

Groundwater Monitoring Form

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

For DNR Use Only

Date Received:
 DOC: 276725
 FIN: 31792
 FID: 113353020
 Region: South Central
 Permit Drafter: Brenda L Howald
 Reviewer: Robert J Liska
 Office: Fitchburg

Facility Contact: Steve Pitts
 Phone number: (608 - 252-7935)
 Reporting Period: 10/01/2011 - 12/31/2011
 Form Due Date: 02/15/2012
 Permit Number: 0063088

Well Information

Sample Pt No.: **801** Well Name: **Monit. Well in infiltr area-MW**
 WI Unique No.: P.O. 885 Pipetop Elevation: 1,006.92 ft.
 Well Is: Broken Frozen Dry

Abandoned Well

Date: _____ / _____ / _____
 By Whom: _____

Sample Information

Date Sample Taken: 10 / 31 / 2011 (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	26.61	feet					
227	Groundwater Elevation	980.31	feet MSL					
330	Nitrogen, Nitrite + Nitrate Total	<0.043	mg/L			0.043	0.10	999580010
105	Chloride	40	mg/L			1.5	5.0	128053530
451	Sodium, Total Recoverable	50	mg/L			0.095	1.0	999580010
274	Manganese Dissolved	<0.00094	mg/L			<0.00094	0.010	999580010
462	Solids, Total Dissolved	200	mg/L			5.0	15	128053530

Well Information

Sample Pt No.: **802** Well Name: **Background well**
 WI Unique No.: P.O. 904 Pipetop Elevation: 1,018.48 ft.
 Well Is: Broken Frozen Dry

Abandoned Well

Date:

___ / ___ / ___

By Whom:

Sample Information

Date Sample Taken: 1 0 / 3 1 / 2 0 1 1 (e.g., 0 2 / 0 9 / 1 9 5 8)
 Sample Has: Odor Color Turbidity

Parameter #	Parameter	Sample Value	Units	PALs	ESs	LOD	LOQ	Lab Certification No.
166	Depth To Groundwater	42.95	feet					
227	Groundwater Elevation	975.53	feet MSL					
462	Solids, Total Dissolved	470	mg/L			5.0	15	128053530
330	Nitrogen, Nitrite + Nitrate Total	200	mg/L			4.3	10	999580010
105	Chloride	33	mg/L			1.5	5	128053530
451	Sodium, Total Recoverable	13	mg/L			0.095	1.0	999580010
274	Manganese Dissolved	<0.00094	mg/L			<0.00094	0.010	999580010

Well Information

Sample Pt No.: **803 (803A)** Well Name: **Downgradient Well (MW)**
 WI Unique No.: P.O. 906 Pipetop Elevation: 999.20 ft.
 Well Is: Broken Frozen Dry

Abandoned Well

Date:

___ / ___ / ___

By Whom:

Sample Information

Date Sample Taken: 1 0 / 3 1 / 2 0 1 1 (e.g., 0 2 / 0 9 / 1 9 5 8)
 Sample Has: Odor Color Turbidity

Parameter #	Parameter	Sample Value	Units	PALs	ESs	LOD	LOQ	Lab Certification No.
166	Depth To Groundwater	26.63	feet					
227	Groundwater Elevation	972.57	feet MSL					
330	Nitrogen, Nitrite + Nitrate Total	1.8	mg/L			0.043	0.10	999580010
105	Chloride	85	mg/L			1.5	5.0	128053530
451	Sodium, Total Recoverable	65	mg/L			0.095	1.0	999580010
274	Manganese Dissolved	<0.00094	mg/L			<0.00094	0.010	999580010
462	Solids, Total Dissolved	330	mg/L			5.0	15	128053530

Well Information

Sample Pt No.: **804** (804B) Well Name: **Downgradient Well (MW)**
 WI Unique No.: P.I. 323 Pipetop Elevation: 991.31 ft.
 Well Is: Broken Frozen Dry

Abandoned Well

Date:

___ / ___ / ___

By Whom:

Sample Information

Date Sample Taken: 1 0 / 3 1 / 2 0 1 1 (e.g., 0 2 / 0 9 / 1 9 5 8)
 Sample Has: Odor Color Turbidity

Parameter #	Parameter	Sample Value	Units	PALs	ESs	LOD	LOQ	Lab Certification No.
166	Depth To Groundwater	28.45	feet					
227	Groundwater Elevation	962.86	feet MSL					
330	Nitrogen, Nitrite + Nitrate Total	0.73	mg/L			0.043	0.10	999580010
105	Chloride	250	mg/L			3.0	10	128053530
451	Sodium, Total Recoverable	120	mg/L			0.095	1.0	999580010
274	Manganese Dissolved	.0047	mg/L			<0.00094	0.010	999580010
462	Solids, Total Dissolved	640	mg/L			5.0	15	128053530

Summary of Laboratories Used in the Above Monitoring

Lab Certification No.	Lab Name
999580010	Test America - Chicago
128053530	Test America - Watertown

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 Theresa Ford at (920)387-7886.

Return Form To

WI Department of Natural Resources
 Theresa Ford
 N7725 Hwy 28
 Horicon, WI 53032

Principal Officer or Authorized Agent

Date

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