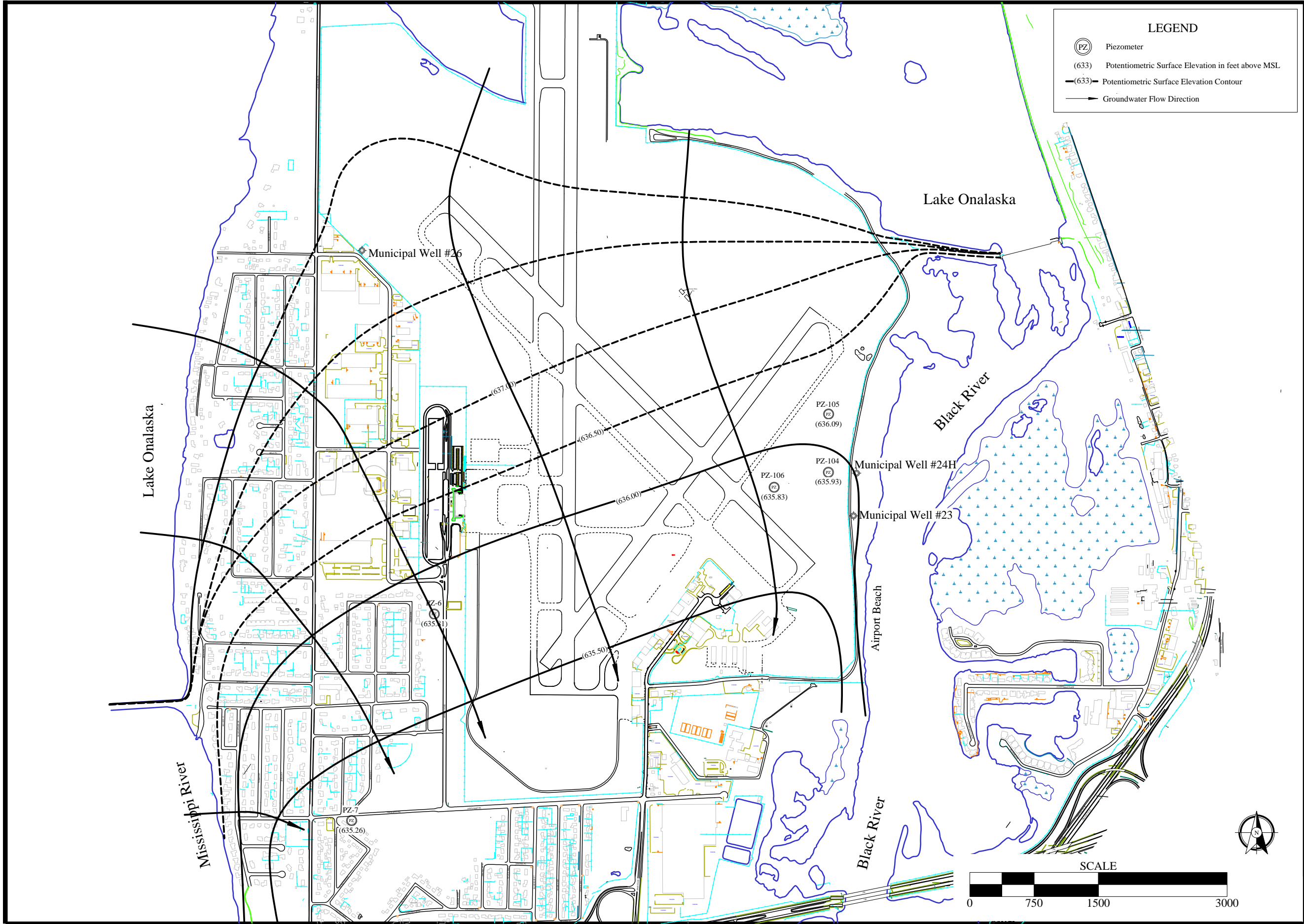
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Water Table Potentiometric Surface Map - May 19, 2022
 La Crosse Airport PFAS Investigation
 La Crosse, WI

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Fig:	7



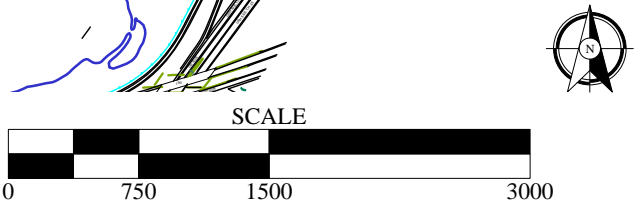
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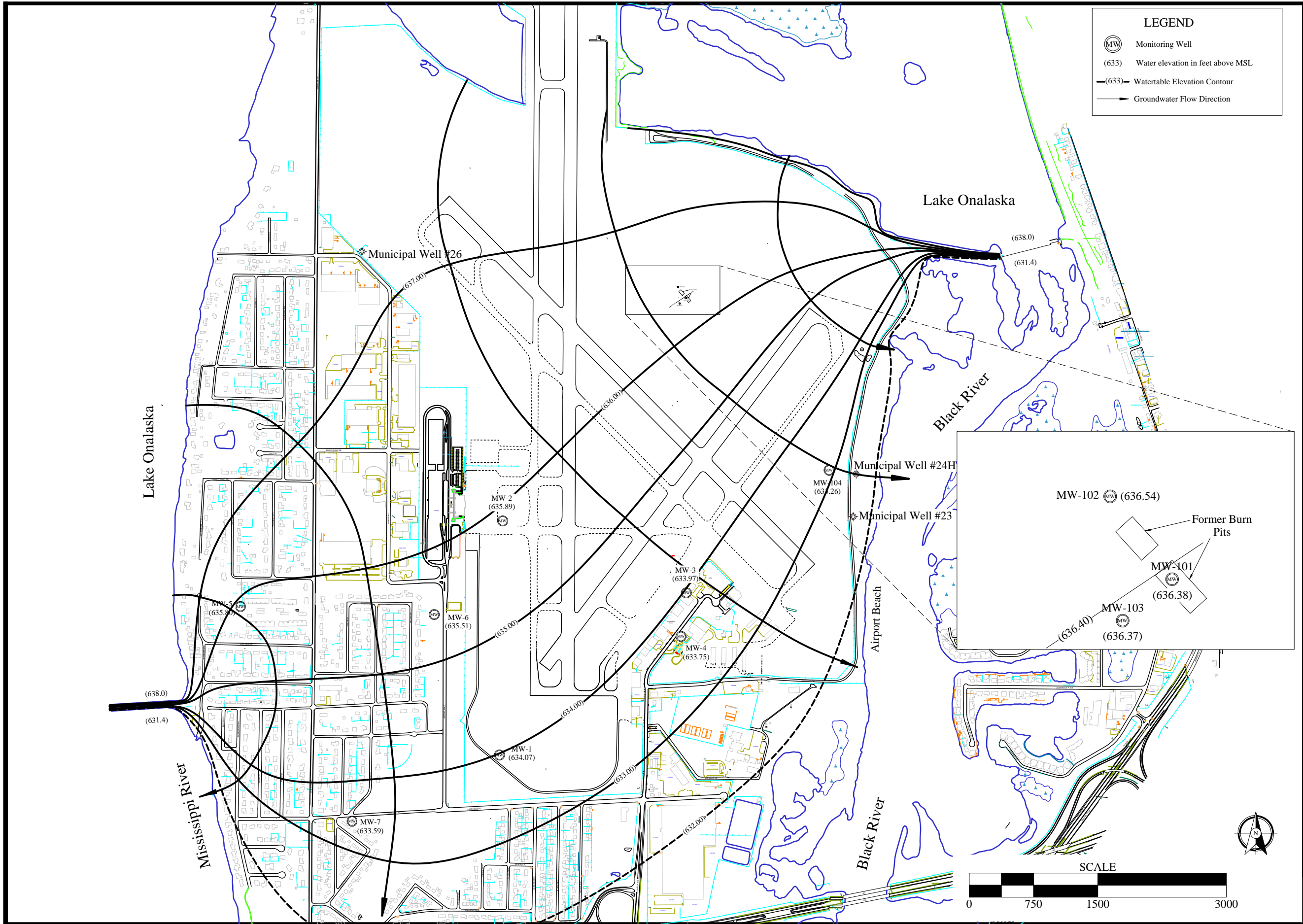
- Piezometer
- Potentiometric Surface Elevation in feet above MSL
- Potentiometric Surface Elevation Contour
- Groundwater Flow Direction



Piezometer Potentiometric Surface Map - May 19, 2022
 La Crosse Airport PFAS Investigation
 La Crosse, WI

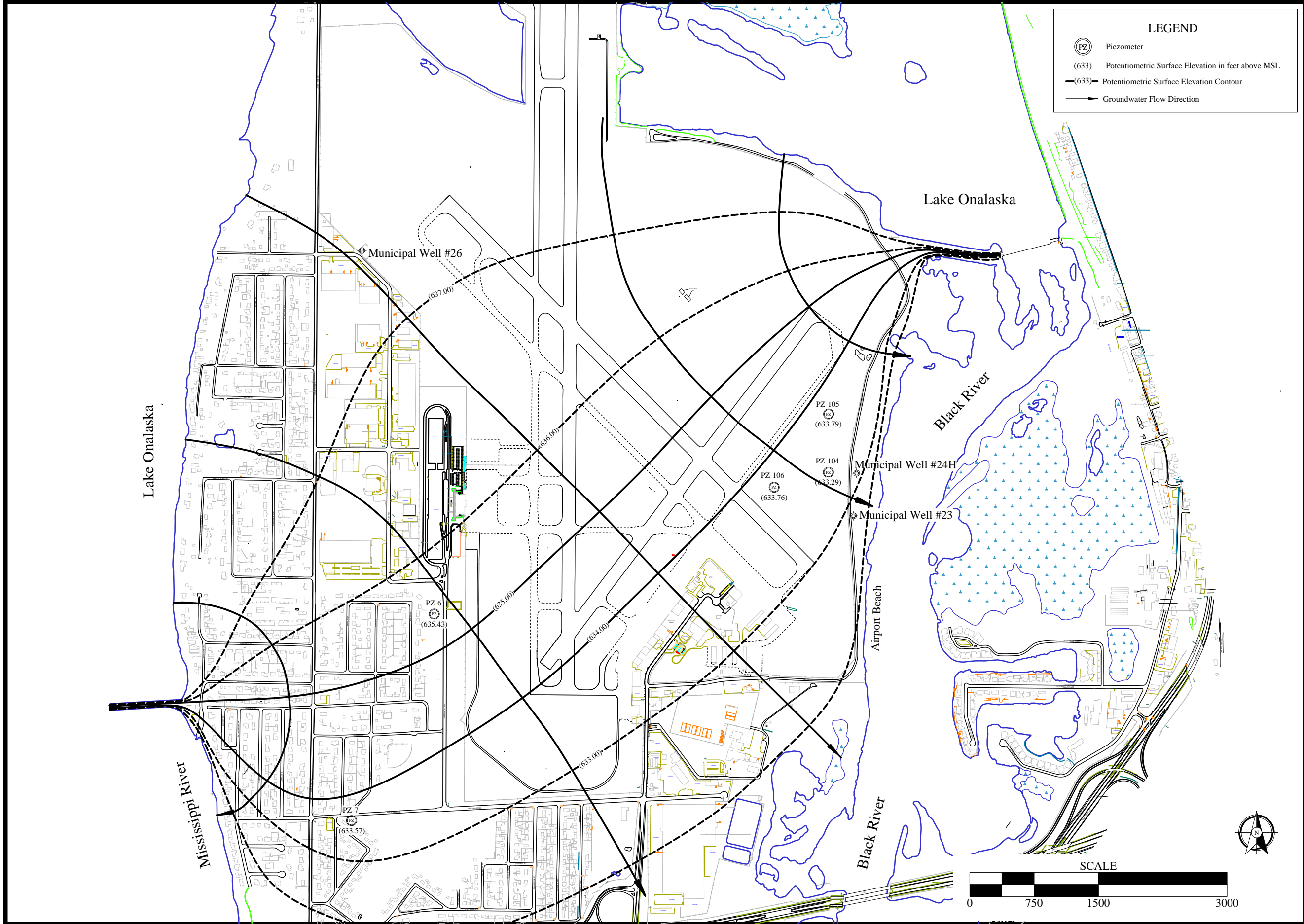
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Last Modified:	08/26/22
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Fig:	8





Water Table Potentiometric Surface Map - August 11, 2022
 La Crosse Airport PFAS Investigation
 La Crosse, WI

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 Drawn By: SJO
 Date Drawn: 08/15/22
 Checked By: JCS
 Last Modified: 08/26/22



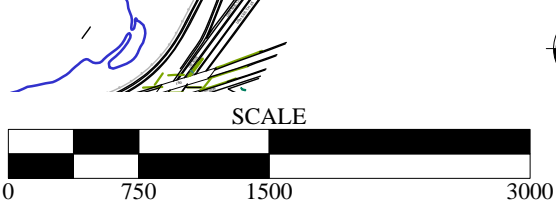
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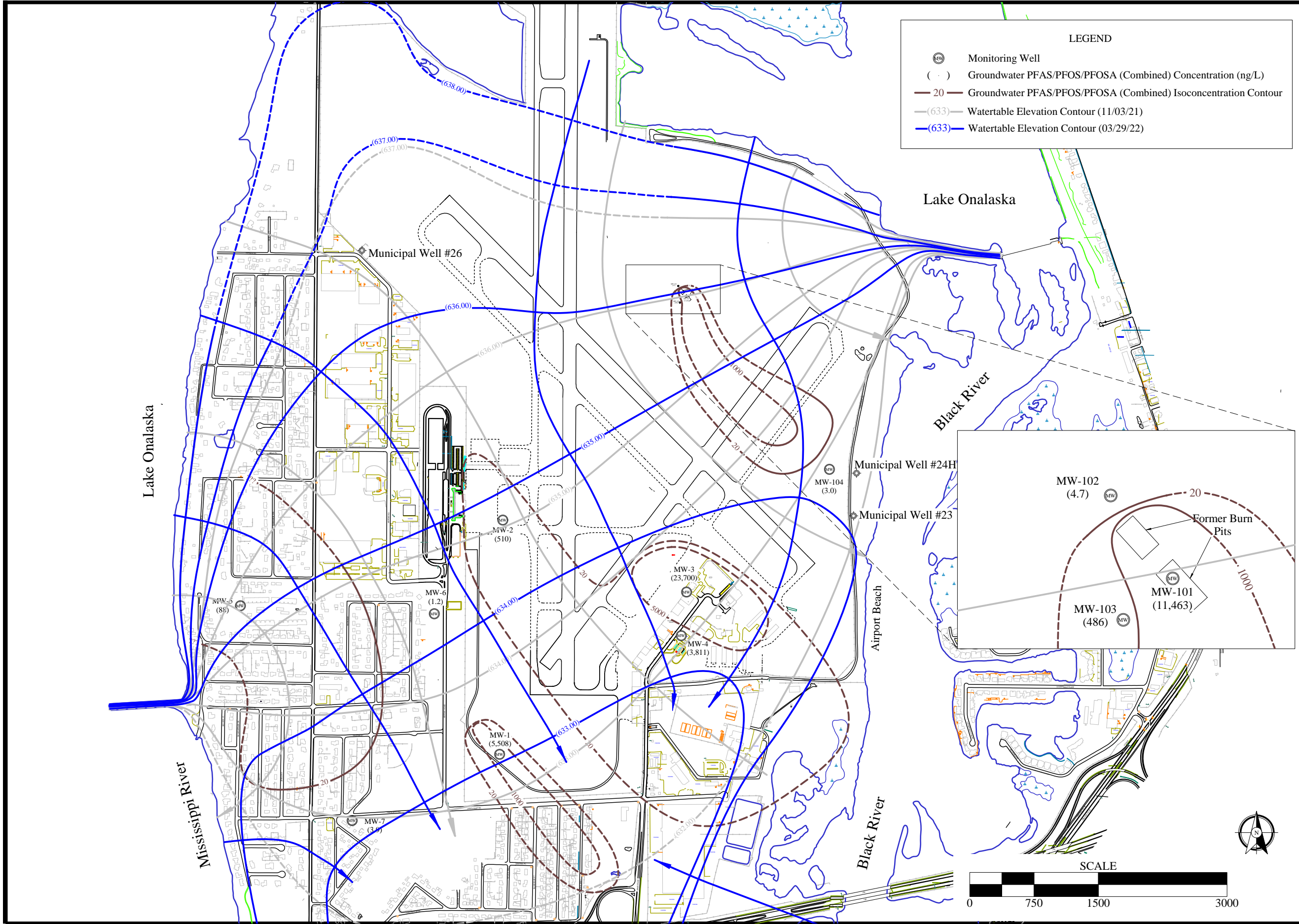
- Piezometer
- (633) Potentiometric Surface Elevation in feet above MSL
- (633) Potentiometric Surface Elevation Contour
- Groundwater Flow Direction



Piezometer Potentiometric Surface Map - August 11, 2022
 La Crosse Airport PFAS Investigation
 La Crosse, WI

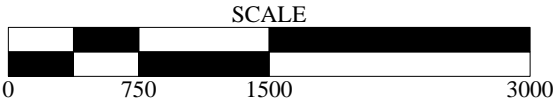
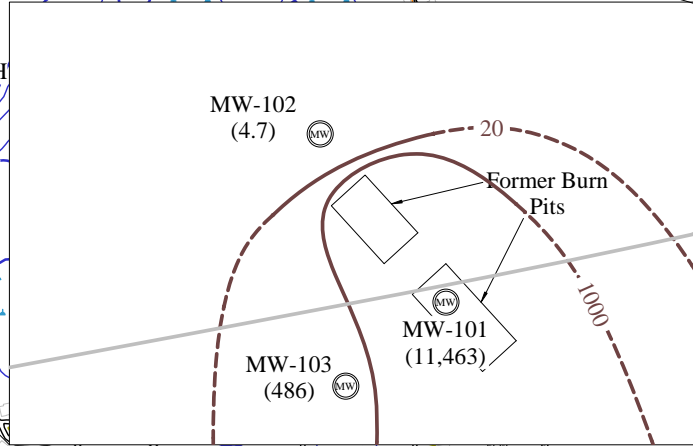
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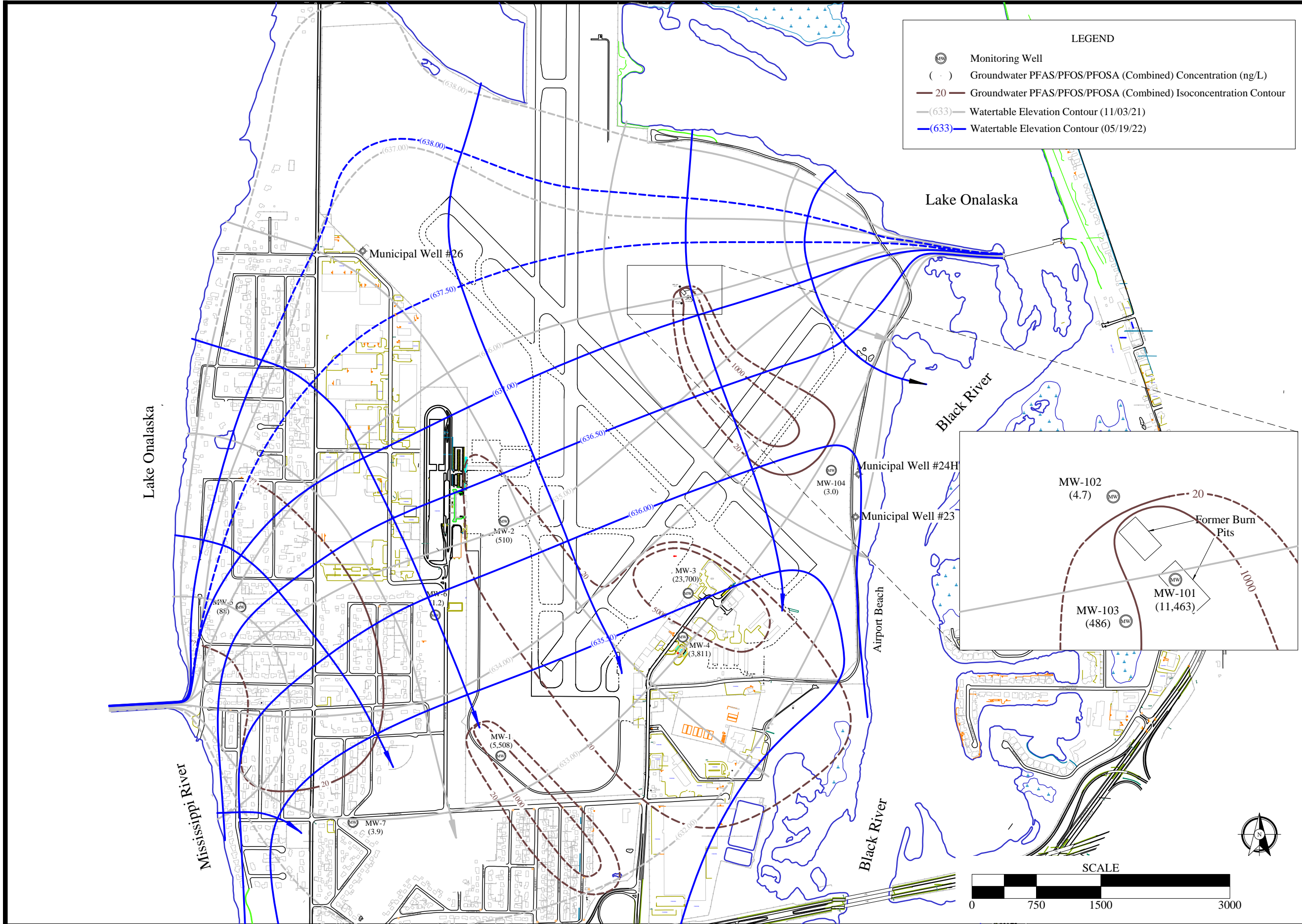
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- Monitoring Well
- Groundwater PFAS/PFOA/PFOA (combined) Concentration (ng/L)
- 20 Groundwater PFAS/PFOA/PFOA (combined) Isoconcentration Contour
- (633) Water table Elevation Contour (11/03/21)
- (637) Water table Elevation Contour (03/29/22)



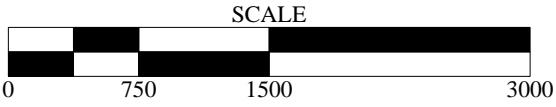
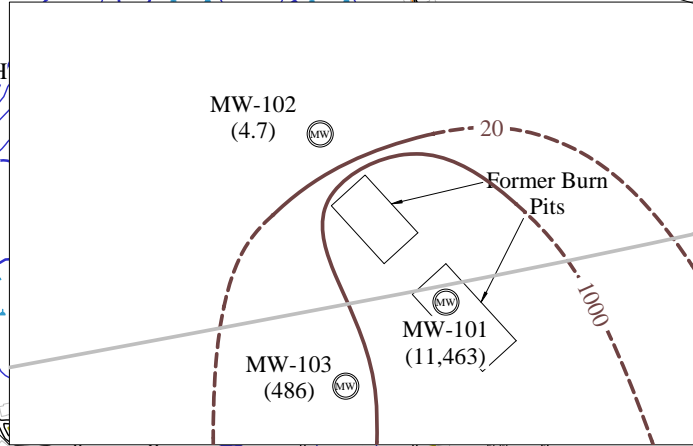
March 2022 Groundwater Flow Overlain on November 2021
 Groundwater PFOA/PFOA/PFOA (combined) isoconcentrations
 La Crosse Airport PFAS Investigation
 La Crosse, WI

Project No:	1901155
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Fig:	11



LEGEND

- Monitoring Well
- Groundwater PFAS/PFOA/PFOS/PFOA (Combined) Concentration (ng/L)
- 20 Groundwater PFAS/PFOA/PFOS/PFOA (Combined) Isoconcentration Contour
- (633) Watertable Elevation Contour (11/03/21)
- (633) Watertable Elevation Contour (05/19/22)



May 2022 Groundwater Flow Overlay on November 2021
 Groundwater PFOA/PFOS/PFOA (combined) isoconcentrations

La Crosse Airport PFAS Investigation
 La Crosse, WI

Project No:	1901155
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Drawn By:	SJO
Date Drawn:	10/14/22
Checked By:	JCS
Last Modified:	10/14/22
Sheet:	1 of 1
Fig:	12

Table 1
Groundwater and Surface Water Elevations
La Crosse Airport PFAS Investigation
La Crosse, WI

Date	Mississippi River Spillway			Black River Spillway			MW-1		MW-2		MW-3		MW-4		MW-101		MW-102		MW-103	
	https://water.usace.army.mil/a2w/f?p=100:1:0:#						TOC Elevation= 650.43		TOC Elevation= 646.18		TOC Elevation= 654.20		TOC Elevation= 654.35		TOC Elevation= 648.28		TOC Elevation= 647.39		TOC Elevation= 647.06	
	L. Onalaska	Tailwater	Diff.	L. Onalaska	Tailwater	Diff.	DTW (feet)	Elevation	DTW (feet)	Elevation	DTW (feet)	Elevation	DTW (feet)	Elevation	DTW (feet)	Elevation	DTW (feet)	Elevation	DTW (feet)	Elevation
9/23/2020*	NA	NA	NA	NA	NA	NA	16.63	633.80	10.55	635.63	20.35	633.85	20.76	633.59	11.97	636.31	10.98	636.41	10.8	636.26
11/6/2020	638.5**	NA	NA	NA	NA	NA	17.17	633.26	11.10	635.08	20.75	633.45	21.17	633.18	12.22	636.06	11.19	636.20	11.02	636.04
3/21/2021	638.5**	633.8**	4.7	NA	NA	NA	17.31	633.12	11.35	634.83	20.60	633.60	20.96	633.39	12.23	636.05	11.22	636.17	11.07	635.99
6/18/2021	638.6**	630.9**	7.7	NA	NA	NA	16.85	633.58	10.75	635.43	20.68	633.52	21.00	633.35	12.14	636.14	11.12	636.27	10.97	636.09
11/3/2021	638.4**	631.8**	6.6	NA	NA	NA	17.18	633.25	11.08	635.10	20.92	633.28	21.30	633.05	12.29	635.99	11.26	636.13	11.12	635.94
2/9/2022	638.5**	631.4**	7.1	NA	NA	NA	17.67	632.76	11.64	634.54	21.25	632.95	21.58	632.77	12.66	635.62	11.61	635.78	11.49	635.57
3/29/2022	638.0	634.4	3.6	638.0	634.4	3.6	17.37	633.06	11.45	634.73	20.73	633.47	21.07	633.28	12.34	635.94	11.31	636.08	11.18	635.88
5/19/2022	638.4	636.8	1.7	638.5	636.4	2.1	15.24	635.19	9.98	636.20	18.68	635.52	18.91	635.44	11.11	637.17	10.13	637.26	9.92	637.14
8/11/2022	638.0	631.4	6.6	638.0	631.4	6.6	16.36	634.07	10.29	635.89	20.23	633.97	20.60	633.75	11.90	636.38	10.85	636.54	10.69	636.37

Date	MW-104		PZ-104		PZ-105		PZ-106		MW-5		MW-6		MW-7		PZ-6		PZ-7	
	TOC Elevation= 656.64	TOS elevation = 640.61	TOC Elevation= 656.69	TOS elevation = 605.59	TOC Elevation= 652.00	TOS elevation = 605.45	TOC Elevation= 644.54	TOS elevation = 606.21	TOC Elevation - 666.88	TOS Elevation = 642.56	TOC Elevation - 653.91	TOS Elevation = 642.27	TOC Elevation - 660.60	TOS Elevation = 640.05	TOC Elevation - 653.84	TOS Elevation = 608.40	TOC Elevation - 660.55	TOS Elevation = 606.11
	DTW (feet)	Elevation	DTW (feet)	Elevation	DTW (feet)	Elevation	DTW (feet)	Elevation	DTW (feet)	Elevation	DTW (feet)	Elevation	DTW (feet)	Elevation	DTW (feet)	Elevation	DTW (feet)	Elevation
9/23/2020*	23.62	633.02	23.64	633.05	18.42	633.58	10.89	633.65	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI
11/6/2020	23.55	633.09	23.56	633.13	18.36	633.64	11.04	633.50	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI
3/21/2021	22.78	633.86	22.81	633.88	17.70	634.30	10.58	633.96	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI
6/18/2021	23.74	632.90	23.75	632.94	18.55	633.45	11.12	633.42	NI	NI	NI	NI	NI	NI	NI	NI	NI	NI
11/3/2021	23.74	632.90	23.74	632.95	18.54	633.46	11.21	633.33	31.59	635.29	19.22	634.69	27.62	632.98	19.17	634.67	27.60	632.95
2/9/2022	23.82	632.82	23.83	632.86	NA	NA	11.41	633.13	32.17	634.71	19.86	634.05	27.98	632.62	19.83	634.01	28.00	632.55
3/29/2022	22.57	634.07	22.59	634.10	17.58	634.42	10.62	633.92	31.73	635.15	19.66	634.25	27.48	633.12	19.62	634.22	27.51	633.04
5/19/2022	20.78	635.86	20.76	635.93	15.91	636.09	8.71	635.83	30.42	636.46	18.06	635.85	25.3	635.3	18.03	635.81	25.29	635.26
8/11/2022	23.38	633.26	23.40	633.29	18.21	633.79	10.78	633.76	31.08	635.80	18.40	635.51	27.01	633.59	18.41	635.43	26.98	633.57

Notes: TOC - Top of Casing
TOS - Top of Screen
DTW- Depth to water
* - Elevations collected prior to monitoring well development
** - Elevations taken from United States Army Corps of Engineers, Access to Water Resources Data - Corps Water Management System Data Dissemination tool
NA - Not available
NI - Not installed

ATTACHMENT A

WDNR Boring Logs, Abandonment Forms, Monitoring Well Construction Forms and Monitoring Well Development Forms

GROUNDWATER MONITORING WELL AND POINT INFORMATION

Form 4400-089 (R 04/19)

Use the Groundwater Monitoring Well and Point Information Form to record identification, location and construction information for groundwater monitoring wells and any other sample "points," (e.g., gas probes, lysimeters, leachate collection systems, etc.), that are part of the environmental monitoring program. **NOTE:** Not all fields will be applicable to all point types. Only one coordinate reference system may be used per site. Allowable coordinate systems are listed below. (Coordinates for each system require a minimum number of digits as described below.) Local grid coordinates cannot be accepted. Identify the Coordinate Reference System, Datum and Method used.

Facility Name			County				Facility ID No. (FID)		License, Permit or Monitoring No.			Date		Completed By (Name and Firm)		
La Crosse Airport PFAS Investigation			La Crosse									11/15/2022		Steve Oseseck - The OS Group, LLC		
DNR Point ID No.	Point Name ¹	WUWN ² (if app.)	Type	Status	Gradient	Enf. Stds. Y/N.	Construction Date	Elevations msl (ft)		Well Casing			Well Screen Length (ft)	Well (Pt) Total Length ⁵ (ft)	Coordinates ^{6,7,8,9}	
								Ground Surface	Well Top (of casing)	Type	Diam ³ (in)	Length ⁴ (ft)			Y / Lat / Northing	X / Long / Easting
	MW-1		11	A	D	Yes	08/04/2020	650.79	650.43	P	2	11.25	15	26.25	43.867360	-91.261536
	MW-2		11	A	D	Yes	08/06/2020	646.45	646.18	P	2	3.88	15	18.88	43.874854	-91.261392
	MW-3		11	A	D	Yes	08/10/2020	651.77	654.20	P	2	13.63	15	28.63	43.872621	-91.253371
	MW-4		11	A	D	Yes	08/11/2020	651.57	654.35	P	2	13.49	15	28.49	43.871231	-91.253607
	MW-5		11	A	S	Yes	10/28/2021	667.17	666.88	P	2	24.32	15	39.32	43.871977	-91.273099
	MW-6		11	A	S	Yes	09/20/2021	654.24	653.91	P	2	11.64	15	26.64	43.871776	-91.264628
	MW-7		11	A	S	Yes	09/21/2021	660.97	660.60	P	2	20.55	15	35.55	43.865222	-91.267930
	MW-101		11	A		Yes	08/05/2020	648.59	648.28	P	2	4.04	15	19.04	43.882056	-91.253364
	MW-102		11	A	U	Yes	08/05/2020	647.71	647.39	P	2	4.06	15	19.06	43.882410	-91.253729
	MW-103		11	A	S	Yes	08/05/2020	647.31	647.06	P	2	3.95	15	18.95	43.881882	-91.253655
	MW-104		11	A	D	Yes	08/11/2020	656.88	656.64	P	2	16.03	15	31.03	43.876500	-91.247063

¹ Include previous name as well if one exists. ² Wisconsin Unique Well Number. ³ Well Casing Diameter measures inside diameter. ⁴ Length of well casing from top of casing to top of screen. ⁵ Total length of well from top of casing to bottom of well. <i>Should equal sum of well casing length and screen length.</i>	⁶ Identify Coordinate Reference System (only one system may be used per site): <input checked="" type="checkbox"/> Lat/Long (Decimal Degrees) WGS84 (min. 8 digits total w/ 6 right of decimal, e.g., -89.123456) State Plane (min. 2 digits right of decimal) <input type="checkbox"/> North <input type="checkbox"/> Central <input type="checkbox"/> South <input type="checkbox"/> Wisc. Transverse Mercator WTM91 (min. 2 digits right of decimal) <input type="checkbox"/> Local County Coord. Sys. (WISCRS) (min. digits vary by county)	⁷ Identify Projection Datum and units* <input type="checkbox"/> NAD83 <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83(91) <input type="checkbox"/> NAD83(11) <input type="checkbox"/> Other Describe: <hr/> Units used for State Plane, WTM or County Coord. Sys: <input type="checkbox"/> meters <input type="checkbox"/> feet *NOTE: A datum and units are not required for Lat/Long	⁸ Identify the Method Used to Determine the Coordinates: <input checked="" type="checkbox"/> GPS001-Survey grade <input type="checkbox"/> GPS003-Mapping grade/real-time differential correction <input type="checkbox"/> GPS004-Mapping grade/post processing <input type="checkbox"/> SRV001-Classical terrestrial surveying techniques <input type="checkbox"/> OTH001 (Other), Describe:	⁹ Y / Lat / Northing describe the vertical axis. X / Long / Easting describe the horizontal axis. (include "-" where needed, e.g., -89.123456)
Remarks: MW-101 Gradient position is "Source Area"				

GROUNDWATER MONITORING WELL AND POINT INFORMATION

Use the Groundwater Monitoring Well and Point Information Form to record identification, location and construction information for groundwater monitoring wells and any other sample "points," (e.g., gas probes, lysimeters, leachate collection systems, etc.), that are part of the environmental monitoring program. **NOTE:** Not all fields will be applicable to all point types. Only one coordinate reference system may be used per site. Allowable coordinate systems are listed below. (Coordinates for each system require a minimum number of digits as described below.) Local grid coordinates cannot be accepted. Identify the Coordinate Reference System, Datum and Method used.

Facility Name			County				Facility ID No. (FID)		License, Permit or Monitoring No.			Date	Completed By (Name and Firm)			
La Crosse Airport PFAS Investigation			La Crosse									11/15/2022	Steven Oseseck - The OS Group, LLC			
DNR Point ID No.	Point Name ¹	WUWN ² (if app.)	Type	Status	Gradient	Enf. Stds. Y/N.	Construction Date	Elevations msl (ft)		Well Casing			Well Screen Length (ft)	Well (Pt) Total Length ⁵ (ft)	Coordinates ^{6,7,8,9}	
								Ground Surface	Well Top (of casing)	Type	Diam ³ (in)	Length ⁴ (ft)			Y / Lat / Northing	X / Long / Easting
	PZ-104		12	A	D	Yes	08/12/2020	656.94	656.69		2	51.10	5	56.10	43.876487	-91.247073
	PZ-105		12	A	S	Yes	08/12/2020	652.32	652.00		2	46.55	5	51.55	43.878310	-91.247087
	PZ-106		12	A	S	Yes	08/13/2020	644.75	644.54		2	38.33	5	43.33	43.875969	-91.249496
	PZ-6		12	A	S	Yes	09/20/2021	654.22	653.84		2	45.44	5	50.44	43.871787	-91.264628
	PZ-7		12	A	S	Yes	09/21/2021	660.93	660.55		2	54.44	5	59.44	43.865223	-91.267914


<p>¹Include previous name as well if one exists.</p> <p>²Wisconsin Unique Well Number.</p> <p>³Well Casing Diameter measures inside diameter.</p> <p>⁴Length of well casing from top of casing to top of screen.</p> <p>⁵Total length of well from top of casing to bottom of well. <i>Should equal sum of well casing length and screen length.</i></p>	<p>⁶Identify Coordinate Reference System (only one system may be used per site):</p> <p><input checked="" type="checkbox"/> Lat/Long (Decimal Degrees) WGS84 (min. 8 digits total w/ 6 right of decimal, e.g., -89.123456)</p> <p>State Plane (min. 2 digits right of decimal)</p> <p><input type="checkbox"/> North</p> <p><input type="checkbox"/> Central</p> <p><input type="checkbox"/> South</p> <p><input type="checkbox"/> Wisc. Transverse Mercator WTM91 (min. 2 digits right of decimal)</p> <p><input type="checkbox"/> Local County Coord. Sys. (WISCRS) (min. digits vary by county)</p>	<p>⁷Identify Projection Datum and units*</p> <p><input type="checkbox"/> NAD83</p> <p><input type="checkbox"/> NAD27</p> <p><input type="checkbox"/> NAD83(91)</p> <p><input type="checkbox"/> NAD83(11)</p> <p><input type="checkbox"/> Other Describe: _____</p> <p>Units used for State Plane, WTM or County Coord. Sys:</p> <p><input type="checkbox"/> meters</p> <p><input type="checkbox"/> feet</p> <p>*NOTE: A datum and units are not required for Lat/Long</p>	<p>⁸Identify the Method Used to Determine the Coordinates:</p> <p><input checked="" type="checkbox"/> GPS001-Survey grade</p> <p><input type="checkbox"/> GPS003-Mapping grade/real-time differential correction</p> <p><input type="checkbox"/> GPS004-Mapping grade/post processing</p> <p><input type="checkbox"/> SRV001-Classical terrestrial surveying techniques</p> <p><input type="checkbox"/> OTH001 (Other), Describe: _____</p> <p>Remarks:</p>	<p>⁹Y / Lat / Northing describe the vertical axis.</p> <p>X / Long / Easting describe the horizontal axis.</p> <p>(include "-" where needed, e.g., -89.123456)</p>
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Route To: Watershed/Wastewater Waste Management
 Remediation/Revelopment Other

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number GP-1	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 08/03/2020 m m d d y y y y	Date Drilling Completed 08/03/2020 m m d d y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 652 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E		Lat 43° 52' 20"		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
SE 1/4 of SE 1/4 of Section 7, T 16 N, R 7 W		Long 91° 15' 11"			
Facility ID	County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse		

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 30		5	Top 3" - brown silt	SP									
				15" - Dark brown, well-sorted fine- to medium-grained sand - 10YR 3/2	SP									
S-2	60 / 36		10	36" - Brown, well-sorted, fine- to medium-grained sand - 10YR 4/5	SP									
				36" - Brown, well-sorted, fine- to medium-grained sand - 10YR 4/5	SP									
S-3	60 / 36		15	27" - Brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
				3" - Grey, well-sorted, fine- to medium-grained sand - 10YR 4/1	SP									
S-4	60 / 30		20	Saturated at approximately 18'										
				End of Borehole 20'										

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

Signature 	Firm The OS Group, LLC.
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This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.

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

Page 1 of 1

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number GP-2	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started <u>08/03/2020</u> m m / d d / y y y y	Date Drilling Completed <u>08/03/2020</u> m m / d d / y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level ____ Feet MSL	Surface Elevation <u>652</u> Feet MSL	Borehole Diameter <u>2.25</u> inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E		Lat <u>43° 52' 20"</u> Long <u>91° 15' 11"</u>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID		County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 30		5	3" - Brown silt										
				12" - Light brown, well-sorted fine- to medium-grained sand - 10YR 5/4	SP									
				9" - Dark brown, well-sorted, fine- to medium-grained sand - 7.5 YR 4/3 6" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 6/4	SP SP									
S-2	60 / 36		10	36" - Brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
				30" - Brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
S-3	60 / 30		15	30" - Brown, well-sorted, fine- to medium-grained sand - 10YR 4/3'	SP									
				End of Borehole 20'										

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

Signature *Steven Osesek* Firm **The OS Group, LLC.**

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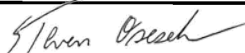
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other _____

Page 1 of 1

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number	Boring Number GP-3	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started <u>08/04/2020</u> <small>m m d d y y y y</small>	Date Drilling Completed <u>08/04/2020</u> <small>m m d d y y y y</small>	Drilling Method Geoprobe
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level _____ Feet MSL	Surface Elevation <u>650</u> Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E		Lat <u>43° 52' 3"</u>	Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of NW 1/4 of Section <u>18</u> , T <u>16</u> N, R <u>7</u> W		Long <u>91° 15' 40"</u>		
Facility ID	County La Crosse	County Code <u>3 2</u>	Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 36			24" - Dark brown silt and sand - 10YR 3/5	SP									
				12" - Light brown, well-sorted fine- to medium-grained sand - 10YR 5/5	SP									
S-2	60 / 42		5	42" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/5	SP									
S-3	60 / 42		10	42" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/5	SP									
S-4	60 / 30		15	30" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/5 Saturated at approximately 18'	SP									
			20	End of Borehole 20'										

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

Signature 	Firm The OS Group, LLC.
--	-----------------------------------

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

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number GP-4	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 08/04/2020 <small>m m d d y y y y</small>	Date Drilling Completed 08/04/2020 <small>m m d d y y y y</small>	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level _____ Feet MSL	Surface Elevation 654 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E NE 1/4 of NW 1/4 of Section 18, T 16 N, R 7 W			Local Grid Location Lat 43° 52' 2" Long 91° 15' 43" <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		
Facility ID		County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 30			6" - Whitish sand and gravel	SW									
				6" - Light brown, silty sand - 10YR 5/6	SM									
S-2	60 / 36		5	18" - Light brown, well-sorted fine- to medium-grained sand - 10YR 6/6	SP									
				36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 6/4 2" seam of silty sand approximately 2" from the bottom of the sample - 10YR 5/4	SP									
S-3	60 / 36		10	36" - Brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
				36" - Brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
S-4	60 / 36		15	36" - Brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
			20	Continued on Page 2										

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

Signature *Steven Osesek* Firm The OS Group, LLC.

This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.

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

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number GP-5	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 08/04/2020 <small>m m d d y y y y</small>	Date Drilling Completed 08/04/2020 <small>m m d d y y y y</small>	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 652 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane <u> </u> N, <u> </u> E		Lat 43° 52' 2" Long 91° 15' 42"		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID		County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 36		5	6" - Dark brown silty sand - 10YR 4/3 12" - Light brown, well-sorted, fine- to medium grained sand - 10YR 5/4 2" - Black silt - 10YR 3/3 4" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/3 6" - Black silt with trace of sand	SM SP ML SP ML SP									
				6" - Light brown, well-sorted, fine- to medium grained sand - 10YR 4/3										
S-2	60 / 36		10	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 6/3 2" seam of silty sand approximately 24" from the bottom of the sample - 10YR 5/3	SP SM									
				42" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 6/3	SP									
S-3	60 / 42		15	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4 Saturated at approximately 19'	SP									
				End of borehole - 20'										

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

Signature *Steven Osesek* Firm **The OS Group, LLC.**

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

Page 1 of 1

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number GP-6	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 08/04/2020 <small>m m d d y y y y</small>	Date Drilling Completed 08/04/2020 <small>m m d d y y y y</small>	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level ____ Feet MSL	Surface Elevation 651 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		State Plane _____ N, _____ E		Local Grid Location	
NE 1/4 of NW 1/4 of Section 18 , T 16 N, R 7 W		Lat 43° 52' 3"		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID		County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 38			12" - Dark brown silt and sand - 10YR 4/3 2" Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/4 6" - Black silty sand - 10YR 3/1 18" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/3	SM SP SM SP									
			5	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
S-3	60 / 36		10	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/3	SP									
			15	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/3 Saturated at approximately 19'	SP									
S-4	60 / 36		20	End of Borehole 20'										

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

Signature *Steven Osesek* Firm **The OS Group, LLC.**

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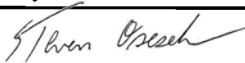
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other _____

Page 1 of 1

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number	Boring Number GP-7	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started <u>08/04/2020</u> <small>m m d d y y y y</small>	Date Drilling Completed <u>08/04/2020</u> <small>m m d d y y y y</small>	Drilling Method Geoprobe
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level ____ Feet MSL	Surface Elevation <u>658</u> Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E		Lat <u>43° 52' 6"</u>	Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of NW 1/4 of Section <u>18</u> , T <u>16</u> N, R <u>7</u> W		Long <u>91° 15' 45"</u>		
Facility ID	County La Crosse	County Code <u>3 2</u>	Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	36 / 36		3	18" - Dark brown silt - 10YR 2/1 9" - Light brown silty sand - 10YR 4/6 9" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	ML SM SP									
				End of Borehole - 3'										

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Signature 	Firm The OS Group, LLC.
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Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other _____

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number GP-8	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 08/04/2020 <small>m m d d y y y y</small>	Date Drilling Completed 08/04/2020 <small>m m d d y y y y</small>	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level _____ Feet MSL	Surface Elevation 658 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		State Plane _____ N, _____ E		Local Grid Location	
NE 1/4 of NW 1/4 of Section 18 , T 16 N, R 7 W		Lat 43° 52' 6" Long 91° 15' 45"		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID	County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse		

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	36 / 36		3	6" - Dark brown silt and sand - 10YR 3/3	SM									
				6" - Light brown, well-sorted, fine- to medium grained sand with trace of silt - 10YR 4/6	SP									
				12" - Light brown sandy silt - 10YR 4/6	SM									
				6" - Light brown, well-sorted fine to medium-grained sand - 10YR 4/6	SP									
				6" - Light brown sandy silt - 10YR 4/6	SM									
				End of Borehole - 3'										

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

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number GP-9	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 08/04/2020 m m d d y y y y	Date Drilling Completed 08/04/2020 m m d d y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level ____ Feet MSL	Surface Elevation 658 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		State Plane _____ N, _____ E		Local Grid Location	
NE 1/4 of NW 1/4 of Section 18 , T 16 N, R 7 W		Lat 43° 52' 6" Long 91° 15' 45"		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID		County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	36 / 36		3	9" - Dark brown silt and Sand - 10YR 3/3 24" - Light brown silty sand - 10YR 4/6 3" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/6	SM SM SP									
				End of Borehole - 3'										

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

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number GP-10 / MW-1	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 08 / 04 / 2020 m m d d y y y y	Date Drilling Completed 08 / 04 / 2020 m m d d y y y y	Drilling Method Geoprobe / Hollow Stem Auger	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level 633 Feet MSL	Surface Elevation 651 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E		Lat 43° 52' 2"		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of NW 1/4 of Section 18, T 16 N, R 7 W		Long 91° 15' 42"			
Facility ID	County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse		

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 45		5	36" - Dark brown grading to black sand & silt - 10YR 3/3	SM									
				9" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 3/4	SP									
S-2	60 / 48		10	48" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
S-3	60 / 45		15	45" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/6	SP									
S-4	60 / 36		20	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/6 Saturated at approximately 18'	SP									
			20	End of Geoprobe Borehole 20' Well Set at 26.5'										

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

Page 1 of 2

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number GP-11	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 08/04/2020 m m d d y y y y	Date Drilling Completed 08/04/2020 m m d d y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level ____ Feet MSL	Surface Elevation 656 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E			Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		
NE 1/4 of NW 1/4 of Section 18 , T 16 N, R 7 W			Lat 43° 52' 5" Long 91° 15' 44"		
Facility ID		County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 30		5	6" - Dark brown silt and sand - 10YR 3/2	SM									
				6" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
				12" - Light brown silty sand - 10YR 5/6	SM									
				12" - Light brown, well-sorted fine- to medium-grained sand - 10YR 5/4	SP									
S-2	60 / 36		10	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
S-3	60 / 36		15	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
S-4	60 / 36		20	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
				Continued on Page 2										

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

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number GP-12	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 08/05/2020 <small>m m d d y y y y</small>	Date Drilling Completed 08/05/2020 <small>m m d d y y y y</small>	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level _____ Feet MSL	Surface Elevation 650 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		State Plane _____ N, _____ E		Local Grid Location	
NE 1/4 of SE 1/4 of Section <u>7</u> , T <u>16</u> N, R <u>7</u> W		Lat 43° 52' 25" Long 91° 15' 16"		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID		County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	36 / 36		3	24" /Dark brown silt grading to a light brown silty sand - 10YR 3/3 12" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/6	ML SM SP									
				End of Borehole - 3'										

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

Page 1 of 1

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number GP-13	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 08/05/2020 <small>m m d d y y y y</small>	Date Drilling Completed 08/05/2020 <small>m m d d y y y y</small>	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level _____ Feet MSL	Surface Elevation 650 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E		Lat 43° 52' 24" Long 91° 15' 16"		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section 7 , T 16 N, R 7 W					
Facility ID	County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse		

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	36 / 36		3	24" /Dark brown silt grading to a light brown silty sand - 10YR 3/3 12" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/6	ML SM SP									
				End of Borehole - 3'										

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

Page 1 of 1

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number GP-14	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 08/05/2020 <small>m m d d y y y y</small>	Date Drilling Completed 08/05/2020 <small>m m d d y y y y</small>	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level ____ Feet MSL	Surface Elevation 650 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E		Lat 43° 52' 24" Long 91° 15' 16"		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of SE 1/4 of Section 7 , T 16 N, R 7 W		Civil Town/City/ or Village City of La Crosse			
Facility ID		County La Crosse	County Code 3 2		

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 36			24" - Dark brown silt grading to light brown silty sand - 10YR 3/3 12" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 3/6	ML SM SP									
S-2	60 / 42		5	42" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
S-3	60 / 36		10	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 6/4	SP									
S-4	60 / 36		15	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/4 Saturated at approximately 15'	SP									
			20	End of Borehole 20'										

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

Page 1 of 1

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number GP-15	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 08/05/2020 <small>m m d d y y y y</small>	Date Drilling Completed 08/05/2020 <small>m m d d y y y y</small>	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 648 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane <u>NE</u> <u>1/4</u> of <u>NE</u> <u>1/4</u> of Section <u>7</u> , T <u>16</u> N, R <u>7</u> W		Lat 43° 52' 55" Long 91° 15' 13"		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID	County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse		

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 36			18" - Brown silt grading to light brown sand with silt - 10YR 2/2 18" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	ML SM SP									
			5	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	SP									
S-3	36 / 18		10	18" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4 Saturated at approximately 10-11'	SP									
			15	End of Borehole 13'										

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

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number GP-16	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started <u>08/05/2020</u> m m / d d / y y y y	Date Drilling Completed <u>08/05/2020</u> m m / d d / y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level ____ Feet MSL	Surface Elevation <u>650</u> Feet MSL	Borehole Diameter <u>2.25</u> inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		State Plane _____ N, _____ E		Local Grid Location	
NE 1/4 of NE 1/4 of Section <u>7</u> , T <u>16</u> N, R <u>7</u> W		Lat <u>43° 52' 56"</u>		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID		County La Crosse	County Code <u>3 2</u>	Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 36			12" - Brown silt grading to brown sand with silt - 10YR 2/2	ML									
				24" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	SM SP									
S-2	60 / 36		5	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	SP									
			10	24" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4 Saturated at approximately 10-11'	SP									
S-3	60 / 24		15	End of Borehole 15'										

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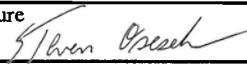
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other _____

Page 1 of 1

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number GP-17	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started <u>08/05/2020</u> m m / d d / y y y y	Date Drilling Completed <u>08/05/2020</u> m m / d d / y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level ____ Feet MSL	Surface Elevation 648 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E NE 1/4 of NE 1/4 of Section 7, T 16 N, R 7 W			Lat 43° 52' 55" Long 91° 15' 11"	Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID		County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 36			12" - Brown silt grading to brown sand with silt - 10YR 2/2	ML									
				24" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	SM									
S-2	60 / 36		5	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	SP									
			10	24" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4 Saturated at approximately 10-11'	SP									
S-3	60 / 36		15	End of Borehole 15'										

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

Signature 	Firm The OS Group, LLC.
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Route To: Watershed/Wastewater Waste Management
 Remediation/Revelopment Other _____

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Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number	Boring Number GP-18	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started <u>08/06/2020</u> m m d d y y y y	Date Drilling Completed <u>08/06/2020</u> m m d d y y y y	Drilling Method Geoprobe
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level ____ Feet MSL	Surface Elevation <u>650</u> Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E		Lat <u>43° 52' 35"</u>	Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
SE 1/4 of NW 1/4 of Section <u>7</u> , T <u>16</u> N, R <u>7</u> W		Long <u>91° 15' 46"</u>		
Facility ID	County La Crosse	County Code <u>3 2</u>	Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	36 / 36		3	12" Dark brown silt and sand - 10YR 2/2	SM									
				12" - Tan sand with broken gravel - 10YR 7/4	SP									
				6" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 3/3	SP									
				6" - Black silt and sand - 10YR 2/2	SM									
				End of Borehole - 3'										

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

Signature 	Firm The OS Group, LLC.
--	-----------------------------------

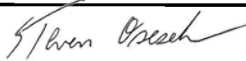
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Route To: Watershed/Wastewater Waste Management
 Remediation/Revelopment Other

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number GP-19	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 08/06/2020 <small>m m d d y y y y</small>	Date Drilling Completed 08/06/2020 <small>m m d d y y y y</small>	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 650 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane <u> </u> N, <u> </u> E		Lat 43° 52' 35" Long 91° 15' 47"		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
SE 1/4 of NW 1/4 of Section <u>7</u> , T <u>16</u> N, R <u>7</u> W					
Facility ID	County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse		

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	36 / 36		3	12" Dark brown silt and sand - 10YR 2/2	SM									
				12" - Tan sand with broken gravel - 10YR 7/4	SP									
				12" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 3/2	SP									
				End of Borehole - 3'										

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

Signature 	Firm The OS Group, LLC.
--	-----------------------------------

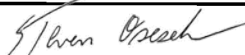
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Route To: Watershed/Wastewater Waste Management
 Remediation/Revelopment Other

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number GP-20	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 08/06/2020 m m d d y y y y	Date Drilling Completed 08/06/2020 m m d d y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation 650 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E		Lat 43° 52' 35"		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
SE 1/4 of NW 1/4 of Section 7, T 16 N, R 7 W		Long 91° 15' 47"			
Facility ID		County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 36			12" - Dark brown silt and sand - 10YR 2/2 6" - Tan sand with broken gravel 10YR 7/4 9" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 3/3 9" - Black sandy silt - 10YR 2/2	SM SP SP SM									
S-2	60 / 42		5	42" - Light brown, well-sorted, fine- to medium-grained sand with some gravel near the middle of the sample - 10YR 3/3	SP									
S-3	60 / 36		10	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 3/3 Saturated at approximately 15'	SP									
			15	End of Borehole 15'										

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

Signature  Firm The OS Group, LLC.

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

Page 1 of 1

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number	Boring Number GP-21 / MW-2	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 08 / 06 / 2020 <small>m m d d y y y y</small>	Date Drilling Completed 08 / 06 / 2020 <small>m m d d y y y y</small>	Drilling Method Geoprobe / Hollow Stem Auger
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level 635 Feet MSL	Surface Elevation 646 Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane <u> </u> N, <u> </u> E		Lat 43° 52' 29" Long 91° 15' 41"		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W
NE 1/4 of SW 1/4 of Section <u>7</u> , T <u>16</u> N, R <u>7</u> W		Facility ID		
County La Crosse		County Code 3 2	Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 36			18" - Black silt with sand grading to light brown sand	SM									
				4" - Light brown gravelly sand - 10YR 5/3 14" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/3	SP SP									
S-2	60 / 36		5	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/3 Saturated at approximately 10'	SP									
			10	36" - Brownish grey, well-sorted, fine- to medium-grained sand - 10YR 4/2	SP									
S-3	60 / 36		15	42" - Greyish brown, well-sorted, fine- to medium-grained sand - 10YR 4/2	SP									
			20	End of Borehole 20'										

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

Signature *Steven Osesek* Firm The OS Group, LLC.

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

Facility/Project Name La Crosse Airport PFAS Investigation			License/Permit/Monitoring Number		Boring Number MW-3	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.			Date Drilling Started 08/10/2020 m m / d d / y y y y	Date Drilling Completed 08/10/2020 m m / d d / y y y y	Drilling Method Geoprobe / Hollow Stem Auger	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level 633 Feet MSL	Surface Elevation 652 Feet MSL	Borehole Diameter 2.25 inches	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane <u> </u> N, <u> </u> E			Lat 43° 52' 21" Long 91° 15' 12"		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID		County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse		

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 60		5	2" - Black silt - 10YR 3/1	ML									
				4" - Brown sand with gravel - 10YR 6/3	SP									
S-2	60 / 42		10	2" - Black silt - 10YR 3/1	ML									
				10" - Yellowish brown sand with gravel - 10YR 7/4	SP									
S-3	60 / 42		15	18" - Light brown, well-sorted, fine- to medium grained sand (10YR 4/6) grading to 24" - Dark brown, silty sand - 10YR 2/2	SM									
				3" - Dark brown silty sand - 10YR 2/2	SP									
S-4	60 / 36		20	39" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/6	SP									
				42" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/6	SP									
				36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/6 Saturated approximately 17'	SP									
				Continued on Page 2										

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

Signature *Steven Osesek* Firm **The OS Group, LLC.**

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

Page 1 of 2

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number MW-4	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek		Date Drilling Started <u>08/11/2020</u> m m / d d / y y y y		Date Drilling Completed <u>08/11/2020</u> m m / d d / y y y y	
Firm: The OS Group, LLC.		Drilling Method Geoprobe / Hollow Stem Auger			
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level <u>633</u> Feet MSL	Surface Elevation <u>652</u> Feet MSL	Borehole Diameter <u>2.25</u> inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E			Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		
<u>SE 1/4 of SE 1/4 of Section 7, T 16 N, R 7 W</u>			Lat <u>43° 52' 16"</u> Long <u>91° 15' 13"</u>		
Facility ID	County La Crosse	County Code <u>3 2</u>	Civil Town/City/ or Village City of La Crosse		

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 44			4" - Dark brown silt and sand - 10YR 2/1 16" - Dark brown silty sand (10YR 3/3) grading to 24" - Light brown, well-sorted, fine- to medium grained sand - 10YR 5/8	SM SM SP									
S-2	60 / 36		5	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/3	SP									
S-3	60 / 26		10	26" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/3	SP									
S-4	60 / 36		15	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/3 Saturated approximately 18'	SP									
			20	Continued on Page 2										

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

Page 1 of 2

Facility/Project Name La Crosse Airport PFAS Investigation			License/Permit/Monitoring Number		Boring Number MW-5		
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.			Date Drilling Started 10/28/2021 m m d d y y y y		Date Drilling Completed 10/28/2021 m m d d y y y y		
WI Unique Well No.		DNR Well ID No.		Well Name		Final Static Water Level 635 Feet MSL	
						Surface Elevation 667 Feet MSL	
						Borehole Diameter 2.25 inches	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane <u> </u> N, <u> </u> E			Lat 43° 52' 19"		Local Grid Location		
<u>SE 1/4 of SE 1/4 of Section 12, T 16 N, R 8 W</u>			Long 91° 16' 23"		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> Feet <input type="checkbox"/> S <input type="checkbox"/> Feet <input type="checkbox"/> W		
Facility ID		County La Crosse		County Code 3 2		Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 30		5	12" - Brown silt and sand - 10YR 3/6	SM									
				12" - Orangish brown sand with gravel - 7.5 YR 4/6	SP									
S-2	60 / 30		10	6" - Brown, well-sorted, medium grained sand - 10YR 4/6	SP									
				30" - Brown, well-sorted, medium-grained sand - 10YR 4/6	SP									
S-3	60 / 36		15	30" - Brown, well-sorted, medium-grained sand - 10YR 4/6	SP									
				6" - Brown silt with sand - 10 YR 4/6	SM									
S-4	60 / 18		20	8" - Orangish brown silty sand - 7.5YR 4/6	SM									
				10" - Light brown, well sorted, medium-grained sand - 10 YR 4/6	SP									
				Continued on Page 2										

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

Signature *Steven Osesek* Firm The OS Group, LLC.

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

Page 1 of 2

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number MW-6 / PZ-6	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started <u>09/20/2021</u> <small>m m d d y y y y</small>	Date Drilling Completed <u>09/20/2021</u> <small>m m d d y y y y</small>	Drilling Method Geoprobe / Hollow Stem Auger	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level <u>635</u> Feet MSL	Surface Elevation <u>654</u> Feet MSL	Borehole Diameter <u>2.25</u> inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E		Lat <u>43° 52' 18"</u> Long <u>91° 15' 53"</u>		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
SE 1/4 of SW 1/4 of Section <u>7</u> , T <u>16</u> N, R <u>7</u> W		Facility ID _____ County <u>La Crosse</u> County Code <u>3 2</u> Civil Town/City/ or Village <u>City of La Crosse</u>			

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 30			12" - Dark brown sandy silt - 7.5YR 2.5/3 18" - Brown, well-sorted, fine- to medium grained sand - 10YR 5/4	SM SP									
S-2	60 / 24		5	24" - Brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
S-3	60 / 24		10	24" - Brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
S-4	60 / 30		15	30" - Brown, well-sorted, fine- to medium-grained sand - 10YR 5/4 Saturated at approx. 20'	SP									
			20	Continued on Page 2										

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

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number MW-7 / PZ-7	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 09 / 21 / 2021 m m / d d / y y y y	Date Drilling Completed 09 / 21 / 2021 m m / d d / y y y y	Drilling Method Geoprobe / Hollow Stem Auger	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level 634 Feet MSL	Surface Elevation 661 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E		Lat 43° 51' 55" Long 91° 16' 05"		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NW 1/4 of NW 1/4 of Section 18 , T 16 N, R 7 W		Civil Town/City/ or Village City of La Crosse			
Facility ID		County La Crosse	County Code 3 2		

Sample Number and Type	Length At. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 36		5	24" - Dark brown sandy silt - 7.5YR 2.5/2	SM									
				8" - Yellowish brown, silty sand - 10YR 4/3	SM									
S-2	60 / 30		10	4" - Yellowish brown, clayey silt - 10YR 4/6	CL									
				8" - Yellowish brown medium sand with silt - 10YR 5/4	SM									
S-3	60 / 24		15	8" - Yellowish brown silt with sand - 10YR 4/6	SM									
				14" - Brown, well-sorted, fine- to medium-grained sand - 10YR 4/6	SP									
S-4	60 / 30		20	24" - Brown, well-sorted, fine- to medium-grained sand - 10YR 4/6	SP									
				30" - Brown, well-sorted, fine- to medium-grained sand - 10YR 4/6	SP									
				Continued on Page 2										

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

Signature *Steven Osesek* Firm **The OS Group, LLC.**

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

Page 1 of 1

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number MW-101	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 08/05/2020 <small>m m d d y y y y</small>	Date Drilling Completed 08/06/2020 <small>m m d d y y y y</small>	Drilling Method Geoprobe / Hollow Stem Auger	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level 636 Feet MSL	Surface Elevation 648 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		State Plane _____ N, _____ E		Local Grid Location	
NE 1/4 of NE 1/4 of Section <u>7</u> , T <u>16</u> N, R <u>7</u> W		Lat 43° 52' 55"		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID		County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 36		5	12" - Tan, well sorted, fine- to medium-grained sand	SP									
				12" - Blackish sand with silt	SM									
				12" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	SP									
S-2	60 / 42		10	42" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	SP									
S-3	60 / 30		15	12" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	SP									
				18" - Light brown, well-sorted medium-grained sand - 10YR 4/4 Saturated at approximately 10-11'	SP									
S-4	60 / 48		20	48" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	SP									
				End of Borehole 20'										

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Signature *Steven Osesek* Firm The OS Group, LLC.

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

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number MW-102	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started 08/05/2020 m m d d y y y y	Date Drilling Completed 08/05/2020 m m d d y y y y	Drilling Method Geoprobe	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level 637 Feet MSL	Surface Elevation 648 Feet MSL	Borehole Diameter 2.25 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E		Lat 43° 52' 57"		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of NE 1/4 of Section 7, T 16 N, R 7 W		Long 91° 15' 13"			
Facility ID	County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse		

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 36			24" - Dark brown silt grading to dark brown fine- to medium-grained sand with silt- 10YR 2/2	ML SM									
			12"	12" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	SP									
S-2	60 / 42		5	42" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	SP									
			10	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4 Saturated at approximately 10-11'	SP									
S-3	60 / 36		15	54" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	SP									
			20	End of Borehole 20'										

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

Signature 	Firm The OS Group, LLC.
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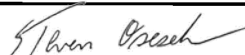
Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other _____

Page 1 of 1

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number	Boring Number MW-103	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started <u>08/05/2020</u> <small>m m / d d / y y y y</small>	Date Drilling Completed <u>08/05/2020</u> <small>m m / d d / y y y y</small>	Drilling Method Geoprobe
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level <u>636</u> Feet MSL	Surface Elevation <u>647</u> Feet MSL
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E		Lat <u>43° 52' 55"</u>	Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
NE 1/4 of <u>NE</u> 1/4 of Section <u>7</u> , T <u>16</u> N, R <u>7</u> W		Long <u>91° 15' 13"</u>		
Facility ID	County La Crosse	County Code <u>3 2</u>	Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 30			20" - Dark brown silt grading to brown sand with silt- 10YR 2/2 10" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	ML SM SP									
S-2	60 / 36		5	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	SP									
S-3	60 / 36		10	36" - Brown, well-sorted, fine- to medium-grained sand - 10YR 4/4 Saturated at approximately 10-11'	SP									
S-4	60 / 36		15	36" - Brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	SP									
			20	End of Borehole 20'										

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

Signature 	Firm The OS Group, LLC.
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Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment Other _____

Page 1 of 2

Facility/Project Name La Crosse Airport PFAS Investigation			License/Permit/Monitoring Number		Boring Number MW-104 / PZ-104	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Oseseck Firm: The OS Group, LLC.			Date Drilling Started 08 / 11 / 2020 m m d d y y y y	Date Drilling Completed 08 / 12 / 2020 m m d d y y y y	Drilling Method Geoprobe / Hollow Stem Auger	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level 633 Feet MSL	Surface Elevation 657 Feet MSL	Borehole Diameter 2.25 inches	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E			Lat 43° 52' 35"	Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		
NW 1/4 of SW 1/4 of Section 8, T 16 N, R 7 W			Long 91° 14' 49"			
Facility ID		County La Crosse	County Code 3 2	Civil Town/City/ or Village City of La Crosse		

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 48			24" - Brown silt and sand - 10YR 2/2 24" - Light brown, well-sorted, fine- to medium grained sand - 10YR 4/4	SM SP									
S-2	60 / 36		5	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
S-3	60 / 42		10	42" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
S-4	60 / 38		15	38" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/4	SP									
			20	Continued on Page 2										

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Signature Steven Oseseck Firm The OS Group, LLC.

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

Facility/Project Name La Crosse Airport PFAS Investigation			License/Permit/Monitoring Number SP		Boring Number PZ-105	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.			Date Drilling Started <u>08/12/2020</u> m m / d d / y y y y	Date Drilling Completed <u>08/12/2020</u> m m / d d / y y y y	Drilling Method Geoprobe / Hollow Stem Auger	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level <u>634</u> Feet MSL	Surface Elevation <u>652</u> Feet MSL	Borehole Diameter <u>2.25</u> inches	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/> State Plane _____ N, _____ E			Local Grid Location Lat <u>43° 52' 42"</u> Long <u>91° 14' 50"</u>		<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
SW 1/4 of NW 1/4 of Section <u>8</u> , T <u>16</u> N, R <u>7</u> W		Facility ID _____ County <u>La Crosse</u> County Code <u>3 2</u> Civil Town/City/ or Village <u>City of La Crosse</u>				

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 36			2" - Whitish sand and gravel - 10YR 7/4 1" - Black Silt 33" - Light brown, well-sorted, fine- to medium grained sand - 10YR 4/4	GM OH SP									
S-2	60 / 46		5	46" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	SP									
S-3	60 / 45		10	45" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	SP									
S-4	60 / 42		15	42" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 5/4 Saturated at approximately 18.5' bgs	SP									
			20	Continued on Page 2										

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

Facility/Project Name La Crosse Airport PFAS Investigation		License/Permit/Monitoring Number		Boring Number PZ-106	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Steven Last Name: Osesek Firm: The OS Group, LLC.		Date Drilling Started <u>08/13/2020</u> m m / d d / y y y y	Date Drilling Completed <u>08/13/2020</u> m m / d d / y y y y	Drilling Method Geoprobe / Hollow Stem Auger	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level <u>634</u> Feet MSL	Surface Elevation <u>645</u> Feet MSL	Borehole Diameter <u>2.25</u> inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input type="checkbox"/>		State Plane _____ N, _____ E		Local Grid Location	
NW 1/4 of SW 1/4 of Section <u>8</u> , T <u>16</u> N, R <u>7</u> W		Lat <u>43° 52' 33"</u>		Feet <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID		County La Crosse	County Code <u>3 2</u>	Civil Town/City/ or Village City of La Crosse	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S-1	60 / 36			24" - Brown sand and silt - 10YR 3/3 12" - Light brown, well-sorted, fine- to medium grained sand - 10YR 4/4	SM SP									
S-2	60 / 36		5	36" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4	SP									
S-3	60 / 30		10	30" - Light brown, well-sorted, fine- to medium-grained sand - 10YR 4/4 Appears saturated at approx. 10' bgs Some gravel at 2" and 12" from the bottom of the sample. Sand was slighty coarser in the bottom 12"	SP									
S-4	60 / 50		15	50" - Light brown, well-sorted, medium-grained sand - 10YR 5/4 Some 1/8" gravel 18" from bottom	SP									
			20	Continued on Page 2										

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Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

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

County: La Crosse
 WI Unique Well # of Removed Well: G P - 1
 Hicap #

Facility Name: La Crosse Airport PFAS Investigation

Latitude / Longitude (see instructions): 43.872 N, -91.253 W
 Format Code: DD, DDM
 Method Code: GPS008, SCR002, OTH001

Facility ID (FID or PWS): 632148000

1/4 SE or Gov't Lot #: 7
 Section: 7 , Township: 16 N, Range: 7 W

License/Permit/Monitoring #

Well Street Address: Fisherman Road

Original Well Owner: City of La Crosse

Well City, Village or Town: City of La Crosse
 Well ZIP Code: 54603

Present Well Owner: City of La Crosse

Subdivision Name, Lot #

Mailing Address of Present Owner: 400 La Crosse Street

City of Present Owner: La Crosse, State: WI, ZIP Code: 54601

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

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole
 Original Construction Date (mm/dd/yyyy): 08/03/20
 If a Well Construction Report is available, please attach.

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

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

Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Formation Type:
 Unconsolidated Formation Bedrock

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

Total Well Depth From Ground Surface (ft.): 20 Feet
 Casing Diameter (in.): NA

Lower Drillhole Diameter (in.): 2.25 Inches
 Casing Depth (ft.): NA

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)?
 Depth to Water (feet): 18

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
Baroid 3/8 inch hole plug	Surface	20	0.02 cubic yards	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: The OS Group, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy): 08/03/20	Date Received	Noted By
Street or Route: 444 21st Street South	City: La Crosse	State: WI	ZIP Code: 54601	Telephone Number: (608) 433-9388
Signature of Person Doing Work: <i>Steven Osceh</i>			Date Signed: 08/02/21	

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: **La Crosse** WI Unique Well # of Removed Well: **GP-4** Hicap #

Facility Name: **La Crosse Airport PFAS Investigation**

Latitude / Longitude (see instructions): **43.867193 N** Format Code: DD Method Code: GPS008
-91.261850 W DDM SCR002 OTH001

Facility ID (FID or PWS): **632148000**

1/4 Section: **NE** 1/4 Township: **NW** Section: **18** Township: **16 N** Range: **7 W**

License/Permit/Monitoring #

Well Street Address: **Fisherman Road**

Original Well Owner: **City of La Crosse**

Well City, Village or Town: **City of La Crosse** Well ZIP Code: **54603**

Present Well Owner: **City of La Crosse**

Subdivision Name Lot #

Mailing Address of Present Owner: **400 La Crosse Street**

Reason for Removal from Service: **Soil Boring** WI Unique Well # of Replacement Well

City of Present Owner: **La Crosse** State: **WI** ZIP Code: **54601**

3. Filled & Sealed Well / Drillhole / Borehole Information

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

Monitoring Well Original Construction Date (mm/dd/yyyy): **08/04/20**
 Water Well If a Well Construction Report is available, please attach.
 Borehole / Drillhole

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? Yes No N/A
 Screen removed? Yes No N/A
 Casing left in place? Yes No N/A
 Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): **Geoprobe**

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

Formation Type:
 Unconsolidated Formation Bedrock

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

Total Well Depth From Ground Surface (ft.): **25 Feet** Casing Diameter (in.): **NA**

Lower Drillhole Diameter (in.): **2.25 Inches** Casing Depth (ft.): **NA**

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet): **21**

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	25	0.025 cubic yards	

Baroid 3/8 inch hole plug

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: The OS Group, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy): 08/04/20	Date Received	Noted By
Street or Route: 444 21st Street South	City: La Crosse	State: WI	ZIP Code: 54601	Signature of Person Doing Work: <i>[Signature]</i>
Telephone Number: (608) 433-9388	Comments	Date Signed: 08/02/21		

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: **La Crosse** WI Unique Well # of Removed Well: **GP-6** Hicap #: _____

Facility Name: **La Crosse Airport PFAS Investigation**
 Facility ID (FID or PWS): **632148000**

Latitude / Longitude (see instructions): **43.867447 N** Format Code: DD Method Code: GPS008
-91.261368 W DDM SCR002 OTH001

License/Permit/Monitoring #: _____
 Original Well Owner: **City of La Crosse**

1/4 NE 1/4 NW Section: **18** Township: **16 N** Range: E W
 or Gov't Lot #: _____ 7

Present Well Owner: **City of La Crosse**

Well Street Address: **Fisherman Road**

Mailing Address of Present Owner: **400 La Crosse Street**

Well City, Village or Town: **City of La Crosse** Well ZIP Code: **54603**

City of Present Owner: **La Crosse** State: **WI** ZIP Code: **54601**

Subdivision Name: _____ Lot #: _____

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

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **08/04/20**
 Water Well If a Well Construction Report is available, please attach.
 Borehole / Drillhole

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? Yes No N/A
 Screen removed? Yes No N/A
 Casing left in place? Yes No N/A
 Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): **Geoprobe**

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

Formation Type:
 Unconsolidated Formation Bedrock

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

Total Well Depth From Ground Surface (ft.): **20 Feet** Casing Diameter (in.): **NA**

Lower Drillhole Diameter (in.): **2.25 Inches** Casing Depth (ft.): **NA**

Was well annular space grouted? Yes No Unknown

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

If yes, to what depth (feet)? _____ Depth to Water (feet): **19**

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	20	0.02 cubic yards	

Baroid 3/8 inch hole plug

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: The OS Group, LLC	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): 08/04/20	Date Received: _____	Noted By: _____
Street or Route: 444 21st Street South	City: La Crosse	State: WI	ZIP Code: 54601	Signature of Person Doing Work: <i>[Signature]</i>
Telephone Number: (608) 433-9388	Comments: _____	Date Signed: 08/02/21		

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: **La Crosse** WI Unique Well # of Removed Well: **GP-7** Hicap #: _____

Facility Name: **La Crosse Airport PFAS Investigation**

Latitude / Longitude (see instructions): **43.868353 N** Format Code: DD Method Code: GPS008
-91.262365 W DDM SCR002 OTH001

Facility ID (FID or PWS): **632148000**

¼/¼ **NE** ¼ **NW** Section: **18** Township: **16 N** Range: E W
 or Gov't Lot #: _____ 7

License/Permit/Monitoring #: _____

Well Street Address: **Fisherman Road**

Original Well Owner: **City of La Crosse**

Well City, Village or Town: **City of La Crosse** Well ZIP Code: **54603**

Present Well Owner: **City of La Crosse**

Subdivision Name: _____ Lot #: _____

Mailing Address of Present Owner: **400 La Crosse Street**

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

City of Present Owner: **La Crosse** State: **WI** ZIP Code: **54601**

3. Filled & Sealed Well / Drillhole / Borehole Information

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

Monitoring Well Original Construction Date (mm/dd/yyyy): **08/04/20**
 Water Well If a Well Construction Report is available, please attach.
 Borehole / Drillhole

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? Yes No N/A
 Screen removed? Yes No N/A
 Casing left in place? Yes No N/A
 Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): **Geoprobe**

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

Formation Type:
 Unconsolidated Formation Bedrock

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

Total Well Depth From Ground Surface (ft.): **3 Feet** Casing Diameter (in.): **NA**

Lower Drillhole Diameter (in.): **2.25 Inches** Casing Depth (ft.): **NA**

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet): **Not encountered**

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	3	0.003 cubic yards	

Baroid 3/8 inch hole plug

6. Comments

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

Name of Person or Firm Doing Filling & Sealing The OS Group, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 08/04/20	Date Received	Noted By
Street or Route 444 21st Street South	City La Crosse	State WI	ZIP Code 54601	Signature of Person Doing Work <i>[Signature]</i>
Telephone Number (608) 433-9388	Comments	Date Signed 08/02/21		

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: **La Crosse** WI Unique Well # of Removed Well: **GP-8** Hicap #:

Facility Name: **La Crosse Airport PFAS Investigation**

Latitude / Longitude (see instructions): **43.868241 N** Format Code: DD Method Code: GPS008
-91.262587 W DDM SCR002 OTH001

Facility ID (FID or PWS): **632148000**

1/4 NE 1/4 NW Section: **18** Township: **16 N** Range: E W

Original Well Owner: **City of La Crosse**

Well Street Address: **Fisherman Road**

Present Well Owner: **City of La Crosse**

Well City, Village or Town: **City of La Crosse** Well ZIP Code: **54603**

Mailing Address of Present Owner: **400 La Crosse Street**

Subdivision Name: Lot #:

City of Present Owner: **La Crosse** State: **WI** ZIP Code: **54601**

Reason for Removal from Service: **Soil Boring** WI Unique Well # of Replacement Well:

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

3. Filled & Sealed Well / Drillhole / Borehole Information
 Monitoring Well Original Construction Date (mm/dd/yyyy): **08/04/20**
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

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

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): **Geoprobe**

Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Formation Type:
 Unconsolidated Formation Bedrock

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

Total Well Depth From Ground Surface (ft.): **3 Feet** Casing Diameter (in.): **NA**

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

Lower Drillhole Diameter (in.): **2.25 Inches** Casing Depth (ft.): **NA**

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet): **Not encountered**

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	3	0.003 cubic yards	

Baroid 3/8 inch hole plug

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: The OS Group, LLC	License #:	Date of Filling & Sealing or Verification (mm/dd/yyyy): 08/04/20	Date Received:	Noted By:
Street or Route: 444 21st Street South	City: La Crosse	State: WI	ZIP Code: 54601	Signature of Person Doing Work: <i>[Signature]</i>
Telephone Number: (608) 433-9388	Comments:		Date Signed: 08/02/21	

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: La Crosse
 WI Unique Well # of Removed Well: G P - 9
 Hicap #:

Facility Name: La Crosse Airport PFAS Investigation

Latitude / Longitude (see instructions): 43.868257 N, -91.262437 W
 Format Code: DD, DDM
 Method Code: GPS008, SCR002, OTH001

Facility ID (FID or PWS): 632148000
 License/Permit/Monitoring #:

1/4 NE or Gov't Lot #: 18
 1/4 NW Township: 16 N
 Range: 7 E, W

Original Well Owner: City of La Crosse

Well Street Address: Fisherman Road

Present Well Owner: City of La Crosse

Well City, Village or Town: City of La Crosse
 Well ZIP Code: 54603

Mailing Address of Present Owner: 400 La Crosse Street

Subdivision Name: _____
 Lot #: _____

City of Present Owner: La Crosse
 State: WI
 ZIP Code: 54601

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole
 Original Construction Date (mm/dd/yyyy): 08/04/20
 If a Well Construction Report is available, please attach.

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

- Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? Yes No N/A
 Screen removed? Yes No N/A
 Casing left in place? Yes No N/A
 Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

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

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

Formation Type:
 Unconsolidated Formation Bedrock

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

Total Well Depth From Ground Surface (ft.): 3 Feet
 Casing Diameter (in.): NA

Lower Drillhole Diameter (in.): 2.25 Inches
 Casing Depth (ft.): NA

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____
 Depth to Water (feet): Not encountered

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Baroid 3/8 inch hole plug	Surface	3	0.003 cubic yards	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: The OS Group, LLC
 License #: _____
 Date of Filling & Sealing or Verification (mm/dd/yyyy): 08/04/20
 Date Received: _____
 Noted By: _____
 Street or Route: 444 21st Street South
 Telephone Number: (608) 433-9388
 Comments: _____
 City: La Crosse State: WI ZIP Code: 54601
 Signature of Person Doing Work: *Steven Orzech*
 Date Signed: 08/02/21

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: La Crosse
WI Unique Well # of Removed Well: _____
Hicap #: _____
G P - 11

Facility Name: La Crosse Airport PFAS Investigation

Latitude / Longitude (see instructions): 43.868166 N, -91.262346 W
Format Code: DD, DDM
Method Code: GPS008, SCR002, OTH001

Facility ID (FID or PWS): 632148000

Section: 18, Township: 16 N, Range: 7 W

License/Permit/Monitoring #

Well Street Address: Fisherman Road

Original Well Owner: City of La Crosse

Well City, Village or Town: City of La Crosse
Well ZIP Code: 54603

Present Well Owner: City of La Crosse

Subdivision Name, Lot #

Mailing Address of Present Owner: 400 La Crosse Street

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

City of Present Owner: La Crosse, WI, ZIP Code: 54601

3. Filled & Sealed Well / Drillhole / Borehole Information

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

Monitoring Well
 Water Well
 Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 08/04/20
If a Well Construction Report is available, please attach.

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

Construction Type: Drilled, Driven (Sandpoint), Dug, Other (specify): Geoprobe

Was casing cut off below surface? Yes No N/A
Did sealing material rise to surface? Yes No N/A
Did material settle after 24 hours? Yes No N/A
If yes, was hole retopped? Yes No N/A
If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Formation Type: Unconsolidated Formation, Bedrock

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

Total Well Depth From Ground Surface (ft.): 25 Feet
Casing Diameter (in.): NA

Lower Drillhole Diameter (in.): 2.25 Inches
Casing Depth (ft.): NA

Sealing Materials: Neat Cement Grout, Concrete, Sand-Cement (Concrete) Grout, Bentonite Chips

Was well annular space grouted? Yes, No, Unknown

If yes, to what depth (feet)? _____
Depth to Water (feet): 22

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
Surface	25	0.025 cubic yards	

Baroid 3/8 inch hole plug

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: The OS Group, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy): 08/04/20	Date Received	Noted By	
Street or Route: 444 21st Street South	City: La Crosse	State: WI, ZIP Code: 54601	Telephone Number: (608) 433-9388	Signature of Person Doing Work: <i>Steven Oscech</i>	Date Signed: 08/02/21

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: **La Crosse** WI Unique Well # of Removed Well: **GP-12** Hicap #:

Facility Name: **La Crosse Airport PFAS Investigation**

Latitude / Longitude (see instructions): **43.873517 N** Format Code: DD Method Code: GPS008
-91.254469 W DDM SCR002 OTH001

Facility ID (FID or PWS): **632148000**

1/4 NE 1/4 SE Section: **7** Township: **16 N** Range: E W

License/Permit/Monitoring #:

Well Street Address: **Fisherman Road**

Original Well Owner: **City of La Crosse**

Well City, Village or Town: **City of La Crosse** Well ZIP Code: **54603**

Present Well Owner: **City of La Crosse**

Subdivision Name: Lot #:

Mailing Address of Present Owner: **400 La Crosse Street**

Reason for Removal from Service: **Soil Boring** WI Unique Well # of Replacement Well:

City of Present Owner: **La Crosse** State: **WI** ZIP Code: **54601**

3. Filled & Sealed Well / Drillhole / Borehole Information

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

Monitoring Well Original Construction Date (mm/dd/yyyy): **08/05/20**
 Water Well If a Well Construction Report is available, please attach.
 Borehole / Drillhole

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? Yes No N/A
 Screen removed? Yes No N/A
 Casing left in place? Yes No N/A
 Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): **Geoprobe**

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): **3 Feet** Casing Diameter (in.): **NA**

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

Lower Drillhole Diameter (in.): **2.25 Inches** Casing Depth (ft.): **NA**

Was well annular space grouted? Yes No Unknown

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

If yes, to what depth (feet)? Depth to Water (feet): **Not encountered**

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	3	0.003 cubic yards	

Baroid 3/8 inch hole plug

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: The OS Group, LLC	License #:	Date of Filling & Sealing or Verification (mm/dd/yyyy): 08/05/20	Date Received:	Noted By:
Street or Route: 444 21st Street South	City: La Crosse	State: WI	ZIP Code: 54601	Signature of Person Doing Work: <i>[Signature]</i>
Telephone Number: (608) 433-9388	Comments:	Date Signed: 08/02/21		

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: La Crosse
 WI Unique Well # of Removed Well: G P - 13
 Hicap #:

Facility Name: La Crosse Airport PFAS Investigation
 Facility ID (FID or PWS): 632148000

Latitude / Longitude (see instructions): 43.873439 N, -91.254576 W
 Format Code: DD, DDM
 Method Code: GPS008, SCR002, OTH001

License/Permit/Monitoring #:

1/4 NE, 1/4 SE, Section 7, Township 16 N, Range 7 W

Original Well Owner: City of La Crosse

Well Street Address: Fisherman Road

Present Well Owner: City of La Crosse

Well City, Village or Town: City of La Crosse
 Well ZIP Code: 54603

Mailing Address of Present Owner: 400 La Crosse Street

Subdivision Name, Lot #

City of Present Owner: La Crosse, State: WI, ZIP Code: 54601

Reason for Removal from Service, WI Unique Well # of Replacement Well, Soil Boring

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole
 Original Construction Date (mm/dd/yyyy): 08/05/20
 If a Well Construction Report is available, please attach.

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? Yes No N/A
 Screen removed? Yes No N/A
 Casing left in place? Yes No N/A
 Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

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

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 3 Feet
 Casing Diameter (in.): NA

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

Lower Drillhole Diameter (in.): 2.25 Inches
 Casing Depth (ft.): NA

Was well annular space grouted? Yes No Unknown

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

If yes, to what depth (feet)?
 Depth to Water (feet): Not encountered

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Baroid 3/8 inch hole plug	Surface	3	0.003 cubic yards	

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	3	0.003 cubic yards	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: The OS Group, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy): 08/05/20	Date Received	Noted By
Street or Route: 444 21st Street South	City: La Crosse	State: WI	ZIP Code: 54601	Telephone Number: (608) 433-9388
Signature of Person Doing Work: <i>Steven Orzech</i>			Date Signed: 08/02/21	

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: La Crosse
 WI Unique Well # of Removed Well: G P - 14
 Hicap #:

Facility Name: La Crosse Airport PFAS Investigation

Latitude / Longitude (see instructions): 43.873455 N, -91.254489 W
 Format Code: DD, DDM
 Method Code: GPS008, SCR002, OTH001

Facility ID (FID or PWS): 632148000

1/4 NE, 1/4 SE, Section 7, Township 16 N, Range 7 W

License/Permit/Monitoring #:

Well Street Address: Fisherman Road

Original Well Owner: City of La Crosse

Well City, Village or Town: City of La Crosse
 Well ZIP Code: 54603

Present Well Owner: City of La Crosse

Subdivision Name: _____
 Lot #: _____

Mailing Address of Present Owner: 400 La Crosse Street

City of Present Owner: La Crosse, WI, ZIP Code: 54601

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole
 Original Construction Date (mm/dd/yyyy): 08/05/20
 If a Well Construction Report is available, please attach.

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? Yes No N/A
 Screen removed? Yes No N/A
 Casing left in place? Yes No N/A
 Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

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

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 20 Feet
 Casing Diameter (in.): NA

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

Lower Drillhole Diameter (in.): 2.25 Inches
 Casing Depth (ft.): NA

Was well annular space grouted? Yes No Unknown

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

If yes, to what depth (feet)? _____
 Depth to Water (feet): 15

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Baroid 3/8 inch hole plug	Surface	20	0.02 cubic yards	

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	0.02 cubic yards	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: The OS Group, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy): 08/05/20	Date Received	Noted By
Street or Route: 444 21st Street South	City: La Crosse	State: WI	ZIP Code: 54601	Telephone Number: (608) 433-9388
Signature of Person Doing Work: <i>Steven Oscech</i>			Date Signed: 08/02/21	Comments:

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: La Crosse
WI Unique Well # of Removed Well: _____
Hicap #: _____
G P - 15

Facility Name: La Crosse Airport PFAS Investigation
Facility ID (FID or PWS): 632148000

Latitude / Longitude (see instructions): 43.882025 N, -91.253637 W
Format Code: DD, DDM
Method Code: GPS008, SCR002, OTH001

License/Permit/Monitoring #: _____

1/4 1/4 NE or Gov't Lot #: _____
Section: 7, Township: 16 N, Range: 7 W

Original Well Owner: City of La Crosse

Well Street Address: Fisherman Road

Present Well Owner: City of La Crosse

Well City, Village or Town: City of La Crosse
Well ZIP Code: 54603

Mailing Address of Present Owner: 400 La Crosse Street

Subdivision Name: _____
Lot #: _____

City of Present Owner: La Crosse, State: WI, ZIP Code: 54601

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 08/05/20
If a Well Construction Report is available, please attach.

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

- Pump and piping removed? Yes No N/A
Liner(s) removed? Yes No N/A
Liner(s) perforated? Yes No N/A
Screen removed? Yes No N/A
Casing left in place? Yes No N/A
Was casing cut off below surface? Yes No N/A
Did sealing material rise to surface? Yes No N/A
Did material settle after 24 hours? Yes No N/A
If yes, was hole retopped? Yes No N/A
If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Construction Type: Drilled, Driven (Sandpoint), Dug, Other (specify): Geoprobe

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

Formation Type: Unconsolidated Formation, Bedrock

Sealing Materials: Neat Cement Grout, Sand-Cement (Concrete) Grout, Concrete, Bentonite Chips

Total Well Depth From Ground Surface (ft.): 13 Feet
Casing Diameter (in.): NA

Lower Drillhole Diameter (in.): 2.25 Inches
Casing Depth (ft.): NA

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips, Bentonite - Cement Grout, Granular Bentonite, Bentonite - Sand Slurry

Was well annular space grouted? Yes, No, Unknown

If yes, to what depth (feet)? _____
Depth to Water (feet): 10

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
Baroid 3/8 inch hole plug	Surface	13	0.013 cubic yards	

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	13	0.013 cubic yards	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: The OS Group, LLC	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): 08/05/20	Date Received	Noted By
Street or Route: 444 21st Street South	City: La Crosse	State: WI	Telephone Number: (608) 433-9388	Comments
City: La Crosse	State: WI	ZIP Code: 54601	Signature of Person Doing Work: <i>Steven Breech</i>	Date Signed: 08/02/21

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: La Crosse
 WI Unique Well # of Removed Well: _____
 Hicap #: _____
 G P - 16

Facility Name: La Crosse Airport PFAS Investigation

Latitude / Longitude (see instructions): 43.882235 N, -91.253330 W
 Format Code: DD, DDM
 Method Code: GPS008, SCR002, OTH001

Facility ID (FID or PWS): 632148000

Section: 7, Township: 16 N, Range: 7 W

License/Permit/Monitoring #

Well Street Address: Fisherman Road

Original Well Owner: City of La Crosse

Well City, Village or Town: City of La Crosse
 Well ZIP Code: 54603

Present Well Owner: City of La Crosse

Subdivision Name, Lot #

Mailing Address of Present Owner: 400 La Crosse Street

City of Present Owner: La Crosse, State: WI, ZIP Code: 54601

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole
 Original Construction Date (mm/dd/yyyy): 08/05/20
 If a Well Construction Report is available, please attach.

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? Yes No N/A
 Screen removed? Yes No N/A
 Casing left in place? Yes No N/A
 Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

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

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 15 Feet
 Casing Diameter (in.): NA

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

Lower Drillhole Diameter (in.): 2.25 Inches
 Casing Depth (ft.): NA

Was well annular space grouted? Yes No Unknown

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

If yes, to what depth (feet)?
 Depth to Water (feet): 10

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Baroid 3/8 inch hole plug	Surface	15	0.015 cubic yards	

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	0.015 cubic yards	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: The OS Group, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy): 08/05/20	Date Received	Noted By
Street or Route: 444 21st Street South	City: La Crosse	State: WI	ZIP Code: 54601	Telephone Number: (608) 433-9388
Signature of Person Doing Work: <i>Steven Orzech</i>			Date Signed: 08/02/21	Comments

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: La Crosse
WI Unique Well # of Removed Well: G P - 17
Hicap #

Facility Name: La Crosse Airport PFAS Investigation

Latitude / Longitude (see instructions):
43.881847 N
-91.253110 W
Format Code: DD GPS008
 DDM SCR002
 OTH001

Facility ID (FID or PWS): 632148000
License/Permit/Monitoring #

1/4 / 1/4 NE 1/4 NE
or Gov't Lot # Section: 7 Township: 16 N Range: 7 E W

Original Well Owner: City of La Crosse

Well Street Address: Fisherman Road

Present Well Owner: City of La Crosse

Well City, Village or Town: City of La Crosse
Well ZIP Code: 54603

Mailing Address of Present Owner: 400 La Crosse Street

Subdivision Name Lot #

City of Present Owner: La Crosse State: WI ZIP Code: 54601

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

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

3. Filled & Sealed Well / Drillhole / Borehole Information
 Monitoring Well
 Water Well
 Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 08/05/20
If a Well Construction Report is available, please attach.

Pump and piping removed? Yes No N/A
Liner(s) removed? Yes No N/A
Liner(s) perforated? Yes No N/A
Screen removed? Yes No N/A
Casing left in place? Yes No N/A
Was casing cut off below surface? Yes No N/A
Did sealing material rise to surface? Yes No N/A
Did material settle after 24 hours? Yes No N/A
If yes, was hole retopped? Yes No N/A
If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

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

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

Formation Type:
 Unconsolidated Formation Bedrock

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

Total Well Depth From Ground Surface (ft.): 15 Feet
Casing Diameter (in.): NA

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

Lower Drillhole Diameter (in.): 2.25 Inches
Casing Depth (ft.): NA

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet): 10

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Baroid 3/8 inch hole plug	Surface	15	0.015 cubic yards	

6. Comments

7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing: The OS Group, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy): 08/05/20	Date Received	Noted By
Street or Route: 444 21st Street South	Telephone Number: (608) 433-9388	Comments		
City: La Crosse	State: WI	ZIP Code: 54601	Signature of Person Doing Work: <i>Steven Orzech</i>	Date Signed: 08/02/21

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: **La Crosse** WI Unique Well # of Removed Well: **GP-18** Hicap #

Facility Name: **La Crosse Airport PFAS Investigation**

Latitude / Longitude (see instructions): **43.876445 N** Format Code: DD Method Code: GPS008
-91.262772 W DDM SCR002 OTH001

Facility ID (FID or PWS): **632148000**

1/4 Section: **SE** 1/4 Township: **NW** Section: **7** Township: **16 N** Range: **7** E W

License/Permit/Monitoring #

Well Street Address: **Fisherman Road**

Original Well Owner: **City of La Crosse**

Well City, Village or Town: **City of La Crosse** Well ZIP Code: **54603**

Present Well Owner: **City of La Crosse**

Subdivision Name Lot #

Mailing Address of Present Owner: **400 La Crosse Street**

Reason for Removal from Service: **Soil Boring** WI Unique Well # of Replacement Well

City of Present Owner: **La Crosse** State: **WI** ZIP Code: **54601**

3. Filled & Sealed Well / Drillhole / Borehole Information

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

Monitoring Well Original Construction Date (mm/dd/yyyy): **08/06/20**
 Water Well If a Well Construction Report is available, please attach.
 Borehole / Drillhole

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

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): **Geoprobe**

Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Formation Type:
 Unconsolidated Formation Bedrock

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

Total Well Depth From Ground Surface (ft.): **3 Feet** Casing Diameter (in.): **NA**

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

Lower Drillhole Diameter (in.): **2.25 Inches** Casing Depth (ft.): **NA**

Was well annular space grouted? Yes No Unknown

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

If yes, to what depth (feet)? Depth to Water (feet): **Not encountered**

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	3	0.003 cubic yards	

Baroid 3/8 inch hole plug

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: The OS Group, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy): 08/06/20	Date Received	Noted By
Street or Route: 444 21st Street South	City: La Crosse	State: WI	ZIP Code: 54601	Signature of Person Doing Work: <i>[Signature]</i>
Telephone Number: (608) 433-9388	Comments		Date Signed: 08/02/21	

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: **La Crosse** WI Unique Well # of Removed Well: **GP-19** Hicap #

Facility Name: **La Crosse Airport PFAS Investigation**

Latitude / Longitude (see instructions): **43.876442 N** Format Code: DD Method Code: GPS008
-91.263067 W DDM SCR002 OTH001

Facility ID (FID or PWS): **632148000**

1/4 Section: **SE** 1/4 NW Township: **7** Range: E W

License/Permit/Monitoring #

Well Street Address: **Fisherman Road**

Original Well Owner: **City of La Crosse**

Well City, Village or Town: **City of La Crosse** Well ZIP Code: **54603**

Present Well Owner: **City of La Crosse**

Subdivision Name Lot #

Mailing Address of Present Owner: **400 La Crosse Street**

Reason for Removal from Service: **Soil Boring** WI Unique Well # of Replacement Well

City of Present Owner: **La Crosse** State: **WI** ZIP Code: **54601**

3. Filled & Sealed Well / Drillhole / Borehole Information

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

Monitoring Well Original Construction Date (mm/dd/yyyy): **08/06/20**
 Water Well If a Well Construction Report is available, please attach.
 Borehole / Drillhole

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? Yes No N/A
 Screen removed? Yes No N/A
 Casing left in place? Yes No N/A
 Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): **Geoprobe**

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

Formation Type:
 Unconsolidated Formation Bedrock

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

Total Well Depth From Ground Surface (ft.): **3 Feet** Casing Diameter (in.): **NA**

Lower Drillhole Diameter (in.): **2.25 Inches** Casing Depth (ft.): **NA**

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet): **Not encountered**

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	3	0.003 cubic yards	

Baroid 3/8 inch hole plug

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: The OS Group, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy): 08/06/20	Date Received	Noted By
Street or Route: 444 21st Street South	City: La Crosse	State: WI	ZIP Code: 54601	Signature of Person Doing Work: <i>[Signature]</i>
Telephone Number: (608) 433-9388	Comments	Date Signed: 08/02/21		

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: **La Crosse** WI Unique Well # of Removed Well: **GP-20** Hicap #:

Facility Name: **La Crosse Airport PFAS Investigation**

Latitude / Longitude (see instructions): **43.876443 N** Format Code: DD Method Code: GPS008
-91.262923 W DDM SCR002 OTH001

Facility ID (FID or PWS): **632148000**

1/4 Section: **SE** 1/4 Township: **NW** Section: **7** Township: **16 N** Range: **7** E W

Original Well Owner: **City of La Crosse**

Well Street Address: **Fisherman Road**

Present Well Owner: **City of La Crosse**

Well City, Village or Town: **City of La Crosse** Well ZIP Code: **54603**

Mailing Address of Present Owner: **400 La Crosse Street**

Subdivision Name: Lot #:

City of Present Owner: **La Crosse** State: **WI** ZIP Code: **54601**

Reason for Removal from Service: **Soil Boring** WI Unique Well # of Replacement Well:

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **08/06/20**

Water Well

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

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

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): **Geoprobe**

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Formation Type:

Unconsolidated Formation Bedrock

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): **Poured**

Total Well Depth From Ground Surface (ft.): **15 Feet** Casing Diameter (in.): **NA**

Sealing Materials

Neat Cement Grout Concrete

Sand-Cement (Concrete) Grout Bentonite Chips

Lower Drillhole Diameter (in.): **2.25 Inches** Casing Depth (ft.): **NA**

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout

Granular Bentonite Bentonite - Sand Slurry

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet): **15**

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	15	0.015 cubic yards	

Baroid 3/8 inch hole plug

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: The OS Group, LLC	License #:	Date of Filling & Sealing or Verification (mm/dd/yyyy): 08/06/20	Date Received:	Noted By:
Street or Route: 444 21st Street South	City: La Crosse	State: WI	ZIP Code: 54601	Signature of Person Doing Work: <i>[Signature]</i>
Telephone Number: (608) 433-9388	Comments:	Date Signed: 08/02/21		

Facility/Project Name La Crosse Airport PFAS Investigation		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name MW-1	
Facility License, Permit or Monitoring No.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well ID No.	
Facility ID 6 3 2 1 4 8 0 0 0		Lat. 43° 52' 3" Long. 91° 15' 42" or		Date Well Installed 0 8 / 0 4 / 2 0 2 0 m m d d y y y y	
Type of Well Well Code 11 / mw		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: Name (first, last) and Firm Steven Ossek	
Distance from Waste/ Source 400 ft.		Section Location of Waste/Source NE 1/4 of NW 1/4 of Sec. 18, T. 16 N, R. 7 <input checked="" type="checkbox"/> W		The OS Group, LLC	
Enf. Stds. Apply <input checked="" type="checkbox"/>		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number	

- A. Protective pipe, top elevation 650.79 ft. MSL
- B. Well casing, top elevation 650.43 ft. MSL
- C. Land surface elevation 650.79 ft. MSL
- D. Surface seal, bottom _____ ft. MSL or 1.0 ft.

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

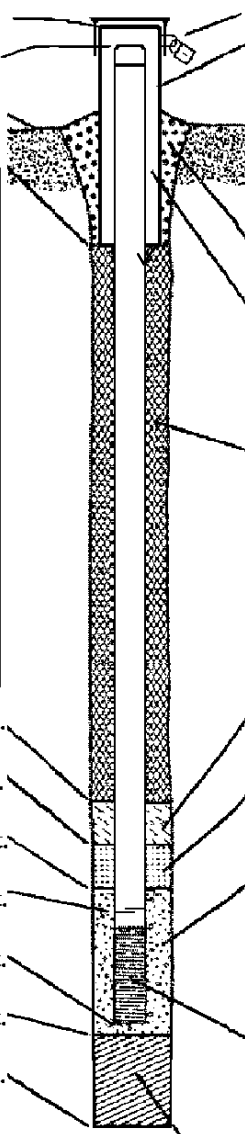
13. Sieve analysis performed? Yes No

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

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

16. Drilling additives used? Yes No
 Describe _____

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



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: 8.0 in.
 - b. Length: 1.0 ft.
 - c. Material: Steel 04
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal: Bentonite 30
Concrete 01
Other
- 4. Material between well casing and protective pipe: Bentonite 30
Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 33
 - b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight Bentonite slurry 31
 - d. _____ % Bentonite Bentonite-cement grout 50
 - e. 2.7 Ft³ volume added for any of the above
 - f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
- 6. Bentonite seal:
 - a. Bentonite granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. Silica Sand #15
 b. Volume added 0.34 ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. Filter Pro #30
 b. Volume added 5.7 ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material: Schedule 40 PVC
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
- b. Manufacturer Johnson
 c. Slot size: 0.010 in.
 d. Slotted length: 1.50 ft.
- 11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top _____ ft. MSL or 1.0 ft.
- F. Fine sand, top _____ ft. MSL or 9.0 ft.
- G. Filter pack, top _____ ft. MSL or 10.0 ft.
- H. Screen joint, top _____ ft. MSL or 11.3 ft.
- I. Well bottom _____ ft. MSL or 26.3 ft.
- J. Filter pack, bottom _____ ft. MSL or 28.0 ft.
- K. Borehole, bottom _____ ft. MSL or 28.0 ft.
- L. Borehole, diameter 8.25 in.
- M. O.D. well casing 2.37 in.
- N. I.D. well casing 2.0 in.

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

Signature *Steven Ossek* Firm The OS Group, LLC

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 La Crosse Airport PFAS Investigation	County Name La Crosse	Well Name MW-1
Facility License, Permit or Monitoring Number	County Code 32	Wis. Unique Well Number _____
		DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other _____ _____

3. Time spent developing well _____ 31 min.

4. Depth of well (from top of well casing) _____ 26.5 ft.

5. Inside diameter of well _____ 2.00 in.

6. Volume of water in filter pack and well casing _____ 8.4 gal.

7. Volume of water removed from well _____ 75 gal.

8. Volume of water added (if any) _____ 0.0 gal.

9. Source of water added None Added

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

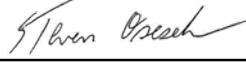
17. Additional comments on development:

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. _____ 17.15 ft.	_____ 17.16 ft.
Date	b. <u>11/03/2020</u>	<u>11/03/2020</u>
Time	c. <u>10:40</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<u>11:11</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) _____	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l

16. Well developed by: Name (first, last) and Firm
 First Name: Steven Last Name: Osesek
 Firm: The OS Group, LLC

Name and Address of Facility Contact/Owner/Responsible Party
 First Name: City of La Crosse Last Name: Director of Public Works
 Facility/Firm: City of La Crosse
 Street: 400 La Crosse Street
 City/State/Zip: La Crosse, WI 54601

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

Signature: 
 Print Name: Steven Osesek
 Firm: The OS Group, LLC

Facility/Project Name La Crosse Airport PFAS Investigation	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-2
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 43° 52' 30" Long. 91° 15' 41" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID 6 3 2 1 4 8 0 0 0	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 0 8 / 0 6 / 2 0 2 0 m m d d y y v v y
Type of Well Well Code 11 / mw	Section Location of Waste/Source NE 1/4 of SW 1/4 of Sec. 7, T. 16 N, R. 7 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Steven Ossek
Distance from Waste/Source 650 ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	The OS Group, LLC
Enf. Stds. Apply <input checked="" type="checkbox"/>	Gov. Lot Number	

- A. Protective pipe, top elevation 646.45 ft. MSL
- B. Well casing, top elevation 646.18 ft. MSL
- C. Land surface elevation 646.45 ft. MSL
- D. Surface seal, bottom _____ ft. MSL or 1.0 ft.

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

13. Sieve analysis performed? Yes No

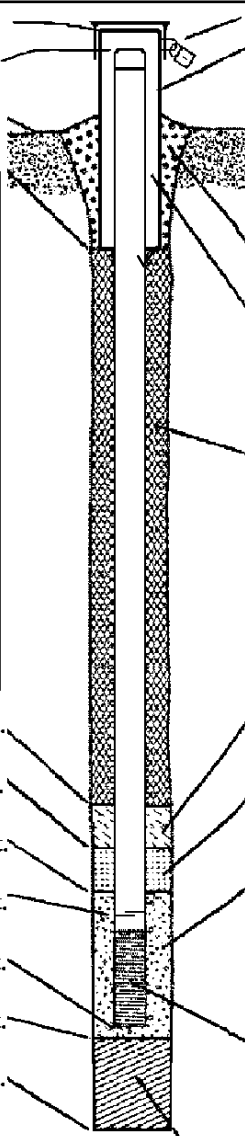
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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

16. Drilling additives used? Yes No

Describe _____

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



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: 8.0 in.
 - b. Length: 1.0 ft.
 - c. Material: Steel 04
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal: Bentonite 30
Concrete 01
Other
- 4. Material between well casing and protective pipe: Bentonite 30
Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 33
 - b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight Bentonite slurry 31
 - d. _____ % Bentonite Bentonite-cement grout 50
 - e. 0.51 Ft³ volume added for any of the above
 - f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
- 6. Bentonite seal:
 - a. Bentonite granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 - a. Silica Sand #15
 - b. Volume added 0.34 ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 - a. Filter Pro #30
 - b. Volume added 5.8 ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material: Schedule 40 PVC
 - a. Screen type: Factory cut 11
Continuous slot 01
Other
 - b. Manufacturer Johnson
 - c. Slot size: 0.010 in.
 - d. Slotted length: 15.0 ft.
- 11. Backfill material (below filter pack): None 14
Other

- E. Bentonite seal, top _____ ft. MSL or 0.5 ft.
- F. Fine sand, top _____ ft. MSL or 2.0 ft.
- G. Filter pack, top _____ ft. MSL or 3.0 ft.
- H. Screen joint, top _____ ft. MSL or 4.0 ft.
- I. Well bottom _____ ft. MSL or 19.0 ft.
- J. Filter pack, bottom _____ ft. MSL or 20.0 ft.
- K. Borehole, bottom _____ ft. MSL or 20.0 ft.
- L. Borehole, diameter 8.25 in.
- M. O.D. well casing 2.37 in.
- N. I.D. well casing 2.0 in.

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

Signature *Steven Ossek* Firm The OS Group, LLC

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 La Crosse Airport PFAS Investigation	County Name La Crosse	Well Name MW-2	
Facility License, Permit or Monitoring Number	County Code <u>32</u>	Wis. Unique Well Number _____	DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other _____ _____

3. Time spent developing well _____ 40 min.

4. Depth of well (from top of well casing) _____ 18.9 ft.

5. Inside diameter of well _____ 2.00 in.

6. Volume of water in filter pack and well casing _____ 7.1 gal.

7. Volume of water removed from well _____ 75 gal.

8. Volume of water added (if any) _____ 0.0 gal.

9. Source of water added _____

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

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. <u>11.15</u> ft.	<u>11.02</u> ft.
Date	b. <u>11/03/2020</u>	<u>11/03/2020</u>
Time	c. <u>9:52</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<u>10:22</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) _____	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l

16. Well developed by: Name (first, last) and Firm
 First Name: Steven Last Name: Osesek
 Firm: The OS Group, LLC

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party
 First Name: City of La Crosse Last Name: Director of Public Works
 Facility/Firm: City of La Crosse
 Street: 400 La Crosse Street
 City/State/Zip: La Crosse, WI 54601

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

Signature: *Steven Osesek*
 Print Name: Steven Osesek
 Firm: The OS Group, LLC

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

Facility/Project Name La Crosse Airport PFAS Investigation	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-3
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 43° 52' 21" Long. 91° 15' 12" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID 6 3 2 1 4 8 0 0 0	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 08 / 10 / 2020 m m d d y y y y
Type of Well Well Code 11 / mw	Section Location of Waste/Source SE 1/4 of SE 1/4 of Sec. 7, T. 16 N, R. 7 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Steven Ossek
Distance from Waste/Source 450 ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	The OS Group, LLC
Enf. Stds. Apply <input checked="" type="checkbox"/>	Gov. Lot Number _____	

- A. Protective pipe, top elevation 654.50 ft. MSL
- B. Well casing, top elevation 654.20 ft. MSL
- C. Land surface elevation 651.77 ft. MSL
- D. Surface seal, bottom _____ ft. MSL or 1.0 ft.

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

13. Sieve analysis performed? Yes No

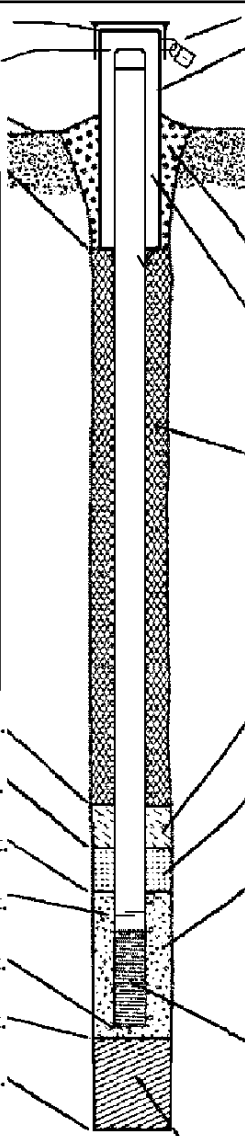
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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

16. Drilling additives used? Yes No

Describe _____

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



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: 6.0 in.
 - b. Length: 7.0 ft.
 - c. Material: Steel 04
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal: Bentonite 30
Concrete 01
Other
- 4. Material between well casing and protective pipe: Bentonite 30
Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 33
 - b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight Bentonite slurry 31
 - d. _____ % Bentonite Bentonite-cement grout 50
 - e. 3.4 Ft³ volume added for any of the above
 - f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
- 6. Bentonite seal:
 - a. Bentonite granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. Silica Sand #15
 b. Volume added 0.34 ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. Filter Pro #30
 b. Volume added 5.5 ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material: Schedule 40 PVC
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
- b. Manufacturer Johnson
 c. Slot size: 0.010 in.
 d. Slotted length: 15.0 ft.
- 11. Backfill material (below filter pack): None 14
 Other

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

Signature Steven Ossek Firm The OS Group, LLC

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

Facility/Project Name La Crosse Airport PFAS Investigation	County Name La Crosse	Well Name MW-3	
Facility License, Permit or Monitoring Number	County Code 32	Wis. Unique Well Number _____	DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other _____ _____

3. Time spent developing well _____ 5 2 min.

4. Depth of well (from top of well casing) _____ 2 8 . 6 ft.

5. Inside diameter of well _____ 2 . 0 0 in.

6. Volume of water in filter pack and well casing _____ 7 . 3 gal.

7. Volume of water removed from well _____ 7 5 . gal.

8. Volume of water added (if any) _____ 0 . 0 gal.

9. Source of water added _____


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

17. Additional comments on development:

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. _____ 2 0 . 7 4 ft.	_____ 2 0 . 7 4 ft.
Date	b. <u>1 0</u> / <u>2 8</u> / <u>2 0 2 0</u> m m d d y y y y	<u>1 0</u> / <u>2 8</u> / <u>2 0 2 0</u> m m d d y y y y
Time	c. <u>1 1</u> : <u>5 8</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<u>1 2</u> : <u>5 0</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) _____	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l

16. Well developed by: Name (first, last) and Firm
First Name: Steven Last Name: Osesek
Firm: The OS Group, LLC

Name and Address of Facility Contact /Owner/Responsible Party
First Name: City of La Crosse Last Name: Director of Public Works
Facility/Firm: City of La Crosse
Street: 400 La Crosse Street
City/State/Zip: La Crosse, WI 54601

I hereby certify that the above information is true and correct to the best of my knowledge.
Signature: 
Print Name: Steven Osesek
Firm: The OS Group, LLC

Facility/Project Name La Crosse Airport PFAS Investigation	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-4
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 43° 52' 16" Long. 91° 15' 13" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID 6 3 2 1 4 8 0 0 0	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 0 8 / 1 1 / 2 0 2 0 m m d d y y v v y y
Type of Well Well Code 11 / mw	Section Location of Waste/Source SE 1/4 of SE 1/4 of Sec. 7, T. 16 N, R. 7 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Steven Osesek
Distance from Waste/Source 750 ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	The OS Group, LLC
Enf. Stds. Apply <input checked="" type="checkbox"/>	Gov. Lot Number _____	

- A. Protective pipe, top elevation 654.65 ft. MSL
- B. Well casing, top elevation 654.35 ft. MSL
- C. Land surface elevation 651.57 ft. MSL
- D. Surface seal, bottom _____ ft. MSL or 1.0 ft.

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

13. Sieve analysis performed? Yes No

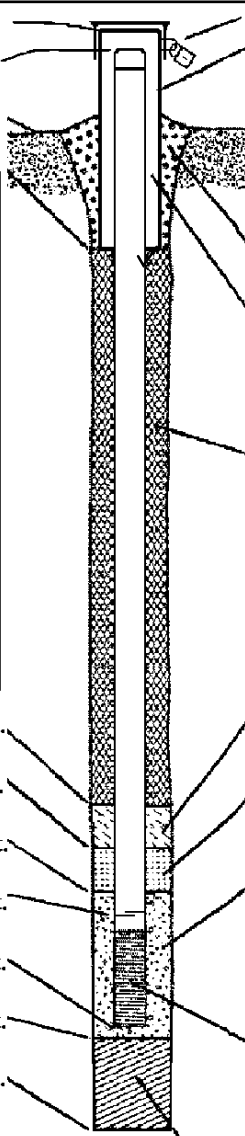
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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

16. Drilling additives used? Yes No

Describe _____

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



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: 6.0 in.
 - b. Length: 7.0 ft.
 - c. Material: Steel 04
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal: Bentonite 30
Concrete 01
Other
- 4. Material between well casing and protective pipe: Bentonite 30
Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 33
 - b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight Bentonite slurry 31
 - d. _____ % Bentonite Bentonite-cement grout 50
 - e. 2.5 Ft³ volume added for any of the above
 - f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
- 6. Bentonite seal:
 - a. Bentonite granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. Silica Sand #50
 b. Volume added 0.34 ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. Filter Pro #30
 b. Volume added 6.4 ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material: Schedule 40 PVC
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
- b. Manufacturer Johnson
 c. Slot size: 0.010 in.
 d. Slotted length: 15.0 ft.
- 11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top _____ ft. MSL or 1.0 ft.
- F. Fine sand, top _____ ft. MSL or 8.5 ft.
- G. Filter pack, top _____ ft. MSL or 9.5 ft.
- H. Screen joint, top _____ ft. MSL or 10.5 ft.
- I. Well bottom _____ ft. MSL or 25.5 ft.
- J. Filter pack, bottom _____ ft. MSL or 28.0 ft.
- K. Borehole, bottom _____ ft. MSL or 28.0 ft.
- L. Borehole, diameter 8.25 in.
- M. O.D. well casing 2.37 in.
- N. I.D. well casing 2.0 in.

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

Signature *Steven Osesek* Firm The OS Group, LLC

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 La Crosse Airport PFAS Investigation	County Name La Crosse	Well Name MW-4
Facility License, Permit or Monitoring Number	County Code 32	Wis. Unique Well Number _____
		DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other _____ _____

3. Time spent developing well _____ 3 6 min.

4. Depth of well (from top of well casing) _____ 2 8.5 ft.

5. Inside diameter of well _____ 2.00 in.

6. Volume of water in filter pack and well casing _____ 6.8 gal.

7. Volume of water removed from well _____ 80 gal.

8. Volume of water added (if any) _____ 0.0 gal.

9. Source of water added _____

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

17. Additional comments on development:

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. _____ 2 1.1 3 ft.	_____ 2 1.1 6 ft.
Date	b. <u>1 0</u> / <u>2 8</u> / <u>2 0 2 0</u> m m d d y y y y	<u>1 0</u> / <u>2 8</u> / <u>2 0 2 0</u> m m d d y y y y
Time	c. <u>1 0</u> : <u>4 4</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<u>1 1</u> : <u>2 0</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) _____	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l

16. Well developed by: Name (first, last) and Firm
 First Name: Steven Last Name: Osesek
 Firm: The OS Group, LLC

Name and Address of Facility Contact/Owner/Responsible Party
 First Name: _____ Last Name: _____
 City of La Crosse Director of Public Works
 Facility/Firm: _____ City of La Crosse
 Street: _____ 400 La Crosse Street
 City/State/Zip: _____ La Crosse, WI 54601

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

Signature: Steven Osesek
 Print Name: _____ Steven Osesek
 Firm: _____ The OS Group, LLC

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

Facility/Project Name La Crosse Airport PFAS Investigation	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-5
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 43° 52' 19.11838" Long. 91° 16' 23.15508" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID 6 3 2 1 4 8 0 0 0	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 1 0 / 2 8 / 2 0 2 1 m m d d y y y y
Type of Well Well Code 11 / mw	Section Location of Waste/Source SE 1/4 of SE 1/4 of Sec. 12, T. 16 N, R. 8 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Steven Ossek
Distance from Waste/Source 1825 ft. Apply <input checked="" type="checkbox"/>	Location of Well Relative to Waste/Source u <input checked="" type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	The OS Group, LLC

- A. Protective pipe, top elevation 6 6 7 . 1 7 ft. MSL
- B. Well casing, top elevation 6 6 6 . 8 8 ft. MSL
- C. Land surface elevation 6 6 7 . 1 7 ft. MSL
- D. Surface seal, bottom _____ ft. MSL or 1 . 0 ft.

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

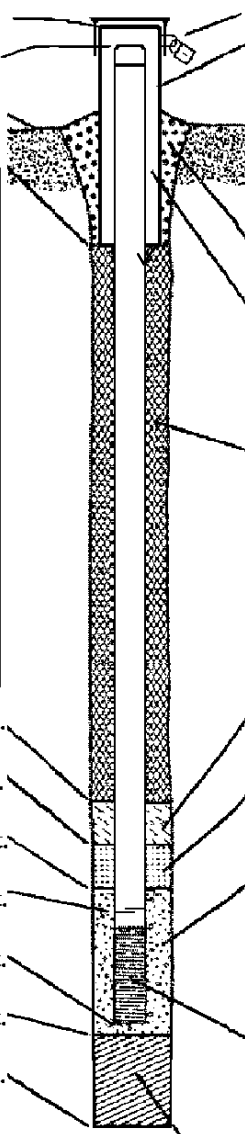
13. Sieve analysis performed? Yes No

14. Drilling method used: Rotary 5 0
 Hollow Stem Auger 4 1
 Other

15. Drilling fluid used: Water 0 2 Air 0 1
 Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No
 Describe _____

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



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: 8 . 0 in.
 - b. Length: 1 . 0 ft.
 - c. Material: Steel 0 4
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal: Bentonite 3 0
Concrete 0 1
Other
- 4. Material between well casing and protective pipe: Bentonite 3 0
Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 3 3
 - b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 3 5
 - c. _____ Lbs/gal mud weight Bentonite slurry 3 1
 - d. _____ % Bentonite Bentonite-cement grout 5 0
 - e. 6 . 8 Ft³ volume added for any of the above
 - f. How installed: Tremie 0 1
Tremie pumped 0 2
Gravity 0 8
- 6. Bentonite seal:
 - a. Bentonite granules 3 3
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. Silica Sand #15
 b. Volume added 0.68 ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. Filter Pro #30
 b. Volume added 5.6 ft³
- 9. Well casing: Flush threaded PVC schedule 40 2 3
 Flush threaded PVC schedule 80 2 4
 Other
- 10. Screen material: Schedule 40 PVC
 a. Screen type: Factory cut 1 1
 Continuous slot 0 1
 Other
- b. Manufacturer Johnson
 c. Slot size: 0 . 0 1 0 in.
 d. Slotted length: 1 5 . 0 ft.
- 11. Backfill material (below filter pack): None 1 4
 Other

- E. Bentonite seal, top _____ ft. MSL or 1 . 0 ft.
- F. Fine sand, top _____ ft. MSL or 2 1 . 0 ft.
- G. Filter pack, top _____ ft. MSL or 2 3 . 0 ft.
- H. Screen joint, top _____ ft. MSL or 2 4 . 5 ft.
- I. Well bottom _____ ft. MSL or 3 9 . 5 ft.
- J. Filter pack, bottom _____ ft. MSL or 3 9 . 5 ft.
- K. Borehole, bottom _____ ft. MSL or 4 0 . 0 ft.
- L. Borehole, diameter 8 . 2 5 in.
- M. O.D. well casing 2 . 3 7 in.
- N. I.D. well casing 2 . 0 in.

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

Signature *Steven Ossek* Firm The OS Group, LLC

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

Facility/Project Name La Crosse Airport PFAS Investigation	County Name La Crosse	Well Name MW-5	
Facility License, Permit or Monitoring Number	County Code 32	Wis. Unique Well Number _____	DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method

surged with bailer and bailed	<input type="checkbox"/> 41
surged with bailer and pumped	<input checked="" type="checkbox"/> 61
surged with block and bailed	<input type="checkbox"/> 42
surged with block and pumped	<input type="checkbox"/> 62
surged with block, bailed and pumped	<input type="checkbox"/> 70
compressed air	<input type="checkbox"/> 20
bailed only	<input type="checkbox"/> 10
pumped only	<input type="checkbox"/> 51
pumped slowly	<input type="checkbox"/> 50
Other _____	<input type="checkbox"/> _____

3. Time spent developing well _____ **39** min.

4. Depth of well (from top of well casing) _____ **39.3** ft.

5. Inside diameter of well _____ **2.00** in.

6. Volume of water in filter pack and well casing _____ **7.2** gal.

7. Volume of water removed from well _____ **70** gal.

8. Volume of water added (if any) _____ **0.0** gal.

9. Source of water added None Added

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

	<u>Before Development</u>	<u>After Development</u>
--	---------------------------	--------------------------

11. Depth to Water (from top of well casing) a. _____ **31.58** ft. _____ **31.57** ft.

Date b. 10/29/2021 10/29/2021
m m d d y y y y m m d d y y y y

Time c. 12:30 a.m. 01:09 p.m. a.m. p.m.

12. Sediment in well bottom _____ inches _____ inches

13. Water clarity Clear 10 Turbid 15 (Describe) _____
Clear 20 Turbid 25 (Describe) _____

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

14. Total suspended solids _____ mg/l _____ mg/l

15. COD _____ mg/l _____ mg/l

16. Well developed by: Name (first, last) and Firm
First Name: **Steven** Last Name: **Osesek**
Firm: **The OS Group, LLC**

17. Additional comments on development:

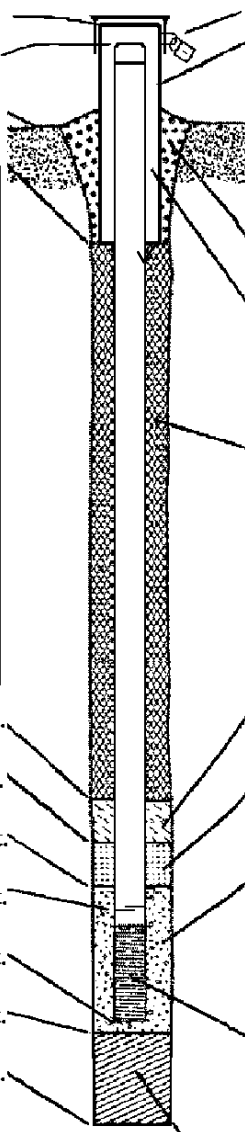
Name and Address of Facility Contact /Owner/Responsible Party
First Name: City of La Crosse Last Name: Director of Public Works
Facility/Firm: City of La Crosse
Street: 400 La Crosse Street
City/State/Zip: La Crosse, WI 54601

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

Signature: *Steven Osesek*
Print Name: Steven Osesek
Firm: The OS Group, LLC

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

Facility/Project Name La Crosse Airport PFAS Investigation		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name MW-6	
Facility License, Permit or Monitoring No.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 43° 52' 18.39296" Long. 91° 15' 52.66012" or		Wis. Unique Well No. DNR Well ID No.	
Facility ID 6 3 2 1 4 8 0 0 0		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 0 9 / 2 0 / 2 0 2 1 m m d d y y v v y	
Type of Well Well Code 11 / mw		Section Location of Waste/Source SE 1/4 of SW 1/4 of Sec. 7, T. 16 N, R. 7 <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm Steven Ossek	
Distance from Waste/Source 900 ft. Apply <input checked="" type="checkbox"/>		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input checked="" type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number	
				The OS Group, LLC	

<p>A. Protective pipe, top elevation 654.24 ft. MSL</p> <p>B. Well casing, top elevation 653.91 ft. MSL</p> <p>C. Land surface elevation 654.24 ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or 1.0 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 checked="" 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 performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or 1.0 ft.</p> <p>F. Fine sand, top _____ ft. MSL or 10.0 ft.</p> <p>G. Filter pack, top _____ ft. MSL or 11.0 ft.</p> <p>H. Screen joint, top _____ ft. MSL or 12.0 ft.</p> <p>I. Well bottom _____ ft. MSL or 27.0 ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or 27.0 ft.</p> <p>K. Borehole, bottom _____ ft. MSL or 27.0 ft.</p> <p>L. Borehole, diameter 8.25 in.</p> <p>M. O.D. well casing 2.37 in.</p> <p>N. I.D. well casing 2.0 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: 8.0 in. b. Length: 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/></p> <p>5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite Bentonite-cement grout <input type="checkbox"/> 50 e. 3.06 Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. Silica Sand #15 b. Volume added 0.34 ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. Filter Pro #30 b. Volume added 5.4 ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/></p> <p>10. Screen material: Schedule 40 PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>b. Manufacturer Johnson c. Slot size: 0.010 in. d. Slotted length: 15.0 ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input 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 *Steven Ossek* Firm The OS Group, LLC

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

Facility/Project Name La Crosse Airport PFAS Investigation	County Name La Crosse	Well Name MW-6	
Facility License, Permit or Monitoring Number	County Code 32	Wis. Unique Well Number _____	DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other _____ _____

3. Time spent developing well _____ 3 4 min.

4. Depth of well (from top of well casing) _____ 26 . 6 ft.

5. Inside diameter of well _____ 2 . 0 0 in.

6. Volume of water in filter pack and well casing _____ 8 . 4 gal.

7. Volume of water removed from well _____ 7 5 gal.

8. Volume of water added (if any) _____ 0 . 0 gal.

9. Source of water added None Added

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

17. Additional comments on development:

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. _____ 1 8 . 6 6 ft.	_____ 1 8 . 6 7 ft.
Date	b. <u>1 0 / 0 6 / 2 0 2 1</u> m m d d y y y y	<u>1 0 / 2 6 / 2 0 2 1</u> m m d d y y y y
Time	c. _____ 9 : 1 0 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ 9 : 4 4 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) _____	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____

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

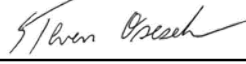
14. Total suspended solids _____ mg/l _____ mg/l

15. COD _____ mg/l _____ mg/l

16. Well developed by: Name (first, last) and Firm
 First Name: Steven Last Name: Osesek
 Firm: The OS Group, LLC

Name and Address of Facility Contact /Owner/Responsible Party
 First Name: City of La Crosse Last Name: Director of Public Works
 Facility/Firm: City of La Crosse
 Street: 400 La Crosse Street
 City/State/Zip: La Crosse, WI 54601

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

Signature: 
 Print Name: Steven Osesek
 Firm: The OS Group, LLC

Facility/Project Name La Crosse Airport PFAS Investigation	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-7
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 43° 51' 54.7984" Long. 91° 16' 4.54652" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID 6 3 2 1 4 8 0 0 0	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 0 9 / 2 1 / 2 0 2 1 m m d d y y v v y
Type of Well Well Code 11 / mw	Section Location of Waste/Source NW1/4 of NW 1/4 of Sec. 18, T. 16 N, R. 7 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Steven Osesek
Distance from Waste/Source 1825 ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number _____
Enf. Stds. Apply <input checked="" type="checkbox"/>		The OS Group, LLC

- A. Protective pipe, top elevation 660.97 ft. MSL
- B. Well casing, top elevation 660.60 ft. MSL
- C. Land surface elevation 660.97 ft. MSL
- D. Surface seal, bottom _____ ft. MSL or 1.0 ft.

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

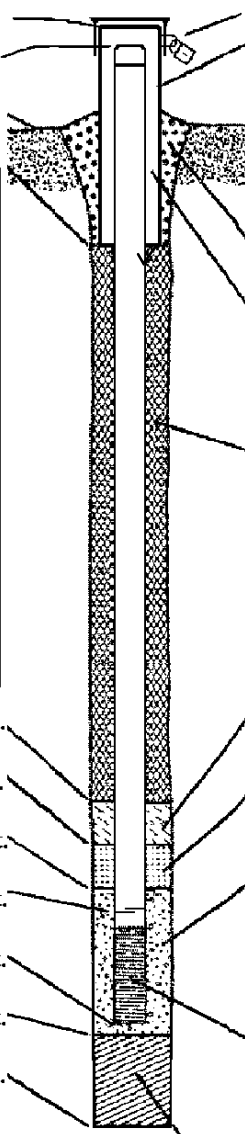
13. Sieve analysis performed? Yes No

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

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

16. Drilling additives used? Yes No
 Describe _____

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



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: 8.0 in.
 - b. Length: 1.0 ft.
 - c. Material: Steel 04
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal: Bentonite 30
Concrete 01
Other
- 4. Material between well casing and protective pipe: Bentonite 30
Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 33
 - b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight Bentonite slurry 31
 - d. _____ % Bentonite Bentonite-cement grout 50
 - e. 5.4 Ft³ volume added for any of the above
 - f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
- 6. Bentonite seal:
 - a. Bentonite granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. Silica Sand #15
 b. Volume added 0.68 ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. Filter Pro #30
 b. Volume added 6.2 ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material: Schedule 40 PVC
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
- b. Manufacturer Johnson
 c. Slot size: 0.010 in.
 d. Slotted length: 15.0 ft.
- 11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top _____ ft. MSL or 1.0 ft.
- F. Fine sand, top _____ ft. MSL or 17.0 ft.
- G. Filter pack, top _____ ft. MSL or 19.0 ft.
- H. Screen joint, top _____ ft. MSL or 21.0 ft.
- I. Well bottom _____ ft. MSL or 36.0 ft.
- J. Filter pack, bottom _____ ft. MSL or 37.0 ft.
- K. Borehole, bottom _____ ft. MSL or 37.0 ft.
- L. Borehole, diameter 8.25 in.
- M. O.D. well casing 2.37 in.
- N. I.D. well casing 2.0 in.

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

Signature *Steven Osesek* Firm The OS Group, LLC

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

Facility/Project Name La Crosse Airport PFAS Investigation	County Name La Crosse	Well Name MW-7	
Facility License, Permit or Monitoring Number	County Code 32	Wis. Unique Well Number _____	DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method

surged with bailer and bailed	<input type="checkbox"/> 41
surged with bailer and pumped	<input checked="" type="checkbox"/> 61
surged with block and bailed	<input type="checkbox"/> 42
surged with block and pumped	<input type="checkbox"/> 62
surged with block, bailed and pumped	<input type="checkbox"/> 70
compressed air	<input type="checkbox"/> 20
bailed only	<input type="checkbox"/> 10
pumped only	<input type="checkbox"/> 51
pumped slowly	<input type="checkbox"/> 50
Other _____	<input type="checkbox"/> _____

3. Time spent developing well _____ **42** min.

4. Depth of well (from top of well casing) _____ **35.5** ft.

5. Inside diameter of well _____ **2.00** in.

6. Volume of water in filter pack and well casing _____ **7.7** gal.

7. Volume of water removed from well _____ **70** gal.

8. Volume of water added (if any) _____ **0.0** gal.

9. Source of water added None Added

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

	<u>Before Development</u>	<u>After Development</u>
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11. Depth to Water (from top of well casing)

a. _____ **27.30** ft. _____ **27.30** ft.

Date

b. 1006 / 2021 / 1006 / 2021
m m d d y y y y m m d d y y y y

Time

c. 12:19 a.m. 12:50 p.m. a.m. p.m.

12. Sediment in well bottom _____ inches _____ inches

13. Water clarity

Clear <input type="checkbox"/> 10	Clear <input checked="" type="checkbox"/> 20
Turbid <input checked="" type="checkbox"/> 15	Turbid <input type="checkbox"/> 25

(Describe) _____ (Describe) _____

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

14. Total suspended solids _____ mg/l _____ mg/l

15. COD _____ mg/l _____ mg/l

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

First Name: **Steven** Last Name: **Osesek**

Firm: **The OS Group, LLC**

17. Additional comments on development:

Name and Address of Facility Contact /Owner/Responsible Party

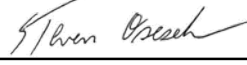
First Name: City of La Crosse Last Name: Director of Public Works

Facility/Firm: City of La Crosse

Street: 400 La Crosse Street

City/State/Zip: La Crosse, WI 54601

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

Signature: 

Print Name: Steven Osesek

Firm: The OS Group, LLC

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

Facility/Project Name La Crosse Airport PFAS Investigation	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-101
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 43° 52' 55" Long. 91° 15' 12" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID 6 3 2 1 4 8 0 0 0	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 08 / 05 / 2020 m m d d y y y y
Type of Well Well Code 11 / mw	Section Location of Waste/Source NE 1/4 of NE 1/4 of Sec. 7, T. 16 N, R. 7 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Steven Ossek
Distance from Waste/Source 0 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	The OS Group, LLC
Enf. Stds. Apply <input checked="" type="checkbox"/>	Gov. Lot Number _____	

A. Protective pipe, top elevation 648.59 ft. MSL
 B. Well casing, top elevation 648.28 ft. MSL
 C. Land surface elevation 648.59 ft. MSL
 D. Surface seal, bottom _____ ft. MSL or 1.0 ft.

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

13. Sieve analysis performed? Yes No

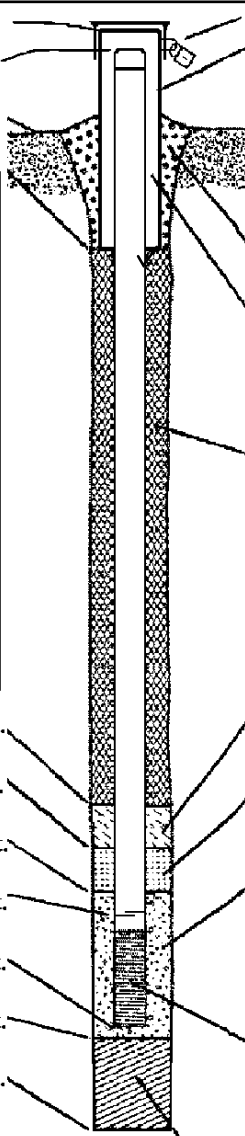
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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

16. Drilling additives used? Yes No

Describe _____

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



1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: 8.0 in.
 b. Length: 1.0 ft.
 c. Material: Steel 04
 Other
 d. Additional protection? Yes No
 If yes, describe: _____

3. Surface seal: Bentonite 30
 Concrete 01
 Other

4. Material between well casing and protective pipe:
 Bentonite 30
 Other

5. Annular space seal: a. Granular/Chipped Bentonite 33
 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight Bentonite slurry 31
 d. _____ % Bentonite Bentonite-cement grout 50
 e. 0.34 Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08

6. Bentonite seal: a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 c. _____ Other

7. Fine sand material: Manufacturer, product name & mesh size
 a. Silica Sand #15
 b. Volume added 0.34 ft³

8. Filter pack material: Manufacturer, product name & mesh size
 a. Filter Pro #30
 b. Volume added 5.8 ft³

9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other

10. Screen material: Schedule 40 PVC
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
 b. Manufacturer Johnson
 c. Slot size: 0.010 in.
 d. Slotted length: 15.0 ft.

11. Backfill material (below filter pack): None 14
 Other

E. Bentonite seal, top _____ ft. MSL or 1.0 ft.
 F. Fine sand, top _____ ft. MSL or 2.0 ft.
 G. Filter pack, top _____ ft. MSL or 3.0 ft.
 H. Screen joint, top _____ ft. MSL or 4.0 ft.
 I. Well bottom _____ ft. MSL or 19.0 ft.
 J. Filter pack, bottom _____ ft. MSL or 20.0 ft.
 K. Borehole, bottom _____ ft. MSL or 20.0 ft.
 L. Borehole, diameter 8.25 in.
 M. O.D. well casing 2.37 in.
 N. I.D. well casing 2.0 in.

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

Signature *Steven Ossek* Firm The OS Group, LLC

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 La Crosse Airport PFAS Investigation	County Name La Crosse	Well Name MW-101
Facility License, Permit or Monitoring Number	County Code 32	Wis. Unique Well Number _____
		DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other _____ _____

3. Time spent developing well _____ 3 5 min.

4. Depth of well (from top of well casing) _____ 1 9 . 0 ft.

5. Inside diameter of well _____ 2 . 0 0 in.

6. Volume of water in filter pack and well casing _____ 6 . 4 gal.

7. Volume of water removed from well _____ 7 5 . gal.

8. Volume of water added (if any) _____ 0 . 0 gal.

9. Source of water added _____

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

17. Additional comments on development:

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. _____ 1 2 . 1 6 ft.	_____ 1 2 . 1 7 ft.
Date	b. <u>1 0</u> / <u>3 0</u> / <u>2 0 2 0</u> m m d d y y y y	<u>1 0</u> / <u>3 0</u> / <u>2 0 2 0</u> m m d d y y y y
Time	c. _____ 1 : 1 0 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	_____ 1 : 4 5 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) _____	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l
16. Well developed by: Name (first, last) and Firm		
First Name:	Steven	Last Name: Osesek
Firm:	The OS Group, LLC	

Name and Address of Facility Contact/Owner/Responsible Party

First Name: _____ City of La Crosse Last Name: _____ Director of Public Works

Facility/Firm: _____ City of La Crosse

Street: _____ 400 La Crosse Street

City/State/Zip: _____ La Crosse, WI 54601

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

Signature: Steven Osesek

Print Name: _____ Steven Osesek

Firm: _____ The OS Group, LLC

Facility/Project Name La Crosse Airport PFAS Investigation	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-102
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 43° 52' 57" Long. 91° 15' 14" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID 6 3 2 1 4 8 0 0 0	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 0 8 / 0 5 / 2 0 2 0 m m d d y y v v y
Type of Well Well Code 11 / mw	Section Location of Waste/Source NE 1/4 of NE 1/4 of Sec. 7, T. 16 N, R. 7 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Steven Osesek
Distance from Waste/Source 75 ft.	Location of Well Relative to Waste/Source u <input checked="" type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	The OS Group, LLC
Enf. Stds. Apply <input checked="" type="checkbox"/>	Gov. Lot Number _____	

- A. Protective pipe, top elevation 647.71 ft. MSL
- B. Well casing, top elevation 647.39 ft. MSL
- C. Land surface elevation 647.71 ft. MSL
- D. Surface seal, bottom _____ ft. MSL or 1.0 ft.

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

13. Sieve analysis performed? Yes No

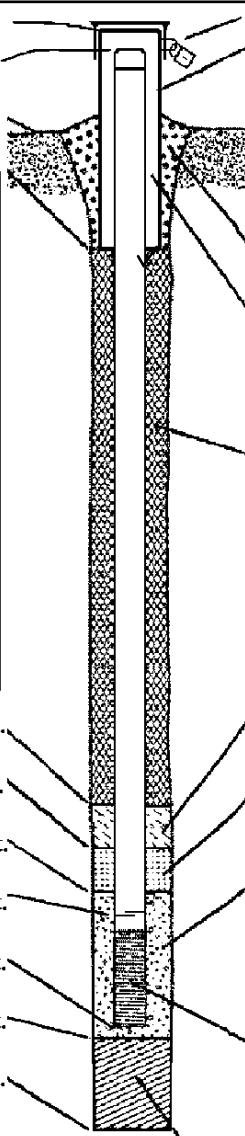
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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

16. Drilling additives used? Yes No

Describe _____

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



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: 8.0 in.
 - b. Length: 1.0 ft.
 - c. Material: Steel 04
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal: Bentonite 30
Concrete 01
Other
- 4. Material between well casing and protective pipe: Bentonite 30
Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 33
 - b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight Bentonite slurry 31
 - d. _____ % Bentonite Bentonite-cement grout 50
 - e. 0.34 Ft³ volume added for any of the above
 - f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
- 6. Bentonite seal:
 - a. Bentonite granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. Silica Sand #15
 b. Volume added 0.34 ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. Filter Pro #30
 b. Volume added 5.8 ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material: Schedule 40 PVC
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
- b. Manufacturer Johnson
 c. Slot size: 0.010 in.
 d. Slotted length: 15.0 ft.
- 11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top _____ ft. MSL or 1.0 ft.
- F. Fine sand, top _____ ft. MSL or 2.0 ft.
- G. Filter pack, top _____ ft. MSL or 3.0 ft.
- H. Screen joint, top _____ ft. MSL or 4.0 ft.
- I. Well bottom _____ ft. MSL or 19.0 ft.
- J. Filter pack, bottom _____ ft. MSL or 20.0 ft.
- K. Borehole, bottom _____ ft. MSL or 20.0 ft.
- L. Borehole, diameter 8.25 in.
- M. O.D. well casing 2.37 in.
- N. I.D. well casing 2.0 in.

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

Signature *Steven Osesek* Firm The OS Group, LLC

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 La Crosse Airport PFAS Investigation	County Name La Crosse	Well Name MW-102	
Facility License, Permit or Monitoring Number	County Code 32	Wis. Unique Well Number _____	DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other _____ _____

3. Time spent developing well _____ 3 5 min.

4. Depth of well (from top of well casing) _____ 1 9 . 1 ft.

5. Inside diameter of well _____ 2 . 0 0 in.

6. Volume of water in filter pack and well casing _____ 7 . 2 gal.

7. Volume of water removed from well _____ 8 0 . gal.

8. Volume of water added (if any) _____ 0 . 0 gal.

9. Source of water added _____

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

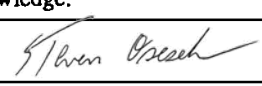
17. Additional comments on development:

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. _____ 1 1 . 2 2 ft.	_____ 1 1 . 1 4 ft.
Date	b. <u>1 0</u> / <u>3 0</u> / <u>2 0 2 0</u>	<u>1 0</u> / <u>3 0</u> / <u>2 0 2 0</u>
	m m d d y y y y	m m d d y y y y
Time	c. _____ 1 2 : 5 0 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	_____ 1 : 2 5 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 1 0 Turbid <input type="checkbox"/> 1 5 (Describe) _____	Clear <input type="checkbox"/> 2 0 Turbid <input type="checkbox"/> 2 5 (Describe) _____
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l

16. Well developed by: Name (first, last) and Firm
 First Name: Steven Last Name: Osesek
 Firm: The OS Group, LLC

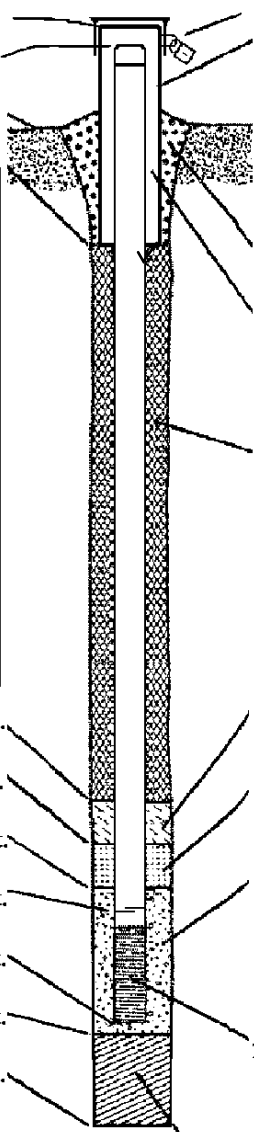
Name and Address of Facility Contact/Owner/Responsible Party
 First Name: City of La Crosse Last Name: Director of Public Works
 Facility/Firm: City of La Crosse
 Street: 400 La Crosse Street
 City/State/Zip: La Crosse, WI 54601

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

Signature: 
 Print Name: Steven Osesek
 Firm: The OS Group, LLC

Facility/Project Name La Crosse Airport PFAS Investigation	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-103
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 43° 52' 55" Long. 91° 15' 13" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID 6 3 2 1 4 8 0 0 0	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 08 / 05 / 2020 m m d d y y y y
Type of Well Well Code 11 / mw	Section Location of Waste/Source NE 1/4 of NE 1/4 of Sec. 7, T. 16 N, R. 7 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Steven Ossek
Distance from Waste/Source 75 ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input checked="" type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	The OS Group, LLC
Enf. Stds. Apply <input checked="" type="checkbox"/>	Gov. Lot Number _____	

A. Protective pipe, top elevation 647.31 ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 647.06 ft. MSL	2. Protective cover pipe: a. Inside diameter: 8.0 in. b. Length: 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation 647.31 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 1.0 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" 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 checked="" 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"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite Bentonite-cement grout <input type="checkbox"/> 50 e. 0.34 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 checked="" 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. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size a. Silica Sand #15 b. Volume added 0.34 ft ³
Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. Filter Pro #30 b. Volume added 5.4 ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 1.0 ft.	10. Screen material: Schedule 40 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 2.0 ft.	b. Manufacturer Johnson c. Slot size: 0.010 in. d. Slotted length: 15.0 ft.
G. Filter pack, top _____ ft. MSL or 3.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 4.0 ft.	
I. Well bottom _____ ft. MSL or 19.0 ft.	
J. Filter pack, bottom _____ ft. MSL or 20.0 ft.	
K. Borehole, bottom _____ ft. MSL or 20.0 ft.	
L. Borehole, diameter 8.25 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.0 in.	



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

Signature *Steven Ossek* Firm The OS Group, LLC

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

Facility/Project Name La Crosse Airport PFAS Investigation	County Name La Crosse	Well Name MW-103
Facility License, Permit or Monitoring Number	County Code 32	Wis. Unique Well Number _____
		DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other _____ _____

3. Time spent developing well _____ 3 4 min.

4. Depth of well (from top of well casing) _____ 1 9 . 0 ft.

5. Inside diameter of well _____ 2 . 0 0 in.

6. Volume of water in filter pack and well casing _____ 7 . 4 gal.

7. Volume of water removed from well _____ 7 5 . gal.

8. Volume of water added (if any) _____ 0 . 0 gal.

9. Source of water added _____

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

17. Additional comments on development:

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. _____ 1 0 . 9 8 ft.	_____ 1 0 . 9 8 ft.
Date	b. _____ 1 0 / 3 0 / 2 0 2 0	_____ 1 0 / 3 0 / 2 0 2 0
Time	c. _____ 1 : 4 1 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	_____ 2 : 1 5 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) _____	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l
16. Well developed by: Name (first, last) and Firm		
First Name:	Steven	Last Name: Osesek
Firm:	The OS Group, LLC	

Name and Address of Facility Contact/Owner/Responsible Party

First Name: City of La Crosse Last Name: Director of Public Works

Facility/Firm: City of La Crosse

Street: 400 La Crosse Street

City/State/Zip: La Crosse, WI 54601

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

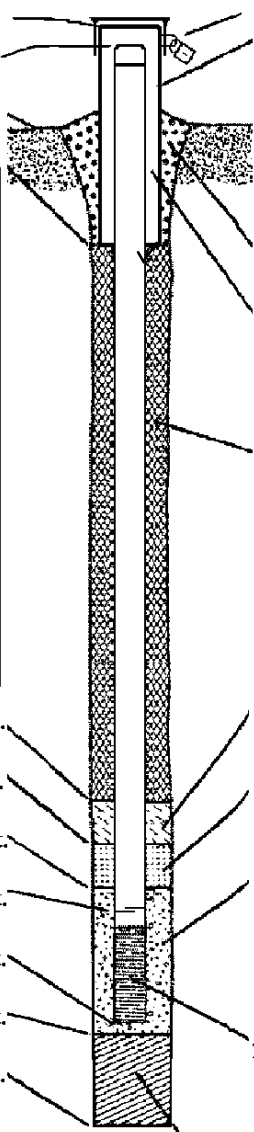
Signature: Steven Osesek

Print Name: Steven Osesek

Firm: The OS Group, LLC

Facility/Project Name La Crosse Airport PFAS Investigation	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-104
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 43° 52' 36" Long. 91° 14' 50" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID 6 3 2 1 4 8 0 0 0	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 0 8 / 1 1 / 2 0 2 0 m m d d y y v v y y
Type of Well Well Code 11 / mw	Section Location of Waste/Source NW 1/4 of SW 1/4 of Sec. 8, T. 16 N, R. 7 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Steven Osesek
Distance from Waste/Source 2400 ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	The OS Group, LLC
Enf. Stds. Apply <input checked="" type="checkbox"/>	Gov. Lot Number _____	

A. Protective pipe, top elevation 656.88 ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 656.64 ft. MSL	2. Protective cover pipe: a. Inside diameter: 8.0 in. b. Length: 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation 656.88 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 1.0 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" 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 checked="" 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"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite Bentonite-cement grout <input type="checkbox"/> 50 e. 4.4 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 checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
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	7. Fine sand material: Manufacturer, product name & mesh size a. Silica Sand #15 b. Volume added 0.34 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Filter pack material: Manufacturer, product name & mesh size a. Filter Pro #30 b. Volume added 5.8 ft ³
Describe _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
17. Source of water (attach analysis, if required): _____	10. Screen material: Schedule 40 PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 1.0 ft.	b. Manufacturer Johnson c. Slot size: 0.010 in. d. Slotted length: 15.0 ft.
F. Fine sand, top _____ ft. MSL or 14.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 15.0 ft.	
H. Screen joint, top _____ ft. MSL or 16.0 ft.	
I. Well bottom _____ ft. MSL or 31.0 ft.	
J. Filter pack, bottom _____ ft. MSL or 32.0 ft.	
K. Borehole, bottom _____ ft. MSL or 32.0 ft.	
L. Borehole, diameter 8.25 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.0 in.	



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

Signature Steven Osesek Firm The OS Group, LLC

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 La Crosse Airport PFAS Investigation	County Name La Crosse	Well Name MW-104
Facility License, Permit or Monitoring Number	County Code 32	Wis. Unique Well Number _____
		DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other _____ _____

3. Time spent developing well _____ 33 min.

4. Depth of well (from top of well casing) _____ 31.0 ft.

5. Inside diameter of well _____ 2.00 in.

6. Volume of water in filter pack and well casing _____ 7.0 gal.

7. Volume of water removed from well _____ 70 gal.

8. Volume of water added (if any) _____ 0.0 gal.

9. Source of water added _____

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

17. Additional comments on development:

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. _____ 23.42 ft.	_____ 23.44 ft.
Date	b. 10/29/2020	10/29/2020
	m m d d y y y y	m m d d y y y y
Time	c. 12:02 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	12:35 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) _____	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l

16. Well developed by: Name (first, last) and Firm
 First Name: Steven Last Name: Osesek
 Firm: The OS Group, LLC

Name and Address of Facility Contact/Owner/Responsible Party
 First Name: City of La Crosse Last Name: Director of Public Works
 Facility/Firm: City of La Crosse
 Street: 400 La Crosse Street
 City/State/Zip: La Crosse, WI 54601

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

Signature: Steven Osesek
 Print Name: Steven Osesek
 Firm: The OS Group, LLC

Facility/Project Name La Crosse Airport PFAS Investigation	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name PZ-6
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 43° 52' 18.43335" Long. 91° 15' 52.66242" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID 6 3 2 1 4 8 0 0 0	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 0 9 / 2 0 / 2 0 2 1 m m d d y y v v y
Type of Well Well Code 12 / pz	Section Location of Waste/Source SE 1/4 of SW 1/4 of Sec. 7, T. 16 N, R. 7 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Steven Ossek
Distance from Waste/Source 900 ft. <input type="checkbox"/> Apply <input checked="" type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input checked="" type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	The OS Group, LLC

- A. Protective pipe, top elevation 654.22 ft. MSL
- B. Well casing, top elevation 653.84 ft. MSL
- C. Land surface elevation 654.22 ft. MSL
- D. Surface seal, bottom _____ ft. MSL or 1.0 ft.

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

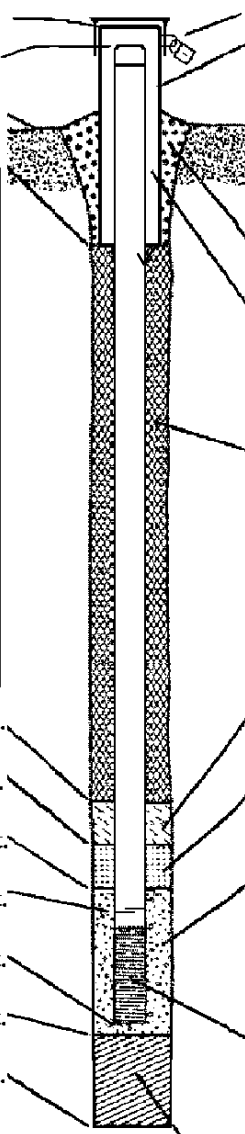
13. Sieve analysis performed? Yes No

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

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

16. Drilling additives used? Yes No
 Describe _____

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



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: 8.0 in.
 - b. Length: 1.0 ft.
 - c. Material: Steel 04
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal: Bentonite 30
Concrete 01
Other
- 4. Material between well casing and protective pipe: Bentonite 30
Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 33
 - b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight Bentonite slurry 31
 - d. _____ % Bentonite Bentonite-cement grout 50
 - e. 14.64 Ft³ volume added for any of the above
 - f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
- 6. Bentonite seal:
 - a. Bentonite granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. Silica Sand #15
 b. Volume added 0.34 ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. Filter Pro #30
 b. Volume added 2.04 ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material: Schedule 40 PVC
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
- b. Manufacturer Johnson
 c. Slot size: 0.010 in.
 d. Slotted length: 5.0 ft.
- 11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top _____ ft. MSL or 1.0 ft.
- F. Fine sand, top _____ ft. MSL or 44.0 ft.
- G. Filter pack, top _____ ft. MSL or 45.0 ft.
- H. Screen joint, top _____ ft. MSL or 46.0 ft.
- I. Well bottom _____ ft. MSL or 51.0 ft.
- J. Filter pack, bottom _____ ft. MSL or 51.0 ft.
- K. Borehole, bottom _____ ft. MSL or 51.0 ft.
- L. Borehole, diameter 8.25 in.
- M. O.D. well casing 2.37 in.
- N. I.D. well casing 2.0 in.

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

Signature *Steven Ossek* Firm The OS Group, LLC

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 La Crosse Airport PFAS Investigation	County Name La Crosse	Well Name PZ-6
Facility License, Permit or Monitoring Number	County Code 32	Wis. Unique Well Number _____
		DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other _____ _____

3. Time spent developing well _____ 33 min.

4. Depth of well (from top of well casing) _____ 50.4 ft.

5. Inside diameter of well _____ 2.00 in.

6. Volume of water in filter pack and well casing _____ 9.8 gal.

7. Volume of water removed from well _____ 75 gal.

8. Volume of water added (if any) _____ 0.0 gal.

9. Source of water added None Added

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

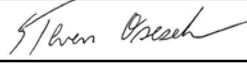
17. Additional comments on development:

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. <u>18.61</u> ft.	<u>18.63</u> ft.
Date	b. <u>10/06/2021</u>	<u>10/06/2021</u>
Time	c. <u>9:45</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<u>10:18</u> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) _____	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l

16. Well developed by: Name (first, last) and Firm
 First Name: Steven Last Name: Osesek
 Firm: The OS Group, LLC

Name and Address of Facility Contact/Owner/Responsible Party
 First Name: City of La Crosse Last Name: Director of Public Works
 Facility/Firm: City of La Crosse
 Street: 400 La Crosse Street
 City/State/Zip: La Crosse, WI 54601

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

Signature: 
 Print Name: Steven Osesek
 Firm: The OS Group, LLC

Facility/Project Name La Crosse Airport PFAS Investigation	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name PZ-7
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 43° 51' 54.80240" Long. 91° 16' 4.49082" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID 6 3 2 1 4 8 0 0 0	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 0 9 / 2 1 / 2 0 2 1 m m d d y y v v y y
Type of Well Well Code 12 / PZ	Section Location of Waste/Source NW1/4 of NW 1/4 of Sec. 18, T. 16 N, R. 7 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Steven Ossek
Distance from Waste/Source 1825 ft. <input type="checkbox"/> Apply <input checked="" type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input checked="" type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	The OS Group, LLC

- A. Protective pipe, top elevation 660.93 ft. MSL
- B. Well casing, top elevation 660.55 ft. MSL
- C. Land surface elevation 660.93 ft. MSL
- D. Surface seal, bottom _____ ft. MSL or 1.0 ft.

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

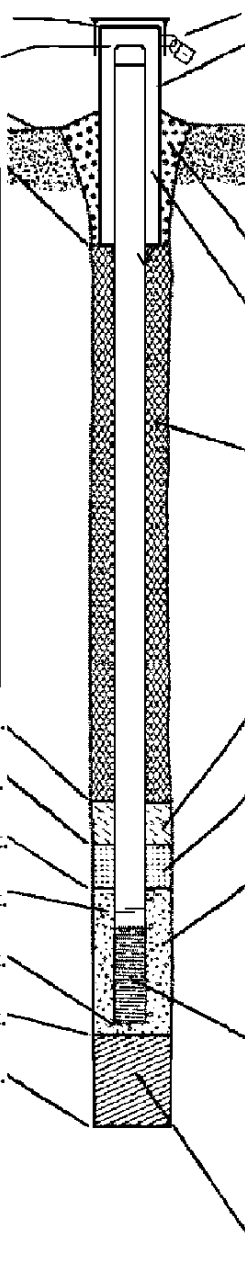
13. Sieve analysis performed? Yes No

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

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

16. Drilling additives used? Yes No
 Describe _____

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



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: 8.0 in.
 - b. Length: 1.0 ft.
 - c. Material: Steel 04
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal: Bentonite 30
Concrete 01
Other
- 4. Material between well casing and protective pipe: Bentonite 30
Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 33
 - b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight Bentonite slurry 31
 - d. _____ % Bentonite Bentonite-cement grout 50
 - e. 17.4 Ft³ volume added for any of the above
 - f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
- 6. Bentonite seal:
 - a. Bentonite granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. Silica Sand #15
 b. Volume added 0.34 ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. Filter Pro #30
 b. Volume added 2.4 ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material: Schedule 40 PVC
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
- b. Manufacturer Johnson
 c. Slot size: 0.010 in.
 d. Slotted length: 1.50 ft.
- 11. Backfill material (below filter pack): None 14
 Other

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

Signature *Steven Ossek* Firm The OS Group, LLC

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 La Crosse Airport PFAS Investigation	County Name La Crosse	Well Name PZ-7
Facility License, Permit or Monitoring Number	County Code 32	Wis. Unique Well Number _____
		DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other _____ _____

3. Time spent developing well _____ 39 min.

4. Depth of well (from top of well casing) _____ 59.4 ft.

5. Inside diameter of well _____ 2.00 in.

6. Volume of water in filter pack and well casing _____ 9.8 gal.

7. Volume of water removed from well _____ 60 gal.

8. Volume of water added (if any) _____ 0.0 gal.

9. Source of water added None Added

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


17. Additional comments on development:

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. _____ 27.24 ft.	_____ 27.27 ft.
Date	b. <u>10/06/2021</u>	<u>10/26/2021</u>
Time	c. <u>12:40</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<u>1:19</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) _____	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l

16. Well developed by: Name (first, last) and Firm
First Name: Steven Last Name: Osesek
Firm: The OS Group, LLC

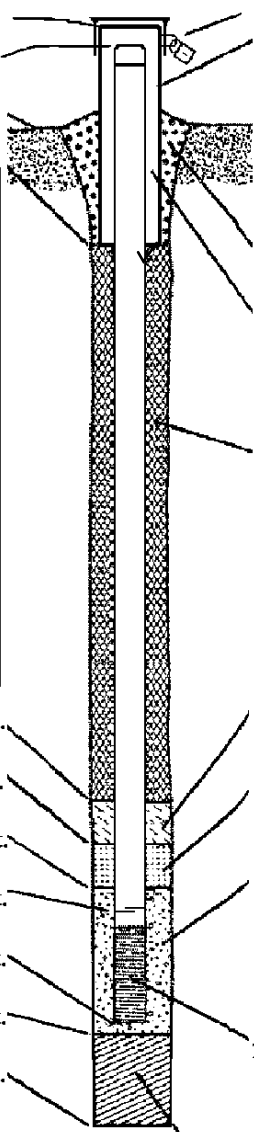
Name and Address of Facility Contact/Owner/Responsible Party
First Name: City of La Crosse Last Name: Director of Public Works
Facility/Firm: City of La Crosse
Street: 400 La Crosse Street
City/State/Zip: La Crosse, WI 54601

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

Signature: 
Print Name: Steven Osesek
Firm: The OS Group, LLC

Facility/Project Name La Crosse Airport PFAS Investigation	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name PZ-104
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 43° 52' 35" Long. 91° 14' 50" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID 6 3 2 1 4 8 0 0 0	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 0 8 / 1 2 / 2 0 2 0 m m d d y y v v y y
Type of Well Well Code 12 / pz	Section Location of Waste/Source NW 1/4 of SW 1/4 of Sec. 8, T. 16 N, R. 7 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Steven Osesek The OS Group, LLC
Distance from Waste/Source 2400 ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number _____

A. Protective pipe, top elevation 656.94 ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 656.69 ft. MSL	2. Protective cover pipe: a. Inside diameter: 8.0 in. b. Length: 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation 656.94 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 1.0 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" 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 checked="" 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"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <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. 9.4 Lbs/gal mud weight Bentonite slurry <input checked="" 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
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
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	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. Filter Pro #30 b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 1.0 ft.	10. Screen material: Schedule 40 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 Johnson c. Slot size: 0.010 in. d. Slotted length: 15.0 ft.
G. Filter pack, top _____ ft. MSL or 50.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 51.0 ft.	
I. Well bottom _____ ft. MSL or 56.0 ft.	
J. Filter pack, bottom _____ ft. MSL or 57.0 ft.	
K. Borehole, bottom _____ ft. MSL or 57.0 ft.	
L. Borehole, diameter 8.25 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.0 in.	



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

Signature: *Steven Osesek* Firm: The OS Group, LLC

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 La Crosse Airpoert PFAS Investigation	County Name La Crosse	Well Name PZ-104
Facility License, Permit or Monitoring Number	County Code 32	Wis. Unique Well Number _____
		DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other _____ _____

3. Time spent developing well _____ 3 5 min.

4. Depth of well (from top of well casing) _____ 5 6 . 1 ft.

5. Inside diameter of well _____ 2 . 0 0 in.

6. Volume of water in filter pack and well casing _____ 1 0 . 0 gal.

7. Volume of water removed from well _____ 7 5 . 0 gal.

8. Volume of water added (if any) _____ 0 . 0 gal.

9. Source of water added _____


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

17. Additional comments on development:

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. _____ 2 3 . 4 4 ft.	_____ 2 3 . 4 4 ft.
Date	b. <u>1 0</u> / <u>2 9</u> / <u>2 0 2 0</u> m m d d y y y y	<u>1 0</u> / <u>2 9</u> / <u>2 0 2 0</u> m m d d y y y y
Time	c. _____ : _____ <input type="checkbox"/> a.m. _____ 1 2 : 3 5 <input checked="" type="checkbox"/> p.m.	_____ : _____ <input type="checkbox"/> a.m. _____ 1 : 1 0 <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	_____ . _____ inches	_____ . _____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) _____	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ . _____ mg/l	_____ . _____ mg/l
15. COD	_____ . _____ mg/l	_____ . _____ mg/l

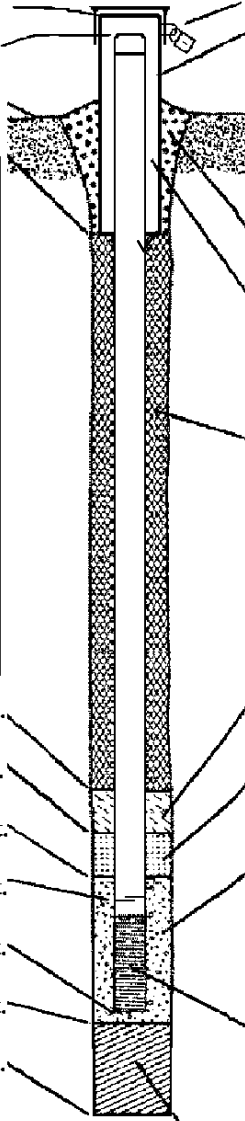
16. Well developed by: Name (first, last) and Firm
First Name: Steven Last Name: Osesek
Firm: The OS Group, LLC

Name and Address of Facility Contact/Owner/Responsible Party
First Name: City of La Crosse Last Name: Director of Public Works
Facility/Firm: City of La Crosse
Street: 400 La Crosse Street
City/State/Zip: La Crosse, WI 54601

I hereby certify that the above information is true and correct to the best of my knowledge.
Signature: 
Print Name: Steven Osesek
Firm: The OS Group, LLC

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

Facility/Project Name La Crosse Airport PFAS Investigation	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name PZ-105
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 43° 52' 42" Long. 91° 14' 50" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID 6 3 2 1 4 8 0 0 0	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 0 8 / 1 2 / 2 0 2 0 m m d d y y v v y
Type of Well Well Code 12 / pz	Section Location of Waste/Source SW 1/4 of NW 1/4 of Sec. 8, T. 16 N, R. 7 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Steven Ossek
Distance from Waste/Source 2000 ft. Enf. Stds. Apply <input checked="" type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input checked="" type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number _____
		The OS Group, LLC

<p>A. Protective pipe, top elevation 6 5 2 . 3 2 ft. MSL</p> <p>B. Well casing, top elevation 6 5 2 . 0 0 ft. MSL</p> <p>C. Land surface elevation 6 5 2 . 3 2 ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or 1 . 0 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 checked="" 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 performed? <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 1 . 0 ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top _____ ft. MSL or 4 5 . 5 ft.</p> <p>H. Screen joint, top _____ ft. MSL or 4 6 . 5 ft.</p> <p>I. Well bottom _____ ft. MSL or 5 1 . 5 ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or 5 2 . 5 ft.</p> <p>K. Borehole, bottom _____ ft. MSL or 5 2 . 5 ft.</p> <p>L. Borehole, diameter 8 . 2 5 in.</p> <p>M. O.D. well casing 2 . 3 7 in.</p> <p>N. I.D. well casing 2 . 0 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: 8 . 0 in. b. Length: 1 . 0 ft. c. Material: Steel <input checked="" type="checkbox"/> 0 4 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 3 0 Concrete <input checked="" 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 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. 9.4 Lbs/gal mud weight Bentonite slurry <input checked="" 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. _____ 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. Filter Pro #30 b. Volume added _____ ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2 3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2 4 Other <input type="checkbox"/></p> <p>10. Screen material: Schedule 40 PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 1 1 Continuous slot <input type="checkbox"/> 0 1 Other <input type="checkbox"/></p> <p>b. Manufacturer Johnson c. Slot size: 0 . 0 1 0 in. d. Slotted length: 1 5 . 0 ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1 4 Other <input 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 *Steven Ossek* Firm The OS Group, LLC

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 La Crosse Airport PFAS Investigation	County Name La Crosse	Well Name PZ-105	
Facility License, Permit or Monitoring Number	County Code 32	Wis. Unique Well Number _____	DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other _____ _____

3. Time spent developing well _____ 3 5 min.

4. Depth of well (from top of well casing) _____ 5 1 6 ft.

5. Inside diameter of well _____ 2 0 0 in.

6. Volume of water in filter pack and well casing _____ 1 0 0 gal.

7. Volume of water removed from well _____ 7 5 0 gal.

8. Volume of water added (if any) _____ 0 0 gal.

9. Source of water added _____

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

17. Additional comments on development:

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. _____ 1 8 2 9 ft.	_____ 1 8 2 7 ft.
Date	b. <u>10</u> / <u>29</u> / <u>2020</u>	<u>10</u> / <u>29</u> / <u>2020</u>
	m m d d y y y y	m m d d y y y y
Time	c. _____ 1 1 : 0 0 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ 1 1 : 3 5 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) _____	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l

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

First Name: Osesek Last Name: Steven

Firm: The OS Group, LLC

Name and Address of Facility Contact/Owner/Responsible Party


First Name: _____ Last Name: _____
City of La Crosse Name: Director of Public Works

Facility/Firm: _____ City of La Crosse

Street: _____ 400 La Crosse Street

City/State/Zip: _____ La Crosse, WI 54601

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

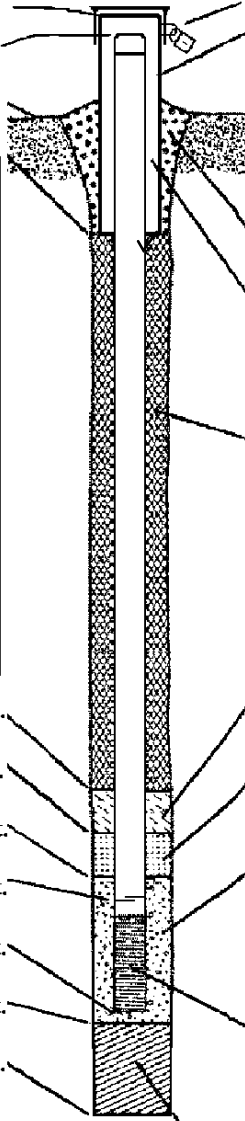
Signature: 

Print Name: _____ Steven Osesek

Firm: _____ The OS Group, LLC

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

Facility/Project Name La Crosse Airport PFAS Investigation	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name PZ-106
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 43° 52' 33" Long. 91° 14' 58" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID 6 3 2 1 4 8 0 0 0	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 08 / 13 / 2020 m m d d y y y y
Type of Well Well Code 12 / pz	Section Location of Waste/Source NW1/4 of SW 1/4 of Sec. 8, T. 16 N, R. 7 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Steven Ossek
Distance from Waste/Source 2200 ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input checked="" type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	The OS Group, LLC
Enf. Stds. Apply <input checked="" type="checkbox"/>	Gov. Lot Number _____	

<p>A. Protective pipe, top elevation 644.75 ft. MSL</p> <p>B. Well casing, top elevation 644.54 ft. MSL</p> <p>C. Land surface elevation 644.75 ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or 1.0 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 checked="" 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 performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or 1.0 ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top _____ ft. MSL or 37.5 ft.</p> <p>H. Screen joint, top _____ ft. MSL or 38.5 ft.</p> <p>I. Well bottom _____ ft. MSL or 43.5 ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or 45.0 ft.</p> <p>K. Borehole, bottom _____ ft. MSL or 45.0 ft.</p> <p>L. Borehole, diameter 8.25 in.</p> <p>M. O.D. well casing 2.37 in.</p> <p>N. I.D. well casing 2.0 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: 8.0 in. b. Length: 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 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. 9.4 Lbs/gal mud weight Bentonite slurry <input checked="" 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. _____ 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. Filter Pro #30 b. Volume added _____ ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/></p> <p>10. Screen material: Schedule 40 PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>b. Manufacturer Johnson c. Slot size: 0.010 in. d. Slotted length: 15.0 ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input 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 *Steven Ossek* Firm The OS Group, LLC

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

Facility/Project Name La Crosse Airport PFAS Investigation	County Name La Crosse	Well Name PZ-106
Facility License, Permit or Monitoring Number	County Code 32	Wis. Unique Well Number _____
		DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other _____ _____

3. Time spent developing well _____ 3 3 min.

4. Depth of well (from top of well casing) _____ 4 3 . 3 ft.

5. Inside diameter of well _____ 2 . 0 0 in.

6. Volume of water in filter pack and well casing _____ 9 . 8 gal.

7. Volume of water removed from well _____ 7 5 . gal.

8. Volume of water added (if any) _____ 0 . 0 gal.

9. Source of water added _____

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


17. Additional comments on development:

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. _____ 1 1 . 1 4 ft.	_____ 1 0 . 9 8 ft.
Date	b. _____ 1 0 / 3 0 / 2 0 2 0	_____ 1 0 / 3 0 / 2 0 2 0
Time	c. _____ 1 1 : 4 7 <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ 1 2 : 2 0 <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	_____ . _____ inches	_____ . _____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) _____	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ . _____ mg/l	_____ . _____ mg/l
15. COD	_____ . _____ mg/l	_____ . _____ mg/l

16. Well developed by: Name (first, last) and Firm
 First Name: Osesek Last Name: Steven
 Firm: The OS Group, LLC

Name and Address of Facility Contact /Owner/Responsible Party
 First Name: City of La Crosse Last Name: Director of Public Works
 Facility/Firm: City of La Crosse
 Street: 400 La Crosse Street
 City/State/Zip: La Crosse, WI 54601

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

Signature: 
 Print Name: Steven Osesek
 Firm: The OS Group, LLC

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