

Letter of Transmittal

Submitted to:

Carrie Stoltz

WI Dept. of Natural Resources
107 Sutliff Avenue
Rhinelander WI 54501

Date:

1/21/2020

Attached

Job:

Port Wing Automotive

Under Separate Cover

Contents:

Well Abandonment Forms
BRRTS #: 03-04-234613

Remarks:

Attached are the well abandonment forms for the above site as requested in your "Remaining Actions Needed....." letter dated 12/19/19. The wells have been properly abandoned and no investigative waste remains on-site. Following your review of these forms, please send the "Final Closure" letter to our client and copy METCO.

If you have any questions please call or email.

Signed: Jason Powell

cc: Mark Johnson - Client

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

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	WI Unique Well # of Removed Well	Licap #		Facility Name			
BAYFIELD	VR672			Port Wing Automotive			
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)		Facility ID (FID or PWS)			
46 ° 46.52 ' N				804055120			
91 ° 23.08 ' W				License/Permit/Monitoring #			
				Original Well Owner			
				Mark Johnson			
				Present Well Owner			
				Mark Johnson			
				Mailing Address of Present Owner			
				P.O. Box 73			
				City of Present Owner		State	ZIP Code
				Menomonie		WI	54751-

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material				
Reason For Removal From Service	WI Unique Well # of Replacement Well	Pump and piping removed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Sampling Complete		Liner(s) removed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Original Construction Date (mm/dd/yyyy)		Screen removed?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
8/21/2017		Casing left in place?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If a Well Construction Report is available, please attach.		Was casing cut off below surface?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:		Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did material settle after 24 hours?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		If yes, was hole relapped?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Formation Type:		If bentonite chips were used, were they hydrated with water from a known safe source?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Required Method of Placing Sealing Material				
Total Well Depth From Ground Surface (ft.)		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped				
15		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity				
Casing Diameter (in.)		2				
Lower Drillhole Diameter (in.)		6.25				
Casing Depth (ft.)		10				
Was well annular space grouted?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
If yes, to what depth (feet)?		8				
Depth to Water (feet)		7.39				

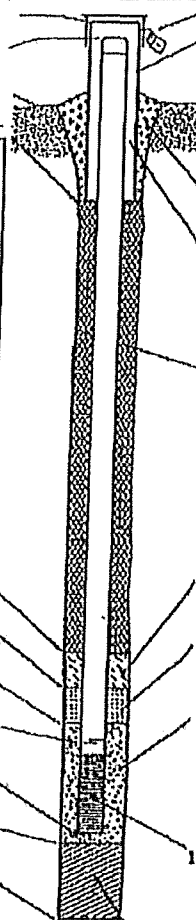
5. Material Used To Fill Well / Drillhole		From (ft.)	To (ft.)	Lbs.
Bentonite Chips		Surface	15	24

6. Comments
Monitoring Well MW-1R

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing (mm/dd/yyyy)	Date Received	Noted By	
Rob Wilmoth - METCO		1/13/2020			
Street or Route	Telephone Number		Comments		
709 Gillette Street, Ste 3	(608) 781-8879				
City	State	ZIP Code	Signature of Person Doing Work		Date Signed
La Crosse	WI	54603-	<i>Rob Wilmoth</i>		1/15/2020

Facility/Project Name: Port Wing Automotive
 Facility License, Permit or Monitoring No.: VR 672
 Facility ID: _____
 Type of Well: Well Code 11 1 MW
 Distance from Waste/Source: _____ ft. Ent. Stds. Apply

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 0.0 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 1
 Other
 15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99
 16. Drilling additive used? Yes No
 Describe _____
 17. Source of water (at each 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: Flush Mount
 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/Clipped 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. 4.0 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. Red Flint Sand #15
 b. Volume added 1.0 ft³
 8. Filter pack material: Manufacturer, product name & mesh size
 a. Red Flint Sand #40
 b. Volume added 5.0 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 JCM-SON
 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 0.0 ft.
 F. Fine sand, top _____ ft. MSL or 8.0 ft.
 G. Filter pack, top _____ ft. MSL or 10.0 ft.
 H. Screen joint, top _____ ft. MSL or 10.0 ft.
 I. Well bottom _____ ft. MSL or 15.0 ft.
 J. Filter pack, bottom _____ ft. MSL or 15.0 ft.
 K. Borehole, bottom _____ ft. MSL or 15.0 ft.
 L. Borehole, diameter 6.75 in.
 M. O.D. well casing 7.0 in.
 N. I.D. well casing 1.85 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature: [Signature] Firm: Twin Ports Testing

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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<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 BAYFIELD		WI Unique Well # of Removed Well _____ VR673 _____		Facility Name Port Wing Automotive		Facility ID (FID or PWS) 804055120	
Latitude / Longitude (Degrees and Minutes) 46 ° 46.52 ' N		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Mark Johnson	
91 ° 23.08 ' W				Present Well Owner Mark Johnson		Mailing Address of Present Owner P.O. Box 73	
1/4 SE	1/4 SE	Section 29	Township 50 N	Range 8	City of Present Owner Menomonie		State WI
or Gov't Lot #				ZIP Code 54751-			
Well Street Address 8950 STH 13				Well ZIP Code 54865-			
Well City, Village or Town Port Wing				Subdivision Name _____			
Well Street Address				Lot #			

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		Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 8/21/2017	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	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:		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Dug	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:		If yes, was hole restopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Unconsolidated Formation	<input checked="" type="checkbox"/> Bedrock	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

Total Well Depth From Ground Surface (ft.) 15	Casing Diameter (in.) 2	Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.) 6.25	Casing Depth (ft.) 10	<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped		
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>		
If yes, to what depth (feet)? 8	Depth to Water (feet) 11.8	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	15	24		

6. Comments
Monitoring Well MW-2R

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 1/13/2020	Date Received	Noted By
Street or Route 709 Gillette Street, Ste 3			Telephone Number (608) 781-8879	Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Rob Wilmoth</i>	Date Signed 1/15/2020	

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

Facility/Project Name <i>Port Wing Automotive</i>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <i>MW-2R</i>
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 _____ " or _____ "	Wis. Unique Well No. <i>VR673</i> DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <i>08/21/2017</i> m d d y v v y y
Type of Well Well Code <i>11 / MW</i>	Section Location of Waste/Source <i>SE 1/4 of SE 1/4 of Sec. 29, T. 50 N, R. 08</i> <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <i>Tom Pinnau</i> <i>Twin Ports Testing</i>
Distance from Waste/Source _____ ft. Ent. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number _____

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation _____ ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or *0.0* 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 10

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 *0.0* ft.

F. Fine sand, top _____ ft. MSL or *8.0* ft.

G. Filter pack, top _____ ft. MSL or *10.0* ft.

H. Screen joint, top _____ ft. MSL or *10.0* ft.

I. Well bottom _____ ft. MSL or *15.0* ft.

J. Filter pack, bottom _____ ft. MSL or *15.0* ft.

K. Borehole, bottom _____ ft. MSL or *15.0* ft.

L. Borehole, diameter *6.25* in.

M. O.D. well casing *2.0* in.

N. I.D. well casing *1.45* in.

1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: _____ in.
 b. Length: _____ ft.
 c. Material: Steel 04
 Other 05

d. Additional protection? *Flush Mount* Yes No
 If yes, describe: _____

3. Surface seal:
 Bentonite 30
 Concrete 01
 Other 02

4. Material between well casing and protective pipe:
 Bentonite 30
 Other 02

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. *4.0* 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 02

7. Fine sand material: Manufacturer, product name & mesh size
 a. *Red Flint Sand #15*
 b. Volume added *1.0* ft³

8. Filter pack material: Manufacturer, product name & mesh size
 a. *Red Flint Sand #40*
 b. Volume added *5.0* ft³

9. Well casing:
 Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other 02

10. Screen material: *PVC*
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other 02
 b. Manufacturer *Johnson*
 c. Slot size: *0.010* in.
 d. Slotted length: *10* ft.

11. Backfill material (below filter pack):
 None 14
 Other 02

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

Signature *[Signature]* Firm *Twin Ports Testing*

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 BAYFIELD	WI Unique Well # of Removed Well VP412	Hicap #	Facility Name Port Wing Automotive		
Latitude / Longitude (Degrees and Minutes) 46 ° 46.52 ' N		Method Code (see instructions)	Facility ID (FID or PWS) 804055120		
91 ° 23.08 ' W			License/Permit/Monitoring #		
1/4 SE	1/4 SE	Section 29	Township 50 N	Range 8	Original Well Owner Mark Johnson
or Gov't Lot #				<input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W	Present Well Owner Mark Johnson
Well Street Address 8950 STH 13			Mailing Address of Present Owner P.O. Box 73		
Well City, Village or Town Port Wing			Well ZIP Code 54865-		
Subdivision Name			City of Present Owner Menomonie		State WI
					ZIP Code 54751-

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	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
3. Well / Drillhole / Borehole Information		Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 3/31/2015	Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify):		If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Formation Type:		If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Unconsolidated Formation	<input checked="" type="checkbox"/> Bedrock	Required Method of Placing Sealing Material			
Total Well Depth From Ground Surface (ft.) 14	Casing Diameter (in.) 2	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
Lower Drillhole Diameter (in.) 6.25	Casing Depth (ft.) 4	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials			
If yes, to what depth (feet)? 3	Depth to Water (feet) 8.78	<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			

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 Rob Wilmoth - METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 1/13/2020	Date Received	Noted By	
Street or Route 709 Gillette Street, Ste 3		Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 1/15/2020	

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

Facility/Project Name <i>Port Wing Aule</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>MW-3</i>
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. <i>V1912</i> DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <i>02/11/2015</i> m m d d y y y y
Type of Well Well Code <i>MW1</i>	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 <i>Kyle Schuet</i>
Distance from Waste/Source _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient e <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Ent. Stds. Apply <input type="checkbox"/>	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:
 OP GM GC OW SW SP
 SM SC ML MH CL CH
 Bedrock

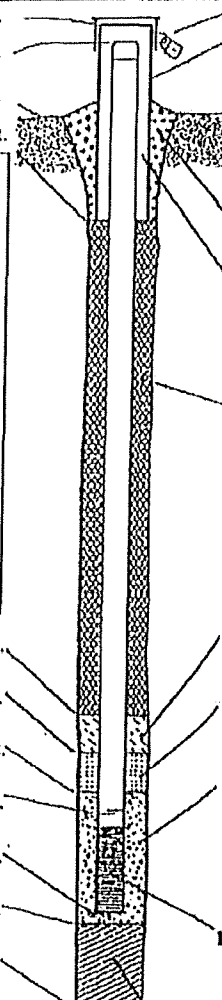
13. Sieve analysis performed? Yes No

14. Drilling method used: Rotary 0
 Hollow Stem Auger 1
 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. *8*
 b. Length: _____ ft. *1*
 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. *20/40 Budget*
 b. Volume added *3.5* ft³
9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
10. Screen material:
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
 b. Manufacturer _____
 c. Slot size: *0.010* in.
 d. Slotted length: *10* ft.
11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top _____ ft. MSL or *1* 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 *4* ft.
 I. Well bottom _____ ft. MSL or *14* ft.
 J. Filter pack, bottom _____ ft. MSL or *14* ft.
 K. Borehole, bottom _____ ft. MSL or *14* ft.
 L. Borehole, diameter *6* in.
 M. O.D. well casing *2.37* in.
 N. I.D. well casing *2.03* in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature *[Signature]* Firm *Grand Source*

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. State., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. State., 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 BAYFIELD		WI Unique Well # of Removed Well VP411		Facility Name Port Wing Automotive		Facility ID (FID or PWS) 804055120	
Latitude / Longitude (Degrees and Minutes) 46 ° 46.52 ' N		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Mark Johnson	
91 ° 23.08 ' W				Present Well Owner Mark Johnson		Mailing Address of Present Owner P.O. Box 73	
1/4 SE	1/4 SE	Section 29	Township 50 N	Range 8	<input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W	City of Present Owner Menomonie	
Well Street Address 8950 STH 13		Well ZIP Code 54865-		State WI		ZIP Code 54751-	
Well City, Village or Town Port Wing		Lot #		City of Present Owner Menomonie		State WI	
Subdivision Name				City of Present Owner Menomonie		State WI	

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		Original Construction Date (mm/dd/yyyy) 3/31/2015		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:				Casing left in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		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"/> Bedrock		Did material settle after 24 hours?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Unconsolidated Formation				If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 14		Casing Diameter (in.) 2		If bentonite chips were used, were they hydrated with water from a known safe source?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 6.25		Casing Depth (ft.) 4		Required Method of Placing Sealing Material		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 3.55		<input type="checkbox"/> Screened & Poured (Bentonite Chips)		<input checked="" type="checkbox"/> Other (Explain): Gravity	
If yes, to what depth (feet)? 3				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	

5. Material Used To Fill Well / Drillhole			For Monitoring Wells and Monitoring Well Boreholes Only:	
From (ft.)	To (ft.)	Lbs.	<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
Surface	14	22.4	<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

6. Comments
Monitoring Well MW-4

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 1/13/2020	Date Received	Noted By
Street or Route 709 Gillette Street, Ste 3		Telephone Number (608) 781-8879		Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 1/15/2020	

Facility/Project Name <i>Port Wing Aulco</i>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <i>MW-4</i>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location Lat. _____ Long. _____ or _____	Wis. Unique Well No. <i>VP 411</i> DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <i>02/13/2015</i> m m d d y y v v
Type of Well Well Code <i>MW1</i>	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 <i>Ground Source Kyle Schott</i>
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	
Ent. Stds. Apply <input type="checkbox"/>	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 0
 Hollow Stem Auger 1
 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. *8*
 b. Length: _____ ft. *7*
 c. Material: Steel 04
 Other

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. *20/40 Budget*
 b. Volume added *3.5* ft³

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

10. Screen material:
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
 b. Manufacturer _____
 c. Slot size: *0.210* in.
 d. Slotted length: *10* ft.

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

E. Bentonite seal, top _____ ft. MSL or *1* 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 *4* ft.

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

J. Filter pack, bottom _____ ft. MSL or *14* ft.

K. Borehole, bottom _____ ft. MSL or *14* ft.

L. Borehole, diameter *6* in.

M. O.D. well casing *2.37* in.

N. I.D. well casing *2.03* in.

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

Signature *[Signature]* Firm *Ground Source*

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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 BAYFIELD		WI Unique Well # of Removed Well ____ VN707	HiCap #	Facility Name Port Wing Automotive		Facility ID (FID or PWS) 804055120	
Latitude / Longitude (Degrees and Minutes) 46 ° 46.52 ' N 91 ° 23.08 ' W		Method Code (see instructions)		License/Permit/Monitoring #			
¼/¼ SE or Gov't Lot #	¼ SE	Section 29	Township 50 N	Range 8	Original Well Owner Mark Johnson		Present Well Owner Mark Johnson
Well Street Address 8950 STH 13				Mailing Address of Present Owner P.O. Box 73			
Well City, Village or Town Port Wing			Well ZIP Code 54865-		City of Present Owner Menomonie		State WI
Subdivision Name			Lot #		ZIP Code 54751-		

Reason For Removal From Service		WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material			
Sampling Complete			Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
3. Well / Drillhole / Borehole Information		Original Construction Date (mm/dd/yyyy) 3/31/2015	Liner(s) 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.		Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Water Well			Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole			Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:			Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug			Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____			If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Formation Type:			If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock			Required Method of Placing Sealing Material			
Total Well Depth From Ground Surface (ft.) 14		Casing Diameter (in.) 2	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
Lower Drillhole Diameter (in.) 6.25		Casing Depth (ft.) 4	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Sealing Materials			
If yes, to what depth (feet)? 3		Depth to Water (feet) 6.85	<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 Rob Wilmoth - METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 1/13/2020	Date Received	Noted By	
Street or Route 709 Gillette Street, Ste 3		Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 1/15/2020	

Facility/Project Name <i>Port Wing Auto</i>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <i>MW-5</i>
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. <i>MV 207</i> DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <i>02/13/2015</i> m m d d y y y y
Type of Well Well Code <i>MW 1</i>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <i>Ground Source Kyle Schott</i>
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

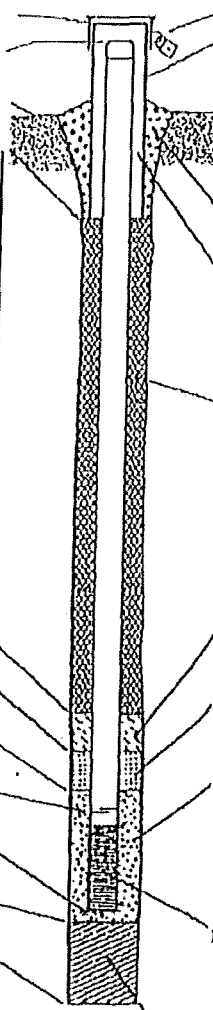
14. Drilling method used: Rotary 0
 Hollow Stem Auger 1
 Other

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: *7* ft.
 - c. Material: Steel 04
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal: Bentonite 30
Concrete 01
Other
- 4. Material between well casing and protective pipe: Bentonite 30
Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 33
 - b. _____ Lbs/gal mud weight, . . . Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight, . . . Bentonite slurry 31
 - d. _____ % Bentonite, . . . Bentonite-cement grout 50
 - e. _____ Ft³ volume added for any of the above
 - f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
- 6. Bentonite seal:
 - a. Bentonite granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 - a. _____
 - b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 - a. *20/40 Budget*
 - b. Volume added *3.5* ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material:
 - a. Screen type: Factory cut 11
 Continuous slot 01
 Other
 - b. Manufacturer _____
 - c. Slot size: *0.010* in.
 - d. Slotted length: *70* ft.
- 11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top _____ ft. MSL or *1* 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 *4* ft.
- I. Well bottom _____ ft. MSL or *14* ft.
- J. Filter pack, bottom _____ ft. MSL or *14* ft.
- K. Borehole, bottom _____ ft. MSL or *14* ft.
- L. Borehole, diameter *6* in.
- M. O.D. well casing *2.37* in.
- N. I.D. well casing *2.03* in.

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

Signature *[Signature]* Firm *Ground Source*

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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.

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 BAYFIELD		WI Unique Well # of Removed Well VN706	Hicap #	Facility Name Port Wing Automotive		Facility ID (FID or PWS) 804055120	
Latitude / Longitude (Degrees and Minutes) 46 ° 46.52 ' N 91 ° 23.08 ' W		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Mark Johnson	
1/4 SE	1/4 SE	Section 29	Township 50 N	Range 8	<input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W	Present Well Owner Mark Johnson	
Well Street Address 8950 STH 13				Mailing Address of Present Owner P.O. Box 73			
Well City, Village or Town Port Wing				Well ZIP Code 54865-			
Subdivision Name				Lot #		City of Present Owner Menomonie	
				State WI		ZIP Code 54751-	

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	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 type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

3. Well / Drillhole / Borehole Information		Required Method of Placing Sealing Material	
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 3/31/2015	<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input checked="" type="checkbox"/> Other (Explain): Gravity
<input type="checkbox"/> Borehole / Drillhole		Sealing Materials	
Construction Type:		<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry " "
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Dug	<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite Chips
Formation Type:	<input type="checkbox"/> Unconsolidated Formation	For Monitoring Wells and Monitoring Well Boreholes Only:	
	<input checked="" type="checkbox"/> Bedrock	<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
Total Well Depth From Ground Surface (ft.) 14	Casing Diameter (in.) 2	<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry
Lower Drillhole Diameter (in.) 6.25	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)? 3	Depth to Water (feet) 7.78		

6. 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 Rob Wilmoth - METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 1/13/2020	Date Received	Noted By	
Street or Route 709 Gillette Street, Ste 3	Telephone Number (608) 781-8879	Comments		Signature of Person Doing Work <i>[Signature]</i>	
City La Crosse	State WI	ZIP Code 54603-	Date Signed 1/15/2020		

Facility/Project Name <u>Port Wing Auto</u>		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name <u>MW-6</u>	
Facility License, Permit or Monitoring No.		Local Grid Origin <input type="checkbox"/> (estimated) <input type="checkbox"/> or Well Location <input type="checkbox"/> Lat. " Long. " or " "		Wis. Unique Well No. <u>NU706</u> DNR Well ID No.	
Facility ID		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed <u>02/13/2015</u> m m d d y y y y	
Type of Well Well Code <u>MW1</u>		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm <u>Ground Source</u> <u>Kyle Schott</u>	
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	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in.
C. Land surface elevation _____ ft. MSL	b. Length: _____ ft.
D. Surface seal, bottom _____ ft. MSL or _____ ft.	c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> OW <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 checked="" type="checkbox"/>	
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
14. Drilling method used: Rotary <input checked="" type="checkbox"/> 0 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input checked="" type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ 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
17. Source of water (attach analysis, if required): Describe _____	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
F. Fine sand, top _____ ft. MSL or _____ ft.	8. Filter pack material: Manufacturer, product name & mesh size a. <u>20/40 Budget</u> b. Volume added <u>3.5</u> ft ³
G. Filter pack, top _____ ft. MSL or _____ ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or _____ ft.	10. Screen material: a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or _____ ft.	b. Manufacturer _____ c. Slot size: <u>0010</u> in. d. Slotted length: <u>10</u> ft.
J. Filter pack, bottom _____ ft. MSL or _____ ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or _____ ft.	
L. Borehole, diameter <u>6</u> in.	
M. O.D. well casing <u>2.37</u> in.	
N. I.D. well casing <u>2.03</u> in.	

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

Signature: [Signature] Firm: Ground Source

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 BAYFIELD		WI Unique Well # of Removed Well VN708	Hicap #	Facility Name Port Wing Automotive		Facility ID (FID or PWS) 804055120	
Latitude / Longitude (Degrees and Minutes) 46 ° 46.52 ' N 91 ° 23.08 ' W		Method Code (see instructions)		License/Permit/Monitoring #			
1/4 SE	1/4 SE	Section 29	Township 50 N	Range 8	<input type="checkbox"/> E <input checked="" type="checkbox"/> W		Original Well Owner Mark Johnson
or Gov't Lot #		Well Street Address 8950 STH 13		Present Well Owner Mark Johnson			
Well City, Village or Town Port Wing		Well ZIP Code 54865-		Mailing Address of Present Owner P.O. Box 73			
Subdivision Name		Lot #		City of Present Owner Menomonie		State WI	ZIP Code 54751-

Reason For Removal From Service		WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material			
Sampling Complete			Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
3. Well / Drillhole / Borehole Information		Original Construction Date (mm/dd/yyyy) 3/31/2015	Liner(s) 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.		Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Water Well			Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole			Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:			Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____			If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
			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

Formation Type:		Required Method of Placing Sealing Material	
<input type="checkbox"/> Unconsolidated Formation	<input checked="" type="checkbox"/> Bedrock	<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
Total Well Depth From Ground Surface (ft.) 14	Casing Diameter (in.) 2	<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input checked="" type="checkbox"/> Other (Explain): Gravity
Lower Drillhole Diameter (in.) 6.25	Casing Depth (ft.) 4	Sealing Materials	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 5.5	<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
If yes, to what depth (feet)? 3		<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-7

7. Supervision of Work				DNR-Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 1/13/2020	Date Received	Noted By	
Street or Route 709 Gillette Street, Ste 3		Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 1/15/2020	

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

Facility/Project Name <i>Port Wing Auto</i>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name <i>MW-7</i>
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated) <input type="checkbox"/> or Well Location <input type="checkbox"/>	Wis. Unique Well No. <i>UV208</i> DNR Well ID No.
Facility ID	Lat. " Long. " or	Date Well Installed <i>02/31/2015</i> m d d y y y
Type of Well Well Code <i>MW1</i>	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 <i>Ground Source</i> <i>Kyle Schot</i>
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient e <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation _____ ft. MSL

C. Land surface elevation _____ ft. MSL

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

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

13. Sieve analysis performed? Yes No

14. Drilling method used: Rotary 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 _____ ft.

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

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

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

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

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

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

L. Borehole, diameter _____ in.

M. O.D. well casing _____ in.

N. I.D. well casing _____ in.

1. Cap and lock? Yes No

2. Protective cover pipe:
a. Inside diameter: _____ in.
b. Length: _____ 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. _____ Pt³ 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. *20/40 Budget*
b. Volume added *3.5* ft³

9. Well casing: Flush threaded PVC schedule 40 2 3
Flush threaded PVC schedule 80 2 4
Other

10. Screen material:
a. Screen type: Factory cut 1 1
Continuous slot 0 1
Other

b. Manufacturer _____
c. Slot size: _____ in. *0010*
d. Slotted length: _____ ft. *10*

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 *[Signature]* Firm *Ground Source*

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.