

Groundwater Monitoring Form

Facility Name: **MADISON GAS & ELECTRIC COMPENSATORY RECHARGE**
 Facility Address: **859 Wedgewood Way**
Madison, Wisconsin 53711

Facility Contact: **Steve Pitts**
 Phone number: () - (608) 252-7935
 Reporting Period: **10/01/2010 - 12/31/2010**
 Form Due Date: **02/15/2011**
 Permit Number: **0063088**

For DNR Use Only

Date Received:
 DOC: 258059
 FIN: 31792
 FID: 113353020
 Region: South Central
 Permit Drafter: Robert J Liska
 Reviewer: Robert J Liska
 Office: Fitchburg

Well Information

Sample Pt No.: **801** Well Name: **Monit. Well in infiltr area-MW**
 WI Unique No.: **PO885** Pipetop Elevation: 1,006.92 ft.
 Well Is: Broken Frozen Dry

Abandoned Well

Date:
 ___ / ___ / ___

By Whom:

Sample Information

Date Sample Taken: 10 / 25 / 2010 (e.g., 02 / 09 / 1958)
 Sample Has: Odor Color Turbidity

Parameter #	Parameter	Sample Value	Units	PALs	ESs	LOD	LOQ	Lab Certification No.
166	Depth To Groundwater	980.72	feet					
227	Groundwater Elevation	26.20	feet MSL					
330	Nitrogen, Nitrite + Nitrate Total	< 0.024	mg/L			0.024	0.25	128053530
105	Chloride	15	mg/L			1.5	5.0	128053530
451	Sodium, Total Recoverable	52	mg/L			0.10	5.0	128053530
274	Manganese Dissolved	< 0.0050	mg/L			0.0050	0.050	128053530
462	Solids, Total Dissolved	120	mg/L			2.0	6.7	128053530

Well Information

Sample Pt No.: **802** Well Name: **Background well**
 WI Unique No.: PO904 Pipetop Elevation: 1,018.48 ft.
 Well Is: Broken Frozen Dry

Abandoned Well

Date:

___ / ___ / _____

By Whom:

Sample Information

Date Sample Taken: 10 / 25 / 2010 (e.g., 02 / 09 / 1958)
 Sample Has: Odor Color Turbidity

Parameter #	Parameter	Sample Value	Units	PALs	ESs	LOD	LOQ	Lab Certification No.
166	Depth To Groundwater	978.08	feet					
227	Groundwater Elevation	40.40	feet MSL					
462	Solids, Total Dissolved	410	mg/L			2.0	6.7	128053530
330	Nitrogen, Nitrite + Nitrate Total	2.8	mg/L			0.024	0.25	128053530
105	Chloride	46	mg/L			3.0	10	128053530
451	Sodium, Total Recoverable	21	mg/L			0.10	5.0	128053530
274	Manganese Dissolved	< 0.0050	mg/L			0.0050	0.050	128053530

Well Information

Sample Pt No.: **803 (803A)** Well Name: **Downgradient Well (MW)**
 WI Unique No.: PO906 Pipetop Elevation: 999.20 ft.
 Well Is: Broken Frozen Dry

Abandoned Well

Date:

___ / ___ / _____

By Whom:

Sample Information

Date Sample Taken: 10 / 25 / 2010 (e.g., 02 / 09 / 1958)
 Sample Has: Odor Color Turbidity

Parameter #	Parameter	Sample Value	Units	PALs	ESs	LOD	LOQ	Lab Certification No.
166	Depth To Groundwater	975.31	feet					
227	Groundwater Elevation	23.89	feet MSL					
330	Nitrogen, Nitrite + Nitrate Total	0.97	mg/L			0.024	0.25	128053530
105	Chloride	160	mg/L			7.5	25	128053530
451	Sodium, Total Recoverable	120	mg/L			0.10	5.0	128053530
274	Manganese Dissolved	< 0.0050	mg/L			0.0050	0.050	128053530
462	Solids, Total Dissolved	450	mg/L			2.0	6.7	128053530

Well Information

Sample Pt No.: **804** (804B) Well Name: **Downgradient Well (MW)**
 WI Unique No.: PI323 Pipetop Elevation: 991.31 ft.
 Well Is: Broken Frozen Dry

Abandoned Well

Date:

___ / ___ / ___

By Whom:

Sample Information

Date Sample Taken: 10 / 25 / 2010 (e.g., 02 / 09 / 1958)
 Sample Has: Odor Color Turbidity

Parameter #	Parameter	Sample Value	Units	PALs	ESs	LOD	LOQ	Lab Certification No.
166	Depth To Groundwater	966.48	feet					
227	Groundwater Elevation	24.83	feet MSL					
330	Nitrogen, Nitrite + Nitrate Total	0.93	mg/L			0.024	0.25	128053530
105	Chloride	240	mg/L			7.5	25	128053530
451	Sodium, Total Recoverable	150	mg/L			0.10	5.0	128053530
274	Manganese Dissolved	< 0.0050	mg/L			0.0050	0.050	128053530
462	Solids, Total Dissolved	750	mg/L			2.0	6.7	128053530

Summary of Laboratories Used in the Above Monitoring

Lab Certification No.	Lab Name
128053530	Test America

Sample Collected By: John Coleman Organization: Madison Gas and Electric Company

General Remarks

Laboratory Quality Control Comments

Submittal of this form is required by section 283.55, Wis. Stats. and chapters NR 205 and 214, Wis. Adm. Code.

Personally identifiable information collected on this form may be used for purposes other than that for which it was originally collected. Under Wisconsin's open records laws, DNR is required to provide all non-confidential information to any person who requests it. Such information may be provided to the public in written or electronic form. Information reported may be made available to the public via a DNR web page.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

If you have any questions about this form, please call Alice Miramontes at (608)275-3287.

Return Form To

Principal Officer or Authorized Agent

Date

WI Department of Natural Resources
 Alice Miramontes
 3911 Fish Hatch
 Fitchburg, WI 53711

Make two copies of the completed form. Keep one copy and return the original and one copy to the DNR address provided.