



## Meridian Environmental Consulting, LLC

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May 8, 2020

Carrie Stoltz  
Wisconsin Department of Natural Resources  
107 Sutliff Ave  
Rhineland, WI 54501-3349

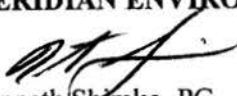
Subject: **Well Abandonment Forms**

Bob's Auto (former)  
Tony, Wisconsin 54563  
DNR BRRTS No. 03-55-000774  
PECFA No. 54563-9667-08  
Meridian No. 05F660

Dear Carrie:

Enclosed please find the well abandonment forms for the above referenced site.

Sincerely,  
**MERIDIAN ENVIRONMENTAL CONSULTING, LLC**

  
Kenneth Shimko, PG  
Project Manager

MW-1

# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

## Route to DNR Bureau:

☐ Verification Only of Fill and Seal

☐ Drinking Water

☐ Watershed/Wastewater

☐ Remediation/Redevelopment

☐ Waste Management

☐ Other: \_\_\_\_\_

## 1. Well Location Information

County Rusk WI Unique Well # of Removed Well \_\_\_\_\_ Hicap # \_\_\_\_\_

Latitude / Longitude (see instructions) \_\_\_\_\_ N ☐ DD ☐ GPS008  
\_\_\_\_\_ W ☐ DDM ☐ SCR002  
\_\_\_\_\_ ☐ OTH001

1/4 / 1/4 \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range ☐ E ☐ W  
or Gov't Lot # \_\_\_\_\_ N

Well Street Address \_\_\_\_\_

Well City, Village or Town Tony Well ZIP Code 54563

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_

## 2. Facility / Owner Information

Facility Name Bob's Auto (former)

Facility ID (FID or PWS) \_\_\_\_\_

License/Permit/Monitoring # \_\_\_\_\_

Original Well Owner \_\_\_\_\_

Present Well Owner \_\_\_\_\_

Mailing Address of Present Owner

W6217 Hwy. 8

City of Present Owner Tony

State WI

ZIP Code 54563

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

Pump and piping removed? ☐ Yes ☐ No ☒ N/A

Liner(s) removed? ☐ Yes ☐ No ☒ N/A

Liner(s) perforated? ☐ Yes ☐ No ☒ N/A

Screen removed? ☐ Yes ☐ No ☒ N/A

Casing left in place? ☐ Yes ☐ No ☒ N/A

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

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

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

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

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

## Required Method of Placing Sealing Material

☐ Conductor Pipe-Gravity

☐ Conductor Pipe-Pumped

☐ Screened & Poured (Bentonite Chips)

☐ Other (Explain): \_\_\_\_\_

## Sealing Materials

☐ Neat Cement Grout

☐ Concrete

☐ Sand-Cement (Concrete) Grout

☐ Bentonite Chips

## For Monitoring Wells and Monitoring Well Boreholes Only:

☒ Bentonite Chips

☐ Bentonite - Cement Grout

☐ Granular Bentonite

☐ Bentonite - Sand Slurry

## Reason for Removal from Service

Project closed

WI Unique Well # of Replacement Well \_\_\_\_\_

## 3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well

Original Construction Date (mm/dd/yyyy)

11/08/05

☐ Water Well

☐ Borehole / Drillhole

If a Well Construction Report is available, please attach. ☒

## Construction Type:

☒ Drilled

☐ Driven (Sandpoint)

☐ Dug

☐ Other (specify): \_\_\_\_\_

## Formation Type:

☒ Unconsolidated Formation

☐ Bedrock

Total Well Depth From Ground Surface (ft.)

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)?

6

Depth to Water (feet)

10

## 5. Material Used to Fill Well / Drillhole

bentonite chips

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

Name of Person or Firm Doing Filling & Sealing

License #

Date of Filling & Sealing or Verification

(mm/dd/yyyy) 5/7/2020

Date Received

Noted By

Street or Route

Telephone Number

(715) 832-6608

Comments

City

Fall Creek

State

WI

ZIP Code

54742

Signature of Person Doing Work

[Signature]

Date Signed

5-8-2020

Route to:

Watershed/Wastewater ☐  
Remediation/Redevelopment ☐

Waste Management ☐  
Other ☒

MONITORING WELL CONSTRUCTION  
Form 4400-113A Rev. 6-97

Facility/Project Name <b>CWI</b>	Local Grid Location of Well <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> W. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name <b>MW 1</b>
Facility License, Permit or Monitoring No.	Grid Origin Location (Check if estimated: <input type="checkbox"/> ) Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E. S/C/N	Wis. Unique Well No. <b>PI 128</b> DNR Well ID No. _____
Facility ID	Section Location of Waste/Source 1/4 of <b>SE</b> 1/4 of Sec. <b>28</b> , T. <b>35</b> N, R. <b>5</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Date Well Installed <b>11/08/2005</b> m m d d y y v v
Type of Well Well Code <b>11 /MW</b>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input checked="" type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) <b>Mike Mc Ardle</b> <b>M&amp;K Environmental &amp; Soils Drilling, LLC</b>
Distance Well Is From Waste/Source Boundary ft.		

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: <b>1.0</b> in. b. Length: <b>1.0</b> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or <b>0 0 0</b> ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: None <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. <b>1.04</b> Ft <sup>3</sup> volume added for any of the above f. How installed: Tremmie <input type="checkbox"/> 04 Tremmie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. Bentonite chips <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added: <b>4.5</b> Ft <sup>3</sup>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. <b>American Materials #30</b> b. Volume added: <b>4.32</b> Ft <sup>3</sup>
17. Source of water (attach analysis): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 <b>Johnson Screen</b> Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or <b>1 0</b> ft.	10. Screen material: Schedule 40 pvc a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01
F. Fine sand, top _____ ft. MSL or <b>6 0</b> ft.	b. Manufacturer <b>Johnson Screen</b> Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or <b>8 0</b> ft.	c. Slot size: <b>0.1</b> in. d. Slotted length: <b>15</b> ft.
H. Screen joint, top _____ ft. MSL or <b>1 0 0</b> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or <b>2 5 0</b> ft.	
J. Filter pack, bottom _____ ft. MSL or <b>2 5 5</b> ft.	
K. Borehole, bottom _____ ft. MSL or <b>2 5 5</b> ft.	
L. Borehole, diameter <b>8.00</b> in.	
M. O.D. well casing <b>2.38</b> in.	
N. I.D. well casing <b>2.00</b> in.	

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

Signature *Michael P. Mc Ardle*

Firm

**M&K Environmental & Soils Drilling, LLC**

MW-2R

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.

## Route to DNR Bureau:

☐ Verification Only of Fill and Seal☐ Drinking Water☐ Watershed/Wastewater☐ Remediation/Redevelopment☐ Waste Management☐ Other: \_\_\_\_\_

## 1. Well Location Information

County Rusk WI Unique Well # of Removed Well \_\_\_\_\_ Hicap # \_\_\_\_\_Latitude / Longitude (see instructions) \_\_\_\_\_ N ☐ DD ☐ GPS008  
\_\_\_\_\_ W ☐ DDM ☐ SCR002  
\_\_\_\_\_ ☐ OTH0011/4 1/4 \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range ☐ E  
or Gov't Lot # \_\_\_\_\_ N ☐ W

Well Street Address \_\_\_\_\_

Well City, Village or Town \_\_\_\_\_ Well ZIP Code \_\_\_\_\_

Subdivision Name Tony Lot # \_\_\_\_\_Reason for Removal from Service Project closed WI Unique Well # of Replacement Well \_\_\_\_\_

## 3. Filled &amp; Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well Original Construction Date (mm/dd/yyyy) 9/25/07  
☐ Water Well  
☐ Borehole / Drillhole If a Well Construction Report is available, please attach. ☒

Construction Type:

☒ Drilled ☐ Driven (Sandpoint) ☐ Dug  
☐ Other (specify): \_\_\_\_\_

Formation Type:

☒ Unconsolidated Formation ☐ BedrockTotal Well Depth From Ground Surface (ft.) 20 Casing Diameter (in.) 2Lower Drillhole Diameter (in.) 8 Casing Depth (ft.) 20Was well annular space grouted? ☒ Yes ☐ No ☐ UnknownIf yes, to what depth (feet)? 8 Depth to Water (feet) 10

## 5. Material Used to Fill Well / Drillhole

bentonite chips

## 2. Facility / Owner Information

Facility Name Bob's Auto (former)

Facility ID (FID or PWS) \_\_\_\_\_

License/Permit/Monitoring # \_\_\_\_\_

Original Well Owner \_\_\_\_\_

Present Well Owner \_\_\_\_\_

Mailing Address of Present Owner w6217 Hwy. 8City of Present Owner Tony State WI ZIP Code 54563

## 4. Pump, Liner, Screen, Casing &amp; Sealing Material

Pump and piping removed? ☐ Yes ☐ No ☒ N/ALiner(s) removed? ☐ Yes ☐ No ☒ N/ALiner(s) perforated? ☐ Yes ☐ No ☒ N/AScreen removed? ☐ Yes ☐ No ☒ N/ACasing left in place? ☐ Yes ☐ No ☒ N/AWas casing cut off below surface? ☐ Yes ☐ No ☒ N/ADid sealing material rise to surface? ☐ Yes ☐ No ☒ N/ADid material settle after 24 hours? ☐ Yes ☐ No ☒ N/AIf yes, was hole retopped? ☐ Yes ☐ No ☒ N/AIf bentonite chips were used, were they hydrated with water from a known safe source? ☐ Yes ☐ No ☒ N/A

Required Method of Placing Sealing Material

☐ Conductor Pipe-Gravity ☐ Conductor Pipe-Pumped  
☐ Screened & Poured (Bentonite Chips) ☐ Other (Explain): \_\_\_\_\_

Sealing Materials

☐ Neat Cement Grout ☐ Concrete  
☐ Sand-Cement (Concrete) Grout ☐ Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

☒ Bentonite Chips ☐ Bentonite - Cement Grout  
☐ Granular Bentonite ☐ Bentonite - Sand Slurry

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

Surface 20 2 1/2 bags

## 6. Comments

## 7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Mendian Env. Serv. LLC License # \_\_\_\_\_ Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/7/2020 DNR Use Only Date Received \_\_\_\_\_ Noted By \_\_\_\_\_Street or Route 2711 N. Elm Rd Telephone Number (715) 832-6608 Comments \_\_\_\_\_City Fall Creek State WI ZIP Code 54742 Signature of Person Doing Work [Signature] Date Signed 5-8-2020

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

Facility/Project Name <b>CWI</b>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <b>MW-ZR</b>
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <b>DNR Well ID No.</b>
Facility ID	Lat. _____ Long. _____ or _____	Date Well Installed <b>09/25/2007</b>
Type of Well	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: Name (first, last) and Firm <b>M + K Mike McCordle</b>
Well Code <b>/</b>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. <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"/> Sidgradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: <b>12</b> in. b. Length: <b>12</b> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft <sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. <b>Fine sand - Red Flint</b> b. Volume added _____ ft <sup>3</sup>
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Filter pack material: Manufacturer, product name & mesh size a. <b>PEA GRAVEL</b> b. Volume added _____ ft <sup>3</sup>
Describe _____	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"/>
17. Source of water (attach analysis, if required):	10. Screen material: <b>PVC</b> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or <b>1</b> ft.	b. Manufacturer _____ c. Slot size: <b>0.1</b> in. d. Slotted length: <b>10</b> ft.
F. Fine sand, top _____ ft. MSL or <b>8</b> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or <b>8</b> ft.	
H. Screen joint, top _____ ft. MSL or <b>10</b> ft.	
I. Well bottom _____ ft. MSL or <b>20</b> ft.	
J. Filter pack, bottom _____ ft. MSL or <b>20</b> ft.	
K. Borehole, bottom _____ ft. MSL or <b>20</b> ft.	
L. Borehole, diameter <b>12</b> in.	
M. O.D. well casing <b>4</b> 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 Alliance Group

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

MW-3R

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

☐ Verification Only of Fill and Seal

Route to DNR Bureau:

☐ Drinking Water

☐ Watershed/Wastewater

☐ Remediation/Redevelopment

☐ Waste Management

☐ Other: \_\_\_\_\_

1. Well Location Information

County <b>Rusk</b>	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 _____	Range <input type="checkbox"/> E <input type="checkbox"/> W	

2. Facility / Owner Information

Facility Name <b>Bob's Auto (former)</b>		
Facility ID (FID or PWS) _____		
License/Permit/Monitoring # _____		
Original Well Owner _____		
Present Well Owner _____		
Mailing Address of Present Owner <b>W6217 Hwy. 8</b>		
City of Present Owner <b>Tony</b>	State <b>WI</b>	ZIP Code <b>54563</b>

Well City, Village or Town <b>Tony</b>	Well ZIP Code <b>54563</b>
Subdivision Name _____	Lot # _____
Reason for Removal from Service <b>Project closed</b>	WI Unique Well # of Replacement Well _____

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>9/25/07</b>
<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 checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	

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 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

Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <b>20</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.) <b>8</b>	Casing Depth (ft.) <b>20</b>
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? <b>8</b>	Depth to Water (feet) <b>10</b>

5. Material Used to Fill Well / Drillhole <b>bentonite chips</b>	From (ft.) <b>Surface</b>	To (ft.) <b>20</b>	No. Yards, Sacks Sealant or Volume (circle one) <b>242 bags</b>	Mix Ratio or Mud Weight _____
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6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Mendota Env. Serv., LLC</b>	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>5/7/2020</b>	Date Received _____	Noted By _____
Street or Route <b>2711 N. Elco Rd</b>		Telephone Number <b>(715) 832-6608</b>	Comments _____	
City <b>Fall Creek</b>	State <b>WI</b>	ZIP Code <b>54742</b>	Signature of Person Doing Work <b>[Signature]</b>	Date Signed <b>5-8-2020</b>

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

Facility/Project Name <u>CWI</u>	Local Grid Location of Well ft. <u>  </u> N. <u>  </u> E. <u>  </u> W. <u>  </u> S. <u>  </u>	Well Name <u>MW-3R</u>
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/> ) or Well Location Lat. <u>  </u> " Long. <u>  </u> " or	Wis. Unique Well No. <u>  </u> DNR Well ID No. <u>  </u>
Facility ID	St. Plane <u>  </u> ft. N. <u>  </u> ft. E. <u>  </u> S/C/N <u>  </u>	Date Well Installed <u>09/25/2007</u> m m d d y y y y
Type of Well	Section Location of Waste/Source 1/4 of <u>  </u> 1/4 of Sec. <u>  </u> T. <u>  </u> N. R. <u>  </u> <input type="checkbox"/> E <u>  </u> W <u>  </u>	Well Installed By: Name (first, last) and Firm <u>M + K</u> <u>Mike McCordle</u>
Well Code <u>  </u> / <u>  </u>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidogradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number <u>  </u>
Distance from Waste/Source <u>  </u> ft.	Enf. Stds. Apply <input type="checkbox"/>	

A. Protective pipe, top elevation <u>  </u> ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Wall casing, top elevation <u>  </u> ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>12</u> in. b. Length: <u>12</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation <u>  </u> ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: <u>  </u>
D. Surface seal, bottom <u>  </u> ft. MSL or <u>  </u> ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. <u>  </u> Lbs/gal mud weight <u>  </u> Bentonite-sand slurry <input type="checkbox"/> 35 c. <u>  </u> Lbs/gal mud weight <u>  </u> Bentonite slurry <input type="checkbox"/> 31 d. <u>  </u> % Bentonite <u>  </u> Bentonite-cement grout <input type="checkbox"/> 30 e. <u>  </u> Ft <sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input checked="" type="checkbox"/>	6. Bentonite seals: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. <u>  </u> 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 type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. <u>Fine sand - Red Flint</u> b. Volume added <u>  </u> ft <sup>3</sup>
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe <u>  </u>	8. Filter pack material: Manufacturer, product name & mesh size a. <u>PEA GRAVEL</u> b. Volume added <u>  </u> ft <sup>3</sup>
17. Source of water (attach analysis, if required): <u>  </u>	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top <u>  </u> ft. MSL or <u>1</u> ft.	10. Screen material: <u>PVC</u> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top <u>  </u> ft. MSL or <u>8</u> ft.	b. Manufacturer <u>  </u> c. Slot size: <u>0.1</u> in. d. Slotted length: <u>10</u> ft.
G. Filter pack, top <u>  </u> ft. MSL or <u>8</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top <u>  </u> ft. MSL or <u>10</u> ft.	
I. Well bottom <u>  </u> ft. MSL or <u>20</u> ft.	
J. Filter pack, bottom <u>  </u> ft. MSL or <u>20</u> ft.	
K. Borehole, bottom <u>  </u> ft. MSL or <u>20</u> ft.	
L. Borehole, diameter <u>12</u> in.	
M. O.D. well casing <u>4</u> in.	
N. I.D. well casing <u>  </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 Alliance Group

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

MW-5

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 <b>Rusk</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Bob's Auto (former)</b>	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 1/4 or Gov't Lot #		Section		Township <b>N</b>		Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address				Original Well Owner			
Well City, Village or Town <b>Tony</b>				Well ZIP Code <b>54563</b>			
Subdivision Name				Lot #			
Reason for Removal from Service <b>Project closed</b>				WI Unique Well # of Replacement Well			
Mailing Address of Present Owner <b>W6217 Hwy. 8</b>				City of Present Owner <b>Tony</b>			
State <b>WI</b>				ZIP Code <b>54563</b>			

3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>7/10/06</b>		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. <input checked="" type="checkbox"/>		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated?		<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				Screen removed?			
<input type="checkbox"/> Other (specify): _____				<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?			
Total Well Depth From Ground Surface (ft.) <b>22</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Casing Diameter (in.) <b>2</b>				Was casing cut off below surface?			
Lower Drillhole Diameter (in.) <b>8</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Casing Depth (ft.) <b>22</b>				Did sealing material rise to surface?			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
If yes, to what depth (feet)? <b>8</b>				Did material settle after 24 hours?			
Depth to Water (feet) <b>12</b>				<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			

5. Material Used to Fill Well / Drillhole				Required Method of Placing Sealing Material			
From (ft.)		To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight	
<b>Surface</b>		<b>22</b>		<b>2 1/3 bag</b>			
Material: <b>bentonite chips</b>				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
				<input 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			

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Mendota Borehole, LLC</b>		License #		Date Received	
Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>5/7/2020</b>		Noted By			
Street or Route <b>2711 N. Elco Rd</b>		Telephone Number <b>(715) 832-6608</b>		Comments	
City <b>Fall Creek</b>		State <b>WI</b>		Date Signed <b>5-8-2020</b>	
ZIP Code <b>54742</b>		Signature of Person Doing Work <b>[Signature]</b>			

Route To:

Watershed/Wastewater ☐

Remediation/Redevelopment ☐

Waste Management ☐

Other ☐

**MONITORING WELL CONSTRUCTION**

Form 4400-113A

Rev. 6-97

Facility/Project Name <b>CWI</b>	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 <b>MW-5</b>
Facility License, Permit or Monitoring No.	Grid Origin Location (Check if estimated: <input type="checkbox"/> ) Lat. _____ Long. _____ or _____	Wis. Unique Well No. / DNR Well Number
Facility ID <b>34101289</b>	St. Plane _____ ft. N. _____ ft. E. S / C / N	Date Well Installed <b>07/10/2006</b>
Type of Well <b>Well Code 11/mw</b>	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: (Person's Name and Firm) <b>P. Dickinson</b>
Distance Well Is From Waste/Source Boundary ft. _____	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	<b>Boart Longyear Company</b>

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 <u>Flush</u> ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>9.0</u> in. b. Length: <u>1.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 0 4 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or <u>1.0</u> ft.	3. Surface seal: Bentonite <input type="checkbox"/> 3 0 Concrete <input checked="" type="checkbox"/> 0 1 Other <input type="checkbox"/>
12. USC classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 3 0 Other <input checked="" type="checkbox"/> NA
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular 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 <sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0 1 Tremie pumped <input type="checkbox"/> 0 2 Gravity <input checked="" type="checkbox"/> 0 8
14. Drilling method used: Rotary <input type="checkbox"/> 5 0 Hollow Stem Auger <input checked="" type="checkbox"/> 4 1 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3 3 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input checked="" type="checkbox"/> 3 2 c. _____ 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 type="checkbox"/> 9 9	7. Fine sand material: Manufacturer, product name and mesh size a. <u>#7 Badger</u> b. Volume added _____ ft <sup>3</sup>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name and mesh size a. <u>#40 Badger</u> b. Volume added _____ ft <sup>3</sup>
17. Source of water (attach analysis): _____	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"/>
E. Bentonite seal, top _____ ft. MSL or <u>1.0</u> ft.	10. Screen material: <u>PVC</u> a. Screen Type: Factory cut <input checked="" type="checkbox"/> 1 1 Continuous slot <input type="checkbox"/> 0 1 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or <u>8.0</u> ft.	b. Manufacturer <u>Boart Longyear Company</u>
G. Filter pack, top _____ ft. MSL or <u>10.0</u> ft.	c. Slot size: <u>0.010</u> in.
H. Screen joint, top _____ ft. MSL or <u>12.0</u> ft.	d. Slotted length: <u>10.0</u> ft.
I. Well bottom _____ ft. MSL or <u>22.0</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1 4 Other <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or <u>23.0</u> ft.	
K. Borehole, bottom _____ ft. MSL or <u>23.0</u> ft.	
L. Borehole, diameter <u>8.0</u> in.	
M. O.D. well casing <u>2.37</u> in.	
N. I.D. well casing <u>2.06</u> in.	

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

Signature [Signature] Firm **Boart Longyear Company** Tel: 715-359-7090  
101 Alderson Street Schofield, WI 54476 Fax: 715-355-5715

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

MW-6

# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

☐ Verification Only of Fill and Seal

Route to DNR Bureau:

☐ Drinking Water

☐ Watershed/Wastewater

☐ Remediation/Redevelopment

☐ Waste Management

☐ Other: \_\_\_\_\_

## 1. Well Location Information

County <b>Rusk</b>	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 _____	Range E W	

## 2. Facility / Owner Information

Facility Name <b>Bob's Auto (former)</b>
Facility ID (FID or PWS) _____
License/Permit/Monitoring # _____
Original Well Owner _____
Present Well Owner _____
Mailing Address of Present Owner <b>W6217 Hwy. 8</b>
City of Present Owner <b>Tony</b>
State <b>WI</b>
ZIP Code <b>54563</b>

Reason for Removal from Service <b>Project closed</b>	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) <b>7/10/06</b>
<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 checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	

## 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

Formation Type: <input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock
---

Total Well Depth From Ground Surface (ft.) <b>22</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.) <b>8</b>	Casing Depth (ft.) <b>22</b>
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? <b>8</b>	Depth to Water (feet) <b>6</b>

Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input 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

Material <b>bentonite chips</b>	From (ft.) Surface	To (ft.) <b>22</b>	No. Yards, Sacks Sealant or Volume (circle one) <b>~ 2/3 bag</b>	Mix Ratio or Mud Weight _____
------------------------------------	-----------------------	-----------------------	---	----------------------------------

## 6. Comments

## 7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <b>Mendota Enviro. Servs., LLC</b>	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>5/7/2020</b>	DNR Use Only	
Street or Route <b>2711 N. Elco Rd</b>	Telephone Number <b>(715) 832-6608</b>	Date Received _____	Noted By _____	
City <b>Fall Creek</b>	State <b>WI</b>	ZIP Code <b>54742</b>	Signature of Person Doing Work <b>[Signature]</b>	
			Date Signed <b>5-8-2020</b>	

Route To:

Watershed/Wastewater ☐

Remediation/Redevelopment ☐

Waste Management ☐

Other ☐

MONITORING WELL CONSTRUCTION

Form 4400-113A

Rev. 6-97

Facility/Project Name CWI	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-6
Facility License, Permit or Monitoring No.	Grid Origin Location (Check if estimated: <input type="checkbox"/> ) Lat. _____ " Long. _____ " or _____	Wis. Unique Well No. _____ DNR Well Number _____
Facility ID 34101289	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 07/10/2006
Type of Well Well Code 11/mw	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) P. Dickinson
Distance Well Is From Waste/Source Boundary _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Boart Longyear Company

A. Protective pipe, top elevation \_\_\_\_\_ ft. MSL  
B. Well casing, top elevation \_\_\_\_\_ Flush ft. MSL  
C. Land surface elevation \_\_\_\_\_ ft. MSL  
D. Surface seal, bottom \_\_\_\_\_ ft. MSL or 1.0 ft.

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

13. Sieve analysis attached? ☐ Yes ☐ No

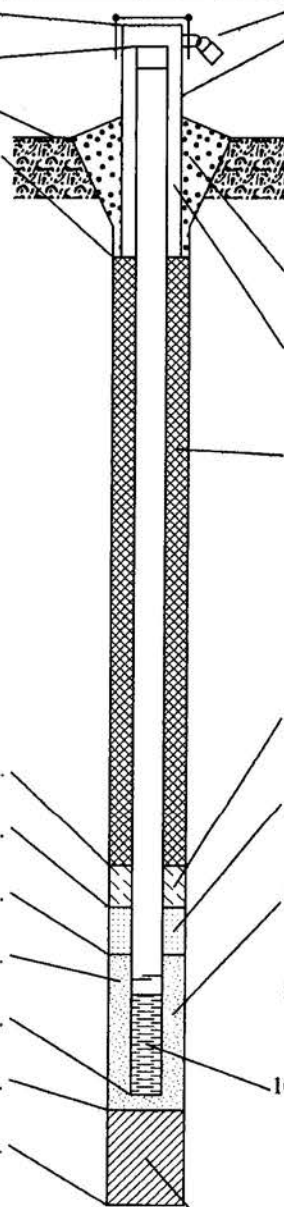
14. Drilling method used: Rotary ☐ 5 0  
Hollow Stem Auger ☒ 4 1  
Other ☐

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):  
\_\_\_\_\_



1. Cap and lock? ☒ Yes ☐ No  
2. Protective cover pipe:  
a. Inside diameter: \_\_\_\_\_ 9.0 in.  
b. Length: \_\_\_\_\_ 1.0 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 ☒ NA  
5. Annular space seal: a. Granular 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. \_\_\_\_\_ Ft<sup>3</sup> 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 pellets ☒ 3 2  
c. \_\_\_\_\_ Other ☐  
7. Fine sand material: Manufacturer, product name and mesh size  
a. \_\_\_\_\_ #7 Badger  
b. Volume added \_\_\_\_\_ ft<sup>3</sup>  
8. Filter pack material: Manufacturer, product name and mesh size  
a. \_\_\_\_\_ #40 Badger  
b. Volume added \_\_\_\_\_ ft<sup>3</sup>  
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 Boart Longyear Company  
c. Slot size: \_\_\_\_\_ 0.010 in.  
d. Slotted length: \_\_\_\_\_ 10.0 ft.  
11. Backfill material (below filter pack): None ☒ 1 4  
Other ☐

E. Bentonite seal, top \_\_\_\_\_ ft. MSL or 1.0 ft.  
F. Fine sand, top \_\_\_\_\_ ft. MSL or 8.0 ft.  
G. Filter pack, top \_\_\_\_\_ ft. MSL or 10.0 ft.  
H. Screen joint, top \_\_\_\_\_ ft. MSL or 12.0 ft.  
I. Well bottom \_\_\_\_\_ ft. MSL or 22.0 ft.  
J. Filter pack, bottom \_\_\_\_\_ ft. MSL or 23.0 ft.  
K. Borehole, bottom \_\_\_\_\_ ft. MSL or 23.0 ft.  
L. Borehole, diameter 8.0 in.  
M. O.D. well casing 2.37 in.  
N. I.D. well casing 2.06 in.

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

Signature \_\_\_\_\_

Firm Boart Longyear Company  
101 Alderson Street Schofield, WI 54476

Tel: 715-359-7090  
Fax: 715-355-5715

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

MW-7

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.

## Route to DNR Bureau:

☐ Verification Only of Fill and Seal☐ Drinking Water☐ Watershed/Wastewater☐ Remediation/Redevelopment☐ Waste Management☐ Other: \_\_\_\_\_

## 1. Well Location Information

County Rusk WI Unique Well # of Removed Well \_\_\_\_\_ Hicap # \_\_\_\_\_

Latitude / Longitude (see instructions) \_\_\_\_\_ N ☐ DD ☐ GPS008  
\_\_\_\_\_ W ☐ DDM ☐ SCR002  
\_\_\_\_\_ ☐ OTH001

1/4 / 1/4 \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range ☐ E ☐ W  
or Gov't Lot # \_\_\_\_\_

Well Street Address \_\_\_\_\_

Well City, Village or Town \_\_\_\_\_ Well ZIP Code \_\_\_\_\_

Subdivision Name Tony Lot # \_\_\_\_\_

Reason for Removal from Service Project closed WI Unique Well # of Replacement Well \_\_\_\_\_

## 3. Filled &amp; Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well Original Construction Date (mm/dd/yyyy) 9/25/07  
☐ Water Well  
☐ Borehole / Drillhole If a Well Construction Report is available, please attach. ☒

## Construction Type:

☒ Drilled ☐ Driven (Sandpoint) ☐ Dug  
☐ Other (specify): \_\_\_\_\_

## Formation Type:

☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.) \_\_\_\_\_ Casing Diameter (in.) \_\_\_\_\_

202

Lower Drillhole Diameter (in.) \_\_\_\_\_

8

Casing Depth (ft.) \_\_\_\_\_

20Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)? \_\_\_\_\_

8

Depth to Water (feet) \_\_\_\_\_

8

## 5. Material Used to Fill Well / Drillhole

bentonite chips

## 2. Facility / Owner Information

Facility Name Bob's Auto (former)

Facility ID (FID or PWS) \_\_\_\_\_

License/Permit/Monitoring # \_\_\_\_\_

Original Well Owner \_\_\_\_\_

Present Well Owner \_\_\_\_\_

Mailing Address of Present Owner \_\_\_\_\_

W6217 Hwy. 8

City of Present Owner \_\_\_\_\_

Tony

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

WI54563

## 4. Pump, Liner, Screen, Casing &amp; Sealing Material

Pump and piping removed? ☐ Yes ☐ No ☒ N/ALiner(s) removed? ☐ Yes ☐ No ☒ N/ALiner(s) perforated? ☐ Yes ☐ No ☒ N/AScreen removed? ☐ Yes ☐ No ☒ N/ACasing left in place? ☐ Yes ☐ No ☒ N/AWas casing cut off below surface? ☐ Yes ☐ No ☒ N/ADid sealing material rise to surface? ☐ Yes ☐ No ☒ N/ADid material settle after 24 hours? ☐ Yes ☐ No ☒ N/AIf yes, was hole retopped? ☐ Yes ☐ No ☒ N/AIf bentonite chips were used, were they hydrated with water from a known safe source? ☐ Yes ☐ No ☒ N/A

## Required Method of Placing Sealing Material

☐ Conductor Pipe-Gravity ☐ Conductor Pipe-Pumped☐ Screened & Poured (Bentonite Chips) ☐ Other (Explain): \_\_\_\_\_

## Sealing Materials

☐ Neat Cement Grout ☐ Concrete☐ Sand-Cement (Concrete) Grout ☐ Bentonite Chips

## For Monitoring Wells and Monitoring Well Boreholes Only:

☒ Bentonite Chips ☐ Bentonite - Cement Grout☐ Granular Bentonite ☐ Bentonite - Sand Slurry

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<u>20</u>	<u>~23 bag</u>	

## 6. Comments

## 7. Supervision of Work

Name of Person or Firm Doing Filling &amp; Sealing

License # \_\_\_\_\_

Date of Filling &amp; Sealing or Verification

(mm/dd/yyyy) 5/7/2020

Date Received \_\_\_\_\_

Noted By \_\_\_\_\_

Street or Route

2711 N. Elco Rd

Telephone Number

(715) 832-6608

Comments

City

Fall Creek

State

WI

ZIP Code

54742

Signature of Person Doing Work

[Signature]

Date Signed

5-8-2020

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

Facility/Project Name <b>CWI</b>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <b>MW-17</b>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. _____ Long. _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <b>09/25/2007</b> 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 <b>M+k Mike McCordle</b>
Well Code _____ / _____	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Distance from Waste/Source _____ ft.	Gov. Lot Number _____	

A. Protective pipe, top elevation _____ ft. MSL	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: <b>12</b> in. b. Length: <b>12</b> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
C. Land surface elevation _____ ft. MSL	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
D. Surface seal, bottom _____ ft. MSL or _____ ft.	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	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 <sup>3</sup> 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
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	7. Fine sand material: Manufacturer, product name & mesh size a. <b>Fine sand - Red Flint</b> b. Volume added _____ ft <sup>3</sup>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	8. Filter pack material: Manufacturer, product name & mesh size a. <b>PEA GRAVEL</b> b. Volume added _____ ft <sup>3</sup>
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
Describe _____	10. Screen material: <b>PVC</b> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
17. Source of water (attach analysis, if required): _____	b. Manufacturer _____ c. Slot size: <b>0.1</b> in. d. Slotted length: <b>10</b> ft.
E. Bentonite seal, top _____ ft. MSL or <b>1</b> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or <b>8</b> ft.	
G. Filter pack, top _____ ft. MSL or <b>8</b> ft.	
H. Screen joint, top _____ ft. MSL or <b>10</b> ft.	
I. Well bottom _____ ft. MSL or <b>20</b> ft.	
J. Filter pack, bottom _____ ft. MSL or <b>20</b> ft.	
K. Borehole, bottom _____ ft. MSL or <b>20</b> ft.	
L. Borehole, diameter <b>8</b> <del>12</del> in.	
M. O.D. well casing <b>2</b> <del>4</del> in.	
N. I.D. well casing <b>2</b> in.	

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

Signature *[Signature]* Firm Meridian Alliance Group

MW-8

## Well / Drillhole / Borehole Filling &amp; Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

☐ Verification Only of Fill and Seal

Route to DNR Bureau:

☐ Drinking Water ☐ Watershed/Wastewater ☐ Remediation/Redevelopment

☐ Waste Management ☐ Other: \_\_\_\_\_

## 1. Well Location Information

County Rusk WI Unique Well # of Removed Well \_\_\_\_\_ Hicap # \_\_\_\_\_

Latitude / Longitude (see instructions) \_\_\_\_\_ N ☐ DD ☐ GPS008  
\_\_\_\_\_ W ☐ DDM ☐ SCR002  
\_\_\_\_\_ ☐ OTH001

1/4 / 1/4 \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range ☐ E  
or Gov't Lot # \_\_\_\_\_ N ☐ W

Well Street Address \_\_\_\_\_

## 2. Facility / Owner Information

Facility Name Bob's Auto (former)

Facility ID (FID or PWS) \_\_\_\_\_

License/Permit/Monitoring # \_\_\_\_\_

Original Well Owner \_\_\_\_\_

Present Well Owner \_\_\_\_\_

Mailing Address of Present Owner W6217 Hwy. 8

City of Present Owner Tony State WI ZIP Code 54563

Reason for Removal from Service Project closed WI Unique Well # of Replacement Well \_\_\_\_\_

## 3. Filled &amp; Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well ☐ Water Well ☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy) 2-20-09

If a Well Construction Report is available, please attach. ☒

Construction Type:  
☒ Drilled ☐ Driven (Sandpoint) ☐ Dug  
☐ Other (specify): \_\_\_\_\_

Formation Type:  
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.) 20 Casing Diameter (in.) 2

Lower Drillhole Diameter (in.) 8 Casing Depth (ft.) 20

Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)? 8 Depth to Water (feet) 9

## 4. Pump, Liner, Screen, Casing &amp; Sealing Material

Pump and piping removed? ☐ Yes ☐ No ☒ N/A

Liner(s) removed? ☐ Yes ☐ No ☒ N/A

Liner(s) perforated? ☐ Yes ☐ No ☒ N/A

Screen removed? ☐ Yes ☐ No ☒ N/A

Casing left in place? ☐ Yes ☐ No ☒ N/A

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

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

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

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

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

## Required Method of Placing Sealing Material

☐ Conductor Pipe-Gravity ☐ Conductor Pipe-Pumped

☐ Screened & Poured (Bentonite Chips) ☐ Other (Explain): \_\_\_\_\_

## Sealing Materials

☐ Neat Cement Grout ☐ Concrete

☐ Sand-Cement (Concrete) Grout ☐ Bentonite Chips

## For Monitoring Wells and Monitoring Well Boreholes Only:

☒ Bentonite Chips ☐ Bentonite - Cement Grout

☐ Granular Bentonite ☐ Bentonite - Sand Slurry

## 5. Material Used to Fill Well / Drillhole

bentonite chips

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

## 6. Comments

## 7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>Mendota Enviro. Servs., LLC</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>5/7/2020</u>	Date Received	Noted By
Street or Route <u>2711 N. Elco Rd</u>		Telephone Number <u>(715) 832-6608</u>	Comments	
City <u>Fall Creek</u>	State <u>WI</u>	ZIP Code <u>54742</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>5-8-2020</u>

State of Wisconsin  
Department of Natural Resources  
Facility/Project Name

Route To: Solid Waste ☐ Haz. Waste ☐ Wastewater ☐  
Env. Response & Repair ☐ Underground Tanks ☐ Other ☐

MONITORING WELL CONSTRUCTION  
Form 4400-113A Rev. 4-90

CWI - Tony, WI  
Facility License, Permit or Monitoring Number

Local Grid Location of Well  
☐ N. ☐ E.  
ft. ☐ S. ft. ☐ W.

Well Name  
MW-8

Type of Well Water Table Observation Well ☒ 11  
Piezometer ☐ 12

Grid Origin Location  
Lat. \_\_\_\_\_ Long. \_\_\_\_\_ or  
St. Plane ft. N. ft. E.

Wis. Unique Well Number: DNR Well Number  
Date Well Installed  
2-20-09

Distance Well Is From Waste/Source Boundary  
ft.

Section Location of Waste/Source ☐ E.  
SW 1/4 of SE of Sec. 28, T 35 N, R. 5 ☒ W.

Well Installed By: (Person's Name and Firm)  
Joe Black

Is Well A Point of Enforcement Std. Applic. ?  
☐ Yes ☐ No

Location of Well Relative to Waste/Source  
u ☐ Upgradient s ☐ Sidegradient  
d ☐ Downgradient n ☐ Not Known

Midwest Engineering Services, Inc.

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 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 attached? ☐ 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): \_\_\_\_\_

E. Bentonite seal, top \_\_\_\_\_ ft. MSL or 1.0 ft.

F. Fine sand, top \_\_\_\_\_ ft. MSL or 6.0 ft.

G. Filter pack, top \_\_\_\_\_ ft. MSL or 8.0 ft.

H. Screen joint, top \_\_\_\_\_ ft. MSL or 10.0 ft.

I. Well bottom \_\_\_\_\_ ft. MSL or 20.0 ft.

J. Filter pack, bottom \_\_\_\_\_ ft. MSL or 20.0 ft.

K. Borehole, bottom \_\_\_\_\_ ft. MSL or 20.0 ft.

L. Borehole, diameter 8.0 in.

M. O.D. well casing 2.48 in.

N. I.D. well casing 2.07 in.

1. Cap and lock? ☒ Yes ☐ No

2. Protective cover pipe:

a. Inside diameter: 8.0 in.

b. Length: 1.0 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

Annular space seal ☐

Other ☐

5. Annular space seal:

a. Granular Bentonite ☒ 33

b. \_\_\_\_\_ Lbs/gal mud wt. Bentonite-sand slurry ☐ 35

c. \_\_\_\_\_ Lbs/gal mud weight Bentonite slurry ☐ 31

d. \_\_\_\_\_ % Bentonite Bentonite-cement grout ☐ 50

e. 1.6 Ft<sup>3</sup> 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. ☐ 1/2 in. ☒ 3/8 in. Bentonite pellets ☒ 32

c. Other ☐

7. Fine sand material:

a. Red Flint No. 45-55

b. Volume added 0.7 ft<sup>3</sup>

8. Filter pack material:

a. Red Flint No. 40 RFWS - 34

b. Volume added 3.9 ft<sup>3</sup>

9. Well casing: Flush threaded PVC schedule 40 ☒ 23

Flush threaded PVC schedule 80 ☐ 24

Other ☐

10. Screen material: Sch. 40 PVC

a. Screen type: Factory cut ☒ 11

Continuous slot ☐ 01

Other ☐

b. Manufacturer Boart Longyear

c. Slot size: 0.010 in.

d. Slotted length: 10.0 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 MIDWEST ENGINEERING SERVICES, INC.

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

MW-9

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

☐ Verification Only of Fill and Seal

Route to DNR Bureau:

☐ Drinking Water

☐ Watershed/Wastewater

☐ Remediation/Redevelopment

☐ Waste Management

☐ Other: \_\_\_\_\_

1. Well Location Information

County <b>Rusk</b>	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 _____	Range <input type="checkbox"/> E <input type="checkbox"/> W	

2. Facility / Owner Information

Facility Name <b>Bob's Auto (former)</b>		
Facility ID (FID or PWS) _____		
License/Permit/Monitoring # _____		
Original Well Owner _____		
Present Well Owner _____		
Mailing Address of Present Owner <b>W6217 Hwy. 8</b>		
City of Present Owner <b>Tony</b>	State <b>WI</b>	ZIP Code <b>54563</b>

Reason for Removal from Service <b>Project closed</b>	WI Unique Well # of Replacement Well _____
--	---

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>11/25/11</b>
<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 checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	

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 type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____

Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Sand-Cement (Concrete) Grout	<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.) <b>Surface</b>	To (ft.) <b>22</b>	No. Yards, Sacks Sealant or Volume (circle one) <b>213 bag</b>	Mix Ratio or Mud Weight _____
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6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <b>Mendota Power Co., LLC</b>	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>5/7/2020</b>	DNR Use Only	
Street or Route <b>2711 N. Elco Rd</b>	Telephone Number <b>(715) 832-6608</b>	Date Received _____		Noted By _____
City <b>Fall Creek</b>	State <b>WI</b>	ZIP Code <b>54742</b>	Signature of Person Doing Work <b>[Signature]</b>	
			Date Signed <b>5-8-2020</b>	

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

Facility/Project Name <u>CW7</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <u>MW-9</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. <u>DNR Well ID No.</u>
Facility ID	Lat. <u>    </u> Long. <u>    </u> or	Date Well Installed <u>1/25/2011</u>
Type of Well	St. Plane <u>    </u> ft. N. <u>    </u> ft. E. S/C/N	Well Installed By: Name (first, last) and Firm <u>Joe Black</u> <u>Midwest Engineering</u>
Well Code <u>    </u> / <u>    </u>	Section Location of Waste/Source 1/4 of <u>    </u> 1/4 of Sec. <u>    </u> T. <u>    </u> N. R. <u>    </u> <input type="checkbox"/> E <input type="checkbox"/> W	
Distance from Waste/Source <u>    </u> 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 <u>    </u>	

- 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 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 required):  
    

E. Bentonite seal, top      ft. MSL or 9 ft.

F. Fine sand, top      ft. MSL or 9 ft.

G. Filter pack, top      ft. MSL or 10 ft.

H. Screen joint, top      ft. MSL or 12 ft.

I. Well bottom      ft. MSL or 22 ft.

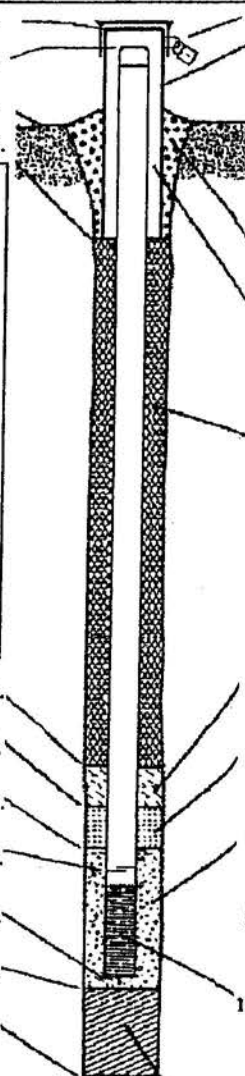
J. Filter pack, bottom      ft. MSL or 22 ft.

K. Borehole, bottom      ft. MSL or 22 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: 12 in.

a. Inside diameter: 1 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.      Ft<sup>3</sup> 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      ft<sup>3</sup>

8. Filter pack material: Manufacturer, product name & mesh size

a.     

b. Volume added      ft<sup>3</sup>

9. Well casing: Flush threaded PVC schedule 40 ☒ 23

Flush threaded PVC schedule 80 ☐ 24

Other ☐

10. Screen material: PVC Sch. 40

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 ☐

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

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.

MW-10

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 <b>Rusk</b>	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	Range <input type="checkbox"/> E <input type="checkbox"/> W	

## 2. Facility / Owner Information

Facility Name <b>Bob's Auto (former)</b>
Facility ID (FID or PWS)
License/Permit/Monitoring #
Original Well Owner
Present Well Owner
Mailing Address of Present Owner <b>W6217 Hwy. 8</b>
City of Present Owner <b>Tony</b>
State <b>WI</b>
ZIP Code <b>54563</b>

Reason for Removal from Service <b>Project closed</b>	WI Unique Well # of Replacement Well
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## 3. Filled &amp; Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>1-26-11</b>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify):	

## 4. Pump, Liner, Screen, Casing &amp; 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 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

Material <b>bentonite chips</b>	From (ft.) <b>Surface</b>	To (ft.) <b>20</b>	No. Yards, Sacks Sealant or Volume (circle one) <b>2/3 bag</b>	Mix Ratio or Mud Weight
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## 6. Comments

## 7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <b>Mendota Env. Serv., LLC</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>5/7/2020</b>	DNR Use Only	
Street or Route <b>2711 N. Elm Rd</b>	Telephone Number <b>(715) 832-6608</b>	Date Received	Noted By	
City <b>Fall Creek</b>	State <b>WI</b>	ZIP Code <b>54742</b>	Signature of Person Doing Work <b>[Signature]</b>	
			Date Signed <b>5-8-2020</b>	

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

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

Facility/Project Name <u>CWT</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name <u>MW-10</u>
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/> ) or Well Location Lat. " Long. " or " "	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed <u>1/26/2011</u> m m d d y y y y
Type of Well 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	Well Installed By: Name (first, last) and Firm <u>Joe Black</u> <u>Midwest Engineering</u>
Distance from Waste/Source ft. <u>0</u>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number	

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

12. USCS classification of soil near screen:  
GP ☐ GM ☐ GC ☐ GW ☐ 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 ☐

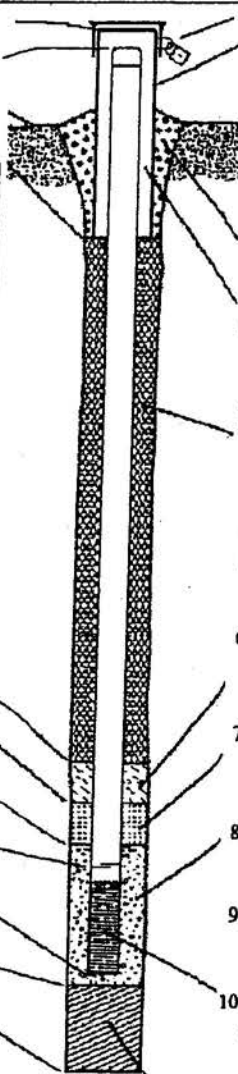
15. Drilling fluid used: Water ☐ 02 Air ☐ 01  
Drilling Mud ☐ 03 None ☒ 99

16. Drilling additives used? ☐ Yes ☒ No

Describe \_\_\_\_\_

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

- E. Bentonite seal, top 7 ft. MSL or 7 ft.
- F. Fine sand, top 7 ft. MSL or 7 ft.
- G. Filter pack, top 8 ft. MSL or 8 ft.
- H. Screen joint, top 10 ft. MSL or 10 ft.
- I. Well bottom 20 ft. MSL or 20 ft.
- J. Filter pack, bottom 20 ft. MSL or 20 ft.
- K. Borehole, bottom 20 ft. MSL or 20 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.      Ft<sup>3</sup> 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      ft<sup>3</sup>
8. Filter pack material: Manufacturer, product name & mesh size  
a.       
b. Volume added      ft<sup>3</sup>
9. Well casing: Flush threaded PVC schedule 40 ☒ 23  
Flush threaded PVC schedule 80 ☐ 24  
Other ☐
10. Screen material: Sch. 40 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 ☐

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

Signature [Signature]

Firm Monahan Env. C&Hg, LLC

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

MW-11

# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

☐ Verification Only of Fill and Seal

## Route to DNR Bureau:

☐ Drinking Water

☐ Watershed/Wastewater

☐ Remediation/Redevelopment

☐ Waste Management

☐ Other: \_\_\_\_\_

## 1. Well Location Information

County <b>Rusk</b>	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	Range E W	

## 2. Facility / Owner Information

Facility Name <b>Bob's Auto (former)</b>
Facility ID (FID or PWS) _____
License/Permit/Monitoring # _____
Original Well Owner _____
Present Well Owner _____
Mailing Address of Present Owner <b>W6217 Hwy. 8</b>
City of Present Owner <b>Tony</b>
State <b>WI</b>
ZIP Code <b>54563</b>

Reason for Removal from Service <b>Project closed</b>	WI Unique Well # of Replacement Well _____
--	---

## 3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>9-27-11</b>
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.

Construction Type:
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug
<input type="checkbox"/> Other (specify): _____

Formation Type:
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock

Total Well Depth From Ground Surface (ft.) <b>20</b>	Casing Diameter (in.) <b>2</b>
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Lower Drillhole Diameter (in.) <b>8</b>	Casing Depth (ft.) <b>20</b>
--	---------------------------------

Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	--

If yes, to what depth (feet)? <b>6</b>	Depth to Water (feet) <b>13</b>
---	------------------------------------

## 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 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	<b>20</b>	<b>213 bag</b>	

## 6. Comments

## 7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <b>Men &amp; an Bros. Co., LLC</b>	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>5/7/2020</b>	DNR Use Only	
Street or Route <b>2711 N. Elco Rd</b>	Telephone Number <b>(715) 832-6608</b>	Date Received	Noted By	
City <b>Fall Creek</b>	State <b>WI</b>	ZIP Code <b>54742</b>	Signature of Person Doing Work <b>[Signature]</b>	
			Date Signed <b>5-8-2020</b>	

CWI - Tony, WI	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-11
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E. _____	Wis. Unique Well Number _____ DNR Well Number _____
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source SW 1/4 of SE of Sec. 28, T 35 N, R. 5 <input checked="" type="checkbox"/> W	Date Well Installed 9-27-11
Distance Well Is From Waste/Source Boundary ft. _____	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) Joe Black Midwest Engineering Services, Inc.
Is Well A Point of Enforcement Std. Applic. ? <input type="checkbox"/> Yes <input type="checkbox"/> No		

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: 4.0 in. b. Length: 5.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 0 4 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No if yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 3 0 Concrete <input type="checkbox"/> 0 1 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 3 0 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 3 3 b. _____ Lbs/gal mud wt. 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. 2.0 _____ Ft <sup>3</sup> volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 5 0 Hollow Stem Auger <input checked="" type="checkbox"/> 4 1 Other <input type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 0 1 Tremie pumped <input type="checkbox"/> 0 2 Gravity <input checked="" type="checkbox"/> 0 8
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	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3 3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 1/2 in. <input checked="" type="checkbox"/> 3/8 in. Bentonite pellets <input checked="" type="checkbox"/> 3 2 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	7. Fine sand material: a. Red Flint No. 45-55 b. Volume added 0.7 _____ ft <sup>3</sup>
17. Source of water (attach analysis): _____	8. Filter pack material: a. Red Flint No. 40 RFWS - 34 b. Volume added 4.6 _____ ft <sup>3</sup>
E. Bentonite seal, top _____ ft. MSL or 0.0 ft.	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"/>
F. Fine sand, top _____ ft. MSL or 6.0 ft.	10. Screen material: Sch. 40 PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 1 1 Continuous slot <input type="checkbox"/> 0 1 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 8.0 ft.	b. Manufacturer Boart Longyear
H. Screen joint, top _____ ft. MSL or 10.0 ft.	c. Slot size: 0.010 in.
I. Well bottom _____ ft. MSL or 20.0 ft.	d. Slotted length: 10.0 ft.
J. Filter pack, bottom _____ ft. MSL or 20.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1 4 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 22.0 ft.	
L. Borehole, diameter 8.0 in.	
M. O.D. well casing 2.48 in.	
N. I.D. well casing 2.07 in.	

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

Signature \_\_\_\_\_ Firm MIDWEST ENGINEERING SERVICES, INC.

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

MW-12A

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

☐ Verification Only of Fill and Seal

## Route to DNR Bureau:

☐ Drinking Water

☐ Watershed/Wastewater

☐ Remediation/Redevelopment

☐ Waste Management

☐ Other: \_\_\_\_\_

## 1. Well Location Information

County <b>Rusk</b>	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	Range <input type="checkbox"/> E <input type="checkbox"/> W	

## 2. Facility / Owner Information

Facility Name <b>Bob's Auto (former)</b>
Facility ID (FID or PWS) _____
License/Permit/Monitoring # _____
Original Well Owner _____
Present Well Owner _____
Mailing Address of Present Owner <b>W6217 Hwy. 8</b>
City of Present Owner <b>Tony</b>
State <b>WI</b>
ZIP Code <b>54563</b>

Reason for Removal from Service <b>Project closed</b>	WI Unique Well # of Replacement Well _____
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## 3. Filled &amp; Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>12/15/15</b>
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	

## 4. Pump, Liner, Screen, Casing &amp; 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 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

Material <b>bentonite chips</b>	From (ft.) <b>Surface</b>	To (ft.) <b>20</b>	No. Yards, Sacks Sealant or Volume (circle one) <b>2/3 bag</b>	Mix Ratio or Mud Weight _____
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## 6. Comments

## 7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <b>Mendean Bros. Est. LLC</b>	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>5/7/2020</b>	DNR Use Only	
Street or Route <b>2711 N. Elco Rd</b>	Telephone Number <b>(715) 832-6608</b>	Date Received _____	Noted By _____	
City <b>Fall Creek</b>	State <b>WI</b>	ZIP Code <b>54742</b>	Signature of Person Doing Work <b>[Signature]</b>	
			Date Signed <b>5-8-2020</b>	

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

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

Facility/Project Name  
Bob's Auto (Former)

Local Grid Location of Well  
ft. 8 N. ft. 8 E. W.

Well Name  
MW-12A

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 12/15/2015

Type of Well

Section Location of Waste/Source

Well Installed By: Name (first, last) and Firm

Well Code 1

1/4 of 1/4 of Sec. T. N. R. ☐ W

Joe Black

Distance from Waste/Source ft. 1

Location of Well Relative to Waste/Source

PSI

u ☐ Upgradient s ☐ Sidegradient  
d ☐ Downgradient n ☐ Not Known

A. Protective pipe, top elevation 0 ft. MSL

B. Well casing, top elevation 0 ft. MSL

C. Land surface elevation 0 ft. MSL

D. Surface seal, bottom 0 ft. MSL or 0 ft.

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

13. Sieve analysis performed? ☐ Yes ☒ No

14. Drilling method used: Rotary ☐ 50

Hollow Stem Auger ☒ 41

Other ☐

15. Drilling fluid used: Water ☐ 02 Air ☐ 01

Drilling Mud ☐ 03 None ☒ 99

16. Drilling additives used? ☐ Yes ☐ No

Describe

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

E. Bentonite seal, top 8 ft. MSL or 8 ft.

F. Fine sand, top 8 ft. MSL or 8 ft.

G. Filter pack, top 8 ft. MSL or 8 ft.

H. Screen joint, top 10 ft. MSL or 10 ft.

I. Well bottom 20 ft. MSL or 20 ft.

J. Filter pack, bottom 20 ft. MSL or 20 ft.

K. Borehole, bottom 20 ft. MSL or 20 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: 4 in.

a. Inside diameter: 4 in.

b. Length: 4 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.        Ft<sup>3</sup> 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        ft<sup>3</sup>

8. Filter pack material: Manufacturer, product name & mesh size

a.       

b. Volume added        ft<sup>3</sup>

9. Well casing: Flush threaded PVC schedule 40 ☒ 23

Flush threaded PVC schedule 80 ☐ 24

Other ☐

10. Screen material: SCH 40 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 ☐

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

Signature

Firm

Meridian Environmental Co/Hg, LLC

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

MW-12B

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

☐ Verification Only of Fill and Seal

Route to DNR Bureau:

☐ Drinking Water

☐ Watershed/Wastewater

☐ Remediation/Redevelopment

☐ Waste Management

☐ Other: \_\_\_\_\_

1. Well Location Information

County Rusk WI Unique Well # of Removed Well \_\_\_\_\_ Hicap # \_\_\_\_\_

Latitude / Longitude (see instructions) \_\_\_\_\_ N ☐ DD ☐ GPS008  
\_\_\_\_\_ W ☐ DDM ☐ SCR002  
\_\_\_\_\_ ☐ OTH001

1/4 / 1/4 \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range ☐ E  
or Gov't Lot # \_\_\_\_\_ N ☐ W

Well Street Address \_\_\_\_\_

Well City, Village or Town \_\_\_\_\_ Well ZIP Code \_\_\_\_\_

Subdivision Name Tony Lot # \_\_\_\_\_

2. Facility / Owner Information

Facility Name Bob's Auto (former)

Facility ID (FID or PWS) \_\_\_\_\_

License/Permit/Monitoring # \_\_\_\_\_

Original Well Owner \_\_\_\_\_

Present Well Owner \_\_\_\_\_

Mailing Address of Present Owner

W6217 Hwy. 8

City of Present Owner

Tony

State

WI

ZIP Code

54563

Reason for Removal from Service Project closed WI Unique Well # of Replacement Well \_\_\_\_\_

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well Original Construction Date (mm/dd/yyyy) 12-15-15  
☐ Water Well  
☐ Borehole / Drillhole If a Well Construction Report is available, please attach. ☒

Construction Type:

☒ Drilled ☐ Driven (Sandpoint) ☐ Dug  
☐ Other (specify): \_\_\_\_\_

Formation Type:

☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.) 42 Casing Diameter (in.) 2

Lower Drillhole Diameter (in.) 8 Casing Depth (ft.) 42

Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)? 34 Depth to Water (feet) 12

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

Pump and piping removed? ☐ Yes ☐ No ☒ N/A

Liner(s) removed? ☐ Yes ☐ No ☒ N/A

Liner(s) perforated? ☐ Yes ☐ No ☒ N/A

Screen removed? ☐ Yes ☐ No ☒ N/A

Casing left in place? ☐ Yes ☐ No ☒ N/A

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

Required Method of Placing Sealing Material

☐ Conductor Pipe-Gravity ☐ Conductor Pipe-Pumped

☐ Screened & Poured (Bentonite Chips) ☐ Other (Explain): \_\_\_\_\_

\_\_\_\_\_

Sealing Materials

☐ Neat Cement Grout ☐ Concrete

☐ Sand-Cement (Concrete) Grout ☐ Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

☒ Bentonite Chips ☐ Bentonite - Cement Grout

☐ Granular Bentonite ☐ Bentonite - Sand Slurry

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5. Material Used to Fill Well / Drillhole

bentonite chips

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

Surface 42 1 1/2 bags

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing

Mendham Bros. Co., LLC

License #

Date of Filling & Sealing or Verification

(mm/dd/yyyy) 5/7/2020

DNR Use Only

Date Received

Noted By

Street or Route

2711 N. Elco Rd

Telephone Number

(715) 832-6608

Comments

City

Fall Creek

State

WI

ZIP Code

54742

Signature of Person Doing Work

[Signature]

Date Signed

5-8-2020

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

Facility/Project Name  
**Bob's Auto (Former)**

Local Grid Location of Well  
ft. ☐ N. ☐ S. ☐ E. ☐ W.

Well Name  
**MW-12B**

Facility License, Permit or Monitoring No.

Local Grid Origin ☐ (estimated: ☐) or Well Location ☐

Wis. Unique Well No. ☐ DNR Well ID No. ☐

Facility ID

Lat. ☐ Long. ☐

Date Well Installed **12/15/2015**

Type of Well

St. Plane ☐ ft. N. ☐ ft. E. S/C/N ☐

Well Installed By: Name (first, last) and Firm  
**Joe Black PST**

Well Code ☐

Section Location of Waste/Source  
1/4 of 1/4 of Sec. T. N, R. ☐

Distance from Waste/Source ☐ ft.

Location of Well Relative to Waste/Source  
u ☐ Upgradient s ☐ Sidegradient  
d ☐ Downgradient n ☐ Not Known

Gov. Lot Number

Enf. Stds. Apply ☐

A. Protective pipe, top elevation ☐ ft. MSL

B. Well casing, top elevation ☐ ft. MSL

C. Land surface elevation ☐ ft. MSL

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

12. USCS classification of soil near screen:

OP ☐ GM ☐ GC ☐ GW ☐ SW ☐ SP ☐

SM ☒ SC ☐ ML ☐ MH ☐ CL ☐ CH ☐

Bedrock ☐

13. Sieve analysis performed? ☐ Yes ☒ No

14. Drilling method used: Rotary ☐ 50

Hollow Stem Auger ☒ 41

Other ☐

15. Drilling fluid used: Water ☐ 02 Air ☐ 01

Drilling Mud ☐ 03 None ☒ 99

16. Drilling additives used? ☐ Yes ☒ No

Describe ☐

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

E. Bentonite seal, top ☐ ft. MSL or **34** ft.

F. Fine sand, top ☐ ft. MSL or **34** ft.

G. Filter pack, top ☐ ft. MSL or **35** ft.

H. Screen joint, top ☐ ft. MSL or **37** ft.

I. Well bottom ☐ ft. MSL or **42** ft.

J. Filter pack, bottom ☐ ft. MSL or **42** ft.

K. Borehole, bottom ☐ ft. MSL or **42** 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** 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. ☐ Ft<sup>3</sup> 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 ☐ ft<sup>3</sup>

8. Filter pack material: Manufacturer, product name & mesh size

a. ☐

b. Volume added ☐ ft<sup>3</sup>

9. Well casing: Flush threaded PVC schedule 40 ☒ 21

Flush threaded PVC schedule 80 ☐ 24

Other ☐

10. Screen material: **Sch 40 PVC**

a. Screen type: Factory cut ☒ 11

Continuous slot ☐ 01

Other ☐

b. Manufacturer ☐

c. Slot size: **0.01** in.

d. Slotted length: **5** 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 Co/Hg, LLC**

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

MW-13A

Well / Drillhole / Borehole Filling & Sealing Report  
Form 3300-005 (R 4/2015) Page 1 of 2

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

☐ Verification Only of Fill and Seal

Route to DNR Bureau:

☐ Drinking Water ☐ Watershed/Wastewater ☐ Remediation/Redevelopment  
☐ Waste Management ☐ Other: \_\_\_\_\_

1. Well Location Information

County Rusk WI Unique Well # of Removed Well \_\_\_\_\_ Hicap # \_\_\_\_\_  
Latitude / Longitude (see instructions) \_\_\_\_\_ N ☐ DD ☐ GPS008  
\_\_\_\_\_ W ☐ DDM ☐ SCR002  
\_\_\_\_\_ ☐ OTH001  
1/4 / 1/4 \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range ☐ E  
or Gov't Lot # \_\_\_\_\_ N ☐ W  
Well Street Address \_\_\_\_\_

2. Facility / Owner Information

Facility Name Bob's Auto (former)  
Facility ID (FID or PWS) \_\_\_\_\_  
License/Permit/Monitoring # \_\_\_\_\_  
Original Well Owner \_\_\_\_\_  
Present Well Owner \_\_\_\_\_  
Mailing Address of Present Owner W6217 Hwy. 8  
City of Present Owner Tony State WI ZIP Code 54563

Reason for Removal from Service Project closed WI Unique Well # of Replacement Well \_\_\_\_\_

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well ☐ Water Well ☐ Borehole / Drillhole  
Original Construction Date (mm/dd/yyyy) 12/16/15  
If a Well Construction Report is available, please attach. ☒

Construction Type:

☒ Drilled ☐ Driven (Sandpoint) ☐ Dug  
☐ Other (specify): \_\_\_\_\_

Formation Type:

☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.) 18 Casing Diameter (in.) 2

Lower Drillhole Diameter (in.) 8 Casing Depth (ft.) 18

Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)? 5 Depth to Water (feet) 12

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

Pump and piping removed? ☐ Yes ☐ No ☒ N/A  
Liner(s) removed? ☐ Yes ☐ No ☒ N/A  
Liner(s) perforated? ☐ Yes ☐ No ☒ N/A  
Screen removed? ☐ Yes ☐ No ☒ N/A  
Casing left in place? ☐ Yes ☐ No ☒ N/A  
Was casing cut off below surface? ☐ Yes ☐ No ☒ N/A  
Did sealing material rise to surface? ☐ Yes ☐ No ☒ N/A  
Did material settle after 24 hours? ☐ Yes ☐ No ☒ N/A  
If yes, was hole retopped? ☐ Yes ☐ No ☒ N/A  
If bentonite chips were used, were they hydrated with water from a known safe source? ☐ Yes ☐ No ☒ N/A

Required Method of Placing Sealing Material

☐ Conductor Pipe-Gravity ☐ Conductor Pipe-Pumped  
☐ Screened & Poured (Bentonite Chips) ☐ Other (Explain): \_\_\_\_\_

Sealing Materials

☐ Neat Cement Grout ☐ Concrete  
☐ Sand-Cement (Concrete) Grout ☐ Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

☒ Bentonite Chips ☐ Bentonite - Cement Grout  
☐ Granular Bentonite ☐ Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	18	2 2/3 bag	

6. Comments

7. Supervision of Work

Supervision of Work			DNR-Use Only	
Name of Person or Firm Doing Filling & Sealing <u>Mendota Enviro-Serv, LLC</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>5/7/2020</u>	Date Received	Noted By
Street or Route <u>2711 N. Elco Rd</u>	Telephone Number <u>(715) 832-6608</u>	Comments		
City <u>Fall Creek</u>	State <u>WI</u>	ZIP Code <u>54742</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>5-8-2020</u>

Facility/Project Name  
**Bob's Auto (Former)**

Local Grid Location of Well

Local Grid Origin ☐ (estimated: ☐) or Well Location ☐

Well Name  
**MW-13A**

Facility License, Permit or Monitoring No.

Lat. \_\_\_\_\_ Long. \_\_\_\_\_

Wis. Unique Well No. \_\_\_\_\_ DNR Well ID No. \_\_\_\_\_

Facility ID

St. Plane \_\_\_\_\_ ft. N. \_\_\_\_\_ ft. E. S/C/N

Date Well Installed **12/16/2015**

Type of Well

Section Location of Waste/Source

Well Installed By: Name (first, last) and Firm

Well Code \_\_\_\_\_

1/4 of \_\_\_\_\_ 1/4 of Sec. \_\_\_\_\_ T. \_\_\_\_\_ N. R. ☐

**Joe Black**

Distance from Waste/Source \_\_\_\_\_ ft.

Enf. Stds. Apply ☐

Location of Well Relative to Waste/Source

**PSI**

Source \_\_\_\_\_

u ☐ Upgradient s ☐ Sidegradient

d ☐ Downgradient n ☐ 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

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.

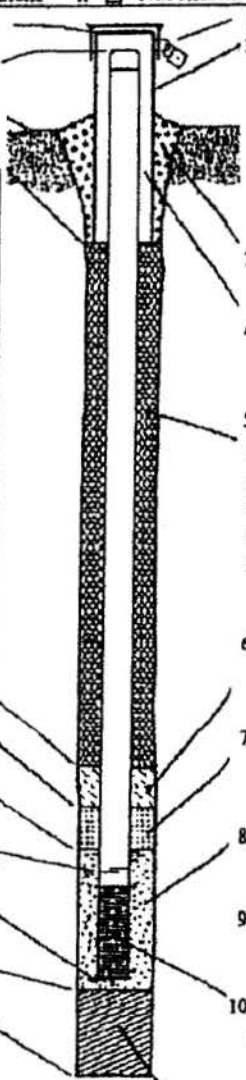
J. Filter pack, bottom \_\_\_\_\_ ft. MSL or \_\_\_\_\_ ft.

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. \_\_\_\_\_ Ft 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 \_\_\_\_\_ ft<sup>3</sup>

8. Filter pack material: Manufacturer, product name & mesh size

a. \_\_\_\_\_

b. Volume added \_\_\_\_\_ ft<sup>3</sup>

9. Well casing: Flush threaded PVC schedule 40 ☒ 23

Flush threaded PVC schedule 80 ☐ 24

Other ☐

10. Screen material: **SCH 40 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

*[Signature]*

**Meridian Environmental Co/ty, LLC**

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

MW-13B

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 <b>Rusk</b>	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	Range <input type="checkbox"/> E <input type="checkbox"/> W	

## 2. Facility / Owner Information

Facility Name <b>Bob's Auto (former)</b>
Facility ID (FID or PWS)
License/Permit/Monitoring #
Original Well Owner
Present Well Owner
Mailing Address of Present Owner <b>W6217 Hwy. 8</b>
City of Present Owner <b>Tony</b>
State <b>WI</b>
ZIP Code <b>54563</b>

Reason for Removal from Service <b>Project closed</b>	WI Unique Well # of Replacement Well
--	--------------------------------------

## 3. Filled &amp; Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>12/16/15</b>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify):	

Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock
--

Total Well Depth From Ground Surface (ft.) <b>40</b>	Casing Diameter (in.) <b>2</b>
---	-----------------------------------

Lower Drillhole Diameter (in.) <b>8</b>	Casing Depth (ft.) <b>40</b>
--	---------------------------------

Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	--

If yes, to what depth (feet)? <b>33</b>	Depth to Water (feet) <b>12</b>
--	------------------------------------

## 5. Material Used to Fill Well / Drillhole

<b>bentonite chips</b>
------------------------

## 4. Pump, Liner, Screen, Casing &amp; 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 type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain):

Sealing Materials	<input type="checkbox"/> Concrete
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Bentonite Chips
<input type="checkbox"/> Sand-Cement (Concrete) Grout	

## 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	<b>40</b>	<b>1 1/3 bag</b>	

## 6. Comments

## 7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <b>Mendota Env. Serv., LLC</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>5/7/2020</b>	DNR Use Only	
Street or Route <b>2711 N. Ellet Rd</b>	Telephone Number <b>(715) 832-6608</b>	Date Received	Noted By	
City <b>Fall Creek</b>	State <b>WI</b>	ZIP Code <b>54742</b>	Signature of Person Doing Work <b>[Signature]</b>	
			Date Signed <b>5-8-2020</b>	

Facility/Project Name  
**Bob's Auto (Former)**

Facility License, Permit or Monitoring No.

Facility ID

Type of Well

Well Code 1

Distance from Waste/  
Source 1 ft.

Ent. Stds.  
Apply ☐

Local Grid Location of Well

Local Grid Origin ☐ (estimated: ☐) or Well Location ☐

Lat. 43° 00' N Long. 88° 00' W

St. Plane ft. N. ft. E. S/C/N

Section Location of Waste/Source

1/4 of 1/4 of Sec. T. N. R. W

Location of Well Relative to Waste/Source

☐ Upgradient ☐ Sidegradient ☐ Not Known

☐ Downgradient ☐ Not Known

Gov. Lot Number

Well Name **MW-13B**

Wis. Unique Well No. **DNR Well ID No.**

Date Well Installed **12/16/2015**

Well Installed By: Name (first, last) and Firm

**Joe Black**

**PSI**

A. Protective pipe, top elevation 0 ft. MSL

B. Well casing, top elevation 0 ft. MSL

C. Land surface elevation 0 ft. MSL

D. Surface seal, bottom 0 ft. MSL or 0 ft.

12. USCS classification of soil near screen:

OP ☐ OM ☐ 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 33 ft. MSL or 33 ft.

F. Fine sand, top 33 ft. MSL or 33 ft.

G. Filter pack, top 33 ft. MSL or 33 ft.

H. Screen joint, top 35 ft. MSL or 35 ft.

I. Well bottom 40 ft. MSL or 40 ft.

J. Filter pack, bottom 42 ft. MSL or 42 ft.

K. Borehole, bottom 42 ft. MSL or 42 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: 8 in.

a. Inside diameter: 1 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. 1 Lbs/gal mud weight... Bentonite-sand slurry ☐ 35

c. 1 Lbs/gal mud weight... Bentonite slurry ☒ 31

d. 1 % Bentonite... Bentonite-cement grout ☐ 50

e. 1 Ft<sup>3</sup> 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. 1

b. Volume added 1 ft<sup>3</sup>

8. Filter pack material: Manufacturer, product name & mesh size

a. 1

b. Volume added 1 ft<sup>3</sup>

9. Well casing: Flush threaded PVC schedule 40 ☒ 23

Flush threaded PVC schedule 80 ☐ 24

Other ☐

10. Screen material: **SCH 40 PVC**

a. Screen type: Factory cut ☒ 11

Continuous slot ☐ 01

Other ☐

b. Manufacturer 1

c. Slot size: 1 in.

d. Slotted length: 5 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 Co/Hg, LLC**

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

MW-14

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

## Well / Drillhole / Borehole Filling &amp; Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

☐ Verification Only of Fill and Seal

## Route to DNR Bureau:

☐ Drinking Water

☐ Watershed/Wastewater

☐ Remediation/Redevelopment

☐ Waste Management

☐ Other:

## 1. Well Location Information

County <b>Rusk</b>	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions)	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
$\frac{1}{4}$ / $\frac{1}{4}$	Section	Township
or Gov't Lot #		Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address		

## 2. Facility / Owner Information

Facility Name <b>Bob's Auto (former)</b>
Facility ID (FID or PWS)
License/Permit/Monitoring #
Original Well Owner
Present Well Owner
Mailing Address of Present Owner <b>W6217 Hwy. 8</b>
City of Present Owner <b>Tony</b>
State <b>WI</b>
ZIP Code <b>54563</b>

## 4. Pump, Liner, Screen, Casing &amp; 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 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

## Reason for Removal from Service

Project closed

## WI Unique Well # of Replacement Well

## 3. Filled &amp; Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>12/17/15</b>
<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 checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug
<input type="checkbox"/> Other (specify):		

## Formation Type:

<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock
--	----------------------------------

## Total Well Depth From Ground Surface (ft.)

20

## Casing Diameter (in.)

2

## Lower Drillhole Diameter (in.)

8

## Casing Depth (ft.)

20

## Was well annular space grouted?

☒ Yes ☐ No ☐ Unknown

## If yes, to what depth (feet)?

8

## Depth to Water (feet)

10

## 5. Material Used to Fill Well / Drillhole

Material <b>bentonite chips</b>	From (ft.) Surface	To (ft.) 20	No. Yards, Sacks Sealant or Volume (circle one) 2/3 bag	Mix Ratio or Mud Weight
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## 6. Comments

## 7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <b>Mendota Env. Serv., LLC</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>5/7/2020</b>	DNR Use Only	
Street or Route <b>2711 N. Elco Rd</b>	Telephone Number <b>(715) 832-6608</b>	Date Received	Noted By	
City <b>Fall Creek</b>	State <b>WI</b>	ZIP Code <b>54742</b>	Signature of Person Doing Work <b>[Signature]</b>	
Date Signed <b>5-8-2020</b>				

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

Facility/Project Name  
**Bob's Auto (Former)**

Local Grid Location of Well  
ft. ☐ N. ☐ E. ☐ S. ☐ W.

Well Name  
**MW-14**

Facility License, Permit or Monitoring No.

Local Grid Origin (estimated: ☐) or Well Location ☐

Wis. Unique Well No. DNR Well ID No.

Facility ID

Lat. Long. " or

Date Well Installed  
**12/17/2015**

Type of Well

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**

Well Code /

Location of Well Relative to Waste/Source  
u ☐ Upgradient s ☐ Sidegradient

Gov. Lot Number

Distance from Waste/Source ft. Enf. Stds. Apply ☐

d ☐ Downgradient n ☐ Not Known

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

12. USCS classification of soil near screen:  
GP ☐ OM ☐ 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 8 ft. MSL or 8 ft.

F. Fine sand, top 8 ft. MSL or 8 ft.

G. Filter pack, top 8 ft. MSL or 8 ft.

H. Screen joint, top 10 ft. MSL or 10 ft.

I. Well bottom 20 ft. MSL or 20 ft.

J. Filter pack, bottom 20 ft. MSL or 20 ft.

K. Borehole, bottom 20 ft. MSL or 20 ft.

L. Borehole, diameter 6 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: ft. 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. Ft<sup>3</sup> 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. Volume added ft<sup>3</sup>

8. Filter pack material: Manufacturer, product name & mesh size  
a. Volume added ft<sup>3</sup>

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

10. Screen material: SCH 40 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 ☐

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

Signature

Firm **Meridian Environmental Co/Hg, LLC**

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 <b>Rusk</b>	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 _____	Range <input type="checkbox"/> E <input type="checkbox"/> W	

2. Facility / Owner Information

Facility Name <b>Bob's Auto (former)</b>
Facility ID (FID or PWS) _____
License/Permit/Monitoring # _____
Original Well Owner _____
Present Well Owner _____
Mailing Address of Present Owner <b>W6217 Hwy. 8</b>
City of Present Owner <b>Tony</b>
State <b>WI</b>
ZIP Code <b>54563</b>

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 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

Reason for Removal from Service

**Project closed**

WI Unique Well # of Replacement Well

\_\_\_\_\_

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>11/25/2011</b>
<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 checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug
<input type="checkbox"/> Other (specify): _____		

Formation Type:

<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock
--	----------------------------------

Total Well Depth From Ground Surface (ft.)

**35**

Casing Diameter (in.)

**2**

Lower Drillhole Diameter (in.)

**8**

Casing Depth (ft.)

**35**

Was well annular space grouted?

☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)?

**28**

Depth to Water (feet)

**12**

5. Material Used to Fill Well / Drillhole

**bentonite chips**

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<b>35</b>	<b>1 1/3 bag</b>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <b>Mendota Enviro City, LLC</b>	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>5/7/2020</b>	DNR Use Only	
Street or Route <b>2711 N. Ellet Rd</b>	Telephone Number <b>(715) 832-6608</b>	Date Received _____	Noted By _____	
City <b>Fall Creek</b>	State <b>WI</b>	ZIP Code <b>54742</b>	Signature of Person Doing Work <b>[Signature]</b>	
			Date Signed <b>5-8-2020</b>	

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

Facility/Project Name <b>CWT</b>		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name <b>PZ-2</b>	
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 <b>1/25/2011</b> 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 <b>Joe Black</b> <b>Midwest Engineering</b>	
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 \_\_\_\_\_ 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 **28** ft.

F. Fine sand, top \_\_\_\_\_ ft. MSL or **28** ft.

G. Filter pack, top \_\_\_\_\_ ft. MSL or **28** ft.

H. Screen joint, top \_\_\_\_\_ ft. MSL or **30** ft.

I. Well bottom \_\_\_\_\_ ft. MSL or **35** ft.

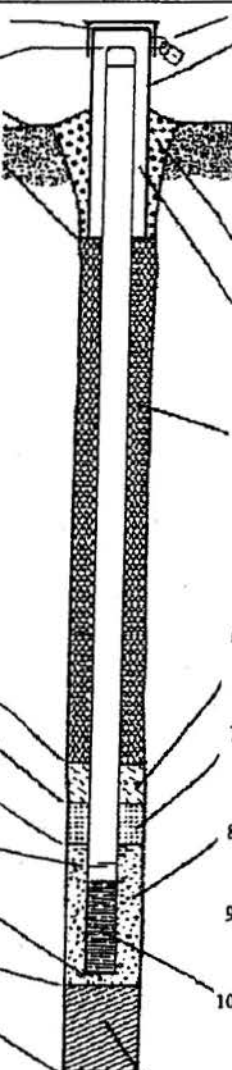
J. Filter pack, bottom \_\_\_\_\_ ft. MSL or **35** ft.

K. Borehole, bottom \_\_\_\_\_ ft. MSL or **35** ft.

L. Borehole, diameter **8** in.

M. O.D. well casing **2** in.

N. I.D. well casing **2** in.



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. \_\_\_\_\_ Ft<sup>3</sup> 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 \_\_\_\_\_ ft<sup>3</sup>

8. Filter pack material: Manufacturer, product name & mesh size  
a. \_\_\_\_\_  
b. Volume added \_\_\_\_\_ ft<sup>3</sup>

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

10. Screen material: **Sch. 40 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 ☐

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

Signature *[Signature]*

Firm **Meridian Env. CS/ty, LLC**