

**Notice:** Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

## 1. Well Location Information

County: **MILWAUKEE**      WI Unique Well # of Removed Well: **V N 507**      Hicap #

Latitude / Longitude (see instructions): **43° 00.300' N**      Format Code:  DD      Method Code:  GPS008  
**88° 03.425' W**       DDM       SCR002       OTH001

¼ / ¼ **SE**      ¼ **SW**      Section: **6**      Township: **6 N**      Range: **21**       E       W  
 or Gov't Lot #

Well Street Address: **2159 S. 116TH STREET**

Well City, Village or Town: **WESTALLIS**      Well ZIP Code: **53227**

Subdivision Name: \_\_\_\_\_      Lot #: \_\_\_\_\_

## 2. Facility / Owner Information

Facility Name: **CITY WIDE INSULATION COMPANY, INC.**

Facility ID (FID or PWS): **241898910**

License/Permit/Monitoring #

Original Well Owner

Present Well Owner: **PATRICK MURPHY**

Mailing Address of Present Owner: **11500 W. ORCHARD COURT #3**

City of Present Owner: **WESTALLIS**      State: **WI**      ZIP Code: **53214**

## 3. Filled & Sealed Well / Drillhole / Borehole Information

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

Monitoring Well      Original Construction Date (mm/dd/yyyy): **07/30/2014**  
**MW-1**

Water Well

Borehole / Drillhole

If a Well Construction Report is available, please attach.

Construction Type:

Drilled       Driven (Sandpoint)       Dug

Other (specify): \_\_\_\_\_

Formation Type:

Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.): **15.5**      Casing Diameter (in.): **2**

Lower Drillhole Diameter (in.): **8**      Casing Depth (ft.): **15.4**

Was well annular space grouted?       Yes       No       Unknown

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

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

Pump and piping removed?       Yes       No       N/A

Liner(s) removed?       Yes       No       N/A

Liner(s) perforated?       Yes       No       N/A

Screen removed?       Yes       No       N/A

Casing left in place?       Yes       No       N/A

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

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

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

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

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

Required Method of Placing Sealing Material

Conductor Pipe-Gravity       Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips)       Other (Explain): \_\_\_\_\_

Sealing Materials

Neat Cement Grout       Concrete

Sand-Cement (Concrete) Grout       Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips       Bentonite - Cement Grout

Granular Bentonite       Bentonite - Sand Slurry

## 5. Material Used to Fill Well / Drillhole

| From (ft.) | To (ft.) | No. Yards, Sacks Sealant or Volume (circle one) | Mix Ratio or Mud Weight |
|------------|----------|---|-------------------------|
| Surface    | 15.5     | 1/2 BAG   |                         |
|            |          |   |                         |
|            |          |   |                         |

## 6. Comments

## 7. Supervision of Work

| Supervision of Work                            |                       |  | DNR Use Only                   |                  |
|--|-----------------------|--|--------------------------------|------------------|
| Name of Person or Firm Doing Filling & Sealing | License #             | Date of Filling & Sealing or Verification (mm/dd/yyyy) | Date Received                  | Noted By         |
| <b>UNITED ENGINEERING CONSULTANTS, INC.</b>    |                       | <b>08/31/2017</b>                                      |                                |                  |
| Street or Route                                | Telephone Number      | Comments   |                                |                  |
| <b>16237 W. RYERSON ROAD</b>                   | <b>(262) 785-1447</b> |  |                                |                  |
| City   | State                 | ZIP Code   | Signature of Person Doing Work | Date Signed      |
| <b>NEW BERLIN</b>                              | <b>WI</b>             | <b>53157</b>   | <i>Timothy J. Anderson</i>     | <b>8/31/2017</b> |

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**Verification Only of Fill and Seal**

Route to DNR Bureau:

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

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

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| County<br><b>MILWAUKEE</b>  |  | WI Unique Well # of Removed Well<br><b>VNS08</b>                                      |  | Hicap #   |  | Facility Name<br><b>CITY WIDE INSULATION COMPANY, INC.</b>                   |  |
| Latitude / Longitude (see instructions)<br><b>43° 00.300' N</b><br><b>88° 03.475' W</b> |  | Format Code<br><input type="checkbox"/> DD<br><input checked="" type="checkbox"/> DDM |  | Method Code<br><input type="checkbox"/> GPS008<br><input checked="" type="checkbox"/> SCR002<br><input type="checkbox"/> OTH001 |  | Facility ID (FID or PWS)<br><b>241898910</b>                                 |  |
| ¼ / ¼ <b>SE SW</b><br>or Gov't Lot #  |  | Section<br><b>6</b>   |  | Township<br><b>6 N</b>  |  | Range<br><input checked="" type="checkbox"/> E<br><input type="checkbox"/> W |  |
| Well Street Address<br><b>2159 S. 116TH STREET</b>                                      |  |   |  | Present Well Owner<br><b>PATRICK MURPHY</b>   |  |  |  |
| Well City, Village or Town<br><b>WESTALLIS</b>  |  |   |  | Mailing Address of Present Owner<br><b>11500 W. ORCHARD COURT #3</b>  |  |  |  |
| Subdivision Name  |  |   |  | Lot #   |  | City of Present Owner<br><b>WESTALLIS</b>                                    |  |
|   |  |   |  |   |  | State<br><b>WI</b>   |  |
|   |  |   |  |   |  | ZIP Code<br><b>53214</b>   |  |

**3. Filled & Sealed Well / Drillhole / Borehole Information**      **4. Pump, Liner, Screen, Casing & Sealing Material**

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| Reason for Removal from Service<br><b>ABANDONMENT</b>   |  | WI Unique Well # of Replacement Well                         |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |  |  |  |
| <input checked="" type="checkbox"/> Monitoring Well<br><input type="checkbox"/> Water Well <b>MW-2</b><br><input type="checkbox"/> Borehole / Drillhole                                       |  | Original Construction Date (mm/dd/yyyy)<br><b>07/30/2014</b> |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A  |  |  |  |
| Construction Type:<br><input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug<br><input type="checkbox"/> Other (specify): _____ |  |  |  | Required Method of Placing Sealing Material<br><input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped<br><input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____   |  |  |  |
| Formation Type:<br><input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock  |  |  |  | Sealing Materials<br><input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete<br><input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips   |  |  |  |
| Total Well Depth From Ground Surface (ft.)<br><b>15.5</b>   |  | Casing Diameter (in.)<br><b>2</b>                            |  | For Monitoring Wells and Monitoring Well Boreholes Only:<br><input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout<br><input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry  |  |  |  |
| Lower Drillhole Diameter (in.)<br><b>8</b>  |  | Casing Depth (ft.)<br><b>15.5</b>                            |  |  |  |  |  |
| Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown  |  |  |  |  |  |  |  |
| If yes, to what depth (feet)?   |  | Depth to Water (feet)  |  |  |  |  |  |

| 5. Material Used to Fill Well / Drillhole |  | From (ft.) | To (ft.)    | No. Yards, Sacks Sealant or Volume (circle one) | Mix Ratio or Mud Weight |
|---|--|------------|-------------|---|-------------------------|
| <b>3/8" BENTONITE CHIPS</b>               |  | Surface    | <b>15.5</b> | <b>1/2 BAG</b>                                  |                         |

**6. Comments**

**7. Supervision of Work**

|   |                    |   |   |              |                                 |
|---|--------------------|---|---|--------------|---------------------------------|
| Name of Person or Firm Doing Filling & Sealing<br><b>UNITED ENGINEERING CONSULTANTS, INC.</b> |                    | License #                                 | Date of Filling & Sealing or Verification (mm/dd/yyyy)<br><b>08/31/2017</b> | DNR Use Only |                                 |
| Street or Route<br><b>16237 W. RYERSON ROAD</b>   |                    | Telephone Number<br><b>(262) 785-1447</b> | Date Received   |              | Noted By                        |
| City<br><b>NEW BERLIN</b>   | State<br><b>WI</b> | ZIP Code<br><b>53157</b>                  | Signature of Person Doing Work<br><i>Trudy J. Anderson</i>                  |              | Date Signed<br><b>8/31/2017</b> |

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Verification Only of Fill and Seal

**Route to DNR Bureau:**

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

**1. Well Location Information**

|   |   |   |
|---|---|---|
| County<br><b>MILWAUKEE</b>  | WI Unique Well # of Removed Well<br><b>V N 509</b>                                    | Hicap #   |
| Latitude / Longitude (see instructions)<br><b>43° 00.300' N</b><br><b>88° 03.425' W</b> | Format Code<br><input type="checkbox"/> DD<br><input checked="" type="checkbox"/> DDM | Method Code<br><input type="checkbox"/> GPS008<br><input checked="" type="checkbox"/> SCR002<br><input type="checkbox"/> OTH001 |
| 1/4 / 1/4 <b>SE SW</b><br>or Gov't Lot #  | Section<br><b>6</b>   | Township<br><b>6 N</b>  |
| Well Street Address<br><b>2159 S. 116TH STREET</b>                                      | Range<br><b>21 E</b>  | Well ZIP Code<br><b>53227</b>   |
| Well City, Village or Town<br><b>WESTALLIS</b>  | Subdivision Name  | Lot #   |

**2. Facility / Owner Information**

|  |                    |                          |
|--|--------------------|--------------------------|
| Facility Name<br><b>CITY WIDE INSULATION COMPANY, INC.</b>           |                    |                          |
| Facility ID (FID or PWS)<br><b>241898910</b>                         |                    |                          |
| License/Permit/Monitoring #  |                    |                          |
| Original Well Owner  |                    |                          |
| Present Well Owner<br><b>PATRICK MURPHY</b>                          |                    |                          |
| Mailing Address of Present Owner<br><b>11500 W. ORCHARD COURT #3</b> |                    |                          |
| City of Present Owner<br><b>WESTALLIS</b>                            | State<br><b>WI</b> | ZIP Code<br><b>53214</b> |

|   |                                      |
|---|--------------------------------------|
| Reason for Removal from Service<br><b>ABANDONMENT</b> | WI Unique Well # of Replacement Well |
|---|--------------------------------------|

**3. Filled & Sealed Well / Drillhole / Borehole Information**

|   |  |
|---|--|
| <input checked="" type="checkbox"/> Monitoring Well   | Original Construction Date (mm/dd/yyyy)<br><b>07/30/2014</b> |
| <input type="checkbox"/> Water Well <b>MW-3</b>   | If a Well Construction Report is available, please attach.   |
| <input type="checkbox"/> Borehole / Drillhole   |  |
| Construction Type:<br><input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug<br><input type="checkbox"/> Other (specify): _____ |  |
| Formation Type:<br><input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock  |  |
| Total Well Depth From Ground Surface (ft.)<br><b>15.5</b>   | Casing Diameter (in.)<br><b>2</b>                            |
| Lower Drillhole Diameter (in.)<br><b>8</b>  | Casing Depth (ft.)<br><b>15.4</b>                            |
| Was well annular space grouted?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown   |  |
| If yes, to what depth (feet)?   | Depth to Water (feet)  |

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

|   |   |  |   |
|---|---|--|---|
| Pump and piping removed?  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |
| Liner(s) removed?   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |
| Liner(s) perforated?  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |
| Screen removed?   | <input type="checkbox"/> Yes  | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| Casing left in place?   | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| Was casing cut off below surface?   | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| Did sealing material rise to surface?   | <input checked="" type="checkbox"/> Yes   | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| Did material settle after 24 hours?   | <input type="checkbox"/> Yes  | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| If yes, was hole retopped?  | <input type="checkbox"/> Yes  | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |
| If bentonite chips were used, were they hydrated with water from a known safe source? | <input type="checkbox"/> Yes  | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| Required Method of Placing Sealing Material   | <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped<br><input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____ |  |   |
| Sealing Materials   | <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete<br><input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips                                 |  |   |
| For Monitoring Wells and Monitoring Well Boreholes Only:                              | <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout<br><input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry                     |  |   |

**5. Material Used to Fill Well / Drillhole**

| From (ft.) | To (ft.)    | No. Yards, Sacks Sealant or Volume (circle one) | Mix Ratio or Mud Weight |
|------------|-------------|---|-------------------------|
| Surface    | <b>15.5</b> | <b>1/2 BAG</b>                                  |                         |
|            |             |   |                         |
|            |             |   |                         |

**6. Comments**

**7. Supervision of Work**

|   |   |   |  |  |
|---|---|---|--|--|
| Name of Person or Firm Doing Filling & Sealing<br><b>UNITED ENGINEERING CONSULTANTS, INC.</b> | License #                                 | Date of Filling & Sealing or Verification (mm/dd/yyyy)<br><b>08/31/2017</b> | <b>DNR Use Only</b>  |  |
| Street or Route<br><b>16237 W. RYERSON ROAD</b>   | Telephone Number<br><b>(262) 785-1447</b> | Date Received   | Noted By   |  |
| City<br><b>NEW BERLIN</b>   | State<br><b>WI</b>                        | ZIP Code<br><b>53157</b>  | Signature of Person Doing Work<br><i>Trudy J. Anderson</i> |  |
|   |   |   | Date Signed<br><b>8/31/2017</b>                            |  |