

Letter of Transmittal

Submitted to:

Lee Delcore

WI. Dept. of Natural Resources
1155 Pilgrim Parkway
Plymouth WI 53073

Date:

12/11/2019

Attached

Job:

Waubeka Mill

Under Separate Cover

Contents:

Well Abandonment Forms
BRRTS #: 03-46-183691
PECFA #: 53021-9716-32-A

Remarks:

Attached is the well abandonment form for the above site as requested in your email correspondence dated 12/2/19. The well has been properly abandoned and no investigative waste remains on-site. Closure packet revisions have been submitted. Following your review of these forms please send the "Final Closure" letter to our client and copy METCO.

If you have any questions please call or email.

Signed: Jason Powell

cc: Jacquelyn Voeks - Client

METCO
709 Gillette St., Ste 3
La Crosse, WI 54603-2382
(608)781-8879 fax (608)781-8893

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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.

| | |
|--|---|
| <input type="checkbox"/> Verification Only of Fill and Seal | Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____ |
|--|---|

| 1. Well Location Information | 2. Facility / Owner Information |
|--|--|
| County: OZAUKEE WI Unique Well # of Removed Well: WA132 Hicap #: _____ Latitude / Longitude (Degrees and Minutes): 43 ° 28.28 ' N 87 ° 59.5 ' W Method Code (see instructions): _____ ¼ SE ¼ SW Section: 28 Township: 12 N Range: 21 <input checked="" type="checkbox"/> E <input type="checkbox"/> W or Gov't Lot #: _____ Well Street Address: W4132 Mill St Well City, Village or Town: Waubeka Well ZIP Code: 53021- Subdivision Name: _____ Lot #: _____ | Facility Name: Waubeka Mill Facility ID (FID or PWS): 246147110 License/Permit/Monitoring #: _____ Original Well Owner: Jacquelyn Voeks Present Well Owner: Jacquelyn Voeks Mailing Address of Present Owner: 680 Emerald Pt, Bld 5, Condo 7 City of Present Owner: Hollister State: MO ZIP Code: 65672- |

| | |
|--|---|
| Reason For Removal From Service: Sampling Complete WI Unique Well # of Replacement Well: _____ 3. Well / Drillhole / Borehole Information <input checked="" type="checkbox"/> Monitoring Well Original Construction Date (mm/dd/yyyy): 3/16/2018 <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole If a Well Construction Report is available, please attach. 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.): 20.5 Casing Diameter (in.): 2 Lower Drillhole Diameter (in.): 7.6 Casing Depth (ft.): 10.2 Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to what depth (feet)? 5.5 Depth to Water (feet): 9.52 | 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 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 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 type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <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 | | |
|---|------------|-----------------|
| Bentonite Chips | From (ft.) | To (ft.) lbs |
| | Surface | 20.5 32.8 |
| | | |

6. Comments
Monitoring Well MW-1

| 7. Supervision of Work | | | | DNR Use Only | |
|--|------------------|--|--|--------------|-------------|
| Name of Person or Firm Doing Filling & Sealing | License # | Date of Filling & Sealing (mm/dd/yyyy) | Date Received | Noted By | |
| Rob Wilmoth - METCO | | 12/4/2019 | | | |
| Street or Route | Telephone Number | | Comments | | |
| 709 Gillette St., Ste #3 | (608) 781-8879 | | | | |
| City | State | ZIP Code | Signature of Person Doing Work | | Date Signed |
| La Crosse | WI | 54603- |  | | 12/10/2019 |