

Letter of Transmittal

Submitted to:

Lee Delcore

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

Date:

6/30/2020

Attached

Job:

Glenn's Service Center

Under Separate Cover

Contents:

Well Abandonment Forms for the Glenn's Service Center site located at 3302 W. Center Street in Milwaukee, WI.
BRRTS #: 03-41-184166

Remarks:

Attached are the well abandonment forms for the above site as requested in your email correspondence dated 6/25/20. The wells have been properly abandoned and no investigative waste remains on-site. Attached are well abandonment forms documenting that the work was completed. Upon review of these forms and the Case Closure Request please continue with the closure review process.

If you have any questions please call or email.

Signed: Jason Powell

cc: Chris Ochi - 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.

Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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


County MILWAUKEE		WI Unique Well # of Removed Well WA133	Hicap #	Facility Name Glenn's Service Station	
Latitude / Longitude (Degrees and Minutes) 43 ° 4.0833 'N 87 ° 57.316 'W		Method Code (see instructions)		Facility ID (FID or PWS) 241956770	
1/4 SW	1/4 NE	Section 13	Township 7 N	Range 21	Original Well Owner Chris Ochi
or Gov't Lot #				<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner Chris Ochi
Well Street Address 3302 W Center Street				Mailing Address of Present Owner 9600 W Barnard Avenue	
Well City, Village or Town Milwaukee			Well ZIP Code 53210-		
Subdivision Name			Lot #		City of Present Owner Greenfield
					State WI
					ZIP Code 53228-

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

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	Original Construction Date (mm/dd/yyyy) 3/13/2018		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well		If a Well Construction Report is available, please attach.		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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
Total Well Depth From Ground Surface (ft.) 17	Casing Diameter (in.) 2.04			If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 7.6	Casing Depth (ft.) 7			Required Method of Placing Sealing Material
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
If yes, to what depth (feet)?	Depth to Water (feet) 9.9			<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 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
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	pounds
Medium Bentonite Chips	Surface	17	27.2

6. Comments
Monitoring Well MW-1

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 6/29/2020	Date Received	Noted By
Street or Route 708 Gillette Street Suite 3		Telephone Number (608) 781-8879	Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work 	Date Signed 6/29/2020

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[X] Verification Only of Fill and Seal

Route to:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County MILWAUKEE	WI Unique Well # of Removed Well WA134	Hicap #		Facility Name Glenn's Service Station			
Latitude / Longitude (Degrees and Minutes) 43 ° 4.0833 'N 87 ° 57.316 'W		Method Code (see instructions)		Facility ID (FID or PWS) 241956770			
License/Permit/Monitoring #		Original Well Owner Chris Ochi		Present Well Owner Chris Ochi			
1/4 SW 1/4 NE	Section 13	Township 7 N	Range 21	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Mailing Address of Present Owner 9600 W Barnard Avenue		
Well Street Address 3302 W Center Street				City of Present Owner Greenfield			
Well City, Village or Town Milwaukee				State Wi			
Subdivision Name				ZIP Code 53228-			
Well ZIP Code 53210-				Lot #			

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material					
3. Well / Drillhole / Borehole Information		Original Construction Date (mm/dd/yyyy) 3/13/2018		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well	If a Well Construction Report is available, please attach.	Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Screen removed?	
<input type="checkbox"/> Water Well		Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Casing left in place?	
<input type="checkbox"/> Borehole / Drillhole		Casing left in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Was casing cut off below surface?	
Construction Type:		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 checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	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"/> Other (specify):		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?	
Formation Type:		Required Method of Placing Sealing Material		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped			
Total Well Depth From Ground Surface (ft.) 17	Casing Diameter (in.) 2.04	Screened & Poured (Bentonite Chips)		<input checked="" type="checkbox"/> Other (Explain): Gravity			
Lower Drillhole Diameter (in.) 7.6	Casing Depth (ft.) 7	Sealing Materials		<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
Was well annular space grouted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry "		<input checked="" type="checkbox"/> Bentonite Chips	
If yes, to what depth (feet)?	Depth to Water (feet) 9.84	<input type="checkbox"/> Concrete		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	From (ft.)	To (ft.)	pounds
Medium Bentonite Chips	Surface	17	27.2

6. Comments
Monitoring Well MW-2

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 6/29/2020	Date Received	Noted By	
Street or Route 708 Gillette Street Suite 3		Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work 	Date Signed 6/29/2020	

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Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County: **MILWAUKEE** WI Unique Well # of Removed Well: **WA135** Hicap #

Latitude / Longitude (Degrees and Minutes):
 43 ° 4.0833 ' N
 87 ° 57.316 ' W

Method Code (see instructions)

1/4 SW 1/4 NE Section: **13** Township: **7 N** Range: **21** E W

Well Street Address: **3302 W Center Street**

Well City, Village or Town: **Milwaukee** Well ZIP Code: **53210-**

Subdivision Name: _____ Lot #: _____

Facility Name: **Glenn's Service Station**

Facility ID (FID or PWS): **241956770**

License/Permit/Monitoring #

Original Well Owner: **Chris Ochi**

Present Well Owner: **Chris Ochi**

Mailing Address of Present Owner: **9600 W Barnard Avenue**

City of Present Owner: **Greenfield** State: **WI** ZIP Code: **53228-**

Reason For Removal From Service: **Sampling Complete** WI Unique Well # of Replacement Well

3. Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **3/12/2018**

Water Well If a Well Construction Report is available, please attach.

Borehole / Drillhole

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

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

Pump and piping removed? Yes No N/A

Liner(s) removed? 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

Formation Type:
 Unconsolidated Formation Bedrock

Required Method of Placing Sealing Material
 Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): **Gravity**

Total Well Depth From Ground Surface (ft.): **20** Casing Diameter (in.): **2.04**

Lower Drillhole Diameter (in.): **7.6** Casing Depth (ft.): **10**

Sealing Materials
 Neat Cement Grout Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry " "
 Concrete Bentonite Chips

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet): **13.94**

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.)	pounds
Medium Bentonite Chips	Surface	20	32

6. Comments
Monitoring Well MW-4

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing: **Rob Wilmoth (METCO)** License # Date of Filling & Sealing (mm/dd/yyyy): **6/29/2020** Date Received Noted By

Street or Route: **708 Gillette Street Suite 3** Telephone Number: **(608) 781-8879** Comments

City: **La Crosse** State: **WI** ZIP Code: **54603-** Signature of Person Doing Work: *[Signature]* Date Signed: **6/29/2020**

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[X] Verification Only of Fill and Seal

Route to:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

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

County MILWAUKEE	WI Unique Well # of Removed Well WA136	Hicap #	Facility Name Glenn's Service Station
Latitude / Longitude (Degrees and Minutes) 43 ° 4.0833 ' N 87 ° 57.316 ' W	Method Code (see instructions)	Facility ID (FID or PWS) 241956770	License/Permit/Monitoring #
¼ SW ¼ NE or Gov't Lot #	Section 13	Township 7 N	Range 21 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 3302 W Center Street	Well City, Village or Town Milwaukee	Well ZIP Code 53210-	Original Well Owner Chris Ochi
Subdivision Name	Lot #	City of Present Owner Greenfield	State Wi
Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	ZIP Code 53228-	Present Well Owner Chris Ochi
3. Well / Drillhole / Borehole Information		Mailing Address of Present Owner 9600 W Barnard Avenue	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 3/12/2018	City of Present Owner Greenfield	
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.	State Wi	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Total Well Depth From Ground Surface (ft.) 20	ZIP Code 53228-	
	Casing Diameter (in.) 2.04	City of Present Owner Greenfield	
	Lower Drillhole Diameter (in.) 7.6	State Wi	
	Casing Depth (ft.) 10	ZIP Code 53228-	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 12.73	City of Present Owner Greenfield	

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 checked="" type="checkbox"/> Yes <input 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	
<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>	
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 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	
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	pounds
Medium Bentonite Chips	Surface	20	32

6. Comments
Monitoring Well MW-5

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 6/29/2020	Date Received	Noted By
Street or Route 708 Gillette Street Suite 3	Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 6/29/2020

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[X] Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County MILWAUKEE		WI Unique Well # of Removed Well WB732	Hicap #	Facility Name Glenn's Service Station		Facility ID (FID or PWS) 241956770	
Latitude / Longitude (Degrees and Minutes) 43 ° 4.0833 ' N 87 ° 57.316 ' W		Method Code (see instructions)		License/Permit/Monitoring #			
¼ / ¼ SW or Gov't Lot #	¼ NE	Section 13	Township 7 N	Range 21	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner Chris Ochi	
Well Street Address 3302 W Center Street				Present Well Owner Chris Ochi			
Well City, Village or Town Milwaukee			Well ZIP Code 53210-		Mailing Address of Present Owner 9600 W Barnard Avenue		
Subdivision Name			Lot #		City of Present Owner Greenfield	State Wi	ZIP Code 53228-

Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			
[X] Monitoring Well		Original Construction Date (mm/dd/yyyy) 8/13/2019		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:				Casing left in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<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		Was casing cut off below surface?	
Total Well Depth From Ground Surface (ft.) 17		Casing Diameter (in.) 2.06		Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 7		Did material settle after 24 hours?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If yes, to what depth (feet)?		Depth to Water (feet) 9.05		If bentonite chips were used, were they hydrated with water from a known safe source?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Material Used To Fill Well / Drillhole				Required Method of Placing Sealing Material			
Medium Bentonite Chips		From (ft.) Surface		To (ft.) 17		pounds 27.2	
				<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 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	
				<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole			
Medium Bentonite Chips	From (ft.)	To (ft.)	pounds
	Surface	17	27.2

6. Comments
Monitoring Well MW-6

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth (METCO)		License #	Date of Filling & Sealing (mm/dd/yyyy) 6/29/2020	Date Received	Noted By
Street or Route 708 Gillette Street Suite 3			Telephone Number (608) 781-8879	Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work 	Date Signed 6/29/2020	