

Letter of Transmittal

COPY

Submitted to:

Barbara Flietner

WI Dept. of Natural Resources
875 S. 4Th Ave.
Park Falls WI 54552 1130

Date:
6/11/2020

Attached

Job:
Former Smith's Union 76 Station

Under Separate Cover

Contents:

Well Abandonment Forms for the Former Smith's Union 76 Station site located at 11427 S. Business Hwy 53 in Solon Springs, WI.
BRRTS #: 03-16-000069

Remarks:

Attached are the well abandonment forms for the above site as requested in your "Remaining Actions Needed...." letter dated 5/28/20. The wells have been properly abandoned and no investigative waste remains on-site. Attached are well abandonment forms documenting that the work was completed. Following your review of this information please forward the "Final Closure" letter to our client and copy METCO.

If you have any questions please call or email.

Signed: Jason Powell

cc: Adam Bachand - 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 DOUGLAS	WI Unique Well # of Removed Well VV634	Hicap #		Facility Name Former Smith's Union 76			
Latitude / Longitude (Degrees and Minutes) 46 . 21.09 'N 91 . 49.23 'W		Method Code (see instructions)		Facility ID (FID or PWS) 816029940			
1/4 NE 1/4 SE or Gov't Lot #		Section 26	Township 45 N	Range 12	<input type="checkbox"/> E <input checked="" type="checkbox"/> W		License/Permit/Monitoring #
Well Street Address 11427 S. Business Hwy 53				Original Well Owner Adam Bachand			
Well City, Village or Town Solon Springs				Present Well Owner Adam Bachand			
Subdivision Name				Mailing Address of Present Owner 722 Tower Avenue			
Reason For Removal From Service Sampling Complete				City of Present Owner Superior			
WI Unique Well # of Replacement Well				State WI			
				ZIP Code 54880-			

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material				
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 9/20/2012			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		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:				Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock			If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 21	Casing Diameter (in.) 2			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.) 8	Casing Depth (ft.) 11			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) 15.3			<input type="checkbox"/> Screened & Poured (Bentonite Chips)				<input checked="" type="checkbox"/> Other (Explain): Gravity

5. Material Used To Fill Well / Drillhole				From (ft.)	To (ft.)	lbs	
Bentonite Chips				Surface	21	33	
6. Comments				Sealing Materials			
Monitoring Well MW-1				<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

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 6/11/2020	Date Received	Noted By	
Street or Route 709 Gillette St., Ste #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 6/11/2020	

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 DOUGLAS		WI Unique Well # of Removed Well ____ VV635_		Facility Name Former Smith's Union 76		Facility ID (FID or PWS) 816029940	
Latitude / Longitude (Degrees and Minutes) 46 ° 21.09 ' N		Method Code (see instructions) 91 ° 49.23 ' W		License/Permit/Monitoring #		Original Well Owner Adam Bachand	
1/4 NE or Gov't Lot #		Section 26		Township 45 N		Range 12 E	
Well Street Address 11427 S. Business Hwy 53				Present Well Owner Adam Bachand			
Well City, Village or Town Solon Springs				Mailing Address of Present Owner 722 Tower Avenue			
Subdivision Name				City of Present Owner Superior		State WI	
Well ZIP Code 54873-				ZIP Code 54880-			

Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 9/20/2012		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
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.		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 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	

Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material	
Total Well Depth From Ground Surface (ft.) 20		<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	
Casing Diameter (in.) 2		Sealing Materials	
Lower Drillhole Diameter (in.) 8		<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	
Casing Depth (ft.) 10		For Monitoring Wells and Monitoring Well Boreholes Only:	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
If yes, to what depth (feet)?		Depth to Water (feet) 15.5	

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

6. Comments
Monitoring Well MW-2

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 6/11/2020	Date Received	Noted By
Street or Route 709 Gillette St., Ste #3			Telephone Number (608) 781-8879	Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Ken Powell</i>	Date Signed 6/11/2020	

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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 DOUGLAS		WI Unique Well # of Removed Well VV633		Facility Name Former Smith's Union 76		Facility ID (FID or PWS) 816029940	
Latitude / Longitude (Degrees and Minutes) 46 ° 21.09 ' N 91 ° 49.23 ' W		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Adam Bachand	
1/4 NE or Gov't Lot #		Section 26	Township 45 N	Range 12	<input type="checkbox"/> E <input checked="" type="checkbox"/> W		Present Well Owner Adam Bachand
Well Street Address 11427 S. Business Hwy 53				Mailing Address of Present Owner 722 Tower Avenue			
Well City, Village or Town Solon Springs				Well ZIP Code 54873-			
Subdivision Name				City of Present Owner Superior		State WI	ZIP Code 54880-

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			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 9/19/2012			
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.			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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			
Total Well Depth From Ground Surface (ft.) 21		Casing Diameter (in.) 2			
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 11			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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			
If yes, to what depth (feet)?		Depth to Water (feet) 14.3			
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.)	Ibs
Bentonite Chips			Surface	21	33

6. Comments
Monitoring Well MW-3

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 6/11/2020	Date Received	Noted By
Street or Route 709 Gillette St., Ste #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 6/11/2020

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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: **DOUGLAS**

WI Unique Well # of Removed Well: **VV632**

Hicap #: _____

Latitude / Longitude (Degrees and Minutes): **46** ° **21.09** ' N

91 ° **49.23** ' W

Method Code (see instructions): _____

Section: **26** Township: **45 N** Range: **12** E W

Well Street Address: **11427 S. Business Hwy 53**

Well City, Village or Town: **Solon Springs**

Subdivision Name: _____

Well ZIP Code: **54873-**

Lot #: _____

Facility Name: **Former Smith's Union 76**

Facility ID (FID or PWS): **816029940**

License/Permit/Monitoring #: _____

Original Well Owner: **Adam Bachand**

Present Well Owner: **Adam Bachand**

Mailing Address of Present Owner: **722 Tower Avenue**

City of Present Owner: **Superior** State: **WI** ZIP Code: **54880-**

Reason For Removal From Service: **Sampling Complete**

WI Unique Well # of Replacement Well: _____

3. Well / Drillhole / Borehole Information

Monitoring Well

Water Well

Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): **9/19/2012**

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.): **10**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____

Depth to Water (feet): **14.4**

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

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): **Gravity**

Sealing Materials

Neat Cement Grout Clay-Sand Slurry (11 lb./gal. wt.)

Sand-Cement (Concrete) Grout Bentonite-Sand Slurry " "

Concrete Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout

Granular Bentonite Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole

	From (ft.)	To (ft.)	Lbs
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	License #	Date of Filling & Sealing (mm/dd/yyyy)	Date Received	Noted By
METCO		6/11/2020		
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-	<i>Scott Powell</i>	6/11/2020

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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 DOUGLAS	WI Unique Well # of Removed Well VV631	HiCap #	Facility Name Former Smith's Union 76
Latitude / Longitude (Degrees and Minutes) 46 ° 21.09 ' N 91 ° 49.23 ' W	Method Code (see instructions)		Facility ID (FID or PWS) 816029940
¼ / ¼ NE ¼ SE or Gov't Lot #	Section 26	Township 45 N	Range 12
Well Street Address 11427 S. Business Hwy 53	Well ZIP Code 54873-		Original Well Owner Adam Bachand
Well City, Village or Town Solon Springs	Subdivision Name		Present Well Owner Adam Bachand
Mailing Address of Present Owner 722 Tower Avenue		City of Present Owner Superior	State WI
Lot #		ZIP Code 54880-	

Reason For Removal From Service: **Sampling Complete**

WI Unique Well # of Replacement Well: _____

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 9/19/2012	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: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		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 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

Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	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
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 10
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) 13.8

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	lbs
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 METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 6/11/2020	Date Received	Noted By
Street or Route 709 Gillette St., Ste #3	Telephone Number (608) 781-8879	Comments	Signature of Person Doing Work <i>T. Powell</i>	
City La Crosse	State WI	ZIP Code 54603-	Date Signed 6/11/2020	

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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 DOUGLAS		WI Unique Well # of Removed Well VV630		Facility Name Former Smith's Union 76		Facility ID (FID or PWS) 816029940	
Latitude / Longitude (Degrees and Minutes) 46 ° 21.09 ' N 91 ° 49.23 ' W		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Adam Bachand	
1/4 NE or Gov't Lot #		Section 26	Township 45 N	Range 12	<input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W		Present Well Owner Adam Bachand
Well Street Address 11427 S. Business Hwy 53				Mailing Address of Present Owner 722 Tower Avenue			
Well City, Village or Town Solon Springs				Well ZIP Code 54873-			
Subdivision Name				City of Present Owner Superior		State WI	ZIP Code 54880-

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			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 9/19/2012			
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.			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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			
Total Well Depth From Ground Surface (ft.) 22		Casing Diameter (in.) 2			
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 12			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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			
If yes, to what depth (feet)?		Depth to Water (feet) 16.3			
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.) Surface	To (ft.) 22
		lbs 35

6. Comments
Monitoring Well MW-6

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 6/11/2020	Date Received	Noted By
Street or Route 709 Gillette St., Ste #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 6/11/2020	

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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 DOUGLAS		WI Unique Well # of Removed Well VN066		Facility Name Former Smith's Union 76		Facility ID (FID or PWS) 816029940	
Latitude / Longitude (Degrees and Minutes) 46 . 21.09 ' N 91 . 49.23 ' W		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Adam Bachand	
1/4 NE or Gov't Lot #		Section 26	Township 45 N	Range 12	<input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W	Present Well Owner Adam Bachand	
Well Street Address 11427 S. Business Hwy 53				Mailing Address of Present Owner 722 Tower Avenue			
Well City, Village or Town Solon Springs			Well ZIP Code 54873-			City of Present Owner Superior	
Subdivision Name			Lot #			State WI	
						ZIP Code 54880-	

Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well	
3. Well / Drillhole / Borehole Information			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 9/25/2013	
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): _____			

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 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

Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) 14	Casing Diameter (in.) 2		
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 4		
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)?	Depth to Water (feet) 10.2		

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	From (ft.)	To (ft.)	lbs
Bentonite Chips	Surface	14	22

6. Comments
Monitoring Well MW-8

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 6/11/2020	Date Received	Noted By
Street or Route 709 Gillette St., Ste #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 6/11/2020	

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 DOUGLAS		WI Unique Well # of Removed Well VP179		Facility Name Former Smith's Union 76		Facility ID (FID or PWS) 816029940	
Latitude / Longitude (Degrees and Minutes) 46 . 21.09 . ' N 91 . 49.23 . ' W		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Adam Bachand	
1/4 NE or Gov't Lot #		Section 26	Township 45 N	Range 12	<input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W		Present Well Owner Adam Bachand
Well Street Address 11427 S. Business Hwy 53				Mailing Address of Present Owner 722 Tower Avenue			
Well City, Village or Town Solon Springs				Well ZIP Code 54873-		City of Present Owner Superior	
Subdivision Name				Lot #		State WI	
Reason For Removal From Service Sampling Complete				WI Unique Well # of Replacement Well		ZIP Code 54880-	

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 5/23/2018		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	
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.		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	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				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	
Total Well Depth From Ground Surface (ft.) 13		Casing Diameter (in.) 2		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 type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 3		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): Gravity	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 2.4		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	From (ft.)	To (ft.)	lbs
Bentonite Chips	Surface	13	20

6. Comments
Monitoring Well MW-9

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 6/11/2020	Date Received	Noted By
Street or Route 709 Gillette St., Ste #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 6/11/2020	