



Meridian Environmental Consulting, LLC

June 28, 2020

Carrie Stoltz
Wisconsin Department of Natural Resources
107 Sutcliffe Avenue
Rhineland, Wisconsin 54501-3349

Subject: **Well Abandonment Forms**

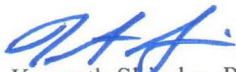
Webster Pig Farm (former)
W16640 CTH M
Gilman, Wisconsin
PECFA No. 54433-9429-94
DNR BRRTS Nos. 03-61-000650
Meridian No. 05F784

Dear Carrie:

Per DNR email dated 6/27/2020, the remaining monitoring wells and the former Webster Pig Farm well were abandoned June 28, 2020.

The well abandonment forms are enclosed.

Sincerely,
MERIDIAN ENVIRONMENTAL CONSULTING, LLC


Kenneth Shimko, PG
Project Manager

MW-600

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

2. Facility / Owner Information

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

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

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

Well Street Address: **W16640 CTH M**

Well City, Village or Town: **Gilman** Well ZIP Code: **54433**

Subdivision Name: _____ Lot #: _____

Facility Name: **Webster Pig Farm (former)**

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: **W16640 CTH M**

City of Present Owner: **Gilman** State: **WI** ZIP Code: **54433**

Reason for Removal from Service: **Project Closed** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **4-14-97**
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): **16.5** Casing Diameter (in.): **2**

Lower Drillhole Diameter (in.): **8** Casing Depth (ft.): **16.5**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? **4** Depth to Water (feet): **8**

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

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

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

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

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	16.5	~1/2 bag	

6. Comments

7. Supervision of Work

				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By	
Meridian Env Co LLC		6/28/20			
Street or Route	Telephone Number		Comments		
2711 N. Felco Rd	(715) 8326608				
City	State	ZIP Code	Signature of Person Doing Work	Date Signed	
Fall Creek	WI	54742	[Signature]	6-28-20	

Facility/Project Name <u>Ruth Diamond Property</u>	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name <u>MW 600</u>
Facility License, Permit or Monitoring Number _____	Grid Origin Location Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E.	Wis. Unique Well Number _____ DNR Well Number _____
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source <u>SE 1/4 of SW 1/4 of Sec. 17, T. 32 N, R. 4</u> <input type="checkbox"/> E. <input checked="" type="checkbox"/> W.	Date Well Installed <u>04/14/97</u> m m d d y y
Distance Well Is From Waste/Source Boundary _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) <u>Steve Hunger</u> <u>Soils & Engineering Services, Inc.</u>
Is Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>8.0</u> in. b. Length: <u>1.0</u> 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 type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
D. Surface seal, bottom _____ ft. MSL or <u>1.0</u> ft.	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Annular space seal <input type="checkbox"/> 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 checked="" type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	5. Annular space seal: a. Granular Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. <u>1.0</u> Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 <u>3/8" Bentonite Chips</u> Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	7. Fine sand material: Manufacturer, product name & mesh size a. <u>American Materials; Red Flint; 0.45-0.55mm</u> b. Volume added <u>0.3</u> ft ³
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	8. Filter pack material: Manufacturer, product name and mesh size a. <u>American Materials; Red Flint; #30</u> b. Volume added <u>3.8</u> ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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"/>
Describe _____	10. Screen material: <u>Schedule 40 PVC</u> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
17. Source of water (attach analysis): _____	b. Manufacturer <u>Timco</u> c. Slot size: <u>0.010</u> in. d. Slotted length: <u>9.6</u> ft.
E. Bentonite seal, top _____ ft. MSL or <u>1.0</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or <u>4.0</u> ft.	
G. Filter pack, top _____ ft. MSL or <u>5.0</u> ft.	
H. Screen joint, top _____ ft. MSL or <u>6.5</u> ft.	
I. Well bottom _____ ft. MSL or <u>16.5</u> ft.	
J. Filter pack, bottom _____ ft. MSL or <u>17.5</u> ft.	
K. Borehole, bottom _____ ft. MSL or <u>17.5</u> ft.	
L. Borehole, diameter <u>7.6</u> in.	
M. O.D. well casing <u>2.38</u> in.	
N. I.D. well casing <u>2.04</u> in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature Shane E. Reichel Firm Soils & Engineering Services, Inc.

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

PZ-600

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

County: **Taylor** WI Unique Well # of Removed Well: _____ Hicap #: _____
 Latitude / Longitude (see instructions): _____ N Format Code: DD Method Code: GPS008
 _____ W DDM SCR002
 _____ OTH001
 1/4 / 1/4: _____ Section: _____ Township: _____ Range: E W
 or Gov't Lot #: _____ N
 Well Street Address: **W16640 CTH M**
 Well City, Village or Town: **Gilman** Well ZIP Code: **54433**
 Subdivision Name: _____ Lot #: _____

2. Facility / Owner Information

Facility Name: **Webster Pig Farm (former)**
 Facility ID (FID or PWS): _____
 License/Permit/Monitoring #: _____
 Original Well Owner: _____
 Present Well Owner: _____
 Mailing Address of Present Owner: **W16640 CTH M**
 City of Present Owner: **Gilman** State: **WI** ZIP Code: **54433**

3. Filled & Sealed Well / Drillhole / Borehole Information

Reason for Removal from Service: **Project Closed** WI Unique Well # of Replacement Well: _____
 Monitoring Well Original Construction Date (mm/dd/yyyy): **4-14-97**
 Water Well If a Well Construction Report is available, please attach.
 Borehole / Drillhole
 Construction Type: Drilled Driven (Sandpoint) Dug
 Other (specify): _____
 Formation Type: Unconsolidated Formation Bedrock
 Total Well Depth From Ground Surface (ft.): **36** Casing Diameter (in.): **2**
 Lower Drillhole Diameter (in.): **8** Casing Depth (ft.): **36**
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? **28** Depth to Water (feet): **8**

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

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

5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
bentonite chips	Surface	36	~1 bag	

6. Comments

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By	
Meridian Env Co LLC		6/28/20			
Street or Route	Telephone Number	Comments			
2711 N. Elco Rd	(715) 8326608				
City	State	ZIP Code	Signature of Person Doing Work	Date Signed	
Fall Creek	WI	54742	[Signature]	6-28-20	

Facility/Project Name <i>Ruth Diamond Property</i>	Local Grid Location of Well ft. <input type="checkbox"/> N <input type="checkbox"/> E ft. <input type="checkbox"/> S <input type="checkbox"/> W	Well Name <i>PZ600</i>
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E.	Wis. Unique Well Number _____ DNR Well-Number _____
Type of Well Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input checked="" type="checkbox"/> 12	Section Location of Waste/Source <i>SE 1/4 of SW 1/4 of Sec. 17, T. 32 N, R. 4</i> <input type="checkbox"/> E. <input checked="" type="checkbox"/> W.	Date Well Installed <i>04/14/97</i> m m d d y y
Distance Well Is From Waste/Source Boundary ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) <i>Steve Hunger</i> <i>Soils & Engineering Services, Inc.</i>
Is Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No		

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: <i>8.0 in.</i> b. Length: <i>1.0 ft.</i> c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or <i>1.0</i> ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 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 checked="" type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input 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. <i>8.6</i> Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 <i>3/8" Bentonite Chips</i> Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. <i>American Materials; Red Flint; 0.45-0.55 mm</i> b. Volume added <i>0.3</i> ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name and mesh size a. <i>American Materials; Red Flint; #30</i> b. Volume added <i>2.9</i> ft ³
17. Source of water (attach analysis): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or <i>1.0</i> ft.	10. Screen material: <i>Schedule 40 PVC</i> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or <i>28.0</i> ft.	b. Manufacturer <i>Timco</i> c. Slot size: <i>0.010 in.</i> d. Slotted length: <i>4.6</i> ft.
G. Filter pack, top _____ ft. MSL or <i>29.0</i> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or <i>31.0</i> ft.	
I. Well bottom _____ ft. MSL or <i>36.0</i> ft.	
J. Filter pack, bottom _____ ft. MSL or <i>38.0</i> ft.	
K. Borehole, bottom _____ ft. MSL or <i>38.0</i> ft.	
L. Borehole, diameter <i>7.6</i> in.	
M. O.D. well casing <i>7.38</i> in.	
N. I.D. well casing <i>2.04</i> in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature *William E. Peichel* Firm *Soils & Engineering Services, Inc.*

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

MW-10A

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

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

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

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

Well Street Address: **W16640 CTH M**

Well City, Village or Town: **Gilman** Well ZIP Code: **54433**

Subdivision Name _____ Lot # _____

Facility Name: **Webster Pig Farm (former)**

Facility ID (FID or PWS) _____

License/Permit/Monitoring # _____

Original Well Owner _____

Present Well Owner _____

Mailing Address of Present Owner: **W16640 CTH M**

City of Present Owner: **Gilman** State: **WI** ZIP Code: **54433**

Reason for Removal from Service: **Project Closed** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): **5-8-19**

If a Well Construction Report is available, please attach.

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

Formation Type: Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): **15** Casing Diameter (in.): **2**

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

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? **3** Depth to Water (feet): **8**

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

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

Sealing Materials: Neat Cement Grout Concrete Sand-Cement (Concrete) Grout Bentonite Chips

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

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	1/2 bag	

6. Comments

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

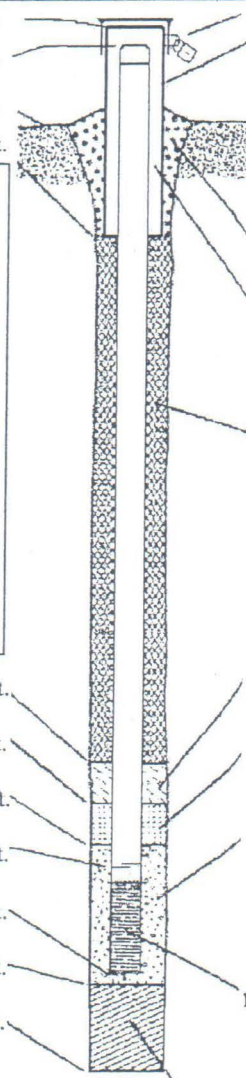
Name of Person or Firm Doing Filling & Sealing: **Meridian Env Co LLC** License #: _____ Date of Filling & Sealing or Verification (mm/dd/yyyy): **6/28/20**

Street or Route: **2711 N. Elco Rd** Telephone Number: **(715) 8326608** Comments: _____

City: **Fall Creek** State: **WI** ZIP Code: **54742** Signature of Person Doing Work: **[Signature]** Date Signed: **6-28-20**

Facility/Project Name Webster P.I. Farm	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-10A
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID _____	St. Plane _____ ft. N. _____ ft. E. S/C/N _____	Date Well Installed 5, 8, 2019 m m d d y y y y
Type of Well _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Joe Black PSI
Well Code _____	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number _____
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 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 checked="" type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ 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
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or <u>3</u> ft.	10. Screen material: <u>PVC</u> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or <u>3</u> ft.	b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: <u>10</u> ft.
G. Filter pack, top _____ ft. MSL or <u>3</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or <u>5</u> ft.	
I. Well bottom _____ ft. MSL or <u>15</u> ft.	
J. Filter pack, bottom _____ ft. MSL or <u>15</u> ft.	
K. Borehole, bottom _____ ft. MSL or <u>15</u> ft.	
L. Borehole, diameter <u>8</u> in.	
M. O.D. well casing <u>2</u> in.	
N. I.D. well casing <u>2</u> in.	



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

Signature: [Signature] Firm: Mendota Environmental Consulting LLC

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

MW-10B

Notice: Completion of this report is required by chs. 160, 261, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

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

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

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

Well Street Address: **W16640 CTH M**

Well City, Village or Town: **Gilman** Well ZIP Code: **54433**

Subdivision Name: _____ Lot #: _____

Facility Name: **Webster Pig Farm (former)**

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: **W16640 CTH M**

City of Present Owner: **Gilman** State: **WI** ZIP Code: **54433**

Reason for Removal from Service: **Project Closed** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): **5-8-19**

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.): **35** Casing Diameter (in.): **2**

Lower Drillhole Diameter (in.): **8** Casing Depth (ft.): **35**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? **25** Depth to Water (feet): **9**

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A

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

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

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

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

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	35	1 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: **Meridian Env Co LLC** License #: _____ Date of Filling & Sealing or Verification (mm/dd/yyyy): **6/28/20**

Street or Route: **2711 N. Felco Rd** Telephone Number: **(715) 8326608** Comments: _____

City: **Fall Creek** State: **WI** ZIP Code: **54742** Signature of Person Doing Work: *[Signature]* Date Signed: **6-28-20**

Facility/Project Name Webster Pitt Farm	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-103
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No.	DNR Well ID No.
Facility ID	Lat. _____ " Long. _____ " or	Date Well Installed 5/8/2019 m m d d y y y y	
Type of Well Well Code _____ / _____	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: Name (first, last) and Firm Joe Black PSI	
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Gov. Lot Number _____
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		

A. Protective pipe, top elevation	_____ ft. MSL	1. Cap and lock?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation	_____ ft. MSL	2. Protective cover pipe:	
C. Land surface elevation	_____ ft. MSL	a. Inside diameter:	8 in.
D. Surface seal, bottom	_____ ft. MSL or _____ ft.	b. Length:	1 ft.
		c. Material:	Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen:		d. Additional protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input checked="" type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		3. Surface seal:	Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
13. Sieve analysis performed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Material between well casing and protective pipe:	Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
14. Drilling method used:	Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	5. Annular space seal:	a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input checked="" type="checkbox"/> 35 c. _____ Lbs/gal mud weight Bentonite slurry <input checked="" 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:
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			Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
16. Drilling additives used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. Bentonite seal:	a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
Describe _____		7. Fine sand material: Manufacturer, product name & mesh size	
17. Source of water (attach analysis, if required):		a. _____	
		b. Volume added _____ ft ³	
E. Bentonite seal, top	_____ ft. MSL or 25 ft.	8. Filter pack material: Manufacturer, product name & mesh size	
F. Fine sand, top	_____ ft. MSL or 25 ft.	a. _____	
G. Filter pack, top	_____ ft. MSL or 25 ft.	b. Volume added _____ ft ³	
H. Screen joint, top	_____ ft. MSL or 30 ft.	9. Well casing:	Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
I. Well bottom	_____ ft. MSL or 35 ft.	10. Screen material: PVC	
J. Filter pack, bottom	_____ ft. MSL or 35 ft.	a. Screen type:	Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
K. Borehole, bottom	_____ ft. MSL or 35 ft.	b. Manufacturer _____	
L. Borehole, diameter	8 in.	c. Slot size:	0.1 in.
M. O.D. well casing	2 in.	d. Slotted length:	5 ft.
N. I.D. well casing	2 in.	11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>

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

Signature *Joe Black* Firm Mendian Environmental Consulting LLC

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

MW-11A

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

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

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

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

Well Street Address: **W16640 CTH M**

Well City, Village or Town: **Gilman** Well ZIP Code: **54433**

Subdivision Name _____ Lot # _____

Facility Name: **Webster Pig Farm (former)**

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: **W16640 CTH M**

City of Present Owner: **Gilman** State: **WI** ZIP Code: **54433**

Reason for Removal from Service: **Project Closed** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): **8-21-19**

If a Well Construction Report is available, please attach.

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

Formation Type: Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): **15** Casing Diameter (in.): **2**

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

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? **3** Depth to Water (feet): **9**

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

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

Sealing Materials: Neat Cement Grout Concrete Sand-Cement (Concrete) Grout Bentonite Chips

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

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
bentonite chips	Surface	15	1/2 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: **Meridian Env Co LLC** License #: _____ Date of Filling & Sealing or Verification (mm/dd/yyyy): **6/28/20**

Street or Route: **2711 N. Felco Rd** Telephone Number: **(715) 8326608** Comments: _____

City: **Fall Creek** State: **WI** ZIP Code: **54742** Signature of Person Doing Work: **[Signature]** Date Signed: **6-28-20**

Facility/Project Name Webster Pig Farm	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-11A
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. " Long. " or	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed 8/21/2019 m m d d y y y y
Type of Well	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Joe Black PSI
Well Code /	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number
Distance from Waste/Source ft.	Enf. Stds. Apply <input type="checkbox"/>	

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

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

13. Sieve analysis performed? Yes No

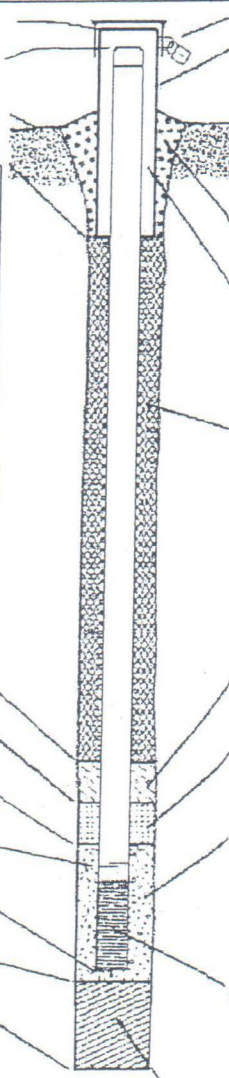
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

15. Drilling fluid used: Water 02 Air 04
 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. _____
 - b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 - a. _____
 - b. Volume added _____ ft³
- 9. Well casing:
 - Flush threaded PVC schedule 40 23
 - Flush threaded PVC schedule 80 24
 - Other
- 10. Screen material: PVC
 - a. Screen type:
 - Factory cut 11
 - Continuous slot 01
 - Other
 - b. Manufacturer _____
 - c. Slot size: 0.1 in.
 - d. Slotted length: 10 ft.
- 11. Backfill material (below filter pack):
 - None 14
 - Other

- E. Bentonite seal, top --- ft. MSL or 3 ft.
- F. Fine sand, top --- ft. MSL or 3 ft.
- G. Filter pack, top --- ft. MSL or 3 ft.
- H. Screen joint, top --- ft. MSL or 5 ft.
- I. Well bottom --- ft. MSL or 15 ft.
- J. Filter pack, bottom --- ft. MSL or 15 ft.
- K. Borehole, bottom --- ft. MSL or 15 ft.
- L. Borehole, diameter 8 in.
- M. O.D. well casing 2 in.
- N. I.D. well casing 2 in.

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

Signature [Signature] Firm Mendota Env. Cnty, LLC

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

MW-113

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County Taylor		WI Unique Well # of Removed Well	Hicap #	Facility Name Webster Pig Farm (former)	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring #	
Well Street Address W16640 CTH M			Original Well Owner		
Well City, Village or Town Gilman			Present Well Owner		
Subdivision Name			Mailing Address of Present Owner W16640 CTH M		
Lot #			City of Present Owner Gilman		State WI
			ZIP Code 54433		

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

Reason for Removal from Service Project Closed	WI Unique Well # of Replacement Well	<input checked="" type="checkbox"/> Pump and piping removed? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Water Well <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Borehole / Drillhole <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Original Construction Date (mm/dd/yyyy) 8-21-19		Required Method of Placing Sealing Material	
If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>		<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): _____	
Construction Type:	Sealing Materials		
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips		
Formation Type:	For Monitoring Wells and Monitoring Well Boreholes Only:		
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry		
Total Well Depth From Ground Surface (ft.) 35	Casing Diameter (in.) 2	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 26-35	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry		
If yes, to what depth (feet)? 26	Depth to Water (feet) 9		

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	35	1 bag	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Meridian Env Sols, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/28/20	Date Received	Noted By
Street or Route 2711 N. Elco Rd	Telephone Number (715) 8326608	Comments		
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	Date Signed 6-28-20

Facility/Project Name Webster Pigg Farm	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-11B
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location Lat. _____ " Long. _____ " or	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 8/21/2019 m m d d y y y y
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Joe Black PSI
Well Code _____ / _____	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Distance from Waste/Source _____ ft.	Gov. Lot Number _____	

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation _____ ft. MSL

C. Land surface elevation _____ ft. MSL

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

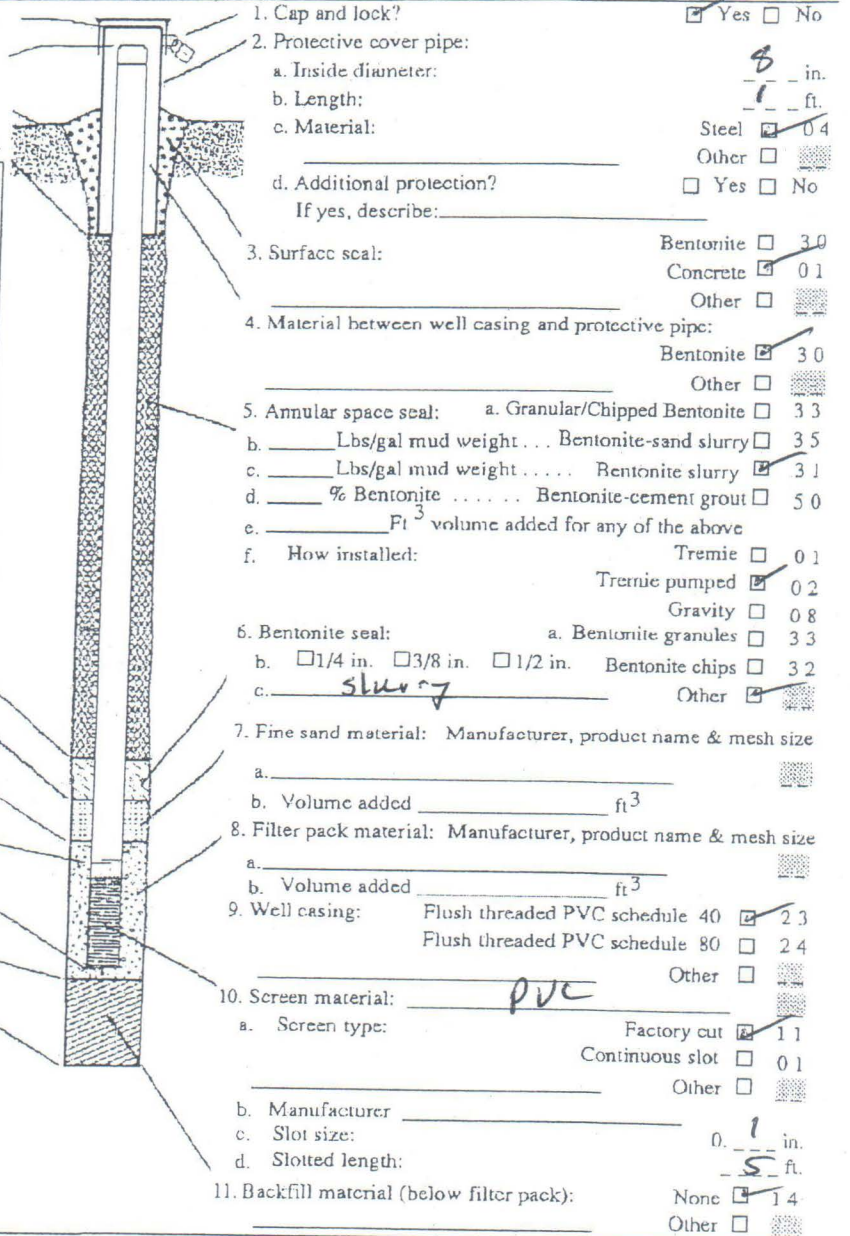
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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 **26** ft.
- F. Fine sand, top _____ ft. MSL or **26** ft.
- G. Filter pack, top _____ ft. MSL or **27** ft.
- H. Screen joint, top _____ ft. MSL or **30** ft.
- I. Well bottom _____ ft. MSL or **35** ft.
- J. Filter pack, bottom _____ ft. MSL or **35** ft.
- K. Borehole, bottom _____ ft. MSL or **35** ft.
- L. Borehole, diameter **8** in.
- M. O.D. well casing **2** in.
- N. I.D. well casing **2** in.

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

Signature *[Signature]* Firm **Mendota Env. Cnty, LLC**

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

MW-12A

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

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

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

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

Well Street Address: **W16640 CTH M**

Well City, Village or Town: **Gilman** Well ZIP Code: **54433**

Subdivision Name _____ Lot # _____

Facility Name: **Webster Pig Farm (former)**

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: **W16640 CTH M**

City of Present Owner: **Gilman** State: **WI** ZIP Code: **54433**

Reason for Removal from Service: **Project Closed** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): **8-22-19**

If a Well Construction Report is available, please attach.

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

Formation Type: Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): **15** Casing Diameter (in.): **2**

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

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? **3** Depth to Water (feet): **8**

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

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

Sealing Materials: Neat Cement Grout Concrete Sand-Cement (Concrete) Grout Bentonite Chips

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

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
bentonite chips	Surface	15	1/2 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: **Meridian Env Sols, LLC** License #: _____ Date of Filling & Sealing or Verification (mm/dd/yyyy): **6/28/20**

Street or Route: **2711 N. Elco Rd** Telephone Number: **(715) 8326608**

City: **Fall Creek** State: **WI** ZIP Code: **54742** Signature of Person Doing Work: *[Signature]* Date Signed: **6-28-20**

DNR Use Only

Date Received: _____ Noted By: _____

Comments: _____

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

Facility/Project Name Webster Pig Farm	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-12A
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well ID No.
Facility ID	Lat. _____ Long. _____ or _____	Date Well Installed 8/22/2019 m m d d y y v v v y
Type of Well Well Code _____ / _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Joe Black PSI
Distance from Waste/Source _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____	

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

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

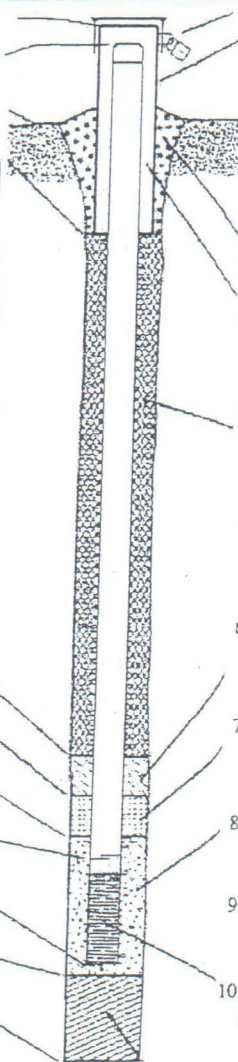
13. Sieve analysis performed? Yes No

14. Drilling method used: Rotary 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):



1. Cap and lock? Yes No
2. Protective cover pipe:
 a. Inside diameter: **8** in.
 b. Length: **1** ft.
 c. Material: Steel 0.4
 Other
- d. Additional protection? Yes No
 If yes, describe: _____
3. Surface seal: Bentonite 3.0
 Concrete 0.1
 Other
4. Material between well casing and protective pipe: Bentonite 3.0
 Other
5. Annular space seal: a. Granular/Chipped Bentonite 3.3
 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 3.5
 c. _____ Lbs/gal mud weight ... Bentonite slurry 3.1
 d. _____ % Bentonite ... Bentonite-cement grout 5.0
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 0.1
 Tremie pumped 0.2
 Gravity 0.8
6. Bentonite seal: a. Bentonite granules 3.3
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3.2
 c. _____ Other
7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
9. Well casing: Flush threaded PVC schedule 40 2.3
 Flush threaded PVC schedule 80 2.4
 Other
10. Screen material: **PVC**
 a. Screen type: Factory cut 1.1
 Continuous slot 0.1
 Other
- b. Manufacturer _____
 c. Slot size: **0.1** in.
 d. Slotted length: **10** ft.
11. Backfill material (below filter pack): None 1.4
 Other

- E. Bentonite seal, top ----- **3** ft. MSL or **3** ft.
 F. Fine sand, top ----- **3** ft. MSL or **3** ft.
 G. Filter pack, top ----- **3** ft. MSL or **3** ft.
 H. Screen joint, top ----- **5** ft. MSL or **5** ft.
 I. Well bottom ----- **15** ft. MSL or **15** ft.
 J. Filter pack, bottom ----- **15** ft. MSL or **15** ft.
 K. Borehole, bottom ----- **15** ft. MSL or **15** ft.
 L. Borehole, diameter **8** in.
 M. O.D. well casing **2** in.
 N. I.D. well casing **2** in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature **[Signature]** Firm **Mendota Env. Cnty, LLC**

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MW-12B

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

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

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

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

Well Street Address: **W16640 CTH M**

Well City, Village or Town: **Gilman** Well ZIP Code: **54433**

Subdivision Name _____ Lot # _____

Facility Name: **Webster Pig Farm (former)**

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: **W16640 CTH M**

City of Present Owner: **Gilman** State: **WI** ZIP Code: **54433**

Reason for Removal from Service: **Project Closed** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): **8-22-19**

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.): **35** Casing Diameter (in.): **2**

Lower Drillhole Diameter (in.): **8** Casing Depth (ft.): **35**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? **26** Depth to Water (feet): **8**

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

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

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

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

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	35	1 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Meridian Env Co LLC	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): 6/28/20	DNR Use Only	
Street or Route: 2711 N. Elco Rd	Telephone Number: (715) 8326608	Comments: _____	Date Received: _____	Noted By: _____
City: Fall Creek	State: WI	ZIP Code: 54742	Signature of Person Doing Work: [Signature]	Date Signed: 6-28-20

Facility/Project Name Webster Pig Farm	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-12B
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID _____	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 8/22/2019 m m d d y y v v y
Type of Well _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Joe Black PSI
Well Code _____ / _____	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number _____
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	

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

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

13. Sieve analysis performed? Yes No

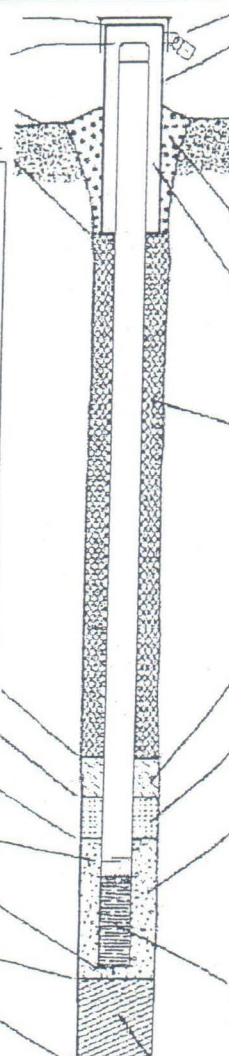
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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

16. Drilling additives used? Yes No

Describe _____

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



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: **8** in.
 - b. Length: **1** ft.
 - c. Material: Steel 04
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal:
 - Bentonite 20
 - 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. **slurry** Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material: **PVC**
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
- b. Manufacturer _____
 c. Slot size: **0.1** in.
 d. Slotted length: **5** ft.
- 11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top ----- ft. MSL or **26** ft.
- F. Fine sand, top ----- ft. MSL or **26** ft.
- G. Filter pack, top ----- ft. MSL or **27** ft.
- H. Screen joint, top ----- ft. MSL or **30** ft.
- I. Well bottom ----- ft. MSL or **35** ft.
- J. Filter pack, bottom ----- ft. MSL or **35** ft.
- K. Borehole, bottom ----- ft. MSL or **35** ft.
- L. Borehole, diameter **8** in.
- M. O.D. well casing **2** in.
- N. I.D. well casing **2** in.

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

Signature **[Signature]** Firm **Mendota Env. Cnty, LLC**

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Pig Farm - Old well

State of Wis., Dept. of Natural Resources
dnr.wi.gov

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

County Taylor		WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions)		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4	1/4	Section	Township
or Gov't Lot #		Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address W16640 CTH M			
Well City, Village or Town Gilman		Well ZIP Code 54433	
Subdivision Name		Lot #	

2. Facility / Owner Information

Facility Name Webster Pig Farm (former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner W16640 CTH M		
City of Present Owner Gilman	State WI	ZIP Code 54433

3. Filled & Sealed Well / Drillhole / Borehole Information

Reason for Removal from Service Project Closed	WI Unique Well # of Replacement Well
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) unknown
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. N/A
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 35	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 35
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 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
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped		
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____		
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete		
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips		
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout		
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry		

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volumes (circle one)	Mix Ratio or Mud Weight
Surface	35	~ 4 bags	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env Co LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/28/20	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 8326608	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 6-28-20