

From: Ken Shimko <kshimko.meridianenv@gmail.com>
Sent: Friday, October 21, 2022 4:45 PM
To: Stoltz, Carrie R - DNR
Subject: Well Abandonment Forms - Autostop - Ladysmith
Attachments: Well Abandonment Forms - Autostop.pdf

**CAUTION: This email originated from outside the organization.
Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Carrie.

Attached are well abandonment forms for Autostop site.

Note that some wells were utilized by both Autostop and the adjacent Doug's site. I separated the wells based on the SI work.

I will email pictures of the SVE piping abandonment in subsequent email.

Kenneth Shimko, PG
Meridian Environmental Consulting, LLC
2711 North Elco Road
Fall Creek, Wisconsin 54742
(715)579-0723 (cell)
Email: kshimko.meridianenv@gmail.com

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.

Route to DNR Bureau:

☐ Drinking Water☐ Watershed/Wastewater☐ Remediation/Redevelopment☐ Waste Management☐ Other:☐ Verification Only of Fill and Seal

1. Well Location Information

County Rusk	WI Unique Well # of Removed Well	Hicap #
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
1/4 / 1/4 or Gov't Lot #	Section Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 119 W. 9th St		
Well City, Village or Town Ladysmith		Well ZIP Code 54848
Subdivision Name		Lot #

2. Facility / Owner Information

Facility Name Autotop (Former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 119 W 9th St		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service
closed site

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) 12-19-2001
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. boring log
<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.) 25	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 6	Casing Depth (ft.) 25
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 12	Depth to Water (feet) 16

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain):

Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	25	~ 1 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CM	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-16-2022	DNR Use Only	
Street or Route 2711 North Elm Rd	Telephone Number (715) 832-6608	Date Received	Noted By	
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work ATJ	
			Date Signed 10-21-2022	

Route To: Watershed/Wastewater ☐ Waste Management ☐
Remediation/Redevelopment ☐ Other ☒ Underground Storage Tanks

Page 1 of 2

Facility/Project Name LADYSMITH AUTO STOP		License/Permit/Monitoring Number		Boring Number B100/mw-100	
Boring Drilled By (Firm name and name of crew chief) Giles Engineering Associates, Inc. (B.J. and James)		Date Drilling Started 12/19/2001		Date Drilling Completed 12/19/2001	
Drilling Method HSA					
WI Unique Well No.	DNR Well ID No.	Common Well Name MW100	Final Static Water Level 1,123.4 Feet MSL	Surface Elevation 1,143.7 Feet MSL	Borehole Diameter 8.0 Inches
Boring Location or Local Grid Origin (Check if estimated: <input type="checkbox"/>) State Plane S/C/N			Local Grid Location (If applicable)		
NW 1/4 of NW 1/4 of Section 3, T 34 N, R 6 W			Lat. 45° 27' 54.0" Long. 91° 4' 33.0"		
Facility ID			County Rusk	County Code 55	Civil Town/City/ or Village Ladysmith

Sample		Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Att. & Recovered (in)								Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S101 SS	24 6	54/4	1 2 3 4	SAND (0 - 25 fbg), poorly graded, angular to subangular, some silt at 0 to 4 fbg and 16 to 20 fbg, dark brown (7.5YR 3/2 to 7.5YR 4/2), yellowish brown (10YR 5/4) at 8 to 12 fbg, dry becoming moist at 17 fbg and saturated at 20 fbg, loose to dense, moderate hydrocarbon smell from 5 to 25 fbg (SP). Member of the Copper Falls Formation. End of boring located at 25 fbg.				25		dry				
S102 SS	24 16	3 4 4 5	5 6					1511		dry				
S103 SS	24 18	4 4 6 4	7 8					1546		dry				
S104 SS	24 18	3 4 15 12	9 10 11 12					1292		dry				

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

Signature <i>Don Michalski</i>	Firm Northern Environmental Technologies 330 S. 4th Ave. Park Falls, Wis. 54552	Tel: (715) 762-1544 Fax: (715) 762-1844
-----------------------------------	--	--

This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completions of this form is mandatory. Failure to file this form may result in 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 this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.

Boring Number **B100**

Use only as an attachment to Form 4400-122.

Page 2 of 2

Sample		Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Att. & Recovered (in)								Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S105 SS	24 12	11 16 16 13	11 13 14		SP			676		dry				
S106 SS	24 13	7 11 8 6	15 16 17					1292		dry				
S107 SS	24 12	6 9 13 16	18 19					1476		moist				
S108 SS	24 5	5 11 10 13	20 21					239		sat				
S109 SS	24 12	4 6 6 5	23 24 25					119		sat				

MW-200

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

County Rusk WI Unique Well # of Removed Well _____ Hicap # _____

Latitude / Longitude (see instructions) _____ N ☐ DD ☐ GPS008
_____ W ☐ DDM ☐ SCR002
_____ OTH001

1/4 1/4 1/4 Section Township Range ☐ E
or Gov't Lot # _____ N ☐ W

Well Street Address _____

Well City, Village or Town _____ Well ZIP Code _____

Subdivision Name _____ Lot # _____

Reason for Removal from Service _____ WI Unique Well # of Replacement Well _____

Closed site

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well Original Construction Date (mm/dd/yyyy) 12-19-2001

☐ Water Well

☐ Borehole / Drillhole If a Well Construction Report is available, please attach. borings log

Construction Type: ☒ Drilled ☐ Driven (Sandpoint) ☐ Dug

☐ Other (specify): _____

Formation Type: ☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.) 27 Casing Diameter (in.) 2

Lower Drillhole Diameter (in.) 6 Casing Depth (ft.) 27

Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)? 12 Depth to Water (feet) 21

5. Material Used to Fill Well / Drillhole

bentonite chips

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

Surface 27

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CM License # _____ Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-15-2022

Street or Route 2711 North Elm Rd Telephone Number (715) 832-6608

City Fall Creek State WI ZIP Code 54742 Signature of Person Doing Work ATJ Date Signed 10-21-2022

DNR Use Only

Date Received _____ Noted By _____

Comments _____

Route To: Watershed/Wastewater ☐ Waste Management ☐
Remediation/Redevelopment ☐ Other ☒ Underground Storage Tanks

Page 1 of 2

Facility/Project Name LADYSMITH AUTO STOP		License/Permit/Monitoring Number		Boring Number B200 / MW-200	
Boring Drilled By (Firm name and name of crew chief) Giles Engineering Associates, Inc. (B.J. and James)		Date Drilling Started 12/19/2001		Date Drilling Completed 12/19/2001	
Drilling Method HSA					
WI Unique Well No.	DNR Well ID No.	Common Well Name MW200	Final Static Water Level 1,120.8 Feet MSL	Surface Elevation 1,146.3 Feet MSL	Borehole Diameter 8.0 Inches
Boring Location or Local Grid Origin (Check if estimated: <input type="checkbox"/>) State Plane S/C/N NW 1/4 of NW 1/4 of Section 3, T 34 N, R 6 W			Local Grid Location (If applicable) Lat. 45° 27' 54.0" Long. 91° 4' 33.0" Feet <input type="checkbox"/> N <input type="checkbox"/> E Feet <input type="checkbox"/> S <input type="checkbox"/> W		
Facility ID		County Rusk	County Code 55	Civil Town/City/ or Village Ladysmith	

Sample		Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments	
Number and Type	Length Att. & Recovered (in)								Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200		
				SAND (0 -27 fbg), poorly graded, angular to subangular, some silt at 0 to 4 fbg and 15 to 17 fbg, few gravel at 10 to 12 fbg, dark brown (10YR 4/3), dry becoming saturated at 22 fbg, loose to medium dense, moderate hydrocarbon odor from 15 to 27 fbg (SP). Member of the Copper Falls Formation.											
			1												
			2												
S201 SS	24 3	2 3 4 4	3					19		dry					
			4	End of boring located at 27 fbg.											
			5												
S202 SS	24 7	4 5 5 4	6					5		dry					
			7												
			8												
S203 SS	24 10	5 6 6 7	9					5		dry					
			10												
			11												
S204 SS	24 12	4 4 3 3	12					3		dry					

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

Signature <i>Dean Michael</i>	Firm Northern Environmental Technologies 330 S. 4th Ave. Park Falls, Wis. 54552	Tel: (715) 762-1544 Fax: (715) 762-1844
----------------------------------	--	--

This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completions of this form is mandatory. Failure to file this form may result in 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 this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.

Boring Number **B200**

Use only as an attachment to Form 4400-122.

Page 2 of 2

Sample		Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Att. & Recovered (in)								Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S205 SS	24 6	5 5 6 6	13		SP			3		dry				
S206 SS	24 10	7 7 11 5	15 16					213		dry				
S207 SS	24 16	10 19 14 11	18					72		dry				
S208 SS	24 18	9 15 15 9	20 21					92		dry				
S209 SS	24 16	4 8 7 8	23					162		sat				

MW-300

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

County Rusk	WI Unique Well # of Removed Well	Hicap #
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

1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
-----------------------------	---------	---------------	---

Well Street Address

119 W. 9th St

Well City, Village or Town

Ladysmith

Well ZIP Code

54848

Subdivision Name

Lot #

2. Facility / Owner Information

Facility Name

Autotop (Former)

Facility ID (FID or PWS)

License/Permit/Monitoring #

Original Well Owner

Present Well Owner

Mailing Address of Present Owner

119 W 9th St

City of Present Owner

Ladysmith

State

WI

ZIP Code

54848

Reason for Removal from Service

Closed Site

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) 12-19-2001
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. boring log

Construction Type:

<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug
<input type="checkbox"/> Other (specify): _____		

Formation Type:

<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock
--	----------------------------------

Total Well Depth From Ground Surface (ft.)

20

Casing Diameter (in.)

2

Lower Drillhole Diameter (in.)

6

Casing Depth (ft.)

20

Was well annular space grouted?

☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)?

7

Depth to Water (feet)

14

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

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Required Method of Placing Sealing Material

<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____

Sealing Materials

<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	~ 1/2 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CM	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-16-2022	DNR Use Only	
Street or Route 2711 North Elm Rd	Telephone Number (715) 832-6608	Date Received		
City Fall Creek	State WI	ZIP Code 54742	Noted By	
Signature of Person Doing Work ATJ			Date Signed 10-21-2022	

Route To: Watershed/Wastewater ☐ Waste Management ☐
Remediation/Redevelopment ☐ Other ☒ Underground Storage Tanks

Page 1 of 2

Facility/Project Name LADYSMITH AUTO STOP		License/Permit/Monitoring Number		Boring Number B300/mw-300	
Boring Drilled By (Firm name and name of crew chief) Giles Engineering Associates, Inc. (B.J. and James)		Date Drilling Started 12/19/2001		Date Drilling Completed 12/19/2001	
Drilling Method HSA					
WI Unique Well No.	DNR Well ID No. MW300	Common Well Name	Final Static Water Level 1,130.1 Feet MSL	Surface Elevation 1,142.7 Feet MSL	Borehole Diameter 8.0 Inches
Boring Location or Local Grid Origin (Check if estimated: <input type="checkbox"/>) State Plane S/C/N			Local Grid Location (If applicable)		
NW 1/4 of NW 1/4 of Section 3, T 34 N, R 6 W			Lat. 45° 27' 54.0" Long. 91° 4' 33.0"		
Facility ID			County Rusk	County Code 55	Civil Town/City/ or Village Ladysmith

Sample		Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Att. & Recovered (in)								Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
			1	SILTY GRAVEL (0 - 10 fbg), well graded, fine to coarse gravel with some angular fine sand, very dark brown (10YR 2/2), dry becoming moist at 9 fbg, medium dense (GM).	GM			70		dry				
S301	24	5	2											
SS	14	8	3											
		7	4											
			5											
S302	24	8	5					21		dry				
SS	12	15	6											
		7	7											
		8	8											
			9											
			10											
S303	24	2	8					27		dry				
SS	10	2	9											
		2	10											
		2	11											
		2	12											
S304	24	1	10	PEAT (10 - 12 fbg), high organic content, humis with some silt, black (10YR 2/1), very soft, moist, moderate hydrocarbon odor (PT).	PT			25		dry				
SS	10	1	11											
		2	12											
		1	13											

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

Signature <i>Ann Michalski</i>	Firm Northern Environmental Technologies 330 S. 4th Ave. Park Falls, Wis. 54552	Tel: (715) 762-1544 Fax: (715) 762-1844
-----------------------------------	--	--

This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completions of this form is mandatory. Failure to file this form may result in 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 this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.

Boring Number **B300**

Use only as an attachment to Form 4400-122.

Page 2 of 2

Sample		Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Att. & Recovered (in)								Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S305 SS	24 8	2 3 3 2	13	CLAY (12 - 20 fbg), low to medium plasticity, some fine to medium sand increasing with depth, reduced gray (10YR 4/1), firm, moist becoming saturated at 13 fbg (CL). Member of the Copper Falls Formation.				29		sat				
S306 SS	24 12	4 5 4 4	15 16	End of boring located at 20 fbg.	CL			27		sat				
S307 SS	24 14	5 4 6 6	18 19 20					49		sat				

MW-400

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

County Rusk WI Unique Well # of Removed Well _____ Hicap # _____

Latitude / Longitude (see instructions) _____ N ☐ DD ☐ GPS008
_____ W ☐ DDM ☐ SCR002
_____ ☐ OTH001

1/4 1/4 _____ 1/4 _____ Section _____ Township _____ Range ☐ E
or Gov't Lot # _____ N ☐ W

Well Street Address 119 W. 9th St

Well City, Village or Town Ladysmith Well ZIP Code 54848

Subdivision Name _____ Lot # _____

Reason for Removal from Service Closed Site WI Unique Well # of Replacement Well _____

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well Original Construction Date (mm/dd/yyyy) 12-19-2001
☐ Water Well
☐ Borehole / Drillhole If a Well Construction Report is available, please attach. bearing log

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.) 30 Casing Diameter (in.) 2

Lower Drillhole Diameter (in.) 8 Casing Depth (ft.) 30

Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)? 15 Depth to Water (feet) 21

5. Material Used to Fill Well / Drillhole

bentonite chips

2. Facility / Owner Information

Facility Name Autotop (Former)

Facility ID (FID or PWS) _____

License/Permit/Monitoring # _____

Original Well Owner _____

Present Well Owner _____

Mailing Address of Present Owner 119 W 9th St

City of Present Owner Ladysmith State WI ZIP Code 54848

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

Pump and piping removed? ☐ Yes ☐ No ☐ N/A

Liner(s) removed? ☐ Yes ☐ No ☐ N/A

Liner(s) perforated? ☐ Yes ☐ No ☐ N/A

Screen removed? ☐ Yes ☐ No ☐ N/A

Casing left in place? ☐ Yes ☐ No ☐ N/A

Was casing cut off below surface? ☐ Yes ☐ No ☐ N/A

Did sealing material rise to surface? ☐ Yes ☐ No ☐ N/A

Did material settle after 24 hours? ☐ Yes ☐ No ☐ N/A

If yes, was hole retopped? ☐ Yes ☐ No ☐ N/A

If bentonite chips were used, were they hydrated with water from a known safe source? ☐ Yes ☐ No ☐ N/A

Required Method of Placing Sealing Material

☐ Conductor Pipe-Gravity ☐ Conductor Pipe-Pumped

☐ Screened & Poured (Bentonite Chips) ☐ Other (Explain): _____

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

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CM License # _____ Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-16-2022

Street or Route 2711 North Elmo Rd Telephone Number (715) 832-6608

City Fall Creek State WI ZIP Code 54742 Signature of Person Doing Work ATJ Date Signed 10-21-2022

DNR Use Only

Date Received _____ Noted By _____

Comments _____

Page 2 of 2

Sample		Blow Counts	Depth In Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
Number and Type	Length Att. & Recovered (in)								Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
S406 SS	24 12	7 11 11 9	13	SILTY SAND (12 - 30 fbg), poorly graded, brown (7.5YR 5/2), dry becoming moist at 18 fbg and saturated at 22 fbg, few clay at 20 to 22 fbg, medium dense to dense, moderate hydrocarbon odor at 18 fbg (ML). Free product present at approximately 22 fbg. Member of the Copper Falls Formation.	ML			21		dry				
S407 SS	24 20	10 14 11 36	15					82		dry				
			16											
S408 SS	24 18	11 11 14 13	18					194		moist				
			19											
S409 SS	24 12	6 6 7 8	20					29		sat				
			21											
			22											
S410 SS	24 4	8 10 12 17	23					11		sat				
			24											
			25											
			26											
			27											
			28											
			29											
			30											

MW-500

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

County Rusk	WI Unique Well # of Removed Well	Hicap #
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
1/4 / 1/4 or Gov't Lot #	Section Township Range N	E W
Well Street Address 119 W. 9th St		
Well City, Village or Town Ladysmith		Well ZIP Code 54848
Subdivision Name		Lot #

2. Facility / Owner Information

Facility Name Autotop (Former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 119 W 9th St		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

closed site

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) 4-7-2002
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
<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.) 20	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 20
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 10

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole

bentonite chips	From (ft.) Surface	To (ft.) 20	No. Yards, Sacks Sealant or Volume (circle one) ~ 1/2 bag	Mix Ratio or Mud Weight
------------------------	-----------------------	-----------------------	---	-------------------------

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CM	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-16-2022	DNR Use Only	
Street or Route 27th North Elm Rd	Telephone Number (715) 832-6608	Date Received	Noted By	
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work ATJ	
			Date Signed 10-21-2022	

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

Facility/Project Name	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 500
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Lat. _____ Long. _____ or _____	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>4</u> / <u>7</u> / <u>002</u> m m d d y y y y	
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm DAVID MARKER	
Well Code <u>11</u> / mw	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	GILES ENGINEERING ASSOC. INC.
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>		

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: 8 in. b. Length: 1 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: EXPANDABLE CAP
D. Surface seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input checked="" 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 type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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. <u>250</u> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	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"/>
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	7. Fine sand material: Manufacturer, product name & mesh size a. 45-55 RED FLINT AMERICAN MATERIALS b. Volume added <u>50</u>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. 30 RED FLINT AMERICAN MATERIALS b. Volume added <u>300</u>
17. Source of water (attach analysis, if required): _____	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"/>
E. Bentonite seal, top _____ ft. MSL or <u>1</u> ft.	10. Screen material: PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or <u>7</u> ft.	b. Manufacturer <u>DIEDRICH</u>
G. Filter pack, top _____ ft. MSL or <u>8</u> ft.	c. Slot size: _____ in.
H. Screen joint, top _____ ft. MSL or <u>10</u> ft.	d. Slotted length: <u>10</u> ft.
I. Well bottom _____ ft. MSL or <u>20</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or <u>20</u> ft.	
K. Borehole, bottom _____ ft. MSL or <u>20</u> ft.	
L. Borehole, diameter <u>8</u> in.	
M. O.D. well casing <u>2.35</u> in.	
N. I.D. well casing <u>2</u> in.	

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

Signature

Firm

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

County Rusk	WI Unique Well # of Removed Well	Hicap #
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
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address 119 W. 9th St	Well ZIP Code 54848	Lot #
Well City, Village or Town Ladysmith	Subdivision Name	

2. Facility / Owner Information

Facility Name Autotop (Former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 119 W 9th St		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service
Closed site

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) 4-7-2002
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
<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.) 21	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 21
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 8	Depth to Water (feet) 14

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> 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

5. Material Used to Fill Well / Drillhole

Material bentonite chips	From (ft.) Surface	To (ft.) 21	No. Yards, Sacks Sealant or Volume (circle one) ~ 1/2 bag	Mix Ratio or Mud Weight
------------------------------------	-----------------------	-----------------------	---	-------------------------

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CM	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-16-2002	Date Received	Noted By
Street or Route 2711 North Elm Rd	Telephone Number (715) 832-6608	Comments		
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work ATJ	Date Signed 10-21-2002

LS04-

State of Wisconsin
Department of Natural Resources

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

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW600
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. " Long. " or "	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed 4/ / 7/ / 002
Type of Well Well Code 11 / mw	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm DAVID MARKER
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	GILES ENGINEERING ASSOC. INC.

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:	
C. Land surface elevation	ft. MSL	a. Inside diameter:	8 in.
D. Surface seal, bottom	ft. MSL or ft.	b. Length:	1 ft.
12. USCS classification of soil near screen:		c. Material:	Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
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 type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		d. Additional protection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13. Sieve analysis performed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe: EXPANDABLE CAP	
14. Drilling method used:	Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	3. Surface seal:	Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input checked="" 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		4. Material between well casing and protective pipe:	Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
16. Drilling additives used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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. 250 volume added for any of the above
Describe:		f. How installed:	Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
17. Source of water (attach analysis, if required):		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"/>
E. Bentonite seal, top	ft. MSL or 1 ft.	7. Fine sand material: Manufacturer, product name & mesh size	a. 45-55 RED FLINT AMERICAN MATERIALS b. Volume added 50
F. Fine sand, top	ft. MSL or 8 ft.	8. Filter pack material: Manufacturer, product name & mesh size	a. 30 RED FLINT AMERICAN MATERIALS b. Volume added 300
G. Filter pack, top	ft. MSL or 9 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"/>
H. Screen joint, top	ft. MSL or 11 ft.	10. Screen material: PVC	a. Screen type:
I. Well bottom	ft. MSL or 21 ft.		Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
J. Filter pack, bottom	ft. MSL or 21 ft.	b. Manufacturer DIEDRICH	
K. Borehole, bottom	ft. MSL or 21 ft.	c. Slot size:	in.
L. Borehole, diameter	8 in.	d. Slotted length:	10 ft.
M. O.D. well casing	2.35 in.	11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
N. I.D. well casing	2 in.		

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

Signature *Amity Kufelt*

Firm *Giles Engineering*

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.

MW-700

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.

Route to DNR Bureau:

☐ Drinking Water☐ Watershed/Wastewater☐ Remediation/Redevelopment☐ Waste Management☐ Other: _____☐ Verification Only of Fill and Seal

1. Well Location Information

County Rusk	WI Unique Well # of Removed Well	Hicap #
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
1/4 / 1/4 or Gov't Lot #	Section Township Range N E W	
Well Street Address 119 W. 9th St		
Well City, Village or Town Ladysmith		Well ZIP Code 54848
Subdivision Name		Lot #

2. Facility / Owner Information

Facility Name Autotop (Former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 119 W 9th St		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

Closed site

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) 4-7-2002
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
<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.) 23	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 23
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 10	Depth to Water (feet) 17.5

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> 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

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	23	~ 2/3 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. GNY	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-16-2022	DNR Use Only	
Street or Route 2711 North Elm Rd	Telephone Number (715) 832-6608	Date Received		
City Fall Creek	State WI	ZIP Code 54742	Noted By	
Signature of Person Doing Work ATJ			Date Signed 10-21-2022	

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

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name	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 700
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or _____	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 4/7/002
Type of Well Well Code 11 / mw	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm DAVID MARKER
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	GILES ENGINEERING ASSOC. INC.

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: 8 in. b. Length: 1 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: EXPANDABLE CAP
D. Surface seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input checked="" 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 type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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. 300 lbs volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	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"/>
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	7. Fine sand material: Manufacturer, product name & mesh size a. 45-55 RED FLINT AMERICAN MATERIALS b. Volume added 50 lbs
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Filter pack material: Manufacturer, product name & mesh size a. 30 RED FLINT AMERICAN MATERIALS b. Volume added 300 lbs
Describe _____	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"/>
17. Source of water (attach analysis, if required): _____	10. Screen material: PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 1 ft.	b. Manufacturer DIEDRICH c. Slot size: _____ in. d. Slotted length: 10 ft.
F. Fine sand, top _____ ft. MSL or 10 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 11 ft.	
H. Screen joint, top _____ ft. MSL or 13 ft.	
I. Well bottom _____ ft. MSL or 23 ft.	
J. Filter pack, bottom _____ ft. MSL or 23 ft.	
K. Borehole, bottom _____ ft. MSL or 23 ft.	
L. Borehole, diameter 8 in.	
M. O.D. well casing 2.35 in.	
N. I.D. well casing 2 in.	

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

Signature Timothy A. Gable Firm Giles Engineering

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.

NW-700A

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.

Route to DNR Bureau:

☐ Drinking Water☐ Watershed/Wastewater☐ Remediation/Redevelopment☐ Waste Management☐ Other: _____☐ Verification Only of Fill and Seal

1. Well Location Information

County Rusk	WI Unique Well # of Removed Well	Hicap #
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
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address 119 W. 9th St	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ladysmith	Well ZIP Code 54848	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Autotop (Former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 119 W 9th St		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

WI Unique Well # of Replacement Well

Closed site

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 11-29-2011
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>

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.)

49.5

Casing Diameter (in.)

2

Lower Drillhole Diameter (in.)

8

Casing Depth (ft.)

49.5

Was well annular space grouted?

☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)?

40

Depth to Water (feet)

20

5. Material Used to Fill Well / Drillhole

bentonite chips

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Required Method of Placing Sealing Material

<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____

Sealing Materials

<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<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

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Gty	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-16-2022	DNR Use Only	
Street or Route 2711 North Elm Rd	Telephone Number (715) 832-6608	Date Received	Noted By	
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work ATJ	
Date Signed 10-21-2022			Comments	

Facility/Project Name SSG Autostop - Ladysmith, WI	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 MW-700-A
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or St. Plane ft. N. ft. E.	Wis. Unique Well Number DNR Well Number
Type of Well Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input checked="" type="checkbox"/> 12	Section Location of Waste/Source <input type="checkbox"/> E. NW 1/4 of NW of Sec. 3, T 34 N, R. 6 <input checked="" type="checkbox"/> W.	Date Well Installed 11-29-11
Distance Well Is From Waste/Source Boundary 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	Well Installed By: (Person's Name and Firm) Eric Madsen Midwest Engineering Services, Inc.
Is Well A Point of Enforcement Std. Applic.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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: 8.0 in. b. Length: 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 0.4 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 1.0 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 3.0 Concrete <input checked="" type="checkbox"/> 0.1 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 type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 3.0 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input type="checkbox"/> 3.3 b. _____ Lbs/gal mud wt. Bentonite-sand slurry <input type="checkbox"/> 3.5 c. _____ Lbs/gal mud weight Bentonite slurry <input checked="" type="checkbox"/> 3.1 d. _____ % Bentonite Bentonite-cement grout <input type="checkbox"/> 5.0 e. 12.9 Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 5.0 Hollow Stem Auger <input checked="" type="checkbox"/> 4.1 Other <input type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 0.1 Tremie pumped <input checked="" type="checkbox"/> 0.2 Gravity <input type="checkbox"/> 0.8
15. Drilling fluid used: Water <input type="checkbox"/> 0.2 Air <input type="checkbox"/> 0.1 Drilling Mud <input type="checkbox"/> 0.3 None <input checked="" type="checkbox"/> 9.9	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3.3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 1/2 in. <input checked="" type="checkbox"/> 3/8 in. Bentonite pellets <input checked="" type="checkbox"/> 3.2 c. Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	7. Fine sand material: a. Red Flint No. 45-55 b. Volume added 0.7 ft ³
17. Source of water (attach analysis): _____	8. Filter pack material: a. Red Flint No. 40 RFWS - 34 b. Volume added 2.8 ft ³
E. Bentonite seal, top _____ ft. MSL or 1.0 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2.3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2.4 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or 40.5 ft.	10. Screen material: Sch. 40 PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 1.1 Continuous slot <input type="checkbox"/> 0.1 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 42.5 ft.	b. Manufacturer Diedrich Drill
H. Screen joint, top _____ ft. MSL or 44.5 ft.	c. Slot size: 0.010 in.
I. Well bottom _____ ft. MSL or 49.5 ft.	d. Slotted length: 5.0 ft.
J. Filter pack, bottom _____ ft. MSL or 51.0 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 1.4 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 51.0 ft.	
L. Borehole, diameter 8.0 in.	
M. O.D. well casing 2.48 in.	
N. I.D. well casing 2.07 in.	

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

Signature [Signature] Firm **MIDWEST ENGINEERING SERVICES, INC.**

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where the completed form should be sent.

MW-700B

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

County Rusk	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) N <input type="checkbox"/> DD <input type="checkbox"/> GPS008 W <input type="checkbox"/> DDM <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Format Code	Method Code
1/4 1/4 or Gov't Lot #	Section	Township
Well Street Address 119 W. 9th St	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ladysmith	Well ZIP Code 54848	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Autotop (Former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 119 W 9th St		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

Closed site

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) 11-29-2011
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
<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:

☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.) Casing Diameter (in.)

65.5 **2**

Lower Drillhole Diameter (in.) Casing Depth (ft.)

8 **65.5**Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)?

55

Depth to Water (feet)

20

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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

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	65.5		
bentonite slurry grout			

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. G M	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-3-2022	DNR Use Only	
Street or Route 2711 North Elm 12d	Telephone Number (715) 832-6608	Date Received		Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work ATJ	
			Date Signed 10-21-2022	

MW-800

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

County Rusk WI Unique Well # of Removed Well _____ Hicap # _____

Latitude / Longitude (see instructions) _____ N ☐ DD ☐ GPS008
_____ W ☐ DDM ☐ SCR002
_____ ☐ OTH001

1/4 / 1/4 _____ Section _____ Township _____ Range ☐ E
or Gov't Lot # _____ N ☐ W

Well Street Address 119 W. 9th St

Well City, Village or Town Ladysmith Well ZIP Code 54848

Subdivision Name _____ Lot # _____

Reason for Removal from Service Closed site WI Unique Well # of Replacement Well _____

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well Original Construction Date (mm/dd/yyyy) 4-7-2002
☐ Water Well
☐ Borehole / Drillhole 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.) 27 Casing Diameter (in.) 2

Lower Drillhole Diameter (in.) 8 Casing Depth (ft.) 27

Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)? 14 Depth to Water (feet) 24

5. Material Used to Fill Well / Drillhole

bentonite chips

2. Facility / Owner Information

Facility Name Autotop (Former)
Facility ID (FID or PWS) _____

License/Permit/Monitoring # _____

Original Well Owner _____

Present Well Owner _____

Mailing Address of Present Owner 119 W 9th St

City of Present Owner Ladysmith State WI ZIP Code 54848

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

Pump and piping removed? ☐ Yes ☐ No ☐ N/A
Liner(s) removed? ☐ Yes ☐ No ☐ N/A
Liner(s) perforated? ☐ Yes ☐ No ☐ N/A
Screen removed? ☐ Yes ☐ No ☐ N/A
Casing left in place? ☐ Yes ☐ No ☐ N/A

Was casing cut off below surface? ☐ Yes ☐ No ☐ N/A
Did sealing material rise to surface? ☐ Yes ☐ No ☐ N/A
Did material settle after 24 hours? ☐ Yes ☐ No ☐ N/A
If yes, was hole retopped? ☐ Yes ☐ No ☐ N/A
If bentonite chips were used, were they hydrated with water from a known safe source? ☐ Yes ☐ No ☐ N/A

Required Method of Placing Sealing Material

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

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

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Gty License # _____ Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-15-2022
Street or Route 27th North Elm Rd Telephone Number (715) 832-6608
City Fall Creek State WI ZIP Code 54742 Signature of Person Doing Work ATJ Date Signed 10-21-2022

DNR Use Only

Date Received _____ Noted By _____
Comments _____

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

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name	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 800
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. " Long. " or " or "	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed 4/7/00
Type of Well	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm DAVID MARKER
Well Code 11 / mw	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	GILES ENGINEERING ASSOC. INC.
Distance from Waste/Source ft.	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:	
C. Land surface elevation	ft. MSL	a. Inside diameter:	8 in.
D. Surface seal, bottom	ft. MSL or ft.	b. Length:	1 ft.
12. USCS classification of soil near screen:		c. Material:	Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
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 type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		d. Additional protection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13. Sieve analysis performed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe: EXPANDABLE CAP	
14. Drilling method used:	Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	3. Surface seal:	Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input checked="" 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		4. Material between well casing and protective pipe:	Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
16. Drilling additives used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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. 750 volume added for any of the above
17. Source of water (attach analysis, if required):		f. How installed:	Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
E. Bentonite seal, top	ft. MSL or 1 ft.	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"/>
F. Fine sand, top	ft. MSL or 14 ft.	7. Fine sand material: Manufacturer, product name & mesh size	45-55 RED FLINT AMERICAN MATERIALS
G. Filter pack, top	ft. MSL or 15 ft.	b. Volume added	50
H. Screen joint, top	ft. MSL or 17 ft.	8. Filter pack material: Manufacturer, product name & mesh size	30 RED FLINT AMERICAN MATERIALS
I. Well bottom	ft. MSL or 27 ft.	b. Volume added	300
J. Filter pack, bottom	ft. MSL or 27 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"/>
K. Borehole, bottom	ft. MSL or 27 ft.	10. Screen material: PVC	
L. Borehole, diameter	8 in.	a. Screen type:	Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
M. O.D. well casing	2.35 in.	b. Manufacturer	DIEDRICH
N. I.D. well casing	2 in.	c. Slot size:	in.
		d. Slotted length:	10 ft.
		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

Firm

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.

MW-900

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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.

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

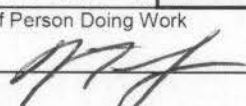
1. Well Location Information				2. Facility / Owner Information			
County Rusk		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name former Autostop	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) _____	
1/4 / 1/4 or Gov't Lot #		Section		Township N		License/Permit/Monitoring # _____	
Well Street Address 19 west 9th St.		Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner _____		Present Well Owner _____	
Well City, Village or Town Ladysmith		Well ZIP Code 54848		Mailing Address of Present Owner _____		City of Present Owner Ladysmith	
Subdivision Name _____		Lot # _____		State WI		ZIP Code 54848	

Reason for Removal from Service New construction	WI Unique Well # of Replacement Well _____
--	---

3. Filled & Sealed 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) 10/15/2002	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) 37		Casing Diameter (in.) 2	
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 37	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? 19		Depth to Water (feet) 25	

4. Pump, Liner, Screen, Casing & Sealing Material			
Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If bentonite chips were used, were they hydrated with water from a known safe source? <input 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 type="checkbox"/> Other (Explain): _____			
Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <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.) Surface	To (ft.) 37	No. Yards, Sacks Sealant or Volume (circle one) 1 1/2	Mix Ratio or Mud Weight _____
bentonite chips			

6. Comments			
7. Supervision of Work			
Name of Person or Firm Doing Filling & Sealing Meridian Env. Co. Inc.		License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9/27/18
Street or Route 2711 N. Elcoro		Telephone Number (715) 832-6608	Date Received _____
City Fall Creek		State WI	ZIP Code 54742
Signature of Person Doing Work 		Date Signed 9-27-18	

Facility/Project Name LADYSMITH AUTO STOP	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-900
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. " Long. " or	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed 10 / 15 / 2002 m m d d y y y y
Type of Well Well Code 11 / mw	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N. R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm JONES BEAUFORD
Distance from Waste/Source ft. <input type="checkbox"/> 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	Gov. Lot Number
		GILES ENGINEERING ASSOC. INC.

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:	
C. Land surface elevation	ft. MSL	a. Inside diameter:	8 in.
D. Surface seal, bottom	ft. MSL or ft.	b. Length:	1 ft.
12. USCS classification of soil near screen:		c. Material:	Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
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 type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		d. Additional protection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13. Sieve analysis performed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe: EXPANDABLE CAP	
14. Drilling method used:	Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	3. Surface seal:	Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input checked="" 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		4. Material between well casing and protective pipe:	Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
16. Drilling additives used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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. 400 volume added for any of the above
Describe		f. How installed:	Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
17. Source of water (attach analysis, if required):		6. Bentonite seal:	a. Bentonite granules <input type="checkbox"/> 33 b. 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"/>
E. Bentonite seal, top	ft. MSL or 1 ft.	7. Fine sand material: Manufacturer, product name & mesh size	a. 45-55 RED FLINT b. Volume added 50
F. Fine sand, top	ft. MSL or 19 ft.	8. Filter pack material: Manufacturer, product name & mesh size	a. 30 RED FLINT AMERICAN MATERIALS b. Volume added 550
G. Filter pack, top	ft. MSL or 20 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"/>
H. Screen joint, top	ft. MSL or 22 ft.	10. Screen material: PVC	a. Screen type:
I. Well bottom	ft. MSL or 37 ft.		Factory cut <input type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input checked="" type="checkbox"/>
J. Filter pack, bottom	ft. MSL or 37 ft.	b. Manufacturer	TIMCO
K. Borehole, bottom	ft. MSL or 37 ft.	c. Slot size:	in.
L. Borehole, diameter	8.25 in.	d. Slotted length:	15 ft.
M. O.D. well casing	2.35 in.	11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
N. I.D. well casing	2 in.		

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

Signature

Firm

GILES ENGINEERING ASSOC. INC.

MW-1000

Well / Drillhole / Borehole Filling & Sealing Report

Form 3305-005 (R 4/2015)

Page 1 of 2

Notice: Completion of this report is required by chs. 160, 281, 283, 285, 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 Rusk	WI Unique Well # of Removed Well	Hicap #	Facility Name Autostop (former)
Latitude / Longitude (see instructions) N <input type="checkbox"/> DD <input type="checkbox"/> GPS008 W <input type="checkbox"/> DDM <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Format Code	Method Code	Facility ID (FID or PWS)
1/4 1/4 1/4 or Gov't Lot #	Section	Township	License/Permit/Monitoring #
Well Street Address 19 West 9th St	Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner
Well City, Village or Town Ladysmith	Well ZIP Code 54848		Present Well Owner
Subdivision Name	Lot #		Mailing Address of Present Owner 19 W. 9th St
			City of Present Owner Ladysmith
			State WI
			ZIP Code 54848

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

Reason for Removal from Service Develop Lot	WI Unique Well # of Replacement Well	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 10-15-02	Liner(s) 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. <input checked="" type="checkbox"/>	Liner(s) perforated?	<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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 15	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	
If yes, to what depth (feet)? 3	Depth to Water (feet) 10	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
		Sealing Materials	
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	1/2 bag	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Meridian Env. City	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 6-29-2020	Date Received	Noted By
Street or Route 2711 W. Elco Rd	Telephone Number 715 832-6608	Comments		
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	Date Signed 6-30-2020

Facility/Project Name LADYSMITH AUTO STOP	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-1000
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>10</u> / <u>15</u> / <u>2002</u>
Type of Well Well Code <u>11</u> / mw	Section Location of Waste/Source 1/4 of 1/4 of Sec. _____ T. _____ N. R. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: Name (first, last) and Firm JONES BEAUFORD
Distance from Waste/Source _____ ft. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source <input type="checkbox"/> Upgradient <input type="checkbox"/> Sidegradient <input type="checkbox"/> Downgradient <input type="checkbox"/> Not Known	GILES ENGINEERING ASSOC. INC.

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: 8 in.
C. Land surface elevation _____ ft. MSL	b. Length: 1 ft.
D. Surface seal, bottom _____ ft. MSL or _____ ft.	c. Material: Steel <input checked="" type="checkbox"/> 0.4 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 type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: EXPANDABLE CAP
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Surface seal: Bentonite <input type="checkbox"/> 3.0 Concrete <input type="checkbox"/> 0.1 Other <input checked="" type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 5.0 Hollow Stem Auger <input checked="" type="checkbox"/> 4.1 Other <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 3.0 Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 0.2 Air <input type="checkbox"/> 0.1 Drilling Mud <input type="checkbox"/> 0.3 None <input checked="" type="checkbox"/> 9.9	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 3.3 b. _____ Lbs/gal mud weight _____ Bentonite-sand slurry <input type="checkbox"/> 3.5 c. _____ Lbs/gal mud weight _____ Bentonite slurry <input type="checkbox"/> 3.1 d. _____ % Bentonite _____ Bentonite-cement grout <input type="checkbox"/> 5.0 e. 150 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"/> 0.1 Tremie pumped <input type="checkbox"/> 0.2 Gravity <input type="checkbox"/> 0.8
Describe _____	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3.3 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"/> 3.2 c. _____ Other <input type="checkbox"/>
17. Source of water (attach analysis, if required):	7. Fine sand material: Manufacturer, product name & mesh size a. 45-55 RED FLINT
E. Bentonite seal, top _____ ft. MSL or _____ ft.	b. Volume added 50
F. Fine sand, top _____ ft. MSL or _____ ft.	8. Filter pack material: Manufacturer, product name & mesh size a. 30 RED FLINT AMERICAN MATERIALS
G. Filter pack, top _____ ft. MSL or _____ ft.	b. Volume added 400
H. Screen joint, top _____ ft. MSL or _____ ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2.3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2.4 Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or _____ ft.	10. Screen material: PVC
J. Filter pack, bottom _____ ft. MSL or _____ ft.	a. Screen type: Factory cut <input type="checkbox"/> 1.1 Continuous slot <input type="checkbox"/> 0.1 Other <input checked="" type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or _____ ft.	b. Manufacturer TIMCO
L. Borehole, diameter 8.25 in.	c. Slot size: _____ in.
M. O.D. well casing 2.35 in.	d. Slotted length: 10 ft.
N. I.D. well casing 2 in.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1.4 Other <input type="checkbox"/>

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

Signature Timothy R. Smith

Firm GILES ENGINEERING ASSOC. INC.

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.

MW-1100

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-905 (R.4/2015)

Page 1 of 3

Notice: Completion of this report is required by chs. 160, 281, 283, 285, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code, in accordance with chs. 281, 285, 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

County: **Rusk** WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): _____ N ☐ DD ☐ GPS008
_____ W ☐ DDM ☐ SCR002
_____ ☐ OTH001

1/4 / 1/4 _____ Section _____ Township _____ Range ☐ E
or Gov't Lot # _____ ☐ W

Well Street Address: **19 West 9th St**

Well City, Village or Town: **Ladysmith** Well ZIP Code: **54848**

Subdivision Name: _____ Lot #: _____

Reason for Removal from Service: **Develop Lot** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well Original Construction Date (mm/dd/yyyy): **10-15-02**
☐ Water Well
☐ Borehole / Drillhole 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.): **15** Casing Diameter (in.): **2**

Lower Drillhole Diameter (in.): **8** Casing Depth (ft.): **15**

Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)? **3** Depth to Water (feet): **10**

2. Facility / Owner Information

Facility Name: **Autostop (former)**

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: **19 W. 9th St**

City of Present Owner: **Ladysmith** State: **WI** ZIP Code: **54848**

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

Pump and piping removed? ☐ Yes ☐ No ☒ N/A
Liner(s) removed? ☐ Yes ☐ No ☒ N/A
Liner(s) perforated? ☐ Yes ☐ No ☒ N/A
Screen removed? ☐ Yes ☐ No ☒ N/A
Casing left in place? ☐ Yes ☐ No ☒ N/A
Was casing cut off below surface? ☐ Yes ☐ No ☒ N/A
Did sealing material rise to surface? ☐ Yes ☐ No ☒ N/A
Did material settle after 24 hours? ☐ Yes ☐ No ☒ N/A
If yes, was hole retopped? ☐ Yes ☐ No ☒ N/A
If bentonite chips were used, were they hydrated with water from a known safe source? ☐ Yes ☐ No ☒ N/A

Required Method of Placing Sealing Material

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

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

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	15	1 1/2 bag	

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	
Meridian Env. City		6-29-2020	Date Received	Noted By

Street or Route	Telephone Number	Comments
2711 W. Elco Rd	(715) 832-6608	

City	State	ZIP Code	Signature of Person Doing Work	Date Signed
Fall Creek	WI	54742	[Signature]	6-30-2020

Route to: Watershed/Wastewater ☐ Waste Management: [X]
Remediation/Redevelopment ☐ Other ☐

Facility/Project Name LADYSMITH AUTO STOP	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-1100
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or _____	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>10 / 15 / 2002</u>
Type of Well Well Code <u>11 / mw</u>	Section Location of Waste/Source 1/4 of 1/4 of Sec. _____ T. _____ N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm JONES BEAUFORD
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
Enf. Stds. Apply <input type="checkbox"/>		GILES ENGINEERING ASSOC. INC.

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 type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: EXPANDABLE CAP
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input checked="" 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. _____ 150 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 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 45-55 RED FLINT
E. Bentonite seal, top _____ ft. MSL or _____ ft.	b. Volume added _____ 50
F. Fine sand, top _____ ft. MSL or _____ ft.	8. Filter pack material: Manufacturer, product name & mesh size 30 RED FLINT AMERICAN MATERIALS
G. Filter pack, top _____ ft. MSL or _____ ft.	b. Volume added _____ 400
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: PVC
J. Filter pack, bottom _____ ft. MSL or _____ ft.	a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input checked="" type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or _____ ft.	b. Manufacturer TIMCO
L. Borehole, diameter _____ 8.25 in.	c. Slot size: _____ in.
M. O.D. well casing _____ 2.35 in.	d. Slotted length: _____ 10 ft.
N. I.D. well casing _____ 2 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 Amity R. Fisher

Firm GILES ENGINEERING ASSOC. INC.

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.

MW-8A

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.

Route to DNR Bureau:

☐ Drinking Water☐ Watershed/Wastewater☐ Remediation/Redevelopment☐ Waste Management☐ Other: _____☐ Verification Only of Fill and Seal

1. Well Location Information

County Rusk	WI Unique Well # of Removed Well	Hicap #
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
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address 119 W. 9th St	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ladysmith	Well ZIP Code 54848	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Autotop (Former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 119 W 9th St		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

WI Unique Well # of Replacement Well

closed site

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 9-19-2019
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
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.) 30	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 30
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 12	Depth to Water (feet) 26

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	

Sealing Materials

<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<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 bentonite chips	From (ft.) Surface	To (ft.) 30	No. Yards, Sacks Sealant or Volume (circle one) ~ 1 bag	Mix Ratio or Mud Weight
------------------------------------	-----------------------	-----------------------	--	----------------------------

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. GNY	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-19-2022	DNR Use Only	
Street or Route 2711 North Elm Rd	Telephone Number (715) 832-6608	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work ATJ	Date Signed 10-21-2022

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

Facility/Project Name Doe's Tire	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-8A
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. " Long. " or	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed 9/19/2019 m m d d y y y y
Type of Well	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N. R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Joe Black PSS
Well Code /	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	
Distance from Waste/Source ft.	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:	
C. Land surface elevation	ft. MSL	a. Inside diameter:	8 in.
D. Surface seal, bottom	ft. MSL or ft.	b. Length:	ft.
12. USCS classification of soil near screen:		c. Material:	Steel <input checked="" type="checkbox"/> 0.4 Other <input type="checkbox"/>
GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input checked="" type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		d. Additional protection?	<input type="checkbox"/> Yes <input 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"/> 3.0 Concrete <input checked="" type="checkbox"/> 0.1 Other <input type="checkbox"/>
14. Drilling method used:	Rotary <input type="checkbox"/> 5.0 Hollow Stem Auger <input checked="" type="checkbox"/> 4.1 Other <input type="checkbox"/>	4. Material between well casing and protective pipe:	Bentonite <input checked="" type="checkbox"/> 3.0 Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 0.2 Air <input type="checkbox"/> 0.1 Drilling Mud <input type="checkbox"/> 0.3 None <input checked="" type="checkbox"/> 9.9		5. Annular space seal:	a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 3.3 b. Lbs/gal mud weight Bentonite-sand slurry <input type="checkbox"/> 3.5 c. Lbs/gal mud weight Bentonite slurry <input type="checkbox"/> 3.1 d. % Bentonite Bentonite-cement grout <input type="checkbox"/> 5.0 e. Ft ³ volume added for any of the above
16. Drilling additives used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	f. How installed:	Tremie <input type="checkbox"/> 0.1 Tremie pumped <input type="checkbox"/> 0.2 Gravity <input checked="" type="checkbox"/> 0.8
17. Source of water (attach analysis, if required):		6. Bentonite seal:	a. Bentonite granules <input type="checkbox"/> 3.3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 3.2 c. Other <input type="checkbox"/>
E. Bentonite seal, top	ft. MSL or 12 ft.	7. Fine sand material: Manufacturer, product name & mesh size	
F. Fine sand, top	ft. MSL or 12 ft.	a. _____	
G. Filter pack, top	ft. MSL or 13 ft.	b. Volume added _____ ft ³	
H. Screen joint, top	ft. MSL or 15 ft.	8. Filter pack material: Manufacturer, product name & mesh size	
I. Well bottom	ft. MSL or 30 ft.	a. _____	
J. Filter pack, bottom	ft. MSL or 30 ft.	b. Volume added _____ ft ³	
K. Borehole, bottom	ft. MSL or 30 ft.	9. Well casing:	Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2.3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2.4 Other <input type="checkbox"/>
L. Borehole, diameter	8 in.	10. Screen material: PVC	
M. O.D. well casing	2 in.	a. Screen type:	Factory cut <input checked="" type="checkbox"/> 1.1 Continuous slot <input type="checkbox"/> 0.1 Other <input type="checkbox"/>
N. I.D. well casing	2 in.	b. Manufacturer _____	
		c. Slot size:	0.1 in.
		d. Slotted length:	15 ft.
		11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 1.4 Other <input type="checkbox"/>

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

Signature *[Signature]* Firm Mendota Environmental & Hy

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.

MW-8B

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

County Rusk	WI Unique Well # of Removed Well	Hicap #
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
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address 119 W. 9th St	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ladysmith	Well ZIP Code 54848	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Autotop (Former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 119 W 9th St		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

closed site

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) 9-19-2019
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
<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.) 40	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 40
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 30	Depth to Water (feet) 26

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<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 bentonite chips	From (ft.) Surface	To (ft.) 40	No. Yards, Sacks Sealant or Volume (circle one) ~ 1 1/3 bag	Mix Ratio or Mud Weight
------------------------------------	-----------------------	-----------------------	---	-------------------------

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CM	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-19-2022	DNR Use Only	
Street or Route 2711 North Elmo Rd	Telephone Number (715) 832-6608	Date Received		Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work AT-J	
			Date Signed 10-21-2022	

Facility/Project Name Dog's Tire	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-8B
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. " Long. " or	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed 9/14/2019 m m d d y y y y
Type of Well	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N. R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Joe Black PSI
Well Code /	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	
Distance from Waste/Source ft.	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 0 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 ☐

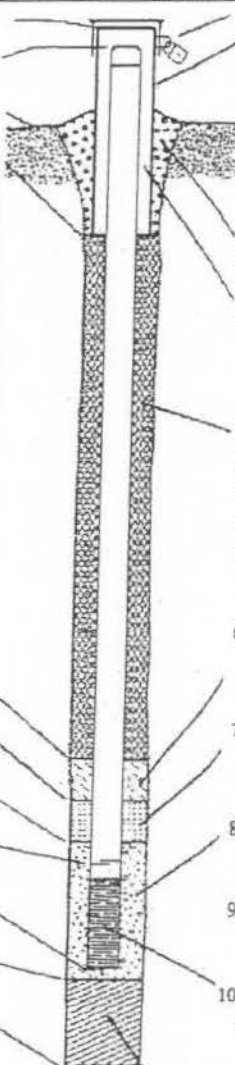
15. Drilling fluid used: Water ☐ 02 Air ☐ 01
Drilling Mud ☐ 03 None ☒ 99

16. Drilling additives used? ☐ Yes ☐ No

Describe _____

17. Source of water (attach analysis, if required):

- E. Bentonite seal, top --- ft. MSL or **30** ft.
- F. Fine sand, top --- ft. MSL or **30** ft.
- G. Filter pack, top --- ft. MSL or **32** ft.
- H. Screen joint, top --- ft. MSL or **35** ft.
- I. Well bottom --- ft. MSL or **40** ft.
- J. Filter pack, bottom --- ft. MSL or **40** ft.
- K. Borehole, bottom --- ft. MSL or **40** ft.
- L. Borehole, diameter **8** in.
- M. O.D. well casing **2** in.
- N. I.D. well casing **2** in.



1. Cap and lock? ☒ Yes ☐ No
2. Protective cover pipe:
a. Inside diameter: **8** 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. _____
b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
a. _____
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: Factory cut ☒ 11
Continuous slot ☐ 01
Other ☐
- b. Manufacturer _____
c. Slot size: **0.1** in.
d. Slotted length: **5** 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

Firm

[Signature]

Mendota Environmental & Hy

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 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.

Route to DNR Bureau:

☐ Drinking Water☐ Watershed/Wastewater☐ Remediation/Redevelopment☐ Waste Management☐ Other: _____☐ Verification Only of Fill and Seal

1. Well Location Information

County Rusk	WI Unique Well # of Removed Well	Hicap #
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
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address 119 W. 9th St	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ladysmith	Well ZIP Code 54848	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Autotop (Former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 119 W 9th St		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

closed site

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) 4-14-2020
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
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.) 60	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 60
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 40	Depth to Water (feet) 26

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input checked="" type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input checked="" type="checkbox"/> Bentonite - Sand Slurry

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	60		

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. G M	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-5-2022	DNR Use Only	
Street or Route 2711 North Elm Rd	Telephone Number (715) 832-6608	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work ATJ	Date Signed 10-21-2022

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

Facility/Project Name Autostop - former	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name 8C
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. " Long. " or "	Wis. Unique Well No. 41412 DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed 4/24/2020
Type of Well Well Code /	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Joe Black PSI
Distance from Waste/Source ft. <input type="checkbox"/> 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	
	Gov. Lot Number	

- A. Protective pipe, top elevation --- 0.0 ft. MSL
- B. Well casing, top elevation --- 0.0 ft. MSL
- C. Land surface elevation --- 0.0 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):

E. Bentonite seal, top --- ft. MSL or 40 ft.

F. Fine sand, top --- ft. MSL or 40 ft.

G. Filter pack, top --- ft. MSL or 40 ft.

H. Screen joint, top --- ft. MSL or 55 ft.

I. Well bottom --- ft. MSL or 60 ft.

J. Filter pack, bottom --- ft. MSL or 62 ft.

K. Borehole, bottom --- ft. MSL or 62 ft.

L. Borehole, diameter --- 8 in.

M. O.D. well casing --- 2 in.

N. I.D. well casing --- 2 in.

1. Cap and lock? ☒ Yes ☐ No
2. Protective cover pipe:
a. Inside diameter: 12 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. ☐
b. Volume added --- ft³

8. Filter pack material: Manufacturer, product name & mesh size

a. ☐
b. Volume added --- ft³

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

10. Screen material: **PVC**

a. Screen type: Factory cut ☒ 11
Continuous slot ☐ 01
Other ☐

b. Manufacturer

c. Slot size: 0.01 in.

d. Slotted length: 5 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

Firm

[Signature]

Meridian Environmental Consulting, LLC

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.

MW-9

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

County Rusk	WI Unique Well # of Removed Well	Hicap #
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
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address 119 W. 9th St	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ladysmith	Well ZIP Code 54848	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Autotop (Former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 119 W 9th St		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

Closed site

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) 4-15-2020
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	

Formation Type:

☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.)

59.5

Casing Diameter (in.)

2

Lower Drillhole Diameter (in.)

8

Casing Depth (ft.)

59.5

Was well annular space grouted?

☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)?

40

Depth to Water (feet)

23

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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

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	59.5		

bentonite grout slurry

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Gty	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-6-2022	Date Received	Noted By
Street or Route 2711 North Elm Rd	Telephone Number (715) 832-6608	Comments		
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work ATJ	Date Signed 10-21-2022

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

Facility/Project Name Autostop - former	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-9
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	Lat. " Long. " or	Date Well Installed 4/15/2020
Type of Well	St. Plane ft. N. ft. E. S/C/N	Well Installed By: Name (first, last) and Firm Joe Black PSI
Well Code /	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N. R. <input type="checkbox"/> E. <input type="checkbox"/> W.	
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	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number	

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

12. USCS classification of soil near screen: **unknown**
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 ☐

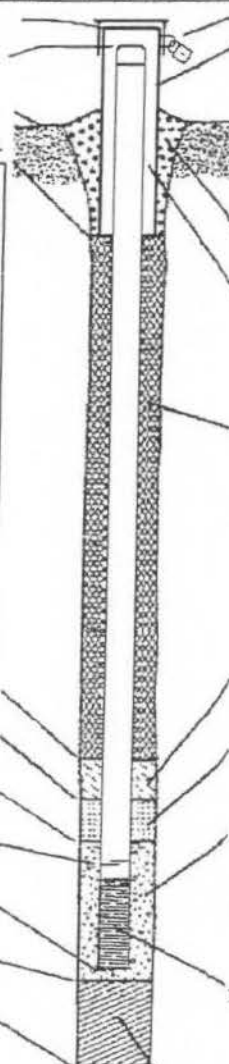
15. Drilling fluid used: Water ☐ 02 Air ☐ 01
Drilling Mud ☐ 03 None ☒ 99

16. Drilling additives used? ☐ Yes ☒ No

Describe _____

17. Source of water (attach analysis, if required):

- E. Bentonite seal, top --- ft. MSL or **40** ft.
- F. Fine sand, top --- ft. MSL or **40** ft.
- G. Filter pack, top --- ft. MSL or **40** ft.
- H. Screen joint, top --- ft. MSL or **54.5** ft.
- I. Well bottom --- ft. MSL or **59.5** ft.
- J. Filter pack, bottom --- ft. MSL or **60** ft.
- K. Borehole, bottom --- ft. MSL or **60** ft.
- L. Borehole, diameter **8** in.
- M. O.D. well casing **2** in.
- N. I.D. well casing **2** in.



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. ---
b. Volume added --- ft³
8. Filter pack material: Manufacturer, product name & mesh size
a. ---
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: Factory cut ☒ 11
Continuous slot ☐ 01
Other ☐
- b. Manufacturer _____
c. Slot size: **0.01** in.
d. Slotted length: **5** 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 **[Signature]** Firm **Mandian Environmental Consulting, LLC**

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.

MW-10A

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

County Rusk WI Unique Well # of Removed Well _____ Hicap # _____Latitude / Longitude (see instructions) _____ N ☐ DD ☐ GPS008
_____ W ☐ DDM ☐ SCR002
_____ OTH0011/4 / 1/4 _____ 1/4 _____ Section _____ Township _____ Range ☐ E
or Gov't Lot # _____ N ☐ WWell Street Address 119 W. 9th StWell City, Village or Town Ladysmith Well ZIP Code 54848

Subdivision Name _____ Lot # _____

Reason for Removal from Service closed site WI Unique Well # of Replacement Well _____

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well Original Construction Date (mm/dd/yyyy) 5-21-2020
☐ Water Well
☐ Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:

☒ Drilled ☐ Driven (Sandpoint) ☐ Dug
☐ Other (specify): _____

Formation Type:

☒ Unconsolidated Formation ☐ BedrockTotal Well Depth From Ground Surface (ft.) 32 Casing Diameter (in.) 2Lower Drillhole Diameter (in.) 8 Casing Depth (ft.) 32Was well annular space grouted? ☒ Yes ☐ No ☐ UnknownIf yes, to what depth (feet)? 18 Depth to Water (feet) 26

5. Material Used to Fill Well / Drillhole

bentonite chips

2. Facility / Owner Information

Facility Name Autotop (Former)

Facility ID (FID or PWS) _____

License/Permit/Monitoring # _____

Original Well Owner _____

Present Well Owner _____

Mailing Address of Present Owner 119 W 9th StCity of Present Owner Ladysmith State WI ZIP Code 54848

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

Pump and piping removed? ☐ Yes ☐ No ☐ N/ALiner(s) removed? ☐ Yes ☐ No ☐ N/ALiner(s) perforated? ☐ Yes ☐ No ☐ N/AScreen removed? ☐ Yes ☐ No ☐ N/ACasing left in place? ☐ Yes ☐ No ☐ N/AWas casing cut off below surface? ☐ Yes ☐ No ☐ N/ADid sealing material rise to surface? ☐ Yes ☐ No ☐ N/ADid material settle after 24 hours? ☐ Yes ☐ No ☐ N/AIf yes, was hole retopped? ☐ Yes ☐ No ☐ N/AIf bentonite chips were used, were they hydrated with water from a known safe source? ☐ Yes ☐ No ☐ N/A

Required Method of Placing Sealing Material

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

Sealing Materials

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

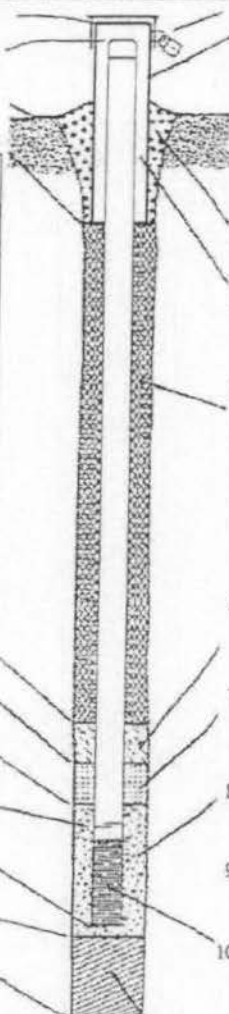
For Monitoring Wells and Monitoring Well Boreholes Only:

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

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CNY License # _____ Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-19-2022Street or Route 27th North Elm Rd Telephone Number (715) 832-6608City Fall Creek State WI ZIP Code 54742 Signature of Person Doing Work ATJ Date Signed 10-21-2022

Facility/Project Name Autostop (former)		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-10A	
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		Lat. _____ Long. _____ or _____		Date Well Installed 5/2/2020	
Type of Well		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: Name (first, last) and Firm Joe Black PSI	
Well Code _____		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. <input type="checkbox"/> E. <input type="checkbox"/> W.			
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 _____	
Enf. Stds. Apply <input type="checkbox"/>					

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <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 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 type="checkbox"/> No</p> <p>Describe _____</p> <p>17. Source of water (attach analysis, if required):</p>	 <p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: 8 in. b. Length: 1 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input 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 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. _____ b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. _____ 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: PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>b. Manufacturer _____ c. Slot size: 0.01 in. d. Slotted length: 10 ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/></p>
---	--

<p>E. Bentonite seal, top _____ ft. MSL or 18 ft.</p> <p>F. Fine sand, top _____ ft. MSL or 18 ft.</p> <p>G. Filter pack, top _____ ft. MSL or 19 ft.</p> <p>H. Screen joint, top _____ ft. MSL or 22 ft.</p> <p>I. Well bottom _____ ft. MSL or 32 ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or 32 ft.</p> <p>K. Borehole, bottom _____ ft. MSL or 32 ft.</p> <p>L. Borehole, diameter 8 in.</p> <p>M. O.D. well casing 2 in.</p> <p>N. I.D. well casing 2 in.</p>	
---	--

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

Signature **ATJ** Firm **Meridian Env. Cnty, LLC**

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 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

County Rusk	WI Unique Well # of Removed Well	Hicap #
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
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address 119 W. 9th St	Well ZIP Code 54848	Lot #
Well City, Village or Town Ladysmith	Subdivision Name	Well ZIP Code 54848

2. Facility / Owner Information

Facility Name Autostop (Former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 119 W 9th St		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

Closed Site

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) 4-16-2020
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>

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.)

60

Casing Diameter (in.)

2

Lower Drillhole Diameter (in.)

2

Casing Depth (ft.)

60

Was well annular space grouted?

☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)?

40

Depth to Water (feet)

24

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	60		

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CM	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-5-2022	Date Received	Noted By
Street or Route 2711 North Elm Rd	Telephone Number (715) 832-6608	Comments		
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work ATJ	Date Signed 10-21-2022

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

Facility/Project Name <u>Autostep - former</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <u>MW-10 B</u>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID _____	St. Plane _____ ft. N. _____ ft. E. S/C/N _____	Date Well Installed <u>4/16/2020</u> m m d d y y v v v v
Type of Well Well Code _____ / _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Joe Black</u> <u>PSI</u>
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	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: Unknown
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 ☐

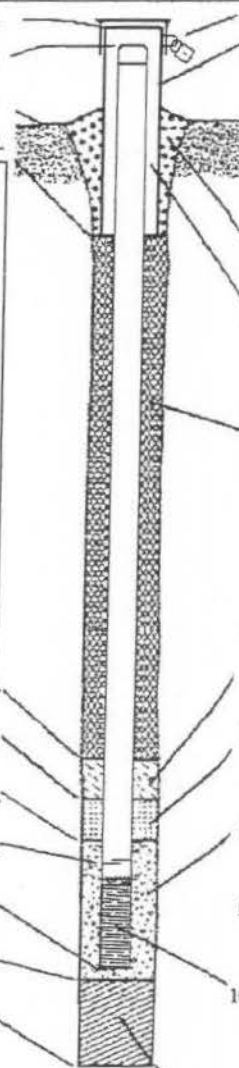
15. Drilling fluid used: Water ☐ 02 Air ☐ 01
Drilling Mud ☐ 03 None ☒ 99

16. Drilling additives used? ☐ Yes ☐ No

Describe _____

17. Source of water (attach analysis, if required): _____

- E. Bentonite seal, top _____ ft. MSL or 40 ft.
F. Fine sand, top _____ ft. MSL or 40 ft.
G. Filter pack, top _____ ft. MSL or 40 ft.
H. Screen joint, top _____ ft. MSL or 55 ft.
I. Well bottom _____ ft. MSL or 60 ft.
J. Filter pack, bottom _____ ft. MSL or 60 ft.
K. Borehole, bottom _____ ft. MSL or 60 ft.
L. Borehole, diameter 8 in.
M. O.D. well casing 2 in.
N. I.D. well casing 2 in.



1. Cap and lock? ☒ Yes ☐ No
2. Protective cover pipe:
a. Inside diameter: 8 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. _____
b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³
9. Well casing: Flush threaded PVC schedule 40 ☒ 23
Flush threaded PVC schedule 80 ☐ 24
Other ☐
10. Screen material: PVC
a. Screen type: Factory cut ☒ 11
Continuous slot ☐ 01
Other ☐
b. Manufacturer _____
c. Slot size: 0.01 in.
d. Slotted length: 5 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

[Signature]

Firm

Moridian Environmental Consulting, LLC

MW-11

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

County Rusk	WI Unique Well # of Removed Well	Hicap #
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
1/4 1/4 or Gov't Lot #	Section	Township N
Well Street Address 119 W. 9th St	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ladysmith	Well ZIP Code 54848	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Autotop (Former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 119 W 9th St		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

Closed Site

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) 4-17-2020
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify):	

Formation Type:

☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.)

55

Casing Diameter (in.)

2

Lower Drillhole Diameter (in.)

8

Casing Depth (ft.)

55

Was well annular space grouted?

☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)?

40

Depth to Water (feet)

12.6

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

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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

5. Material Used to Fill Well / Drillhole

bentonite grout slurry

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	55		

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. City	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-4-2022	DNR Use Only	
Street or Route 2711 North Elmo Rd	Telephone Number (715) 832-6608	Date Received	Noted By	
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work ATJ	
			Date Signed 10-21-2022	

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

Facility/Project Name Autostop - former	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-11
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. " Long. " or "	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed 4/17/2020 m m d d y y y y
Type of Well	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Joe Black PSI
Well Code /	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	
Distance from Waste/Source ft.	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 ☐

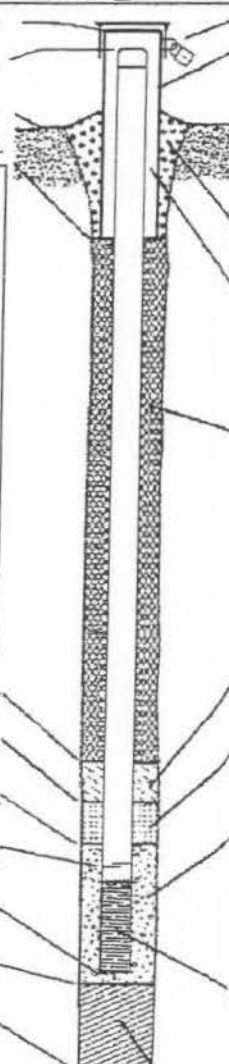
15. Drilling fluid used: Water ☐ 02 Air ☐ 01
Drilling Mud ☐ 03 None ☒ 99

16. Drilling additives used? ☐ Yes ☐ No

Describe _____

17. Source of water (attach analysis, if required):

- E. Bentonite seal, top --- ft. MSL or **40** ft.
- F. Fine sand, top --- ft. MSL or **40** ft.
- G. Filter pack, top --- ft. MSL or **40** ft.
- H. Screen joint, top --- ft. MSL or **50** ft.
- I. Well bottom --- ft. MSL or **55** ft.
- J. Filter pack, bottom --- ft. MSL or **55** ft.
- K. Borehole, bottom --- ft. MSL or **55** ft.
- L. Borehole, diameter **8** in.
- M. O.D. well casing **2** in.
- N. I.D. well casing **2** in.



1. Cap and lock? ☒ Yes ☐ No
2. Protective cover pipe:
a. Inside diameter: **8** 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. _____
b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
a. _____
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: Factory cut ☒ 11
Continuous slot ☐ 01
Other ☐
b. Manufacturer _____
c. Slot size: **0.01** in.
d. Slotted length: **5** 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 **[Signature]** Firm **Meridian Environmental Consulting, LLC**

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.

MW-12A

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

County Rusk	WI Unique Well # of Removed Well	Hicap #
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
1/4 / 1/4 or Gov't Lot #	Section Township N	Range E W
Well Street Address 119 W. 9th St		
Well City, Village or Town Ladysmith		Well ZIP Code 54848
Subdivision Name		Lot #

2. Facility / Owner Information

Facility Name Autotop (Former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 119 W 9th St		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

Closed Site

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) 5-18-2020
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
<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.) 32	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 32
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 19	Depth to Water (feet) 23

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<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 bentonite chips	From (ft.) Surface	To (ft.) 32	No. Yards, Sacks Sealant or Volume (circle one) ~1 bag	Mix Ratio or Mud Weight
------------------------------------	-----------------------	-----------------------	--	-------------------------

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CM	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-19-2022	DNR Use Only	
Street or Route 27th North Elm Rd	Telephone Number (715) 832-6608	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work AT-J	Date Signed 10-21-2022

Facility/Project Name Autostop (former)		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-12A	
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		Lat. _____ Long. _____ or		Date Well Installed 5/15/2020	
Type of Well		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: Name (first, last) and Firm Joe Black PSI	
Well Code _____ / _____		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E. <input type="checkbox"/> W.			
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source <input type="checkbox"/> Upgradient <input type="checkbox"/> Sidegradient <input type="checkbox"/> Downgradient <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>					

- 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 ☐

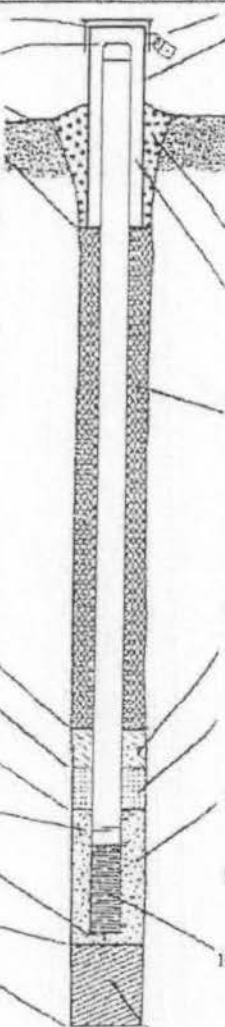
15. Drilling fluid used: Water ☐ 02 Air ☐ 01
Drilling Mud ☐ 03 None ☒ 99

16. Drilling additives used? ☐ Yes ☐ No

Describe _____

17. Source of water (attach analysis, if required):

- E. Bentonite seal, top _____ ft. MSL or **19** ft.
- F. Fine sand, top _____ ft. MSL or **19** ft.
- G. Filter pack, top _____ ft. MSL or **20** ft.
- H. Screen joint, top _____ ft. MSL or **22** ft.
- I. Well bottom _____ ft. MSL or **32** ft.
- J. Filter pack, bottom _____ ft. MSL or **32** ft.
- K. Borehole, bottom _____ ft. MSL or **32** ft.
- L. Borehole, diameter **8** in.
- M. O.D. well casing **2** in.
- N. I.D. well casing **2** in.



1. Cap and lock? ☒ Yes ☐ No
2. Protective cover pipe:
a. Inside diameter: **8** 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. _____
b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³
9. Well casing: Flush threaded PVC schedule 40 ☒ 23
Flush threaded PVC schedule 80 ☐ 24
Other ☐
10. Screen material: **PVC**
a. Screen type: Factory cut ☒ 11
Continuous slot ☐ 01
Other ☐
- b. Manufacturer _____
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

Art J.

Firm

Meridian Env. Cnty, LLC

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.

MW-12B

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

County Rusk	WI Unique Well # of Removed Well	Hicap #
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
1/4 1/4 or Gov't Lot #	Section	Township N
Well Street Address 119 W. 9th St	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ladysmith	Well ZIP Code 54848	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Autotop (Former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 119 W 9th St		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

WI Unique Well # of Replacement Well

Closed Site

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 5-18-2020
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	

Formation Type:

☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.)

55

Casing Diameter (in.)

2

Lower Drillhole Diameter (in.)

8

Casing Depth (ft.)

55

Was well annular space grouted?

☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)?

42

Depth to Water (feet)

25

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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

5. Material Used to Fill Well / Drillhole

bentonite grout slurry

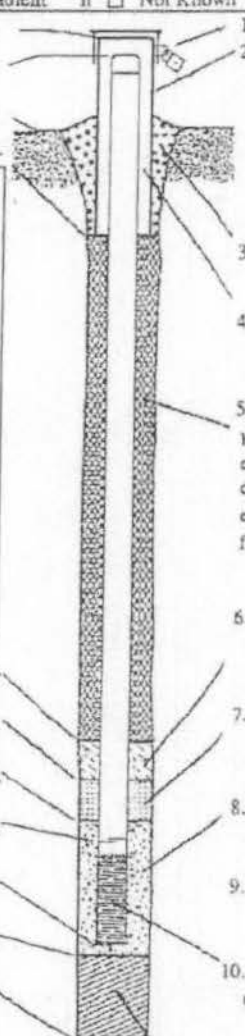
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	55		

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. GNY	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-5-2022	DNR Use Only	
Street or Route 27th North Elm Rd	Telephone Number (715) 832-6608	Date Received		Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work ATJ	
			Date Signed 10-21-2022	

Facility/Project Name Autostop (former)		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-12B	
Facility License, Permit or Monitoring No.		Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location Lat. _____ Long. _____		Wis. Unique Well No. _____ DNR Well ID No. _____	
Facility ID _____		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed 5/18/2020 m m d d y y v v v	
Type of Well Well Code _____ / _____		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm Joe Black PSI	
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		Gov. Lot Number _____	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <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 checked="" type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input 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"/> 5.0 Hollow Stem Auger <input checked="" type="checkbox"/> 4.1 Other <input type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 0.2 Air <input type="checkbox"/> 0.1 Drilling Mud <input type="checkbox"/> 0.3 None <input checked="" type="checkbox"/> 9.9</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input 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 40 ft.</p> <p>F. Fine sand, top _____ ft. MSL or 42 ft.</p> <p>G. Filter pack, top _____ ft. MSL or 44 ft.</p> <p>H. Screen joint, top _____ ft. MSL or 50 ft.</p> <p>I. Well bottom _____ ft. MSL or 55 ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or 55 ft.</p> <p>K. Borehole, bottom _____ ft. MSL or 55 ft.</p> <p>L. Borehole, diameter 8 in.</p> <p>M. O.D. well casing 2 in.</p> <p>N. I.D. well casing 2 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: 8 in. b. Length: 1 ft. c. Material: Steel <input checked="" type="checkbox"/> 0.4 Other <input type="checkbox"/> d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 3.0 Concrete <input checked="" type="checkbox"/> 0.1 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 3.0 Other <input type="checkbox"/></p> <p>5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 3.3 b. _____ Lbs/gal mud weight _____ Bentonite-sand slurry <input type="checkbox"/> 3.5 c. _____ Lbs/gal mud weight _____ Bentonite slurry <input checked="" type="checkbox"/> 3.1 d. _____ % Bentonite _____ Bentonite-cement grout <input type="checkbox"/> 5.0 e. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0.1 Tremie pumped <input checked="" type="checkbox"/> 0.2 Gravity <input type="checkbox"/> 0.8</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3.3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 3.2 c. grout Other <input checked="" type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2.3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2.4 Other <input type="checkbox"/></p> <p>10. Screen material: PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 1.1 Continuous slot <input type="checkbox"/> 0.1 Other <input type="checkbox"/> b. Manufacturer _____ c. Slot size: 0.01 in. d. Slotted length: 5 ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1.4 Other <input type="checkbox"/></p>
---	---

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

Signature **[Signature]** Firm **Meridian Env. Cslty, LLC**

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.

MW-13A

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

County Rusk WI Unique Well # of Removed Well _____ Hicap # _____

Latitude / Longitude (see instructions) _____ N ☐ DD ☐ GPS008
_____ W ☐ DDM ☐ SCR002
_____ OTH001

1/4 / 1/4 _____ Section _____ Township _____ Range ☐ E
or Gov't Lot # _____ N ☐ W

Well Street Address 119 W. 9th St

Well City, Village or Town Ladysmith Well ZIP Code 54848

Subdivision Name _____ Lot # _____

Reason for Removal from Service closed site WI Unique Well # of Replacement Well _____

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well Original Construction Date (mm/dd/yyyy) 5-19-2020
☐ Water Well
☐ Borehole / Drillhole 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.) 34 Casing Diameter (in.) 2

Lower Drillhole Diameter (in.) 8 Casing Depth (ft.) 34

Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)? 20 Depth to Water (feet) 25

5. Material Used to Fill Well / Drillhole

bentonite chips

2. Facility / Owner Information

Facility Name Autotop (Former)
Facility ID (FID or PWS) _____

License/Permit/Monitoring # _____

Original Well Owner _____

Present Well Owner _____

Mailing Address of Present Owner 119 W 9th St

City of Present Owner Ladysmith State WI ZIP Code 54848

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

Pump and piping removed? ☐ Yes ☐ No ☐ N/A
Liner(s) removed? ☐ Yes ☐ No ☐ N/A
Liner(s) perforated? ☐ Yes ☐ No ☐ N/A
Screen removed? ☐ Yes ☐ No ☐ N/A
Casing left in place? ☐ Yes ☐ No ☐ N/A

Was casing cut off below surface? ☐ Yes ☐ No ☐ N/A
Did sealing material rise to surface? ☐ Yes ☐ No ☐ N/A
Did material settle after 24 hours? ☐ Yes ☐ No ☐ N/A
If yes, was hole retopped? ☐ Yes ☐ No ☐ N/A
If bentonite chips were used, were they hydrated with water from a known safe source? ☐ Yes ☐ No ☐ N/A

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

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

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	34	~ 1 bag	

6. Comments

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>Meridian Env. CM</u>	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>9-19-2022</u>	Date Received _____	Noted By _____	
Street or Route <u>2711 North Elmo Rd</u>	Telephone Number <u>(715) 832-6608</u>	Comments _____			
City <u>Fall Creek</u>	State <u>WI</u>	ZIP Code <u>54742</u>	Signature of Person Doing Work <u>ATJ</u>		Date Signed <u>10-21-2022</u>

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

Facility/Project Name Autostop (former)	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-13A
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or _____	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 5/19/2020 m m d d y y y y
Type of Well	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N. R. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: Name (first, last) and Firm Joe Black P.S.I.
Well Code 1	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	
Distance from Waste/Source _____ ft.	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: 8 in. b. Length: 1 ft. c. Material: Steel <input checked="" type="checkbox"/> 0.4 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 4 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 3.0 Concrete <input checked="" type="checkbox"/> 0.1 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 checked="" type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 3.0 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 3.3 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 3.5 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 3.1 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 5.0 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0.1 Tremie pumped <input checked="" type="checkbox"/> 0.2 Gravity <input checked="" type="checkbox"/> 0.8
14. Drilling method used: Rotary <input type="checkbox"/> 5.0 Hollow Stem Auger <input checked="" type="checkbox"/> 4.1 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3.3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 3.2 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 0.2 Air <input type="checkbox"/> 0.1 Drilling Mud <input type="checkbox"/> 0.3 None <input checked="" type="checkbox"/> 9.9	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
Describe _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2.3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2.4 Other <input type="checkbox"/>
17. Source of water (attach analysis, if required): _____	10. Screen material: PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 1.1 Continuous slot <input type="checkbox"/> 0.1 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 20 ft.	b. Manufacturer _____ c. Slot size: 0.01 in. d. Slotted length: 10 ft.
F. Fine sand, top _____ ft. MSL or 20 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1.4 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 21 ft.	
H. Screen joint, top _____ ft. MSL or 24 ft.	
I. Well bottom _____ ft. MSL or 34 ft.	
J. Filter pack, bottom _____ ft. MSL or 34 ft.	
K. Borehole, bottom _____ ft. MSL or 34 ft.	
L. Borehole, diameter 8 in.	
M. O.D. well casing 2 in.	
N. I.D. well casing 2 in.	

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

Signature **[Signature]** Firm **Meridian Env. Cslg, LLC**

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.

MW-13B

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

County Rusk WI Unique Well # of Removed Well _____ Hicap # _____

Latitude / Longitude (see instructions) _____ N ☐ DD ☐ GPS008
_____ W ☐ DDM ☐ SCR002
_____ ☐ OTH001

1/4 / 1/4 _____ Section _____ Township _____ Range ☐ E ☐ W
or Gov't Lot # _____ N

Well Street Address 119 W. 9th St

Well City, Village or Town Ladysmith Well ZIP Code 54848

Subdivision Name _____ Lot # _____

Reason for Removal from Service closed site WI Unique Well # of Replacement Well _____

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well Original Construction Date (mm/dd/yyyy) 5-19-2020
☐ Water Well
☐ Borehole / Drillhole 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.) 56 Casing Diameter (in.) 2

Lower Drillhole Diameter (in.) 8 Casing Depth (ft.) 56

Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)? 42 Depth to Water (feet) 26

5. Material Used to Fill Well / Drillhole

bentonite grout slurry

2. Facility / Owner Information

Facility Name Autostop (Former)

Facility ID (FID or PWS) _____

License/Permit/Monitoring # _____

Original Well Owner _____

Present Well Owner _____

Mailing Address of Present Owner 119 W 9th St

City of Present Owner Ladysmith State WI ZIP Code 54848

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

Pump and piping removed? ☐ Yes ☐ No ☐ N/A
Liner(s) removed? ☐ Yes ☐ No ☐ N/A
Liner(s) perforated? ☐ Yes ☐ No ☐ N/A
Screen removed? ☐ Yes ☐ No ☐ N/A
Casing left in place? ☐ Yes ☐ No ☐ N/A
Was casing cut off below surface? ☐ Yes ☐ No ☐ N/A
Did sealing material rise to surface? ☐ Yes ☐ No ☐ N/A
Did material settle after 24 hours? ☐ Yes ☐ No ☐ N/A
If yes, was hole retopped? ☐ Yes ☐ No ☐ N/A
If bentonite chips were used, were they hydrated with water from a known safe source? ☐ Yes ☐ No ☐ N/A

Required Method of Placing Sealing Material

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

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

6. Comments

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>Meridian Env. CM</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>10-5-2022</u>	Date Received	Noted By	
Street or Route <u>2711 North Elm Rd</u>	Telephone Number <u>(715) 832-6608</u>	Comments			
City <u>Fall Creek</u>	State <u>WI</u>	ZIP Code <u>54742</u>	Signature of Person Doing Work <u>ATJ</u>		Date Signed <u>10-21-2022</u>

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

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name: Autostop (former) Local Grid Location of Well: _____ ft. ☐ N. ☐ S. ☐ E. ☐ W.
Facility License, Permit or Monitoring No.: _____ Local Grid Origin: ☐ (estimated: ☐) or Well Location: ☐
Lat. _____ "Long. _____ " or
Facility ID: _____ St. Plane _____ ft. N. _____ ft. E. S/C/N
Type of Well: _____ Section Location of Waste/Source: _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. ☐ E ☐ W
Well Code: _____ / _____ Location of Well Relative to Waste/Source: u ☐ Upgradient s ☐ Sidegradient
Distance from Waste/Source: _____ ft. Apply ☐ d ☐ Downgradient n ☐ Not Known Gov. Lot Number: _____
Well Name: MW-13B Wis. Unique Well No.: _____ DNR Well ID No.: _____
Date Well Installed: 5/19/2020 Well Installed By: Name (first, last) and Firm
Joe Black
PSI

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): _____
E. Bentonite seal, top: _____ ft. MSL or 42 ft.
F. Fine sand, top: _____ ft. MSL or 42 ft.
G. Filter pack, top: _____ ft. MSL or 45 ft.
H. Screen joint, top: _____ ft. MSL or 51 ft.
I. Well bottom: _____ ft. MSL or 56 ft.
J. Filter pack, bottom: _____ ft. MSL or 56 ft.
K. Borehole, bottom: _____ ft. MSL or 56 ft.
L. Borehole, diameter: 8 in.
M. O.D. well casing: 2 in.
N. I.D. well casing: 2 in.
1. Cap and lock? ☒ Yes ☐ No
2. Protective cover pipe:
a. Inside diameter: 8 in.
b. Length: 7 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. _____
b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
a. _____
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: Factory cut ☒ 11
Continuous slot ☐ 01
Other ☐
b. Manufacturer _____
c. Slot size: 0.01 in.
d. Slotted length: 5 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

AT J.

Firm

Meridian Env. Cs/ty, LLC

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.

MW-14

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

County Rusk	WI Unique Well # of Removed Well	Hicap #
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
1/4 / 1/4 or Gov't Lot #	Section Township Range N E W	
Well Street Address 119 W. 9th St		
Well City, Village or Town Ladysmith		Well ZIP Code 54848
Subdivision Name		Lot #

2. Facility / Owner Information

Facility Name Autotop (Former)
Facility ID (FID or PWS)
License/Permit/Monitoring #
Original Well Owner
Present Well Owner
Mailing Address of Present Owner 119 W 9th St
City of Present Owner Ladysmith
State WI
ZIP Code 54848

Reason for Removal from Service

Closed Site

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) 5-20-2020
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
<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.) 57	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 57
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 42	Depth to Water (feet) 23

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input checked="" type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input checked="" type="checkbox"/> Bentonite - Sand Slurry

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	57		
bentonite gravel slurry			

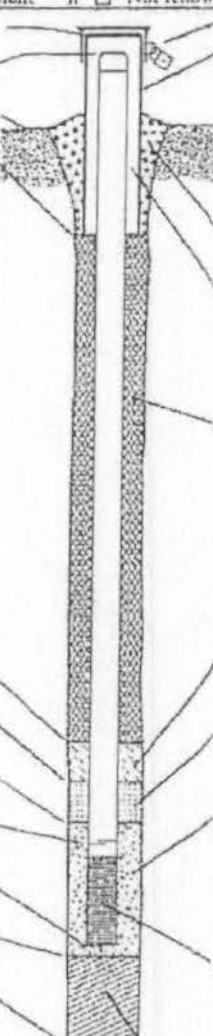
6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CM	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-6-2022	DNR Use Only	
Street or Route 27th North Elm Rd	Telephone Number (715) 832-6608	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work ATJ	Date Signed 10-21-2022

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

Facility/Project Name Autostop (former)		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> W. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name MW-14	
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		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed 5/20/2020 m m d d y y y y	
Type of Well		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Installed By: Name (first, last) and Firm Joe Black PSI	
Well Code _____		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidgradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number	
Distance from Waste/Source _____ ft.		Enf. Stds. Apply <input type="checkbox"/>			

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <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 checked="" type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input 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"/> 5 0 Hollow Stem Auger <input checked="" type="checkbox"/> 4 1 Other <input type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 0 2 Air <input type="checkbox"/> 0 1 Drilling Mud <input type="checkbox"/> 0 3 None <input checked="" type="checkbox"/> 9 9</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe _____</p> <p>17. Source of water (attach analysis, if required):</p>	 <p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input checked="" type="checkbox"/> 0 4 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 3 0 Concrete <input checked="" type="checkbox"/> 0 1 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 3 0 Other <input type="checkbox"/></p> <p>5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 3 3 b. _____ lbs/gal mud weight _____ Bentonite-sand slurry <input checked="" type="checkbox"/> 3 5 c. _____ lbs/gal mud weight _____ Bentonite slurry <input checked="" type="checkbox"/> 3 1 d. _____ % Bentonite _____ Bentonite-cement grout <input type="checkbox"/> 5 0 e. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0 1 Tremie pumped <input checked="" type="checkbox"/> 0 2 Gravity <input type="checkbox"/> 0 8</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3 3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 3 2 c. _____ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2 3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2 4 Other <input type="checkbox"/></p> <p>10. Screen material: a. Screen type: Factory cut <input checked="" type="checkbox"/> 1 1 Continuous slot <input type="checkbox"/> 0 1 Other <input type="checkbox"/></p> <p>b. Manufacturer _____ c. Slot size: _____ 0. 01 in. d. Slotted length: _____ 5 ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1 4 Other <input type="checkbox"/></p>
--	---

<p>E. Bentonite seal, top _____ ft. MSL or 42 ft.</p> <p>F. Fine sand, top _____ ft. MSL or 42 ft.</p> <p>G. Filter pack, top _____ ft. MSL or 45 ft.</p> <p>H. Screen joint, top _____ ft. MSL or 52 ft.</p> <p>I. Well bottom _____ ft. MSL or 57 ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or 57 ft.</p> <p>K. Borehole, bottom _____ ft. MSL or 57 ft.</p> <p>L. Borehole, diameter 8 in.</p> <p>M. O.D. well casing 2 in.</p> <p>N. I.D. well casing 2 in.</p>	
---	--

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

Signature *Joe Black* Firm Meridian Env. Cnlg, LLC

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.

MW-15

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 Rusk	WI Unique Well # of Removed Well	Hicap #		Facility Name Autotop (Former)			
Latitude / Longitude (see instructions) N <input type="checkbox"/> DD <input type="checkbox"/> GPS008 W <input type="checkbox"/> DDM <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Format Code	Method Code	Facility ID (FID or PWS)			
1/4 1/4	1/4	Section	Township	Range	License/Permit/Monitoring #		
or Gov't Lot #		N		<input type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner		
Well Street Address 119 W. 9th St				Present Well Owner			
Well City, Village or Town Ladysmith				Mailing Address of Present Owner 119 W 9th St			
Well ZIP Code 54848				City of Present Owner Ladysmith			
Subdivision Name				State WI		ZIP Code 54848	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason for Removal from Service closed site	WI Unique Well # of Replacement Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 5-21-2020	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type:		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type:		Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) 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 type="checkbox"/> N/A			
Casing Diameter (in.) 2		Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.) 8		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
If yes, to what depth (feet)? 42		Sealing Materials			
Depth to Water (feet) 26		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
		For Monitoring Wells and Monitoring Well Boreholes Only:			
		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
		<input type="checkbox"/> Granular Bentonite <input checked="" type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
bentonite grout slurry		Surface	56		

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Meridian Env. CM	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-5-2022	Date Received	Noted By	
Street or Route 27th North Elm Rd	Telephone Number (715) 832-6608	Comments			
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work ATJ		Date Signed 10-21-2022

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

Facility/Project Name Autostop (former)		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-15	
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		Lat. _____ Long. _____		Date Well Installed 5/21/2020	
Type of Well		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: Name (first, last) and Firm Joe Black PSI	
Well Code _____		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. <input type="checkbox"/> E <input type="checkbox"/> W			
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 _____	
Enf. Stds. Apply <input type="checkbox"/>					

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 ☐ 0.2 Air ☐ 0.1
 Drilling Mud ☐ 0.3 None ☒ 9.9

16. Drilling additives used? ☐ Yes ☐ No

Describe _____

17. Source of water (attach analysis, if required): _____

E. Bentonite seal, top _____ ft. MSL or **42** ft.

F. Fine sand, top _____ ft. MSL or **42** ft.

G. Filter pack, top _____ ft. MSL or **45** ft.

H. Screen joint, top _____ ft. MSL or **51** ft.

I. Well bottom _____ ft. MSL or **56** ft.

J. Filter pack, bottom _____ ft. MSL or **56** ft.

K. Borehole, bottom _____ ft. MSL or **56** ft.

L. Borehole, diameter **8** in.

M. O.D. well casing **2** in.

N. I.D. well casing **2** in.

1. Cap and lock? ☒ Yes ☐ No

2. Protective cover pipe:
 a. Inside diameter: **8** in.
 b. Length: **1** ft.
 c. Material: Steel ☒ 0.4
 Other ☐

d. Additional protection? ☐ Yes ☐ No
 If yes, describe: _____

3. Surface seal: Bentonite ☐ 3.0
 Concrete ☒ 0.1
 Other ☐

4. Material between well casing and protective pipe:
 Bentonite ☒ 3.0
 Other ☐

5. Annular space seal: a. Granular/Chipped Bentonite ☐ 3.3
 b. _____ Lbs/gal mud weight _____ Bentonite-sand slurry ☐ 3.5
 c. _____ Lbs/gal mud weight _____ Bentonite slurry ☒ 3.1
 d. _____ % Bentonite _____ Bentonite-cement grout ☐ 5.0
 e. _____ Ft³ volume added for any of the above

f. How installed: Tremie ☐ 0.1
 Tremie pumped ☒ 0.2
 Gravity ☐ 0.8

6. Bentonite seal: a. Bentonite granules ☐ 3.3
 b. ☐ 1/4 in. ☐ 3/8 in. ☐ 1/2 in. Bentonite chips ☐ 3.2
 c. _____ Other ☐

7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³

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

9. Well casing: Flush threaded PVC schedule 40 ☒ 2.3
 Flush threaded PVC schedule 80 ☐ 2.4
 Other ☐

10. Screen material:
 a. Screen type: Factory cut ☒ 1.1
 Continuous slot ☐ 0.1
 Other ☐

b. Manufacturer _____
 c. Slot size: **0.01** in.
 d. Slotted length: **5** ft.

11. Backfill material (below filter pack): None ☒ 1.4
 Other ☐

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

Signature **Art J.** Firm **Meridian Env. Cs/ty, LLC**

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 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

County Rusk	WI Unique Well # of Removed Well	Hicap #
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
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address 119 W. 9th St	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ladysmith	Well ZIP Code 54848	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Autotop (Former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 119 W 9th St		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

Closed Site

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) 8-23-2012
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
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.) 28	Casing Diameter (in.) 4
Lower Drillhole Diameter (in.) 10	Casing Depth (ft.) 28
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 15	Depth to Water (feet) 20

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____

Sealing Materials

<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<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 bentonite chips	From (ft.) Surface	To (ft.) 28	No. Yards, Sacks Sealant or Volume (circle one) ~4 bags	Mix Ratio or Mud Weight
------------------------------------	-----------------------	-----------------------	---	-------------------------

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CM	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-15-2022	DNR Use Only	
Street or Route 27th North Elm Rd	Telephone Number (715) 832-6608	Date Received		Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work ATJ	
			Date Signed 10-21-2022	

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

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name Former Auto Stop / Clark

Local Grid Location of Well
ft. ☐ N. ☐ E. ☐ S. ☐ W.

Well Name Rw-1

Facility License, Permit or Monitoring No.

Local Grid Origin ☐ (estimated: ☐) or Well Location ☐

Wis. Unique Well No. DNR Well ID No.

Facility ID

Lat. " Long. " or

Date Well Installed 8/23/2012

Type of Well

St. Plane ft. N. ft. E. S/C/N

Well Installed By: Name (first, last) and Firm

Well Code /

Section Location of Waste/Source
1/4 of 1/4 of Sec. T. N. R. ☐ E. ☐ W.

Joe Black
Midwest

Distance from Waste/Source ft. Enf. Stds. Apply ☐

Location of Well Relative to Waste/Source
☐ Upgradient ☐ Sidegradient ☐ Downgradient ☐ Not Known

Gov. Lot Number

- A. Protective pipe, top elevation 0 ft. MSL
B. Well casing, top elevation -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 ☐

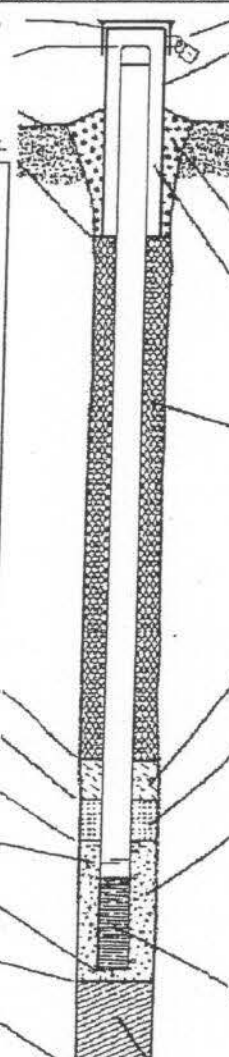
15. Drilling fluid used: Water ☐ 02 Air ☐ 01
Drilling Mud ☐ 03 None ☒ 99

16. Drilling additives used? ☐ Yes ☐ No

Describe

17. Source of water (attach analysis, if required):

- E. Bentonite seal, top 15 ft. MSL or 15 ft.
F. Fine sand, top 15 ft. MSL or 15 ft.
G. Filter pack, top 15 ft. MSL or 15 ft.
H. Screen joint, top 18 ft. MSL or 18 ft.
I. Well bottom 28 ft. MSL or 28 ft.
J. Filter pack, bottom 29 ft. MSL or 29 ft.
K. Borehole, bottom 29 ft. MSL or 29 ft.
L. Borehole, diameter 10 in.
M. O.D. well casing 4 in.
N. I.D. well casing 4 in.



1. Cap and lock? ☒ Yes ☐ No
2. Protective cover pipe:
a. Inside diameter: 8 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.
b. Volume added ft³
8. Filter pack material: Manufacturer, product name & mesh size
a.
b. Volume added ft³
9. Well casing: Flush threaded PVC schedule 40 ☒ 23
Flush threaded PVC schedule 80 ☐ 24
Other ☐
10. Screen material: PVC
a. Screen type: Factory cut ☒ 11
Continuous slot ☐ 01
Other ☐
b. Manufacturer
c. Slot size: 0 in.
d. Slotted length: 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

Firm

[Signature]

Meridian Environmental Consulting LLC

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.

RW-2

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

County Rusk	WI Unique Well # of Removed Well _____	Hicap # _____
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
1/4 / 1/4 or Gov't Lot # _____	Section _____	Township N
Well Street Address 119 W. 9th St	Well ZIP Code 54848	Lot # _____
Well City, Village or Town Ladysmith	Subdivision Name _____	Well ZIP Code 54848
Reason for Removal from Service closed site	WI Unique Well # of Replacement Well _____	

2. Facility / Owner Information

Facility Name Autotop (Former)
Facility ID (FID or PWS) _____
License/Permit/Monitoring # _____
Original Well Owner _____
Present Well Owner _____
Mailing Address of Present Owner 119 W 9th St
City of Present Owner Ladysmith
State WI
ZIP Code 54848

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 8-23-2012
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 28	Casing Diameter (in.) 4
Lower Drillhole Diameter (in.) 10	Casing Depth (ft.) 28
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 15	Depth to Water (feet) 23

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
<input type="checkbox"/> Sand-Cement (Concrete) Grout <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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	28	24 bags	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CM	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-15-2022	DNR Use Only	
Street or Route 27th North Elm Rd	Telephone Number (715) 832-6608	Comments _____	Date Received _____	Noted By _____
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work ATJ	Date Signed 10-21-2022

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

Facility/Project Name Former Auto stop / Clark

Facility License, Permit or Monitoring No. _____

Facility ID _____

Type of Well _____

Well Code _____

Distance from Waste/
Source _____ ft.

Enf. Stds.
Apply ☐

Local Grid Location of Well

ft. ☐ N. ☐ S. ☐ E. ☐ W.

Local Grid Origin ☐ (estimated: ☐) or Well Location ☐

Lat. _____ " Long. _____ "

St. Plane _____ ft. N. _____ ft. E. S/C/N

Section Location of Waste/Source

1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. ☐ E. ☐ W.

Location of Well Relative to Waste/Source

u ☐ Upgradient s ☐ Sidegradient

d ☐ Downgradient n ☐ Not Known

Gov. Lot Number _____

Well Name RW-2

Wis. Unique Well No. _____ DNR Well ID No. _____

Date Well Installed 8/23/2012

Well Installed By: Name (first, last) and Firm

Joe Black

Mid West

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):

E. Bentonite seal, top _____ ft. MSL or 15 ft.

F. Fine sand, top _____ ft. MSL or 15 ft.

G. Filter pack, top _____ ft. MSL or 15 ft.

H. Screen joint, top _____ ft. MSL or 18 ft.

I. Well bottom _____ ft. MSL or 28 ft.

J. Filter pack, bottom _____ ft. MSL or _____ ft.

K. Borehole, bottom _____ ft. MSL or 28 ft.

L. Borehole, diameter 1.0 in.

M. O.D. well casing 4 in.

N. I.D. well casing _____ in.

1. Cap and lock? ☒ Yes ☐ No

2. Protective cover pipe: a. Inside diameter: 8 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. _____

b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size

a. _____

b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 ☒ 23

Flush threaded PVC schedule 80 ☐ 24

Other ☐

10. Screen material: PVC

a. Screen type: Factory cut ☒ 11

Continuous slot ☐ 01

Other ☐

b. Manufacturer _____

c. Slot size: 0.1 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

Firm

Meridian Environmental Consulting

RW-3

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

County Rusk	WI Unique Well # of Removed Well	Hicap #
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
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address 119 W. 9th St	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ladysmith	Well ZIP Code 54848	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Autotop (Former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 119 W 9th St		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

WI Unique Well # of Replacement Well

closed site

3. Filled & Sealed 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) 8-24-2012
If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>	
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.) 28 1/2	Casing Diameter (in.) 4
Lower Drillhole Diameter (in.) 10	Casing Depth (ft.) 28 1/2
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 15	Depth to Water (feet) 23

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	28 1/2	24 bags	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CM	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-15-2022	DNR Use Only	
Street or Route 27th North Elm Rd	Telephone Number (715) 832-6608	Date Received		
City Fall Creek	State WI	ZIP Code 54742	Noted By	
Signature of Person Doing Work ATJ			Date Signed 10-21-2022	

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

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name Former Auto Stop / Clark

Facility License, Permit or Monitoring No. _____

Facility ID _____

Type of Well _____

Well Code _____

Distance from Waste/
Source _____ ft.

Enf. Stds.
Apply ☐

Local Grid Location of Well

ft. ☐ N. ☐ E. ☐ W. ☐ S.

Local Grid Origin (estimated: ☐) or Well Location ☐

Lat. _____ Long. _____ or _____

St. Plane _____ ft. N. _____ ft. E. S/C/N

Section Location of Waste/Source

1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. ☐ E. ☐ W.

Location of Well Relative to Waste/Source

☐ Upgradient ☐ Sidegradient ☐ Downgradient ☐ Not Known

Gov. Lot Number _____

Well Name

Rw-3

Wis. Unique Well No. _____ DNR Well ID No. _____

Date Well Installed 8/24/2012

Well Installed By: Name (first, last) and Firm

Joe Black

M.d west

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 ☐ S O

Hollow Stem Auger ☒ 4 1

Other ☐

15. Drilling fluid used: Water ☐ 0 2 Air ☐ 0 1

Drilling Mud ☐ 0 3 None ☒ 9 9

16. Drilling additives used? ☐ Yes ☐ No

Describe _____

17. Source of water (attach analysis, if required):

E. Bentonite seal, top _____ ft. MSL or 15 ft.

F. Fine sand, top _____ ft. MSL or 15 ft.

G. Filter pack, top _____ ft. MSL or 15 ft.

H. Screen joint, top _____ ft. MSL or 16 1/2 ft.

I. Well bottom _____ ft. MSL or 28 1/2 ft.

J. Filter pack, bottom _____ ft. MSL or _____ ft.

K. Borehole, bottom _____ ft. MSL or 28 1/2 ft.

L. Borehole, diameter 10 in.

M. O.D. well casing 4 in.

N. I.D. well casing _____ in.

1. Cap and lock? ☒ Yes ☐ No

2. Protective cover pipe:

a. Inside diameter: 8 in.

b. Length: 1 ft.

c. Material: Steel ☒ 0 4

Other ☐

d. Additional protection? ☐ Yes ☐ No

If yes, describe: _____

3. Surface seal: Bentonite ☐ 3 0

Concrete ☒ 0 1

Other ☐

4. Material between well casing and protective pipe:

Bentonite ☒ 3 0

Other ☐

5. Annular space seal: a. Granular/Chipped Bentonite ☒ 3 3

b. _____ Lbs/gal mud weight _____ Bentonite-sand slurry ☐ 3 5

c. _____ Lbs/gal mud weight _____ Bentonite slurry ☐ 3 1

d. _____ % Bentonite _____ Bentonite-cement grout ☐ 5 0

e. _____ Ft³ volume added for any of the above

f. How installed: Tremie ☐ 0 1

Tremie pumped ☐ 0 2

Gravity ☒ 0 8

6. Bentonite seal: a. Bentonite granules ☐ 3 3

b. ☐ 1/4 in. ☐ 3/8 in. ☐ 1/2 in. Bentonite chips ☒ 3 2

c. _____ Other ☐

7. Fine sand material: Manufacturer, product name & mesh size

a. _____

b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size

a. _____

b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 ☒ 2 3

Flush threaded PVC schedule 80 ☐ 2 4

Other ☐

10. Screen material:

a. Screen type: Factory cut ☒ 1 1

Continuous slot ☐ 0 1

Other ☐

b. Manufacturer _____

c. Slot size: 0.1 in.

d. Slotted length: 10 ft.

11. Backfill material (below filter pack): None ☒ 1 4

Other ☐

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

Signature

Firm

Meridian Environmental Consulting LLC

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.

Rw-4

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

County Rusk WI Unique Well # of Removed Well _____ Hicap # _____

Latitude / Longitude (see instructions) _____ N ☐ DD ☐ GPS008
_____ W ☐ DDM ☐ SCR002
_____ ☐ OTH001

1/4 / 1/4 _____ Section _____ Township _____ Range ☐ E ☐ W
or Gov't Lot # _____ N

Well Street Address 119 W. 9th St

Well City, Village or Town Ladysmith Well ZIP Code 54848

Subdivision Name _____ Lot # _____

Reason for Removal from Service closed site WI Unique Well # of Replacement Well _____

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well Original Construction Date (mm/dd/yyyy) 6-12-2015
☐ Water Well
☐ Borehole / Drillhole 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.) 30 Casing Diameter (in.) 4

Lower Drillhole Diameter (in.) 10 Casing Depth (ft.) 30

Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)? 13 Depth to Water (feet) 23

5. Material Used to Fill Well / Drillhole

bentonite chips

2. Facility / Owner Information

Facility Name Autostop (Former)

Facility ID (FID or PWS) _____

License/Permit/Monitoring # _____

Original Well Owner _____

Present Well Owner _____

Mailing Address of Present Owner 119 W 9th St

City of Present Owner Ladysmith State WI ZIP Code 54848

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

Pump and piping removed? ☐ Yes ☐ No ☐ N/A
Liner(s) removed? ☐ Yes ☐ No ☐ N/A
Liner(s) perforated? ☐ Yes ☐ No ☐ N/A
Screen removed? ☐ Yes ☐ No ☐ N/A
Casing left in place? ☐ Yes ☐ No ☐ N/A
Was casing cut off below surface? ☐ Yes ☐ No ☐ N/A
Did sealing material rise to surface? ☐ Yes ☐ No ☐ N/A
Did material settle after 24 hours? ☐ Yes ☐ No ☐ N/A
If yes, was hole retopped? ☐ Yes ☐ No ☐ N/A
If bentonite chips were used, were they hydrated with water from a known safe source? ☐ Yes ☐ No ☐ N/A

Required Method of Placing Sealing Material

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

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

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

Surface 30 ~ 4 bags

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CM License # _____ Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-15-2022
Street or Route 2711 North Elm Rd Telephone Number (715) 832-6608

City Fall Creek State WI ZIP Code 54742 Signature of Person Doing Work ATJ Date Signed 10-21-2022

DNR Use Only

Date Received _____ Noted By _____

Comments _____

Facility/Project Name
Autostop/Former

Facility License, Permit or Monitoring No.

Facility ID

Type of Well

Well Code

Distance from Waste/
Source ft.

Enf. Stds.
Apply ☐

Local Grid Location of Well

ft. ☐ N. ☐ S. ☐ E. ☐ W.

Local Grid Origin ☐ (estimated: ☐) or Well Location ☐

Lat. " Long. " or

St. Plane ft. N. ft. E. S/C/N

Section Location of Waste/Source

1/4 of 1/4 of Sec. T. N. R. ☐ E. ☐ W.

Location of Well Relative to Waste/Source

☐ Upgradient ☐ Sidegradient

☐ Downgradient ☐ Not Known

Gov. Lot Number

Well Name

RW-41

Wis. Unique Well No. DNR Well ID No.

Date Well Installed

6/12/2015

Well Installed By: Name (first, last) and Firm

Joe Black

PSI

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):

E. Bentonite seal, top ft. MSL or 13 ft.

F. Fine sand, top ft. MSL or 13 ft.

G. Filter pack, top ft. MSL or 13 ft.

H. Screen joint, top ft. MSL or 15 ft.

I. Well bottom ft. MSL or 30 ft.

J. Filter pack, bottom ft. MSL or 30 ft.

K. Borehole, bottom ft. MSL or 30 ft.

L. Borehole, diameter 12 in.

M. O.D. well casing 4 in.

N. I.D. well casing 4 in.

1. Cap and lock? ☒ Yes ☐ No

2. Protective cover pipe:

a. Inside diameter: 12 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. ☐

b. Volume added ft³

8. Filter pack material: Manufacturer, product name & mesh size

a. ☐

b. Volume added ft³

9. Well casing: Flush threaded PVC schedule 40 ☒ 23

Flush threaded PVC schedule 80 ☐ 24

Other ☐

10. Screen material: PVC Sch. 40

a. Screen type: Factory cut ☒ 11

Continuous slot ☐ 01

Other ☐

b. Manufacturer

c. Slot size: 0.1 in.

d. Slotted length: 15 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

Firm

Meridian Env. Cs/Hy LLC

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.

RW-5

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

County Rusk	WI Unique Well # of Removed Well _____	Hicap # _____
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
1/4 / 1/4 or Gov't Lot # _____	Section _____	Township N
Well Street Address 119 W. 9th St	Well ZIP Code 54848	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Ladysmith	Subdivision Name _____	Lot # _____

2. Facility / Owner Information

Facility Name Autotop (Former)		
Facility ID (FID or PWS) _____		
License/Permit/Monitoring # _____		
Original Well Owner _____		
Present Well Owner _____		
Mailing Address of Present Owner 119 W 9th St		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

closed site

WI Unique Well # of Replacement Well

3. Filled & Sealed 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) 6-12-2015
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.) 30	Casing Diameter (in.) 4
Lower Drillhole Diameter (in.) 12	Casing Depth (ft.) 30
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 22
If yes, to what depth (feet)? 13	_____

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	30	~4 bags	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. CM	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-15-2022	DNR Use Only	
Street or Route 2711 North Elm Rd	Telephone Number (715) 832-6608	Date Received _____		
City Fall Creek	State WI	ZIP Code 54742	Noted By _____	
Signature of Person Doing Work ATJ			Comments _____	
Date Signed 10-21-2022				

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

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name
Autostop Farmer

Facility License, Permit or Monitoring No.

Facility ID

Type of Well

Well Code

Distance from Waste/
Source ft.

Enf. Stds.
Apply ☐

Local Grid Location of Well

ft. ☐ N. ☐ S. ☐ E. ☐ W.

Local Grid Origin ☐ (estimated: ☐) or Well Location ☐

Lat. " Long. " or

St. Plane ft. N. ft. E. S/C/N

Section Location of Waste/Source

1/4 of 1/4 of Sec. T. N. R. ☐ E. ☐ W.

Location of Well Relative to Waste/Source

☐ Upgradient ☐ Sidegradient

☐ Downgradient ☐ Not Known

Gov. Lot Number

Well Name

RW-S

Wis. Unique Well No. DNR Well ID No.

Date Well Installed

6/12/2015

Well Installed By: Name (first, last) and Firm

Joe Black

PSI

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):

E. Bentonite seal, top ft. MSL or ft. **13**

F. Fine sand, top ft. MSL or ft. **13**

G. Filter pack, top ft. MSL or ft. **13**

H. Screen joint, top ft. MSL or ft. **15**

I. Well bottom ft. MSL or ft. **30**

J. Filter pack, bottom ft. MSL or ft. **30**

K. Borehole, bottom ft. MSL or ft. **30**

L. Borehole, diameter **12** in.

M. O.D. well casing **4** in.

N. I.D. well casing **4** in.

1. Cap and lock? ☒ Yes ☐ No

2. Protective cover pipe:

a. Inside diameter: **12** 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. ft^3 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. Volume added ft^3

8. Filter pack material: Manufacturer, product name & mesh size

a. Volume added ft^3

9. Well casing: Flush threaded PVC schedule 40 ☒ 23

Flush threaded PVC schedule 80 ☐ 24

Other ☐

10. Screen material: **PVC Sch. 40**

a. Screen type: Factory cut ☒ 11

Continuous slot ☐ 01

Other ☐

b. Manufacturer

c. Slot size: **0.1** in.

d. Slotted length: **15** 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

Firm

Meridian Env. Csly LLC

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.