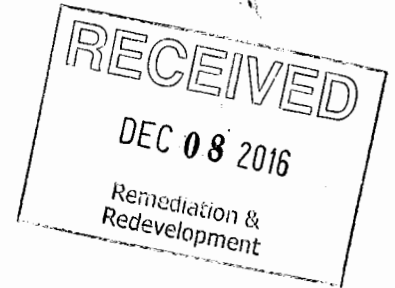




Meridian Environmental Consulting, LLC

December 6, 2016

Ralph Smith
Wisconsin Department of Natural Resources
PO Box 7921
Madison, WI 53707-7921



Subject: Well Abandonment Forms
Adams Garage
10634 W. Omaha Street
Radisson, Wisconsin
PECFA No. 54867-0001-01
DNR BRRTS No. 03-58-000706
Meridian No. 05F745

Dear Ralph:

Enclosed are well abandonment forms for the Adams Garage site.

Three temporary wells were not located:

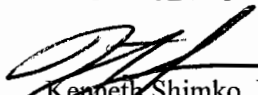
TMW-1

Could not find with metal detector. Will research old field notes for measurements from other wells.

TMW-2 & TMW-4

Vehicles parked over wells. Will arrange with current owner to move vehicles to allow well abandonment.

Sincerely,
MERIDIAN ENVIRONMENTAL CONSULTING, LLC


Kenneth Shimko, PG
Project Manager

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.

Route to:

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

1. General Information				2. Facility/Owner Information			
WI Unique Well No.	DNR Well ID No.	County <i>Sawyer</i>		Facility Name <i>Adam's Garage (former)</i>			
Common Well No. <i>TMW-5R</i>		Gov't Lot # (if applicable)		Facility ID		License/Permit/Monitoring No.	
1/4 / 1/4	Section	Township <i>N</i>	Range <i>E</i>	Street Address of Well <i>10634 W. Omaha Street</i>			
Well Location <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M (Local Grid <input type="checkbox"/>)		Datum		City, Village or Town <i>RadiSSon, WI 54867</i>			
<i>N</i> / <i>S</i>		<i>E</i> / <i>W</i>		Present Well Owner		Original Well Owner	
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N		Zone		Street Address or Route of Present Owner			
Local Grid Origin <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M		Datum		City			
<i>N</i>		<i>E</i> / <i>W</i>		State		ZIP Code	
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N		Zone					

Reason For Abandonment <i>Closed Project</i>	WI Unique Well No. of Replacement Well	3. Pump, Liner, Screen, Casing & Sealing Material					
-------------------------------------------------	----------------------------------------	--------------------------------------------------------------	--	--	--	--	--

3. Well / Drillhole / Borehole Information		<input checked="" type="checkbox"/> Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? <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 checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Was casing cut of below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" 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 type="checkbox"/> N/A					
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date <i>11-18-08</i>	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):					
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specif):	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>	Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurr (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					
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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					

Total Well Depth From Groundsurface (ft.) <i>15</i>	Casing Diameter in. <i>1</i>	5. Material Used To Fill Well / Drillhole					
Lower Drillhole Diameter (in.) <i>2</i>	Casing Depth (ft.) <i>15</i>	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight		
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <i>5</i>	<i>Surface</i>	<i>15</i>	<i>~ 1/4 bag</i>			
If yes, to what depth (feet)? <i>1</i>		6. Comments					

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Sealing Work <i>Meridian Environmental City</i>		Date of Abandonment <i>12-5-16</i>		Date Received	
Street or Route <i>2711 N. Elcord</i>		Telephone Number <i>(715) 832-6608</i>		Noted By	
City <i>Fall Creek</i>		State <i>WI</i>		Comments	
ZIP Code <i>54742</i>		Signature of Person Doing Work <i>[Signature]</i>		Date Signed <i>12-6-16</i>	

Temporary Monitoring Well

State of Wisconsin
Department of Natural Resources

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

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

Facility/Project Name Adam's Garage		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name TMW - 5R	
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 11/18/2008 m m d d y y y y	
Type of Well		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: Name (first, last) and Firm Jello Annis	
Well Code _____		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> P <input type="checkbox"/> W		Gov. Lot Number	
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		Well Installed By: Geiss	

- 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

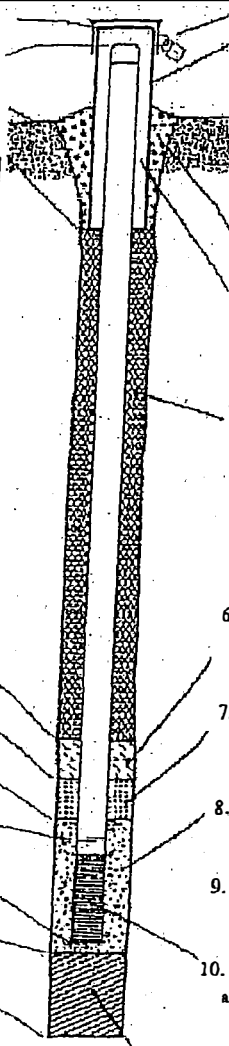
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
Geoprobe Other

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

16. Drilling additives used? Yes No

Describe _____

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



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: _____ in.
 - b. Length: _____ ft.
 - c. Material: Steel 04 Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal: Bentonite 30 Concrete 01 Other
- 4. Material between well casing and protective pipe: Bentonite 30 Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 33
 - b. _____ Lbs/gal mud weight... Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight... Bentonite slurry 31
 - d. _____ % Bentonite... Bentonite-cement grout 50
 - e. _____ Ft³ volume added for any of the above
 - f. How installed: Tremie 01 Tremie pumped 02 Gravity 08
- 6. Bentonite seal:
 - a. Bentonite granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 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: 1 1/2" PVC
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
- b. Manufacturer _____
 c. Slot size: _____ in.
 d. Slotted length: _____ 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 2 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 16 ft.
- K. Borehole, bottom _____ ft. MSL or 16 ft.
- L. Borehole, diameter 2 in.
- M. O.D. well casing 1 in.
- N. I.D. well casing 1 in.

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

Signature [Signature] Firm Meridian Environmental Consulting, LLC

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

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Route to:

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No. _____	DNR Well ID No. _____	County Sawyer	Facility Name Adam's Garage (former)
Common Well Name TMW-6	Gov't Lot # (if applicable) _____	Facility ID _____	License/Permit/Monitoring No. _____
1/4 1/4 _____	Section _____	Township N	Range E
Well Location <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M (Local Grid <input type="checkbox"/>) Datum N / S E / W		Street Address of Well 12634 W. Omaha Street	
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> N		City, Village or Town RadiSSon, WI 54867	
Local Grid Origin <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M Datum N E / W		Present Well Owner _____	
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> N		Original Well Owner _____	
Reason For Abandonment Closed Project		Street Address or Route of Present Owner _____	
WI Unique Well No. of Replacement Well _____		City _____	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> D iven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		State _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		ZIP Code _____	

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

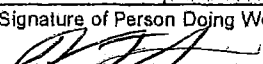
Original Construction Date 6-3-08	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> D iven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.) 12	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing Diameter (In.) 1	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (In.) 2	Did material settle after 24 hours? If yes, was hole retopped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing Depth (ft.) 12	If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Grained & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
If yes, to what depth (feet)? 1	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
Depth to Water (feet) 5	For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	12	~1/4 bag	

6. Comments

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

Name of Person or Firm Doing Sealing Work Meridian Environmental City	Date of Abandonment 12-5-16	Date Received _____	Noted By _____
Street or Route 2711 N. Elcor Rd	Telephone Number (715) 832-6608	Comments _____	
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work 
		Date Signed 12-6-16	

Temporary Well

State of Wisconsin
Department of Natural Resources

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

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

Facility/Project Name Adams Garage		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name TMW-6	
Facility License, Permit or Monitoring No.		Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location Lat. _____ " Long. _____ "		Wis. Unique Well No. _____ DNR Well ID No. _____	
Facility ID		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed 6/03/2008 m m d d y y y 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 Jeff Annis Geiss	
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	----- <u>0</u> ----- ft. MSL	1. Cap and lock?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation	----- <u>0.25</u> ----- ft. MSL	2. Protective cover pipe:	
C. Land surface elevation	----- <u>0</u> ----- ft. MSL	a. Inside diameter:	<u>2</u> in.
D. Surface seal, bottom	----- <u>1.0</u> ----- ft. MSL or _____ ft.	b. Length:	<u>12</u> ft.
		c. Material:	Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>

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

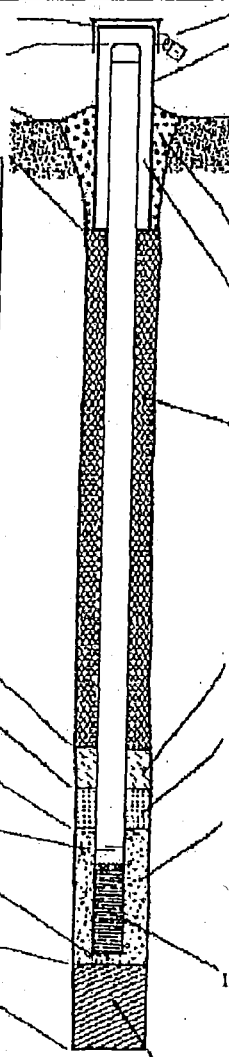
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
Geoprobe Other

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): _____



3. Surface seal:	Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
4. Material between well casing and protective pipe:	Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/> <u>none</u>
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
6. Bentonite seal:	a. Bentonite granules <input checked="" 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 type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
7. Fine sand material: Manufacturer, product name & mesh size	a. <u>natural soils / sand added</u> b. Volume added _____ ft ³
8. Filter pack material: Manufacturer, product name & mesh size	a. <u>natural soils</u> b. Volume added _____ ft ³
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"/>
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"/>
b. Manufacturer _____	c. Slot size: <u>0.1</u> in.
d. Slotted length: <u>10</u> ft.	
11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>

E. Bentonite seal, top	----- ft. MSL or <u>1.0</u> ft.
F. Fine sand, top	----- ft. MSL or <u>1.0</u> ft.
G. Filter pack, top	----- ft. MSL or <u>1.0</u> ft.
H. Screen joint, top	----- ft. MSL or <u>2.0</u> ft.
I. Well bottom	----- ft. MSL or <u>12.0</u> ft.
J. Filter pack, bottom	----- ft. MSL or <u>12.0</u> ft.
K. Borehole, bottom	----- ft. MSL or <u>12.0</u> ft.
L. Borehole, diameter	<u>1.2</u> in.
M. O.D. well casing	<u>1</u> in.
N. I.D. well casing	<u>3/4</u> in.

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

Signature [Signature] Firm Meridian Environmental Consulting, LLC

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

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Route to:

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

1. General Information				2. Facility / Owner Information				
WI Unique Well No.		DNR Well ID No.		County		Facility Name		
_____		_____		Sawyer		Adam's Garage (former)		
Common Well Name				Gov't Lot # (if applicable)		License/Permit/Monitoring No.		
TMW-7				_____		_____		
1/4	1/4	Section	Township	Range	<input type="checkbox"/> E <input type="checkbox"/> W	Street Address of Well		
_____	_____	_____	N	_____	_____	10634 W. Omaha Street		
Well Location <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M (Local Grid <input type="checkbox"/>)				Datum		City, Village or Town		
_____ N / <input checked="" type="checkbox"/> S				_____ E / <input checked="" type="checkbox"/> W		Radisson, WI 54867		
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> attitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N				Zone				
Local Grid Origin <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M				Datum				
_____ N, _____				_____ E / <input checked="" type="checkbox"/> W				
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N				Zone				
Reason For Abandonment				WI Unique Well No. of Replacement Well				
Closed Project				_____				
3. Well / Drillhole / Borehole Information								
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date						
<input type="checkbox"/> Water Well		6-3-08						
<input type="checkbox"/> Borehole / Drillhole		If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>						
Construction Type:								
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug				
<input type="checkbox"/> Other (specify): _____								
Formation Type:								
<input checked="" type="checkbox"/> Unconsolidated Formation				<input type="checkbox"/> Bedrock				
Total Well Depth From Groundsurface (ft.)				Casing Diameter (in.)				
12				1				
Lower Drillhole Diameter (in.)				Casing Depth (ft.)				
2				12				
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								
If yes, to what depth (feet)?				Depth to Water (feet)				
1				5				
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 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 cu off below surface?						<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to su face?						<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 checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?						<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material								
<input type="checkbox"/> Conductor Pipe-Gravity				<input type="checkbox"/> Conductor Pipe-Pumped				
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)				<input type="checkbox"/> Other (Explain): _____				
Sealing Materials								
<input type="checkbox"/> Neat Cement Grout				<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)				
<input type="checkbox"/> Sand-Cement (Concrete) Grout				<input type="checkbox"/> Bentonite-Sand Slurry " "				
<input type="checkbox"/> Concrete				<input type="checkbox"/> Bentonite Chips				
For Monitoring Wells and Monitoring Well Boreholes Only:								
<input checked="" type="checkbox"/> Bentonite Chips				<input type="checkbox"/> Bentonite - Cement Grout				
<input type="checkbox"/> Granular Bentonite				<input type="checkbox"/> Bentonite - Sand Slurry				
5. Material Used To Fill Well / Drillhole								
Material		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight		
Bentonite chips		Surface	12	2 1/4 bag				
6. Comments								
7. Supervision of Work								
Name of Person or Firm Doing Sealing Work				Date of Abandonment		DNR Use Only		
Meridian Environmental City				12-5-16		Date Received		
Street or Route				Telephone Number		Noted By		
2711 N. Elcord				(715) 832-6608				
City		State		ZIP Code		Signature of Person Doing Work		
Fall Creek		WI		54742		Date Signed		
						12-6-16		

7. Supervision of Work

Name of Person or Firm Doing Sealing Work: Meridian Environmental City
 Date of Abandonment: 12-5-16
 Street or Route: 2711 N. Elcord
 Telephone Number: (715) 832-6608
 City: Fall Creek, State: WI, ZIP Code: 54742
 Signature of Person Doing Work: [Signature]
 Date Signed: 12-6-16

Temporary Well

State of Wisconsin
Department of Natural Resources

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

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

Facility/Project Name Adams Garage		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name TMW-7	
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. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>	
Facility ID		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed 6/03/2008 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 Jeff Annis Geiss	
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 2 ~~25~~ ft. MSL

C. Land surface elevation 0 ft. MSL

D. Surface seal, bottom _____ ft. MSL or 1.0 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

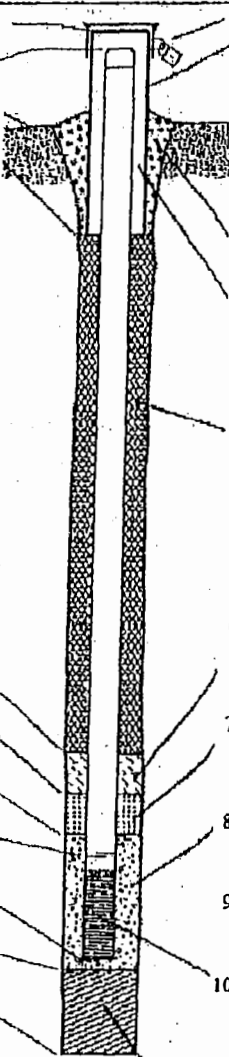
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
Geoprobe Other

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: none
 b. Length: Temporary well 12 in.
 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. natural soils/sand added
 b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
 a. natural soils
 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 1.0 ft.

F. Fine sand, top _____ ft. MSL or 1.0 ft.

G. Filter pack, top _____ ft. MSL or 1.0 ft.

H. Screen joint, top _____ ft. MSL or 2.0 ft.

I. Well bottom _____ ft. MSL or 12.0 ft.

J. Filter pack, bottom _____ ft. MSL or 12.0 ft.

K. Borehole, bottom _____ ft. MSL or 12.0 ft.

L. Borehole, diameter 2 in.

M. O.D. well casing 1 in.

N. I.D. well casing 3/4 in.

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

Signature [Signature] Firm Meridian Environmental Consulting, LLC

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

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.

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

1. General Information **2. Facility/ Owner Information**

WI Unique Well No. _____			DNR Well ID No. _____			County Sawyer			Facility Name Adam's Garage (former)		
Common Well Name TMW-9			Gov't Lot # (if applicable) _____			Facility ID _____			License/Permit/Monitoring No. _____		
1/4 / 1/4		Section		Township N		Range E		Street Address of Well 10634 W. Omaha Street		City, Village or Town Racine, WI 54867	
Well Location <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M (Local Grid <input type="checkbox"/>)						Datum _____					
_____ N / <input type="checkbox"/> S						_____ E / <input type="checkbox"/> W					
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N						Present Well Owner _____ Original Well Owner _____					
Local Grid Origin <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M						Street Address or Route of Present Owner _____					
_____ N, _____ E / <input type="checkbox"/> W						City _____ State _____ ZIP Code _____					
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N						City _____ State _____ ZIP Code _____					

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

Reason For Abandonment Closed Project		WI Unique Well No. of Replacement Well _____		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date 11-8-0		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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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): _____				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
				If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

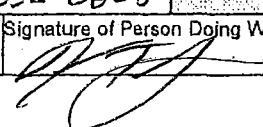
5. Material Used To Fill Well / Drillhole **Required Method of Placing Sealing Material**

Formation Type:		<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
Total Well Depth From Groundsurface (ft.) 12		Casing Diameter (in.) 1		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Lower Drillhole Diameter (in.) 2		Casing Depth (ft.) 12		Sealing Materials	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)? 1		<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	
Depth to Water (feet) 5				For Monitoring Wells and Monitoring Well Boreholes Only:	
				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	12	~ 1/4 bag	

6. Comments

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

Name of Person or Firm Doing Sealing Work Meridian Environmental City		Date of Abandonment 12-5-16		Date Received		Noted By	
Street or Route 2711 N. Elcord		Telephone Number (715) 832-6608		Comments			
City Fall Creek		State WI		ZIP Code 54742		Signature of Person Doing Work 	
				Date Signed 12-6-16			

Temporary Monitoring Well

State of Wisconsin
Department of Natural Resources

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

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

Facility/Project Name Adam's Garage		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name TMW-9	
Facility License, Permit or Monitoring No.		Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well ID No.	
Facility ID		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed 11/18/2008 m m d d y y y 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 Jesse Annis Geiss	
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
- 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

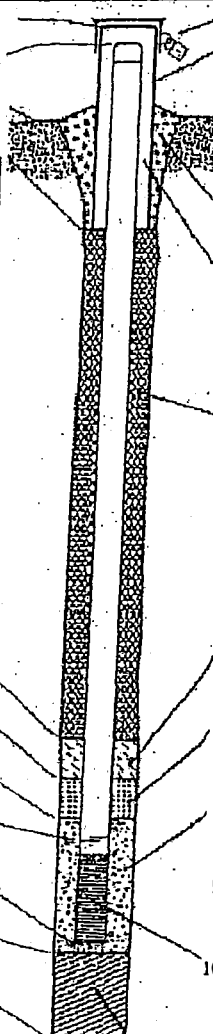
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
Geoprobe Other

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

16. Drilling additives used? Yes No

Describe _____

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



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: _____ in.
 - b. Length: 2 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: 1 1/2" PVC
 - a. Screen type: Factory cut 11
Continuous slot 01
Other
 - b. Manufacturer _____
 - c. Slot size: _____ in. 0.10
 - d. Slotted length: _____ ft. 10
- 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 1 ft.
- G. Filter pack, top _____ ft. MSL or 1 ft.
- H. Screen joint, top _____ ft. MSL or 2 ft.
- I. Well bottom _____ ft. MSL or 12 ft.
- J. Filter pack, bottom _____ ft. MSL or 12 ft.
- K. Borehole, bottom _____ ft. MSL or 16 ft.
- L. Borehole, diameter 2 in.
- M. O.D. well casing 1 in.
- N. I.D. well casing 1 in.

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

Signature: [Signature] Firm: Meridian Environmental Consulting, LLC

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

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.

Route to:

Drinking Water Watershed/Waste ater Waste Management Remediation/Redevelopment Other:

1. General Information **2. Facility/ Owner Information**

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Sawyer	Adam's Garage (former)
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No.
MW-3R			
1/4 1/4	Section	Township	Range
		N	<input type="checkbox"/> E <input type="checkbox"/> W
Well Location	(Local Grid <input type="checkbox"/>)	Datum	Street Address of Well
<input type="checkbox"/> N <input type="checkbox"/> S			10634 W. Omaha Street
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N	Zone	Present Well Owner	Original Well Owner
Local Grid Origin <input type="checkbox"/> R <input type="checkbox"/> M	Datum		
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N	Zone	Street Address or Route of Present Owner	City
			Radisson, WI 54867
Reason For Abandonment	WI Unique Well No. of Replacement Well	City	State
Closed Project			ZIP Code

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Water Well	5-16-11	Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.	Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface?	<input 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:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13	2	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
8	13	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain):	
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)?	Depth to Water (feet)	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
2	5 ft	<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 / Drill hole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite chips	Surface	13	~ 1/2 bag	

6. Comments

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

Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
Meridian Environmental City	12-5-16		
Street or Route	Telephone Number	Comments	
2711 N. Elcord	(715) 832-6608		
City	State	Signature of Person Doing Work	Date Signed
Fall Creek	WI		12-6-16

Facility/Project Name Former Adams Garage	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-3R
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. <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>
Facility ID	Lat. _____ Long. _____ or	Date Well Installed 5/16/2011 m m d d y y y y
Type of Well	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: Name (first, last) and Firm Joe Black Midwest Engineering
Well Code _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	
Distance from Waste/Source _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____	

- A. Protective pipe, top elevation --- 0 ft. MSL
- B. Well casing, top elevation --- 5 ft. MSL
- C. Land surface elevation --- 0 ft. MSL
- D. Surface seal, bottom --- 1/2 ft. MSL or _____ ft.

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

13. Sieve analysis performed? Yes No

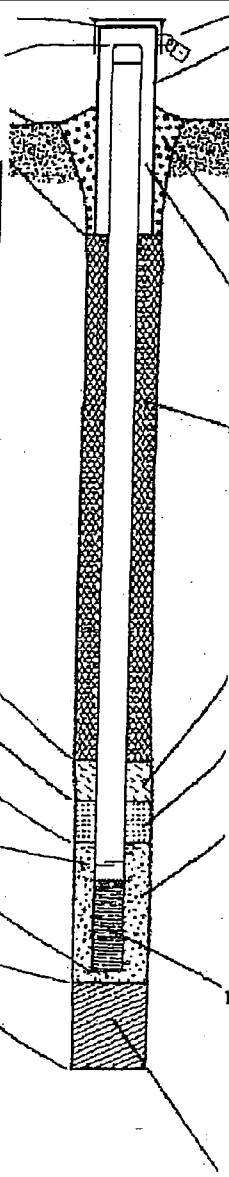
14. Drilling method used: Rotary 5 0
 Hollow Stem Auger 4 1
 Other

15. Drilling fluid used: Water 0 2 Air 0 1
 Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No

Describe _____

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



1. Cap and lock? Yes No
2. Protective cover pipe:
 a. Inside diameter: 1.2 in.
 b. Length: 1 ft.
 c. Material: Steel 0 4
 Other
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 --- ft. MSL or 2 ft.
- F. Fine sand, top --- ft. MSL or 2 ft.
- G. Filter pack, top --- ft. MSL or 2 ft.
- H. Screen joint, top --- ft. MSL or 3 ft.
- I. Well bottom --- ft. MSL or 13 ft.
- J. Filterpack, bottom --- ft. MSL or 13 ft.
- K. Borehole, bottom --- ft. MSL or 13 ft.
- L. Borehole, diameter --- 8 in.
- M. O.D. well casing --- 2 in.
- N. I.D. well casing --- 2 in.

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

Signature [Signature] Firm Meridian Env. Co. Inc.

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

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Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County Sawyer
 Common Well Name MW-10 Gov't Lot # (if applicable) _____

2. Facility/ Owner Information

Facility Name Adam's Garage (former)
 Facility ID _____ License/Permit/Monitoring No. _____

1/4 1/4 Section Township Range E W
 N S W

Street Address of Well 10634 W. Omaha Street

Well Location R / M (Local Grid) Datum _____
 N / S E / W

City, Village or Town Radișay, WI 54867
 Present Well Owner _____ Original Well Owner _____

WTM- UTM- Latitude/Longitude- State Plane- S C N
 Local Grid Origin R / M Datum _____

Street Address or Route of Present Owner _____

WTM- UTM- Latitude/Longitude- State Plane- S C N
 Local Grid Origin R / M Datum _____

City _____ State _____ ZIP Code _____

Reason For Abandonment Closed Project WI Unique Well No. of Replacement Well _____

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

Monitoring Well
 Water Well
 Borehole / Drillhole
 Original Construction Date 5-25-10
 If a Well Construction Report is available, please attach.

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

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

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

Formation Type:
 Unconsolidated Formation Bedrock

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

Total Well Depth From Groundsurface (ft.) 14 Casing Diameter (in.) 2

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

Lower Drillhole Diameter (in.) 8 Casing Depth (ft.) 14

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

Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? 3 Depth to Water (feet) 5

5. Material Used To Fill Well / Drillhole

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

Bentonite chips Surface 14 ~ 1/2 bag

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work Meredian Environmental City Date of Abandonment 12-5-16 Date Received _____ Noted By _____
 Street or Route 2711 N. Elcord Telephone Number (715) 832-6608 Comments _____

City Fall Creek State WI ZIP Code 54742 Signature of Person Doing Work _____ Date Signed 12-6-16

Facility/Project Name <u>Adam's Garage</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-10</u>	
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 <u>5/25/10</u> m m d d y y y y	
Type of Well		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: Name (first, last) and Firm <u>Joe Black</u> <u>Midwest Eng.</u>	
Well Code <u>1</u>		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W			
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>					

A. Protective pipe, top elevation _____ ft. MSL	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 checked="" type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	
17. Source of water (attach analysis, if required): _____	
E. Bentonite seal, top _____ ft. MSL or _____ ft.	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
G. Filter pack, top _____ ft. MSL or _____ ft.	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input checked="" type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or _____ ft.	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
I. Well bottom _____ ft. MSL or _____ ft.	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
J. Filter pack, bottom _____ 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"/>
K. Bor hole, bottom _____ ft. MSL or _____ 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"/>
L. Borehole, diameter _____ in.	b. Manufacturer _____ c. Slot size: 0. _____ in. d. Slotted length: _____ ft.
M. O.D. well casing _____ in.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
N. I.D. well casing _____ in.	

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

Signature [Signature] Firm Mandrea Env. Cstg.

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.

Route to:

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No. _____	DNR Well ID No. _____	County Sawyer	Facility Name Adam's Garage (former)
Common Well Name MW-11		Gov't Lot # (if applicable) _____	Facility ID _____
1/4 / 1/4 _____	Section _____	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Location <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M (Local Grid <input type="checkbox"/>)		Street Address of Well 10634 W. Omaha Street	
Datum _____		City, Village or Town RadiSSau, WI 54867	
Zone <input type="checkbox"/> N / <input type="checkbox"/> S		Present Well Owner _____	
E / W		Original Well Owner _____	
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N	Street Address or Route of Present Owner _____		
Local Grid Origin <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M	City _____		
Datum _____	State _____		
Zone <input type="checkbox"/> N / <input type="checkbox"/> S	ZIP Code _____		
E / W	_____		
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N	_____		

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

Reason For Abandonment Closed Project	WI Unique Well No. of Replacement Well _____	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Original Construction Date 5-16-11		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If a Well Construction Report is available, please attach _____		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.) 14	Casing Diameter (in.) 2	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 14	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 5 ft	If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? 3	_____	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 Material <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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite chips	Surface	14	1/2 bag	

6. Comments

7. Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Sealing Work Meredith Environmental City	Date of Abandonment 12-5-16	Date Received _____	Noted By _____
Street or Route 2711 N. Elcord	Telephone Number (715) 832-6608	Comments _____	
City Fall Creek	State WI	Signature of Person Doing Work 	Date Signed 12-6-16
ZIP Code 54742	_____		

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

Facility/Project Name Former Adams Garage		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-11	
Facility License, Permit or Monitoring No.		Local Grid Origin (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 5/16/2011 m m d d y y y y	
Type of Well		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: Name (first, last) and Firm Joe Black Midwest Engineering	
Well Code _____		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W			
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>					

- A. Protective pipe, top elevation ----- \emptyset ft. MSL
- B. Well casing, top elevation ----- **5** ft. MSL
- C. Land surface elevation ----- \emptyset 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

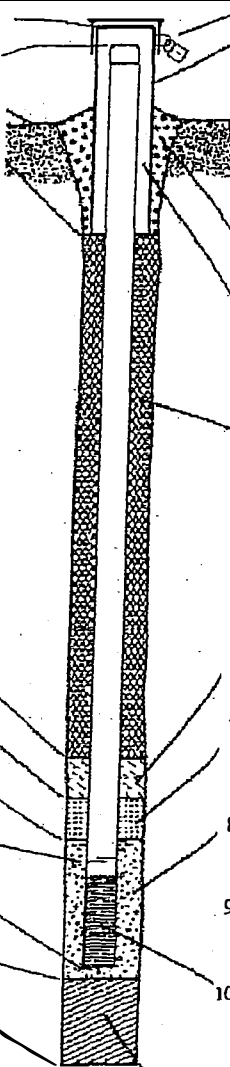
13. Sieve analysis performed? Yes No

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: **12** in.
 - b. Length: **1** ft.
 - c. Material: Steel 04
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal:
 - Bentonite 30
 - Concrete 01
 - Other
- 4. Material between well casing and protective pipe:
 - Bentonite 30
 - Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 33
 - b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight ... Bentonite slurry 31
 - d. _____ % Bentonite ... Bentonite-cement grout 50
 - e. _____ Ft³ volume added for any of the above
 - f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
- 6. Bentonite seal:
 - a. Bentonite granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 - a. _____
 - b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 - a. _____
 - b. Volume added _____ ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material: **PVC**
 - a. Screen type: Factory cut 11
Continuous slot 01
Other
 - b. Manufacturer _____
 - c. Slot size: **0.1** 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. Filterpack, top ----- ft. MSL or **3** ft.
- H. Screen joint, top ----- ft. MSL or **4** ft.
- I. Well bottom ----- ft. MSL or **14** ft.
- J. Filterpack, 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: _____ Firm: **Meredith Env. Co. Inc.**

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

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Route to:

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No. _____ DNR Well ID No. _____ County Sawyer Facility Name Adam's Garage (former)

Common Well Name MW-12 Gov't Lot # (if applicable) _____ Facility ID _____ License/Permit/Monitoring No. _____

1/4 1/4 Section Township Range E W Street Address of Well 10634 W. Omaha Street

Well Location R / M (Local Grid) Datum City, Village or Town RadiSSau, WI 54867

Present Well Owner _____ Original Well Owner _____

WTM- UTM- Latitude/Longitude- State Plane- S C N Zone Street Address or Route of Present owner _____

Local Grid Origin R / M Datum City _____ State _____ ZIP Code _____

WTM- UTM- Latitude/Longitude- State Plane- S C N Zone

Reason For Abandonment Closed Project WI Unique Well No. of Replacement Well _____

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

Monitoring Well Water Well Borehole / Drillhole Original Construction Date 3-27-14

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

Formation Type: Unconsolidated Formation Bedrock

Total Well Depth From Groundsurface (ft.) 13 Casing Diameter (in.) 2

Lower Drillhole Diameter (in.) 8 Casing Depth (ft.) 13

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? 2 Depth to Water (feet) 5

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

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

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

5. Material Used To Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	13	~1/2 bag	

6. Comments

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

Name of Person or Firm Doing Sealing Work Meridian Environmental Co. LLC Date of Abandonment 12-5-16 Date Received _____ Noted By _____

Street or Route 2711 N. Elcord Telephone Number (715) 832-6608 Comments _____

City Fall Creek State WI ZIP Code 54742 Signature of Person Doing Work _____ Date Signed 12-6-16

Facility/Project Name Adams Garage (former)	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-12
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well ID No.
Facility ID	Lat. _____ Long. _____	Date Well Installed 3, 27, 2014 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 Midwest Engineering
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 ----- \emptyset ft. MSL
- B. Well casing, top elevation ----- \emptyset ft. MSL
- C. Land surface elevation ----- \emptyset ft. MSL
- D. Surface seal, bottom ----- \emptyset 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

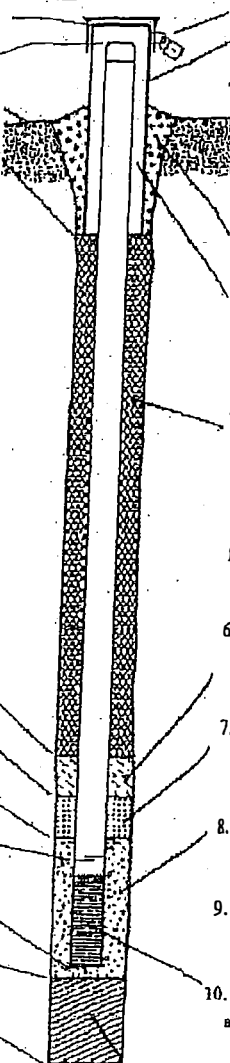
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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: **12** in.
 b. Length: **1** ft.
 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. _____
 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: **0.6** in.
 d. Slotted length: _____ ft.
11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top ----- ft. MSL or **2** ft.
- F. Fine sand, top ----- ft. MSL or **2** ft.
- G. Filter pack, top ----- ft. MSL or **2** ft.
- H. Screen joint, top ----- ft. MSL or **3** ft.
- I. Well bottom ----- ft. MSL or **13** ft.
- J. Filter pack, bottom ----- ft. MSL or **13** ft.
- K. Borehole, bottom ----- ft. MSL or **13** 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: *J. Black* Firm: Meridian Environmental AS1791 LLC

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

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Route to:

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

1. General Information 2. Facility / Owner Information

WI Unique Well No.	DNR Well ID No.	County Sawyer	Facility Name Adam's Garage (former)
Common Well Name MW-13A	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No.
1/4 1/4 Section Township Range <input type="checkbox"/> E <input type="checkbox"/> W	Street Address of Well 10634 W. Omaha Street		
Well Location <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M (Local Grid <input type="checkbox"/>) Datum	City, Village or Town Radișau, WI 54867		
<input type="checkbox"/> N / <input type="checkbox"/> S <input type="checkbox"/> E / <input type="checkbox"/> W	Present Well Owner		
Zone WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N	Original Well Owner		
Local Grid Origin <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M Datum	Street Address or Route of Present Owner		
<input type="checkbox"/> N <input type="checkbox"/> E / <input type="checkbox"/> W	City State ZIP Code		
Zone WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N			

Reason For Abandonment WI Unique Well No. of Replacement Well 4. Pump, Liner, Screen, Casing & Sealing Material

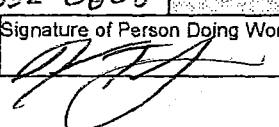
Reason For Abandonment Closed Project	WI Unique Well No. of Replacement Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
3. Well / Drillhole / Borehole Information		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date 3-28-14	Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>	Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> N/A
Formation Type:		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material
Total Well Depth From Groundsurface (ft.) 15 Casing Diameter (in.) 2		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
Lower Drillhole Diameter (in.) 8 Casing Depth (ft.) 15		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain):
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) 5		<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.)	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 Sealing Work Meredian Environmental City	Date of Abandonment 12-5-16	Date Received	Noted By
Street or Route 2711 N. Elwood	Telephone Number (715) 832-6608	Comments	
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work 
			Date Signed 12-6-16

Facility/Project Name Adams Garage (former)	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-13a
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 3, 28, 2014 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 Midwest Engineering
Distance from Waste/Source _____ ft.	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. <input type="checkbox"/> E <input type="checkbox"/> W	
Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source <input type="checkbox"/> Upgradient <input type="checkbox"/> Sidegradient <input type="checkbox"/> Downgradient <input type="checkbox"/> Not Known	
	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"/> GW <input type="checkbox"/> SW <input checked="" type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 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"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ 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
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 checked="" type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. Other <input type="checkbox"/>
Describe _____	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	8. Filter pack material; Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
E. Bentonite seal, top _____ ft. MSL or _____ ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 21 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	10. Screen material: PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or _____ ft.	b. Manufacturer _____
H. Screen joint, top _____ ft. MSL or _____ ft.	c. Slot size: 0. _____ in.
I. Well bottom _____ ft. MSL or _____ ft.	d. Slotted length: _____ 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 _____ in.	
M. O.D. well casing _____ in.	
N. I.D. well casing _____ in.	

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

Signature [Signature] Firm Meridian Environmental Consulting LLC

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.

Route to:

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No.	DNR Well ID No.	County Sawyer	Facility Name Adam's Garage (former)
Common Well Name MW-136	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No.
1/4 / 1/4	Section	Township N	Range E
Well Location <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M (Local Grid <input type="checkbox"/>) Datum		Street Address of Well 10634 W. Omaha Street	
N / S		City, Village or Town RadiSSon, WI 54867	
W / E		Present Well Owner	
Zone WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> N		Original Well Owner	
Local Grid Origin <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M Datum		Street Address or Route of Present Owner	
N, E / W		City	
Zone WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> N		State	
Reason For Abandonment closed Project		ZIP Code	
WI Unique Well No. of Replacement Well			

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date 3-27-14	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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<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"/> 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 type="checkbox"/> N/A
Formation Type:		If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	Required Method of Placing Sealing Material	
Total Well Depth From Groundsurface (ft.) 27	Casing Diameter (in.) 2	<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
Lower Drillhole Diameter (in.) 3	Casing Depth (ft.) 27	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain):
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)? 15	Depth to Water (feet) 5	<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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite chips	Surface	27	~1 bag	

6. Comments

7. Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Sealing Work Meridian Environmental City	Date of Abandonment 12-5-16	Date Received	Noted By
Street or Route 2711 W. Elcord	Telephone Number (715) 832-6608	Comments	
City Fall Creek	State WI	Signature of Person Doing Work	Date Signed 12-6-16
ZIP Code 54742			

Facility/Project Name: Adams Garage (former) Local Grid Location of Well: _____ ft. N. S. E. W.
 Facility License, Permit or Monitoring No.: _____ Local Grid Origin (estimated:) or Well Location
 Lat. _____ " Long. _____ " or _____ " or _____ "
 Facility ID: _____ St. Plane _____ ft. N. _____ ft. E. S/C/N _____
 Type of Well: _____ Section Location of Waste/Source: _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ E. W.
 Well Code: _____ / _____ Location of Well Relative to Waste/Source: u Upgradient s Sidegradient d Downgradient n Not Known Gov. Lot Number _____
 Distance from Waste/Source _____ ft. Enf. Stds. Apply Well Name: MW-136
 Wis. Unique Well No.: _____ DNR Well ID No.: _____
 Date Well Installed: 3/27/2014
 Well Installed By: Name (first, last) and Firm: Joe Black Midwest Engineering

A. Protective pipe, top elevation _____ ft. MSL Yes No
 B. Well casing, top elevation _____ ft. MSL
 C. Land surface elevation _____ ft. MSL
 D. Surface seal, bottom _____ ft. MSL or _____ ft.
 12. USCS classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock
 13. Sieve analysis performed? Yes No
 14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other
 15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99
 16. Drilling additives used? Yes No
 Describe _____
 17. Source of water (attach analysis, if required): _____
 E. Bentonite seal, top _____ ft. MSL or 15 ft.
 F. Fine sand, top _____ ft. MSL or 15 ft.
 G. Filter pack, top _____ ft. MSL or 15 ft.
 H. Screen joint, top _____ ft. MSL or 22 ft.
 I. Well bottom _____ ft. MSL or 27 ft.
 J. Filterpack, bottom _____ ft. MSL or 27 ft.
 K. Borehole, bottom _____ ft. MSL or 27 ft.
 L. Borehole, diameter 8 in.
 M. O.D. well casing 2 in.
 N. I.D. well casing 2 in.

1. Cap and lock? Yes No
 2. Protective cover pipe:
 a. Inside diameter: 12 in.
 b. Length: 1 ft.
 c. Material: Steel 04
 Other
 d. Additional protection? Yes No
 If yes, describe: _____
 3. Surface seal: Bentonite 30
 Concrete 01
 Other
 4. Material between well casing and protective pipe: Bentonite 30
 Other
 5. Annular space seal: a. Granular/Chipped Bentonite 33
 b. _____ Lbs/gal mud weight... Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight... Bentonite slurry 31
 d. _____ % Bentonite... Bentonite-cement grout 50
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08
 6. Bentonite seal: a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 c. _____ Other
 7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
 8. Filterpack 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. Screentype: Factory cut 11
 Continuous slot 01
 Other
 b. Manufacturer _____
 c. Slot size: 0.1 in.
 d. Slotted length: _____ ft.
 11. Backfill material (below filter pack): None 14
 Other

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature: [Signature] Firm: Meridian Environmental Asstg, LLC

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

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Route to:

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No. _____	DNR Well ID No. _____	County Sawyer	Facility Name Adam's Garage (former)
Common Well Name MW-14A	Gov't Lot # (if applicable) _____	Facility ID _____	License/Permit/Monitoring No. _____
1/4 1/4 _____	Section _____	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Location <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M (Local Grid <input type="checkbox"/>) _____	Datum _____	City, Village or Town Radișou, WI 54867	Present Well Owner _____
Zone <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N	Latitude/Longitude _____	Original Well Owner _____	Street Address or Route of Present Owner _____
Local Grid Origin <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M _____	Datum _____	City _____	State _____
Zone <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N	Latitude/Longitude _____	ZIP Code _____	

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

Reason For Abandonment Closed Project	WI Unique Well No. of Replacement Well _____	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date 4-4-16	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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.) 15	Casing Diameter (in.) 2	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 15	If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 5	Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
If yes, to what depth (feet)? 3		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____

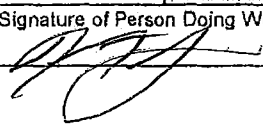
Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

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

6. Comments

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

Name of Person or Firm Doing Sealing Work Meridian Environmental City	Date of Abandonment 12-5-16	Date Received _____	Noted By _____
Street or Route 2711 N. Elcord	Telephone Number (715) 832-6608	Comments _____	
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work 
			Date Signed 12-6-16

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

Facility/Project Name: Adams Garage (Formal) Local Grid Location of Well: _____ ft. N. _____ ft. E. _____ ft. S. _____ ft. W. Well Name: Mw-14A

Facility License, Permit or Monitoring No. _____ Local Grid Origin (estimated:) or Well Location Wis. Unique Well No.: _____ DNR Well ID No.: _____

Facility ID: _____ St. Plane _____ ft. N. _____ ft. E. S/C/N _____ Date Well Installed: 4/4/2016
m m d d y y y y

Type of Well: _____ Well Code: 1 Section Location of Waste/Source: _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. E W Well Installed By: Name (first, last) and Firm: Joe Black PSI

Distance from Waste/Source _____ ft. Enf. Stds. Apply Location of Well Relative to Waste/Source: u s d n Gov. Lot Number _____

A. Protective pipe, top elevation _____ ft. MSL 0 1. Cap and lock? Yes No

B. Well casing, top elevation _____ ft. MSL 0 2. Protective cover pipe: a. Inside diameter: 8 in. b. Length: 1-6 c. Material: Steel 04 Other d. Additional protection? Yes No If yes, describe: _____

C. Land surface elevation _____ ft. MSL 0

D. Surface seal, bottom _____ ft. MSL or _____ ft. 3. Surface seal: Bentonite 30 Concrete 01 Other

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

F. Fine sand, top _____ ft. MSL or 3 ft. 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

G. Filter pack, top _____ ft. MSL or 4 ft. 6. Bentonite seal: a. Bentonite granules 33 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32 c. _____ Other

H. Screen joint, top _____ ft. MSL or 5 ft. 7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³

I. Well bottom _____ ft. MSL or 15 ft. 8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³

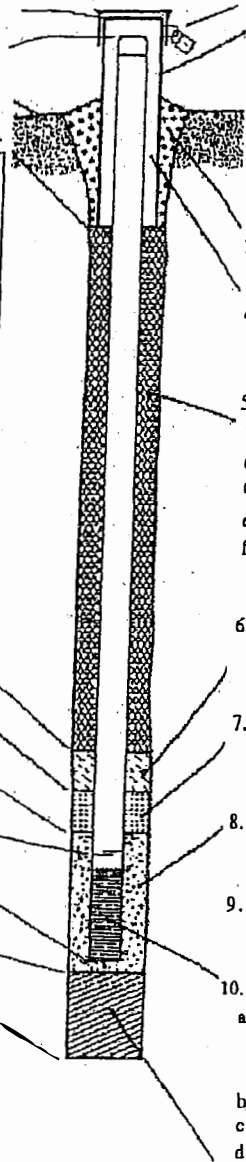
J. Filter pack, bottom _____ ft. MSL or 15 ft. 9. Well casing: Flush threaded PVC schedule 40 23 Flush threaded PVC schedule 80 24 Other

K. Borehole, bottom _____ ft. MSL or 22 ft. 10. Screen material: PVC a. Screen type: Factory cut 11 Continuous slot 01 Other

L. Borehole, diameter 8 in. b. Manufacturer _____ c. Slot size: 0.1 in. d. Slotted length: 10 ft.

M. O.D. well casing 2 in. 11. Backfill material (below filter pack): None 14 Other

N. I.D. well casing 2 in. native soil



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

Signature: [Signature] Firm: Meridian Environmental Conts. LLC

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

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Route to:

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Sawyer	Adam's Garage (former)
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No.
MW-14B			
1/4 / 1/4	Section	Township	Range
		N	E W
Well Location <input type="checkbox"/> R / <input type="checkbox"/> M (Local Grid <input type="checkbox"/>)	Datum	Street Address of Well	City, Village or Town
		10634 W. Omaha Street	RadiSSon, WI 54867
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N	Zone	Present Well Owner	Original Well Owner
Local Grid Origin <input type="checkbox"/> R / <input type="checkbox"/> M	Datum	Street Address or Route of Present Owner	
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N	Zone	City	State ZIP Code

Reason For Abandonment: Closed Project WI Unique Well No. of Replacement Well: _____

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Water Well	4-4-16	Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>	Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface?	<input 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:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
21	2	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
8	21	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet)	Sealing Materials	
13	5	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
If yes, to what depth (feet)?		<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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	21	~ 1/2 bag	

6. Comments

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

Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
Meridian Environmental City	12-5-16		
Street or Route	Telephone Number	Comments	
2711 W. Elcord	(715) 832-6608		
City	State	ZIP Code	Signature of Person Doing Work
Fall Creek	WI	54742	
			Date Signed
			12-6-16

Facility/Project Name Adrian's Garage (Former)		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name MW-14B	
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.: <input type="checkbox"/> DNR Well ID No. <input type="checkbox"/>	
Facility ID		St. Plane _____ ft. N. _____ ft. E. SIC/N		Date Well Installed 4, 4, 2016 m m d d y y y y	
Type of Well Well Code 1		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm Joe Black PSI	
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	

A. Protective pipe, top elevation	----- 0 ft. MSL		1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation	----- 0 ft. MSL		2. Protective cover pipe: a. Inside diameter: 8 in.
C. Land surface elevation	----- 0 ft. MSL		b. Length: 1 ft.
D. Surface seal, bottom	----- 1 ft. MSL or		c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input checked="" type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>			d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
13. Sieve analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
14. Drilling method used:	Rotary <input type="checkbox"/> 5.0 Hollow Stem Auger <input checked="" type="checkbox"/> 4.1 Other <input type="checkbox"/>		4. Material between well casing and protective pipe: Bentonite: <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 0.2 Air <input type="checkbox"/> 0.1 Drilling Mud <input type="checkbox"/> 0.3 None <input checked="" type="checkbox"/> 9.9			5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 3.3 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 3.5 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 3.1 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 5.0 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0.1 Tremie pumped <input type="checkbox"/> 0.2 Gravily <input checked="" type="checkbox"/> 0.8
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No			6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3.3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 3.2 c. _____ Other <input type="checkbox"/>
17. Source of water (attach analysis, if required):			7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
E. Bentonite seal, top	----- 13 ft. MSL or		8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
F. Fine sand, top	----- 13 ft. MSL or		9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2.3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2.4 Other <input type="checkbox"/>
G. Filter pack, top	----- 14 ft. MSL or		10. Screen material: PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 1.1 Continuous slot <input type="checkbox"/> 0.1 Other <input type="checkbox"/>
H. Screen joint, top	----- 16 ft. MSL or		b. Manufacturer _____ c. Slot size: 5 0.1 in. d. Slotted length: 5 ft.
I. Well bottom	----- 21 ft. MSL or		11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1.4 Other <input type="checkbox"/>
J. Filter pack, bottom	----- 21 ft. MSL or		
K. Borehole, bottom	----- 21 ft. MSL or		
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: Firm: **Meridian Environmental Conats, 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. Stat., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stat., 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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Route to:

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

1. General Information **2. Facility / Owner Information**

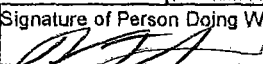
WI Unique Well No. _____		DNR Well ID No. _____		County Sawyer		Facility Name Adam's Garage (former)	
Common Well Name MW-15A		Gov't Lot # (if applicable) _____		Facility ID _____		License/Permit/Monitoring No. _____	
1/4	1/4	Section	Township N	Range	<input type="checkbox"/> E <input type="checkbox"/> W	Street Address of Well 10634 W. Omaha Street	
Well Location <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M (Local Grid <input type="checkbox"/>)		Datum		City, Village or Town Radiawan, WI 54867		Present Well Owner	
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N		Zone		Original Well Owner		Street Address or Route of Present Owner	
Local Grid Origin <input checked="" type="checkbox"/> R / <input checked="" type="checkbox"/> M		Datum		City		State ZIP Code	
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N		Zone		City		State ZIP Code	

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

Reason For Abandonment closed project		WI Unique Well No. of Replacement Well _____		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3. Well / Drillhole / Borehole Information		Original Construction Date 4-4-16		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<input checked="" type="checkbox"/> Monitoring Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well	Construction Type:		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	
<input type="checkbox"/> Borehole / Drillhole	<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		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:		<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Total Well Depth From Groundsurface (ft.) 15		Casing Diameter (in.) 2		Required Method of Placing Sealing Material		
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 15		<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		If yes, to what depth (feet)? 3		Depth to Water (feet) 5		
If yes, to what depth (feet)? 3		Depth to Water (feet) 5		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		

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		DNR Use Only	
Name of Person or Firm Doing Sealing Work Meridian Environmental Co. LLC		Date of Abandonment 12-5-16	Date Received
Street or Route 2711 N. Elcord		Telephone Number (715) 832-6608	Noted By
City Fall Creek	State WI	ZIP Code 54742	Comments
Signature of Person Doing Work 		Date Signed 12-6-16	

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

Facility/Project Name Adams Garage (Formal)	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-15A
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 St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 4, 4, 2016 m m d d y y y 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.	Enf. Stds. Apply <input type="checkbox"/>	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

B. Well casing, top elevation _____ ft. MSL

C. Land surface elevation _____ ft. MSL

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

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

13. Sieve analysis performed? Yes No

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

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

16. Drilling additives used? Yes No
 Describe _____

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

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

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 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: _____ in.
 d. Slotted length: _____ ft.

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

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

Signature: Firm: **Meridian Environmental Conts. LLC**

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

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Route to:

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Sawyer	Adam's Garage (former)
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No.
MW-15 B			
1/4 / 1/4	Section	Township	Range
		N	<input type="checkbox"/> E <input type="checkbox"/> W
Well Location	(Local Grid <input type="checkbox"/>)	Datum	Street Address of Well
	N/S	E/W	10634 W. Omaha Street
Zone			City, Village or Town
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> S C N			Radisson, WI 54867
Local Grid Origin			Present Well Owner
Datum			Original Well Owner
Zone			Street Address or Route of Present Owner
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> S C N			City
Datum			State
Zone			ZIP Code
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> S C N			

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

Reason For Abandonment	WI Unique Well No. of Replacement Well	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Closed Project		Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Original Construction Date		Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4-4-16		Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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
		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Const. Method Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify):		If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Required Method of Placing Sealing Material	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain):	
20	2	Sealing Materials	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
8	20	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "	
Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	
If yes, to what depth (feet)?	Depth to Water (feet)	For Monitoring Wells and Monitoring Well Boreholes Only:	
12	5	<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole

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

6. Comments

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

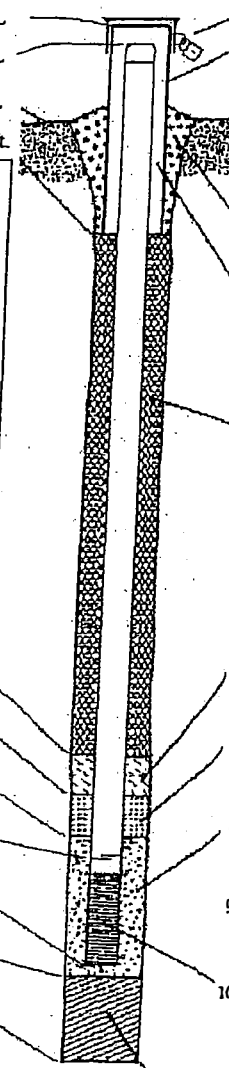
Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
Meredith Environmental Co. LLC	12-5-16		
Street or Route	Telephone Number	Comments	
2711 N. Elcor Rd	(715) 832-6608		
City	State	ZIP Code	Signature of Person Doing Work
Fall Creek	WI	54742	
			Date Signed
			12-6-16

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

Facility/Project Name: Adam's Garage (Formal) Local Grid Location of Well: _____ ft. N. S. _____ ft. E. W.
 Facility License, Permit or Monitoring No.: _____ Local Grid Origin (estimated:) or Well Location
 Lat. _____ " Long. _____ " or
 Facility ID: _____ St. Plane _____ ft. N. _____ ft. E. S/C/N
 Type of Well: _____ Section Location of Waste/Source: _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. E W
 Well Code: 1
 Distance from Waste/Source _____ ft. Enf. Stds. Apply Location of Well Relative to Waste/Source: u Upgradient s Sidegradient d Downgradient n Not Known
 Gov. Lot Number: _____
 Well Name: MW-15B
 Wis. Unique Well No.: _____ DNR Well ID No.: _____
 Date Well Installed: 4, 4, 2016
 Well Installed By: Name (first, last) and Firm: Joe Black PSI

- A. Protective pipe, top elevation _____ ft. MSL Yes No
 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): _____



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

- E. Bentonite seal, top _____ ft. MSL or 12 ft.
 F. Fine sand, top _____ ft. MSL or 12 ft.
 G. Filter pack, top _____ ft. MSL or 13 ft.
 H. Screen joint, top _____ ft. MSL or 15 ft.
 I. Well bottom _____ ft. MSL or 20 ft.
 J. Filter pack, bottom _____ ft. MSL or 20 ft.
 K. Borehole, bottom _____ ft. MSL or 20 ft.
 L. Borehole, diameter 6 in.
 M. O.D. well casing 2 in.
 N. I.D. well casing 2 in.

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

Signature: [Signature] Firm: Meridian Environmental Conts. LLC

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

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

Route to:

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Sawyer	Adam's Garage (former)
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No.
MW-16			
1/4	Section	Township	Range
		N	<input type="checkbox"/> E <input type="checkbox"/> W
Well Location	(Local Grid <input type="checkbox"/>)		Datum
	N/S		E/W
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/>	Zone		
	S C N		
Local Grid Origin	(Local Grid <input type="checkbox"/>)		Datum
	N		E/W
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/>	Zone		
	S C N		
Reason For Abandonment	WI Unique Well No. of Replacement Well		
Closed Project			

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	4-4-16	Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>	Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut o below sur ace?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to sur ace?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped?	<input type="checkbox"/> e Y <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15	2		
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Required Method of Placing Sealing Material	
8	15	<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 checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
If yes, to what depth (feet)?	Depth to Water (feet)	Sealing Materials	
3	5	<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"/> Ben onite-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.)	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 Sealing Work	Date of Abandonment	Date Received	Noted By
Meridian Environmental Co. LLC	12-5-16		
Street or Route	Telephone Number	Comments	
2711 N. Elcor Rd	(715) 832-6608		
City	State	ZIP Code	Signature of Person Doing Work
Fall Creek	WI	54742	
			Date Signed
			12-6-16

Facility/Project Name Adams Garage (Formal)		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name MW-16	
Facility License, Permit or Monitoring No.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well ID No.	
Facility ID		Lat. " Long. " or		Date Well Installed 4, 4, 2016 m m d d y y y y	
Type of Well		St. Plane ft. N. ft. E. SIC/N		Well Installed By: Name (first, last) and Firm Joe Black PSI	
Well Code 1		Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N. R. <input type="checkbox"/> E <input type="checkbox"/> W			
Distance from Waste/Source ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number	
Enf. Stds. Apply <input type="checkbox"/>					

A. Protective pipe, top elevation ----- ft. MSL **0**

B. Well casing, top elevation ----- ft. MSL **0**

C. Land surface elevation ----- ft. MSL **0**

D. Surface seal, bottom ----- ft. MSL or **1** ft.

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

13. Sieve analysis performed? Yes No

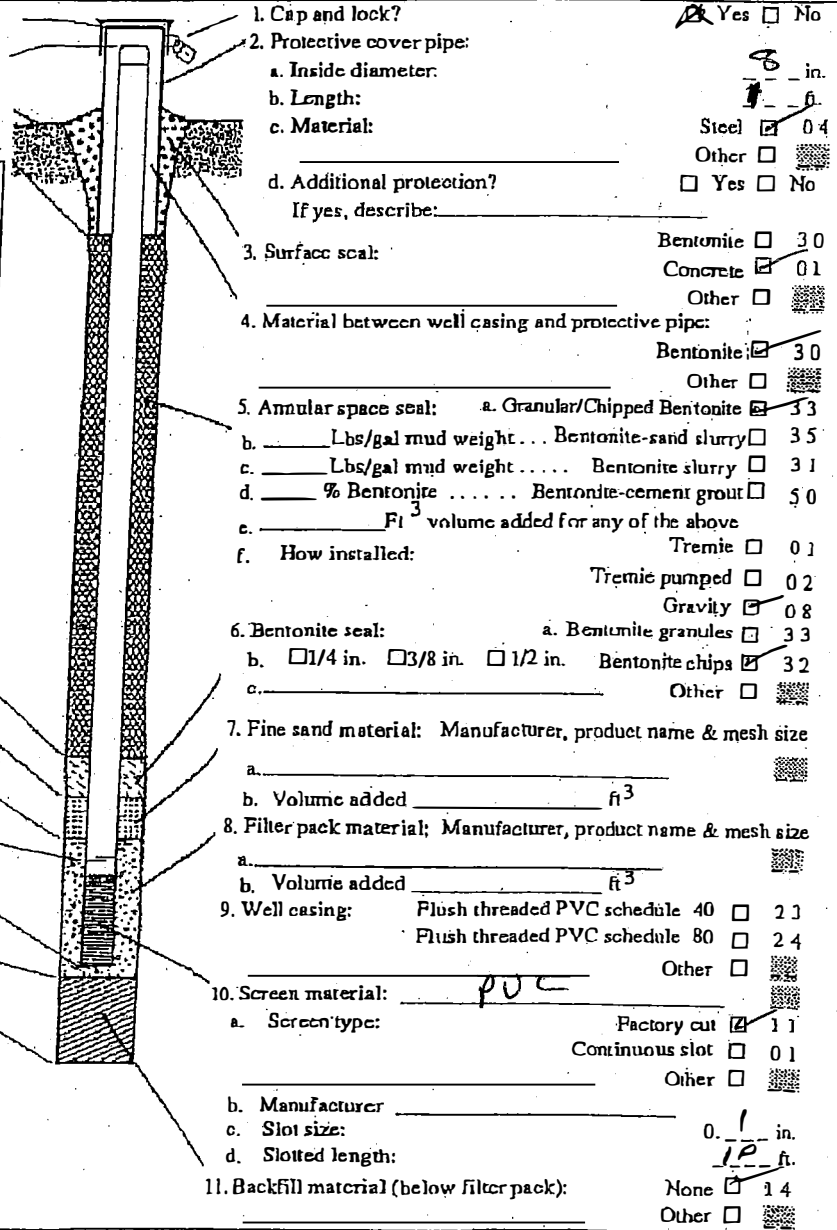
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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

16. Drilling additives used? Yes No

Describe _____

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



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 **4** 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.

1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: **8** in.
 b. Length: **1-6**
 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
 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: **12** ft.

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

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature: *[Signature]* Firm: **Meridian Environmental Conats. LLC**

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

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

Route to:

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Sawyer	Adam's Garage (former)
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No.
PZ-1			
1/4 / 1/4	Section	Township	Range
		N	<input type="checkbox"/> E <input type="checkbox"/> W
Well Location	(Local Grid <input type="checkbox"/>)	Datum	Street Address of Well
	N/S	E/W	10634 W. Omaha Street
Zone			City, Village or Town
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N			Radisson, WI 54867
Local Grid Origin			Present Well Owner
R/M			Original Well Owner
N			Street Address or Route of Present Owner
E/W			City
Zone			State
WTM- <input type="checkbox"/> UTM- <input type="checkbox"/> Latitude/Longitude- <input type="checkbox"/> State Plane- <input type="checkbox"/> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N			ZIP Code

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

Reason For Abandonment	WI Unique Well No. of Replacement Well	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Closed Project		Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Well / Drillhole / Borehole Information		Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date	Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	5-25-10	Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		4. Pump, Liner, Screen, Casing & Sealing Material	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material	
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
20	2	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Sealing Materials	
8	20	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "	
If yes, to what depth (feet)?	Depth to Water (feet)	<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	
14	5	For Monitoring Wells and Monitoring Well Boreholes Only:	
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	~ 2/3 bag	

6. Comments

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

Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
Mendota Environmental Co. Inc.	12-5-16		
Street or Route	Telephone Number	Comments	
2711 W. Elcor Rd	(715) 832-6608		
City	State	ZIP Code	Signature of Person Doing Work
Fall Creek	WI	54742	
			Date Signed
			12-6-16

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

Facility/Project Name	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name PZ-1
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 St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 5/25/10 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 Midwest Reg.
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.	Enf. Stds. Apply <input type="checkbox"/>	

- A. Protective pipe, top elevation ----- **0** ft. MSL
- B. Well casing, top elevation ----- **5** ft. MSL
- C. Land surface elevation ----- **0** ft. MSL
- D. Surface seal, bottom ----- ft. MSL or **5** 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

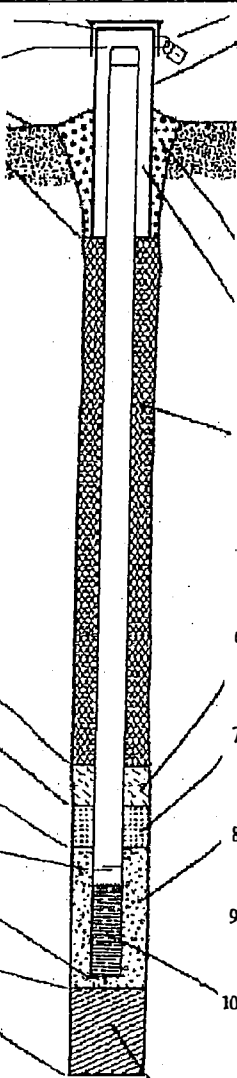
14. Drilling method used: Rotary 5 0
 Hollow Stem Auger 4 1
 Other

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: **7** 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: **5** ft.
- 11. Backfill material (below filter pack): None 1 4
 Other

- E. Bentonite seal, top ----- ft. MSL or **14** ft.
- F. Fine sand, top ----- ft. MSL or **14** ft.
- G. Filter pack, top ----- ft. MSL or **14** ft.
- H. Screen joint, top ----- ft. MSL or **15** ft.
- I. Well bottom ----- ft. MSL or **20** ft.
- J. Filter pack, bottom ----- ft. MSL or **20** ft.
- K. Borehole, bottom ----- ft. MSL or **20** ft.
- L. Borehole, diameter **8** in.
- M. O.D. well casing **2** in.
- N. I.D. well casing **2** in.

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

Signature *[Signature]* Firm **Meridian Env. C/179**

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

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

Route to:

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No. _____ DNR Well ID No. _____ County Sawyer Facility Name Adam's Garage (former)

Common Well Name PZ-2 Gov't Lot # (if applicable) _____ Facility ID _____ License/Permit/Monitoring No. _____

1/4 / 1/4 _____ Section _____ Township _____ Range _____ E W
 Street Address of Well 12634 W. Omaha Street

Well Location R / M (Local Grid) Datum _____ City, Village or Town Radișou, WI 54867
 N / S E / W

Present Well Owner _____ Original Well Owner _____

WTM- UTM- Latitude/Longitude- State Plane- S C N
 Local Grid Origin R / M Datum _____ Street Address or Route of Present Owner _____

_____ N, _____ E / W City _____ State _____ ZIP Code _____
 WTM- UTM- Latitude/Longitude- State Plane- S C N

Reason For Abandonment Closed Project WI Unique Well No. of Replacement Well _____
3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole Original Construction Date _____
 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 Groundsurface (ft.) 25 Casing Diameter (In.) 2

Lower Drillhole Diameter (In.) 8 Casing Depth (ft.) 25

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? 17 Depth to Water (feet) 5

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

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

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

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

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

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

5. Material Used To Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	25	~1 bag	

6. Comments

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

Name of Person or Firm Doing Sealing Work Meridian Environmental City Date of Abandonment 12-5-16 Date Received _____ Noted By _____
 Street or Route 2711 N. Elcor Rd Telephone Number (715) 832-6608 Comments _____
 City Fall Creek State WI ZIP Code 54742 Signature of Person Doing Work _____ Date Signed 12-6-16

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

Facility/Project Name Former Adams Garage	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name PZ-2
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. _____ DNR Well ID No. _____
Facility ID _____	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 5/16/2011 m m d d y y v v v v
Type of Well Well Code 1	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 Midwest Engineering
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 ----- **0** ft. MSL
- B. Well casing, top elevation ----- **5** ft. MSL
- C. Land surface elevation ----- **0** ft. MSL
- D. Surface seal, bottom ----- **1** ft. MSL or ----- 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

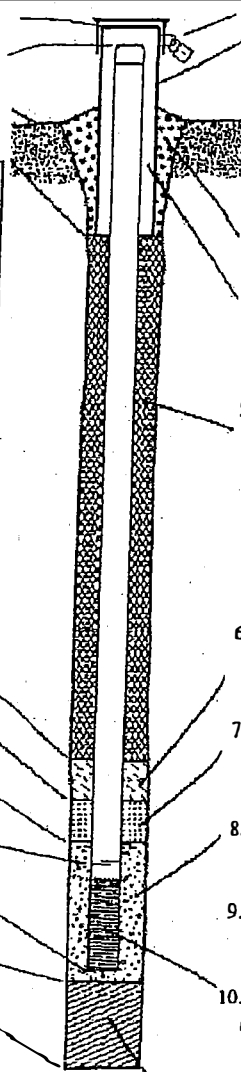
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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: **12** in.
 b. Length: **1** ft.
 c. Material: Steel 04
 Other
- d. Additional protection? Yes No
 If yes, describe: _____
3. Surface seal: Bentonite 30
 Concrete 01
 Other
4. Material between well casing and protective pipe:
 Bentonite 30
 Other
5. Annular space seal: a. Granular/Chipped Bentonite 33
 b. _____ Lbs/gal mud weight... Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight... Bentonite slurry 31
 d. _____ % Bentonite... Bentonite-cement grout 50
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08
6. Bentonite seal: a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 c. Other
7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
10. Screen material: **PVC**
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
- b. Manufacturer _____
 c. Slot size: **0.1** in.
 d. Slotted length: **5** ft.
11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top ----- ft. MSL or **17** ft.
- F. Fine sand, top ----- ft. MSL or **17** ft.
- G. Filter pack, top ----- ft. MSL or **18** ft.
- H. Screen joint, top ----- ft. MSL or **20** ft.
- I. Well bottom ----- ft. MSL or **25** ft.
- J. Filterpack, bottom ----- ft. MSL or **25** ft.
- K. Borehole, bottom ----- ft. MSL or **25** 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 _____ Firm **Meridian Env. Co. Inc.**

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