D.5

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL

CASE NUMBER 14751

SAMPLE #/STATION LOCATION MW1

SAMPLING DATE 8/21/90 SAMPLING TIME 1115

ORGANIC TRAFFIC NUMBER ELY64

INORGANIC TRAFFIC NUMBER 90FS24S67

US EPA RECORDS CENTER REGION 5
547987
938789

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
1L	METALS	5-086441	0145013
1L	CYANIDE	5-086442	↓
1L	MERCURY	5-086443	↓
80oz	ABN/PEST/PCB	5-086444	0165033
80oz	ABN/PEST/PCB	5-086445	0165033
VOA	VOA	5-086446	B0193033
VOA	VOA	5-086447	B0193033

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Clear

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS

pH 7.29

CONDUCTIVITY 400 micromhos

TEMPERATURE 14°C

SAMPLE THIS POSS. BACKGROUND

SAMPLE DESCRIPTION

SITE NAME/TOD# WOODLAND LANDFILL

CASE NUMBER 14751

SAMPLE #/STATION LOCATION MW1-MSD

SAMPLING DATE 8/21/90 SAMPLING TIME 1115

ORGANIC TRAFFIC NUMBER ELY64

INORGANIC TRAFFIC NUMBER 90FS

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
~~1L~~	METALS	~~5-086~~ DB	
~~1L~~	~~CYANIDE~~	~~5-086~~ DB	
~~1L~~	MERCURY	~~5-086~~ DB	
8Coz	ABN/PEST/PCB	5-086448	0165033
8Coz	ABN/PEST/PCB	5-086449	0165033
VOA	VOA	5-086450	B0193033
VOA	VOA	5-086451	B0193033
	VOA	5-086452	B0193033
	VOA	5-086453	B0193033

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Clear

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS

pH 7.29

CONDUCTIVITY 400 micromhos

TEMPERATURE 14°C

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL

CASE NUMBER 14751

SAMPLE #/STATION LOCATION MW2

SAMPLING DATE 8/21/90 SAMPLING TIME 1210

ORGANIC TRAFFIC NUMBER ELY65

INORGANIC TRAFFIC NUMBER 90F524568

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
1L	METALS	5-086454	0145013
1L	CYANIDE	5-086455	↓
1L	MERCURY	5-086456	↓
80oz	ABN/PEST/PCB	5-086457	0165033
80oz	ABN/PEST/PCB	5-086458	0165033
VOA	VOA	5-086459	B0193033
VOA	VOA	5-086450	B0193033

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Clear

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS

pH 7.53

CONDUCTIVITY 610 micromhos

TEMPERATURE 17°C

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL

CASE NUMBER 14751

SAMPLE #/STATION LOCATION MW2-DUP

SAMPLING DATE 8/21/90 SAMPLING TIME 1210

ORGANIC TRAFFIC NUMBER ELY66

INORGANIC TRAFFIC NUMBER 90FS24D68

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
1L	METALS	5-086461	
1L	CYANIDE	5-086462	
1L	MERCURY	5-086463	
80oz	ABN/PEST/PCB	5-086464	0165033
80oz	ABN/PEST/PCB	5-086465	0165033
VOA	VOA	5-086466	B0193033
VOA	VOA	~~5-086-DB~~ 5086502	B0193033

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Clear

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS

pH 7.53

CONDUCTIVITY 610 micromhos

TEMPERATURE 17°C

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL

CASE NUMBER 14751

SAMPLE #/STATION LOCATION MW3

SAMPLING DATE 8/21/90 SAMPLING TIME 1250

ORGANIC TRAFFIC NUMBER ELY 67

INORGANIC TRAFFIC NUMBER 90F524569

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
1L	METALS	5-086467	0145013
1L	CYANIDE	5-086468	↓
1L	MERCURY	5-086469	↓
80oz	ABN/PEST/PCB	5-086470	0165033
80oz	ABN/PEST/PCB	5-086471	0165033
VOA	VOA	5-086472	B0193033
VOA	VOA	5-086473	B0193033

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Clear

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS

pH 7.32

CONDUCTIVITY 500 micromhos

TEMPERATURE 14°C

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL

CASE NUMBER 14751

SAMPLE #/STATION LOCATION MW4

SAMPLING DATE 8/21/90 SAMPLING TIME 1405

ORGANIC TRAFFIC NUMBER ELY68

INORGANIC TRAFFIC NUMBER 90FS24S70

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
1L	METALS	5-086474	0145013
1L	CYANIDE	5-086475	↓
1L	MERCURY	5-086476	↓
80oz	ABN/PEST/PCB	5-086477	0165033
80oz	ABN/PEST/PCB	5-086478	0165033
VOA	VOA	5-086479	B0193033
VOA	VOA	5-086480	B0193033

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Clear

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS

pH 6.70

CONDUCTIVITY 1000 micromhos

TEMPERATURE 18°C

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL

CASE NUMBER 14751

SAMPLE #/STATION LOCATION MW5

SAMPLING DATE 8/21/90 SAMPLING TIME 1455

ORGANIC TRAFFIC NUMBER ELY69

INORGANIC TRAFFIC NUMBER 90FS2457

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
1L	METALS	5-086481	0145013
1L	CYANIDE	5-086482	↓
1L	MERCURY	5-086483	↓
80oz	ABN/PEST/PCB	5-086484	0165033
80oz	ABN/PEST/PCB	5-086485	0165033
VOA	VOA	5-086486	B0193033
VOA	VOA	5-086487	B0193033

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Clear

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS

pH 6.75

CONDUCTIVITY 650 micromhos

TEMPERATURE 6.75

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL

CASE NUMBER 14751

SAMPLE #/STATION LOCATION MW6

SAMPLING DATE 8/21/90 SAMPLING TIME 1535

ORGANIC TRAFFIC NUMBER ELY70

INORGANIC TRAFFIC NUMBER 90FS24572

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
1L	METALS	5-086488	0184013
1L	CYANIDE	5-086489	↓
1L	MERCURY	5-086490	↓
80oz	ABN/PEST/PCB	5-086491	0165033
80oz	ABN/PEST/PCB	5-086492	0165033
VOA	VOA	5-086493	B0193033
VOA	VOA	5-086494	B0193033

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Clear

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS

pH 7.65

CONDUCTIVITY 470

TEMPERATURE 17°C

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL

CASE NUMBER 14751

SAMPLE #/STATION LOCATION MW - BLANK

SAMPLING DATE 8/21/90 SAMPLING TIME 1050

ORGANIC TRAFFIC NUMBER ELY 71

INORGANIC TRAFFIC NUMBER 90FS03R36

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
1L	METALS	5-086495	0184013
1L	CYANIDE	5-086496	↓
1L	MERCURY	5-086497	↓
80oz	ABN/PEST/PCB	5-086498	0165033
80oz	ABN/PEST/PCB	5-086499	0165033
VOA	VOA	5-086500	B0193033
VOA	VOA	5-086501	B0193033

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Clear

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS

pH 4.75

CONDUCTIVITY 6 micromhos

TEMPERATURE 21°C

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL F05-8909-044

CASE NUMBER 14751

SAS 5512 (Inorganic portion)

SAMPLE #/STATION LOCATION S1

SAMPLING DATE 8/21/90 SAMPLING TIME 1218

ORGANIC TRAFFIC NUMBER ELY 54

INORGANIC TRAFFIC NUMBER MELF 50

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
8oz	METALS / CYANIDE	5-086401	0164023
8oz	ABN / PEST / PCB	5-086402	0164023
120mL	VOA	5-086403	W0085013
120mL	VOA	5-086404	↓

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Brown gravelly sand

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS N/A

pH N/A

CONDUCTIVITY N/A

TEMPERATURE N/A

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL F05-8909-044

CASE NUMBER 14751

SAS (inorganic portion) 5512

SAMPLE #/STATION LOCATION S2

SAMPLING DATE 8/21/90 SAMPLING TIME 1228

ORGANIC TRAFFIC NUMBER ELY 55

INORGANIC TRAFFIC NUMBER MELF 51

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
8oz	METALS / CYANIDE	5-086405	0164023
8oz	ABN / PEST / PCB	5-086406	0164023
120mL	VOA	5-086407	W0085013
120mL	VOA	5-086408	↓

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Light brown silty sand

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS N/A

pH N/A

CONDUCTIVITY N/A

TEMPERATURE N/A

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL F05-8909-044

CASE NUMBER 14751

SAS 5512 (inorganic portion)

SAMPLE #/STATION LOCATION S3

SAMPLING DATE 8/21/90 SAMPLING TIME 1243

ORGANIC TRAFFIC NUMBER ELY56

INORGANIC TRAFFIC NUMBER MELF52

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
8oz	METALS / CYANIDE	5-086409	0164023
8oz	ABN / PEST / PCB	5-086410	0164023
120mL	VOA	5-086411	W0085013
120mL	VOA	5-086412	↓

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Brown clayey sand.

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS N/A

pH N/A

CONDUCTIVITY N/A

TEMPERATURE N/A

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL F05-8909-044

CASE NUMBER 14751

SAS 5512 (inorganic portion)

SAMPLE #/STATION LOCATION S4

SAMPLING DATE 8/21/90 SAMPLING TIME 1259

ORGANIC TRAFFIC NUMBER ELY 57

INORGANIC TRAFFIC NUMBER MELF 53

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
8oz	METALS / CYANIDE	5-086413	0164023
8oz	ABN / PEST / PCB	5-086414	0164023
120mL	VOA	5-086415	W0085013
120mL	VOA	5-086416	W0085013

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Light brown clayey sand

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS N/A

pH N/A

CONDUCTIVITY N/A

TEMPERATURE N/A

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL F05-8909-044

CASE NUMBER 14751

SAS 5512 (inorganic portion)

SAMPLE #/STATION LOCATION S5

SAMPLING DATE 8/21/90 SAMPLING TIME 1420

ORGANIC TRAFFIC NUMBER ELY 58

INORGANIC TRAFFIC NUMBER MELF 54

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
8oz	METALS / CYANIDE	5-086417	0164023
8oz	ABN / PEST / PCB	5-086418	0164023
120mL	VOA	5-086419	W0085013
120mL	VOA	5-086420	↓

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Brown with Black clayey sand

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS N/A

pH N/A

CONDUCTIVITY N/A

TEMPERATURE N/A

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL F05-8909-044

CASE NUMBER 14751

SAS 5512 (inorganic portion)

SAMPLE #/STATION LOCATION S6

SAMPLING DATE 8/21/90 SAMPLING TIME 1435

ORGANIC TRAFFIC NUMBER ELY 59

INORGANIC TRAFFIC NUMBER MELF 55

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
8oz	METALS / CYANIDE	5-086421	0164023
8oz	ABN / PEST / PCB	5-086422	0164023
120mL	VOA	5-086423	W0085013
120mL	VOA	5-086424	

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Light brown sandy clay

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS N/A

pH N/A

CONDUCTIVITY N/A

TEMPERATURE N/A

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL F05-8909-044

CASE NUMBER 14751

SAS5512 (inorganic portion)

SAMPLE #/STATION LOCATION S7

SAMPLING DATE 8/21/90 SAMPLING TIME 1245

ORGANIC TRAFFIC NUMBER ELY 60

INORGANIC TRAFFIC NUMBER MELF 56

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
8oz	METALS / CYANIDE	5-086425	0164023
8oz	ABN / PEST / PCB	5-086426	0164023
120mL	VOA	5-086427	W0176013
120mL	VOA	5-086428	↓

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Brown silt loam

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS N/A

pH N/A

CONDUCTIVITY N/A

TEMPERATURE N/A

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL F05-8909-044

CASE NUMBER 14751

SAS 5512 (inorganic portion)

SAMPLE #/STATION LOCATION S8

SAMPLING DATE 8/21/90 SAMPLING TIME 1535

ORGANIC TRAFFIC NUMBER ELY 61

INORGANIC TRAFFIC NUMBER MELF 57

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
8oz	METALS / CYANIDE	5-086429	0164023
8oz	ABN / PEST / PCB	5-086430	0164023
120mL	VOA	5-086431	W0176013
120mL	VOA	5-086432	↓

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Brown soil

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS N/A

pH N/A

CONDUCTIVITY N/A

TEMPERATURE N/A

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL F05-8909-044

CASE NUMBER 14751

SAS 5512 (inorganic portion)

SAMPLE #/STATION LOCATION S9

SAMPLING DATE 8/21/90 SAMPLING TIME 1600

ORGANIC TRAFFIC NUMBER ELY 62

INORGANIC TRAFFIC NUMBER MELF 58

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
8oz	METALS / CYANIDE	5-086433	0164023
8oz	ABN / PEST / PCB	5-086434	0164023
120mL	VOA	5-086435	WA176013
120mL	VOA	5-086436	↓

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Brown mud

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS N/A

pH N/A

CONDUCTIVITY N/A

TEMPERATURE N/A

SAMPLE DESCRIPTION

SITE NAME/TDD# WOODLAND LANDFILL F05-8909-044

CASE NUMBER 14751

SAS 5512 (inorganic portion)

SAMPLE #/STATION LOCATION S10

SAMPLING DATE 8/21/90 SAMPLING TIME 1625

ORGANIC TRAFFIC NUMBER ELY 63

INORGANIC TRAFFIC NUMBER MELF59

BOTTLE	ANALYSIS	TAG NUMBERS	LOT NUMBER
8oz	METALS / CYANIDE	5-086437	0164023
8oz	ABN / PEST / PCB	5-086438	0164023
120mL	VOA	5-086439	W0176013
120mL	VOA	5-086440	↓

PHYSICAL DESCRIPTION AT TIME OF COLLECTION: Brown sandy soil

PHYSICAL CHANGES FROM TIME OF COLLECTION UNTIL SHIPMENT: N/A

INSTRUMENT READINGS N/A

pH N/A

CONDUCTIVITY N/A

TEMPERATURE N/A

ENVIRONMENTAL PROTECTION AGENCY
Office of Enforcement

REGION 5
230 South Dearborn Street
Chicago, Illinois 60604

CHAIN OF CUSTODY RECORD

PROJ. NO.	PROJECT NAME	CASE	SAS
FIL0193	F05-8909-044	14751	5512

SAMPLERS: (Signature) Deborah Barrett

Cooler #: 201

STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	B02 Metals							TAG NUMBER	REMARKS: LOW CONC MATRIX
MELF50	8/21/90	1218		✓	S1	1	1							5-086401	soil
MELF51	8/21/90	1228		✓	S2	1	1							5-086405	soil
MELF52	8/21/90	1243		✓	S3	1	1							5-086409	soil
MELF53	8/21/90	1259		✓	S4	1	1							5-086413	soil
MELF54	8/21/90	1420		✓	S5	1	1							5-086417	soil
MELF55	8/21/90	1435		✓	S6	1	1							5-086421	soil
MELF56	8/21/90	1445		✓	S7	1	1							5-086425	soil
MELF57	8/21/90	1535		✓	S8	1	1							5-086429	soil
MELF58	8/21/90	1600		✓	S9	1	1							5-086433	soil
MELF59	8/21/90	1625		✓	S10	1	1							5-086437	soil
														LOT #: 802 0164023	
														(ITR IN COOLER #: 201)	

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Deborah Barrett	8/21/90 1830				
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	
				SHIPPED FED EX TO: YORK LABORATORIES AIRBILL: 8160126516 CUSTODY SEALS: 129011; 129012	

Distribution: White — Accompanies Shipment; Pink — Coordinator Field Files; Yellow — Laboratory File

5- 09061

ENVIRONMENTAL PROTECTION AGENCY
Office of Enforcement

REGION 5
230 South Dearborn Street
Chicago, Illinois 60604

CHAIN OF CUSTODY RECORD

Cooler # 154

PROJ. NO.: FIL0193
PROJECT NAME: WOODLAND LANDFILL 14751
SAMPLERS: (Signature) Deborah Barrett

STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	1L Plastic-Metals (HNO3)	1L Plastic-Cyanide (NaOH)	1L Plastic (Mercury-K2Cr2O7+HNO3)				REMARKS: TAG NUMBERS	REMARKS: LOW CONC MATRIX
524567	8/21/90	1115		✓	MW1 ~~MSD DB~~	3	1	1	1				5-086441-443	groundwater
524568	8/21/90	1210		✓	MW2	3	1	1	1				5-086454-456	groundwater
524 DGB ~~524569 DB~~	8/21/90	1210		✓	DUP	3	1	1	1				5-086461-463	groundwater
524569	8/21/90	1250		✓	MW3	3	1	1	1				5-086467-469	groundwater
524570	8/21/90	1405		✓	MW4	3	1	1	1				5-086474-476	groundwater
524571	8/21/90	1455		✓	MW5	3	1	1	1				5-086481-483	groundwater
524572	8/21/90	1535		✓	MW6	3	1	1	1				5-086488-490	groundwater
503R36 ~~524DB~~	8/21/90	1050		✓	BLK	3	1	1	1				5-086495-497	groundwater

LOT #'S: IL 0145013 MW1-MW5
0184013 MW6, BLK
(CRL TRACKING FORMS IN COOLER 154)

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Deborah Barrett	8/21/90 1830				
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	
				SHIPPED FED EX TO: CRL AIRBILL: 8160126505 CUSTODY SEALS: 129015; 129016	

Distribution: White — Accompanies Shipment; Pink — Coordinator Field Files; Yellow — Laboratory File

05-00256

ENVIRONMENTAL PROTECTION AGENCY
Office of Enforcement

REGION 5
230 South Dearborn Street
Chicago, Illinois 60604

CHAIN OF CUSTODY RECORD

PROJ. NO.: FIL0193
PROJECT NAME: F05-8909-044 14751
SAMPLERS: (Signature) Deborah Barrett

Cooler # 122

STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	8Oz AMBERS (PENTESTICIDES)						REMARKS: TAG NUMBER	REMARKS: LOW CONC MATRIX
ELY 64	8/21/90	1115		✓	MW1-MSD	4	4						5-086444-445; 448-449	groundwater
ELY 65	8/21/90	1210		✓	MW2	2	2						5-086457-458	groundwater
ELY 66	8/21/90	1210		✓	DUP	2	2						5-086464-465	groundwater
													LOT #: 8oz 0165033	
													(OTR IN COOLER 122)	

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Deborah Barrett	8/21/90 1830				
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	
				SHIPPED FED EX TO: CLAYTON AIRBILL: 816 012 6494 CUSTODY SEALS: 129017; 129018	

Distribution: White — Accompanies Shipment; Pink — Coordinator Field Files; Yellow — Laboratory File

5- 09057

ENVIRONMENTAL PROTECTION AGENCY
Office of Enforcement

REGION 5
230 South Dearborn Street
Chicago, Illinois 60604

CHAIN OF CUSTODY RECORD

PROJ. NO.: FIL0193
PROJECT NAME: F05-8909-044 14751
SAMPLERS: (Signature) Deborah Barrett

Cooler #151

STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	8Oz Amber (CON/PEST/PCB)						REMARKS: TAG NUMBER	REMARKS: LOW CONC MATRIX
ELY67	8/21/90	1250		✓	MW3	2	2						5-086470-471	groundwater
ELY68	8/21/90	1405		✓	MW4	2	2						5-086477-478	groundwater
ELY69	8/21/90	1455		✓	MW5	2	2						5-086484-485	groundwater
ELY70	8/21/90	1535		✓	MW6	2	2						5-086491-492	groundwater

LOT #: 8Oz AMBER 0165033

COTR IN COOLER: 122

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Deborah Barrett	8/21/90 1830				
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	
				SHIPPED FED EX TO: CLAYTON AIRBILL: 8160126494 CUSTODY SEALS: 129019, 129020	

Distribution: White — Accompanies Shipment; Pink — Coordinator Field Files; Yellow — Laboratory File

5- 09058

ENVIRONMENTAL PROTECTION AGENCY
Office of Enforcement

REGION 5
230 South Dearborn Street
Chicago, Illinois 60604

CHAIN OF CUSTODY RECORD

Cooler# 242

PROJ. NO.: FIL0193
PROJECT NAME: F05-8909-044 14751
SAMPLERS: (Signature) Deborah Barrett

STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	40 ML VOA'S (HCL)	8 OZ Amber (ABN/PEST/PCB)					TAG NUMBERS	REMARKS: LOW CONC MATRIX
ELY64	8/21/90	1115		✓	MW1-MSD	6	6						5-086446-447; 5-086450-453	groundwater
ELY65	8/21/90	1210		✓	MW2	2	2						5-086459-460	groundwater
ELY66	8/21/90	1210		✓	~~MW3~~ DB DUP	2	2						5-086466; 5-086502	groundwater
ELY67	8/21/90	1250		✓	MW3	2	2						5-086472-473	groundwater
ELY68	8/21/90	1405		✓	MW4	2	2						5-086479-480	groundwater
ELY69	8/21/90	1455		✓	MW5	2	2						5-086486-487	groundwater
ELY70	8/21/90	1535		✓	MW6	2	2						5-086493-494	groundwater
ELY71	8/21/90	1050		✓	BLANK	4	2	2					5-086500-501	groundwater
													LOT #'S: 40mL B0193033	
													8OZ 0165033	
													(COTR IN COOLER: 122)	

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Deborah Barrett	8/21/90 1830				
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	
				SHIPPED FED EX TO: CLAYTON AIRBILL: 8160126494 CUSTODY SEALS: 129021; 129022	

Distribution: White — Accompanies Shipment; Pink — Coordinator Field Files; Yellow — Laboratory File

5- 09059

ENVIRONMENTAL PROTECTION AGENCY
Office of Enforcement

REGION 5
230 South Dearborn Street
Chicago, Illinois 60604

CHAIN OF CUSTODY RECORD

PROJ. NO.: FIL0193
PROJECT NAME: F05-8909-044 14751
SAMPLERS: (Signature) Deborah Barrett

Cooler # ~~122~~ 168 DB

STA. NO.	DATE	TIME	COMP.	GRAB	STATION LOCATION	NO. OF CONTAINERS	8oz (ABN/PEST/PCB)	120ML VOA						REMARKS: TAG NUMBER	LOW CONC MATRIX
ELY54	8/21/90	1218		✓	S1	3	1	2						5-086402-404	Soil
ELY55	8/21/90	1228		✓	S2	3	1	2						5-086406-408	Soil
ELY56	8/21/90	1243		✓	S3	3	1	2						5-086410-412	Soil
ELY57	8/21/90	1259		✓	S4	3	1	2						5-086414-416	Soil
ELY58	8/21/90	1420		✓	S5	3	1	2						5-086418-420	Soil
ELY59	8/21/90	1435		✓	S6	3	1	2						5-086422-424	Soil
ELY60	8/21/90	1445		✓	S7	3	1	2						5-086426-428	Soil
ELY61	8/21/90	1535		✓	S8	3	1	2						5-086430-432	Soil
ELY62	8/21/90	1600		✓	S9	3	1	2						5-086434-436	Soil
ELY63	8/21/90	1625		✓	S10	3	1	2						5-086438-440	Soil

LOT #'S: 8oz 0164023 S1-S10
120ml W0085013 S1-S6
120ml W0176013 S7-S10
(OTR IN COOLER #: 122)

Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Deborah Barrett	8/21/90 1830				
Relinquished by: (Signature)	Date / Time	Received by: (Signature)	Relinquished by: (Signature)	Date / Time	Received by: (Signature)
Relinquished by: (Signature)	Date / Time	Received for Laboratory by: (Signature)	Date / Time	Remarks	
				SHIPPED FED EX TO: CLAYTON AIRBILL: 8160126494 CUSTODY SEALS: 129013, 129014	

Distribution: White — Accompanies Shipment; Pink — Coordinator Field Files; Yellow — Laboratory File

5- 09060

United States Environmental Protection Agency
Contract Laboratory Program Sample Management Office
PO Box 818 Alexandria, VA 22313
703-557-2490 FTS 557-2490

EPA

Organic Traffic Report
(For CLP Use Only)

Case Number: 14751
SAS No. (if applicable): N/A

1. Type of Activity (Check one): [ ] ENF [ ] NPLD [ ] RA [X] SI [ ] STSI [ ] ER [ ] O&M [ ] RD [ ] ST [ ] Other (Specify) [ ] ESI [ ] PA [ ] RIFS [ ] STPA

Non-Superfund Program

Site Name: WOODLAND LANDFILL

City, State: SOUTH Elgin, IL

Site Spill ID:

2. Region Number: V
Sampling Co.: FIT
Sampler (Name): Deborah Barrett

3. Ship To: CLAYTON ENV. CONSULTANTS
22345 ROETHEL Drive
NOVI, MI 48050
Attn: Dori Nelson

4. Date Shipped: 8/21/90
Airbill Number: 8160126494
Carrier: F

Triple volume required for matrix spike/duplicate aqueous sample.

Ship medium and high concentration samples in paint cans.

See reverse for additional instructions.

5. Sample Description (Enter in Column A)
1. Surface Water
2. Ground Water
3. Leachate
4. Rinsate
5. Soil/Sediment
6. Oil (SAS)
7. Waste (SAS)
8. Other (SAS) (Specify) Cooler 122

CLP Sample Number (From labels)	(A) Sample Description (From box 1)	(B) Concentration L=low M=med H=high	(C) RAS Analysis VOA	BNA	Pest/PCB	(D) Special Handling	(E) Station Location	(F) Date/Time of Sample Collection	(G) Corresponding CLP Inorganic Sample Number
ELY54	5	L	X	X	X		S1	8/21/90 1218	MELF50
ELY55	5	L	X	X	X		S2	8/21/90 1228	MELF51
ELY56	5	L	X	X	X		S3	8/21/90 1243	MELF52
ELY57	5	L	X	X	X		S4	8/21/90 1259	MELF53
ELY58	5	L	X	X	X		S5	8/21/90 1420	MELF54
ELY59	5	L	X	X	X		S6	8/21/90 1435	MELF55
ELY60	5	L	X	X	X		S7	8/21/90 1445	MELF56
ELY61	5	L	X	X	X		S8	8/21/90 1535	MELF57
ELY62	5	L	X	X	X		S9	8/21/90 1600	MELF58
ELY63	5	L	X	X	X		S10	8/21/90 1625	MELF59
ELY64	2	L	X	X	X	MSD	MW1	8/21/90 1115	90FS24S67
ELY65	2	L	X	X	X		MW2	8/21/90 1210	90FS24S68
ELY66	2	L	X	X	X		DUP	8/21/90 1210	90FS24D68
ELY67	2	L	X	X	X		MW3	8/21/90 1250	90FS24S69
ELY68	2	L	X	X	X		MW4	8/21/90 1405	90FS24S70
ELY69	2	L	X	X	X		MW5	8/21/90 1455	90FS24S71 ~~90FS24S70~~ DB
ELY70	2	L	X	X	X		MW6	8/21/90 1535	90FS24S72
ELY71	4	L	X	X	X	BLANK	BLANK	8/21/90 1650	90FS03R36

SHIPMENT (15) / ~~15 NOT~~ COMPLETE

EPA Form 9110-2 (8-88) Replaces EPA Form 2075-7, which may be used. Blue - SMO Copy Pink - Region Copy White - Lab Copy for Return to SMO Yellow - Lab Copy

EPA

United States Environmental Protection Agency
Contract Laboratory Program Sample Management Office
PO Box 818 Alexandria, VA 22313
703-557-2490 FTS 557-2490

Inorganic Traffic Report
(For CLP Use Only)

Case Number: 14751
SAS No. (if applicable): 5512

1. Type of Activity (Check one): [ ] ENF [ ] NPLD [ ] RA [X] SI [ ] STSI [ ] ER [ ] O&M [ ] RD [ ] ST [ ] Other *(Specify)* [ ] ESI [ ] PA [ ] RIFS [ ] STPA

2. Region Number: V
Sampling Co.: FIT
Sampler (Name): Deborah Barrett

4. Date Shipped: 8/21/90
Airbill Number: 8160126516
Carrier: F

5. Sample Description *(Enter in Column A)*
1. Surface Water
2. Ground Water
3. Leachate
4. Rinsate
5. Soil/Sediment
6. Oil (SAS)
7. Waste (SAS)
8. Other (SAS) *(Specify)*

Non-Superfund Program: —

Site Name: WOODLAND LANDFILL
City, State: South Elgin, IL
Site Spill ID: —

3. Ship To:
YORK LABORATORIES
200 MONROE TURNPIKE
MONROE, CT 06468
Attn: Mike Raynor

Double volume required for matrix spike/duplicate aqueous sample.

Ship medium and high concentration samples in paint cans.

See reverse for additional instructions.

CLP Sample Number *(From labels)*	(A) Sample Description *(From box 1)*	(B) Concentration L=low M=med H=high	(C) RAS Analysis: Total Metals	(C) RAS Analysis: Cyanide	(D) Special Handling	(E) Station Location	(F) Date/Time of Sample Collection	(G) Corresponding Organic Sample Number
MELF50	5	L	X	X		S1	8/21/90 1218	ELY54
MELF51	5	L	X	X		S2	8/21/90 1228	ELY55
MELF52	5	L	X	X		S3	8/21/90 1243	ELY56
MELF53	5	L	X	X		S4	8/21/90 1259	ELY57
MELF54	5	L	X	X		S5	8/21/90 1420	ELY58
MELF55	5	L	X	X		S6	8/21/90 1435	ELY59
MELF56	5	L	X	X		S7	8/21/90 1445	ELY60
MELF57	5	L	X	X		S8	8/21/90 1535	ELY61
MELF58	5	L	X	X		S9	8/21/90 1600	ELY62
MELF59	5	L	X	X		S10	8/21/90 1625	ELY63

SHIPMENT (IS) ~~IS NOT~~ COMPLETE

EPA Form 9110-1 (8-88) Replaces EPA Form 2075-6, which may be used. Green - SMO Copy Pink - Region Copy White - Lab Copy for Return to SMO Yellow - Lab Copy

FEDERAL EXPRESS

USE THIS AIRBILL FOR SHIPMENTS WITHIN THE CONTINENTAL U.S.A., ALASKA AND HAWAII.
USE THE INTERNATIONAL AIR WAYBILL FOR SHIPMENTS TO PUERTO RICO AND ALL NON U.S. LOCATIONS.
QUESTIONS? CALL 800-238-5355 TOLL FREE.

AIRBILL
PACKAGE TRACKING NUMBER **8160126494**

198N 8160126494

Sender's Federal Express Account Number: 1270-9910-3 | Date: 8/21/90

SENDER'S COPY

1 From (Your Name) Please Print: Deborah Barrett | Your Phone Number (Very Important): 312, 663-4415
Company: ECOLOGY & ENVIRONMENT | Department/Floor No.:
Street Address: 5634 NORTHWEST HWY
City: CHICAGO | State: IL | ZIP Required: 60646

2 To (Recipient's Name) Please Print: CLAYTON ENV. Consult | Recipient's Phone Number (Very Important): 313, 344-1780
Company: c/o Dori Nelson | Department/Floor No.:
Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip + Codes): 22345 Roethel Drive
City: Novi, | State: MI | ZIP Required: 48050

YOUR INTERNAL BILLING REFERENCE INFORMATION (First 24 characters will appear on invoice.): FT1205-05 FIL0193SAI, 24

H IF HOLD FOR PICK-UP, Print FEDEX Address Here
Street Address:
City: | State: | ZIP Required:

3 PAYMENT 1 [X] Bill Sender 2 [ ] Bill Recipient's FedEx Acct. No. 3 [ ] Bill 3rd Party FedEx Acct. No. 4 [ ] Bill Credit Card
5 [ ] Cash/Check Acct./Credit Card No. _____ Exp Date ____

4 SERVICES (Check only one box)

Priority Overnight Service (Delivery by next business morning†)	Standard Overnight Service (Delivery by next business afternoon†)
11 [X] YOUR PACKAGING	51 [ ]
16 [ ] FEDEX LETTER*	56 [ ] FEDEX LETTER*
12 [ ] FEDEX PAK*	52 [ ] FEDEX PAK*
13 [ ] FEDEX BOX	53 [ ] FEDEX BOX
14 [ ] FEDEX TUBE	54 [ ] FEDEX TUBE
Economy Distribution Service (formerly Standard Air) (Delivery by second business day†)	**Heavyweight Service (for Extra Large or any package over 150 lbs.)**
30 [ ] ECONOMY DIST. SVC.	70 [ ] HEAVYWEIGHT**
	80 [ ] DEFERRED HEAVYWEIGHT**

†Delivery commitment may be later in some areas. *Declared Value Limit $100. **Call for delivery schedule.

DELIVERY AND SPECIAL HANDLING (Check services required)

1 [ ] HOLD FOR PICK-UP (Fill in Box H)
2 [X] DELIVER WEEKDAY
3 DELIVER SATURDAY (Extra charge) (Not available to all locations) [ ]
4 [ ] DANGEROUS GOODS (Extra charge)
5 [ ]
6 [ ] DRY ICE _____ Lbs.
7 [ ] OTHER SPECIAL SERVICE _____
8 [ ]
9 [ ] SATURDAY PICK-UP (Extra charge)
10 [ ]
11 [ ] DESCRIPTION
12 [ ] HOLIDAY DELIVERY (If offered) (Extra charge)

PACKAGES	WEIGHT In Pounds Only	YOUR DECLARED VALUE (See right)
Total 4	Total 310	Total

DIM SHIPMENT (Chargeable Weight) [ ] _____ lbs.

Received At: 1 [ ] Regular Stop 3 [ ] Drop Box 4 [ ] BSC 2 [ ] On-Call Stop [ ] Station

FedEx Emp. No. 6535

SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY

Use of this airbill constitutes your agreement to the service conditions in our current Service Guide, available upon request. See back of sender's copy of this airbill for information.

We will not be responsible for any claim in excess of $100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, and document your actual loss for a timely claim. Maximum amount limitations found in the current Federal Express Service Guide apply. Your right to recover from Federal Express for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of $100 or the declared value specified to the left. Recovery cannot exceed actual documented loss. The maximum Declared Value for FedEx Letter and FedEx Pak packages is $100.00.

In the event of untimely delivery, Federal Express will at your request and with some limitations, refund all transportation charges paid. See Service Guide for further information.

Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.

5 Release Signature:

Date/Time: 8/21 1155

Federal Express Use
Base Charges
Declared Value Charge
Other 1
Other 2
Total Charges

REVISION DATE 4/90
PART #119500 FXEM 7/90
FORMAT #027
027

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FEDERAL EXPRESS

MULTIPLE PACKAGE SHIPMENT LABELS

SHIPMENT DATE	8/21/90
MASTER AIRBILL NUMBER	8160126494

2 OF 4 — 5936407802

DESCRIPTION

3 OF 4 — 5936407811

DESCRIPTION

4 OF 4 — 5936407827

DESCRIPTION

___ OF ___ — 5936407836

DESCRIPTION

___ OF ___ — 5936407845

FEDERAL EXPRESS®

AIRBILL

USE THIS AIRBILL FOR DOMESTIC SHIPMENTS WITHIN THE CONTINENTAL U.S.A., ALASKA AND HAWAII.
USE THE INTERNATIONAL AIR WAYBILL FOR SHIPMENTS TO PUERTO RICO.
QUESTIONS? CALL 800-238-5355 TOLL FREE.

PACKAGE TRACKING NUMBER

RECIPIENT'S COPY

Date: 6-14-90

1 From (Your Name) Please Print: John McDonnell

Your Phone Number (Very Important): (312)984-1099

Company: [illegible]

Department/Floor No.:

Street Address: [illegible]

City: [illegible] State: IL ZIP Required: [illegible]

2 To (Recipient's Name) Please Print: Michael Millman

Recipient's Phone Number (Very Important): ( )

Company: Ecology and Environment Inc.

Department/Floor No.:

Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. ® Zip Codes.): 111 West Jackson Blvd

City: Chicago State: Illinois ZIP Required: [illegible]

3 YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE.)

H IF HOLD FOR PICK-UP, Print FEDEX Address Here

Street Address:

City: State: ZIP Required:

PAYMENT ☐ Bill Sender ☐ Bill Recipient's FedEx Acct. No. ☐ Bill 3rd Party FedEx Acct. No. ☐ Bill Credit Card ☐ Cash

4 SERVICES

1 ☐ PRIORITY 1 Overnight Delivery
2 ☐ COURIER-PAK OVERNIGHT ENVELOPE*
3 ☐ OVERNIGHT BOX
4 ☐ OVERNIGHT TUBE
5 ☐ STANDARD AIR Delivery not later than second business day
6 ☐ OVERNIGHT LETTER*
7 ☐
8 ☐
9 ☐
10 ☐

*Declared Value Limit $100.

DELIVERY AND SPECIAL HANDLING

1 ☐ HOLD FOR PICK-UP (Fill in Box H)
2 ☐ DELIVER WEEKDAY
3 DELIVER SATURDAY (Extra charge) ☐
4 ☐ DANGEROUS GOODS (Extra charge)
5 ☐ CONSTANT SURVEILLANCE SERVICE (CSS) (Extra charge) (Release Signature Not Applicable)
6 ☐ DRY ICE _____ Lbs.
7 ☐ OTHER SPECIAL SERVICE _____
8 ☐
9 ☐ SATURDAY PICK-UP (Extra charge)
10 ☐
11 ☐
12 ☐ HOLIDAY DELIVERY (If offered) (Extra charge)

PACKAGES	WEIGHT	YOUR DECLARED VALUE	OVER SIZE
	LBS		
	LBS		
	LBS		
	LBS		
Total	Total	Total	

Received At
1 ☐ Regular Stop
2 ☐ On-Call Stop
3 ☐ Drop Box 4 ☐ B.S.C. 5 ☐ Station

FEDEX Corp. Employee No.:

Date/Time for FEDEX Use:

Emp. No. Date

☐ Cash Received
☐ Return Shipment
☐ Third Party ☐ Chg. To Del ☐ Chg. To Hold

Street Address:

City State Zip

Received By: X

Date/Time Received FedEx Employee Number

5 Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.

Release Signature: _____

Federal Express Use

Base Charges

Declared Value Charge

Other 1

Other 2

Total Charges

PART #111800
REVISION DATE 1/88
PRINTED IN U.S.A. NCREC

009

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MULTIPLE PACKAGE SERVICE

IF YOU ARE MAKING A MPS SHIPMENT, APPLY THE SELF ADHESIVE MPS COPY HERE

TERMS AND CONDITIONS

DEFINITIONS

On this Airbill, we, our and us refer to Federal Express Corporation, its employees and agents. You and your refer to the sender, its employees and agents.

AGREEMENT TO TERMS

By giving us your package to deliver, you agree to all the terms on this Airbill and in our current Service Guide, which is available on request. If there is a conflict between the current Service Guide and this Airbill, the Service Guide will control. No one is authorized to alter or modify the terms of our Agreement.

RESPONSIBILITY FOR PACKAGING AND COMPLETING AIRBILL

You are responsible for adequately packaging your goods and for properly filling out this Airbill. Omission of the number of packages and weight per package from this Airbill will result in a billing based on our best estimate of the number of packages received from you and an estimated "default" weight per package, as determined and periodically adjusted by us.

AIR TRANSPORTATION TAX INCLUDED

Our basic rate includes a federal tax required by Internal Revenue Code Section 4271 on the air transportation portion of this service.

LIMITATIONS ON OUR LIABILITY AND LIABILITIES NOT ASSUMED

Our liability for loss or damage to your package is limited to your actual damages or $100, whichever is less, unless you pay for and declare a higher authorized value. We do not provide cargo liability insurance, but you may pay forty cents for each additional $100 of declared value. If you declare a higher value and pay the additional charge, our liability will be the lesser of your declared value or the actual value of your package.

In any event we will not be liable for any damages, whether direct, incidental, special or consequential in excess of the declared value of a shipment, whether or not Federal Express has knowledge that such damages might be incurred, including, but not limited to, loss of income or profits.

We won't be liable for your acts or omissions, including but not limited to improper or insufficient packing, securing, marking or addressing, or for the acts or omissions of the recipient or anyone else with an interest in the package. Also, we won't be liable if you or the recipient violates any of the terms of our agreement. We won't be liable for loss of or damage to shipments of cash, currency or other prohibited items.

We won't be liable for loss, damage or delay caused by events we cannot control, including but not limited to acts of God, perils of the air, weather conditions, mechanical delays, acts of public enemies, war, strikes, civil commotions, or acts or omissions of public authorities (including customs and quarantine officials) with actual or apparent authority.

DECLARED VALUE LIMITS

The highest declared value we allow for Overnight Letter and Courier-Pak Overnight Envelope shipments is $100. For other Priority-1 and Standard Air shipments, the highest declared value we allow is $25,000 unless your package contains items of "extraordinary value," in which case the highest declared value we allow is $500. Items of "extraordinary value," include artwork, jewelry, furs, money, precious metals, negotiable instruments, and other items listed in our current Service Guide.

If you send more than one package on this Airbill, you may fill in the total declared value for all packages, not to exceed the $100, $500 or $25,000 per package limit described above. (Example: 5 packages can have a total declared value of up to $125,000.) If more than one package is shipped on this airbill, our liability for loss or damage will be limited to the actual value of the package(s) lost or damaged (not to exceed the lesser of the total declared value or the per package limits described above). You have the responsibility of proving the actual loss or damage.

FILING A CLAIM

ALL CLAIMS MUST BE MADE BY YOU IN WRITING: You must notify us of your claim within strict time limits. See current Service Guide.

We'll consider your claim filed if you call and notify our Customer Service Department at 800-238-5355 and notify us in writing as soon as possible.

Within 90 days after you notify us of your claim, you must send us all relevant information about it. We are not obligated to act on any claim until you have paid all transportation charges, and you may not deduct the amount of your claim from those charges.

If the recipient accepts your package without noting any damage on the delivery record, we will assume that the package was delivered in good condition. In order for us to process your claim, you must, to the extent possible, make the original shipping cartons and packing available for inspection.

RIGHT TO INSPECT

We may, at our option, open and inspect your packages prior to or after you give them to us to deliver.

NO C.O.D. SERVICES

We don't provide C.O.D. services.

RESPONSIBILITY FOR PAYMENT

Even if you give us different payment instructions, you will always be primarily responsible for all delivery costs, as well as any costs we may incur in either returning your package to you or warehousing it pending disposition.

QUALIFIED ACCEPTANCE

We reserve the right to reject a shipment at any time, when such shipment would be likely to cause damage or delay to other shipments, equipment or personnel, or if the transportation of which is prohibited by law or is in violation of any rules contained in this Airbill or our Service Guide.

MONEY-BACK GUARANTEE

In the event of untimely delivery, Federal Express will at your request and with some limitations, refund or credit all transportation charges. See current Service Guide for further information.

Part #111800/2041738900
Rev 1/88

D.5

U. S. EPA ID NO ILD 097282750

PROJ. ACCT. NO. FIL0193SA

TDD F05-8909-044

SPLIT SAMPLES ACCEPTED(✓) DECLINED( )

FACILITY/OCCUPANT NAME: WOODLAND LANDFILL

FACILITY/OCCUPANT ADDRESS: RT 25 + GILBERT ST. So ELGIN, IL

RECEIPT FOR SAMPLES

U.S. EPA, 230 S. Dearborn St., Chicago, IL 60604

SAMPLE NUMBER	DATE	TIME	SPLIT SAMPLES (✓)	OTR#	ITR#	DESCRIPTION OF SAMPLE LOCATIONS	SEMIVOLATILES	PESTICIDES/PCBS	VOLATILES	METALS	CYANIDE	Mercury		MATRIX
S1	8/21/90	1218		ELY54	MELF50	Soil 1	X	X	X	X	X			Soil
S2	8/21/90	1228		ELY55	MELF51	soil 2	X	X	X	X	X			Soil
S3	8/21/90	1243		ELY56	MELF52	soil 3	X	X	X	X	X			soil
S4	8/21/90	1259		ELY57	MELF53	Soil 4	X	X	X	X	X			Soil
S5	8/21/90	1420		ELY58	MELF54	Soil 5	X	X	X	X	X			Soil
S6	8/21/90	1435		ELY59	MELF55	soil 6	X	X	X	X	X			Soil
S7	8/21/90	1445		ELY60	MELF56	soil 7	X	X	X	X	X			soil
S8	8/21/90	1535		ELY61	MELF57	soil 8	X	X	X	X	X			soil
S9	8/21/90	1600		ELY62	MELF58	Soil 9	X	X	X	X	X			Soil
S10	8/21/90	1625		ELY63	MELF59	Soil 10	X	X	X	X	X			Soil
MW1	8/21/90	1115	✓	ELY64	90FS24567	monitoring well 1	X	X	X	X	X	X		groundwater
MW2	8/21/90	1210	✓	ELY65	90FS24568	monitoring well 2	X	X	X	X	X	X		groundwater
MW3	8/21/90	1250	✓	ELY66	90FS24569	monitoring well 3	X	X	X	X	X	X		groundwater
MW4	8/21/90	1405	✓	ELY67	90FS24570	monitoring well 4	X	X	X	X	X	X		groundwater
MW5	8/21/90	1455	✓	ELY68	90FS24571	monitoring well 5	X	X	X	X	X	X		groundwater
MW6	8/21/90	1535	✓	ELY69	90FS24572	monitoring well 6	X	X	X	X	X	X		groundwater

TRANSFERED BY: David Sullivan (Signature) 8-21-90 (Date) 1720 (Time)

RECEIVED BY: [signature] (Signature) 08/21/90 (Date) 1726 (Time)

TITLE: ENV. ENGR.

TELEPHONE: 708/232-7664

DISTRIBUTION
WHITE: FIT SITE FILE
YELLOW: FACILITY/OCCUPANT
GREEN: FIT SAMPLE MANAGEMENT
PINK: U.S. EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO THE ATTENTION OF:

FIT Inspection Date: AUGUST 21, 1990

CERCLIS Site Name: WOODLAND LANDFILL

Site Address: RT. 25 + GILBERT ST.

Recipient Information: JANET HRUBY
Name
ENVIRONMENTAL ENGINEER
Title
1038 FABYAN PARKWAY
Street Address
BATAVIA IL 60610
City State Zip Code
(708) 232-7664
Telephone Number

Ecology and Environment, Inc. has been retained by the United States Environmental Protection Agency (U.S. EPA) under contract 68-01-7347 for the purpose of evaluating sites under the Comprehensive Environmental Response Compensation and Liability Act (CERCLA), and the Superfund Amendments and Reauthorization Act (SARA).

A copy of the report regarding the inspection conducted at the above-referenced property will be forwarded by the U.S. EPA within 6 months. If a copy of the inspection report is not received within 6 months of the inspection date noted above, a written request may be sent to the U.S. EPA representative indicated below.

It is essential to include the U.S. EPA Identification Number listed below to ensure that your request is properly referenced.

U.S. EPA Identification Number ILD 097282750

Address requests to:

William Messenger, Chief
Pre-Remedial Unit (5HR11)
United States Environmental Protection Agency
230 South Dearborn Street
Chicago, Illinois 60604
(312) 353-1057

Distribution:
White: FIT Site File; TDD No.: F05-8909-044; PAN: FIL0193SA
Yellow: Recipient
Pink: U.S. EPA

COOK COUNTY WELL LOGS

Non-Responsive

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFO .TION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam. 5 in. Depth 98 ft.
   Curb material _____. Buried Slab: Yes_____ No_____
   b. Driven _____. Drive Pipe Diam. _____in. Depth _____ft.
   c. Drilled X. Finished in Drift X. In Rock_____.
   Tubular _____. Gravel Packed _____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 10 Ft. Seepage Tile Field 75'
   Cess Pool _____ Sewer (non Cast iron) _____
   Privy _____ Sewer (Cast iron) _____
   Septic Tank 50' Barnyard _____
   Leaching Pit _____ Manure Pile _____
3. Is water from this well to be used for human consumption?
   Yes X No_____
4. Date well completed 12-24-74
5. Permanent Pump Installed? Yes X No_____
   Manufacturer Barnes Type Submersible
   Capacity 10 gpm. Depth of setting 60' ft.
6. Well Top Sealed? Yes X No_____
7. Pitless Adaptor Installed? Yes X No_____
8. Well Disinfected? Yes X No_____
9. Water Sample Submitted? Yes_____ No X

REMARKS: Owner instructed to take sample.

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

Non-Responsive

Driller DuPage Pump, Inc. License No. 102-3
11. Permit No. 35444 Date 12-23-74
12. Water from Gravel (Formation) 13. County Cook
    at depth _____ to _____ft.
14. Screen: Diam. _____in.
    Length: _____ft. Slot _____

Non-Responsive

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5"	Steel 14.98	0	98'

SHOW LOCATION IN

Non-Responsive

16. Size Hole below casing: - in.
17. Static level _____ft. below casing top which is 8 ft. above ground level. Pumping level 40 ft. when pumping at 10 gpm for 2 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Drift	98'	98'

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Owner Yeoman DATE 12-24-74

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam. 5 in. Depth 140 ft.
   Curb material _____. Buried Slab: Yes____ No____
   b. Driven X. Drive Pipe Diam. ____in. Depth ____ft.
   c. Drilled X. Finished in Drift ____. In Rock X.
   Tubular ____. Gravel Packed ____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
Cuttings		

2. Distance to Nearest:
   Building ____ Ft. Seepage Tile Field ____
   Cess Pool ____ Sewer (non Cast iron) ____
   Privy ____ Sewer (Cast iron) ____
   Septic Tank ____ Barnyard ____
   Leaching Pit ____ Manure Pile ____
3. Is water from this well to be used for human consumption?
   Yes X No ____
4. Date well completed 4/11/73
5. Permanent Pump Installed? Yes X No ____
   Manufacturer FW Type Deburn
   Capacity ____gpm. Depth of setting 100 ft.
6. Well Top Sealed? Yes Y No ____
7. Pitless Adaptor Installed? Yes Y No ____
8. Well Disinfected? Yes Y No ____
9. Water Sample Submitted? Yes ____ No X

REMARKS:

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. [redacted]
    Driller K & Lauer Bulbern License No. ____
11. Permit No. 22472 Date 3/28/73
12. Water from ____ Formation
    at depth 40 to 140 ft.
13. County [redacted]
14. Screen: Diam. ____in.
    Length: ____ft. Slot ____

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Black 15	0	84

SHOW LOCATION IN S [redacted]

16. Size Hole below casing: 5 in.
17. Static level 42 ft. below casing top which is 2 ft. above ground level. Pumping level 100 ft. when pumping at ____ gpm for ____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Overburden	84	84
Rock formation	56	140

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [signature] DATE 4/12

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam. 5 in. Depth 157 ft.
   Curb material _____. Buried Slab: Yes_____ No_____
   b. Driven _____. Drive Pipe Diam. _____ in. Depth _____ ft.
   c. Drilled x. Finished in Drift _____. In Rock x.
   Tubular _____. Gravel Packed _____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
Cuttings	0	94

2. Distance to Nearest:
   Building _____ Ft. Seepage Tile Field _____
   Cess Pool _____ Sewer (non Cast iron) _____
   Privy _____ Sewer (Cast iron) _____
   Septic Tank 50 ft. plus Barnyard _____
   Leaching Pit _____ Manure Pile _____
3. Is water from this well to be used for human consumption?
   Yes x No _____
4. Date well completed June 1973
5. Permanent Pump Installed? Yes ✗ No x
   Manufacturer _____ Type _____
   Capacity _____ gpm. Depth of setting _____ ft.
6. Well Top Sealed? Yes _____ No _____
7. Pitless Adaptor Installed? Yes _____ No _____
8. Well Disinfected? Yes _____ No _____
9. Water Sample Submitted? Yes _____ No _____

REMARKS:

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

Non-Responsive

Driller K&K Well Drilling License No. 102-28
11. Permit No. 23641 Date June 15, 1973
12. Water from Rock (Formation) at depth 0 to 157 ft.
13. County Cook

Non-Responsive

14. Screen: Diam. _____ in.
    Length: _____ ft. Slot _____
15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	15 lb. BLK	0	94

SHOW LOCATION IN

Non-Responsive

16. Size Hole below casing: 5 in.
17. Static level 10 ft. below casing top which is 1½ ft. above ground level. Pumping level _____ ft. when pumping at _____ gpm for _____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Glacial drift	0	94
Rock Formation	94	157

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [signature] d/b/a K&K Well Drilling DATE Aug. 17, 1973

Non-Responsive

[redacted]

e Copy - Ill. Dept. ublic Health
Yellow Copy -- Well Contractor
Blue Copy — Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam. 5 in. Depth 70 ft.
   Curb material _____. Buried Slab: Yes_____ No_____
   b. Driven _____. Drive Pipe Diam. _____in. Depth _____ft.
   c. Drilled X. Finished in Drift _____. In Rock X.
   Tubular _____. Gravel Packed _____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 10 Ft. Seepage Tile Field 110
   Cess Pool _____ Sewer (non Cast iron) _____
   Privy _____ Sewer (Cast iron) _____
   Septic Tank 100 Barnyard 75
   Leaching Pit _____ Manure Pile _____
3. Is water from this well to be used for human consumption?
   Yes _____ No X
4. Date well completed FEBRUARY 19, 1969
5. Permanent Pump Installed? Yes X No _____
   Manufacturer GOULD Type SUBMERSIBLE
   Capacity 10 gpm. Depth of setting 42 ft.
6. Well Top Sealed? Yes X No _____
7. Pitless Adaptor Installed? Yes X No _____
8. Well Disinfected? Yes X No _____
9. Water Sample Submitted? Yes X No _____

REMARKS:

GEOLOGICAL WATER SURVEYS WATER WELL RECORD

10. Non-Responsive
11. Driller ED O'BRIEN License No. 12 368
12. Water from LIMESTONE Formation 13. County DUPAGE
    at depth 67 to 70 ft.
14. Screen: Diam. _____in.
    Length: _____ft. Slot _____

Non-Responsive

[redacted]

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	GALV. YOUNGSTOWN 15½#	+2	67

Non-Responsive

[redacted]

16. Size Hole below casing: 5 in.
17. Static level 24½ ft. below casing top which is 2 ft. above ground level. Pumping level 33½ ft. when pumping at 10 gpm for 2 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
SURFACE FILL	1½	1½
BLACK DIRT	3	4½
YELLOW BOULDER CLAY	10½	15
GRAY CLAY	21	36
PINK CLAY GRITTY, STONY	26	62
YELLOWISH SANDY CLAY	5	67
LIMESTONE, YELLOW-WHITE	3	70
(CONTINUE ON SEPARATE SHEET IF NECESSARY)		

SIGNED Ed O'Brien DATE 3/10/69

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam.____in. Depth____ft.
   Curb material____. Buried Slab: Yes____No____
   b. Driven____. Drive Pipe Diam.____in. Depth____ft.
   c. Drilled X. Finished in Drift____. In Rock X.
   Tubular____. Gravel Packed____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 30 Ft. Seepage Tile Field 85
   Cess Pool NONE Sewer (non Cast iron) NONE
   Privy NONE Sewer (Cast iron) NONE
   Septic Tank 50 Barnyard NONE
   Leaching Pit NONE Manure Pile NONE
3. Well furnishes water for human consumption? Yes X No____
4. Date well completed 2-4-87
5. Permanent Pump Installed? Yes X Date 2-3-87 No____
   Manufacturer Fairbanks Type Sub m Location well
   Capacity 40 gpm. Depth of Setting 105 Ft.
6. Well Top Sealed? Yes X No____ Type VERMIN proof seal
7. Pitless Adapter Installed? Yes X No____
   Manufacturer MARTINSON Model Number ____
   How attached to casing? Rubber compression
8. Well Disinfected? Yes X No____
9. Pump and Equipment Disinfected? Yes X No____
10. Pressure Tank Size____gal. Type WX250
    Location BASEMENT
11. Water Sample Submitted? Yes X No____

REMARKS: County #27681

GEOLOGICAL AND WATER SURVEYS WELL RECORD

Non-Responsive

Driller Paul Liberg License No. 102-003-019
11. Permit No. 129303 Date 2-2-87
12. Water from limestone (Formation) 13. County DuPage
    at depth 135 to 180 ft. NW¼
14. Screen: Diam.____in.
    Length:____ft. Slot____

Non-Responsive

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5"	Black	0	135
	15# per ft.		

Non-Responsive

16. Size Hole below casing: 5 in.
17. Static level 40 ft. below casing top which is / ft. above ground level. Pumping level 40 ft. when pumping at 10+ gpm for 2 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Clay	130	130
Gravel	5	135
Rock	45	180

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Paul Liberg DATE 2/5/87

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

79-87

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam. 5 in. Depth 180 ft.
   Curb material _____. Buried Slab: Yes____ No____
   b. Driven _____. Drive Pipe Diam. ____in. Depth 180 ft.
   c. Drilled X. Finished in Drift _____. In Rock X.
   Tubular _____. Gravel Packed _____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)
Cuttings		

2. Distance to Nearest:
   Building 35 Ft. Seepage Tile Field _____
   Cess Pool _____ Sewer (non Cast iron) _____
   Privy _____ Sewer (Cast iron) _____
   Septic Tank 75 Barnyard _____
   Leaching Pit _____ Manure Pile _____
3. Well furnishes water for human consumption? Yes X No____
4. Date well completed 7/9/79
5. Permanent Pump Installed? Yes X Date 7/9/79 No____
   Manufacturer Jacuzzi Type Submersible Location Well
   Capacity____gpm. Depth of Setting 80' Ft.
6. Well Top Sealed? Yes X No____ Type _____
7. Pitless Adapter Installed? Yes X No____
   Manufacturer Williams Model Number _____
   How attached to casing? Clamp on
8. Well Disinfected? Yes X No____
9. Pump and Equipment Disinfected? Yes X No____
10. Pressure Tank Size 82 gal. Type Con Aire
    Location Crawl Space
11. Water Sample Submitted? Yes____ No X

REMARKS:

IDPH 4.065
1/74 – KNB-1

GEOLOGICAL AND WATER SURVEYS WELL RECORD

1. [redacted]
   Driller [redacted] License No. [redacted]
11. Permit No. 86139 Date May 30, 1979
12. Water from Limestone Formation
    at depth 147 to 180 ft.
13. County Cook
14. Screen: Diam. _____in.
    Length: _____ft. Slot _____

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5	Galv Pipe	0	147

16. Size Hole below casing: 5 in.
17. Static level 30 ft. below casing top which is 2 ft. above ground level. Pumping level 80' ft. when pumping at ____ gpm for ____ hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Overburden	147	147
Limestone	33	180

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED [signature] DATE 8/23/79

[redacted]

e Copy –
il. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILLERS

FILL IN ALL PERTINENT INFORMA. I REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, ROOM 616, STATE OFFICE BUILDING, SPRINGFIELD, ILLINOIS, 62706. DO NOT DETACH GEOLOGICAL / WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam. 5 in. Depth 175 ft.
   Curb material _____. Buried Slab: Yes_____ No_____
   b. Driven _____. Drive Pipe Diam. _____in. Depth _____ft.
   c. Drilled X. Finished in Drift _____. In Rock X.
   Tubular _____. Gravel Packed _____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 35' Ft. Seepage Tile Field 75'
   Cess Pool _____ Sewer (non Cast iron) _____
   Privy _____ Sewer (Cast iron) _____
   Septic Tank 50' Barnyard _____
   Leaching Pit _____ Manure Pile _____
3. Is water from this well to be used for human consumption?
   Yes X No _____
4. Date well completed 12/28/73
5. Permanent Pump Installed? Yes X No _____
   Manufacturer Red Jacket Type Submersible
   Capacity 10 gpm. Depth of setting 80' ft.
6. Well Top Sealed? Yes X No _____
7. Pitless Adaptor Installed? Yes X No _____
8. Well Disinfected? Yes X No _____
9. Water Sample Submitted? Yes _____ No X

REMARKS: Owner instructed to take sample.

IDPH 4.065
10/68

GEOLOGICAL AND WATER SURVEYS WELL RECORD

Non-Responsive

Driller DuPage Pump Inc. License No. 92-147
11. Permit No. 26279 Date 10-30-73
12. Water from Limestone Formation 13. [redacted]
   at depth _____ to _____ft.
14. Screen: Diam. _____in.
   Length: _____ft. Slot _____

15. Casing and Liner Pipe 2000'SL, 1250'WL

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5"	Steel 14.98	0	55'

SHOW LOCATION IN SECTION PLAT

Non-Responsive

16. Size Hole below casing: 5 in.
17. Static level _____ft. below casing top which is 8 ft. above ground level. Pumping level 40 ft. when pumping at 10 gpm for 2 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Drift	55	55
Limestone	120'	175'

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Owner Yeomans DATE 12/28/73

White Copy – Ill. Dept. of Public Health
Yellow Copy – Well Contractor
Blue Copy – Well Owner

INSTRUCTIONS TO DRILL

FILL IN ALL PERTINENT INFORMATION REQUESTED AND MAIL ORIGINAL TO STATE DEPARTMENT OF PUBLIC HEALTH, CONSUMER HEALTH PROTECTION, 535 WEST JEFFERSON, SPRINGFIELD, ILLINOIS, 62761. DO NOT DETACH GEOLOGICAL/WATER SURVEYS SECTION. BE SURE TO PROVIDE PROPER WELL LOCATION.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH WELL CONSTRUCTION REPORT

1. Type of Well
   a. Dug____. Bored____. Hole Diam.____in. Depth____ft.
   Curb material____. Buried Slab: Yes____No____
   b. Driven____. Drive Pipe Diam.____in. Depth____ft.
   c. Drilled X. Finished in Drift____. In Rock X.
   Tubular____. Gravel Packed____.
   d. Grout:

(KIND)	FROM (Ft.)	TO (Ft.)

2. Distance to Nearest:
   Building 50 Ft. Seepage Tile Field 85
   Cess Pool None Sewer (non Cast iron) None
   Privy None Sewer (Cast iron) None
   Septic Tank 50 Barnyard None
   Leaching Pit None Manure Pile None
3. Well furnishes water for human consumption? Yes X No____
4. Date well completed 3-19-87
5. Permanent Pump Installed? Yes X Date 3-20-87 No____
   Manufacturer Fairbanks Type subm Location well
   Capacity 100 gpm. Depth of Setting 80 Ft.
6. Well Top Sealed? Yes X No____ Type
7. Pitless Adapter Installed? Yes X No____
   Manufacturer Martinson Model Number
   How attached to casing? Rubber Compression
8. Well Disinfected? Yes X No____
9. Pump and Equipment Disinfected? Yes X No____
10. Pressure Tank Size____gal. Type (1)x25(1)
    Location Basement
11. Water Sample Submitted? Yes X No____

REMARKS: County # 27737

GEOLOGICAL AND WATER SURVEYS WELL RECORD

10. Property [redacted]
    Address [redacted]
    Driller [redacted] License No. [redacted]
11. Permit No. 130063 Date 3/23/87
12. Water from limestone (Formation) 13. County DuPage
    at depth 110 to 155 ft. SW/4
14. Screen: Diam.____in.
    Length:____ft. Slot____

[redacted]

15. Casing and Liner Pipe

Diam. (in.)	Kind and Weight	From (Ft.)	To (Ft.)
5"	Black	0	110
	15# per ft		

SHOW LOCATION IN [redacted]

16. Size Hole below casing: 5 in.
17. Static level 100 ft. below casing top which is 1 ft. above ground level. Pumping level 100 ft. when pumping at 10+ gpm for 2 hours.

18. FORMATIONS PASSED THROUGH	THICKNESS	DEPTH OF BOTTOM
Yellow clay & agrigate	8	8
Sand & gravel	5	13
gray clay & sand & gravel	99	107
sand & gravel	3	110
limestone (white)	33	143
Shale / limestone	12	155

(CONTINUE ON SEPARATE SHEET IF NECESSARY)

SIGNED Paul E. Liberg DATE 4/30/87
TWS

IDPH 4.065
1/74 – KNB-1

RESPONDENT CONTACT RECORD (RCR)

FACILITY ID NUMBER	COMPANY NAME
1 L S 0 0 0 0 0 1 4 7 4	St. Charles, Il

COMPANY ADDRESS	CITY	STATE ABBREV.	ZIP CODE

CONTACT PERSON'S NAME/TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)

CONTACT RECORD

DATE	CONTRACTOR'S INITIALS	ITEMS DISCUSSED/RESOLUTION
8/18	L.A.	Address requested, other than
		P.O. Box Called back Aug. 19, 1981

RESPONDENT CONTACT RECORD (RCR)

FACILITY ID NUMBER	COMPANY NAME
ILS000001364	

COMPANY ADDRESS	CITY	STATE ABBREV.	ZIP CODE
		IL	

CONTACT PERSON'S NAME/TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)
	312 741-0219

CONTACT RECORD

DATE	CONTRACTOR'S INITIALS	ITEMS DISCUSSED/RESOLUTION
7-27	CKF	John Schartow, Lead Operator

FEDERAL EXPRESS

USE THIS AIRBILL FOR SHIPMENTS WITHIN THE CONTINENTAL U.S.A., ALASKA AND HAWAII.
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198N

Sender's Federal Express Account Number: 1270-9910-3

Date: 8/21/90

SENDER'S COPY

1 From (Your Name) Please Print: Deborah Barret

Company: ECOLOGY & ENVIRONMENT

Your Phone Number (Very Important): (312)663-9415

Department/Floor No.

Street Address: 5634 NORTHWEST HWY

City: CHICAGO State: IL ZIP Required: 60646

2 To (Recipient's Name) Please Print: Bill Sargent

Company: U.S. EPA Central Regional Lab

Recipient's Phone Number (Very Important): (312) 353-9083

Department/Floor No.: 10TH FL

Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip+ Codes.): 536 S. CLARK STREET

City: CHICAGO State: IL ZIP Required: 60605

YOUR INTERNAL BILLING REFERENCE INFORMATION (First 24 characters will appear on invoice.): FT1 05 FILO92SAT 24

3 PAYMENT 1 [X] Bill Sender 2 [ ] Bill Recipient's FedEx Acct. No. 3 [ ] Bill 3rd Party FedEx Acct. No. 4 [ ] Bill Credit Card 5 [ ] Cash/Check

Acct./Credit Card No. Exp. Date

H IF HOLD FOR PICK-UP, Print FEDEX Address Here: Street Address / City / State / ZIP Required

4 SERVICES (Check only one box)

Priority Overnight Service (Delivery by next business morning†)
11 [X] YOUR PACKAGING
16 [ ] FEDEX LETTER *
12 [ ] FEDEX PAK *
13 [ ] FEDEX BOX
14 [ ] FEDEX TUBE

Standard Overnight Service (Delivery by next business afternoon†)
51 [ ]
56 [ ] FEDEX LETTER *
52 [ ] FEDEX PAK *
53 [ ] FEDEX BOX
54 [ ] FEDEX TUBE

Economy Distribution Service (formerly Standard Air) (Delivery by second business day†)
30 [ ] ECONOMY DIST. SVC.

Heavyweight Service (for Extra Large or any package over 150 lbs.)
70 [ ] HEAVYWEIGHT **
80 [ ] DEFERRED HEAVYWEIGHT **

† Delivery commitment may be later in some areas.
*Declared Value Limit $100.
**Call for delivery schedule.

DELIVERY AND SPECIAL HANDLING (Check services required)
1 [ ] HOLD FOR PICK-UP (Fill in Box H)
2 [X] DELIVER WEEKDAY
3 DELIVER SATURDAY (Extra charge) (Not available to all locations) [ ]
4 DANGEROUS GOODS (Extra charge) [ ]
5 [ ]
6 [ ] DRY ICE ____ lbs.
7 [ ] OTHER SPECIAL SERVICE ____
8 [ ]
9 SATURDAY PICK-UP (Extra charge) [ ]
10 [ ]
11 [ ] DESCRIPTION
12 HOLIDAY DELIVERY (If offered) (Extra charge) [ ]

PACKAGES	WEIGHT In Pounds Only	YOUR DECLARED VALUE (Use right)
1	180	
Total	Total 180	Total

DIM SHIPMENT (Chargeable Weight) [ ] ____ lbs.

Received At: 1 [ ] Regular Stop 2 [ ] On-Call Stop 3 [ ] Drop Box 4 [ ] BSC [X] Station

FedEx Emp. No. 44378

SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY

Use of this airbill constitutes your agreement to the service conditions in our current Service Guide, available upon request. See back of sender's copy of this airbill for information.
We will not be responsible for any claim in excess of $100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, and document your actual loss for a timely claim. Maximum amount limitations found in the current Federal Express Service Guide apply. Your right to recover from Federal Express for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of $100 or the declared value specified to the left. Recovery cannot exceed actual documented loss. The maximum Declared Value for FedEx Letter and FedEx Pak packages is $100.00. In the event of untimely delivery, Federal Express will at your request and with some limitations, refund all transportation charges paid. See Service Guide for further information.

Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.

5 Release Signature: Date/Time: 8/21 1855

Federal Express Use: Base Charges / Declared Value Charge / Other 1 / Other 2 / Total Charges

REVISION DATE 4/90 PART #119500 FXSM 7/90 FORMAT #027

027

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FEDERAL EXPRESS

USE THIS AIRBILL FOR SHIPMENTS WITHIN THE CONTINENTAL U.S.A., ALASKA AND HAWAII.
USE THE INTERNATIONAL AIR WAYBILL FOR SHIPMENTS TO PUERTO RICO AND ALL NON U.S. LOCATIONS.
QUESTIONS? CALL 800-238-5355 TOLL FREE.

AIRBILL PACKAGE TRACKING NUMBER **8160126516**

198N

Sender's Federal Express Account Number: 1270-9910-3

Date: 8/21/90

SENDER'S COPY

1 From (Your Name) Please Print: Deborah Barrett

Company: ECOLOGY & ENVIRONMENT

Your Phone Number (Very Important): 312, 663-9415

Department/Floor No.

Street Address: 5634 NORTHWEST HWY

City: CHICAGO State: IL ZIP Required: 60646

2 To (Recipient's Name) Please Print: MIKE RAYNOR

Company: YORK LABORATORIES

Recipient's Phone Number (Very Important): (203) 452 8200

Department/Floor No.

Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip+ Codes.): 200 MONROE TURNPIKE

City: MONROE State: CT ZIP Required: 06468

YOUR INTERNAL BILLING REFERENCE INFORMATION (First 24 characters will appear on invoice.): FT1 05-05 FILO92SAT 24

3 PAYMENT 1 [X] Bill Sender 2 [ ] Bill Recipient's FedEx Acct. No. 3 [ ] Bill 3rd Party FedEx Acct. No. 4 [ ] Bill Credit Card 5 [ ] Cash/Check

Acct./Credit Card No. Exp. Date

H IF HOLD FOR PICK-UP, Print FEDEX Address Here: Street Address / City / State / ZIP Required

4 SERVICES (Check only one box)

Priority Overnight Service (Delivery by next business morning†)
11 [X] YOUR PACKAGING
16 [ ] FEDEX LETTER *
12 [ ] FEDEX PAK *
13 [ ] FEDEX BOX
14 [ ] FEDEX TUBE

Standard Overnight Service (Delivery by next business afternoon†)
51 [ ]
56 [ ] FEDEX LETTER *
52 [ ] FEDEX PAK *
53 [ ] FEDEX BOX
54 [ ] FEDEX TUBE

Economy Distribution Service (formerly Standard Air)

Heavyweight Service (for Extra Large or any package over 150 lbs.)

DELIVERY AND SPECIAL HANDLING (Check services required)
1 [ ] HOLD FOR PICK-UP (Fill in Box H)
2 [X] DELIVER WEEKDAY
3 DELIVER SATURDAY (Extra charge) (Not available to all locations) [ ]
4 DANGEROUS GOODS (Extra charge) [ ]
5 [ ]
6 [ ] DRY ICE ____ lbs.
7 [ ] OTHER SPECIAL SERVICE ____
8 [ ]
SATURDAY PICK-UP

PACKAGES	WEIGHT In Pounds Only	YOUR DECLARED VALUE (Use right)
1	154	
Total	Total 154	Total

DIM SHIPMENT (Chargeable Weight) [ ] ____ lbs.

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Sender authorizes Federal Express to deliver this shipment without

Federal Express Use: Base Charges / Declared Value Charge / Other 1 / Other 2 / Total Charges

FEDERAL EXPRESS

USE THIS AIRBILL FOR SHIPMENTS WITHIN THE CONTINENTAL U.S.A., ALASKA AND HAWAII.
USE THE INTERNATIONAL AIR WAYBILL FOR SHIPMENTS TO PUERTO RICO AND ALL NON U.S. LOCATIONS.
QUESTIONS? CALL 800-238-5355 TOLL FREE.

AIRBILL
PACKAGE TRACKING NUMBER **8160126494**

198N 8160126494

Sender's Federal Express Account Number: 1270-9910-3
Date: 8/21/90

SENDER'S COPY

1 From (Your Name) Please Print: Deborah Barrett
Your Phone Number (Very Important): 312, 6634115
Company: ECOLOGY & ENVIRONMENT
Department/Floor No.:
Street Address: 5634 NORTHWEST HWY
City: CHICAGO State: IL ZIP Required: 60646

2 To (Recipient's Name) Please Print: CLAYTON ENV. Consult
Recipient's Phone Number (Very Important): 313, 3441780
Company: c/o Dori Nelson
Department/Floor No.:
Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.): 22345 Roethel Drive
City: Novi State: MI ZIP Required: 48050

YOUR INTERNAL BILLING REFERENCE INFORMATION (First 24 characters will appear on invoice.): FT1305-05 FIL0192CAI, 24

H IF HOLD FOR PICK-UP, Print FEDEX Address Here
Street Address:
City: State: ZIP Required:

3 PAYMENT 1 [X] Bill Sender 2 [ ] Bill Recipient's FedEx Acct. No. 3 [ ] Bill 3rd Party FedEx Acct. No. 4 [ ] Bill Credit Card
5 [ ] Cash/Check Acct./Credit Card No. Exp. Date

4 SERVICES (Check only one box)

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11 [X] YOUR PACKAGING
16 [ ] FEDEX LETTER *
12 [ ] FEDEX PAK *
13 [ ] FEDEX BOX
14 [ ] FEDEX TUBE

Standard Overnight Service (Delivery by next business afternoon†)
51 [ ]
56 [ ] FEDEX LETTER *
52 [ ] FEDEX PAK *
53 [ ] FEDEX BOX
54 [ ] FEDEX TUBE

Economy Distribution Service (formerly Standard Air) (Delivery by second business day†)
30 [ ] ECONOMY DIST. SVC.

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70 [ ] HEAVYWEIGHT **
80 [ ] DEFERRED HEAVYWEIGHT **

†Delivery commitment may be later in some areas.
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**Call for delivery schedule.

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2 [X] DELIVER WEEKDAY
3 DELIVER SATURDAY (Extra charge) (Not available to all locations) [ ]
4 [ ] DANGEROUS GOODS (Extra charge)
5 [ ]
6 [ ] DRY ICE ____ Lbs.
7 [ ] OTHER SPECIAL SERVICE
8 [ ]
9 [ ] SATURDAY PICK-UP (Extra charge)
10 [ ]
11 [ ] DESCRIPTION
12 [ ] HOLIDAY DELIVERY (If offered) (Extra charge)

PACKAGES	WEIGHT In Pounds Only	YOUR DECLARED VALUE (See right)
Total 4	Total 310	Total

DIM SHIPMENT (Chargeable Weight) [ ] ____ lbs.

Received At
1 [ ] Regular Stop 3 [ ] Drop Box
2 [ ] On-Call Stop 4 [ ] BSC 5 [ ] Station

FedEx Emp. No. 6043

SERVICE CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY

Use of this airbill constitutes your agreement to the service conditions in our current Service Guide, available upon request. See back of sender's copy of this airbill for information.

We will not be responsible for any claim in excess of $100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, and document your actual loss for a timely claim. Maximum amount limitations found in the current Federal Express Service Guide apply. Your right to recover from Federal Express for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of $100 or the declared value specified to the left. Recovery cannot exceed actual documented loss. The maximum Declared Value for FedEx Letter and FedEx Pak packages is $100.00. In the event of untimely delivery, Federal Express will at your request and with some limitations, refund all transportation charges paid. See Service Guide for further information.

Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.

5 Release Signature:
Date/Time: 8/21 1551

Federal Express Use
Base Charges
Declared Value Charge
Other 1
Other 2
Total Charges

REVISION DATE 4/90
PART #119500 FXEM 7/90
FORMAT #027
027

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FEDERAL EXPRESS

MULTIPLE PACKAGE SHIPMENT LABELS

SHIPMENT DATE: 8/21/90
MASTER AIRBILL NUMBER: 8160126494

2 OF 4 — 5936407802
DESCRIPTION

3 OF 4 — 5936407811
DESCRIPTION

4 OF 4 — 5936407827
DESCRIPTION

___ OF ___ — 5936407836
DESCRIPTION

___ OF ___ — 5936407845

Goes in Filing Cabinet for Sample Mgmt.