

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

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

1. Well Location Information				2. Facility / Owner Information			
County Waukesha		WI Unique Well # of Removed Well _____ MW-1N		Hicap #		Facility Name Quality Launderers & Cleaners	
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' N ____ ° ____ ' W		Method Code (see instructions)		Facility ID (FID or PWS) 268088370		License/Permit/Monitoring #	
¼ / ¼ SE or Gov't Lot #		Section 03		Township 6 N		Range 19 E <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 215 N. Grand Avenue				Original Well Owner Carroll University			
Well City, Village or Town Waukesha				Well ZIP Code 53186			
Subdivision Name				Lot #		Present Well Owner Carroll University	
Reason For Removal From Service Closure				WI Unique Well # of Replacement Well _____		Mailing Address of Present Owner 100 N East Ave.	
						City of Present Owner Waukesha	
						State WI	
						ZIP Code 53186	

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 10/05/2007		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:				Casing left in place?			
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____				Was casing cut off below surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:				Did sealing material rise to surface?			
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) 20		Casing Diameter (in.) 2		Did material settle after 24 hours?			
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 20		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Was well annular space grouted?				If yes, was hole retopped?			
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)?		Depth to Water (feet) 9.52		If bentonite chips were used, were they hydrated with water from a known safe source?			
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Other (Explain): _____	
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input checked="" type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	20	1	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing CB&I		License #	Date of Filling & Sealing (mm/dd/yyyy) 9-9-2014	Date Received	Noted By
Street or Route 200 S. Executive Drive, Ste 101			Telephone Number (414) 291-2350	Comments	
City Brookfield	State WI	ZIP Code 53005	Signature of Person Doing Work <i>Nandi M...</i>	Date Signed 9-16-2014	

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

<input type="checkbox"/> Verification Only of Fill and Seal	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
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County Waukesha	WI Unique Well # of Removed Well _____ MW-2N	Hicap #	Facility Name Quality Launderers & Cleaners		
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' N ____ ° ____ ' W			Facility ID (FID or PWS) 268088370		
Method Code (see instructions)			License/Permit/Monitoring #		
1/4 / 1/4 SE or Gov't Lot #	1/4 SE	Section 03	Township 6 N	Range 19 E <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner Carroll University
Well Street Address 215 N. Grand Avenue			Present Well Owner Carroll University		
Well City, Village or Town Waukesha			Mailing Address of Present Owner 100 N East Ave.		
Subdivision Name			Well ZIP Code 53186	City of Present Owner Waukesha	State WI ZIP Code 53186

Reason For Removal From Service Closure	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material	
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3. Well / Drillhole / Borehole Information	Original Construction Date (mm/dd/yyyy) 10/05/2007	<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	
If a Well Construction Report is available, please attach.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Construction Type:		<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
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Formation Type:		<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 22	Casing Diameter (in.) 2	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	

Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 22	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Bentonite Chips	
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Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 10.20	For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
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5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	22	1	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing CB&I	License #	Date of Filling & Sealing (mm/dd/yyyy) 9-9-2014	Date Received	Noted By
Street or Route 200 S. Executive Drive, Ste 101		Telephone Number (414) 291-2350	Comments	
City Brookfield	State WI	ZIP Code 53005	Signature of Person Doing Work <i>Handwritten Signature</i>	Date Signed 9-16-2014

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Verification Only of Fill and Seal

Route to:

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

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

County Waukesha	WI Unique Well # of Removed Well MW-3	Hicap #	Facility Name Quality Launderers & Cleaners
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)	Facility ID (FID or PWS) 268088370
_____ ° _____ ' N _____ ° _____ ' W		_____	License/Permit/Monitoring #
1/4 / 1/4 SE or Gov't Lot #	1/4 SE	Section 03	Original Well Owner Carroll University
		Township 6 N	Present Well Owner Carroll University
		Range 19 E	Mailing Address of Present Owner 100 N East Ave.
		<input checked="" type="checkbox"/> E <input type="checkbox"/> W	City of Present Owner Waukesha
Well Street Address 215 N. Grand Avenue		Well ZIP Code 53186	State WI
Well City, Village or Town Waukesha		Lot #	ZIP Code 53186
Subdivision Name			

Reason For Removal From Service Closure	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material
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3. Well / Drillhole / Borehole Information	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 08-21-2006
If a Well Construction Report is available, please attach.	

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

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

Total Well Depth From Ground Surface (ft.) 15.32	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 15.32

Was well annular space grouted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, to what depth (feet)?	Depth to Water (feet) 9.51

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 Chips	Surface	15.32	1/2	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing CB&I	License #	Date of Filling & Sealing (mm/dd/yyyy) 9-9-2014	Date Received	Noted By
Street or Route 200 S. Executive Drive, Ste 101		Telephone Number (414) 291-2350	Comments	
City Brookfield	State WI	ZIP Code 53005	Signature of Person Doing Work <i>Nick M...</i>	Date Signed 9-16-2014

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<input type="checkbox"/> Verification Only of Fill and Seal	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
County: Waukesha WI Unique Well # of Removed Well: MW-3N Hicap #: _____	Facility Name: Quality Launderers & Cleaners Facility ID (FID or PWS): 268088370

Latitude / Longitude (Degrees and Minutes) _____ ° _____ ' N _____ ° _____ ' W	Method Code (see instructions): _____ License/Permit/Monitoring #: _____
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1/4 / 1/4 SE or Gov't Lot #	1/4 SE	Section 03	Township 6 N	Range 19	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner: Carroll University Present Well Owner: Carroll University
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Well Street Address: 215 N. Grand Avenue Well City, Village or Town: Waukesha Well ZIP Code: 53186	Mailing Address of Present Owner: 100 N East Ave. City of Present Owner: Waukesha State: WI ZIP Code: 53186
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Subdivision Name: _____ Lot #: _____	Reason For Removal From Service / Closure: _____ WI Unique Well # of Replacement Well: _____
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3. Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy): 10/05/2007 If a Well Construction Report is available, please attach.	4. Pump, Liner, Screen, Casing & Sealing Material Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
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Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Bentonite Chips
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Total Well Depth From Ground Surface (ft.): 15 Lower Drillhole Diameter (in.): 8.25	Casing Diameter (in.): 2 Casing Depth (ft.): 15	For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry
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Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to what depth (feet)? _____	Depth to Water (feet): 11.40
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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 Chips	Surface	15	1	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing: CB&I	License #: _____	Date of Filling & Sealing (mm/dd/yyyy): 9-9-2014	Date Received: _____	Noted By: _____	
Street or Route: 200 S. Executive Drive, Ste 101			Telephone Number: (414) 291-2350		Comments: _____
City: Brookfield	State: WI	ZIP Code: 53005	Signature of Person Doing Work: <i>Nancy M. [Signature]</i>		Date Signed: 9-16-2014

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Verification Only of Fill and Seal

Route to:

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

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

County Waukesha	WI Unique Well # of Removed Well _____ MW-4N	Hicap #	Facility Name Quality Launderers & Cleaners
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' N ____ ° ____ ' W		Method Code (see instructions)	Facility ID (FID or PWS) 268088370
1/4 / 1/4 SE or Gov't Lot #	1/4 SE	Section 03	Township 6 N
Well Street Address 215 N. Grand Avenue		Range 19	Original Well Owner Carroll University
Well City, Village or Town Waukesha		Well ZIP Code 53186	Present Well Owner Carroll University
Subdivision Name		Lot #	Mailing Address of Present Owner 100 N East Ave.
Reason For Removal From Service Closure		WI Unique Well # of Replacement Well _____	City of Present Owner Waukesha
			State WI
			ZIP Code 53186

3. Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
 Water Well 10/05/2007
 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.) 12	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 12

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet)
5.65

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

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

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

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

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	12	1/2	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing CB&I	License #	Date of Filling & Sealing (mm/dd/yyyy) 9-9-2014	Date Received	Noted By
Street or Route 200 S. Executive Drive, Ste 101		Telephone Number (414) 291-2350	Comments	
City Brookfield	State WI	ZIP Code 53005	Signature of Person Doing Work <i>Nick Waugh</i>	Date Signed 9-16-2014

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<input type="checkbox"/> Verification Only of Fill and Seal	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
County: Waukesha WI Unique Well # of Removed Well: MW-5N Hicap #: _____	Facility Name: Quality Launderers & Cleaners Facility ID (FID or PWS): 268088370

Latitude / Longitude (Degrees and Minutes): _____ ' N _____ ' W	Method Code (see instructions): _____ License/Permit/Monitoring #: _____
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1/4 / 1/4 SE or Gov't Lot #: _____	Section 03	Township 6 N	Range 19	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner: Carroll University Present Well Owner: Carroll University
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Well Street Address: 215 N. Grand Avenue	Mailing Address of Present Owner: 100 N East Ave.
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Well City, Village or Town: Waukesha	Well ZIP Code: 53186	State: WI	ZIP Code: 53186
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Subdivision Name: _____	Lot #: _____	City of Present Owner: Waukesha	State: WI	ZIP Code: 53186
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Reason For Removal From Service: Closure	WI Unique Well # of Replacement Well: _____	4. Pump, Liner, Screen, Casing & Sealing Material
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<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy): 10/05/2007 If a Well Construction Report is available, please attach.	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
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Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Bentonite Chips
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Total Well Depth From Ground Surface (ft.): 12	Casing Diameter (in.): 2	For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry
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Lower Drillhole Diameter (in.): 8.25	Casing Depth (ft.): 12	Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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If yes, to what depth (feet)? _____	Depth to Water (feet): 5.48	
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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 Chips	Surface	12	1/2	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing: CB&I	License #: _____	Date of Filling & Sealing (mm/dd/yyyy): 9-9-2014	Date Received: _____	Noted By: _____	
Street or Route: 200 S. Executive Drive, Ste 101			Telephone Number: (414) 291-2350		Comments: _____
City: Brookfield	State: WI	ZIP Code: 53005	Signature of Person Doing Work: <i>Nick M...</i>	Date Signed: 9-16-2014	

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

<input type="checkbox"/> Verification Only of Fill and Seal	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
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County Waukesha	WI Unique Well # of Removed Well _____ MW-6N	Hicap #	Facility Name Quality Launderers & Cleaners		
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' N ____ ° ____ ' W		Method Code (see instructions)		Facility ID (FID or PWS) 268088370	
1/4 / 1/4 SE or Gov't Lot #	1/4 SE	Section 03	Township 6 N	Range 19 E <input checked="" type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring #
Well Street Address 215 N. Grand Avenue			Original Well Owner Carroll University		
Well City, Village or Town Waukesha			Well ZIP Code 53186		
Subdivision Name			Lot #		Present Well Owner Carroll University
Reason For Removal From Service Closure			WI Unique Well # of Replacement Well _____		Mailing Address of Present Owner 100 N East Ave.
					City of Present Owner Waukesha
					State WI
					ZIP Code 53186

3. Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 03/17/2008 If a Well Construction Report is available, please attach.	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Bentonite Chips	
Total Well Depth From Ground Surface (ft.) 14	Casing Diameter (in.) 2	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	
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 14		
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)?	Depth to Water (feet) 6.02		

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 Chips				Surface	14	1/2	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing CB&I		License #	Date of Filling & Sealing (mm/dd/yyyy) 9-9-2014	Date Received	Noted By
Street or Route 200 S. Executive Drive, Ste 101			Telephone Number (414) 291-2350	Comments	
City Brookfield	State WI	ZIP Code 53005	Signature of Person Doing Work <i>Nadia W...</i>	Date Signed 9-16-2014	

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

<input type="checkbox"/> Verification Only of Fill and Seal	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
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County Waukesha	WI Unique Well # of Removed Well _____ MW-7N	Hicap #	Facility Name Quality Launderers & Cleaners		
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' N ____ ° ____ ' W		Method Code (see instructions)		Facility ID (FID or PWS) 268088370	
1/4 1/4 SE or Gov't Lot #	1/4 SE	Section 03	Township 6 N	Range 19 E <input checked="" type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring #
Well Street Address 215 N. Grand Avenue			Original Well Owner Carroll University		
Well City, Village or Town Waukesha			Well ZIP Code 53186		
Subdivision Name			Lot #		Present Well Owner Carroll University
Reason For Removal From Service Closure			WI Unique Well # of Replacement Well _____		Mailing Address of Present Owner 100 N East Ave.
					City of Present Owner Waukesha
					State WI
					ZIP Code 53186

3. Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 08/07/2009 If a Well Construction Report is available, please attach.	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Bentonite Chips	
Total Well Depth From Ground Surface (ft.) 14	Casing Diameter (in.) 2	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	
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 14		
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)?	Depth to Water (feet) 11.97		

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 Chips	Surface	14	1/2	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing CB&I	License #	Date of Filling & Sealing (mm/dd/yyyy) 9-9-2014	Date Received	Noted By	
Street or Route 200 S. Executive Drive, Ste 101			Telephone Number (414) 291-2350		Comments
City Brookfield	State WI	ZIP Code 53005	Signature of Person Doing Work <i>Nandi M...</i>		Date Signed 9-16-2014