



4351 West College Avenue
 Suite 210
 Appleton, WI 54914-3928
 Phone: (920) 830-0209
 FAX: (920) 830-1996

TO: Mr. Pablo Valentin

U.S. Environmental Protection Agency
 77 W. Jackson Blvd., HSRW-6J
 Chicago, IL 60604

115805

LETTER OF TRANSMITTAL

DATE: 3/19/98	JOB NO.: 3448.11
ATTENTION: Pablo Valentin	
RE: February Discharge Monitoring Reports	

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Contract Documents
- Purchase Order
- Waiver of Lien
- Laboratory Analysis Report
- Certificates of Insurance
- Copy of letter
- Plans
- DMR

COPIES	DATE	NO.	DESCRIPTION
1	3/18/98		February Discharge Monitoring Report

THESE ARE TRANSMITTED as checked below:

- FOR APPROVAL
- APPROVED AS NOTED
- APPROVED AS SUBMITTED
- SIGN AND RETURN
- FOR REVIEW AND COMMENT
- RETURNED FOR CORRECTIONS
- FOR YOUR USE
- AS REQUESTED
- _____

REMARKS:

Enclosed is the February DMR for Lemberger Landfill. Please call me if you have any questions.

COPY TO Doug Clark, File

SIGNED Peter J. Glassen

COMMENT SECTION

* THESE RESULTS REPRESENT AN AVERAGE TAKEN ON THE MONDAY FOLLOWING WEEKENDS, WHERE DATA IS NOT COLLECTED FOR WEEKENDS

LEAVE BLANK FOR DNR USE ONLY

(V)

Regional Editor _____ NO

Date Edited _____ NI

Other _____ ME

Sample analyzed by **ENCHEM**

Lab ID# **113138520**

Lab ID# _____

1/14 Quality Control exceedances

PERMITEE'S NAME
LEMBERGER LANDFILL SUPERFUND SITE
 FACILITY NAME
LEMBERGER LANDFILL SUPERFUND SITE
 920-830-0209

DJM/JHM
 MIN

PERMIT NUMBER **0049573** MONTH **FEBRUARY 1998** COUNTY **36-MANITOWOC** FID **436016790**

SAMPLE PT NUMBER	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R
PARAMETER NUMBER	00244	00400	00134	00310	00011	00133	00610	00026
PARAMETER NAME	FLOW	PH	SUSPENDED SOLIDS TOTAL	BOD 5 DAY	TEMP WATER	PHOSPHORUS TOTAL AS P	NITROGEN (AMMONIA) NH3-N	HARDNESS TOTAL
PARAMETER UNITS	MGD	S U	MG/L	MG/L	DEGREES F	MG/L	MG/L	MG/L
MONTHLY AVERAGE	0.31605	XXXXXXXXXX	1.75	0	49.55	0	0	360
DAILY MAXIMUM	0.35017	8.28	5	<2	50	<0.73	<0.061	360
DAILY MINIMUM	0.23522	7.94	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
NUMBER OF VALUES REPORTED	28	28	4	1	4	1	1	1
PERMIT REQUIREMENTS	LIMIT	Times Exceeded	LIMIT	Times Exceeded	LIMIT	Times Exceeded	LIMIT	Times Exceeded
MONTHLY AVERAGE								
DAILY MAXIMUM		9.00	40.00					
DAILY MINIMUM		6.00						
WEEKLY AVERAGE								
FREQUENCY OF SAMPLING	DAILY	DAILY	WEEKLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY
SAMPLE TYPE REQUIRED	CONTINUOUS	GRAB	COMPOSITE	COMPOSITE	GRAB	COMPOSITE	COMPOSITE	COMPOSITE

SAMPLE PT NUMBER	001(EFFL) 00244	001(EFFL) 00400	001(EFFL) 00134	001(EFFL) 00310	001(EFFL) 00011	001(EFFL) 00133	001(EFFL) 00610	001(EFFL) 00026
REMARKS	Date	* 2	* 3	* 4	* 5	* 6	* 7	* 8
1	* 1/0.30595	* 8.14						
2	* 0.35998	* 8.14						
3	0.29918	7.94						
4	0.31013	7.98	1		50			
5	0.31256	7.94						
6	0.31510	8.00						
7	* 0.31824	* 8.05						
8	* 0.31824	* 8.05						
9	0.31824	8.05						
10	0.32892	8.05						
11	0.31899	8.01						
12	0.31292	7.95			50			
13	0.29979	7.94						
14	* 0.33827	* 8.24						
15	* 0.33827	* 8.24						
16	0.33827	8.24						
17	0.31858	8.28						
18	0.24439	8.28						
19	0.33193	8.28						
20	0.30395	8.28	<1		50			
21	* 0.35017	* 8.28						
22	* 0.35017	* 8.28						
23	0.35017	8.28						
24	0.23522	8.29						
25	0.32162	8.28	5	<2	48.2	<0.73	<0.061	360
26	0.32372	8.28						
27	0.32280	8.28						
28	* 0.37781	* 8.28						
29								
30								
31								
TOTAL	0.84950	N.A.	7	<2	198.2	<0.73	<0.061	360

RETAIN FACILITY COPY SEND ORIGINAL & REGIONAL COPY TO:
 DNR NORTHEAST REGION
 PO BOX 10448
 GREEN BAY, WI 54307-0448

FACILITY ADDRESS
 PETE GLASSEN CNSLNT
 LEMBERGER LANDFILL SUPERFUND SITE
 C/O RMT 4351 W COLLEGE #21
 APPLETON WI 54914

RETURN REPORT NO LATER THAN **MARCH 15**

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 not providing this certification to the public.

Signature of Operator: *Pete J. Glasse*

Certificate Number if Applicable: _____

Date: *3/18/98*

Signature of Regional Executive Officer or Authorized Agent: _____

Title: *Project Manager*

Date: _____

COMMENT SECTION
1:LIMIT IS 0.165.
2:LIMIT IS 0.115 MONTHLY AVERAGE

LEAVE BLANK FOR DNR USE ONLY

Regional Editor: _____ ND
 Date Edited: _____ ME
 Other: _____

Samples analyzed by **EN Chem**
 Lab ID# **113138520**
 Lab ID# _____
 (1) Quality Control incidences

PERMITEE'S NAME: **LEMBERGER LANDFILL SUPERFUND SITE**
 FACILITY NAME: **LEMBERGER LANDFILL SUPERFUND SITE**
 COUNTY: **36-MANITOWOC**
 FID: **436016790**
 920-830-0209

PERMIT NUMBER	MONTH								COUNTY	FID
0049573	FEBRUARY 1998								36-MANITOWOC	436016790
SAMPLE PT. NUMBER	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	
PARAMETER NUMBER	34030	90147	32104	90175	32102	90229	32106	90253		
PARAMETER NAME	BENZENE	BENZENE	BROMOFORM	BROMOFORM	CARBON TETRA-CHLORIDE	CARBON TETRA-CHLORIDE	CHLOROFORM	CHLOROFORM		
PARAMETER LIMITS	UG/L	LBS/DAY	UG/L	LBS/DAY	UG/L	LBS/DAY	PPB	LBS/DAY		
NOTES (SEE COMMENT SECTION ABOVE)							1	2		
MONTHLY AVERAGE	0	0	0	0	0	0	0	0		
DAILY MAXIMUM	<0.4	<0.001071	<0.28	<0.000750	<0.43	<0.001152	<0.0005	<0.001339		
DAILY MINIMUM	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
NUMBER OF VALUES REPORTED	1	1	1	1	1	1	1	1		
PERMIT REQUIREMENTS	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	
MONTHLY AVERAGE	0.600-00	0.35	0.800-00	0.14	0.400-00	0.10	0.800-00	0.14		
DAILY MAXIMUM										
DAILY MINIMUM										
WEEKLY AVERAGE										
FREQUENCY OF SAMPLING	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	
SAMPLE TYPE REQUIRED	GRAB	CALCULATED	GRAB	CALCULATED	GRAB	CALCULATED	GRAB	CALCULATED		

PERMIT NUMBER	MONTH								FACILITY NAME	PAGE
0049573	FEBRUARY 1998								LEMBERGER LANDFILL SUPERFUND SITE	2
SAMPLE PT. NUMBER	001(EFFL) 34030	001(EFFL) 90147	001(EFFL) 32104	001(EFFL) 90175	001(EFFL) 32102	001(EFFL) 90229	001(EFFL) 32106	001(EFFL) 90253		
REMARKS	Date	* 1	* 2	* 3	* 4	* 5	* 6	* 7	* 8	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25		<0.4	<0.001071	<0.28	<0.000750	<0.43	<0.001152	<0.0005	<0.001339	
26										
27										
28										
29										
30										
31										
TOTAL		<0.4	<0.001071	<0.28	<0.000750	<0.43	<0.001152	<0.0005	<0.001339	

RETAIN FACILITY COPY
 SEND ORIGINAL & REGIONAL COPY TO:
 DNR NORTHEAST REGION
 PO BOX 10448
 GREEN BAY, WI 54307-0448

FACILITY ADDRESS
 PETE GLASSEN
 C/0 RMT 4351 W COLLEGE #21
 APPLETON
 WI 54914

RETURN REPORT NO LATER THAN **MARCH 15**

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 declare that there are significant penalties for providing false information.

Signature of Operator: _____ Date: _____
 Signature of Regional Executive Officer / Authorized Agent: *Pete J. Glasen* Title: *Project Manager* Date: *3/18/98*

LEAVE BLANK FOR DNR USE ONLY

Regional Office: _____ ()
Date Edited: _____
Other: _____

Samples analyzed by: EN CHEM
Lab ID# 113138520
Lab ID# _____
() if Quality Control exceedances

PERMITTEE'S NAME
LEMBERGER LANDFILL SUPERFUND SITE
FACILITY NAME
LEMBERGER LANDFILL SUPERFUND SITE
920-830-0209

DJH/JJM
MIN

PERMIT NUMBER **0049573** MONTH **FEBRUARY 1998** COUNTY **36-MANITOWOC** FID **436016790**

SAMPLE PT NUMBER	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R
PARAMETER NUMBER	32101	90230	43031	90231	34501	90216	43014	90258
PARAMETER NAME	DICHLORO BROMO METHANE	DICHLORO BROMO METHANE	1,2 DICHLORO-ETHANE	1,2 DICHLORO-ETHANE	1,1 DICHLORO-ETHYLENE	1,1 DICHLORO-ETHYLENE	TRANS 1,2-DICHLORO-ETHYLENE PPB	TRANS 1,2-DICHLORO-ETHYLENE
PARAMETER UNITS	UG/L	LBS/DAY	MG/L	LBS/DAY	UG/L	LBS/DAY	UG/L	LBS/DAY
NOTES (SEE COMMENT SECTION ABOVE)		1				2		
MONTHLY AVERAGE	0	0	0.00047	0.00122	0	0	0	0
DAILY MAXIMUM	0.39	0.001044	0.00047	0.001259	0.56	0.0015	0.55	0.001473
DAILY MINIMUM	XXXXXXXXXX	XXXXXXXXXX	0.00047	0.001190	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
NUMBER OF VALUES REPORTED	1	1	4	4	1	1	1	1
PERMIT REQUIREMENTS	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT
MONTHLY AVERAGE		0.1		0.25		0.15		21.10
DAILY MAXIMUM			236.00		0544.00		270.00	
DAILY MINIMUM								
WEEKLY AVERAGE								
FREQUENCY OF SAMPLING	MONTHLY	MONTHLY	WEEKLY	WEEKLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY
SAMPLE TYPE REQUIRED	GRAB	CALCULATED	GRAB	CALCULATED	GRAB	CALCULATED	GRAB	CALCULATED

PERMIT NUMBER **0049573** MONTH **FEBRUARY 1998** FACILITY NAME **LEMBERGER LANDFILL SUPERFUND SITE** PAGE **3**

SAMPLE PT. NUMBER	001(EFFL) 32101	001(EFFL) 90230	001(EFFL) 43031	001(EFFL) 90231	001(EFFL) 34501	001(EFFL) 90216	001(EFFL) 43014	001(EFFL) 90258
REMARKS								
1								
2								
3								
4			0.00047	0.001214				
5								
6								
7								
8								
9								
10								
11								
12			0.00047	0.001225				
13								
14								
15								
16								
17								
18								
19								
20			0.00047	0.001190				
21								
22								
23								
24								
25	0.39	0.001044	0.00047	0.001259	0.56	0.0015	0.55	0.001473
26								
27								
28								
29								
30								
31								
TOTAL	0.39	0.001044	0.00047	0.001259	0.56	0.0015	0.55	0.001473

In these columns enter number of samples analyzed per day if more than one. Unless noted under parameter name, each daily value entered must be the highest value of all sample types analyzed for that day. See 283.55, Wis. Stat.

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DNR NORTHEAST REGION
PO BOX 10448
GREEN BAY, WI 54307-0448

FACILITY ADDRESS
PETE GLASSEN
LEMBERGER LANDFILL SUPERFUND SITE
C/O RAT 4351 W COLLEGE #21
APPLETON WI 54914

RETURN REPORT NO LATER THAN **MARCH 15**

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 imprisonment and fines.

Signature of Operator: Pete J. Glasen
Signature of Regional Office or Authorized Agent: Project Manager
Certificate Number if Applicable: _____
Date: 3/18/98

COMMENT SECTION

1: LIMIT IS 0.361.

LEAVE BLANK FOR DNR USE ONLY

(v)

Regional Editor: _____ NO

Date Edited: _____ M

Other: _____ NE

Samples analyzed by: EN CHEM

Lab ID# 113138520

Lab ID# _____

Quality Control exceedances

PERMITEE'S NAME
LEMBERGER LANDFILL SUPERFUND SITE

FACILITY NAME
LEMBERGER LANDFILL SUPERFUND SITE

920-830-0209

DJH/JJH
MIN

PERMIT NUMBER	MONTH								COUNTY	FID
0049573	FEBRUARY 1998								36-MANITOWOC	436016750
SAMPLE PT NUMBER	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	
SAMPLE PT DESCRIPTION										
PARAMETER NUMBER	81574	90260	43008	90262	43024	90144	43006	90234		
PARAMETER NAME	1,2-CIS-DICHLOROETHENE	1,2-CIS-DICHLOROETHENE	ETHYL-BENZENE	ETHYL-BENZENE	METHYLENE CHLORIDE PPB	METHYLENE CHLORIDE	TETRA-CHLORO-ETHYLENE	TETRA CHLORO ETHYLENE		
PARAMETER UNITS	MG/L	LBS/DAY	UG/L	LBS/DAY	UG/L	LBS/DAY	UG/L	LBS/DAY		
NOTES (SEE COMMENT SECTION ABOVE)										
MONTHLY AVERAGE	0	0	0	0	0	0	0	0		
DAILY MAXIMUM	<0.00047	<0.001259	<0.4	<0.001071	<0.42	<0.001125	<0.44	<0.001178		
DAILY MINIMUM	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
NUMBER OF VALUES REPORTED	1	1	1	1	1	1	1	1		
PERMIT REQUIREMENTS	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT		
MONTHLY AVERAGE		21.10	0630.00	110.00	448.00	3.00	2800.00	0.30		
DAILY MAXIMUM	270.00									
DAILY MINIMUM										
WEEKLY AVERAGE										
FREQUENCY OF SAMPLING	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY		
SAMPLE TYPE REQUIRED	GRAB	CALCULATED	GRAB	CALCULATED	GRAB	CALCULATED	GRAB	CALCULATED		

PERMIT NUMBER	MONTH	FACILITY NAME								PAGE
0049573	FEBRUARY 1998	LEMBERGER LANDFILL SUPERFUND SITE								4
SAMPLE PT. NUMBER	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	
PARAMETER NUMBER	81574	90260	43008	90262	43024	90144	43006	90234		
REMARKS	1	2	3	4	5	6	7	8		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25	<0.00047	<0.001259	<0.4	<0.001071	<0.42	<0.001125	<0.44	<0.001178		
26										
27										
28										
29										
30										
31										
TOTAL	<0.00047	<0.001259	<0.4	<0.001071	<0.42	<0.001125	<0.44	<0.001178		

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PO BOX 10448
GREEN BAY, WI 54307-0448

FACILITY ADDRESS
PETE GLASSEN
LEMBERGER LANDFILL SUPERFUND SITE
C/O RMT 4351 W COLLEGE #21
APPLETON
CNSLINT
WI 54914

RETURN REPORT NO LATER THAN **MARCH 15**

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Signature of Operator: _____ Date: _____
Signature of Regional Executive Officer or Authorized Agent: Pete J. Glasen Title: Project Manager Date: 3/18/98

COMMENT SECTION

1:REPORT PERCENT REMOVAL.
2:LIMIT IS 0.392.

LEAVE BLANK FOR DNR USE ONLY
Regional Editor: ND
Date Edited: N
Other: NE

Samples analyzed by: EJ CREM
Lab ID #: 11318520
Lab ID #:
(-) if Quality Control exceedances

PETWATEE S NAME
LEMBERGER LANDFILL SUPERFUND SITE
FACILITY NAME
LEMBERGER LANDFILL SUPERFUND SITE
920-830-0209

DJM/JJM
MIN

Table with columns: PERMIT NUMBER (0049573), MONTH (FEBRUARY 1998), COUNTY (36-MANITOWOC), FID (436016790). Rows include: SAMPLE PT NUMBER, SAMPLE PT DESCRIPTION, PARAMETER NUMBER, PARAMETER NAME, PARAMETER UNITS, NOTES, MONTHLY AVERAGE, DAILY MAXIMUM, DAILY MINIMUM, NUMBER OF VALUES REPORTED, PERMIT REQUIREMENTS, FREQUENCY OF SAMPLING, SAMPLE TYPE REQUIRED.

Table with columns: PERMIT NUMBER (0049573), MONTH (FEBRUARY 1998), FACILITY NAME (LEMBERGER LANDFILL SUPERFUND SITE), PAGE (5). Rows include: SAMPLE PT. NUMBER, PARAMETER NUMBER, REMARKS, and a grid for daily data points (1-31) for parameters 43002, 34010, 43003, 43003, 90196, 90145, 43007, 90236.

RETAIN FACILITY COPY SEND ORIGINAL & REGIONAL COPY TO:
DNR NORTHEAST REGION
PO BOX 10448
GREEN BAY, WI 54307-0448

FACILITY ADDRESS
PETE GLASSEN CNSLINT
LEMBERGER LANDFILL SUPERFUND SITE
C/O RMT 4351 W COLLEGE #21
APPLETON WI 54914

RETURN REPORT NO LATER THAN MARCH 15

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Signature of Operator: Pete J. Glasse
Certificate Number if Applicable:
Date: 3/18/98
Title: Project Manager

COMMENT SECTION

1: LIMIT IS 0.0117.
2: LIMIT IS 0.141 MONTHLY AVERAGE

LEAVE PLAN: (V)
 Regional Editor: NO
 Date Edited: N
 Other: NE

Samples analyzed by: EN CHSM
 Lab ID# 113138520
 Lab ID# _____
 (1) Quality Control exceedances

PERMITEE'S NAME: **LEMBERGER LANDFILL SUPERFUND SITE**
 FACILITY NAME: **LEMBERGER LANDFILL SUPERFUND SITE**
 COUNTY: **36-MANITOWOC**
 FID: **436016790**
 920-830-0209
 DJH/JJH
 MIN

PERMIT NUMBER	MONTH								COUNTY	FID
0049573	FEBRUARY 1998								36-MANITOWOC	436016790
SAMPLE PT. NUMBER	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	701(EFFL) INFLUENT	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	
SAMPLE PT. DESCRIPTION										
PARAMETER NUMBER	43032	90146	78456	90267	43028	43028	90269	85811		
PARAMETER NAME	VINYL-CHLORIDE	VINYL-CHLORIDE	HALO-METHANES TOTAL	HALO-METHANES TOTAL	CHLORO-ETHANE	CHLORO-ETHANE	CHLORO-ETHANE	CHLORO-ETHANE		
PARAMETER UNITS	UG/L	LBS/DAY	UG/L	LBS/DAY	UG/L	UG/L	% REMOVAL	LBS/DAY		
NOTES (SEE COMMENT SECTION ABOVE)		1		2						
MONTHLY AVERAGE	0	0	0	0	0	0	100	0		
DAILY MAXIMUM	<0.63	<0.001687	<0.96	<0.002571	4.1	<1.1	100	<0.002946		
DAILY MINIMUM	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
NUMBER OF VALUES REPORTED					4	4	4	4		
PERMIT REQUIREMENTS	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT		
MONTHLY AVERAGE		U=0		U=14						
DAILY MAXIMUM										
DAILY MINIMUM										
WEEKLY AVERAGE										
FREQUENCY OF SAMPLING	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY		
SAMPLE TYPE REQUIRED	GRAB	CALCULATED	GRAB	CALCULATED	GRAB	GRAB	CALCULATED	CALCULATED		

PERMIT NUMBER	MONTH	FACILITY NAME								PAGE
0049573	FEBRUARY 1998	LEMBERGER LANDFILL SUPERFUND SITE								6
SAMPLE PT. NUMBER	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	701(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	
43032	90146	78456	90267	43028	43028	90269	85811			
REMARKS	Date	* 1	* 2	* 3	* 4	* 5	* 6	* 7	* 8	
	1									
	2									
	3									
	4					<1.1	<1.1	100	<0.002841	
	5									
	6									
	7									
	8									
	9									
	10									
	11									
	12					<1.1	<1.1	100	<0.002866	
	13									
	14									
	15									
	16									
	17									
	18									
	19									
	20					<1.1	<1.1	100	<0.002784	
	21									
	22									
	23									
	24									
	25	<0.63	<0.001687	<0.96	<0.002571	<1.1	<1.1	100	<0.002946	
	26									
	27									
	28									
	29									
	30									
	31									
TOTAL		<0.63	<0.001687	<0.96	<0.002571	4.1	4.1	100	<0.002946	

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FACILITY ADDRESS
 PETE GLASSEN
 LEMBERGER LANDFILL SUPERFUND SITE
 C/D RMT 4351 W COLLEGE #21
 APPLETON
 WI 54914
 CNSLNT

RETURN REPORT NO LATER THAN **MARCH 15**

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 persons 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...

Signature of Operator: Pete J. Glasen
 Certificate Number if Applicable: _____
 Date: 3/12/98
 Title: Project Manager

COMMENT SECTION
1: REPORT PERCENT REMOVAL.

LEAVE BLANK FOR USE BY REGIONAL EDITOR

Regional Editor: _____ (V) _____ NO
 Date Edited: _____ NI
 Other: _____ NE

Samples analyzed by: EN Chen
 Lab ID# 113138520
 Lab ID# _____
 Lab ID# _____
 () Quality Control exceedances

PERMITEE'S NAME: **LEMBERGER LANDFILL SUPERFUND SITE**
 FACILITY NAME: **LEMBERGER LANDFILL SUPERFUND SITE**
 COUNTY: **36-MANITOWOC**
 FID: **436016790**
 920-830-0209
 DJH/JJH
 RIN

PERMIT NUMBER	MONTH								COUNTY	FID
0049573	FEBRUARY 1998								36-MANITOWOC	436016790
SAMPLE PT. NUMBER	701(EFFL) INFLUENT	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	
PARAMETER NUMBER	43005	43005	90197	34496	34606	90270	34646	39032		
PARAMETER NAME	1,1 DICHLORO-ETHANE PPB UG/L	1,1 DICHLORO-ETHANE PPB UG/L	1,1 DICHLORO-ETHANE PERCENT	1,1 DICHLORO-ETHANE LBS/DAY	2,4 DIMETHYL PHENOL UG/L	2,4 DIMETHYL PHENOL LBS/DAY	4-NITRO-PHENOL UG/L	PENTACHLOROPHENOL UG/L		
PARAMETER UNITS	UG/L	UG/L	PERCENT	LBS/DAY	UG/L	LBS/DAY	UG/L	UG/L		
NOTES (SEE COMMENT SECTION ABOVE)			1							
MONTHLY AVERAGE	11.08	0	100	0	40/10	0.002678	0	0		
DAILY MAXIMUM	14	<0.41	100	20.001098	<1	0.002678	<2.6	<2.4		
DAILY MINIMUM	9.4	<0.41	100	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
WEEKLY AVG: 02/01-02/07	9.4	<0.41	100	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
WEEKLY AVG: 02/08-02/14	9.9	<0.41	100	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
WEEKLY AVG: 02/15-02/21	14	<0.41	100	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
WEEKLY AVG: 02/22-02/28	11	<0.41	100	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
NUMBER OF VALUES REPORTED	4	4	4	4	1	1	1	1		
PERMIT REQUIREMENTS	LIMIT	Times Exceeded	LIMIT	Times Exceeded	LIMIT	Times Exceeded	LIMIT	Times Exceeded	LIMIT	
MONTHLY AVERAGE										
DAILY MAXIMUM					4240.00		6560.00	125.70		
DAILY MINIMUM								8.37		
WEEKLY AVERAGE										
FREQUENCY OF SAMPLING	WEEKLY	WEEKLY	WEEKLY	WEEKLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	
SAMPLE TYPE REQUIRED	GRAB	GRAB	CALCULATED	CALCULATED	24HR COMP	CALCULATED	24HR COMP	24HR COMP	24HR COMP	

PERMIT NUMBER	MONTH								FACILITY NAME	PAGE
0049573	FEBRUARY 1998								LEMBERGER LANDFILL SUPERFUND SITE	7
SAMPLE PT. NUMBER	701(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	
PARAMETER NUMBER	43005	43005	90197	34496	34606	90270	34646	39032		
REMARKS	Date * 1	* 2	* 3	* 4	* 5	* 6	* 7	* 8	Date	
1									1	
2									2	
3									3	
4	9.4	<0.41	100	<0.001098					4	
5									5	
6									6	
7									7	
8									8	
9									9	
10									10	
11									11	
12	9.9	<0.41	100	<0.001098					12	
13									13	
14									14	
15									15	
16									16	
17									17	
18									18	
19									19	
20	14	<0.41	100	<0.001038					20	
21									21	
22									22	
23									23	
24									24	
25	11	<0.41	100	<0.001098	<1	0.002678	<2.6	<2.4	25	
26									26	
27									27	
28	11.08	<0.41	100						28	
29									29	
30									30	
31									31	
TOTAL	44.3	<0.41	100	<0.001098	<1	0.002678	<2.6	<2.4		

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FACILITY ADDRESS: **PETE GLASSEN, LEMBERGER LANDFILL SUPERFUND SITE, C/O RMT 4351 W COLLEGE #21, APPLETON, WI 54914**

NSLNT

RETURN REPORT NO LATER THAN **MARCH 15**

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 providing false information.

Signature of Operator: _____ Date: _____

Signature of Regional Enforcement Officer or Authorized Agent: Pete J. Glasse Title: Project Manager Date: 3/18/98

COMMENT SECTION

1:LIMIT IS 0.0000125.

LEAVE BLANK FOR DNR USE ONLY

(v)

Regional Editor _____ NO

Date Edited _____ M

Other _____ NE

Samples analyzed by EN Chem

Lab ID# 113138520

Lab ID# _____

(1) Quality Control exceedances

PERMITTEE'S NAME
LEMBERGER LANDFILL SUPERFUND SITE

FACILITY NAME
LEMBERGER LANDFILL SUPERFUND SITE

920-830-0209

DJH/JJH
MIN

PERMIT NUMBER	MONTH								COUNTY	FID
0049573	FEBRUARY 1998								36-MANITOWOC	436016790
SAMPLE PT NUMBER	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	
PARAMETER NUMBER	39110	34433	90272	90130	34596	39330	90198	39338		
PARAMETER NAME	DI-N-BUTYL PHTHALATE	N-NITRO SODIPHENYL AMINE	N-NITRO SODIPHENYL AMINE	POLY AROMATIC HYDROCARB	DI-N-OCTYL PHTHALATE	ALDRIN	ALDRIN	BHC, BETA		
PARAMETER UNITS	LBS/DAY	UG/L	LBS/DAY	GR/DAY	UG/L	UG/L	LBS/DAY	UG/L		
NOTES (SEE COMMENT SECTION ABOVE)							1			
MONTHLY AVERAGE	0	0	0	0	0	0	0	0		
DAILY MAXIMUM	<0.002143	<1.1	<0.002946	<2.8926	<2.4	<0.0011	<0.000003	<0.0014		
DAILY MINIMUM	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
NUMBER OF VALUES REPORTED	1	1	1	1	1	1	1	1		
PERMIT REQUIREMENTS	LIMIT	Times Exceeded	LIMIT	Times Exceeded	LIMIT	Times Exceeded	LIMIT	Times Exceeded	LIMIT	
MONTHLY AVERAGE	1020.00		1.88	0.81			3.88			
DAILY MAXIMUM			1700.00							
DAILY MINIMUM										
WEEKLY AVERAGE										
FREQUENCY OF SAMPLING	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	
SAMPLE TYPE REQUIRED	CALCULATED	24HR COMP	CALCULATED	24HR COMP	24HR COMP	24HR COMP	CALCULATED	24HR COMP		

PERMIT NUMBER	MONTH								FACILITY NAME	PAGE
0049573	FEBRUARY 1998								LEMBERGER LANDFILL SUPERFUND SITE	9
SAMPLE PT. NUMBER	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)	001(EFFL)		
PARAMETER NUMBER	39110	34433	90272	90130	34596	39330	90198	39338		
REMARKS	1	2	3	4	5	6	7	8		
1										
2										
3										
4										
5										
6										
7										
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10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25	<0.002143	<1.1	<0.002946	<2.8926	<2.4	<0.0011	<0.000003	<0.0014		
26										
27										
28										
29										
30										
31										
TOTAL	<0.002143	<1.1	<0.002946	<2.8926	<2.4	<0.0011	<0.000003	<0.0014		

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GREEN BAY, WI 54307-0448

FACILITY ADDRESS
PETE GLASSEN
LEMBERGER LANDFILL SUPERFUND SITE
C/O RMT 4351 W COLLEGE #21
APPLETON WI 54914

RETURN REPORT NO LATER THAN
MARCH 15

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Signature of Operator	Certificate Number if Applicable	Date
Signature of Regional Engineer, Officer or Authorized Agent	Title: <u>Project Manager</u>	Date: <u>3/18/98</u>

LEAVE BLANK FOR DNR USE ONLY

(v)

Regional Office _____ NO

Date Edited _____ NE

Other _____

Samples analyzed by EW CHM

Lab ID# 113138520

Lab ID# _____

(1) Quality Control excursions

COMMENT SECTION

1: LIMIT IS 0.00472.

2: LIMIT IS 0.113.

3: LIMIT IS 0.00533.

4: LIMIT IS 0.000034.

5: LIMIT IS 0.000133.

6: LIMIT IS 0.202.

PERMITEE'S NAME
LEMBERGER LANDFILL SUPERFUND SITE

FACILITY NAME
LEMBERGER LANDFILL SUPERFUND SITE

920-830-0209

DJH/JJH
MIN

PERMIT NUMBER	MONTH FEBRUARY 1998								COUNTY 36-MANITOWOC	FID 436016790
SAMPLE PT. NUMBER	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	
SAMPLE PT. DESCRIPTION										
PARAMETER NUMBER	90065	39340	90066	39300	90070	39380	90069	39390		
PARAMETER NAME	BHC, BETA	BHC, GAMMA	BHC, GAMMA	4,4'-DDT	4,4' DDT	DIELDRIN	DIELDRIN	ENDRIN		
PARAMETER UNITS	LBS/DAY	UG/L	LBS/DAY	NG/L	LBS/DAY	UG/L	LBS/DAY	UG/L		
NOTES (SEE COMMENT SECTION ABOVE)	1	2	3	4	5	6	7	8		
MONTHLY AVERAGE	0	0	0	0.000004	0.000006	0	0	0		
DAILY MAXIMUM	< 0.000004	< 0.0011	< 0.000003	< 2.1	< 0.000006	< 0.003	< 0.000008	< 0.0031		
DAILY MINIMUM	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
WEEKLY AVG: 02/01-02/07	XXXXXXXXXX	0	XXXXXXXXXX	0	0	0	0	0		
WEEKLY AVG: 02/08-02/14	XXXXXXXXXX	0	XXXXXXXXXX	0	0	0	0	0		
WEEKLY AVG: 02/15-02/21	XXXXXXXXXX	0	XXXXXXXXXX	0	0	0	0	0		
WEEKLY AVG: 02/22-02/28	XXXXXXXXXX	0	XXXXXXXXXX	0	0	0	0	0		
NUMBER OF VALUES REPORTED		1		1		1		1		
PERMIT REQUIREMENTS	LIMIT	Excess	LIMIT	Excess	LIMIT	Excess	LIMIT	Excess	LIMIT	Excess
MONTHLY AVERAGE				0.05				0.20		
DAILY MAXIMUM		2.64		860.00		2.60				
DAILY MINIMUM		0.1								
WEEKLY AVERAGE										
FREQUENCY OF SAMPLING	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	
SAMPLE TYPE REQUIRED	CALCULATED	24HR COMP	CALCULATED	24HR COMP	CALCULATED	24HR COMP	CALCULATED	24HR COMP	CALCULATED	24HR COMP

PERMIT NUMBER	MONTH FEBRUARY 1998								FACILITY NAME	LEMBERGER LANDFILL SUPERFUND SITE	PAGE 10
SAMPLE PT. NUMBER	001(EFFL) 90065	001(EFFL) 39340	001(EFFL) 90066	001(EFFL) 39300	001(EFFL) 90070	001(EFFL) 39380	001(EFFL) 90069	001(EFFL) 39390			
REMARKS											
DATE	* 1	* 2	* 3	* 4	* 5	* 6	* 7	* 8			
1											
2											
3											
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16											
17											
18											
19											
20											
21											
22											
23											
24				2.1							
25	< 0.000004	< 0.0011	< 0.000003	0.000004	0.000006	< 0.003	< 0.000008	< 0.0031			
26											
27											
28											
29											
30											
31											
TOTAL	< 0.000004	< 0.0011	< 0.000003	< 2.1	< 0.000006	< 0.003	< 0.000008	< 0.0031			

* In those columns enter number of samples analyzed per day if more than one. Unless noted under parameter name, each daily value entered must be the highest value of all sample types analyzed for that day. Sec. 283.55, Wis. Stat.

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FACILITY ADDRESS
PETE GLASSEN
LEMBERGER LANDFILL SUPERFUND SITE
C/O RMT 4351 N COLLEGE #2J
APPLETON
WI 54914

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MARCH 15

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Signature of Operator	Certificate Number if Applicable	Date
Signature of Principal Executive Officer or Authorized Agent	Title	Date
<i>Pete J. Glasen</i>	Project Manager	3/18/98

COMMENT SECTION

1:LIMIT IS 0.00165.
2:LIMIT IS 0.792.
3:LIMIT IS 0.0053.

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(V)

Regional Basis _____ NO

Date Edited _____ NI

Other _____ NE

Samples analyzed by ENCLM

Lab ID# 113138520

Lab ID# _____

(1) Quality Control exceedances

PERMITEE'S NAME
LEMBERGER LANDFILL SUPERFUND SITE

FACILITY NAME
LEMBERGER LANDFILL SUPERFUND SITE

920-830-0209

**DJH/JJH
MIN**

PERMIT NUMBER **0049573** MONTH **FEBRUARY 1998** COUNTY **36-MANITOWOC** FID **436016790**

SAMPLE PT NUMBER	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R
SAMPLE PT DESCRIPTION								
PARAMETER NUMBER	90072	39410	90073	39517	39519	34198	90276	00124
PARAMETER NAME	ENDRIN	HEPTACHLOR	HEPTACHLOR	POLYCHLORINATED BIPHENYLS (PCBS)	POLYCHLORINATED BIPHENYLS (PCBS)	BHC, DELTA	BHC, DELTA	ANTIMONY
PARAMETER UNITS	LBS/DAY	UG/L	LBS/DAY	NG/L	GR/DAY	UG/L	LBS/DAY	UG/L
NOTES (SEE COMMENT SECTION ABOVE)	1	2			3			
MONTHLY AVERAGE	0	0	0	0	0	0	0	0
DAILY MAXIMUM	<0.000008	<0.0017	<0.000005	<30	<0.036	<0.001	<0.000003	<6.7
DAILY MINIMUM	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX
NUMBER OF VALUES REPORTED	1	1	1	1	1	1	1	1
PERMIT REQUIREMENTS	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT
MONTHLY AVERAGE			0.15	1.00				
DAILY MAXIMUM		0.79						26016.00
DAILY MINIMUM								
WEEKLY AVERAGE								
FREQUENCY OF SAMPLING	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY
SAMPLE TYPE REQUIRED	CALCULATED	24HR COMP	CALCULATED	24HR COMP	CALCULATED	24HR COMP	CALCULATED	24HR COMP

PERMIT NUMBER **0049573** MONTH **FEBRUARY 1998** FACILITY NAME **LEMBERGER LANDFILL SUPERFUND SITE** PAGE **11**

SAMPLE PT. NUMBER	001(EFFL) 90072	001(EFFL) 39410	001(EFFL) 90073	001(EFFL) 39517	001(EFFL) 39519	001(EFFL) 34198	001(EFFL) 90276	001(EFFL) 00124
REMARKS	1	2	3	4	5	6	7	8
1								
2								
3								
4								
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11								
12								
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15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25	<0.000008	<0.0017	<0.000005	<30	<0.036	<0.001	<0.000003	<6.7
26								
27								
28								
29								
30								
31								
TOTAL	<0.000008	<0.0017	<0.000005	<30	<0.036	<0.001	<0.000003	<6.7

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**DNR NORTHEAST REGION
PO BOX 10448
GREEN BAY, WI 54307-0448**

FACILITY ADDRESS
**PETE GLASSEN CNSLTNT
LEMBERGER LANDFILL SUPERFUND SITE
C/O RMT 4351 W COLLEGE #21
APPLETON WI 54914**

RETURN REPORT NO LATER THAN **MARCH 15**

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 providing false information.

Signature of Operator _____ Certificate Number if Applicable _____ Date _____

Signature of Principal Employee Officer or Authorized Agent Pete F. Glasen Title Project Manager Date 3/18/98

DISCHARGE MONITORING REPORT FORM

Form 3200-28 Rev. 4-97

DATE RECEIVED

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(v)

Registered Editor _____ NO

Date Edited _____ NI

Other _____ NE

PAGE 12 OF 13

Samples analyzed by EN CLASSEN

Lab ID# 113138520

Lab ID# _____

(v) if Quality Control exceedances

PERMITEE'S NAME
LEMBERGER LANDFILL SUPERFUND SITE

FACILITY NAME
LEMBERGER LANDFILL SUPERFUND SITE

920-830-0209

DJH/JJH
MIN

PERMIT NUMBER	MONTH								COUNTY	FID
0049573	FEBRUARY 1998								36-MANITOWOC	436016750
SAMPLE PT. NUMBER	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	
SAMPLE PT. DESCRIPTION										
PARAMETER NUMBER	90247	01002	01003	01012	90112	00120	00138	00257		
PARAMETER NAME	ANTIMONY TOTAL	ARSENIC TOTAL	ARSENIC TOTAL	BERYLLIUM TOTAL	BERYLLIUM	CADMIUM TOTAL	CADMIUM TOTAL	CHROMIUM TOTAL (+3)		
PARAMETER UNITS	LBS/DAY	UG/L	LBS/DAY	UG/L	GR/DAY	UG/L	LBS/DAY	UG/L		
NOTES (SEE COMMENT SECTION ABOVE)						1	2			
MONTHLY AVERAGE	0	0	0	0	0	0	0	0		
DAILY MAXIMUM	40.017943 26.700	4.7	0.012587	0.12	0.14445	0.37	0.000991	0.64		
DAILY MINIMUM	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
WEEKLY AVG:										
02/01-02/07	XXXXXXXXXX	0	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	0	XXXXXXXXXX	0		
WEEKLY AVG:										
02/08-02/14	XXXXXXXXXX	0	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	0	XXXXXXXXXX	0		
WEEKLY AVG:										
02/15-02/21	XXXXXXXXXX	0	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	0	XXXXXXXXXX	0		
WEEKLY AVG:										
02/22-02/28	XXXXXXXXXX	0	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	0	XXXXXXXXXX	0		
NUMBER OF VALUES REPORTED	1	1	1	1	1	1	1	1		
PERMIT REQUIREMENTS										
MONTHLY AVERAGE	9.4		3.88		1.17		0.77			
DAILY MAXIMUM		727.59		4660.00		27.08		9202.63		
DAILY MINIMUM										
WEEKLY AVERAGE		51.00				0.57		48.10		
FREQUENCY OF SAMPLING	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY		
SAMPLE TYPE REQUIRED	CALCULATED	25HR COMP	CALCULATED	25HR COMP	CALCULATED	25HR COMP	CALCULATED	25HR COMP		

PERMIT NUMBER	MONTH								FACILITY NAME	PAGE
0049573	FEBRUARY 1998								LEMBERGER LANDFILL SUPERFUND SITE	12
SAMPLE PT. NUMBER	001(EFFL) 90247	001(EFFL) 01002	001(EFFL) 01003	001(EFFL) 01012	001(EFFL) 90112	001(EFFL) 00120	001(EFFL) 00138	001(EFFL) 00257		
PARAMETER NUMBER										
REMARKS										
DATE	* 1	* 2	* 3	* 4	* 5	* 6	* 7	* 8	DATE	
1									1	
2									2	
3									3	
4									4	
5									5	
6									6	
7									7	
8									8	
9									9	
10									10	
11									11	
12									12	
13									13	
14									14	
15									15	
16									16	
17									17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24	40.017943								24	
25	26.700	4.7	0.012587	0.12	0.14445	0.37	0.000991	0.64	25	
26									26	
27									27	
28									28	
29									29	
30									30	
31									31	
TOTAL	40.017943	4.7	0.012587	0.12	0.14445	0.37	0.000991	0.64		

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FACILITY ADDRESS
PETE GLASSEN
LEMBERGER LANDFILL SUPERFUND SITE
C/O RMT 4351 W COLLEGE #21
APPLETON WI 54914

RETURN REPORT NO LATER THAN **MARCH 15**

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 providing false information.

Signature of Operator	Certificate Number if Applicable	Date
Signature of Principal Executive Officer or Authorized Agent	Title	Date
<u>Pete J. Classen</u>	<u>Project Manager</u>	<u>3/18/98</u>

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Regional Review: NE
Date Edited: NE
Other: NE

Samples analyzed by: ENGLISCH
Lab ID# 113138520
Lab ID# _____
(*) Quality Control exceedances

PERMITEE'S NAME
LEMBERGER LANDFILL SUPERFUND SITE
FACILITY NAME
LEMBERGER LANDFILL SUPERFUND SITE
920-830-0209

DJH/JJH
MIN

PERMIT NUMBER	MONTH								COUNTY	FID
0049573	FEBRUARY 1998								36-MANITOWOC	436016790
SAMPLE PT NUMBER	001 (EFFL) PRIOR TO BRANCH R	001 (EFFL) PRIOR TO BRANCH R	001 (EFFL) PRIOR TO BRANCH R	001 (EFFL) PRIOR TO BRANCH R	001 (EFFL) PRIOR TO BRANCH R	001 (EFFL) PRIOR TO BRANCH R	001 (EFFL) PRIOR TO BRANCH R	001 (EFFL) PRIOR TO BRANCH R	001 (EFFL) PRIOR TO BRANCH R	
SAMPLE PT DESCRIPTION										
PARAMETER NUMBER	00258	00123	00720	00721	00125	00242	00126	85013		
PARAMETER NAME	CHROMIUM TOTAL (+3)	COPPER TOTAL	CYANIDE TOTAL	CYANIDE TOTAL	LEAD TOTAL	LEAD TOTAL	MERCURY TOTAL	MERCURY TOTAL		
PARAMETER UNITS	LBS/DAY	UG/L	UG/L	LBS/DAY	UG/L	LBS/DAY	NG/L	GR/DAY		
NOTES (SEE COMMENT SECTION ABOVE)										
MONTHLY AVERAGE	0	0	0	0	0	0	0	0		
DAILY MAXIMUM	0.001714	4.1	43.4	0.009106	0.74	0.001982	80	0.0963		
DAILY MINIMUM	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
WEEKLY AVG: 02/01-02/07	XXXXXXXXXX	0	0	XXXXXXXXXX	0	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
WEEKLY AVG: 02/08-02/14	XXXXXXXXXX	0	0	XXXXXXXXXX	0	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
WEEKLY AVG: 02/15-02/21	XXXXXXXXXX	0	0	XXXXXXXXXX	0	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
WEEKLY AVG: 02/22-02/28	XXXXXXXXXX	0	0	XXXXXXXXXX	0	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
NUMBER OF VALUES REPORTED	1	1	1	1	1	1	1	1		
PERMIT REQUIREMENTS	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT	LIMIT		
MONTHLY AVERAGE	0970.00			47.00		3.86	0.67	2.81		
DAILY MAXIMUM		93.34	44.80		1369.17		3060.00			
DAILY MINIMUM					14.50					
WEEKLY AVERAGE		11.30	1.65							
FREQUENCY OF SAMPLING	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY		
SAMPLE TYPE REQUIRED	CALCULATED	24HR COMP	GRAB	CALCULATED	24HR COMP	CALCULATED	24HR COMP	CALCULATED		

PERMIT NUMBER	MONTH								FACILITY NAME	PAGE
0049573	FEBRUARY 1998								LEMBERGER LANDFILL SUPERFUND SITE	13
SAMPLE PT NUMBER	001 (EFFL) 00258	001 (EFFL) 00123	001 (EFFL) 00720	001 (EFFL) 00721	001 (EFFL) 00125	001 (EFFL) 00242	001 (EFFL) 00126	001 (EFFL) 85013		
REMARKS	Date * 1	* 2	* 3	* 4	* 5	* 6	* 7	* 8	Date	
1									1	
2									2	
3									3	
4									4	
5									5	
6									6	
7									7	
8									8	
9									9	
10									10	
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17									17	
18									18	
19									19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	0.001714	4.1	43.4	0.009106	0.74	0.001982	80	0.0963	25	
26									26	
27									27	
28									28	
29									29	
30									30	
31									31	
TOTAL	0.001714	4.1	43.4	0.009106	0.74	0.001982	80	0.0963		

* In these columns enter number of samples analyzed per day if more than one. Unless noted under parameter name, each daily value entered must be the highest value of all sample types analyzed for that day. Sec. 283.55, Wis. Stat.

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C/O RMT 4351 W COLLEGE #21
APPLETON
CNSLINT
WI 54914

RETURN REPORT NO LATER THAN **MARCH 15**

Signature of Operator: _____ Date: _____
Certificate Number if Applicable: _____
Signature of Principal Executive Officer or Authorized Agent: Pete J. Glassen Title: Project Manager Date: 3/18/98

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

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Registered Editor: _____ (✓)
Date Edited: _____
Other: _____

NO
NE

Samples analyzed by: EN CHEM
Lab ID# 113138520
Lab ID# _____
(*) Quality Control exceedances

PERMITEE'S NAME
LEMBERGER LANDFILL SUPERFUND SITE
FACILITY NAME
LEMBERGER LANDFILL SUPERFUND SITE
920-830-0209

DJH/JJH
MIN

PERMIT NUMBER	MONTH			COUNTY	FID
0049573	FEBRUARY 1998			36-MANITOWOC	436016790
SAMPLE PT NUMBER	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R	001(EFFL) PRIOR TO BRANCH R		
SAMPLE PT DESCRIPTION					
PARAMETER NUMBER	74010	00266	00307		
PARAMETER NAME	IRON TOTAL	ALUMINUM TOTAL	CHLORIDE		
PARAMETER UNITS	UG/L	UG/L	MG/L		
NOTES (SEE COMMENT SECTION ABOVE)					
MONTHLY AVERAGE	0	0	9.8		
DAILY MAXIMUM	<39	<18	9.8		
DAILY MINIMUM	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX		
WEEKLY AVG:					
02/01-02/07	0	XXXXXXXXXX	9.64		
02/08-02/14	0	XXXXXXXXXX	9.94		
02/15-02/21	0	XXXXXXXXXX	9.74		
02/22-02/28	0	XXXXXXXXXX	9.88		
NUMBER OF VALUES REPORTED	1	1	1		
PERMIT REQUIREMENTS					
MONTHLY AVERAGE					
DAILY MAXIMUM		2203.00	1576.00		
DAILY MINIMUM					
WEEKLY AVERAGE	333.00		133.00		
FREQUENCY OF SAMPLING	MONTHLY	MONTHLY	MONTHLY		
SAMPLE TYPE REQUIRED	24HR COMP	24HR COMP	24HR COMP		

PERMIT NUMBER	MONTH			FACILITY NAME	PAGE
0049573	FEBRUARY 1998			LEMBERGER LANDFILL SUPERFUND SITE	15
SAMPLE PT. NUMBER	001(EFFL)	001(EFFL)	001(EFFL)		
PARAMETER NUMBER	74010	00266	00307		
REMARKS					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25	<39	<18	9.8		
26					
27					
28					
29					
30					
31					
TOTAL	<39	<18	9.89, 9.80		

* In these columns enter number of samples analyzed per day if more than one. Unlabeled notes under parameter names, each daily value entered must be the highest value of all sample types analyzed for that day. Sec. 283.35, Wis. Stat.

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Signature of Operator <i>Pete Glassen</i>	Certificate Number if Applicable	Date
Signature of Principal Executive Officer or Authorized Agent	Title <i>Project Manager</i>	Date <i>3/18/98</i>