

Letter of Transmittal

Submitted to:

Andrew Alles

WI Dept. of Natural Resources

101 S. Webster St.

Madison WI 53707 7921

PO BOX 7921

Date:

6/18/2020

Attached

Job:

Mack's Service Corner

Under Separate Cover

Contents:

Well Abandonment Forms for the Mack's Service Corner site located at 1711 W Center Street in Milwaukee, WI.
BRRTS #: 03-41-208431

Remarks:

Attached are the well abandonment forms for the above site as requested in your email correspondence dated 5/29/20. 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 and closure packet revisions 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: Roslyn Henderson c/o
Mitchell Braverman - 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 MILWAUKEE	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Mack's Service Corner
Latitude / Longitude (Degrees and Minutes) 43 ° 4.05 ' N		Method Code (see instructions) _____	Facility ID (FID or PWS) 241143760
87 ° 56.03 ' W			License/Permit/Monitoring # _____
1/4 NW or Gov't Lot #	1/4 SE	Section 18	Original Well Owner Roslyn Henderson
		Township 7 N	Present Well Owner Roslyn Henderson
		Range 22	Mailing Address of Present Owner 9782 N Arrowwood Road
Well Street Address 1711 W Center Street			City of Present Owner Mequon
Well City, Village or Town Milwaukee		Well ZIP Code 53206-	State WI
Subdivision Name		Lot #	ZIP Code 53092-

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material
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<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 9/28/2010	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
	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
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 15	Casing Diameter (in.) 2	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 5	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? 4		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Depth to Water (feet) 8.07		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	From (ft.)	To (ft.)	lbs
Bentonite Chips	Surface	15	24

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) 6/8/2020	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 	Date Signed 6/9/2020

Route to: Watershed/Wastewater Waste Management
 Remediation/Redevelopment Other

Facility/Project Name <i>Mock's Service Corner</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-1</i>	
Facility License, Permit or Monitoring No.		Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location Lat. " Long. " or		Wis. Unique Well No. DNR Well ID No.	
Facility ID <i>241143760</i>		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed <i>09/28/2010</i> m m d d y y y y	
Type of Well Well Code <i>1</i>		Section Location of Waste/Source <i>NW 1/4 of SE 1/4 of Sec. 18, T. 07 N, R. 22 E</i>		Well Installed By: Name (first, last) and Firm <i>Alex Badger State Drilling</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 type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

- 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

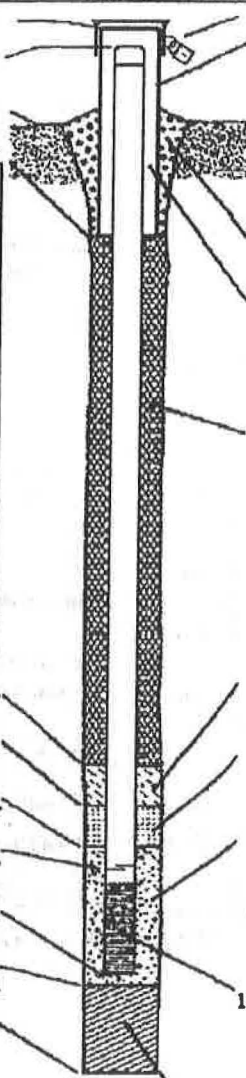
13. Sieve analysis performed? Yes No

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: _____ in.
 - b. Length: _____ 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. _____ Ft³ 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. *OH50 40-60*
 b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. *OH50 #5*
 b. Volume added _____ ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material: *SC#40*
 - a. Screen type: Factory cut 11
Continuous slot 01
Other
 - b. Manufacturer *mono flex*
 - c. Slot size: _____ 0. *0.0* in.
 - d. Slotted length: _____ *10* ft.
- 11. Backfill material (below filter pack): None 14
Other

- E. Bentonite seal, top _____ ft. MSL or _____ ft.
- F. Fine sand, top _____ ft. MSL or *4.0* ft.
- G. Filter pack, top _____ ft. MSL or *4.5* 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 *15.5* ft.
- K. Borehole, bottom _____ ft. MSL or *15.5* ft.
- L. Borehole, diameter *8.25* in.
- M. O.D. well casing *2.2* in.
- N. I.D. well casing *2.0* in.

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

Signature *David Lencin* Firm *Saintair Env. Services*

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.

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<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
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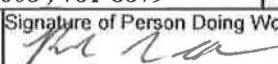
County MILWAUKEE	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Mack's Service Corner		
Latitude / Longitude (Degrees and Minutes) 43 ° 4.05 ' N		Method Code (see instructions) _____		Facility ID (FID or PWS) 241143760	
87 ° 56.03 ' W		Township 7 N 22		License/Permit/Monitoring # _____	
1/4 NW or Gov't Lot #	1/4 SE	Section 18	Range 22	Original Well Owner Roslyn Henderson	
Well Street Address 1711 W Center Street			Present Well Owner Roslyn Henderson		
Well City, Village or Town Milwaukee			Mailing Address of Present Owner 9782 N Arrowwood Road		
Subdivision Name			City of Present Owner Mequon		State WI
			ZIP Code 53092-		

3. Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 9/28/2010 If a Well Construction Report is available, please attach.			
Construction Type:		Pump and piping removed? Liner(s) removed? Screen removed? Casing left in place? Was casing cut off below surface? Did sealing material rise to surface? Did material settle after 24 hours? If yes, was hole retopped? If bentonite chips were used, were they hydrated with water from a known safe source?			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Other (Explain): Gravity			
Formation Type:		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Bentonite Chips			
Total Well Depth From Ground Surface (ft.) 15	Casing Diameter (in.) 2	For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Bentonite - Sand Slurry			
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 5	Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to what depth (feet)? 4 Depth to Water (feet) 11.94			

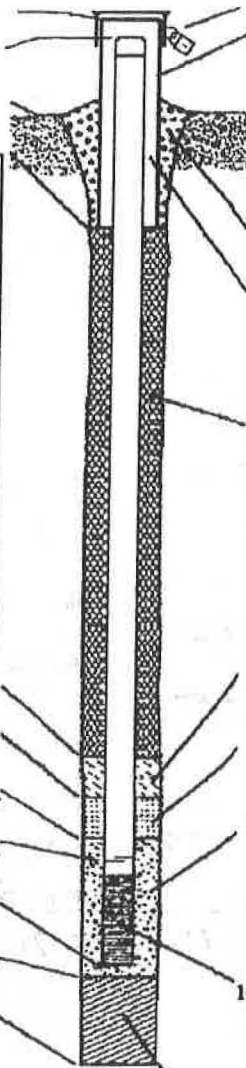
5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	lbs	
Bentonite Chips	Surface	15	24	

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) 6/8/2020	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 		Date Signed 6/9/2020

Facility/Project Name Mock's Service Center	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-2
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID 241143760	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 09/28/2010 m m d d y y y y
Type of Well Well Code 1	Section Location of Waste/Source NW 1/4 of SE 1/4 of Sec. 18, T. 07 N, R. 22 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Alex Badge State Drilling
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 _____

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 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 type="checkbox"/> 30 Concrete <input checked="" 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 ³ volume added for any of the above
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
Describe _____	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" 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. OHFO 40-60
E. Bentonite seal, top _____ ft. MSL or _____ ft.	b. Volume added _____ ft ³
F. Fine sand, top _____ ft. MSL or _____ ft.	8. Filter pack material: Manufacturer, product name & mesh size a. OHFO #5
G. Filter pack, top _____ ft. MSL or _____ ft.	b. Volume added _____ ft ³
H. Screen joint, top _____ 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"/>
I. Well bottom _____ ft. MSL or _____ ft.	10. Screen material: SC#40
J. Filter pack, bottom _____ ft. MSL or _____ ft.	a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or _____ ft.	b. Manufacturer mono-flex
L. Borehole, diameter 8.25 in.	c. Slot size: 0.00 in.
M. O.D. well casing 2.2 in.	d. Slotted length: 10 ft.
N. I.D. well casing 2.0 in.	11. Backfill material (below filter pack): None <input checked="" 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: David Lemmon Firm: Saint Paul Env. Services

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.

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<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 MILWAUKEE	WI Unique Well # of Removed Well	Hicap #	Facility Name Mack's Service Corner
Latitude / Longitude (Degrees and Minutes) 43 ° 4.05 ' N 87 ° 56.03 ' W	Method Code (see instructions)		Facility ID (FID or PWS) 241143760
1/4 NW or Gov't Lot #	1/4 SE	Section 18	License/Permit/Monitoring #
		Township 7 N	Original Well Owner Roslyn Henderson
		Range 22	Present Well Owner Roslyn Henderson
		<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Mailing Address of Present Owner 9782 N Arrowwood Road
Well Street Address 1711 W Center Street			City of Present Owner Mequon
Well City, Village or Town Milwaukee			State WI
Subdivision Name			ZIP Code 53092-
Well ZIP Code 53206-			
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) 9/28/2010	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
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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.) 15	Casing Diameter (in.) 2	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 5	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 4.56	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
If yes, to what depth (feet)? 4		Required Method of Placing Sealing Material
5. Material Used To Fill Well / Drillhole		
From (ft.) To (ft.) lbs		
Bentonite Chips Surface 15 24		

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

6. Comments

Monitoring Well MW-3

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) 6/8/2020	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 	Date Signed 6/9/2020

Facility/Project Name Mock's Service Corner		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name MW-3	
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 241143760		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed 09/28/2010 m m d d y y y y	
Type of Well Well Code 1		Section Location of Waste/Source NW 1/4 of SE 1/4 of Sec. 18, T. 07 N, R. 22 E		Well Installed By: Name (first, last) and Firm Alex Badger State Drilling	
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	

- 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

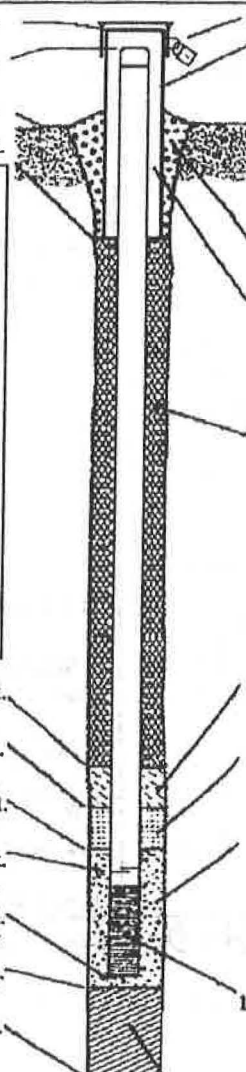
13. Sieve analysis performed? Yes No
14. Drilling method used: Rotary 50
Hollow Stem Auger 41
Other

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: _____ in.
b. Length: _____ 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. _____ Ft³ 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. **OHIO 40-60**
b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
a. **OHIO #5**
b. Volume added _____ ft³
9. Well casing: Flush threaded PVC schedule 40 23
Flush threaded PVC schedule 80 24
Other
10. Screen material: **SCH 40**
a. Screen type: Factory cut 11
Continuous slot 01
Other
- b. Manufacturer **Monoplex**
c. Slot size: **0.00** in.
d. Slotted length: **10** ft.
11. Backfill material (below filter pack): None 14
Other

- E. Bentonite seal, top _____ ft. MSL or _____ ft.
- F. Fine sand, top _____ ft. MSL or **4.0** ft.
- G. Filter pack, top _____ ft. MSL or **4.5** 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 **15.5** ft.
- K. Borehole, bottom _____ ft. MSL or **15.5** ft.
- L. Borehole, diameter **8.25** in.
- M. O.D. well casing **2.2** in.
- N. I.D. well casing **2.0** in.

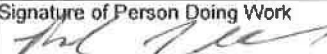
I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature **Paul Lencion**

Firm **Sustainable Env. Services**

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"/> Waste Management	<input type="checkbox"/> Watershed/Wastewater <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Remediation/Redevelopment
--	---	--	---

1. Well Location Information				2. Facility / Owner Information			
County MILWAUKEE		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name Mack's Service Corner	
Latitude / Longitude (Degrees and Minutes) 43 ° 4.05 ' N 87 ° 56.03 ' W		Method Code (see instructions) _____		Facility ID (FID or PWS) 241143760		License/Permit/Monitoring # _____	
1/4 NW or Gov't Lot #		1/4 SE	Section 18	Township 7 N	Range 22	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner Roslyn Henderson
Well Street Address 1711 W Center Street				Present Well Owner Roslyn Henderson			
Well City, Village or Town Milwaukee				Mailing Address of Present Owner 9782 N Arrowwood Road			
Subdivision Name				Well ZIP Code 53206-	City of Present Owner Mequon	State WI	ZIP Code 53092-
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) 9/28/2010		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
3. Well / Drillhole / Borehole Information		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
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <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
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.) 15		Casing Diameter (in.) 2		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	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 5		Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/>	Screened & Poured (Bentonite Chips) <input type="checkbox"/>	<input checked="" type="checkbox"/> Other (Explain): Gravity	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input 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)? 4		Depth to Water (feet) 5.08		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	15	24	
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) 6/8/2020		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 		Date Signed 6/9/2020	

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name Mock's Service Corner		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name mw - A	
Facility License, Permit or Monitoring No.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____		Wis. Unique Well No. _____ DNR Well ID No. _____	
Facility ID 241143760		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed 09/28/2010 m m d d y y y y	
Type of Well Well Code 1		Section Location of Waste/Source NW 1/4 of SE 1/4 of Sec. 18, T. 07 N, R. 22 E		Well Installed By: Name (first, last) and Firm Alex Badger State Drilling	
Distance from Waste/Source _____ ft.		Enf. Stds. Apply <input type="checkbox"/>		Gov. Lot Number _____	
		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			

- A. Protective pipe, top elevation ----- 0 ft. MSL
- B. Well casing, top elevation ----- 0.5 ft. MSL
- C. Land surface elevation ----- 0 ft. MSL
- D. Surface seal, bottom ----- 1 ft. MSL or ----- 1 ft.

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

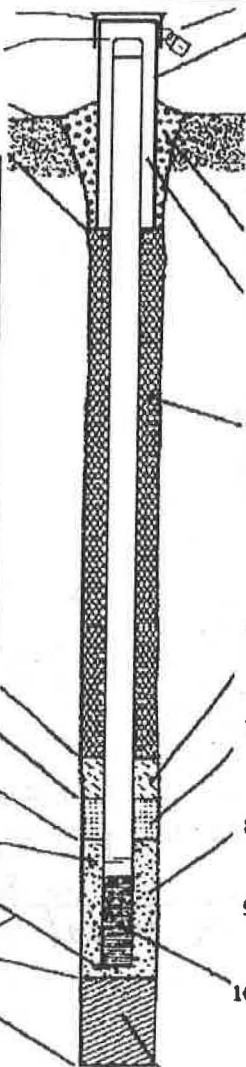
13. Sieve analysis performed? Yes No

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 ----- 4.0 ft.
- G. Filter pack, top ----- ft. MSL or ----- 4.5 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 ----- 15.5 ft.
- K. Borehole, bottom ----- ft. MSL or ----- 15.5 ft.
- L. Borehole, diameter ----- 8.25 in.
- M. O.D. well casing ----- 2.2 in.
- N. I.D. well casing ----- 2.0 in.

- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: ----- 1 in.
 - b. Length: ----- 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. _____ Ft³ 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. **OH50 40-60**
 b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. **OH10 #5**
 b. Volume added _____ ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material: **SCH 40**
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
 b. Manufacturer **MonoFlex**
 c. Slot size: 0.01 in.
 d. Slotted length: 10 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 David Lencioni Firm Saintant Env. Services

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.

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<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
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">County MILWAUKEE</td> <td style="width: 20%;">WI Unique Well # of Removed Well _____</td> <td style="width: 10%;">Hicap # _____</td> </tr> <tr> <td colspan="2">Latitude / Longitude (Degrees and Minutes) 43 ° 4.05 ' N 87 ° 56.03 ' W</td> <td>Method Code (see instructions) _____</td> </tr> <tr> <td>1/4 1/4 NW or Gov't Lot #</td> <td>1/4 SE</td> <td>Section 18</td> </tr> <tr> <td colspan="2">Township 7 N</td> <td>Range 22 E</td> </tr> <tr> <td colspan="3">Well Street Address 1711 W Center Street</td> </tr> <tr> <td colspan="2">Well City, Village or Town Milwaukee</td> <td>Well ZIP Code 53206-</td> </tr> <tr> <td colspan="2">Subdivision Name</td> <td>Lot #</td> </tr> </table>	County MILWAUKEE	WI Unique Well # of Removed Well _____	Hicap # _____	Latitude / Longitude (Degrees and Minutes) 43 ° 4.05 ' N 87 ° 56.03 ' W		Method Code (see instructions) _____	1/4 1/4 NW or Gov't Lot #	1/4 SE	Section 18	Township 7 N		Range 22 E	Well Street Address 1711 W Center Street			Well City, Village or Town Milwaukee		Well ZIP Code 53206-	Subdivision Name		Lot #	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Facility Name Mack's Service Corner</td> </tr> <tr> <td colspan="3">Facility ID (FID or PWS) 241143760</td> </tr> <tr> <td colspan="3">License/Permit/Monitoring # _____</td> </tr> <tr> <td colspan="3">Original Well Owner Roslyn Henderson</td> </tr> <tr> <td colspan="3">Present Well Owner Roslyn Henderson</td> </tr> <tr> <td colspan="3">Mailing Address of Present Owner 9782 N Arrowwood Road</td> </tr> <tr> <td>City of Present Owner Mequon</td> <td>State WI</td> <td>ZIP Code 53092-</td> </tr> </table>	Facility Name Mack's Service Corner			Facility ID (FID or PWS) 241143760			License/Permit/Monitoring # _____			Original Well Owner Roslyn Henderson			Present Well Owner Roslyn Henderson			Mailing Address of Present Owner 9782 N Arrowwood Road			City of Present Owner Mequon	State WI	ZIP Code 53092-
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3. Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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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.) 15	Casing Diameter (in.) 2	Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 5	Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)? 4	Depth to Water (feet) 11.47	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</td> </tr> <tr> <td>Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</td> </tr> <tr> <td>Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A</td> </tr> <tr> <td>Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</td> </tr> <tr> <td>Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</td> </tr> <tr> <td>Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</td> </tr> <tr> <td>Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A</td> </tr> <tr> <td>If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</td> </tr> <tr> <td>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</td> </tr> <tr> <td>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 </td> </tr> <tr> <td>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 </td> </tr> <tr> <td>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 </td> </tr> </table>	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
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5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	lbs	
Bentonite Chips	Surface	15	24	

6. Comments
Monitoring Well MW-5

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filing & Sealing Rob Wilmoth - METCO	License # _____	Date of Filing & Sealing (mm/dd/yyyy) 6/8/2020	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 		Date Signed 6/9/2020

Facility/Project Name Mock's Service Center		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name MW-5	
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 241143760		St. Plane ft. N. ft. E. S/C/N		Date Well Installed 12/21/2010 m m d d y y y y	
Type of Well Well Code 1		Section Location of Waste/Source NW 1/4 of SE 1/4 of Sec. 18, T. 07 N, R. 22 W		Well Installed By: Name (first, last) and Firm Alex Badger State Drilling	
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	

- A. Protective pipe, top elevation **0** ft. MSL
- B. Well casing, top elevation **-0.5** ft. MSL
- C. Land surface elevation **0** ft. MSL
- D. Surface seal, bottom **1** ft. MSL or **1** 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

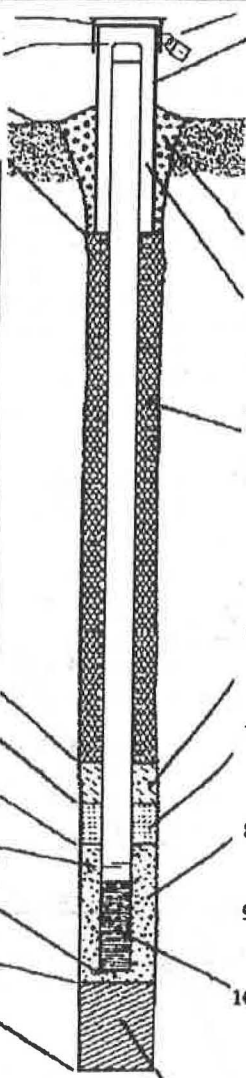
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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: **1** 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. _____ Ft³ 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. **OHIO 40-60**
 - b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 - a. **OHIO #5**
 - b. Volume added _____ ft³
- 9. Well casing:
 - Flush threaded PVC schedule 40 23
 - Flush threaded PVC schedule 80 24
 - Other
- 10. Screen material:
 - a. Screen type: **SCH 40**
Factory cut 11
Continuous slot 01
Other
 - b. Manufacturer **Mono Plex**
 - c. Slot size: **0.01** in.
 - d. Slotted length: **12** ft.
- 11. Backfill material (below filter pack):
 - None 14
 - Other

- E. Bentonite seal, top **1** ft. MSL or **1** ft.
- F. Fine sand, top **4.0** ft. MSL or **4.0** ft.
- G. Filter pack, top **4.5** ft. MSL or **4.5** ft.
- H. Screen joint, top **5** ft. MSL or **5** ft.
- I. Well bottom **15** ft. MSL or **15** ft.
- J. Filter pack, bottom **15** ft. MSL or **15** ft.
- K. Borehole, bottom **15** ft. MSL or **15** ft.
- L. Borehole, diameter **8.25** in.
- M. O.D. well casing **2.2** in.
- N. I.D. well casing **2.0** in.

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

Signature: David Lenson Firm: Saint Paul Env. Services

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.

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 MILWAUKEE		WI Unique Well # of Removed Well	Well #	Facility Name Mack's Service Corner		Facility ID (FID or PWS) 241143760	
Latitude / Longitude (Degrees and Minutes) 43 ° 4.05 ' N 87 ° 56.03 ' W		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Roslyn Henderson	
1/4 NW	1/4 SE	Section 18	Township 7 N	Range 22	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner Roslyn Henderson	
Well Street Address 1711 W Center Street				Mailing Address of Present Owner 9782 N Arrowwood Road			
Well City, Village or Town Milwaukee				Well ZIP Code 53206-		City of Present Owner Mequon	
Subdivision Name				Lot #		State WI	ZIP Code 53092-

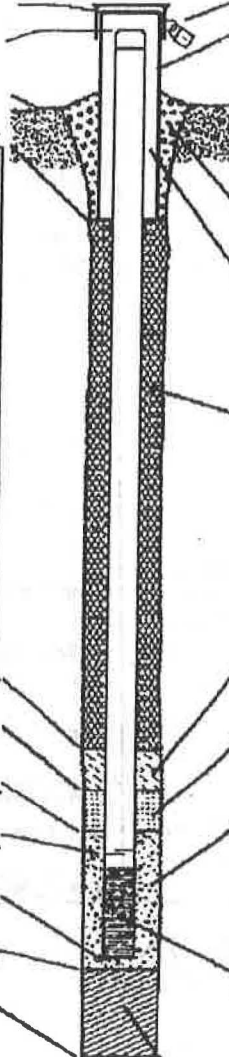
Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material			
3. Well / Drillhole / Borehole Information		Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Original Construction Date (mm/dd/yyyy) 12/21/2010		Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If a Well Construction Report is available, please attach.		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 <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
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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.) 15		Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25		If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing Diameter (in.) 2		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
Casing Depth (ft.) 5		Required Method of Placing Sealing Material			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<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			
If yes, to what depth (feet)? 4		Sealing Materials			
Depth to Water (feet) 11.59		<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			

5. Material Used To Fill Well / Drillhole			From (ft.)	To (ft.)	lbs
Bentonite Chips			Surface	15	24

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) 6/8/2020	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 6/9/2020

Facility/Project Name <i>Mock's Service Corner</i>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name <i>mw-6</i>
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID <i>241143760</i>	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <i>2/21/2010</i> m m d d y y y y
Type of Well Well Code <i>1</i>	Section Location of Waste/Source <i>NW 1/4 of SE 1/4 of Sec. 18, T. 07 N, R. 22</i> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <i>Alex Badger State Drilling</i>
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 _____

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ <i>0.5</i> ft. MSL</p> <p>C. Land surface elevation _____ <i>0</i> ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ <i>1</i> ft.</p> <div style="border: 1px solid black; padding: 5px;"> <p>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"/></p> <p>13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/></p> <p>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</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or _____ <i>1</i> ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ <i>4.0</i> ft.</p> <p>G. Filter pack, top _____ ft. MSL or _____ <i>4.5</i> ft.</p> <p>H. Screen joint, top _____ ft. MSL or _____ <i>5</i> ft.</p> <p>I. Well bottom _____ ft. MSL or _____ <i>15</i> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or _____ <i>15</i> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or _____ <i>15</i> ft.</p> <p>L. Borehole, diameter _____ <i>8.25</i> in.</p> <p>M. O.D. well casing _____ <i>2.2</i> in.</p> <p>N. I.D. well casing _____ <i>2.0</i> in.</p>	 <p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: _____ <i>1</i> in. b. Length: _____ <i>1</i> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/></p> <p>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. _____ Ft³ 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</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. <i>OHIO 40-60</i> b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. <i>OHIO #5</i> b. Volume added _____ ft³</p> <p>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"/></p> <p>10. Screen material: <i>SCH 40</i> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>b. Manufacturer <i>Monoflex</i> c. Slot size: _____ <i>0.01</i> in. d. Slotted length: _____ <i>12</i> ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/></p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature: *Paul Lenson* Firm: *Sandriel Env. Services*

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.

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 type="checkbox"/> Waste Management <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
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County: MILWAUKEE Latitude / Longitude (Degrees and Minutes): 43 ° 4.05 ' N 87 ° 56.03 ' W Method Code (see instructions): _____ 1/4 NW or Gov't Lot #: _____ Section: 18 Township: 7 N Range: 22 E Well Street Address: 1711 W Center Street Well City, Village or Town: Milwaukee Well ZIP Code: 53206- Subdivision Name: _____ Lot #: _____	Facility Name: Mack's Service Corner Facility ID (FID or PWS): 241143760 License/Permit/Monitoring #: _____ Original Well Owner: Roslyn Henderson Present Well Owner: Roslyn Henderson Mailing Address of Present Owner: 9782 N Arrowwood Road City of Present Owner: Mequon State: WI ZIP Code: 53092-
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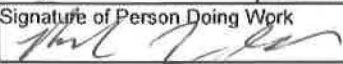
Reason For Removal From Service: Sampling Complete WI Unique Well # of Replacement Well: _____	4. Pump, Liner, Screen, Casing & Sealing Material Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> 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
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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): 12/21/2010 If a Well Construction Report is available, please attach.	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
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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.): 15 Casing Diameter (in.): 2 Lower Drillhole Diameter (in.): 8.25 Casing Depth (ft.): 5 Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to what depth (feet)? 4 Depth to Water (feet): 12.8	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
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5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	lbs	
Bentonite Chips	Surface	15	24	

6. Comments
Monitoring Well MW-7

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		6/8/2020			
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-			6/9/2020

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name <i>Mock's Service Corner</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-7</i>
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID <i>241143760</i>	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <i>12/21/2010</i> m m d d y y y y
Type of Well Well Code <i>1</i>	Section Location of Waste/Source <i>NW 1/4 of SE 1/4 of Sec. 18, T. 07 N, R. 22</i> <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <i>Alex Badger State Drilling</i>
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 _____

A. Protective pipe, top elevation _____ ft. MSL Yes No

B. Well casing, top elevation _____ *0.5* ft. MSL

C. Land surface elevation _____ *0* ft. MSL

D. Surface seal, bottom _____ ft. MSL or _____ *1* 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

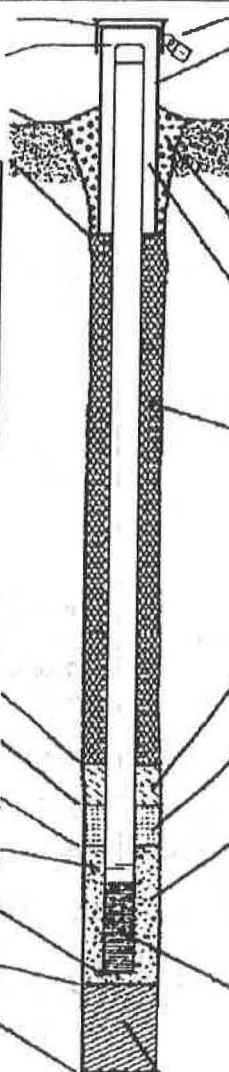
14. Drilling method used: Rotary 50
Hollow Stem Auger 41
Other

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: _____ *1* 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. _____ Ft³ 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. *OH50 40-60*
b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
a. *OH50 #5*
b. Volume added _____ ft³

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

10. Screen material: *SCH 40*
a. Screen type: Factory cut 11
Continuous slot 01
Other

b. Manufacturer *MonoFlex*
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 _____ *1* ft.

F. Fine sand, top _____ ft. MSL or _____ *4.0* ft.

G. Filter pack, top _____ ft. MSL or _____ *4.5* 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 _____ *2.2* in.

N. I.D. well casing _____ *2.0* in.

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

Signature *David Lemmon* Firm *Saintair Env. Services*

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.

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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	Hicap #	Facility Name Mack's Service Corner			
Latitude / Longitude (Degrees and Minutes) 43 ° 4.05 ' N 87 ° 56.03 ' W		Method Code (see instructions)		Facility ID (FID or PWS) 241143760			
¼/¼ NW or Gov't Lot #		Section 18	Township 7 N	Range 22	License/Permit/Monitoring #		
Well Street Address 1711 W Center Street		Original Well Owner Roslyn Henderson		Present Well Owner Roslyn Henderson			
Well City, Village or Town Milwaukee		Well ZIP Code 53206-		Mailing Address of Present Owner 9782 N Arrowwood Road			
Subdivision Name		Lot #		City of Present Owner Mequon		State WI	ZIP Code 53092-

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) 12/21/2010 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.) 15	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 5
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 4	Depth to Water (feet) 9.75

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			
Material	From (ft.)	To (ft.)	Ibs
Bentonite Chips	Surface	15	24

6. Comments
Monitoring Well MW-8

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) 6/8/2020	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 6/9/2020	

Facility/Project Name <i>Mock's Service Center</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-8</i>
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. " Long. " or " or "	Wis. Unique Well No. DNR Well ID No.
Facility ID <i>241143760</i>	St. Plane ft. N, ft. E. S/C/N	Date Well Installed <i>12/21/2010</i> m m d d y y y y
Type of Well Well Code <i>1</i>	Section Location of Waste/Source <i>NW 1/4 of SE 1/4 of Sec. 18, T. 07 N, R. 22</i> <input checked="" type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: Name (first, last) and Firm <i>Alex</i> <i>Badger State Drilling</i>
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

<p>A. Protective pipe, top elevation ----- <i>0</i> ft. MSL</p> <p>B. Well casing, top elevation ----- <i>-0.5</i> ft. MSL</p> <p>C. Land surface elevation ----- <i>0</i> ft. MSL</p> <p>D. Surface seal, bottom ----- ft. MSL or ----- <i>1</i> ft.</p> <div style="border: 1px solid black; padding: 5px;"> <p>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"/></p> <p>13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/></p> <p>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</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top ----- ft. MSL or ----- <i>1</i> ft.</p> <p>F. Fine sand, top ----- ft. MSL or ----- <i>4.0</i> ft.</p> <p>G. Filter pack, top ----- ft. MSL or ----- <i>4.5</i> ft.</p> <p>H. Screen joint, top ----- ft. MSL or ----- <i>5</i> ft.</p> <p>I. Well bottom ----- ft. MSL or ----- <i>15</i> ft.</p> <p>J. Filter pack, bottom ----- ft. MSL or ----- <i>15</i> ft.</p> <p>K. Borehole, bottom ----- ft. MSL or ----- <i>15</i> ft.</p> <p>L. Borehole, diameter ----- <i>8.25</i> in.</p> <p>M. O.D. well casing ----- <i>2.2</i> in.</p> <p>N. I.D. well casing ----- <i>2.0</i> in.</p>	<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: ----- <i>1</i> in. b. Length: ----- <i>1</i> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/></p> <p>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. _____ Ft³ 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</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. <i>OHIO 40-60</i> b. Volume added ----- ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. <i>OHIO #5</i> b. Volume added ----- ft³</p> <p>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"/></p> <p>10. Screen material: <i>SC#40</i> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>b. Manufacturer <i>mono flex</i> c. Slot size: <i>0.010</i> in. d. Slotted length: <i>10</i> ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/></p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature *David Lencson* Firm *Saintair Env. Services*

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