

Schultz, Josie M - DNR

From: John Wagner <jwagner@sesgb.com>
Sent: Thursday, June 6, 2019 7:10 AM
To: Schultz, Josie M - DNR
Subject: Brad's Service Pulaski, WI
Attachments: SES Invoice 190512-1.pdf; MW-4,5,6.pdf

Good Morning Josie:

Your invoice for the well abandonment's in Pulaski, WI is attached, along with the forms. Please review the information and contact us with any questions you have.

Thank you for the opportunity to work with WDNR.

Sincerely,

John W.

John Wagner | Estimator/Senior Driller
[SES | Subsurface Exploration Services, LLC](#)
849 E. Frontage Road
Little Suamico, WI 54141
D 920.826.6982 | M 920.655.8260
www.sesgb.com

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 Brown		WI Unique Well # of Removed Well		Hicap #		Facility Name Brad's Service Center	
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) MW-4	
1/4 / 1/4 or Gov't Lot #		Section		Township N		Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 108 S. Saint Augustine Dr.				Original Well Owner Brad's Service			
Well City, Village or Town Pulaski				Present Well Owner Same			
Subdivision Name				Mailing Address of Present Owner 108 S. Saint Augustine Dr.			
Lot #				City of Present Owner Pulaski		State WI	ZIP Code 54162

Reason for Removal from Service
No Longer Sampled

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) August 1994		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Pump and piping removed?	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed?	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated?	
Total Well Depth From Ground Surface (ft.) 15.0'		Casing Diameter (in.) 2.0"		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Screen removed?	
Lower Drillhole Diameter (in.) 8"		Casing Depth (ft.) 15.0'		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place?	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface?	
If yes, to what depth (feet)? N/A		Depth to Water (feet)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? If yes, was hole retopped?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Required Method of Placing Sealing Material	
				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
				<input 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
Asphalt Patch		Surface	0.3	As Needed	
3/8 Chipped Bentonite		0.3	5.0	1/4 Bag	

6. Comments
Removed flush mount ring. Cut PVC off 4.3' below ground surface.

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
Street or Route 849 E. Frontage Road		Telephone Number (920) 826-4338		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>John C. [Signature]</i>	Date Signed 6/6/2019	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information			2. Facility / Owner Information		
County Brown	WI Unique Well # of Removed Well	Hicap #	Facility Name Brads Service Center		

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) MW-5	License/Permit/Monitoring #	
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1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner Brad's Service
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Well Street Address
108 S. Saint Augustine Dr.

Present Well Owner
Same

Well City, Village or Town

Well ZIP Code
54162

Mailing Address of Present Owner
108 S. Saint Augustine Dr.

Subdivision Name

Lot #

City of Present Owner
Pulaski

State
WI

ZIP Code
54162

Reason for Removal from Service
No Longer Needed

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)
August 1994

If a Well Construction Report is available, please attach.

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.)
15.0'

Casing Diameter (in.)
2.0"

Lower Drillhole Diameter (in.)
8"

Casing Depth (ft.)
15.0'

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)?
N/A

Depth to Water (feet)
4.6'

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Asphalt Patch	Surface	0.3	As Needed	
3/8 Bentonite Chips	0.3	15.0	1/4 Bag	

6. Comments

Removed entire riser and screen.

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By	
Street or Route 849 E. Frontage Road	Telephone Number (920) 826-4338	Comments			
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work 	Date Signed 6/5/2019	

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Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Brown		WI Unique Well # of Removed Well		Hicap #		Facility Name Brads Service Center				
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS) MW-6				
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring #				
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002						
_____ E				<input type="checkbox"/> OTH001						
_____ W										
1/4 or Gov't Lot #		Section		Township		Range		Original Well Owner Brad's Service		
				N		<input type="checkbox"/> E		Present Well Owner Same		
						<input type="checkbox"/> W		Mailing Address of Present Owner 108 S. Saint Augustine Dr.		
Well Street Address 108 S. Saint Augustine Dr.					City of Present Owner Pulaski					
Well City, Village or Town					Well ZIP Code 54162		State WI		ZIP Code 54162	
Subdivision Name					Lot #					
Reason for Removal from Service No Longer Needed					WI Unique Well # of Replacement Well					

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) August 1994		<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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 15.0'		Casing Diameter (in.) 2.0"		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8"		Casing Depth (ft.) 15.0'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? N/A		Depth to Water (feet) 4.6'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Asphalt Patch	Surface	0.3	As Needed	
3/8 Bentonite Chips	0.3	15.0	1/4 Bag	

6. Comments

Cut off PVC 30" below ground surface.

7. Supervision of Work				DNR Use Only	
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Street or Route 849 E. Frontage Road		Telephone Number (920) 826-4338		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work 	Date Signed 6/5/2019	