

Letter of Transmittal

Submitted to:

Andrew James

WI Dept. of Natural Resources
2984 Shawano Ave.
Green Bay WI 54313 6727

Date:

6/26/2020

Attached

Job:

Kopatz/Cronce Property

Under Separate Cover

Contents:

Well Abandonment Forms for the Kopatz/Cronce Property site located at W8317 CTH P in Crivitz (Town of Beaver), WI.
BRRTS #: 03-38-231379

Remarks:

Attached are the well abandonment forms for the above site as requested in your email correspondence dated 6/23/20. The wells have been properly abandoned and no investigative waste remains on-site. Attached are well abandonment forms documenting that the work was completed. Following your review of this information and updated closure packet submitted on 6/1/20 please forward the "Final Closure" letter to our client and copy METCO.

If you have any questions please call or email.

Signed: Jason Powell

cc: Dennis Kopatz c/o Craig Kopatz -
Client

METCO
709 Gillette St., Ste 3
La Crosse, WI 54603-2382
(608)781-8879 fax (608)781-8893

Facility/Project Name Kopatz Property	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-1A
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location Lat. _____ Long. _____ or _____	Wis. Unique Well No. WA 154 DNR Well ID No.
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 08, 27, 2018
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"/> P <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Darrin Prentice Geiss Soil & Samples LLC
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation _____ ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or **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 (starch analysis, if required):

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. **#20 Red Flint Sand**
b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
a. **#40 Red Flint Sand**
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 **Johnson**
c. Slot size: **0.010** in.
d. Slotted length: **10** ft.

11. Backfill material (below filter pack): None 14
Other

E. Bentonite seal, top _____ ft. MSL or **5** ft.

F. Fine sand, top _____ ft. MSL or **2** ft.

G. Filter pack, top _____ ft. MSL or **2** ft.

H. Screen joint, top _____ ft. MSL or **2.5** ft.

I. Well bottom _____ ft. MSL or **12.5** ft.

J. Filter pack, bottom _____ ft. MSL or **13** ft.

K. Borehole, bottom _____ ft. MSL or **13** ft.

L. Borehole, diameter **8.25** in.

M. O.D. well casing **2.40** in.

N. I.D. well casing **2.06** in.

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

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

Verification Only of Fill and Seal

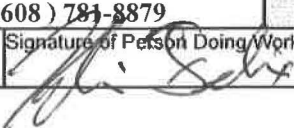
Route to:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County MARINETTE		WI Unique Well # of Removed Well WA155		Hicap #		Facility Name Kopatz/Cronce Property	
Latitude / Longitude (Degrees and Minutes) 45 ° 8.23 ' N 88 ° 1.12 ' W				Facility ID (FID or PWS) 438109760			
Method Code (see instructions)				License/Permit/Monitoring #			
1/4 NE 1/4 NW		Section 28	Township 31 N	Range 20	Original Well Owner Dennis Kopatz		
or Gov't Lot #				<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner Dennis Kopatz		
Well Street Address W8317 County Highway P				Mailing Address of Present Owner N4510 Schact Road			
Well City, Village or Town Crivitz				Well ZIP Code 54114-			
Subdivision Name				Lot #		City of Present Owner Marinette	State WI
						ZIP Code 54143-	

Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			
3. Well / Drillhole / Borehole Information		Original Construction Date (mm/dd/yyyy) 8/27/2018		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Monitoring 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"/> Water Well				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) 12.5				Casing Diameter (in.) 2			
Lower Drillhole Diameter (in.) 8.25				Casing Depth (ft.) 2.5			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				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			
If yes, to what depth (feet)? 2				Depth to Water (feet) 3.56			
5. Material Used To Fill Well / Drillhole				Required Method of Placing Sealing Material			
Bentonite Chips				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
				<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity			
				Sealing Materials			
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)			
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "			
				<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips			
				For Monitoring Wells and Monitoring Well Boreholes Only:			
				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

From (ft.)	To (ft.)	lbs
Surface	12.5	20

6. Comments
Monitoring Well MW-2R

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Kaylin Felix - METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 6/24/2020	Date Received	Noted By
Street or Route 709 Gillette St., Ste #3			Telephone Number (608) 781-8879	Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work 	Date Signed 6/26/2020	

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

Facility/Project Name Kopatz Property	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-2k
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location Lat. _____ " Long. _____ " or _____ " or _____ "	Wis. Unique Well No. 4155 DNR Well ID No.
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 08, 27, 2018 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 Darrin Prentice Geiss Soil + Samples LLC
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 _____ 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. b. Length: _____ ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
C. Land surface elevation _____ ft. MSL		3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
D. Surface seal, bottom _____ ft. MSL or 0 ft.		4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 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"/>		
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 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		
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____		
17. Source of water (attach analysis, if required): _____		
E. Bentonite seal, top _____ ft. MSL or 5 ft.		5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
F. Fine sand, top _____ ft. MSL or 2 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"/>
G. Filter pack, top _____ ft. MSL or 2 ft.		7. Fine sand material: Manufacturer, product name & mesh size a. #20 Red Flint Sand b. Volume added _____ ft ³
H. Screen joint, top _____ ft. MSL or 2.5 ft.		8. Filter pack material: Manufacturer, product name & mesh size a. #40 Red Flint Sand b. Volume added _____ ft ³
I. Well bottom _____ ft. MSL or 12.5 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"/>
J. Filter pack, bottom _____ ft. MSL or 13 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"/>
K. Borehole, bottom _____ ft. MSL or 13 ft.		b. Manufacturer Johnson c. Slot size: 0.010 in. d. Slotted length: 10 ft.
L. Borehole, diameter 8.25 in.		11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/>
M. O.D. well casing 2.40 in.		
N. I.D. well casing 2.06 in.		

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

Signature **Darrin Prentice** Firm **Geiss Soil + Samples LLC**

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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 MARINETTE		WI Unique Well # of Removed Well VO532		Hicap #		Facility Name Kopatz/Cronce Property	
Latitude / Longitude (Degrees and Minutes) 45 ° 8.23 ' N 88 ° 1.12 ' W				Facility ID (FID or PWS) 438109760			
Method Code (see instructions)				License/Permit/Monitoring #			
¼/¼ NE ¼ NW		Section 28		Township 31 N		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
or Gov't Lot #		Range 20		Original Well Owner Dennis Kopatz			
Well Street Address W8317 County Highway P				Present Well Owner Dennis Kopatz			
Well City, Village or Town Crivitz				Mailing Address of Present Owner N4510 Schact Road			
Subdivision Name				City of Present Owner Marinette		State WI	ZIP Code 54143-
Well ZIP Code 54114-							
Lot #							

Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well	
3. Well / Drillhole / Borehole Information			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 4/17/2014	
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.) 14		Casing Diameter (in.) 2	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 4	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? 2		Depth to Water (feet) 3.8	

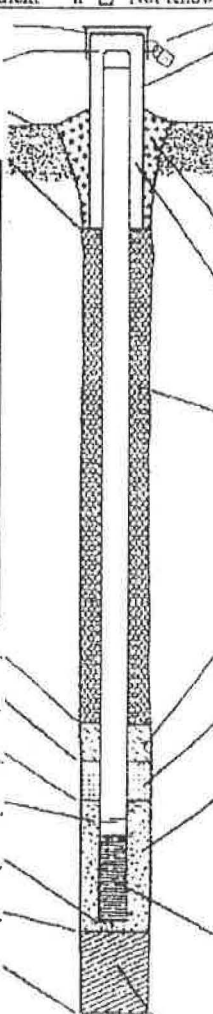
4. Pump, Liner, Screen, Casing & Sealing Material			
Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input type="checkbox"/> Screened & Poured (Bentonite Chips)		<input checked="" type="checkbox"/> Other (Explain): Gravity	
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input checked="" type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole			
From (ft.)	To (ft.)	lbs	
Bentonite Chips	Surface	14	22.4

6. Comments
Monitoring Well MW-3

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Kaylin Felix - METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 6/24/2020	Date Received	Noted By
Street or Route 709 Gillette St., Ste #3			Telephone Number (608) 781-8879	Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Kaylin Felix</i>	Date Signed 6/26/2020	

Facility/Project Name Kopate Property		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name MW-3	
Facility License, Permit or Monitoring No.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 45° 8' 14.2" Long. 88° 1' 7"		Wis. Unique Well No. V0532 DNR Well ID No.	
Facility ID		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed 8/17/2014 m m d d y y y y	
Type of Well Well Code 11 / MW		Section Location of Waste/Source NE 1/4 of NW 1/4 of Sec. 28 T. 31 N. R. 20 <input type="checkbox"/> U <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> N		Well Installed By: Name (first, last) and Firm Darrin Prentice Geiss Soil & Samples LLC	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	

<p>A Protective pipe, top elevation _____ ft. MSL</p> <p>B Well casing, top elevation _____ 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 checked="" 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"/> 04 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input checked="" type="checkbox"/> 10 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"/> 3 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 Tropic pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08</p> <p>6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. #15 Red Flint b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. #40 Red Flint 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 Monotex c. Slot size: _____ in. d. Slotted length: _____ ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/></p>
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<p>E Bentonite seal, top _____ ft. MSL or 0.5 ft.</p> <p>F Fine sand, top _____ ft. MSL or 2 ft.</p> <p>G Filter pack, top _____ ft. MSL or 3 ft.</p> <p>H Screen joint, top _____ ft. MSL or 4 ft.</p> <p>I Well bottom _____ ft. MSL or 14 ft.</p> <p>J Filter pack, bottom _____ ft. MSL or 14.5 ft.</p> <p>K Borehole, bottom _____ ft. MSL or 14.5 ft.</p> <p>L Borehole, diameter 8.25 in.</p> <p>M O.D. well casing 2.40 in.</p> <p>N I.D. well casing 2.06 in.</p>	
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I hereby certify that the information on this form is true and correct to the best of my knowledge

Signature Darrin Prentice	Firm Geiss Soil & Samples LLC
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Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and 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: _____	

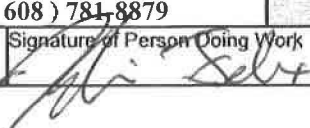
1. Well Location Information	2. Facility / Owner Information
County: MARINETTE WI Unique Well # of Removed Well: VO533 Hicap #: _____ Latitude / Longitude (Degrees and Minutes): 45 ° 8.23 ' N 88 ° 1.12 ' W Method Code (see instructions): _____ ¼/¼ NE ¼ NW Section: 28 Township: 31 N Range: 20 <input checked="" type="checkbox"/> E <input type="checkbox"/> W or Gov't Lot #: _____ Well Street Address: W8317 County Highway P Well City, Village or Town: Crivitz Well ZIP Code: 54114 Subdivision Name: _____ Lot #: _____	Facility Name: Kopatz/Cronce Property Facility ID (FID or PWS): 438109760 License/Permit/Monitoring #: _____ Original Well Owner: Dennis Kopatz Present Well Owner: Dennis Kopatz Mailing Address of Present Owner: N4510 Schact Road City of Present Owner: Marinette State: WI ZIP Code: 54143

3. Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
Reason For Removal From Service: Sampling Complete WI Unique Well # of Replacement Well: _____ <input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole Original Construction Date (mm/dd/yyyy): 4/16/2014 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): _____	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 relogged? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock Total Well Depth From Ground Surface (ft.): 12 Casing Diameter (in.): 2 Lower Drillhole Diameter (in.): 8.25 Casing Depth (ft.): 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)? 1.3 Depth to Water (feet): 2.53	Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry
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5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	lbs	
Bentonite Chips	Surface	12	19.2	

6. Comments
Monitoring Well MW-4

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Kaylin Felix - METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 6/24/2020	Date Received	Noted By	
Street or Route 709 Gillette St., Ste #3	Telephone Number (608) 781-8879	Comments			
City La Crosse	State WI	ZIP Code 54603	Signature of Person Doing Work 	Date Signed 6/26/2020	

Facility/Project Name Kopatz Property	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-4
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated) or Well Location L.at. 45° 8' 14.2" Long. 88° 1' 7"	Wis. Unique Well No. DNR Well ID No. 10533
Facility ID	St. Plane ft. N, ft. E. S/C/N	Date Well Installed 04/16/2014
Type of Well Well Code 11 / MW	Section Location of Waste/Source NE 1/4 of NW 1/4 of Sec. 28, T. 31 N. R. 20	Well Installed By: Name (first, last) and Firm Darrin Prentice
Distance from Waste/Source ft. Enfl. 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

Geiss Soil Samples LLC

<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"/> 30 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p>	<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"/> 04 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/></p> <p>5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. #15 Red Flint b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. #40 Red Flint b. Volume added _____ ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 30 <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"/> b. Manufacturer Monoflex c. Slot size: 0.010 in. d. Slotted length: 10 ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/></p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature **Darrin Prentice** Firm **Geiss Soil Samples 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.

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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 MARINETTE		WI Unique Well # of Removed Well VO534	Hicap #	Facility Name Kopatz/Cronce Property			
Latitude / Longitude (Degrees and Minutes) 45 ° 8.23 ' N 88 ° 1.12 ' W		Method Code (see instructions)		Facility ID (FID or PWS) 438109760			
¼/¼ NE ¼ NW or Gov't Lot #		Section 28	Township 31 N	Range 20	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		
Well Street Address W8317 County Highway P				Original Well Owner Dennis Kopatz			
Well City, Village or Town Crivitz				Present Well Owner Dennis Kopatz			
Subdivision Name				Mailing Address of Present Owner N4510 Schact Road			
Reason For Removal From Service Sampling Complete				City of Present Owner Marinette			
WI Unique Well # of Replacement Well				State WI		ZIP Code 54143-	

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 4/16/2014	Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 14	Casing Diameter (in.) 2	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 4	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, was hole relapped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If yes, to what depth (feet)? 2		Depth to Water (feet) 5.8	If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

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

5. Material Used To Fill Well / Drillhole			
From (ft.)	To (ft.)	lbs	
Bentonite Chips	Surface	14	22.4

6. Comments
Monitoring Well MW-5

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Kaylin Felix - METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 6/24/2020	Date Received	Noted By	
Street or Route 709 Gillette St., Ste #3		Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Kaylin Felix</i>		Date Signed 6/26/2020

Facility/Project Name <u>Kovats Property</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-5</u>
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated) or Well Location Lat. <u>45° 8' 14.2"</u> Long. <u>88° 1' 7"</u>	Wis. Unique Well No. (DNR Well ID No.) <u>10534</u>
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed <u>8/16/2014</u> m m d d y y y y
Type of Well Well Code <u>11 / MW</u>	Section Location of Waste/Source <u>NE 1/4 of NW 1/4 of Sec. 28, T. 31 N, R. 20</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Darrin Prentice</u> <u>Geiss Soil & Samples LLC</u>
Distance from Waste/Source ft. <u>11</u>	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

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 5 ft.

F. Fine sand, top ----- ft. MSL or 2 ft.

G. Filter pack, top ----- ft. MSL or 3 ft.

H. Screen joint, top ----- ft. MSL or 4 ft.

I. Well bottom ----- ft. MSL or 14 ft.

J. Filter pack, bottom ----- ft. MSL or 14.5 ft.

K. Borehole, bottom ----- ft. MSL or 14.5 ft.

L. Borehole diameter 8.25 in.

M. O.D. well casing 2.40 in.

N. I.D. well casing 2.06 in.

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

Signature Darrin Prentice Firm Geiss Soil & Samples LLC

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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 MARINETTE		WI Unique Well # of Removed Well VO535	Hlcap #	Facility Name Kopatz/Cronce Property		Facility ID (FID or PWS) 438109760	
Latitude / Longitude (Degrees and Minutes) 45 ° 8.23 ' N		Method Code (see instructions)		License/Permit/Monitoring #			
88 ° 1.12 ' W				Original Well Owner Dennis Kopatz			
¼ / ¼ NE	¼ NW	Section 28	Township 31 N	Range 20	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner Dennis Kopatz	
Well Street Address W8317 County Highway P				Mailing Address of Present Owner N4510 Schact Road			
Well City, Village or Town Crivitz				Well ZIP Code 54114-			
Subdivision Name				City of Present Owner Marinette		State WI	ZIP Code 54143-
Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 4/16/2014	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input 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 checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * * <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	lbs
Bentonite Chips	Surface	14	22.4

6. Comments
Monitoring Well MW-6

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Kaylin Felix - METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 6/24/2020	Date Received	Noted By	
Street or Route 709 Gillette St., Ste #3		Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Kaylin Felix</i>		Date Signed 6/26/2020

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

Facility/Project Name Kopate Property	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-6
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 45° 8' 14.2" Long. 88° 1' 7" or	Wis. Unique Well No. DNR Well ID No. V0535
Facility ID	St. Plane ft. N. _____ ft. E. S/C/N _____	Date Well Installed 8/16/2014 m m d d y y y y
Type of Well Well Code 11 / MW	Section Location of Waste/Source NE 1/4 of NW 1/4 of Sec. 28, T. 31 N, R. 20 <input checked="" type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Darrin Prentice Geiss Soil Samples LLC
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation _____ ft. MSL

C. Land surface elevation _____ ft. MSL

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

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

13. Sieve analysis performed? Yes No

14. Drilling method used: Rotary 5.0
 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 **0.5** ft.

F. Fine sand, top _____ ft. MSL or **2** ft.

G. Filter pack, top _____ ft. MSL or **3** ft.

H. Screen joint, top _____ ft. MSL or **4** ft.

I. Well bottom _____ ft. MSL or **14** ft.

J. Filter pack, bottom _____ ft. MSL or **14.5** ft.

K. Borehole, bottom _____ ft. MSL or **14.5** ft.

L. Borehole, diameter **8.25** in.

M. O.D. well casing **2.40** in.

N. I.D. well casing **2.06** 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. **#15 Red Flint**
 b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
 a. **#40 Red Flint**
 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: **PVC**
 a. Screen type: Factory cut 1.1
 Continuous slot 0.1
 Other

b. Manufacturer **Monoflex**
 c. Slot size: **0.010** in.
 d. Slotted length: **70** 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 **Darrin Prentice** Firm **Geiss Soil Samples LLC**

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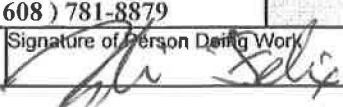
<input type="checkbox"/> Verification Only of Fill and Seal	Route to:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other:	

1. Well Location Information				2. Facility / Owner Information			
County MARINETTE		WI Unique Well # of Removed Well VO587		Facility Name Kopatz/Cronce Property		Facility ID (FID or PWS) 438109760	
Latitude / Longitude (Degrees and Minutes) 45 ° 8.23 ' N 88 ° 1.12 ' W		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Dennis Kopatz	
1/4 NE or Gov't Lot #		Section 28	Township 31 N	Range 20	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Present Well Owner Dennis Kopatz
Well Street Address W8317 County Highway P				Mailing Address of Present Owner N4510 Schact Road			
Well City, Village or Town Crivitz				Well ZIP Code 54114-			
Subdivision Name				City of Present Owner Marinette		State WI	ZIP Code 54143-

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material						
3. Well / Drillhole / Borehole Information		Original Construction Date (mm/dd/yyyy) 5/18/2015		Pump and piping removed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify):				Screen removed?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Casing left in place?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 13		Casing Diameter (in.) 2		Was casing cut off below surface?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 3		Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Did material settle after 24 hours? If yes, was hole retopped?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, to what depth (feet)? 2		Depth to Water (feet) 3.92		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
5. Material Used To Fill Well / Drillhole				Required Method of Placing Sealing Material				
Bentonite Chips		From (ft.) Surface	To (ft.) 13	lbs 20.8				
				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity				
				Sealing Materials				
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Bentonite Chips				
				For Monitoring Wells and Monitoring Well Boreholes Only:				
				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Bentonite - Sand Slurry				

5. Material Used To Fill Well / Drillhole				From (ft.)	To (ft.)	lbs
Bentonite Chips				Surface	13	20.8

6. Comments
Monitoring Well MW-7

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Kaylin Felix - METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 6/24/2020	Date Received	Noted By
Street or Route 709 Gillette St., Ste #3		Telephone Number (608) 781-8879		Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work 	Date Signed 6/26/2020	

Facility/Project Name Kopatz Property	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-7
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. V0587 DNR Well ID No.
Facility ID	St. Plane ft. N, ft. E, S/C/N	Date Well Installed 05/18/2015 m m d d y y y r
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 Darrin Prentice Geiss Soil & Samples LLC
Distance from Waste/Source ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known

A. Protective pipe, top elevation ----- ft. MSL

B. Well casing, top elevation ----- ft. MSL

C. Land surface elevation ----- ft. MSL

D. Surface seal, bottom ----- ft. MSL or 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

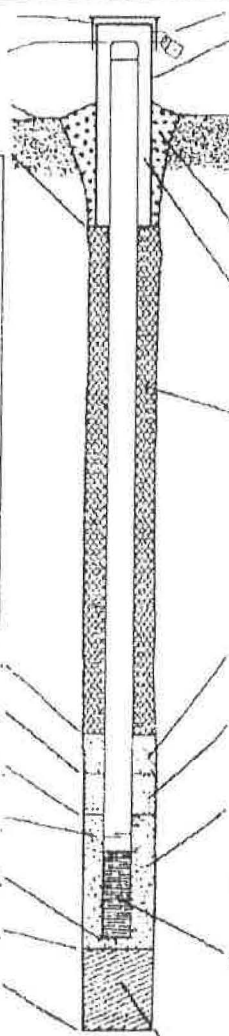
14. Drilling method used: Rotary S0
 Hollow Stem Auger 41
 Other ...

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

16. Drilling additives used? Yes No

Describe _____

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



1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: 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. **#15 Red Flint**
 b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
 a. **#40 Red Flint**
 b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 21
 Flush threaded PVC schedule 80 24
 Other ...

10. Screen material: **PVC**
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other ...
 b. Manufacturer **Johnson**
 c. Slot size: 0.010 in.
 d. Slotted length: 10 ft.

11. Backfill material (below filter pack): None 14
 Other ...

E. Bentonite seal, top ----- ft. MSL or 5 ft.

F. Fine sand, top ----- ft. MSL or 2 ft.

G. Filter pack, top ----- ft. MSL or 2.5 ft.

H. Screen joint, top ----- ft. MSL or 3 ft.

I. Well bottom ----- ft. MSL or 13 ft.

J. Filter pack, bottom ----- ft. MSL or 14 ft.

K. Borehole, bottom ----- ft. MSL or 14 ft.

L. Borehole, diameter 8.25 in.

M. O.D. well casing 2.40 in.

N. I.D. well casing 2.06 in.

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

Signature Darrin Prentice Firm Geiss Soil & Samples LLC

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Verification Only of Fill and Seal

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

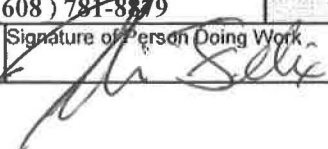
1. Well Location Information				2. Facility / Owner Information			
County MARINETTE		WI Unique Well # of Removed Well VO588		Hicap #		Facility Name Kopatz/Cronce Property	
Latitude / Longitude (Degrees and Minutes) 45 ° 8.23 ' N		Method Code (see instructions)		Facility ID (FID or PWS) 438109760		License/Permit/Monitoring #	
88 ° 1.12 ' W				Original Well Owner Dennis Kopatz		Present Well Owner Dennis Kopatz	
1/4 NE 1/4 NW or Gov't Lot #		Section 28	Township 31 N	Range 20	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Mailing Address of Present Owner N4510 Schact Road	
Well Street Address W8317 County Highway P				City of Present Owner Marinette			
Well City, Village or Town Crivitz				State WI			
Subdivision Name				ZIP Code 54143			

Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well	
3. Well / Drillhole / Borehole Information		Original Construction Date (mm/dd/yyyy) 5/18/2015	
<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.	
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.) 13		Casing Diameter (in.) 2	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 3	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? 2		Depth to Water (feet) 3.12	

4. Pump, Liner, Screen, Casing & Sealing Material			
Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input type="checkbox"/> Screened & Poured (Bentonite Chips)		<input checked="" type="checkbox"/> Other (Explain): Gravity	
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry "	
<input type="checkbox"/> Concrete		<input type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input checked="" type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole			
From (ft.)	To (ft.)	lbs	
Bentonite Chips	Surface	13	20.8

6. Comments
Monitoring Well MW-8

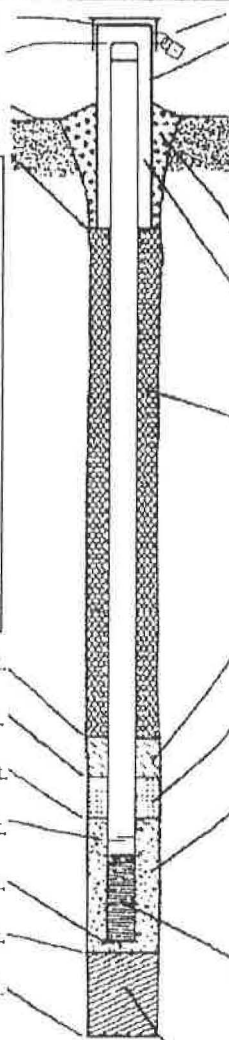
7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Kaylin Felix - METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 6/24/2020	Date Received	Noted By
Street or Route 709 Gillette St., Ste #3			Telephone Number (608) 781-8379	Comments	
City La Crosse	State WI	ZIP Code 54603	Signature of Person Doing Work 	Date Signed 6/26/2020	

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

Facility/Project Name: Kopatz Property
 Facility License, Permit or Monitoring No.: _____
 Facility ID: _____
 Type of Well: Well Code 11, MW
 Distance from Waste/Source: _____ ft. Enf. Stds. Apply
 Local Grid Location of Well: _____ ft. N. _____ ft. E. _____ ft. S. _____ ft. 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. _____
 Location of Well Relative to Waste/Source: u Upgradient s Sidegradient d Downgradient n Not Known
 Gov. Lot Number _____
 Well Name: MW-8
 Wis. Unique Well No.: 10588 DNR Well ID No.: _____
 Date Well Installed: 05/18/2015
 Well Installed By Name (first, last) and Firm: Darrin Prentice Geiss Soil & Samples LLC

- 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:
 OP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock
 13. Sieve analysis performed? Yes No
 14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other
 15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99
 16. Drilling additives used? Yes No
 Describe _____
 17. Source of water (attach analysis, if required): _____



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: _____ in.
 - b. Length: _____ ft.
 - c. Material: Steel 04
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal: Bentonite 30
Concrete 01
Other
- 4. Material between well casing and protective pipe: Bentonite 30
Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 33
 - b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight . . . Bentonite slurry 31
 - d. _____ % Bentonite Bentonite-cement grout 50
 - e. _____ Ft³ volume added for any of the above
 - f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
- 6. Bentonite seal:
 - a. Bentonite granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. #15 Red Flint
 b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. #40 Red Flint
 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 Johnson
 c. Slot size: 0.010 in.
 d. Slotted length: 10 ft.
- 11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top _____ ft. MSL or 5 ft.
- F. Fine sand, top _____ ft. MSL or 2 ft.
- G. Filter pack, top _____ ft. MSL or 25 ft.
- H. Screen joint, top _____ ft. MSL or 3 ft.
- I. Well bottom _____ ft. MSL or 13 ft.
- J. Filter pack, bottom _____ ft. MSL or 14 ft.
- K. Borehole, bottom _____ ft. MSL or 14 ft.
- L. Borehole, diameter 8.25 in.
- M. O.D. well casing 2.40 in.
- N. I.D. well casing 2.06 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature: Darrin Prentice Firm: Geiss Soil & Samples LLC

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