

December 14, 2023  
File No. 25221172.00

Ms. Cindy Koepke, PG, Hydrogeologist  
Remediation & Redevelopment Program  
Wisconsin Department of Natural Resources - South Central Region  
3911 Fish Hatchery Road  
Fitchburg, WI 53711

Subject: Case Closure – Completion of Remaining Actions  
Former Bob's Citgo, 602 W. Madison Avenue, Milton, Wisconsin  
BRRTS #03-54-000193

Dear Cindy:

SCS Engineers (SCS) is submitting this information on behalf of Mr. Robert Richardson for the former Bob's Citgo and Badgerland Coop leaking underground storage tank case at the above-referenced property. Enclosed are the following:

- Abandonment Forms for Monitoring Wells.
- Revised Notifications forms for 520, and 614 Madison Avenue properties and proofs of receipt dated November 9, 2023.
- Documentation of Investigative Waste Disposal.

Please note that MW7 was recently paved over in the process of street reconstruction and could not be located. The notification to the City of Milton includes notification of the lost well.

Please contact me at [bsocha@scsengineers.com](mailto:bsocha@scsengineers.com) or 608.212.6664 if any questions.

Sincerely,



Betty J. Socha, PhD, PG  
Senior Project Manager  
SCS Engineers

cc: Mr. Robert Richardson

Encl.

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**Notice:** Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

☐ **Verification Only of Fill and Seal**

**Route to DNR Bureau:**

- ☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment  
☐ Waste Management ☐ Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County  Rock		WI Unique Well # of Removed Well VU856	Hicap #  MW-1	Facility Name Bob's Citgo (Former)			
Latitude / Longitude (see instructions)  N  W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 154074250			
1/4 1/4 SW 1/4 NE or Gov't Lot #		Section 28	Township 04 N	Range 13	License/Permit/Monitoring #		
				<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner Robert Richardson		
Well Street Address 602 W. Madison Ave.				Present Well Owner Robert Richardson			
Well City, Village or Town Milton			Mailing Address of Present Owner 507 Campus St., Apt. 7				
Subdivision Name			Lot #	City of Present Owner Milton	State WI	ZIP Code 53563	
Reason for Removal from Service Temporary Investigation only		WI Unique Well # of Replacement Well					
3. Filled & Sealed Well / Drillhole / Borehole Information							
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 10/25/2010					
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.					
<input type="checkbox"/> Borehole / Drillhole							
Construction Type:							
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug			
<input type="checkbox"/> Other (specify): _____							
Formation Type:							
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock					
Total Well Depth From Ground Surface (ft.) 63'		Casing Diameter (in.) 2.04"					
Lower Drillhole Diameter (in.) 8.25"		Casing Depth (ft.) 63'					
Was well annular space grouted?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, to what depth (feet)? 45.5'		Depth to Water (feet) 57.67'					
5. Material Used to Fill Well / Drillhole							
Concrete	From (ft.) Surface	To (ft.) 0.25	No. Yards, Sacks Sealant or Volume (circle one) 0.05 ft^3	Mix Ratio or Mud Weight			
3/8" Bentonite Chips	0.25	1	1/8 Bag	Dry			
Bentonite Grout	1	63	12 gallons	1:3			
6. Comments							

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Onsite Environmental Services		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/11/2023	Date Received	Noted By
Street or Route PO Box 280		Telephone Number (608 )837-8992		Comments	
City Sun Prairie	State WI	ZIP Code 53590	Signature of Person Doing Work <i>Anthony Kapugi</i>	Date Signed 12/13/2023	

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**Route to DNR Bureau:**

☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment  
☐ Waste Management ☐ Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County		WI Unique Well # of Removed Well	Hicap #	Facility Name			
Rock		WD882	MW-2	Bob's Citgo (Former)			
Latitude / Longitude (see instructions)		Format Code	Method Code	Facility ID (FID or PWS)			
_____ N _____ W		<input type="checkbox"/> DD <input type="checkbox"/> DDM	<input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	154074250			
1/4 1/4 SW 1/4 NE		Section	Township	Range	License/Permit/Monitoring #		
or Gov't Lot #		28	04 N	13 <input checked="" type="checkbox"/> E <input type="checkbox"/> W			
Well Street Address				Original Well Owner			
602 W. Madison Ave.				Robert Richardson			
Well City, Village or Town				Present Well Owner			
Milton				Robert Richardson			
Subdivision Name				Mailing Address of Present Owner			
				507 Campus St., Apt. 7			
Well ZIP Code				City of Present Owner		State	ZIP Code
53563				Milton		WI	53563
Reason for Removal from Service		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			
Temporary Investigation only				Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
3. Filled & Sealed Well / Drillhole / Borehole Information				Required Method of Placing Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy)		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped			
<input type="checkbox"/> Water Well		02/23/2011		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
<input type="checkbox"/> Borehole / Drillhole		If a Well Construction Report is available, please attach.		Sealing Materials			
Construction Type:				<input type="checkbox"/> Neat Cement Grout <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Other (specify): _____				<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input checked="" type="checkbox"/> Bentonite - Sand Slurry			
Formation Type:				5. Material Used to Fill Well / Drillhole			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Total Well Depth From Ground Surface (ft.)		Casing Diameter (in.)		Surface	0.25	0.05 ft^3	
64'		2.4"		0.25	1	1/8 Bag	Dry
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		1	64	12 gallons	1:3
8.25"		62'					
Was well annular space grouted?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		6. Comments			
If yes, to what depth (feet)?		Depth to Water (feet)					
44'		55.52'					

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
Onsite Environmental Services			12/11/2023		
Street or Route			Telephone Number	Comments	
PO Box 280			(608 )837-8992		
City	State	ZIP Code	Signature of Person Doing Work		Date Signed
Sun Prairie	WI	53590	<i>Anthony Kapugi</i>		12/13/2023

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**Route to DNR Bureau:**

☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment  
☐ Waste Management ☐ Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County  Rock		WI Unique Well # of Removed Well WD883	Hicap #  MW-3	Facility Name Bob's Citgo (Former)			
Latitude / Longitude (see instructions)  N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 154074250			
1/4 1/4 SW 1/4 NE or Gov't Lot #		Section 28	Township 04 N	Range 13	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		
Well Street Address 602 W. Madison Ave.				Original Well Owner Robert Richardson			
Well City, Village or Town Milton				Present Well Owner Robert Richarson			
Subdivision Name				Mailing Address of Present Owner 507 Campus St., Apt. 7			
Reason for Removal from Service Temporary Investigation only				City of Present Owner Milton			
WI Unique Well # of Replacement Well				State WI			
WI Unique Well # of Replacement Well				ZIP Code 53563			
3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 02/23/2011		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				Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Construction Type:				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<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:				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<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			
Total Well Depth From Ground Surface (ft.) 63.5'		Casing Diameter (in.) 2.4"		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) 8.25"		Casing Depth (ft.) 63'		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			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 57.28'		Required Method of Placing Sealing Material			
If yes, to what depth (feet)? 45'				<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped			
				<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
5. Material Used to Fill Well / Drillhole				Sealing Materials			
Concrete		Surface		0.25		0.05 ft^3	
3/8" Bentonite Chips		0.25		1		1/8 Bag	
Bentonite Grout		1		63.5		12 gallons	
						1:3	
6. Comments							
7. Supervision of Work				DNR Use Only			
Name of Person or Firm Doing Filling & Sealing Onsite Environmental Services		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/11/2023	Date Received		Noted By	
Street or Route PO Box 280		Telephone Number (608 )837-8992		Comments			
City Sun Prairie		State WI	ZIP Code 53590	Signature of Person Doing Work <i>Anthony Kapugi</i>		Date Signed 12/13/2023	



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**Route to DNR Bureau:**

- ☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment  
☐ Waste Management ☐ Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County		WI Unique Well # of Removed Well	Hicap #	Facility Name			
Rock		VY661	MW-4	Bob's Citgo (Former)			
Latitude / Longitude (see instructions)		Format Code	Method Code	Facility ID (FID or PWS)			
N		<input type="checkbox"/> DD	<input type="checkbox"/> GPS008	154074250			
W		<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002	License/Permit/Monitoring #			
			<input type="checkbox"/> OTH001				
1/4 / 1/4 SW	1/4 NE	Section	Township	Range	<input checked="" type="checkbox"/> E		
or Gov't Lot #		28	04 N	13	<input type="checkbox"/> W		
Well Street Address				Original Well Owner			
614 W. Madison Ave.				Robert Richarson			
Well City, Village or Town				Present Well Owner			
Milton				Rpbert Richardson			
Subdivision Name				Mailing Address of Present Owner			
				507 Campus St., Apt. 7			
Well ZIP Code				City of Present Owner		State	ZIP Code
53563				Milton		WI	53563
Reason for Removal from Service		WI Unique Well # of Replacement Well					
Temporary Investigation only							
3. Filled & Sealed Well / Drillhole / Borehole Information							
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy)					
<input type="checkbox"/> Water Well		09/06/2011					
<input type="checkbox"/> Borehole / Drillhole		If a Well Construction Report is available, please attach.					
Construction Type:							
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug			
<input type="checkbox"/> Other (specify): _____							
Formation Type:							
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock					
Total Well Depth From Ground Surface (ft.)		Casing Diameter (in.)					
63.5'		2.4"					
Lower Drillhole Diameter (in.)		Casing Depth (ft.)					
8.25"		64'					
Was well annular space grouted?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, to what depth (feet)?		Depth to Water (feet)					
46'		58.71'					
5. Material Used to Fill Well / Drillhole							
Concrete	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight			
3/8" Bentonite Chips	Surface	0.25	0.05 ft^3				
Bentonite Grout	0.25	1	1/8 Bag	Dry			
	1	63.5	12 gallons	1:3			
6. Comments							

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
Onsite Environmental Services			12/11/2023		
Street or Route			Telephone Number	Comments	
PO Box 280			(608 )837-8992		
City	State	ZIP Code	Signature of Person Doing Work		Date Signed
Sun Prairie	WI	53590	Anthony Kapugi		12/13/2023

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☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment  
☐ Waste Management ☐ Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County		WI Unique Well # of Removed Well	Hicap #	Facility Name			
Rock		VY662	MW-5	Bob's Citgo (Former)			
Latitude / Longitude (see instructions)		Format Code	Method Code	Facility ID (FID or PWS)			
_____ N _____ W		<input type="checkbox"/> DD <input type="checkbox"/> DDM	<input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	154074250			
1/4 1/4 SW 1/4 NE		Section	Township	License/Permit/Monitoring #			
or Gov't Lot #		28	04 N	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W			
Well Street Address				Original Well Owner			
614 W. Madison Ave.				Robert Richardson			
Well City, Village or Town				Present Well Owner			
Milton				Robert Richardson			
Subdivision Name				Mailing Address of Present Owner			
Lot #				507 Campus St., Apt. 7			
Reason for Removal from Service				City of Present Owner			
Temporary Investigation only				Milton			
WI Unique Well # of Replacement Well				State			
_____				WI			
ZIP Code				53563			
53563				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well				Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well				Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Original Construction Date (mm/dd/yyyy)				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
09/07/2011				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If a Well Construction Report is available, please attach.				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type:				Did sealing material rise to surface? <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				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Formation Type:				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			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Required Method of Placing Sealing Material			
Total Well Depth From Ground Surface (ft.)				<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped			
64.5'				<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Casing Diameter (in.)				Sealing Materials			
2.4"				<input type="checkbox"/> Neat Cement Grout <input checked="" type="checkbox"/> Concrete			
Lower Drillhole Diameter (in.)				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
8.25"				For Monitoring Wells and Monitoring Well Boreholes Only:			
Casing Depth (ft.)				<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
64.5'				<input checked="" type="checkbox"/> Granular Bentonite <input checked="" type="checkbox"/> Bentonite - Sand Slurry			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				From (ft.) To (ft.) No. Yards, Sacks Sealant or Volume (circle one) Mix Ratio or Mud Weight			
If yes, to what depth (feet)?				Surface 0.25 0.05 ft^3			
Depth to Water (feet)				0.25 1 1/8 Bag Dry			
45'				1 64.5 12 gallons 1:3			
5. Material Used to Fill Well / Drillhole							
Concrete							
3/8" Bentonite Chips							
Bentonite Grout							
6. Comments							

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
Onsite Environmental Services			12/11/2023		
Street or Route			Telephone Number	Comments	
PO Box 280			(608 )837-8992		
City	State	ZIP Code	Signature of Person Doing Work		Date Signed
Sun Prairie	WI	53590	Anthony Kapugi		12/13/2023

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County	WI Unique Well # of Removed Well	Hicap #
Rock	VY663	MW-6
Latitude / Longitude (see instructions)	Format Code	Method Code
N	<input type="checkbox"/> DD	<input type="checkbox"/> GPS008
W	<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002
		<input type="checkbox"/> OTH001
1/4 1/4 SW	Section	Township
1/4 NE	28	04 N
or Gov't Lot #		Range
		13 <input checked="" type="checkbox"/> E
		<input type="checkbox"/> W

Well Street Address

613 W. Madison Ave.

Well City, Village or Town

Milton

Subdivision Name

Lot #

Reason for Removal from Service  
Temporary Investigation only

WI Unique Well # of Replacement Well

**3. Filled & Sealed Well / Drillhole / Borehole Information**☒ Monitoring Well☐ Water Well☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)

09/07/2011

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.)

64.67'

Casing Diameter (in.)

2.4"

Lower Drillhole Diameter (in.)

8.25"

Casing Depth (ft.)

64.5'

Was well annular space grouted?

☒ Yes☐ No☐ Unknown

If yes, to what depth (feet)?

45'

Depth to Water (feet)

59.66'

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

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Concrete	Surface	0.25	0.05 ft^3	
3/8" Bentonite Chips	0.25	1	1/8 Bag	Dry
Bentonite Grout	1	64.67	12 gallons	1:3

**6. Comments****7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/11/2023	Date Received	Noted By
Onsite Environmental Services				
Street or Route	Telephone Number	Comments		
PO Box 280	(608 ) 837-8992			
City	State	ZIP Code	Signature of Person Doing Work	Date Signed
Sun Prairie	WI	53590	Anthony Kapugi	12/13/2023

**DNR Use Only**



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☐ **Verification Only of Fill and Seal****Route to DNR Bureau:**☐ Drinking Water☐ Watershed/Wastewater☒ Remediation/Redevelopment☐ Waste Management☐ Other: \_\_\_\_\_**1. Well Location Information**

County	WI Unique Well # of Removed Well	Hicap #
Rock	WD884	MW-7
Latitude / Longitude (see instructions)	Format Code	Method Code
N	<input type="checkbox"/> DD	<input type="checkbox"/> GPS008
W	<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002
		<input type="checkbox"/> OTH001
1/4 1/4 SW	Section	Township
1/4 NE	28	04 N
or Gov't Lot #		Range
		13 <input checked="" type="checkbox"/> E
		<input type="checkbox"/> W

Well Street Address

613 W. Madison Ave.

Well City, Village or Town

Milton

Subdivision Name

Well ZIP Code

53563

Lot #

Reason for Removal from Service  
Temporary Investigation only

WI Unique Well # of Replacement Well

**3. Filled & Sealed Well / Drillhole / Borehole Information**☒ Monitoring Well☐ Water Well☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)

08/20/2013

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.)

73'

Casing Diameter (in.)

2.4"

Lower Drillhole Diameter (in.)

8.25"

Casing Depth (ft.)

71'

Was well annular space grouted?

☒ Yes☐ No☐ Unknown

If yes, to what depth (feet)?

52'

Depth to Water (feet)

61.42'

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

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

**6. Comments**

Well could not be located for abandonment. Apparently paved over during road construction.

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
Onsite Environmental Services		12/11/2023		
Street or Route	Telephone Number	Comments		
PO Box 280	(608 )837-8992			
City	State	ZIP Code	Signature of Person Doing Work	Date Signed
Sun Prairie	WI	53590	Anthony Kapugi	12/13/2023



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☐ **Verification Only of Fill and Seal****Route to DNR Bureau:**☐ Drinking Water☐ Watershed/Wastewater☒ Remediation/Redevelopment☐ Waste Management☐ Other: \_\_\_\_\_**1. Well Location Information**

County	WI Unique Well # of Removed Well	Hicap #
Rock	WD885	MW-8
Latitude / Longitude (see instructions)	Format Code	Method Code
N	<input type="checkbox"/> DD	<input type="checkbox"/> GPS008
W	<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002
		<input type="checkbox"/> OTH001
1/4 1/4 SW	Section	Township
1/4 NE	28	04 N
or Gov't Lot #		Range
		13 <input checked="" type="checkbox"/> E <input type="checkbox"/> W

Well Street Address

7 Division St.

Well City, Village or Town

Milton

Subdivision Name

Lot #

Reason for Removal from Service  
Temporary Investigation only

WI Unique Well # of Replacement Well

**3. Filled & Sealed Well / Drillhole / Borehole Information**☒ Monitoring Well☐ Water Well☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)

08/21/2013

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.)

74'

Casing Diameter (in.)

2.4"

Lower Drillhole Diameter (in.)

6.25"

Casing Depth (ft.)

74'

Was well annular space grouted?

☒ Yes☐ No☐ Unknown

If yes, to what depth (feet)?

56'

Depth to Water (feet)

64.96'

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

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Concrete	Surface	0.25	0.05 ft^3	
3/8" Bentonite Chips	0.25	1	1/8 Bag	Dry
Bentonite Grout	1	74	13 Gallons	1:3

**6. Comments****7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	DNR Use Only	
Onsite Environmental Services		12/11/2023	Date Received	Noted By
Street or Route	Telephone Number		Comments	
PO Box 280	(608) 837-8992			
City	State	ZIP Code	Signature of Person Doing Work	Date Signed
Sun Prairie	WI	53590	Anthony Kapugi	12/13/2023

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☐ **Verification Only of Fill and Seal**

**Route to DNR Bureau:**

- ☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment  
☐ Waste Management ☐ Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County		WI Unique Well # of Removed Well	Hicap #	Facility Name			
Rock		WD886	MW-9	Bob's Citgo (Former)			
Latitude / Longitude (see instructions)		Format Code	Method Code	Facility ID (FID or PWS)			
_____ N _____ W		<input type="checkbox"/> DD <input type="checkbox"/> DDM	<input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	154074250			
1/4 1/4 SW 1/4 NE		Section	Township	License/Permit/Monitoring #			
or Gov't Lot #		28	04 N	Range <input checked="" type="checkbox"/> E 13 <input type="checkbox"/> W			
Well Street Address				Original Well Owner			
Front St. & W Madison Ave. ( In road)				Robert Richardson			
Well City, Village or Town				Present Well Owner			
Milton				Robert Richardson			
Subdivision Name				Mailing Address of Present Owner			
Lot #				507 Campus St., Apt. 7			
Reason for Removal from Service				City of Present Owner			
Temporary Investigation only				Milton			
WI Unique Well # of Replacement Well				State			
_____				WI			
ZIP Code				53563			
53563				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well				Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well				Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Original Construction Date (mm/dd/yyyy)				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
08/22/2013				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If a Well Construction Report is available, please attach.				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type:				Did sealing material rise to surface? <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				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Formation Type:				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			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Required Method of Placing Sealing Material			
Total Well Depth From Ground Surface (ft.)				<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped			
66.5'				<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Casing Diameter (in.)				Sealing Materials			
2.4"				<input type="checkbox"/> Neat Cement Grout <input checked="" type="checkbox"/> Concrete			
Lower Drillhole Diameter (in.)				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
8.25"				For Monitoring Wells and Monitoring Well Boreholes Only:			
Casing Depth (ft.)				<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
69.5'				<input checked="" type="checkbox"/> Granular Bentonite <input checked="" type="checkbox"/> Bentonite - Sand Slurry			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				From (ft.) To (ft.) No. Yards, Sacks Sealant or Volume (circle one) Mix Ratio or Mud Weight			
If yes, to what depth (feet)?				Surface 0.25 0.05 ft^3			
Depth to Water (feet)				0.25 1 1/8 Bag Dry			
51'				1 66.5 Gallons 1:3			
5. Material Used to Fill Well / Drillhole							
Concrete							
3/8" Bentonite Chips							
Bentonite Grout							
6. Comments							

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
Onsite Environmental Services			12/11/2023		
Street or Route			Telephone Number	Comments	
PO Box 280			(608 )837-8992		
City	State	ZIP Code	Signature of Person Doing Work		Date Signed
Sun Prairie	WI	53590	Anthony Kapugi		12/13/2023

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☐ **Verification Only of Fill and Seal**

**Route to DNR Bureau:**

☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment  
☐ Waste Management ☐ Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County		WI Unique Well # of Removed Well	Hicap #	Facility Name			
Rock		WD887	MW-10	Bob's Citgo (Former)			
Latitude / Longitude (see instructions)		Format Code	Method Code	Facility ID (FID or PWS)			
_____ N _____ W		<input type="checkbox"/> DD <input type="checkbox"/> DDM	<input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	154074250			
1/4 1/4 SW 1/4 NE		Section	Township	License/Permit/Monitoring #			
or Gov't Lot #		28	04 N	Range <input checked="" type="checkbox"/> E 13 <input type="checkbox"/> W			
Well Street Address				Original Well Owner			
520 W Madison Ave. (right of way)				Robert Richardson			
Well City, Village or Town				Present Well Owner			
Milton				Robert Richardson			
Subdivision Name				Mailing Address of Present Owner			
Lot #				507 Campus St., Apt. 7			
Reason for Removal from Service				City of Present Owner			
Temporary Investigation only				Milton			
WI Unique Well # of Replacement Well				State			
_____				WI			
ZIP Code				53563			
<b>3. Filled &amp; Sealed Well / Drillhole / Borehole Information</b>							
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy)					
<input type="checkbox"/> Water Well		08/23/2013					
<input type="checkbox"/> Borehole / Drillhole		If a Well Construction Report is available, please attach.					
Construction Type:							
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug			
<input type="checkbox"/> Other (specify): _____							
Formation Type:							
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock					
Total Well Depth From Ground Surface (ft.)		Casing Diameter (in.)					
73'		2.4"					
Lower Drillhole Diameter (in.)		Casing Depth (ft.)					
8.25"		70'					
Was well annular space grouted?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, to what depth (feet)?		Depth to Water (feet)					
52'		61.87'					
5. Material Used to Fill Well / Drillhole							
Topsoil and grass	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight			
3/8" Bentonite Chips	Surface	0.25	0.05 ft^3				
Bentonite Grout	0.25	1	1/8 Bag	Dry			
	1	73	~4.5 ft^3	1:3			
6. Comments							
7. Supervision of Work							
Name of Person or Firm Doing Filling & Sealing		License #	Date of Filling & Sealing or Verification	Date Received		Noted By	
Onsite Environmental Services			(mm/dd/yyyy) 12/11/2023				
Street or Route		Telephone Number		Comments			
PO Box 280		(608 )837-8992					
City	State	ZIP Code	Signature of Person Doing Work		Date Signed		
Sun Prairie	WI	53590	<i>Anthony Kapugi</i>		12/13/2023		

**Required Method of Placing Sealing Material**

☐ Conductor Pipe-Gravity ☒ Conductor Pipe-Pumped  
☒ Screened & Poured (Bentonite Chips) ☐ Other (Explain): \_\_\_\_\_

**Sealing Materials**

☐ Neat Cement Grout ☒ Concrete  
☐ Sand-Cement (Concrete) Grout ☒ Bentonite Chips

**For Monitoring Wells and Monitoring Well Boreholes Only:**

☐ Bentonite Chips ☐ Bentonite - Cement Grout  
☒ Granular Bentonite ☒ Bentonite - Sand Slurry



## Notification of Continuing Obligations and Residual Contamination

**The affected property is:**

- ☐ the source property (the source of the hazardous substance discharge), but the property is not owned by the person who conducted the cleanup (a deeded property)  
☒ a deeded property affected by contamination from the source property  
☐ a right-of-way (ROW)  
☐ a Department of Transportation (DOT) ROW

**Include this completed page as an attachment with all notifications provided under sections A and B.**

**Contact Information**

**Responsible Party:** The person responsible for sending this form, and for conducting the environmental investigation and cleanup is:

Responsible Party Name Robert Richardson

Contact Person Last Name Richardson	First Robert	MI	Phone Number (include area code) (608) 359-3941
Address 507 Campus Street, Apt. 7	City Milton	State WI	ZIP Code 53563
E-mail			

**Name of Party Receiving Notification:**

Business Name, if applicable:

Title Mr.	Last Name Oshel	First Jimmy	MI	Phone Number (include area code) (608) 868-7837
Address 520 W. Madison Avenue		City Milton	State WI	ZIP Code 53563-1134

**Site Name and Source Property Information:**

Site (Activity) Name Badgerland Coop - Bob's Citgo

Address 602 W. Madison Avenue	City Milton	State WI	ZIP Code 53563
DNR ID # (BRRTS#) 03-54-000193	(DATCP) ID #		

**Contacts for Questions:**

**If you have any questions regarding the cleanup or about this notification, please contact the Responsible Party identified above, or contact:**

**Environmental Consultant:** SCS Engineers

Contact Person Last Name Socha	First Betty	MI J	Phone Number (include area code) (608) 212-6664
Address 2830 Dairy Drive	City Madison	State WI	ZIP Code 53718
E-mail bsocha@scsengineers.com			

**Department Contact:**

**To review the Department's case file, or for questions on cleanups or closure requirements, contact:**

**Department of:** Natural Resources (DNR)      **Office:** Fitchburg

Address 3911 Fish Hatchery Road	City Fitchburg	State WI	ZIP Code 53711
Contact Person Last Name Koepke	First Cynthia	MI L	Phone Number (include area code) (608) 219-2181
E-mail (Firstname.Lastname@wisconsin.gov) Cynthia.Koepke@wisconsin.gov			

**Notification of Continuing Obligations  
and Residual Contamination**

**Section A: Deeded Property Notification: Residual Contamination and/or Continuing Obligations**

**KEEP THIS DOCUMENT WITH YOUR PROPERTY RECORDS**

520 W. Madison Avenue  
Milton, WI, 53563-1134

Dear Mr. Oshel:

I am providing this letter to inform you of the location and extent of contamination remaining on your property, and of certain long-term responsibilities (continuing obligations) for which you may become responsible.

I have investigated a release of:

petroleum compounds

on 602 W. Madison Avenue, Milton, WI, 53563 that has shown that contamination has migrated onto your property. I have responded to the release and will be requesting that the Department of Natural Resources (DNR) grant case closure. Closure means that the DNR will not be requiring any further investigation or cleanup action to be taken. However, continuing obligations may be imposed as a condition of closure approval.

**You have 30 days to comment on the attached legal description of your property and on the proposed closure request:**

Please review the enclosed legal description of your property, and notify Betty Socha at 2830 Dairy Drive, Madison, WI, 53718 within the next 30 days if the legal description is incorrect.

The DNR will not review my closure request for at least 30 days after the date of receipt of this letter. As an affected property owner, you have a right to contact the DNR to provide any technical information that you may have that indicates that closure should not be granted for this site. If you would like to submit any information that is relevant to this closure request, or if you want to waive the 30 day comment period, you should mail that information to the DNR contact: 3911 Fish Hatchery Road, Fitchburg, WI, 53711, or at [Cynthia.Koepke@wisconsin.gov](mailto:Cynthia.Koepke@wisconsin.gov).

**Your Long-Term Responsibilities as a Property Owner and Occupant:**

The responses included maintaining the asphalt cap and managing the construction of water supply wells at 250 W Madison Avenue residence. The continuing obligations I am proposing that affect your property are listed below, under the heading **Continuing Obligations**. Under s. 292.12 (5), Wis. Stats., current and future owners and occupants of this property are responsible for complying with continuing obligations imposed as part of an approved closure.

The fact sheet "Continuing Obligations for Environmental Protection" (DNR publication RR 819) has been included with this letter, to help explain the responsibilities you may have for maintenance of a certain continuing obligation, the limits of any liability for investigation and cleanup of contamination, and how these differ. If the fact sheet is lost, you may obtain copies at <http://dnr.wi.gov/files/PDF/pubs/rr/RR819.pdf>.

**Contract for responsibility for continuing obligation:**

Before I request closure, I will need to inform the DNR as to whom will be responsible for the continuing obligation/s on your property.

Property owner at 520 W Madison Avenue is responsible for maintaining the asphalt cap and managing the construction of water supply wells on the property.

Under s. 292.12, Wis. Stats., the responsibility for maintaining all necessary continuing obligations for your property will fall on you or any subsequent property owner, unless another person has a legally enforceable responsibility to comply with the requirements of the final closure letter. If you need more time to finalize an agreement on the responsibility for the continuing obligations on your Property, you may request additional time from the DNR contact identified in **Contact Information**.

*(Note: Future property owners would need to negotiate a new agreement.)*

**Notification of Continuing Obligations  
and Residual Contamination****Remaining Contamination:*****Soil Contamination:***

Soil contamination remains at :  
the west side of the 520 W Madison Avenue property at boring locations B-25.

The remaining contaminants include:

Trimethylbenzene and naphthalene

at levels which exceed the soil standards found in ch. NR 720, Wis. Adm. Code. The following steps have been taken to address any exposure to the remaining soil contamination.

Underground storage tanks and petroleum contaminated soils were removed in October 2019. The remaining contamination will be capped with an impervious surface to protect against direct contact with residual contamination.

***Groundwater Contamination:***

Groundwater contamination originated at the property located at 602 W. Madison Avenue, Milton, WI, 53563 .  
Contaminated groundwater has migrated onto your property at:

520 W Madison Avenue

The levels of

benzene, ethylbenzene, trimethylbenzene, xylenes, and naphthalene

contamination in the groundwater on your property are above the state groundwater enforcement standards found in ch. NR 140, Wis. Adm. Code.

However, the environmental consultants who have investigated this contamination have informed me that this groundwater contaminant plume is stable or receding and will naturally degrade over time. I believe that allowing natural attenuation, or the breakdown of contaminants in groundwater due to naturally occurring processes, to complete the cleanup at this site will meet the case closure requirements of ch. NR 726, Wis. Adm. Code. As part of my request for case closure, I am requesting that the DNR accept natural attenuation as the final remedy for this site.

The following DNR fact sheet (RR 671, "What Landowners Should Know: Information About Using Natural Attenuation to Clean Up Contaminated Groundwater") has been included with this notification, to help explain the use of natural attenuation as a remedy. If the fact sheet is lost, you may obtain a copy at <http://dnr.wi.gov/files/PDF/pubs/rr/RR671.pdf>.

**Continuing Obligations on Your Property:** As part of the cleanup, I am proposing that the following continuing obligations be used at your property, to address future exposure to residual contamination. If my closure request is approved, you will be responsible for the following continuing obligations.

To construct a new well or to reconstruct an existing well, the property owner at the time of construction or reconstruction will need to obtain prior approval from the DNR. See **Well Construction Requirements**. Typically, this results in casing off a portion of the aquifer during drilling, when needed, to protect the water supply.

***Residual Soil Contamination:***

If soil is excavated from the areas with residual contamination, the property owner at the time of excavation will be responsible for the following:

- determine if contamination is present
- determine whether the material would be considered solid or hazardous waste
- ensure that any storage, treatment or disposal is in compliance with applicable statutes and rules.

Contaminated soil may be managed in-place, in accordance with ch. NR 718, Wis. Adm. Code, with prior DNR approval. In addition, all current and future property owners and occupants of the property and right-of-way holders need to be aware that excavation of the contaminated soil may pose an inhalation or other direct contact hazard and as a result special precautions may need to be taken during excavation activities to prevent a health threat to humans.

Depending on site-specific conditions, construction over contaminated soils or groundwater may result in vapor migration of contaminants into enclosed structures or migration along underground utility lines. The potential for vapor inhalation and means of mitigation should be evaluated when planning any future redevelopment, and measures should be taken to ensure the continued protection of public health, safety, welfare and the environment at the site.



## Notification of Continuing Obligations and Residual Contamination

### ***Maintenance of a Cover:***

A soil cover/engineered cover/other has been placed over remaining contamination to limit contact with the soil and limit infiltration of contamination to groundwater and this cover will need to be maintained. Inspections will be required, and submittal of inspection reports may be required. Certain activities which would disturb the cover or barrier will be prohibited. If the cover was intended for industrial or commercial use, notification of the DNR may be required before changing the land use to a residential type use, to determine if the cover will be protective for that use. A maintenance plan is attached, which describes the maintenance activities likely to be required. An updated maintenance plan will be provided at closure, if the requires changes to the maintenance plan.

A map, figure 1, is attached, which shows the location of the extent of contamination and the extent of the cover.

### ***Vapor: Future Actions to Address Vapor Intrusion:***

While vapor intrusion does not currently exist, if a building is constructed on this property, or reconstructed, or if use of a building is changed to a residential-type use, vapor intrusion may become an issue. If closure is approved, notification of the DNR will be required before construction of a building or changing the use of an existing building to residential occupancy. The use of vapor control technologies or an assessment of the potential for vapor intrusion will be required at that time.

### **Maintenance and Audits of Continuing Obligations:**

If compliance with a maintenance plan is required as part of a continuing obligation, an inspection log will need to be filled out periodically, and kept available for inspection by the DNR. Submittal of the inspection log may also be required. You will also need to notify any future owners or occupants of this property of the need to maintain the continuing obligation and to document that maintenance in the inspection log. Periodic audits of these continuing obligations may be conducted by the DNR, to ensure that potential exposure to residual contamination is being addressed. The DNR provides notification before conducting site visits as part of the audit.

### **Well Construction Requirements:**

If this site is closed, all properties within the site boundaries where contamination remains, or where a continuing obligation is applied, will be listed on the Bureau for Remediation and Redevelopment Tracking System (BRRTS) on the Web, at <https://dnr.wi.gov/topic/Brownfields/WRRD.html>. Inclusion on this database provides public notice of remaining contamination and of any continuing obligations. Documents can be viewed on this database, and include final closure letters, site maps and any applicable maintenance plans. The location of the site may also be viewed on the Remediation and Redevelopment Sites Map (RR Sites Map), at the same internet address listed above.

DNR approval prior to well construction or reconstruction is required in accordance with s. NR 812.09 (4) (w), Wis. Adm. Code. This requirement applies to private drinking water wells and high capacity wells. Special well construction standards may be necessary to protect the well from the remaining contamination. The property owner needs to first obtain approval from a regional water supply specialist in DNR's Drinking Water and Groundwater Program. A well driller can help complete this form. The well construction application, form 3300-254, is on the internet at <https://dnr.wi.gov/files/PDF/forms/3300/3300-254.pdf>.

### **Site Closure:**

If the DNR grants closure, you will receive a letter which defines the specific continuing obligations on your property. The status of the site (open or closed) may also be checked by searching BRRTS on the Web. You may view or download a copy of the closure letter (sent to the responsible party) from BRRTS on the Web. You may also request a copy of the closure letter from the **responsible party** or by writing to the DNR contact, at Cynthia Koepke, Cynthia.Koepke@wisconsin.gov, (608) 219-2181. The final closure letter will contain a description of the continuing obligation, any prohibitions on activities and will include any applicable maintenance plan.

If you have any questions regarding this notification, I can be reached at: (608) 212-6664 ,  
 bsocha@scsengineers.com

**Notification of Continuing Obligations  
and Residual Contamination**

  
*Signature of responsible party/environmental consultant for the responsible party*

Date Signed 11/06/2023

**Attachments**

See letter previously sent on October 10, 2023 for attachments.

**Contact Information**

**Legal Description for each Parcel:**

**Maps:**

**Maintenance plan**

Maintenance of a cover Maintenance of a Cover - Maintenance Plan

Date 10/10/2023

**Factsheets:**

RR 819, Continuing Obligations for Environmental Protection

RR 671, What Landowners Should Know: Information About Using Natural Attenuation to Clean Up Contaminated Groundwater

USPS TRACKING#

WALKEE WI 530  
9 NOV 2023 PM 4

9590 9402 8200 3030 0903 88

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10United States  
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box.

Betty Socha  
SCS Engineers  
2830 Dairy Drive  
Madison, WI 53718-6751

25221172.00

G-A

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Jimmy Oshel  
520 W. Madison Avenue  
Milton, WI 53563

9590 9402 8200 3030 0903 88

## 2. Article Number (Transfer from service label)

9589 0710 5270 0557 6843 30

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X

☐ Agent☒ Addressee

## B. Received by (Printed Name)

Jimmy Oshel

## C. Date of Delivery

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted

Delivery

☐ Signature Confirmation™☐ Signature Confirmation

Restricted Delivery

ii Restricted Delivery



USPS TRACKING#



9590 9402 8200 3030 0903 71

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

United States  
Postal Service



Betty Socha  
SCS Engineers  
2830 Dairy Drive  
Madison, WI 53718-6751

25221172.00  
G-B G-C G-D

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Jenny Salvo  
710 S. Janesville Street  
Milton, WI 53563



9590 9402 8200 3030 0903 71

## 2. Article Number (Transfer from service label)

9589 0710 5270 0557 6843 47

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *[Signature]* ☐ Agent  
☐ Addressee

## B. Received by (Printed Name)

*Ashley Rogers*

## C. Date of Delivery

11/9/23

- D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

all Restricted Delivery

## Notification of Continuing Obligations and Residual Contamination

**The affected property is:**

- ☐ the source property (the source of the hazardous substance discharge), but the property is not owned by the person who conducted the cleanup (a deeded property)  
☒ a deeded property affected by contamination from the source property  
☐ a right-of-way (ROW)  
☐ a Department of Transportation (DOT) ROW

**Include this completed page as an attachment with all notifications provided under sections A and B.**

**Contact Information**

**Responsible Party:** The person responsible for sending this form, and for conducting the environmental investigation and cleanup is:

Responsible Party Name Robert Richardson

Contact Person Last Name Richardson	First Robert	MI	Phone Number (include area code) (608) 359-3941
Address 507 Campus Street, Apt. 7	City Milton	State WI	ZIP Code 53563
E-mail			

**Name of Party Receiving Notification:**

Business Name, if applicable: City of Milton

Title Ms.	Last Name Salvo	First Jenny	MI	Phone Number (include area code) (608) 868-6900
Address 710 S. Janesville Street		City Milton	State WI	ZIP Code 53563

**Site Name and Source Property Information:**

Site (Activity) Name Badgerland Coop - Bob's Citgo

Address 602 W. Madison Avenue	City Milton	State WI	ZIP Code 53563
DNR ID # (BRRTS#) 03-54-000193	(DATCP) ID #		

**Contacts for Questions:**

**If you have any questions regarding the cleanup or about this notification, please contact the Responsible Party identified above, or contact:**

**Environmental Consultant:** SCS Engineers

Contact Person Last Name Socha	First Betty	MI J	Phone Number (include area code) (608) 212-6664
Address 2830 Dairy Drive	City Madison	State WI	ZIP Code 53718
E-mail bsocha@scsengineers.com			

**Department Contact:**

**To review the Department's case file, or for questions on cleanups or closure requirements, contact:**

**Department of:** Natural Resources (DNR)      **Office:** Fitchburg

Address 3911 Fish Hatchery Road	City Fitchburg	State WI	ZIP Code 53711
Contact Person Last Name Koepke	First Cynthia	MI L	Phone Number (include area code) (608) 219-2181
E-mail (Firstname.Lastname@wisconsin.gov) Cynthia.Koepke@wisconsin.gov			

Please note revision below highlighted in yellow.

## Notification of Continuing Obligations and Residual Contamination

### Section A: Deeded Property Notification: Residual Contamination and/or Continuing Obligations

#### KEEP THIS DOCUMENT WITH YOUR PROPERTY RECORDS

710 S. Janesville Street  
Milton, WI, 53563

Dear Ms. Salvo:

I am providing this letter to inform you of the location and extent of contamination remaining on your property, and of certain long-term responsibilities (continuing obligations) for which you may become responsible.

I have investigated a release of:

petroleum compounds

on 602 W. Madison Avenue, Milton, WI, 53563 that has shown that contamination has migrated onto your property. I have responded to the release and will be requesting that the Department of Natural Resources (DNR) grant case closure. Closure means that the DNR will not be requiring any further investigation or cleanup action to be taken. However, continuing obligations may be imposed as a condition of closure approval.

#### **You have 30 days to comment on the attached legal description of your property and on the proposed closure request:**

Please review the enclosed legal description of your property, and notify Betty Socha at 2830 Dairy Drive, Madison, WI, 53718 within the next 30 days if the legal description is incorrect.

The DNR will not review my closure request for at least 30 days after the date of receipt of this letter. As an affected property owner, you have a right to contact the DNR to provide any technical information that you may have that indicates that closure should not be granted for this site. If you would like to submit any information that is relevant to this closure request, or if you want to waive the 30 day comment period, you should mail that information to the DNR contact: 3911 Fish Hatchery Road, Fitchburg, WI, 53711, or at [Cynthia.Koepke@wisconsin.gov](mailto:Cynthia.Koepke@wisconsin.gov).

#### **Your Long-Term Responsibilities as a Property Owner and Occupant:**

The responses included managing the construction of water supply wells at 614 W. Madison Avenue and adjoining unaddressed parcel (parcels 257-160006 and 257-15100601).

The continuing obligations I am proposing that affect your property are listed below, under the heading **Continuing Obligations**. Under s. 292.12 (5), Wis. Stats., current and future owners and occupants of this property are responsible for complying with continuing obligations imposed as part of an approved closure.

The fact sheet "Continuing Obligations for Environmental Protection" (DNR publication RR 819) has been included with this letter, to help explain the responsibilities you may have for maintenance of a certain continuing obligation, the limits of any liability for investigation and cleanup of contamination, and how these differ. If the fact sheet is lost, you may obtain copies at <http://dnr.wi.gov/files/PDF/pubs/rr/RR819.pdf>.

#### **Contract for responsibility for continuing obligation:**

Before I request closure, I will need to inform the DNR as to whom will be responsible for the continuing obligation/s on your property.

Property owner at 614 W. Madison Avenue and adjoining unaddressed parcel is responsible for managing the construction of water supply wells on the property.

Under s. 292.12, Wis. Stats., the responsibility for maintaining all necessary continuing obligations for your property will fall on you or any subsequent property owner, unless another person has a legally enforceable responsibility to comply with the requirements of the final closure letter. If you need more time to finalize an agreement on the responsibility for the continuing obligations on your Property, you may request additional time from the DNR contact identified in **Contact Information**.

*(Note: Future property owners would need to negotiate a new agreement.)*



## Notification of Continuing Obligations and Residual Contamination

### **Groundwater Contamination:**

Groundwater contamination originated at the property located at 602 W. Madison Avenue, Milton, WI, 53563. Contaminated groundwater has migrated onto your property at: 614 W. Madison Avenue and adjoining unaddressed parcel.

The levels of benzene, ethylbenzene, trimethylbenzene, xylenes, and naphthalene contamination in the groundwater on your property are above the state groundwater enforcement standards found in ch. NR 140, Wis. Adm. Code.

However, the environmental consultants who have investigated this contamination have informed me that this groundwater contaminant plume is stable or receding and will naturally degrade over time. I believe that allowing natural attenuation, or the breakdown of contaminants in groundwater due to naturally occurring processes, to complete the cleanup at this site will meet the case closure requirements of ch. NR 726, Wis. Adm. Code. As part of my request for case closure, I am requesting that the DNR accept natural attenuation as the final remedy for this site.

The following DNR fact sheet (RR 671, "What Landowners Should Know: Information About Using Natural Attenuation to Clean Up Contaminated Groundwater") has been included with this notification, to help explain the use of natural attenuation as a remedy. If the fact sheet is lost, you may obtain a copy at <http://dnr.wi.gov/files/PDF/pubs/rr/RR671.pdf>.

**Continuing Obligations on Your Property:** As part of the cleanup, I am proposing that the following continuing obligations be used at your property, to address future exposure to residual contamination. If my closure request is approved, you will be responsible for the following continuing obligations.

To construct a new well or to reconstruct an existing well, the property owner at the time of construction or reconstruction will need to obtain prior approval from the DNR. See **Well Construction Requirements**. Typically, this results in casing off a portion of the aquifer during drilling, when needed, to protect the water supply.

### **Vapor: Future Actions to Address Vapor Intrusion:**

While vapor intrusion does not currently exist, if a building is constructed on this property, or reconstructed, or if use of a building is changed to a residential-type use, vapor intrusion may become an issue. If closure is approved, notification of the DNR will be required before construction of a building or changing the use of an existing building to residential occupancy. The use of vapor control technologies or an assessment of the potential for vapor intrusion will be required at that time.

### **Maintenance and Audits of Continuing Obligations:**

If compliance with a maintenance plan is required as part of a continuing obligation, an inspection log will need to be filled out periodically, and kept available for inspection by the DNR. Submittal of the inspection log may also be required. You will also need to notify any future owners or occupants of this property of the need to maintain the continuing obligation and to document that maintenance in the inspection log. Periodic audits of these continuing obligations may be conducted by the DNR, to ensure that potential exposure to residual contamination is being addressed. The DNR provides notification before conducting site visits as part of the audit.

### **Well Construction Requirements:**

If this site is closed, all properties within the site boundaries where contamination remains, or where a continuing obligation is applied, will be listed on the Bureau for Remediation and Redevelopment Tracking System (BRRTS) on the Web, at <https://dnr.wi.gov/topic/Brownfields/WRRD.html>. Inclusion on this database provides public notice of remaining contamination and of any continuing obligations. Documents can be viewed on this database, and include final closure letters, site maps and any applicable maintenance plans. The location of the site may also be viewed on the Remediation and Redevelopment Sites Map (RR Sites Map), at the same internet address listed above.

DNR approval prior to well construction or reconstruction is required in accordance with s. NR 812.09 (4) (w), Wis. Adm. Code. This requirement applies to private drinking water wells and high capacity wells. Special well construction standards may be necessary to protect the well from the remaining contamination. The property owner needs to first obtain approval from a regional water supply specialist in DNR's Drinking Water and Groundwater Program. A well driller can help complete this form. The well construction application, form 3300-254, is on the internet at <https://dnr.wi.gov/files/PDF/forms/3300/3300-254.pdf>.

**Notification of Continuing Obligations  
and Residual Contamination****Site Closure:**

If the DNR grants closure, you will receive a letter which defines the specific continuing obligations on your property. The status of the site (open or closed) may also be checked by searching BRRTS on the Web. You may view or download a copy of the closure letter (sent to the responsible party) from BRRTS on the Web. You may also request a copy of the closure letter from the **responsible party** or by writing to the DNR contact, at Cynthia Koepke, Cynthia.Koepke@wisconsin.gov, (608) 219-2181. The final closure letter will contain a description of the continuing obligation, any prohibitions on activities and will include any applicable maintenance plan.

If you have any questions regarding this notification, I can be reached at: (608) 212-6664 ,  
bsocha@scsengineers.com

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Date Signed 11/06/2023*Signature of responsible party/environmental consultant for the responsible party***Attachments**

See letter previously sent on October 10, 2023 for attachments.

**Contact Information****Legal Description for each Parcel:****Maps:****Maintenance plan****Factsheets:**

RR 819, Continuing Obligations for Environmental Protection

RR 671, What Landowners Should Know: Information About Using Natural Attenuation to Clean Up Contaminated Groundwater

# Notification of Continuing Obligations and Residual Contamination

Please note additional notifications yellow highlighted.

## The affected property is:

- ☐ the source property (the source of the hazardous substance discharge), but the property is not owned by the person who conducted the cleanup (a deeded property)
- ☐ a deeded property affected by contamination from the source property
- ☒ a right-of-way (ROW)
- ☐ a Department of Transportation (DOT) ROW

**Include this completed page as an attachment with all notifications provided under sections A and B.**

## Contact Information

**Responsible Party:** The person responsible for sending this form, and for conducting the environmental investigation and cleanup is:

Responsible Party Name Robert Richardson

Contact Person Last Name Richardson	First Robert	MI	Phone Number (include area code) (608) 359-3941
Address 507 Campus Street, Apt. 7	City Milton	State WI	ZIP Code 53563
E-mail			

## Name of Party Receiving Notification:

Business Name, if applicable: City of Milton

Title Ms.	Last Name Salvo	First Jenny	MI	Phone Number (include area code) (608) 868-6900
Address 710 S. Janesville Street		City Milton	State WI	ZIP Code 53563

## Site Name and Source Property Information:

Site (Activity) Name Badgerland Coop - Bob's Citgo

Address 602 W. Madison Avenue	City Milton	State WI	ZIP Code 53563
DNR ID # (BRRTS#) 03-54-000193	(DATCP) ID #		

## Contacts for Questions:

If you have any questions regarding the cleanup or about this notification, please contact the Responsible Party identified above, or contact:

**Environmental Consultant:** SCS Engineers

Contact Person Last Name Socha	First Betty	MI J	Phone Number (include area code) (608) 212-6664
Address 2830 Dairy Drive	City Madison	State WI	ZIP Code 53718
E-mail bsocha@scsengineers.com			

## Department Contact:

To review the Department's case file, or for questions on cleanups or closure requirements, contact:

Department of: Natural Resources (DNR) Office: Fitchburg

Address 3911 Fish Hatchery Road	City Fitchburg	State WI	ZIP Code 53711
Contact Person Last Name Koepke	First Cynthia	MI L	Phone Number (include area code) (608) 219-2181
E-mail (Firstname.Lastname@wisconsin.gov) Cynthia.Koepke@wisconsin.gov			

**Notification of Continuing Obligations  
and Residual Contamination****Section B: ROW Notification: Residual Contamination and/or Continuing Obligations - Non-DOT ROWs****KEEP THIS DOCUMENT WITH YOUR PROPERTY RECORDS**

710 S. Janesville Street  
Milton, WI, 53563

Dear Ms. Salvo:

I am providing this notification to inform you of the location and extent of contamination remaining in a right-of-way for which you are responsible, and of certain long-term responsibilities (continuing obligations) for which city of Milton may become responsible. I investigated a release of:

petroleum compounds

on 602 W. Madison Avenue, Milton, WI, 53563 that has shown that contamination

remains in the right-of-way for which City of Milton is responsible.

I have responded to the release, and will be requesting that the Department of Natural Resources (DNR) grant case closure. Closure means that the DNR will not be requiring any further investigation or cleanup action to be taken. However, continuing obligations may be imposed as a condition of closure approval.

**You have 30 days to comment on the proposed closure request:**

The DNR will not review my closure request for at least 30 days after the date of this letter. As an affected right-of-way holder, you have a right to contact the DNR to provide any technical information that you may have that indicates that closure should not be granted for this site. If you would like to submit any information to the DNR that is relevant to this closure request, you should mail that information to the DNR contact: 3911 Fish Hatchery Road, Fitchburg, WI, 53711, or at Cynthia.Koepke@wisconsin.gov.

**Residual Contamination:*****Soil Contamination:***

Soil contamination remains at:

At a depth of about 7 feet below ground surface (boring location B-8), approximately 5 feet into the sidewalk south of the south west corner of the existing building and former gasoline pump island at 602 W. Madison Avenue

The remaining contaminants include :

benzene, xylenes, trimethylbenzene, and naphthalene

at levels which exceed the soil standards found in ch. NR 720, Wis. Adm. Code. The following steps have been taken to address any exposure to the remaining soil contamination.

The area is capped with concrete and asphalt.

If residual soil or groundwater contamination is likely to affect water collected in a pit/trench that requires dewatering, a general permit for Discharge of Contaminated Groundwater from Remedial Action Operations may be needed. If you or any other person plan to conduct utility or building construction for which dewatering will be necessary, you or that person must contact the DNR's Water Quality Program, and if necessary, apply for the necessary discharge permit. Additional information regarding discharge permits is available at <http://dnr.wi.gov/topic/wastewater/GeneralPermits.html>.

**Continuing Obligations on the Right-of-Way (ROW) :** As part of the response actions, I am proposing that the following continuing obligations be used at the affected ROW. If my closure request is approved, you will be responsible for the following continuing obligations:



## Notification of Continuing Obligations and Residual Contamination

### **Residual Soil Contamination:**

If soil is excavated from the areas with residual contamination, the right-of-way holder at the time of excavation will be responsible for the following:

- determine if contamination is present,
  - determine whether the material would be considered solid or hazardous waste,
  - ensure that any storage, treatment or disposal is in compliance with applicable statutes and rules.
- Contaminated soil may be managed in-place, in accordance with s. NR 718, Wis. Adm. Code, with prior Department approval.

The right-of-way holder needs to be aware that excavation of the contaminated soil may pose an inhalation or other direct contact hazard and as a result special precautions may need to be taken during excavation activities to prevent a health threat to humans from ingestion, inhalation or dermal contact.

Depending on site-specific conditions, construction over contaminated soils or groundwater may result in vapor migration of contaminants into enclosed structures or migration along newly placed underground utility lines. The potential for vapor inhalation and means of mitigation should be evaluated when planning any future redevelopment, and measures should be taken to ensure the continued protection of public health, safety, welfare and the environment at the site.

### **Filling and Sealing Monitoring Wells:**

A monitoring well or wells remain in the right-of-way. If located, remaining wells need to be filled and sealed in accordance with ch. NR 141, Wis. Adm. Code. Documentation of well filling and sealing needs to be provided to the DNR on form 3300-005, at <http://dnr.wi.gov/files/pdf/forms/3300/3300-005.pdf>. A map, Figure 3, which shows the location of well # 7, is attached.

### **Well Construction Requirements:**

If this site is closed, all properties within the site boundaries where contamination remains, or where a continuing obligation is applied, will be listed on the Bureau for Remediation and Redevelopment Tracking System (BRRTS) on the Web, at <https://dnr.wi.gov/topic/Brownfields/WRRD.html>. Inclusion on this database provides public notice of remaining contamination and of any continuing obligations. Documents can be viewed on this database, and include final closure letters, site maps and any applicable maintenance plans. The location of the site may also be viewed on the Remediation and Redevelopment Sites Map (RR Sites Map), at the same internet address listed above.

DNR approval prior to well construction or reconstruction is required in accordance with s. NR 812.09 (4) (w), Wis. Adm. Code. This requirement applies to private drinking water wells and high capacity wells. Special well construction standards may be necessary to protect the well from the remaining contamination. The property owner needs to first obtain approval from a regional water supply specialist in DNR's Drinking Water and Groundwater Program. A well driller can help complete this form. The well construction application, form 3300-254, is on the internet at <https://dnr.wi.gov/files/PDF/forms/3300/3300-254.pdf>

If you have any questions regarding this notification, I can be reached at: (608) 212-6664  
bsocha@scsengineers.com

Signature of responsible party/environmental consultant for the responsible party



Date Signed

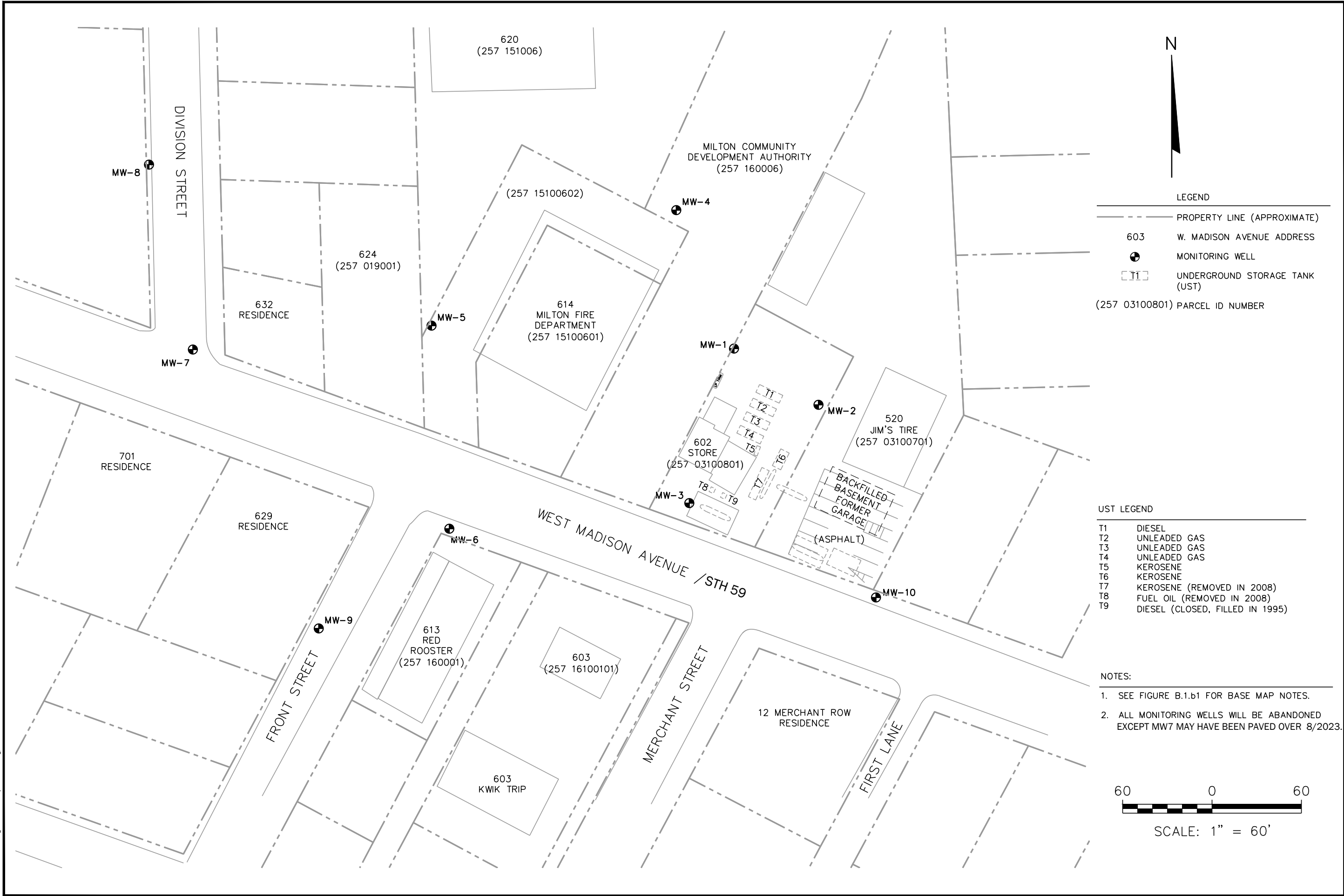
11/06/2023

### **Attachments**

**Contact Information**

**Legal Description for each Parcel:**

I:\25221172.00\Drawings\Closure Request\Wtbl.dwg, 7/13/2022 5:36:11 PM



CLIENT	MR. ROBERT RICHARDSON 507 CAMPUS STREET MILTON, WI 53563		MONITORING WELLS		FIGURE	
	PROJECT NO.	25221172.00	BOB'S CITGO 602 W. MADISON AVENUE MILTON, WISCONSIN		3	
	DRAWN:	05/13/2022	ENGINEER		SCS ENGINEERS	
DRAWN BY:		05/13/2022	KP		2830 DAIRY DRIVE MADISON, WI 53718-6751	
REVISED:		05/13/2022	BUS		PHONE: (608) 224-2830	
			APPROVED BY:			
			BUS 10/13/2023			



# Invoice

Deforest  
5945 Haase Road  
De Forest, Wisconsin  
53532  
Tel: (708) 479-6900 Fax:



Invoice	
LQ02015091	
Work Order No	Invoice Date
W2355159	11/21/2023

Bill To:

Acct #: L0478372

**SCS ENGINEERS**  
Attn: Sabrina Smith  
2830 DAIRY DRIVE  
Madison, WI  
53718

Job Site:

Site #: 000680783

**SITE**  
Attn: Sabrina Smith  
602 W Madison Ave  
Milton, WI  
53563  
Tel: (714) 906-8151 Fax:  
Email: ssmith@scsengineers.com

Comments: TASK # 00001JOB#2522117200								Credit Note Comments:							
Service Date	Service Week	Purchase Order		Rep	Driver	Zone	Route No	Payment Method	Payment Terms	Truck No	Trailer No	Time In	Time Out		
11/16/2023	46			HG - MOK	KS14			On Account	Net 30 Days	1865					
Manifest Reference Numbers		Consolidated Manifest Number			Third Party Manifest Ref. No.				Work Order Reference Numbers			Load Number			
					025248103				DW12028			W160254			
Line No	Part No	Quoted Desc				Srv Sched	Waste Class	Supply Volume	Waste Volume Removed	Qty Billed	Price Per UOM	Billing UOM	Subtotal of Service		
1	2014	Drum Liquid				0			55	1.00000	\$175.0000	Drum	\$175.00		
2	2527	Box Truck Charge				0				1.00000	\$225.0000	Flat rate	\$225.00		
3	1989	EERF								1.00000	\$0.0000	Each	\$39.80		
2% per month (24% per annum) late charge on balances over 30 days from date of invoice <div></div>								Invoice Summary							
								WI USA		\$0.00		Sub-Total		\$439.80	
												Total Tax		\$0.00	
												Total (USD)		\$439.80	

.....  
Please detach and return stub with your payment



Account Number: L0478372

Amount Due: \$439.80

Invoice Number: LQ02015091

Amount Paid:

## How to pay your bill:

Credit card, call (708)-479-6900

EFT Payments: Please send your remittance information to [GFLUSliquidar@gflenv.com](mailto:GFLUSliquidar@gflenv.com)

Cheque payable to **GFL Environmental Services USA, Inc.** along with this stub

00000000 0000000L0478372 0000 GFL48000LQ02015091 00000043980 5

Please Remit To:

GFL Environmental Services USA, Inc.  
18927 Hickory Creek Drive, Suite 200  
Mokena, Illinois 60448  
Tel: (708) 479-6900 Fax:

Email: [GFLUSliquidar@gflenv.com](mailto:GFLUSliquidar@gflenv.com)



24 HR EMERGENCY RESPONSE

(708) 479.6900

(866) 579.6900

(708) 479.6890 - fax



DW12028

DW 12028

5945 Haase Rd.

DeForest, WI 53532

Special Waste Hauler #3922

EPA # WI0000122358

WQMS5759

19701 S 97th Avenue Mokena, IL 60448

Green Today. Green For Life. | gflenr.com

Generator/Customer	Job Site
Name: SCS Engineers	Name:
Address: 2830 Dairy Dr	Address: 602 W Madison Ave
City, State, Zip: Madison WI 53718	City, State, Zip: Milton WI 53563
Contact:	Contact: Task # 0000

Manifest #

Customer PO # 25221172.00

Type of Recyclable Product/Waste	Quantity	Price Per Gal/Unit	Amount
Non-Hazardous Used Oil Halogen Level <1000 PPM <input type="checkbox"/>			
Used Anti-Freeze			
Non-Hazardous Waste Water			
Non-Hazardous/Sludge			
Service/Truck Charge	1	225	225
Demurrage Charges			
On-Spec Used Oil Delivered			
Used Oil Filter Pick-up			
Non-Hazardous Drum Pick-up	1	145	
Parts Washer - Delivery/Service			

PAID <input type="checkbox"/>	CHECK # <input type="checkbox"/>	Call office with VISA MC AMEX <input type="checkbox"/>	OFFICE TO PAY <input type="checkbox"/>
-------------------------------	----------------------------------	--	--

On Site Time	Start	End
Port to Port Time	Start	End

Scope of Work Performed: \_\_\_\_\_

Driver's Name: (printed) Kevin Schmidt Truck/Trailer # 1865 Date: 11/16/23

Generator Certification

I (generator) hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable national government regulations as a non hazardous/non PCB waste. I also hereby certify to pay all cost associated with disposal of any non disclosed hazardous/PCB waste found to be in this shipment. I certify that the waste minimization statement identified in 40 CFR 262.27 (a) (1) if I am a large quantity hazardous waste generator or (b) if I am a small quantity generator is true.

The person signing this receipt certifies that he/she is the Generator/Customer or has authorization as agent for the Generator/Customer. All work has been satisfactorily completed, and agrees to pay all charges including reasonable attorney's fees and costs incurred in collection of charges due.

Abandoned station

Customer Signature

Date

Phone



Please print or type.

Form Approved. OMB No. 2050-0039

<b>UNIFORM HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number <b>U550019999</b>		2. Page 1 of	3. Emergency Response Phone <b>800-424-9300</b>	4. Manifest Tracking Number <b>025248103 JJK</b>	
		5. Generator's Name and Mailing Address <b>SL5 Engineers 2830 Perry Dr Madison WI 53718</b>		Generator's Site Address (if different than mailing address) <b>602 W Madison Ave Milton WI 53543</b>			
Generator's Phone: <b>508 252 2172.00</b>		6. Transporter 1 Company Name <b>GFL ENVIRONMENTAL SERVICES USA INC dba FUTURE ENV-WISC</b>		U.S. EPA ID Number <b>W0000122358</b>			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address <b>708-880-0400 Facility's Phone:</b>		<b>WATER INTEGRATED TREATMENT SYSTEMS (WIT) 14753 GREENWOOD RD. DOLTON, IL 60419</b>		U.S. EPA ID Number <b>ILD043914209</b>			
<b>GENERATOR</b>	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.
				No.	Type		
		1. NON-HAZARDOUS LIQUID WASTE, NON-REGULATED BY D.O.T		1	TT	55	G
		2.					
		3.					
	4.						
14. Special Handling Instructions and Additional Information							
15. <b>GENERATOR'S/OFFEROR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offoror's Printed/Typed Name <b>Abandoned station</b>		Signature				Month	Day
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit:		Date leaving U.S.			
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name <b>Kevin Schmitt</b>		Signature <i>Kevin Schmitt</i>				Month	Day
Transporter 2 Printed/Typed Name		Signature				Month	Day
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection		Manifest Reference Number:					
18b. Alternate Facility (or Generator)		U.S. EPA ID Number					
Facility's Phone:							
18c. Signature of Alternate Facility (or Generator)						Month	Day
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.		2.		3.		4.	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name		Signature				Month	Day