

# Letter of Transmittal

***Submitted to:***

**Janet Dimaggio**

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WI Dept. of Natural Resources  
3911 Fish Hatchery Rd  
Madison WI 53711

Date:

4/26/2018

Attached

Job:

Terry's Towing

Under Separate Cover

Contents:

Well Abandonment Forms  
BRRTS #: 03-25-001108  
PECFA#: 53533-9999-05-A

Remarks:

Attached are the revised well abandonment forms as requested. No investigative waste remains on-site. Once this information has been reviewed, please forward the "Final Closure" letter to the Responsible Party and copy METCO.

If you have any questions please call or email.

Signed: Jason Powell

cc: Terry Bystol - 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.

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>IOWA</b>		WI Unique Well # of Removed Well <b>VN795</b>		Facility Name <b>Terry's Kerr McGee (Terry's To</b>		Facility ID (FID or PWS) <b>None</b>	
Latitude / Longitude (Degrees and Minutes) <b>42 ° 50.98 ' N</b>		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner <b>Terry Bystol</b>	
<b>90 ° 42.57 ' W</b>				Present Well Owner <b>Terry Bystol</b>		Mailing Address of Present Owner <b>425 Powell Street</b>	
1/4 SW	1/4 SW	Section <b>27</b>	Township <b>6 N</b>	Range <b>3</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	City of Present Owner <b>Dodgeville</b>	
Well Street Address <b>505 N. Iowa Street</b>		Well ZIP Code <b>53533-</b>		State <b>WI</b>		ZIP Code <b>53533-</b>	
Well City, Village or Town <b>Dodgeville</b>		Subdivision Name		Lot #			
Reason For Removal From Service <b>Sampling complete</b>		WI Unique Well # of Replacement Well					

3. 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) <b>12/17/2013</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	
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.		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	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock				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	
Total Well Depth From Ground Surface (ft.) <b>14</b>		Casing Diameter (in.) <b>2</b>		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	
Lower Drillhole Diameter (in.) <b>6</b>		Casing Depth (ft.) <b>4</b>		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <b>Gravity</b>	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				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	
If yes, to what depth (feet)? <b>2</b>		Depth to Water (feet) <b>6.43</b>					

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Lbs
Bentonite Chips	Surface	14	22

6. Comments  
**Monitoring Well MW-1R**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Jon Jensen/METCO</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>4/17/2018</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>Jon Jensen</i>	Date Signed <b>4/26/18</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.

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>IOWA</b>	WI Unique Well # of Removed Well _____ <b>VN796</b>	Locality #	Facility Name <b>Terry's Kerr McGee (Terry's To</b>
Latitude / Longitude (Degrees and Minutes) <b>42 ° 50.98 ' N</b>		Method Code (see instructions)	Facility ID (FID or PWS) <b>None</b>
<b>90 ° 42.57 ' W</b>			License/Permit/Monitoring #
1/4 SW    1/4 SW    Section or Gov't Lot # <b>27</b>	Township <b>6 N</b>	Range <b>3</b>	Original Well Owner <b>Terry Bystol</b>
Well Street Address <b>505 N. Iowa Street</b>			Present Well Owner <b>Terry Bystol</b>
Well City, Village or Town <b>Dodgeville</b>	Well ZIP Code <b>53533-</b>		Mailing Address of Present Owner <b>425 Powell Street</b>
Subdivision Name	Lot #		City of Present Owner <b>Dodgeville</b>
			State <b>WI</b>
			ZIP Code <b>53533-</b>

Reason For Removal From Service    WI Unique Well # of Replacement Well  
**Sampling complete**      \_\_\_\_\_

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>12/17/2013</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.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <b>14</b>	Casing Diameter (in.) <b>2</b>	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>6</b>	Casing Depth (ft.) <b>4</b>	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? <b>2</b>	Depth to Water (feet) <b>4.91</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	14	22

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

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Jon Jensen/METCO</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>4/17/2018</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>Jon Jensen for Jon</i>	Date Signed <b>4/26/18</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>IOWA</b>		WI Unique Well # of Removed Well ____ VZ896_		Facility Name Terry's Kerr McGee (Terry's To		Facility ID (FID or PWS) None	
Latitude / Longitude (Degrees and Minutes) 42 ° 50.98 ' N		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Terry Bystol	
90 ° 42.57 ' W		Section Township Range 27 6 N 3		Present Well Owner Terry Bystol		Mailing Address of Present Owner 425 Powell Street	
1/4 SW 1/4 SW or Gov't Lot #		Well Street Address 505 N. Iowa Street		City of Present Owner Dodgeville		State ZIP Code WI 53533-	
Well City, Village or Town Dodgeville		Well ZIP Code 53533-		Subdivision Name		Lot #	
Reason For Removal From Service Sampling complete		WI Unique Well # of Replacement Well					

3. 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) 9/15/2010		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	
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.		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		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): Gravity			
Total Well Depth From Ground Surface (ft.) 14		Casing Diameter (in.) 2		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	
Lower Drillhole Diameter (in.) 6		Casing Depth (ft.) 4		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	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, to what depth (feet)? 2		Depth to Water (feet) 8.82			

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Lbs
Bentonite Chips	Surface	14	22

6. Comments  
Monitoring Well MW-3

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Jon Jensen/METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 4/17/2018	Date Received	Noted By
Street or Route 709 Gillette St, Ste.3		Telephone Number (608) 781-8879		Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Jon Jensen</i>	Date Signed 4/26/18	

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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>IOWA</b>		WI Unique Well # of Removed Well ____ VZ897_		Facility Name <b>Terry's Kerr McGee (Terry's To</b>		Facility ID (FID or PWS) <b>None</b>	
Latitude / Longitude (Degrees and Minutes) <b>42 ° 50.98 ' N</b>		Method Code (see instructions) ____		License/Permit/Monitoring # ____		Original Well Owner <b>Terry Bystol</b>	
<b>90 ° 42.57 ' W</b>		____		Present Well Owner <b>Terry Bystol</b>		Mailing Address of Present Owner <b>425 Powell Street</b>	
1/4 SW	1/4 SW	Section <b>27</b>	Township <b>6 N</b>	Range <b>3</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	City of Present Owner <b>Dodgeville</b>	
Well Street Address <b>505 N. Iowa Street</b>		Well ZIP Code <b>53533-</b>		State <b>WI</b>		ZIP Code <b>53533-</b>	
Well City, Village or Town <b>Dodgeville</b>		Subdivision Name		Lot #		City of Present Owner <b>Dodgeville</b>	
Reason For Removal From Service <b>Sampling complete</b>		WI Unique Well # of Replacement Well ____		City of Present Owner <b>Dodgeville</b>		State <b>WI</b>	

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>9/15/2010</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.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		____		Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:		____		Casing left in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		Was casing cut off below surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____		____		Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:		<input checked="" type="checkbox"/> Bedrock		Did material settle after 24 hours?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Unconsolidated Formation		____		If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <b>14</b>		Casing Diameter (in.) <b>2</b>		If bentonite chips were used, were they hydrated with water from a known safe source?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <b>6</b>		Casing Depth (ft.) <b>4</b>		Required Method of Placing Sealing Material		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
Was well annular space grouted?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Screened & Poured (Bentonite Chips)		<input checked="" type="checkbox"/> Other (Explain): <b>Gravity</b>	
If yes, to what depth (feet)? <b>2</b>		Depth to Water (feet) <b>1.98</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	14	22

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

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Jon Jensen/METCO</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>4/17/2018</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>Jon Jensen</i>		Date Signed <b>4/26/18</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>IOWA</b>		WI Unique Well # of Removed Well <b>VZ898</b>	Hicap #	Facility Name <b>Terry's Kerr McGee (Terry's To</b>		Facility ID (FID or PWS) <b>None</b>	
Latitude / Longitude (Degrees and Minutes) <b>42 ° 50.98 ' N</b>		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner <b>Terry Bystol</b>	
<b>90 ° 42.57 ' W</b>				Present Well Owner <b>Terry Bystol</b>		Mailing Address of Present Owner <b>425 Powell Street</b>	
¼ ¼ SW	¼ SW	Section <b>27</b>	Township <b>6 N</b>	Range <b>3 E</b>	City of Present Owner <b>Dodgeville</b>		State <b>WI</b>
or Gov't Lot #				ZIP Code <b>53533-</b>		ZIP Code <b>53533-</b>	
Well Street Address <b>505 N. Iowa Street</b>				City of Present Owner <b>Dodgeville</b>			
Well City, Village or Town <b>Dodgeville</b>				State <b>WI</b>			
Subdivision Name				Lot #			

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>			
<b>3. Well / Drillhole / Borehole Information</b>		Original Construction Date (mm/dd/yyyy) <b>9/15/2010</b>		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well				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)		Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____				Did material settle after 24 hours?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
				If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
				If bentonite chips were used, were they hydrated with water from a known safe source?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:				Required Method of Placing Sealing Material			
<input type="checkbox"/> Unconsolidated Formation		<input checked="" type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
Total Well Depth From Ground Surface (ft.) <b>14</b>		Casing Diameter (in.) <b>2</b>		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>			
Lower Drillhole Diameter (in.) <b>6</b>		Casing Depth (ft.) <b>4</b>		Sealing Materials			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)			
If yes, to what depth (feet)? <b>2</b>		Depth to Water (feet) <b>3.63</b>		<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	14	22

**6. Comments**  
Monitoring Well MW-5

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Jon Jensen/METCO</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>4/17/2018</b>	Date Received	Noted By	
Street or Route <b>709 Gillette St, Ste.3</b>	Telephone Number <b>(608) 781-8879</b>	Comments	Date Signed <b>4/16/18</b>		
City <b>La Crosse</b>	State <b>WI</b>	ZIP Code <b>54603-</b>	Signature of Person Doing Work <i>Carl T. Powell for Jon</i>		Date Signed

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.

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>IOWA</b>		WI Unique Well # of Removed Well <b>VZ899</b>	Hicap #	Facility Name <b>Terry's Kerr McGee (Terry's To</b>		Facility ID (FID or PWS) <b>None</b>	
Latitude / Longitude (Degrees and Minutes) <b>42 ° 50.98 ' N</b> <b>90 ° 42.57 ' W</b>		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner <b>Terry Bystol</b>	
¼ 1/4 SW	¼ SW	Section <b>27</b>	Township <b>6 N</b>	Range <b>3</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner <b>Terry Bystol</b>	
Well Street Address <b>505 N. Iowa Street</b>				Mailing Address of Present Owner <b>425 Powell Street</b>			
Well City, Village or Town <b>Dodgeville</b>			Well ZIP Code <b>53533-</b>		City of Present Owner <b>Dodgeville</b>		State <b>WI</b>
Subdivision Name			Lot #		ZIP Code <b>53533-</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>9/15/2010</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: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <b>14</b>	Casing Diameter (in.) <b>2</b>	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>6</b>	Casing Depth (ft.) <b>4</b>	If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, to what depth (feet)? <b>2</b>	Depth to Water (feet) <b>5.47</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>			

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Lbs
Bentonite Chips	Surface	14	22

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

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Jon Jensen/METCO</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>4/17/2018</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>T. Powell for Jon</i>		Date Signed <b>4/26/18</b>