



## Meridian Environmental Consulting, LLC

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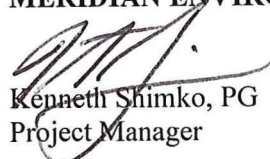
December 8, 2019

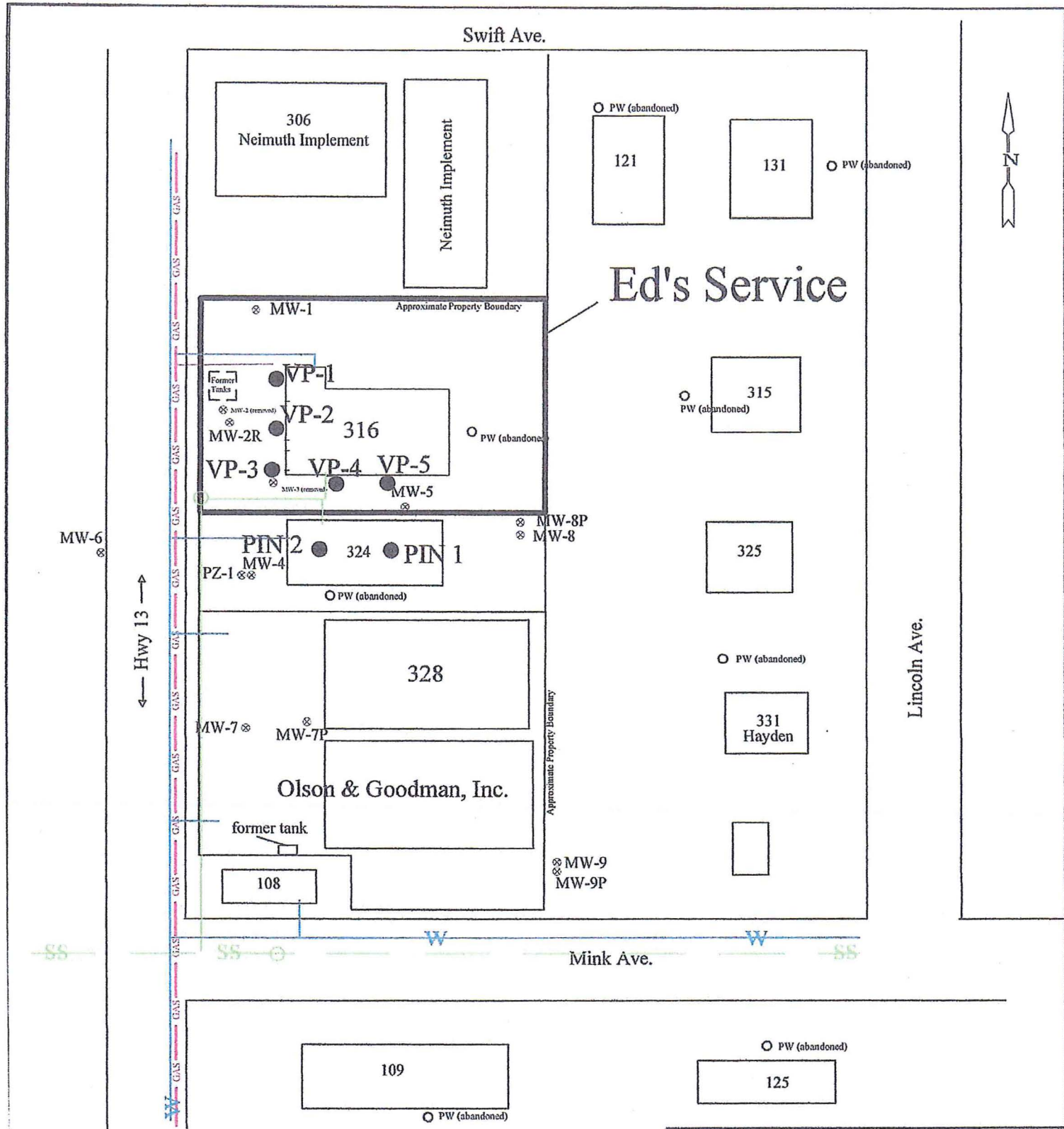
Carrie Stoltz  
Wisconsin Department of Natural Resources  
107 Sutliff Avenue  
Rhineland, Wisconsin 54501

Subject: **Well Abandonment Forms including vapor point "Pin 1"**  
Ed's Service  
316 S State Hwy 13  
Stetsonville, WI  
DNR BRRTS No. 03-61-183093  
PECFA No. 54480-9742-16  
Meridian No. 05F684

- The monitoring wells were abandoned at this site November 6, 2019. The well abandonment forms are enclosed.
- Vapor pin "PIN 1" was abandoned December 7, 2019.
- Vapor pin "PIN 2" was removed in 2018 during remodeling work in the building.

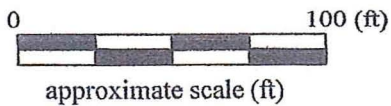
Sincerely,  
**MERIDIAN ENVIRONMENTAL CONSULTING, LLC**

  
Kenneth Shimko, PG  
Project Manager




**LEGEND**

- ⊗ MW-1 Monitoring Well
- PW Private Water Well
- Vapor Probe



**Figure B.4.a  
Vapor Probes  
Ed's Service  
Stetsonville, WI**

PROJECT NO. 05F684	PREPARED BY KAS	 Meridian Environmental Consulting, LLC
DATE 2/14/18	REVIEWED BY KAS	

MW-1

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

**1. Well Location Information**

County <b>Taylor</b>	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) N <input type="checkbox"/> DD W <input type="checkbox"/> DDM	Format Code	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 or Gov't Lot #	Section	Township N
Well Street Address <b>316 S. Hwy 13</b>	Range	E <input type="checkbox"/> W <input type="checkbox"/>
Well City, Village or Town <b>Stetsonville</b>	Well ZIP Code <b>54480</b>	
Subdivision Name	Lot #	

**2. Facility / Owner Information**

Facility Name <b>Ed's Service (Rindt)</b>
Facility ID (FID or PWS)
License/Permit/Monitoring #
Original Well Owner <b>SAME</b>
Present Well Owner <b>↓</b>
Mailing Address of Present Owner <b>316 S. Hwy 13</b>
City of Present Owner <b>Stetsonville</b>
State <b>WI</b>
ZIP Code <b>54480</b>

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

Reason for Removal from Service <b>DNR Closure</b>	WI Unique Well # of Replacement Well
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>8/1/06</b>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <b>16</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.) <b>8</b>	Casing Depth (ft.) <b>16</b>
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? <b>3</b>	Depth to Water (feet) <b>4.46</b>

**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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<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	
<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>bentonite chips</b>	Surface	<b>16</b>	<b>1/2 bag</b>	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <b>Mr. Dean B. W. Coyle, LLC</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>11-6-19</b>	DNR Use Only	
Street or Route <b>2711 W. Blue Rd</b>	Telephone Number <b>(715) 832-6608</b>	Date Received	Noted By	
City <b>Fall Creek</b>	State <b>WI</b>	ZIP Code <b>54742</b>	Comments	
Signature of Person Doing Work <b>[Signature]</b>	Date Signed <b>Nov. 7, 2019</b>			

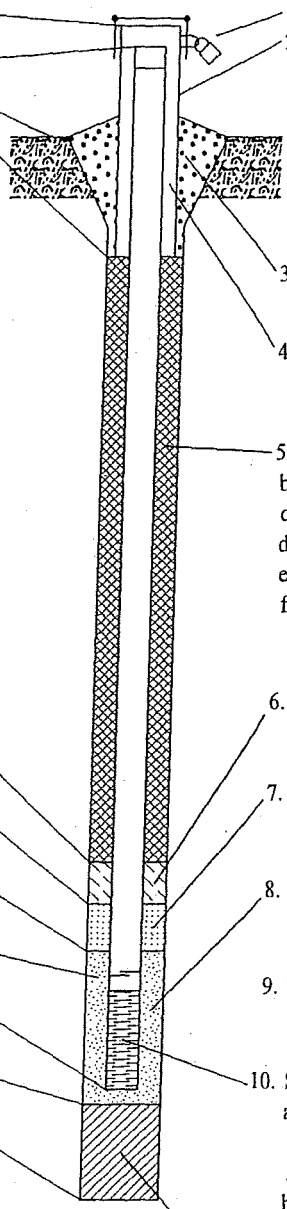
Route To:

Watershed/Wastewater   
Remediation/Redevelopment

Waste Management   
Other

Facility/Project Name <b>Rindt's Service</b>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <b>MW-1</b>
Facility License, Permit or Monitoring No.	Grid Origin Location (Check if estimated: <input type="checkbox"/> ) Lat. _____ " Long. _____ " or	Wis. Unique Well No / DNR Well Number
Facility ID <b>34101316</b>	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <b>08/01/2006</b>
Type of Well <b>Well Code 11/mw</b>	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____, T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) <b>P. Dickinson</b>
Distance Well Is From Waste/Source Boundary ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	<b>Boart Longyear Company</b>

- A. Protective pipe, top elevation \_\_\_\_\_ ft. MSL
- B. Well casing, top elevation Flush ft. MSL
- C. Land surface elevation \_\_\_\_\_ ft. MSL
- D. Surface seal, bottom \_\_\_\_\_ ft. MSL or 1.0 ft.



- 1. Cap and lock?  Yes  No
- 2. Protective cover pipe:
  - a. Inside diameter: \_\_\_\_\_ 9.0 in
  - b. Length: \_\_\_\_\_ 1.0 ft
  - c. Material: Steel  04  
Other
  - d. Additional protection?  Yes  No  
If yes, describe: \_\_\_\_\_
- 3. Surface seal: Bentonite  30  
Concrete  01  
Other
- 4. Material between well casing and protective pipe: Sand  30  
Bentonite  30  
Other
- 5. Annular space seal:
  - a. Granular Bentonite  33
  - b. \_\_\_\_\_ Lbs/gal mud weight . Bentonite-sand slurry  35
  - c. \_\_\_\_\_ Lbs/gal mud weight . . . Bentonite slurry  31
  - d. \_\_\_\_\_ % Bentonite . . . Bentonite-cement grout  50
  - e. \_\_\_\_\_ Ft<sup>3</sup> volume added for any of the above
  - f. How installed: Tremie  01  
Tremie pumped  02  
Gravity  08
- 6. Bentonite seal:
  - a. Bentonite granules  33
  - b.  1/4 in.  3/8 in.  1/2 in. Bentonite pellets  32
  - c. \_\_\_\_\_ Other
- 7. Fine sand material: Manufacturer, product name and mesh size  
a. \_\_\_\_\_ #7 Badger
- b. Volume added \_\_\_\_\_ ft<sup>3</sup>
- 8. Filter pack material: Manufacturer, product name and mesh size  
a. \_\_\_\_\_ #40 Badger
- b. Volume added \_\_\_\_\_ ft<sup>3</sup>
- 9. Well casing: Flush threaded PVC schedule 40  23  
Flush threaded PVC schedule 80  24  
Other
- 10. Screen material: PVC
- a. Screen Type: Factory cut  11  
Continuous slot  01  
Other
- b. Manufacturer Boart Longyear Company
- c. Slot size: \_\_\_\_\_ 0.010 in.
- d. Slotted length: \_\_\_\_\_ 10.0 ft.
- 11. Backfill material (below filter pack): None  14  
Other

12. USC classification of soil near screen:  
 GP  GM  GC  GW  SW  SP   
 SM  SC  ML  MH  CL  CH   
 Bedrock

13. Sieve analysis attached?  Yes  No

14. Drilling method used: Rotary  50  
 Hollow Stem Auger  41  
 Other

15. Drilling fluid used: Water  02 Air  01  
 Drilling Mud  03 None  99

16. Drilling additives used?  Yes  No  
 Describe \_\_\_\_\_

17. Source of water (attach analysis): \_\_\_\_\_

- E. Bentonite seal, top \_\_\_\_\_ ft. MSL or 1.0 ft.
- F. Fine sand, top \_\_\_\_\_ ft. MSL or 3.0 ft.
- G. Filter pack, top \_\_\_\_\_ ft. MSL or 4.0 ft.
- H. Screen joint, top \_\_\_\_\_ ft. MSL or 6.0 ft.
- I. Well bottom \_\_\_\_\_ ft. MSL or 16.0 ft.
- J. Filter pack, bottom \_\_\_\_\_ ft. MSL or 17.0 ft.
- K. Borehole, bottom \_\_\_\_\_ ft. MSL or 17.0 ft.
- L. Borehole, diameter 8.0 in.
- M. O.D. well casing 2.37 in.
- N. I.D. well casing 2.06 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature John R. Rindt

Firm **Boart Longyear Company**  
101 Alderson Street Schofield, WI 54476

Tel: 715-359-7090  
Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

MW-2R

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 <b>Taylor</b>	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 or Gov't Lot #	Section	Township <b>N</b>
Well Street Address <b>316 S. Hwy 13</b>	Range <input type="checkbox"/> E <input type="checkbox"/> W	Well ZIP Code <b>54480</b>
Well City, Village or Town <b>Stetsenville</b>	Subdivision Name	Lot #

**2. Facility / Owner Information**

Facility Name <b>Ed's Service (Rindt)</b>		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner <b>SAME</b>		
Present Well Owner <b>↓</b>		
Mailing Address of Present Owner <b>316 S. Hwy 13</b>		
City of Present Owner <b>Stetsenville</b>	State <b>WI</b>	ZIP Code <b>54480</b>

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

Reason for Removal from Service <b>DNR Closure</b>	WI Unique Well # of Replacement Well
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) <b>2-20-2008</b>
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <b>20</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.) <b>8</b>	Casing Depth (ft.) <b>20</b>
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? <b>4</b>	Depth to Water (feet) <b>3.13</b>

**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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<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
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>bentonite chips</b>	Surface	<b>20</b>	<b>2/3 bag</b>	

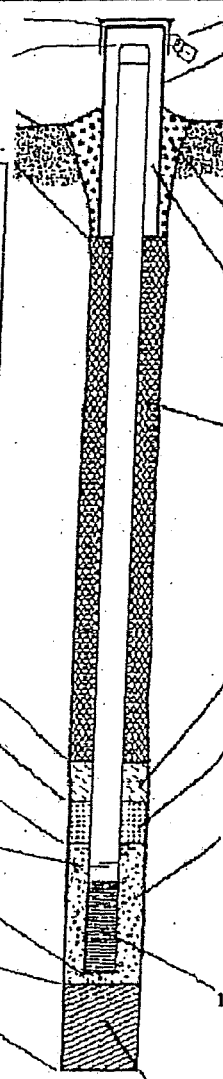
**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <b>Mr. Dean Enu. Co., LLC</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>11-6-19</b>	DNR Use Only	
Street or Route <b>2711 W. Elm Rd</b>	Telephone Number <b>(715) 832-6608</b>	Date Received	Noted By	
City <b>Fall Creek</b>	State <b>WI</b>	ZIP Code <b>54742</b>	Signature of Person Doing Work <b>[Signature]</b>	
			Date Signed <b>Nov. 7, 2019</b>	

Facility/Project Name <b>Ed's Service</b>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <b>MW-2R</b>
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>	Wis. Unique Well No. / DNR Well ID No.
Facility ID	Lat. " Long. " or St. Plane ft. N. ft. E. S/C/N	Date Well Installed <b>02/20/2008</b> m m d d y y y y
Type of Well Well Code /	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N. R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <b>Mike McCasale</b> <b>M+K</b>
Distance from Waste/Source ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number	

A. Protective pipe, top elevation --- <b>0</b> ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation --- <b>0</b> ft. MSL	2. Protective cover pipe: a. Inside diameter: <b>12</b> in.
C. Land surface elevation --- <b>0</b> ft. MSL	b. Length: <b>1</b> ft.
D. Surface seal, bottom --- <b>1</b> ft. MSL or --- ft.	c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input checked="" type="checkbox"/> SM <input checked="" type="checkbox"/> SC <input checked="" type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. ___ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. ___ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. ___ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. ___ Ft <sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. Other <input type="checkbox"/>
17. Source of water (attach analysis, if required): _____	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft <sup>3</sup>
E. Bentonite seal, top --- <b>1</b> ft. MSL or --- ft.	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft <sup>3</sup>
F. Fine sand, top --- <b>4</b> ft. MSL or --- ft.	9. Well casing: Flush threaded PVC schedule 40: <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
G. Filter pack, top --- <b>4</b> ft. MSL or --- ft.	10. Screen material: <b>PVC</b> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
H. Screen joint, top --- <b>5</b> ft. MSL or --- ft.	b. Manufacturer _____ c. Slot size: <b>0.1</b> in. d. Slotted length: <b>15</b> ft.
I. Well bottom --- <b>20</b> ft. MSL or <b>20</b> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom --- <b>20</b> ft. MSL or --- ft.	
K. Borehole, bottom --- <b>20</b> ft. MSL or --- ft.	
L. Borehole, diameter <b>8</b> in.	
M. O.D. well casing <b>2</b> in.	
N. I.D. well casing <b>2</b> in.	



I hereby certify that the information on this form is true and correct to the best of my knowledge.  
Signature: [Signature] Firm: Meredith Environmental Cs Hg.

Please complete both Form 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

MW-4

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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 <b>Taylor</b>	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) N <input type="checkbox"/> DD W <input type="checkbox"/> DDM	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 or Gov't Lot #	Section	Township N
Well Street Address <b>316 S. Hwy 13</b>	Well ZIP Code <b>54480</b>	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town <b>Stetsenville</b>	Well ZIP Code <b>54480</b>	
Subdivision Name	Lot #	

**2. Facility / Owner Information**

Facility Name <b>Ed's Service (Rindt)</b>
Facility ID (FID or PWS)
License/Permit/Monitoring #
Original Well Owner <b>SAME</b>
Present Well Owner <b>↓</b>
Mailing Address of Present Owner <b>316 S. Hwy 13</b>
City of Present Owner <b>Stetsenville</b>
State <b>WI</b>
ZIP Code <b>54480</b>

Reason for Removal from Service <b>DNR Closure</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) <b>12/1/2006</b>
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>

Construction Type:
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug
<input type="checkbox"/> Other (specify): _____

Formation Type:
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock

Total Well Depth From Ground Surface (ft.) <b>20</b>	Casing Diameter (in.) <b>2</b>
---------------------------------------------------------	-----------------------------------

Lower Drillhole Diameter (in.) <b>8</b>	Casing Depth (ft.) <b>20</b>
--------------------------------------------	---------------------------------

Was well annular space grouted?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

If yes, to what depth (feet)? <b>3</b>	Depth to Water (feet) <b>3.35</b>
-------------------------------------------	--------------------------------------

**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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Required Method of Placing Sealing Material
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
<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
<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:
<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>bentonite chips</b>	Surface	<b>20</b>	<b>2/3 bag</b>	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <b>Mrs. Dian E. W. Coyle, LLC</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>11-6-19</b>	DNR Use Only	
Street or Route <b>2711 W. Elm Rd</b>	Telephone Number <b>(715) 832-6608</b>	Date Received	Noted By	
City <b>Fall Creek</b>	State <b>WI</b>	ZIP Code <b>54742</b>	Signature of Person Doing Work <b>[Signature]</b>	
			Date Signed <b>Nov. 7, 2019</b>	

Facility/Project Name <u>Road 15</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <u>MW-4</u>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed <u>12/01/06</u> m m d d y y y y
Type of Well Well Code <u>MW</u>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Joe J. Eric</u> <u>M. J. West Engineers</u>
Distance from Waste/Source _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____	

A. Protective pipe, top elevation --- 0 --- ft. MSL

B. Well casing, top elevation --- 0 --- ft. MSL

C. Land surface elevation --- 0 --- ft. MSL

D. Surface seal, bottom --- ft. MSL or --- ft.

12. USCS classification of soil near screen:  
GP  GM  GC  GW  SW  SP   
SM  SC  ML  MH  CL  CH   
Bedrock

13. Sieve analysis performed?  Yes  No

14. Drilling method used: Rotary  50  
Hollow Stem Auger  41  
Other

15. Drilling fluid used: Water  02 Air  01  
Drilling Mud  03 None  99

16. Drilling additives used?  Yes  No  
Describe \_\_\_\_\_

17. Source of water (attach analysis, if required): \_\_\_\_\_

E. Bentonite seal, top --- 0 --- ft. MSL or 7 ft.

F. Fine sand, top --- ft. MSL or 3 ft.

G. Filter pack, top --- ft. MSL or 4 ft.

H. Screen joint, top --- ft. MSL or 5 ft.

I. Well bottom --- ft. MSL or 20 ft.

J. Filter pack, bottom --- ft. MSL or 20 ft.

K. Borehole, bottom --- ft. MSL or 20 ft.

L. Borehole, diameter 12 in.

M. O.D. well casing 2 in.

N. I.D. well casing 1.5 in.

1. Cap and lock?  Yes  No

2. Protective cover pipe:  
a. Inside diameter: 10 in.  
b. Length: 12 ft.  
c. Material: Steel  04  
Other

d. Additional protection?  Yes  No  
If yes, describe: built down cover

3. Surface seal: Bentonite  30  
Concrete  01  
Other

4. Material between well casing and protective pipe: Bentonite  30  
Other

5. Annular space seal: a. Granular/Chipped Bentonite  33  
b. \_\_\_\_\_ Lbs/gal mud weight ... Bentonite-sand slurry  35  
c. \_\_\_\_\_ Lbs/gal mud weight ... Bentonite slurry  31  
d. \_\_\_\_\_ % Bentonite ... Bentonite-cement grout  50  
e. \_\_\_\_\_ Ft<sup>3</sup> volume added for any of the above  
f. How installed: Tremie  01  
Tremie pumped  02  
Gravity  08

6. Bentonite seal: a. Bentonite granules  33  
b.  1/4 in.  3/8 in.  1/2 in. Bentonite chips  32  
c. Other

7. Fine sand material: Manufacturer, product name & mesh size  
a. Red Flint  
b. Volume added \_\_\_\_\_ ft<sup>3</sup>

8. Filter pack material: Manufacturer, product name & mesh size  
a. sand  
b. Volume added \_\_\_\_\_ ft<sup>3</sup>

9. Well casing: Flush threaded PVC schedule 40  23  
Flush threaded PVC schedule 80  24  
Other

10. Screen material: PVC Sch. 40 #10  
a. Screen type: Factory cut  11  
Continuous slot  01  
Other

b. Manufacturer \_\_\_\_\_  
c. Slot size: 0.1 in.  
d. Slotted length: 15 ft.

11. Backfill material (below filter pack): None  14  
Other

I hereby certify that the information on this form is true and correct to the best of my knowledge.  
Signature [Signature] Firm Mendota Alliance Group

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.



MW-5

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**      **2. Facility/Owner Information**

County <b>Taylor</b>		WI Unique Well # of Removed Well	Hicap #	Facility Name <b>Ed's Service (Rindt)</b>	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)	
1/4 / 1/4	1/4	Section	Township <b>N</b>	Range <input type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring #
or Gov't Lot #				Original Well Owner <b>SAME</b>	
Well Street Address <b>316 S. Hwy 13</b>				Present Well Owner <b>↓</b>	
Well City, Village or Town <b>Stetsonville</b>		Well ZIP Code <b>54480</b>		Mailing Address of Present Owner <b>316 S. Hwy 13</b>	
Subdivision Name		Lot #		City of Present Owner <b>Stetsonville</b>	State <b>WI</b> ZIP Code <b>54480</b>

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

Reason for Removal from Service <b>DNR Closure</b>	WI Unique Well # of Replacement Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Original Construction Date (mm/dd/yyyy) <b>12/01/2006</b>		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			

Total Well Depth From Ground Surface (ft.) <b>15</b>	Casing Diameter (in.) <b>2</b>	Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
Lower Drillhole Diameter (in.) <b>8</b>	Casing Depth (ft.) <b>15</b>	For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		
If yes, to what depth (feet)? <b>3</b>	Depth to Water (feet) <b>2.68</b>		

**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</b>	<b>1/2 bag</b>	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <b>Men. Brian B.W. CS14, LLC</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>11-6-19</b>	DNR Use Only	
Street or Route <b>2711 N. Blue Rd</b>	Telephone Number <b>(715) 832-6608</b>	Date Received	Noted By	
City <b>Fall Creek</b>	State <b>WI</b>	ZIP Code <b>54742</b>	Signature of Person Doing Work <b>[Signature]</b>	
Date Signed <b>Nov. 7, 2019</b>			Comments	

Facility/Project Name <i>Reed's</i>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <i>MW - 5</i>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. " Long. " or	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed <i>12/01/06</i>
Type of Well Well Code <i>MW</i>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: Name (first, last) and Firm <i>Joe F. Eric M. West Engineers</i>
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in.
C. Land surface elevation _____ ft. MSL	b. Length: _____ ft.
D. Surface seal, bottom _____ ft. MSL or _____ ft.	c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: <i>bolt down cover</i>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft <sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. Other <input type="checkbox"/>
17. Source of water (attach analysis, if required): _____	7. Fine sand material: Manufacturer, product name & mesh size a. <i>Red Flint</i>
E. Bentonite seal, top _____ ft. MSL or <i>1</i> ft.	b. Volume added _____ ft <sup>3</sup>
F. Fine sand, top _____ ft. MSL or <i>3</i> ft.	8. Filter pack material: Manufacturer, product name & mesh size a. <i>sand</i>
G. Filter pack, top _____ ft. MSL or <i>4</i> ft.	b. Volume added _____ ft <sup>3</sup>
H. Screen joint, top _____ ft. MSL or <i>5</i> ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or <i>15</i> ft.	10. Screen material: <i>PVC sch. 40 #10</i>
J. Filter pack, bottom _____ ft. MSL or <i>15</i> ft.	a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or <i>15</i> ft.	b. Manufacturer _____
L. Borehole, diameter <i>12</i> in.	c. Slot size: _____ in.
M. O.D. well casing <i>2</i> in.	d. Slotted length: _____ ft.
N. I.D. well casing <i>1.5</i> in.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input type="checkbox"/>

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature *[Signature]* Firm *Mendota Alliance Group*

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

MW-6

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**      **2. Facility/Owner Information**

County: Taylor      WI Unique Well # of Removed Well: \_\_\_\_\_      Hicap #: \_\_\_\_\_  
 Latitude / Longitude (see instructions): \_\_\_\_\_ N      Format Code:  DD      Method Code:  GPS008  
 \_\_\_\_\_ W       DDM       SCR002  
 \_\_\_\_\_       OTH001  
 1/4 1/4      1/4      Section: \_\_\_\_\_      Township: \_\_\_\_\_      Range:  E  
 or Gov't Lot #: \_\_\_\_\_      N       W  
 Well Street Address: 316 S. Hwy 13  
 Well City, Village or Town: Stetsonville      Well ZIP Code: 54480  
 Subdivision Name: \_\_\_\_\_      Lot #: \_\_\_\_\_

Facility Name: Ed's Service (Rindt)  
 Facility ID (FID or PWS): \_\_\_\_\_  
 License/Permit/Monitoring #: \_\_\_\_\_  
 Original Well Owner: SAME  
 Present Well Owner: ↓  
 Mailing Address of Present Owner: 316 S. Hwy 13  
 City of Present Owner: Stetsonville      State: WI      ZIP Code: 54480

Reason for Removal from Service: DNR Closure      WI Unique Well # of Replacement Well: \_\_\_\_\_

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

Monitoring Well      Original Construction Date (mm/dd/yyyy): 2/20/2008  
 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.): 20      Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8      Casing Depth (ft.): 20

Was well annular space grouted?  Yes       No       Unknown

If yes, to what depth (feet)? 20      Depth to Water (feet): 1.65

**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**

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>bentonite chips</u>	<u>Surface</u>	<u>20</u>	<u>2/3 bag</u>	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing: Mr. Brian B. W. Co. LLC      License #: \_\_\_\_\_      Date of Filling & Sealing or Verification (mm/dd/yyyy): 11-6-19

Street or Route: 2711 N. Elm Rd      Telephone Number: (715) 832-6608

City: Fall Creek      State: WI      ZIP Code: 54742      Signature of Person Doing Work: [Signature]      Date Signed: Nov. 7, 2019

Facility/Project Name <b>Ed's Service</b>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <b>MW-6</b>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>	Wis. Unique Well No. / DNR Well ID No.
Facility ID	Lat. " Long. " or	Date Well Installed <b>02/20/2008</b>
Type of Well Well Code <b>1</b>	St. Plane ft. N. ft. E. S/C/N	Well Installed By: Name (first, last) and Firm <b>Mike McCordle</b>
Distance from Waste/Source ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number <b>M&amp;K</b>

- A. Protective pipe, top elevation --- **0** --- ft. MSL
- B. Well casing, top elevation --- **0** --- ft. MSL
- C. Land surface elevation --- **0** --- ft. MSL
- D. Surface seal, bottom --- **1** --- ft. MSL or --- ft.

12. USCS classification of soil near screen:  
 GP  GM  GC  GW  SW  SP   
 SM  SC  ML  MH  CL  CH   
 Bedrock

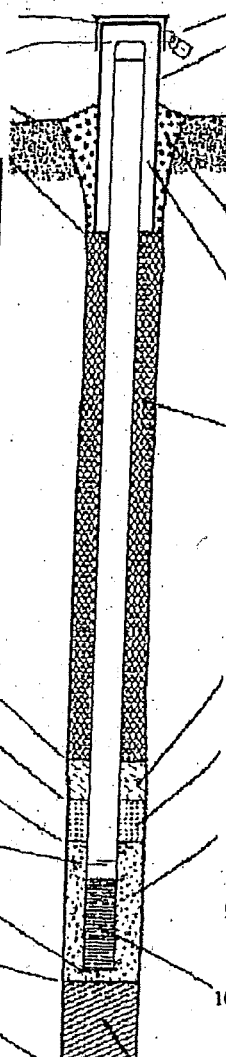
13. Sieve analysis performed?  Yes  No

14. Drilling method used: Rotary  5 0  
 Hollow Stem Auger  4 1  
 Other

15. Drilling fluid used: Water  0 2 Air  0 1  
 Drilling Mud  0 3 None  9 9

16. Drilling additives used?  Yes  No  
 Describe \_\_\_\_\_

17. Source of water (attach analysis, if required): \_\_\_\_\_



- 1. Cap and lock?  Yes  No
- 2. Protective cover pipe: **12** in.  
 a. Inside diameter: **11** ft.  
 b. Length:  
 c. Material: Steel  0 4  
 Other
- d. Additional protection?  Yes  No  
 If yes, describe: \_\_\_\_\_
- 3. Surface seal: Bentonite  3 0  
 Concrete  0 1  
 Other
- 4. Material between well casing and protective pipe: Bentonite  3 0  
 Other  **sand**
- 5. Annular space seal: a. Granular/Chipped Bentonite  3 3  
 b. \_\_\_ Lbs/gal mud weight... Bentonite-sand slurry  3 5  
 c. \_\_\_ Lbs/gal mud weight... Bentonite slurry  3 1  
 d. \_\_\_ % Bentonite... Bentonite-cement grout  5 0  
 e. \_\_\_ Ft<sup>3</sup> volume added for any of the above  
 f. How installed: Tremie  0 1  
 Tremie pumped  0 2  
 Gravity  0 8
- 6. Bentonite seal: a. Bentonite granules  3 3  
 b.  1/4 in.  3/8 in.  1/2 in. Bentonite chips  3 2  
 c. Other
- 7. Fine sand material: Manufacturer, product name & mesh size  
 a. \_\_\_\_\_  
 b. Volume added \_\_\_\_\_ ft<sup>3</sup>
- 8. Filter pack material: Manufacturer, product name & mesh size  
 a. \_\_\_\_\_  
 b. Volume added \_\_\_\_\_ ft<sup>3</sup>
- 9. Well casing: Flush threaded PVC schedule 40  2 1  
 Flush threaded PVC schedule 80  2 4  
 Other
- 10. Screen material: **PVC**  
 a. Screen type: Factory cut  1 1  
 Continuous slot  0 1  
 Other
- b. Manufacturer \_\_\_\_\_  
 c. Slot size: **0.1** in.  
 d. Slotted length: **15** ft.
- 11. Backfill material (below filter pack): None  1 4  
 Other

- E. Bentonite seal, top --- ft. MSL or **1** ft.
- F. Fine sand, top --- ft. MSL or **3** ft.
- G. Filter pack, top --- ft. MSL or **4** ft.
- H. Screen joint, top --- ft. MSL or **5** ft.
- I. Well bottom --- ft. MSL or **20** ft.
- J. Filter pack, bottom --- ft. MSL or **20** ft.
- K. Borehole, bottom --- ft. MSL or **20** ft.
- L. Borehole, diameter **8** in.
- M. O.D. well casing **2** in.
- N. I.D. well casing **2** in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature **[Signature]** Firm **Meredith Environmental Cs Hq.**

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. State., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. State., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

MW-8

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 <b>Taylor</b>	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address <b>316 S. Hwy 13</b>	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town <b>Stetsonville</b>	Well ZIP Code <b>54480</b>	
Subdivision Name	Lot #	

**2. Facility / Owner Information**

Facility Name <b>Ed's Service (Rindt)</b>		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner <b>SAME</b>		
Present Well Owner <b>↓</b>		
Mailing Address of Present Owner <b>316 S. Hwy 13</b>		
City of Present Owner <b>Stetsonville</b>	State <b>WI</b>	ZIP Code <b>54480</b>

Reason for Removal from Service  
**DNR Closure**

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) <b>11/21/2010</b>
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	

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

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

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

<b>bentonite chips</b>	From (ft.) Surface	To (ft.) 15	No. Yards, Sacks Sealant or Volume (circle one) <b>1/2 bag</b>	Mix Ratio or Mud Weight
------------------------	-----------------------	----------------	-------------------------------------------------------------------	-------------------------

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <b>Mr. Dean E. ...</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>11-6-19</b>	DNR Use Only	
Street or Route <b>2711 N. Blvd</b>	Telephone Number <b>(715) 832-6608</b>	Date Received	Noted By	
City <b>Fall Creek</b>	State <b>WI</b>	ZIP Code <b>54742</b>	Signature of Person Doing Work <b>[Signature]</b>	
			Date Signed <b>Nov. 7, 2019</b>	

Facility/Project Name <b>Eas Service</b>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name <b>MW-8</b>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. " Long. " or	Wis. Unique Well No. <b>DNR Well ID No.</b>
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <b>01/21/2010</b> m m d d y y y y
Type of Well Well Code <b>11, MW</b>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <b>Landon Matzahn</b> <b>Geiss Soil + Samples LLC</b>
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
	Gov. Lot Number _____	

A. Protective pipe, top elevation \_\_\_\_\_ ft. MSL

B. Well casing, top elevation \_\_\_\_\_ ft. MSL

C. Land surface elevation \_\_\_\_\_ ft. MSL

D. Surface seal, bottom \_\_\_\_\_ ft. MSL or \_\_\_\_\_ ft.

12. USCS classification of soil near screen:  
GP  GM  GC  GW  SW  SP   
SM  SC  ML  MH  CL  CH   
Bedrock

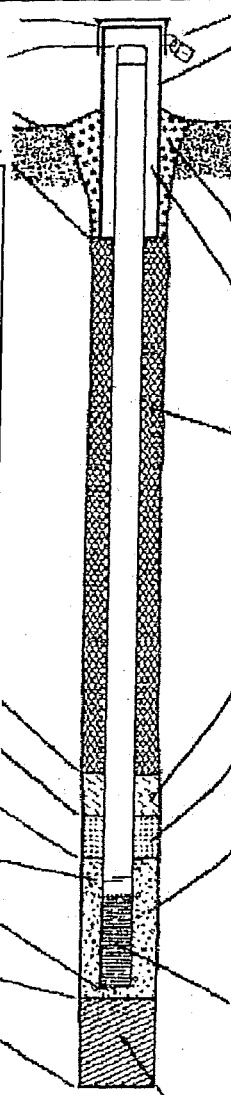
13. Sieve analysis performed?  Yes  No

14. Drilling method used: Rotary  50  
Hollow Stem Auger  41  
Other

15. Drilling fluid used: Water  02 Air  01  
Drilling Mud  03 None  99

16. Drilling additives used?  Yes  No  
Describe \_\_\_\_\_

17. Source of water (attach analysis, if required):  
\_\_\_\_\_



1. Cap and lock?  Yes  No

2. Protective cover pipe:  
a. Inside diameter: **8** in.  
b. Length: **1** ft.  
c. Material: Steel  04  
Other

d. Additional protection?  Yes  No  
If yes, describe: \_\_\_\_\_

3. Surface seal:  
Bentonite  30  
Concrete  01  
Other

4. Material between well casing and protective pipe:  
Bentonite  30  
Other

5. Annular space seal:  
a. Granular/Chipped Bentonite  33  
b. \_\_\_\_\_ Lbs/gal mud weight . . . Bentonite-sand slurry  35  
c. \_\_\_\_\_ Lbs/gal mud weight . . . . . Bentonite slurry  31  
d. \_\_\_\_\_ % Bentonite . . . . . Bentonite-cement grout  50  
e. \_\_\_\_\_ Ft<sup>3</sup> volume added for any of the above  
f. How installed: Tremie  01  
Tremie pumped  02  
Gravity  08

6. Bentonite seal:  
a. Bentonite granules  33  
b.  1/4 in.  3/8 in.  1/2 in. Bentonite chips  32  
c. \_\_\_\_\_ Other

7. Fine sand material: Manufacturer, product name & mesh size  
a. **#15 Red Flint**  
b. Volume added \_\_\_\_\_ ft<sup>3</sup>

8. Filter pack material: Manufacturer, product name & mesh size  
a. **#40 Red Flint**  
b. Volume added \_\_\_\_\_ ft<sup>3</sup>

9. Well casing: Flush threaded PVC schedule 40  23  
Flush threaded PVC schedule 80  24  
Other

10. Screen material: **PVC**  
a. Screen type: Factory cut  11  
Continuous slot  01  
Other

b. Manufacturer **Boart**  
c. Slot size: **0.010** in.  
d. Slotted length: **10** ft.

11. Backfill material (below filter pack): None  14  
Other

E. Bentonite seal, top \_\_\_\_\_ ft. MSL or **0** ft.

F. Fine sand, top \_\_\_\_\_ ft. MSL or **3** ft.

G. Filter pack, top \_\_\_\_\_ ft. MSL or **4** ft.

H. Screen joint, top \_\_\_\_\_ ft. MSL or **5** ft.

I. Well bottom \_\_\_\_\_ ft. MSL or **15** ft.

J. Filter pack, bottom \_\_\_\_\_ ft. MSL or **15** ft.

K. Borehole, bottom \_\_\_\_\_ ft. MSL or **15** ft.

L. Borehole, diameter **8.25** in.

M. O.D. well casing **2.40** in.

N. I.D. well casing **2.06** in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature **Landon Matzahn** Firm **Geiss Soil + Samples LLC**

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MW-8P

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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: Taylor      WI Unique Well # of Removed Well: \_\_\_\_\_      Hicap #: \_\_\_\_\_

Latitude / Longitude (see instructions): \_\_\_\_\_ N      Format Code:  DD      Method Code:  GPS008  
 \_\_\_\_\_ W       DDM       SCR002  
 \_\_\_\_\_       OTH001

1/4 1/4      Section: \_\_\_\_\_      Township: \_\_\_\_\_      Range:  E  
 or Gov't Lot #: \_\_\_\_\_      N       W

Well Street Address: 316 S. Hwy 13

Well City, Village or Town: Stetsonville      Well ZIP Code: 54480

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

Facility Name: Ed's Service (Rindt)

Facility ID (FID or PWS): \_\_\_\_\_

License/Permit/Monitoring #: \_\_\_\_\_

Original Well Owner: \_\_\_\_\_

Present Well Owner: SAME

Mailing Address of Present Owner: 316 S. Hwy 13

City of Present Owner: Stetsonville      State: WI      ZIP Code: 54480

Reason for Removal from Service: DNR Closure      WI Unique Well # of Replacement Well: \_\_\_\_\_

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

Monitoring Well      Original Construction Date (mm/dd/yyyy): 11/21/2010

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.): 37      Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8      Casing Depth (ft.): 37

Was well annular space grouted?  Yes       No       Unknown

If yes, to what depth (feet)? 30      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**

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>bentonite chips</u>	<u>Surface</u>	<u>37</u>	<u>1 1/4 bag</u>	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing: <u>Mrs. Diana Benu, City, WI</u>	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>11-6-19</u>	DNR Use Only	
Street or Route: <u>2711 W. Bluff Rd</u>	Telephone Number: <u>(715) 832-6608</u>	Date Received: _____	Noted By: _____	
City: <u>Fall Creek</u>	State: <u>WI</u>	ZIP Code: <u>54742</u>	Signature of Person Doing Work: <u>[Signature]</u>	Date Signed: <u>Nov. 7, 2019</u>

Facility/Project Name: Eds Service Local Grid Location of Well: \_\_\_\_\_ ft.  N. \_\_\_\_\_ ft.  E. \_\_\_\_\_ ft.  S. \_\_\_\_\_ ft.  W.

Facility License, Permit or Monitoring No.: \_\_\_\_\_ Local Grid Origin  (estimated: ) or Well Location  Wis. Unique Well No. \_\_\_\_\_ DNR Well ID No. \_\_\_\_\_

Facility ID: \_\_\_\_\_ St. Plane \_\_\_\_\_ ft. N. \_\_\_\_\_ ft. E. S/C/N \_\_\_\_\_ Date Well Installed: 01/21/2010  
m m d d y y v v y y

Type of Well: \_\_\_\_\_ Well Code: 12, PZ Section Location of Waste/Source: \_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4 of Sec. \_\_\_\_\_ T. \_\_\_\_\_ N, R.  E  W

Distance from Waste/Source \_\_\_\_\_ ft. Enf. Stds. Apply  Location of Well Relative to Waste/Source:  u Upgradient  s Sidegradient  d Downgradient  n Not Known Gov. Lot Number \_\_\_\_\_

Well Installed By: Name (first, last) and Firm: Landon Malzahn  
Geiss Soil & Samples LLC

A. Protective pipe, top elevation \_\_\_\_\_ ft. MSL  Yes  No

B. Well casing, top elevation \_\_\_\_\_ ft. MSL

C. Land surface elevation \_\_\_\_\_ ft. MSL

D. Surface seal, bottom \_\_\_\_\_ ft. MSL or 0 ft.

12. USCS classification of soil near screen:  
GP  GM  GC  GW  SW  SP   
SM  SC  ML  MH  CL  CH   
Bedrock

13. Sieve analysis performed?  Yes  No

14. Drilling method used: Rotary  50  
Hollow Stem Auger  41  
Other

15. Drilling fluid used: Water  02 Air  01  
Drilling Mud  03 None  99

16. Drilling additives used?  Yes  No

Describe: \_\_\_\_\_

17. Source of water (attach analysis, if required): \_\_\_\_\_

E. Bentonite seal, top \_\_\_\_\_ ft. MSL or 1 ft.

F. Fine sand, top \_\_\_\_\_ ft. MSL or 30 ft.

G. Filter pack, top \_\_\_\_\_ ft. MSL or 31 ft.

H. Screen joint, top \_\_\_\_\_ ft. MSL or 32 ft.

I. Well bottom \_\_\_\_\_ ft. MSL or 37 ft.

J. Filter pack, bottom \_\_\_\_\_ ft. MSL or 37 ft.

K. Borehole, bottom \_\_\_\_\_ ft. MSL or 37 ft.

L. Borehole, diameter 8.25 in.

M. O.D. well casing 2.40 in.

N. I.D. well casing 2.06 in.

1. Cap and lock?  Yes  No

2. Protective cover pipe:  
a. Inside diameter: 8 in.  
b. Length: 1 ft.  
c. Material: Steel  04  
Other

d. Additional protection?  Yes  No  
If yes, describe: \_\_\_\_\_

3. Surface seal: Bentonite  30  
Concrete  01  
Other

4. Material between well casing and protective pipe: Bentonite  30  
Other

5. Annular space seal: a. Granular/Chipped Bentonite  33  
b. \_\_\_\_\_ Lbs/gal mud weight ... Bentonite-sand slurry  35  
c. \_\_\_\_\_ Lbs/gal mud weight ... Bentonite slurry  31  
d. \_\_\_\_\_ % Bentonite ... Bentonite-cement grout  50  
e. \_\_\_\_\_ Ft<sup>3</sup> volume added for any of the above  
f. How installed: Tremie  01  
Tremie pumped  02  
Gravity  08

6. Bentonite seal: a. Bentonite granules  33  
b.  1/4 in.  3/8 in.  1/2 in. Bentonite chips  32  
c. Other

7. Fine sand material: Manufacturer, product name & mesh size  
a. #15 Red Flint  
b. Volume added \_\_\_\_\_ ft<sup>3</sup>

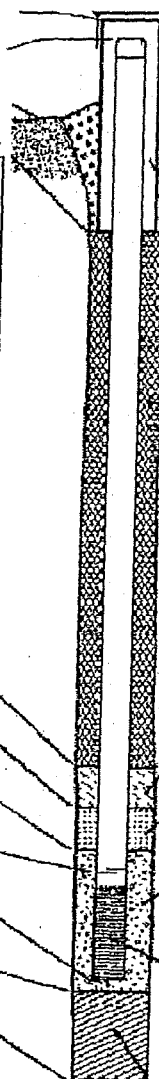
8. Filter pack material: Manufacturer, product name & mesh size  
a. #40 Red Flint  
b. Volume added \_\_\_\_\_ ft<sup>3</sup>

9. Well casing: Flush threaded PVC schedule 40  23  
Flush threaded PVC schedule 80  24  
Other

10. Screen material: PVC  
a. Screen type: Factory cut  11  
Continuous slot  01  
Other

b. Manufacturer Boart  
c. Slot size: 0.010 in.  
d. Slotted length: 5 ft.

11. Backfill material (below filter pack): None  14  
Other



I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature: Landon Malzahn Firm: Geiss Soil & Samples LLC

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.



P 3-1

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: Taylor      WI Unique Well # of Removed Well: \_\_\_\_\_      Hicap #: \_\_\_\_\_

Latitude / Longitude (see instructions): \_\_\_\_\_ N      Format Code:  DD      Method Code:  GPS008

\_\_\_\_\_ W       DDM       SCR002

\_\_\_\_\_       OTH001

1/4 1/4      Section: \_\_\_\_\_      Township: \_\_\_\_\_      Range:  E

or Gov't Lot #      \_\_\_\_\_      \_\_\_\_\_       W

Well Street Address: 316 S. Hwy 13

Well City, Village or Town: Stetsonville      Well ZIP Code: 54480

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

**2. Facility / Owner Information**

Facility Name: Ed's Service (Rindt)

Facility ID (FID or PWS): \_\_\_\_\_

License/Permit/Monitoring #: \_\_\_\_\_

Original Well Owner: SAME

Present Well Owner: ↓

Mailing Address of Present Owner: 316 S. Hwy 13

City of Present Owner: Stetsonville      State: WI      ZIP Code: 54480

Reason for Removal from Service: DNR Closure      WI Unique Well # of Replacement Well: \_\_\_\_\_

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

Monitoring Well      Original Construction Date (mm/dd/yyyy): 2/20/2008

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.): 30      Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8      Casing Depth (ft.): 30

Was well annular space grouted?  Yes       No       Unknown

If yes, to what depth (feet)? 23      Depth to Water (feet): 2.95

**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**

bentonite chips

From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	30	1 bag	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing: <u>Mr. Dean B. W. City, LLC</u>	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>11-6-19</u>	DNR Use Only	
Street or Route: <u>2711 W. Bluff Rd</u>	Telephone Number: <u>(715) 832-6608</u>	Date Received: _____	Noted By: _____	
City: <u>Fall Creek</u>	State: <u>WI</u>	ZIP Code: <u>54742</u>	Comments: _____	
Signature of Person Doing Work: <u>[Signature]</u>			Date Signed: <u>Nov. 7, 2019</u>	

Facility/Project Name <b>Ed's Service</b>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <b>PZ-1</b>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well ID No.
Facility ID	Lat. " Long. " or	Date Well Installed <b>02/20/2008</b> m m d d y y v v v
Type of Well Well Code <b>/</b>	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <b>Mike McCordle</b> <b>M+K</b>
Distance from Waste/Source ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number	

- A. Protective pipe, top elevation --- ft. MSL  0
- B. Well casing, top elevation --- ft. MSL  0
- C. Land surface elevation --- ft. MSL  0
- D. Surface seal, bottom --- ft. MSL or --- ft.  0

12. USCS classification of soil near screen:  
 GP  GM  GC  GW  SW  SP   
 SM  SC  ML  MH  CL  CH   
 Bedrock

13. Sieve analysis performed?  Yes  No

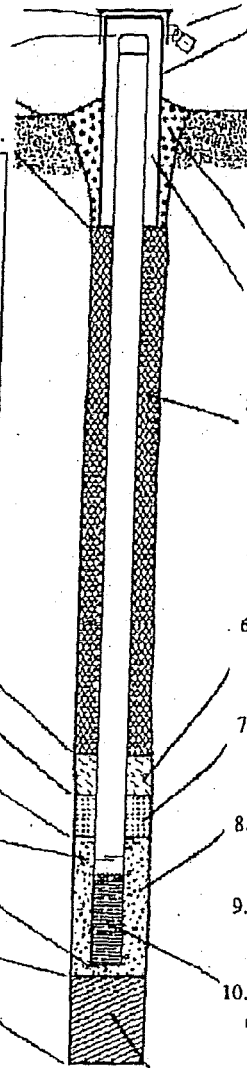
14. Drilling method used: Rotary  5 0  
 Hollow Stem Auger  4 1  
 Other

15. Drilling fluid used: Water  0 2 Air  0 1  
 Drilling Mud  0 3 None  9 9

16. Drilling additives used?  Yes  No

Describe \_\_\_\_\_

17. Source of water (attach analysis, if required): \_\_\_\_\_



1. Cap and lock?  Yes  No
2. Protective cover pipe:  
 a. Inside diameter: **12** in.  
 b. Length: **1** ft.  
 c. Material: Steel  0 4  
 Other
- d. Additional protection?  Yes  No  
 If yes, describe: \_\_\_\_\_
3. Surface seal: Bentonite  3 0  
 Concrete  0 1  
 Other
4. Material between well casing and protective pipe: Bentonite  3 0  
 Other
5. Annular space seal: a. Granular/Chipped Bentonite  3 3  
 b. Lbs/gal mud weight . . . Bentonite-sand slurry  3 5  
 c. Lbs/gal mud weight . . . Bentonite slurry  3 1  
 d. % Bentonite . . . Bentonite-cement grout  5 0  
 e. Ft<sup>3</sup> volume added for any of the above  
 f. How installed: Tremie  0 1  
 Tremie pumped  0 2  
 Gravity  0 8
6. Bentonite seal: a. Bentonite granules  3 3  
 b.  1/4 in.  3/8 in.  1/2 in. Bentonite chips  3 2  
 c. Other
7. Fine sand material: Manufacturer, product name & mesh size  
 a. \_\_\_\_\_  
 b. Volume added \_\_\_\_\_ ft<sup>3</sup>
8. Filter pack material: Manufacturer, product name & mesh size  
 a. \_\_\_\_\_  
 b. Volume added \_\_\_\_\_ ft<sup>3</sup>
9. Well casing: Flush threaded PVC schedule 40  2 3  
 Flush threaded PVC schedule 80  2 4  
 Other
10. Screen material: **PVC**  
 a. Screen type: Factory cut  1 1  
 Continuous slot  0 1  
 Other
- b. Manufacturer \_\_\_\_\_  
 c. Slot size: **0.1** in.  
 d. Slotted length: **5** ft.
11. Backfill material (below filter pack): None  1 4  
 Other

- E. Bentonite seal, top --- ft. MSL or **1** ft.
- F. Fine sand, top --- ft. MSL or **23** ft.
- G. Filter pack, top --- ft. MSL or **23** ft.
- H. Screen joint, top --- ft. MSL or **25** ft.
- I. Well bottom --- ft. MSL or **30** ft.
- J. Filter pack, bottom --- ft. MSL or **30** ft.
- K. Borehole, bottom --- ft. MSL or **30** ft.
- L. Borehole, diameter **8** in.
- M. O.D. well casing **2** in.
- N. I.D. well casing **2** in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature [Signature] Firm Meridian Environmental Cs Hg.

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.