

TMW-1

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

County Sawyer	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address 10634 W. Omaha St	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Radisson	Well ZIP Code 54867	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Adam's Garage (Former)
Facility ID (FID or PWS) _____
License/Permit/Monitoring # _____
Original Well Owner Adam's Garage
Present Well Owner Bob Anderson
Mailing Address of Present Owner 10634 W. Omaha St
City of Present Owner Radisson
State WI
ZIP Code 54867

Reason for Removal from Service Project Closed	WI Unique Well # of Replacement Well _____
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 11/8/08
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug	
<input checked="" type="checkbox"/> Other (specify): Geoprobe	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 12	Casing Diameter (in.) 1
Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) 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)? 1	Depth to Water (feet) 4.1

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

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

5. Material Used to Fill Well / Drillhole

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

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Cs Inc, LLC	License # 1061	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/26/17	DNR Use Only	
Street or Route 2711 N. Elm Rd	Telephone Number (715) 832 6608	Comments	Date Received	Noted By
City Full Creek	State WI	ZIP Code 54742	Signature of Person Doing Work 	Date Signed 5-31-17

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-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		St. Plane ft. N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Date Well Installed 8/08/2008 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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 --- 0.5 --- ft. MSL
 C. Land surface elevation --- 0 --- ft. MSL
 D. Surface seal, bottom --- 1.0 --- 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

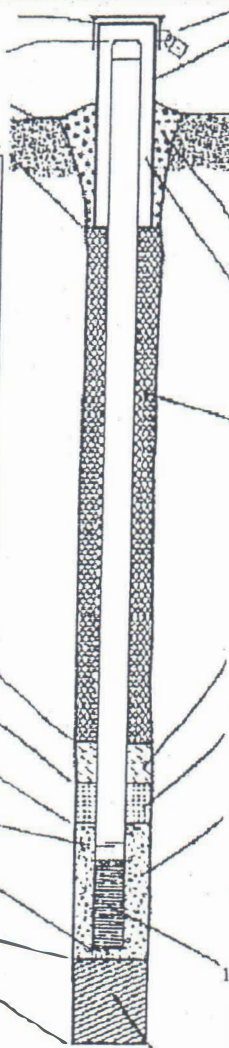
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
Geoprobe Other

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):
NONE



1. Cap and lock? Yes No
2. Protective cover pipe:
 a. Inside diameter: 2 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. fine sand
 b. Volume added ___ ft³
8. Filter pack material: Manufacturer, product name & mesh size
 a. fine sand
 b. Volume added ___ ft³
9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
10. Screen material: PVC
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
 b. Manufacturer _____
 c. Slot size: 0.1 in.
 d. Slotted length: 10 ft.
11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top --- 1 --- ft. MSL or --- 1 --- ft.
 F. Fine sand, top --- 1 --- ft. MSL or --- 1 --- ft.
 G. Filter pack, top --- 1 --- ft. MSL or --- 1 --- ft.
 H. Screen joint, top --- 2 --- ft. MSL or --- 2 --- ft.
 I. Well bottom --- 12 --- ft. MSL or --- 12 --- ft.
 J. Filter pack, bottom --- 12 --- ft. MSL or --- 12 --- ft.
 K. Borehole, bottom --- 12 --- ft. MSL or --- 12 --- 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.

TMW-2

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County <i>Sawyer</i>		WI Unique Well # of Removed Well		Hicap #		Facility Name <i>Adams Garage (former)</i>	
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS)	
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring #	
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		Original Well Owner <i>Adams Garage</i>	
_____ W		<input type="checkbox"/> OTH001		Range <input type="checkbox"/> E		Present Well Owner <i>Bob Anderson</i>	
_____ W		<input type="checkbox"/> W		Section		Mailing Address of Present Owner <i>10634 W. Omaha St</i>	
Well Street Address <i>10634 W. Omaha St</i>		Township		Range <input type="checkbox"/> E		City of Present Owner <i>Radisson</i>	
Well City, Village or Town <i>Radisson</i>		Well ZIP Code <i>54867</i>		Range <input type="checkbox"/> W		State <i>WI</i>	
Subdivision Name		Lot #		City of Present Owner <i>Radisson</i>		ZIP Code <i>54867</i>	

Reason for Removal from Service <i>Project closed</i>		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			
Original Construction Date (mm/dd/yyyy) <i>1/8/09</i>		If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>		Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Filled & Sealed Well / Drillhole / Borehole Information				Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well				Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Water Well				Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole				Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:				Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Other (specify): <i>Geoprobe</i>				Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:				If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<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 type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Total Well Depth From Ground Surface (ft.) <i>12</i>		Casing Diameter (in.) <i>1</i>		Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.) <i>2</i>		Casing Depth (ft.) <i>12</i>		<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)? <i>1</i>		Depth to Water (feet) <i>3-8</i>		Sealing Materials			
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
				For Monitoring Wells and Monitoring Well Boreholes Only:			
				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<i>12</i>	<i>~ 1/4 bag</i>	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>Meridian Env. CS LLC</i>		License # <i>1061</i>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>5/26/17</i>	Date Received	Noted By
Street or Route <i>2711 N. Elwood</i>			Telephone Number <i>(75) 832-6608</i>	Comments	
City <i>Full Creek</i>	State <i>WI</i>	ZIP Code <i>54742</i>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <i>5-31-17</i>	

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-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 _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID _____	St. Planc _____ ft. N. _____ ft. E. S/C/N _____	Date Well Installed 1/08/2008 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"/> <input type="checkbox"/>	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	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____	

- A. Protective pipe, top elevation --- **0** --- ft. MSL
- B. Well casing, top elevation --- **0.5** --- ft. MSL
- C. Land surface elevation --- **0** --- ft. MSL
- D. Surface seal, bottom --- **-1.0** --- 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

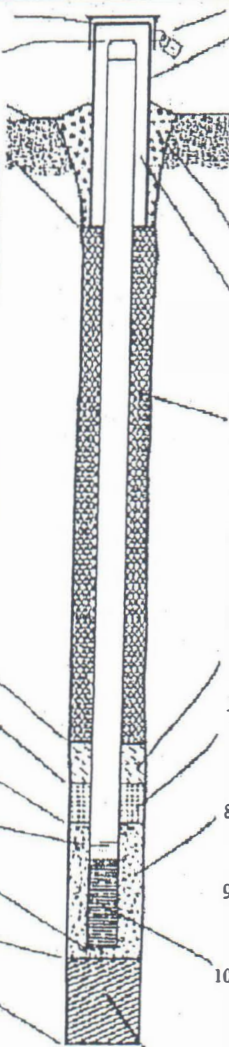
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
Geoprobe Other

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):
none



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: **2** 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. **fine sand**
 - b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 - a. **fine sand**
 - b. Volume added _____ ft³
- 9. Well casing:
 - Flush threaded PVC schedule 40 21
 - Flush threaded PVC schedule 80 24
 - Other
- 10. Screen material: **PVC**
 - a. Screen type: Factory cut 11
Continuous slot 01
Other
 - b. Manufacturer _____
 - c. Slot size: _____
 - d. Slotted length: **12** 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 **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 **12** 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 **ggfli** Firm **Meridian Environmental Consulting, LLC**

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