

**Letter of Transmittal**

***Submitted to:***

**Colin Schmenk**

WI Dept. of Natural Resources  
2984 Shawano Ave.  
Green Bay WI 54313 6727

Date:

4/14/2020

Attached

Job:

Hanson Property (Former Mariner)

Under Separate Cover

Contents:

Well Abandonment Forms for Hanson Property site located at W3306 CTH BE in Town of Hartland (Bonduel), WI.  
BRRTS #: 03-59-000861

**Remarks:**

Attached are the well abandonment forms for the above site as requested in your "Remaining Actions Needed...." letter dated 3/10/20. The wells have been properly abandoned and no investigative waste remains on-site. Attached are well abandonment forms documenting that the work was completed. Following your review of this information please forward the "Final Closure" letter to our client and copy METCO.

If you have any questions please call or email.

Signed: Jason Powell

cc: Garrett Borowski - Client

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



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

<input type="checkbox"/> <b>Verification Only of Fill and Seal</b>	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
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County <b>SHAWANO</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Hanson Property</b>
Latitude / Longitude (Degrees and Minutes) <b>44 ° 43.3 ' N</b> <b>88 ° 24.27 ' W</b>		Method Code (see instructions) _____	
1/4 1/4 SE or Gov't Lot #	1/4 SE	Section <b>15</b>	Township <b>26 N</b>
Well Street Address <b>W3306 County Highway BE</b>		Range <b>17</b>	Original Well Owner <b>Garrett Borowski</b>
Well City, Village or Town <b>Bonduel</b>		<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner <b>Garrett Borowski</b>
Subdivision Name		Well ZIP Code <b>54107-</b>	Mailing Address of Present Owner <b>N7125 Cheese Factory Road</b>
Reason For Removal From Service <b>Sampling Complete</b>		Lot #	City of Present Owner <b>Cecil</b>
WI Unique Well # of Replacement Well		State <b>WI</b>	ZIP Code <b>54111-</b>

3. Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Original Construction Date (mm/dd/yyyy) <b>3/11/2018</b> If a Well Construction Report is available, please attach.	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 checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry
Total Well Depth From Ground Surface (ft.) <b>18</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.) <b>8.25</b>	Casing Depth (ft.) <b>8</b>
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>6.79</b>
If yes, to what depth (feet)? <b>6</b>	

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Ibs
Bentonite Chips	Surface	18	28.8

**6. Comments**  
Monitoring Well MW-2

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Rob Wilmoth - METCO</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>4/7/2020</b>	Date Received	Noted By
Street or Route <b>709 Gillette St., Ste. #3</b>		Telephone Number <b>(608) 781-8879</b>	Comments	
City <b>La Crosse</b>	State <b>WI</b>	ZIP Code <b>54603-</b>	Signature of Person Doing Work <i>Rob Wilmoth</i>	Date Signed <b>4/9/2020</b>

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

<input type="checkbox"/> <b>Verification Only of Fill and Seal</b>	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Remediation/Redevelopment
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1. Well Location Information	2. Facility / Owner Information
County: <b>SHAWANO</b> MI Unique Well # of Removed Well: _____ Hicap #: _____ Latitude / Longitude (Degrees and Minutes): 44 ° 43.3 ' N 88 ° 24.27 ' W Method Code (see instructions): _____ Section: 15    Township: 26 N    Range: 17 <input checked="" type="checkbox"/> E <input type="checkbox"/> W Well Street Address: W3306 County Highway BE Well City, Village or Town: Bonduel    Well ZIP Code: 54107- Subdivision Name: _____    Lot #: _____	Facility Name: <b>Hanson Property</b> Facility ID (FID or PWS): _____ License/Permit/Monitoring #: _____ Original Well Owner: <b>Garrett Borowski</b> Present Well Owner: <b>Garrett Borowski</b> Mailing Address of Present Owner: <b>N7125 Cheese Factory Road</b> City of Present Owner: <b>Cecil</b> State: <b>WI</b> ZIP Code: <b>54111-</b>

Reason For Removal From Service: <b>Sampling Complete</b> MI Unique Well # of Replacement Well: _____	<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b> Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>3. Well / Drillhole / Borehole Information</b> <input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole Original Construction Date (mm/dd/yyyy): <b>3/11/2018</b> 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>18</b> Casing Diameter (in.): <b>2</b> Lower Drillhole Diameter (in.): <b>8.25</b> Casing Depth (ft.): <b>8</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>6.26</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 checked="" type="checkbox"/> Other (Explain): <b>Gravity</b> Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	lbs
Bentonite Chips	Surface	18	28.8

**6. Comments**  
Monitoring Well MW-3

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Rob Wilmoth - METCO</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>4/7/2020</b>	Date Received	Noted By	
Street or Route <b>709 Gillette St., Ste. #3</b>	Telephone Number <b>(608) 781-8879</b>	Comments			
City <b>La Crosse</b>	State <b>WI</b>	ZIP Code <b>54603-</b>	Signature of Person Doing Work <i>Carroll Powell for Rob Wilmoth</i>		Date Signed <b>4/9/2020</b>

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

<input type="checkbox"/> <b>Verification Only of Fill and Seal</b>	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
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County <b>SHAWANO</b>	WI Unique Well # of Removed Well _____ <b>WB631</b>	Hicap #	Facility Name <b>Hanson Property</b>												
Latitude / Longitude (Degrees and Minutes) <b>44 ° 43.3 ' N</b> <b>88 ° 24.27 ' W</b>		Method Code (see instructions)													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">¼ / ¼ SE</td> <td style="width: 10%;">¼ SE</td> <td style="width: 10%;">Section</td> <td style="width: 10%;">Township</td> <td style="width: 10%;">Range</td> <td style="width: 10%;">[X] E</td> </tr> <tr> <td>or Gov't Lot #</td> <td></td> <td><b>15</b></td> <td><b>26 N</b></td> <td><b>17</b></td> <td><input type="checkbox"/> W</td> </tr> </table>		¼ / ¼ SE	¼ SE	Section	Township	Range	[X] E	or Gov't Lot #		<b>15</b>	<b>26 N</b>	<b>17</b>	<input type="checkbox"/> W	Facility ID (FID or PWS)	
¼ / ¼ SE	¼ SE	Section	Township	Range	[X] E										
or Gov't Lot #		<b>15</b>	<b>26 N</b>	<b>17</b>	<input type="checkbox"/> W										
Well Street Address <b>W3306 County Highway BE</b>			License/Permit/Monitoring #												
Well City, Village or Town <b>Bonduel</b>			Original Well Owner <b>Garrett Borowski</b>												
Subdivision Name			Present Well Owner <b>Garrett Borowski</b>												
Well ZIP Code <b>54107-</b>			Mailing Address of Present Owner <b>N7125 Cheese Factory Road</b>												
Lot #			City of Present Owner <b>Cecil</b>												
			State <b>WI</b>												
			ZIP Code <b>54111-</b>												

3. Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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Reason For Removal From Service <b>Sampling Complete</b>	WI Unique Well # of Replacement Well
<input checked="" type="checkbox"/> Monitoring Well      Original Construction Date (mm/dd/yyyy) <input type="checkbox"/> Water Well <b>5/20/2019</b> <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>19</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.) <b>8.25</b>	Casing Depth (ft.) <b>4</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>3</b>	Depth to Water (feet) <b>6.77</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 checked="" type="checkbox"/> Other (Explain): <b>Gravity</b>
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry " "
<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	lbs
Bentonite Chips	Surface	19	30.4

**6. Comments**  
Monitoring Well MW-4A

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Rob Wilmoth - METCO</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>4/7/2020</b>	Date Received	Noted By	
Street or Route <b>709 Gillette St., Ste. #3</b>			Telephone Number <b>(608) 781-8879</b>		Comments
City <b>La Crosse</b>	State <b>WI</b>	ZIP Code <b>54603-</b>	Signature of Person Doing Work <i>Rob Wilmoth</i>		Date Signed <b>4/9/2020</b>



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Verification Only of Fill and Seal

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

1. Well Location Information				2. Facility / Owner Information			
County <b>SHAWANO</b>		WI Unique Well # of Removed Well <b>WB632</b>	Hicap #	Facility Name <b>Hanson Property</b>		Facility ID (FID or PWS)	
Latitude / Longitude (Degrees and Minutes) <b>44 ° 43.3 ' N</b> <b>88 ° 24.27 ' W</b>		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner <b>Garrett Borowski</b>	
1/4 SE	1/4 SE	Section <b>15</b>	Township <b>26 N</b>	Range <b>17</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner <b>Garrett Borowski</b>	
Well Street Address <b>W3306 County Highway BE</b>				Mailing Address of Present Owner <b>N7125 Cheese Factory Road</b>			
Well City, Village or Town <b>Bonduel</b>			Well ZIP Code <b>54107-</b>		City of Present Owner <b>Cecil</b>		State <b>WI</b>
Subdivision Name			Lot #		ZIP Code <b>54111-</b>		

Reason For Removal From Service <b>Sampling Complete</b>	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material			
3. Well / Drillhole / Borehole Information		Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>5/20/2019</b>	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other (specify): _____		Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:		If yes, was hole relapped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <b>19</b>	Casing Diameter (in.) <b>2</b>	Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.) <b>8.25</b>	Casing Depth (ft.) <b>4</b>	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>6.06</b>	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <b>Gravity</b>			
5. Material Used To Fill Well / Drillhole		Sealing Materials			
Bentonite Chips		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)			
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "			
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips			
		For Monitoring Wells and Monitoring Well Boreholes Only:			
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used To Fill Well / Drillhole			From (ft.)	To (ft.)	lbs
Bentonite Chips	Surface	19		30.4	
6. Comments <b>Monitoring Well MW-5</b>					
7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Rob Wilmoth - METCO</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>4/7/2020</b>	Date Received	Noted By	
Street or Route <b>709 Gillette St., Ste. #3</b>	Telephone Number <b>(608) 781-8879</b>	Comments		Signature of Person Doing Work <i>Rob Wilmoth</i>	
City <b>La Crosse</b>	State <b>WI</b>	ZIP Code <b>54603-</b>	Date Signed <b>4/9/2020</b>		

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<input type="checkbox"/> <b>Verification Only of Fill and Seal</b>	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Remediation/Redevelopment
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1. Well Location Information	2. Facility / Owner Information
County: <b>SHAWANO</b> WI Unique Well # of Removed Well: <b>WB633</b> Hicap #: _____ Latitude / Longitude (Degrees and Minutes): 44 ° 43.3 ' N 88 ° 24.27 ' W Method Code (see instructions): _____ 1/4 SE    1/4 SE    Section: 15    Township: 26 N    Range: 17 <input checked="" type="checkbox"/> E <input type="checkbox"/> W or Gov't Lot # _____ Well Street Address: <b>W3306 County Highway BE</b> Well City, Village or Town: <b>Bonduel</b> Well ZIP Code: <b>54107-</b> Subdivision Name: _____    Lot #: _____	Facility Name: <b>Hanson Property</b> Facility ID (FID or PWS): _____ License/Permit/Monitoring #: _____ Original Well Owner: <b>Garrett Borowski</b> Present Well Owner: <b>Garrett Borowski</b> Mailing Address of Present Owner: <b>N7125 Cheese Factory Road</b> City of Present Owner: <b>Cecil</b> State: <b>WI</b> ZIP Code: <b>54111-</b>

Reason For Removal From Service: <b>Sampling Complete</b> WI Unique Well # of Replacement Well: _____	<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b> Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>3. Well / Drillhole / Borehole Information</b> <input checked="" type="checkbox"/> Monitoring Well    Original Construction Date (mm/dd/yyyy): <b>5/20/2019</b> <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole    If a Well Construction Report is available, please attach.	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 checked="" type="checkbox"/> Other (Explain): <b>Gravity</b>
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry
Total Well Depth From Ground Surface (ft.): <b>19</b> Casing Diameter (in.): <b>2</b> Lower Drillhole Diameter (in.): <b>8.25</b> Casing Depth (ft.): <b>4</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>3</b> Depth to Water (feet): <b>6.27</b>	

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	lbs	
Bentonite Chips	Surface	19	30.4	

**6. Comments**  
Monitoring Well MW-6

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Rob Wilmoth - METCO</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>4/7/2020</b>	Date Received	Noted By	
Street or Route <b>709 Gillette St., Ste. #3</b>	Telephone Number <b>(608) 781-8879</b>	Comments			
City <b>La Crosse</b>	State <b>WI</b>	ZIP Code <b>54603-</b>	Signature of Person Doing Work <i>Rob Wilmoth</i>	Date Signed <b>4/9/2020</b>	