

Letter of Transmittal

Submitted to:

John Mason

WI Dept. of Natural Resources
3911 Fish Hatchery Road
Fitchburg WI 53711

Date:

5/2/2018

Attached

Job:

Dick's Car Care

Under Separate Cover

Contents:

Well Abandonment Forms
BRRTS #: 03-57-258614
PECFA#: 53913-2101-20-A

Remarks:

Attached are the well abandonment forms as requested in your 4/11/18 "Remaining Actions Needed" letter. Please note that Smith Oil wells MW-7, MW-8, and PZ-8 were transferred to the City of Baraboo for the Circus City Cleaners site. 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: Dave Christian - 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 SAUK		WI Unique Well # of Removed Well _____ VX679 _____		Hicap #		Facility Name Dick's Car Care	
Latitude / Longitude (Degrees and Minutes) 43 ° 28 ' N		Method Code (see instructions)		Facility ID (FID or PWS) None		License/Permit/Monitoring #	
89 ° 44 ' W				Original Well Owner Dave Christian		Present Well Owner Dave Christian	
$\frac{1}{4}$ NW	$\frac{1}{4}$ SE	Section 35	Township 12 N	Range 6	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Mailing Address of Present Owner 709 Angle Street	
Well Street Address 620 Broadway Avenue		Well City, Village or Town Baraboo		Well ZIP Code 53913-		City of Present Owner Baraboo	
Subdivision Name		Lot #		State WI		ZIP Code 53913-	
Reason For Removal From Service Sampling complete		WI Unique Well # of Replacement Well		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) 9/29/2011 If a Well Construction Report is available, please attach.		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): _____		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		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>	

Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		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	
Total Well Depth From Ground Surface (ft.) 75	Casing Diameter (in.) 2.37	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	
Lower Drillhole Diameter (in.) 6	Casing Depth (ft.) 65	Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to what depth (feet)? 61 Depth to Water (feet) 48.76	

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Pounds
Bentonite chips	Surface	75	111.75

6. Comments
Monitoring Well PZ-1

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Bryce Kujawa (METCO)		License #	Date of Filling & Sealing (mm/dd/yyyy) 4/24/2018	Date Received	Noted By
Street or Route 709 Gillette Street, Suite 3		Telephone Number (608) 781-8879		Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Bryce Kujawa</i>	Date Signed 4/25/18	

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 SAUK		WI Unique Well # of Removed Well VX553		Hicap #		Facility Name Dick's Car Care	
Latitude / Longitude (Degrees and Minutes) 43 ° 28 ' N 89 ° 44 ' W		Method Code (see instructions)		Facility ID (FID or PWS) None		License/Permit/Monitoring #	
¼¼ NW ¼ SE or Gov't Lot #		Section 35	Township 12 N	Range 6	Original Well Owner Dave Christian		
Well Street Address 620 Broadway Avenue		Well ZIP Code 53913-		Present Well Owner Dave Christian			
Well City, Village or Town Baraboo		Well ZIP Code 53913-		Mailing Address of Present Owner 709 Angle Street			
Subdivision Name		Lot #		City of Present Owner Baraboo		State WI	ZIP Code 53913-

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason For Removal From Service Sampling complete		WI Unique Well # of Replacement Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 1/8/2010		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	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 53		Casing Diameter (in.) 2.37		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 6		Casing Depth (ft.) 38		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)? 34		Depth to Water (feet) 47.3		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	
Bentonite chips			<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
From (ft.)	To (ft.)	Pounds	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>	
Surface	53	81		
			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	

6. Comments			
Monitoring Well MW-2			

7. Supervision of Work			DNR Use Only		
Name of Person or Firm Doing Filling & Sealing Bryce Kujawa (METCO)		License #	Date of Filling & Sealing (mm/dd/yyyy) 4/24/2018	Date Received	Noted By
Street or Route 709 Gillette Street, Suite 3		Telephone Number (608) 781-8879		Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Bryce Kujawa</i>		Date Signed 4/25/18

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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 SAUK	WI Unique Well # of Removed Well VX676	Hicap #		Facility Name Dick's Car Care			
Latitude / Longitude (Degrees and Minutes) 43 ° 28 ' N 89 ° 44 ' W		Method Code (see instructions)		Facility ID (FID or PWS) None			
1/4 NW	1/4 SE	Section 35	Township 12 N	Range 6	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring #
Well Street Address 620 Broadway Avenue				Original Well Owner Dave Christian			
Well City, Village or Town Baraboo				Present Well Owner Dave Christian			
Well ZIP Code 53913-				Mailing Address of Present Owner 709 Angle Street			
Subdivision Name				City of Present Owner Baraboo		State WI	ZIP Code 53913-

Reason For Removal From Service		WI Unique Well # of Replacement Well
Sampling complete		
3. Well / Drillhole / Borehole Information		
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 1/8/2010	
<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 & 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
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
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>	
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	

Formation Type:	
<input type="checkbox"/> Unconsolidated Formation	<input checked="" type="checkbox"/> Bedrock
Total Well Depth From Ground Surface (ft.) 54	Casing Diameter (in.) 2.37
Lower Drillhole Diameter (in.) 6	Casing Depth (ft.) 39
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 39	Depth to Water (feet) 47.69

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Pounds
Bentonite chips	Surface	54	82.5

6. Comments
Monitoring Well MW-3

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Bryce Kujawa (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 4/24/2018	Date Received	Noted By	
Street or Route 709 Gillette Street, Suite 3		Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Bryce Kujawa</i>		Date Signed 4/25/18

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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 SAUK		WI Unique Well # of Removed Well		Facility Name Dick's Car Care		Facility ID (FID or PWS) None	
Latitude / Longitude (Degrees and Minutes) 43 ° 28 ' N		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Smith Oil Service	
89 ° 44 ' W		Section 35 Township 12 N Range 6 <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Present Well Owner Dave Christian		Mailing Address of Present Owner 709 Angle Street	
Well Street Address 620 Broadway Avenue		Well City, Village or Town Baraboo		City of Present Owner Baraboo		State WI ZIP Code 53913-	
Well ZIP Code 53913-		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) 3/7/1995		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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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): <u>Gravity</u>			
Total Well Depth From Ground Surface (ft.) 55		Casing Diameter (in.) 2.1		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.) 8.3		Casing Depth (ft.) 40		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?) 36		Depth to Water (feet) 46.27			

5. Material Used To Fill Well / Drillhole			From (ft.)	To (ft.)	Pounds
Bentonite chips	Surface	55		81	

6. Comments
Monitoring Well MW-6 (Smith Oil Service)

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Bryce Kujawa (METCO)		License #	Date of Filling & Sealing (mm/dd/yyyy) 4/24/2018	Date Received	Noted By
Street or Route 709 Gillette Street, Suite 3		Telephone Number (608) 781-8879		Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Bryce Kujawa</i>	Date Signed 4/25/18	

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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 SAUK	WI Unique Well # of Removed Well ___ OY757_	Hicap #		Facility Name Dick's Car Care			
Latitude / Longitude (Degrees and Minutes) 43 ° 28 ' N 89 ° 44 ' W		Method Code (see instructions)		Facility ID (FID or PWS) None			
1/4 NW or Gov't Lot #	1/4 SE	Section 35	Township 12 N	Range 6	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner Smith Oil Service
Well Street Address 620 Broadway Avenue				Present Well Owner Dave Christian			
Well City, Village or Town Baraboo			Well ZIP Code 53913-				
Subdivision Name			Lot #		Mailing Address of Present Owner 709 Angle Street		
Reason For Removal From Service Sampling complete		WI Unique Well # of Replacement Well		City of Present Owner Baraboo		State WI	ZIP Code 53913-

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material				
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/12/2006			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 <input type="checkbox"/> Other (specify): _____				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
Total Well Depth From Ground Surface (ft.) 68	Casing Diameter (in.) 2.37			Did sealing material rise to surface?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 63			Did material settle after 24 hours?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				If yes, was hole retopped?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, to what depth (feet)? 59		Depth to Water (feet) 46.24		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	From (ft.)	To (ft.)	Pounds
Bentonite chips	Surface	68	102

6. Comments
Monitoring Well PZ-5 (Smith Oil Service)

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Bryce Kujawa (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 4/24/2018	Date Received	Noted By	
Street or Route 709 Gillette Street, Suite 3		Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Bryce Kujawa</i>		Date Signed 4/25/18

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

1. Well Location Information				2. Facility / Owner Information			
County	WI Unique Well # of Removed Well	Hicap #		Facility Name			
SAUK				Dick's Car Care			
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)		Facility ID (FID or PWS)			
43 ° 28 ' N				None			
89 ° 44 ' W				License/Permit/Monitoring #			
				Original Well Owner			
				Dave Christian			
				Present Well Owner			
				Dave Christian			
Well Street Address				Mailing Address of Present Owner			
620 Broadway Avenue				709 Angle Street			
Well City, Village or Town				City of Present Owner			
Baraboo				Baraboo		State	
Well ZIP Code				WI		ZIP Code	
53913-						53913-	
Subdivision Name				Lot #			

Reason For Removal From Service	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material					
Sampling complete		Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		
3. Well / Drillhole / Borehole Information		Liner(s) 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)	Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
<input type="checkbox"/> Water Well	10/7/2015	Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
<input type="checkbox"/> Borehole / Drillhole	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		
Construction Type:		Did sealing material rise to 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 material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
<input type="checkbox"/> Other (specify): _____		If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		
Formation Type:		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		
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material					
Total Well Depth From Ground Surface (ft.)		<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped			
48		<input type="checkbox"/> Screened & Poured (Bentonite Chips)		<input checked="" type="checkbox"/> Other (Explain): Gravity			
Casing Diameter (in.)		Sealing Materials					
4.5		<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)			
Lower Drillhole Diameter (in.)		<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "			
9.6		<input type="checkbox"/> Concrete		<input type="checkbox"/> Bentonite Chips			
Casing Depth (ft.)		For Monitoring Wells and Monitoring Well Boreholes Only:					
12		<input checked="" type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout			
Was well annular space grouted?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> Bentonite - Sand Slurry			
<input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)?		Depth to Water (feet)			
10		10		47.24			

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Pounds
Bentonite chips	Surface	48	302.5

6. Comments
Soil Vapor Extraction Well SVE-1

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing (mm/dd/yyyy)	Date Received	Noted By	
Bryce Kujawa (METCO)		4/24/2018			
Street or Route	Telephone Number	Comments			
709 Gillette Street, Suite 3	(608) 781-8879				
City	State	ZIP Code	Signature of Person Doing Work	Date Signed	
La Crosse	WI	54603-	<i>Bryce Kujawa</i>	4/25/18	

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 SAUK	WI Unique Well # of Removed Well _____	Hicap # _____		Facility Name Dick's Car Care	Facility ID (FID or PWS) None		
Latitude / Longitude (Degrees and Minutes) 43 ° 28 ' N		Method Code (see instructions) _____		License/Permit/Monitoring # _____			
89 ° 44 ' W		_____		Original Well Owner Dave Christian			
1/4 NW	1/4 SE	Section 35	Township 12 N	Range 6	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		
Well Street Address 620 Broadway Avenue				Present Well Owner Dave Christian			
Well City, Village or Town Baraboo				Mailing Address of Present Owner 709 Angle Street			
Well ZIP Code 53913-				City of Present Owner Baraboo		State WI	ZIP Code 53913-
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	Original Construction Date (mm/dd/yyyy) 10/5/2015	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)	<input type="checkbox"/> Dug	Was casing cut off below surface?		
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface?			
Formation Type:		Did material settle after 24 hours?			
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If yes, was hole retopped?			
Total Well Depth From Ground Surface (ft.) 48		Casing Diameter (in.) 4.5			
Lower Drillhole Diameter (in.) 9.6		Casing Depth (ft.) 12			
Was well annular space grouted?		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"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
If yes, to what depth (feet)? 10		Depth to Water (feet) _____			

5. Material Used To Fill Well / Drillhole		From (ft.)	To (ft.)	Pounds
Bentonite chips		Surface	48	302.5

6. Comments
Soil Vapor Extraction Well SVE-2

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Bryce Kujawa (METCO)	License # _____	Date of Filling & Sealing (mm/dd/yyyy) 4/24/2018	Date Received _____	Noted By _____	
Street or Route 709 Gillette Street, Suite 3		Telephone Number (608) 781-8879	Comments _____		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Bryce Kujawa</i>		Date Signed 4/25/18

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 SAUK	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Dick's Car Care
Latitude / Longitude (Degrees and Minutes) 43 ° 28 ' N 89 ° 44 ' W	Method Code (see instructions) _____		Facility ID (FID or PWS) None
¼/¼ NW ¼ SE Section or Gov't Lot # 35	Township 12 N	Range 6 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # _____
Well Street Address 620 Broadway Avenue	Original Well Owner Dave Christian		
Well City, Village or Town Baraboo	Present Well Owner Dave Christian		
Subdivision Name _____	Mailing Address of Present Owner 709 Angle Street		
Well ZIP Code 53913-	City of Present Owner Baraboo	State WI	ZIP Code 53913-

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) 10/8/2015	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
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): Gravity	
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	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
Total Well Depth From Ground Surface (ft.) 48	Casing Diameter (in.) 4.5	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
Lower Drillhole Diameter (in.) 9.6	Casing Depth (ft.) 12	Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, to what depth (feet)? 10	Depth to Water (feet) 46.78	

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Pounds
Bentonite chips	Surface	48	302.5

6. Comments
Soil Vapor Extraction Well SVE-3

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Bryce Kujawa (METCO)	License # _____	Date of Filling & Sealing (mm/dd/yyyy) 4/24/2018	Date Received _____	Noted By _____
Street or Route 709 Gillette Street, Suite 3		Telephone Number (608) 781-8879	Comments _____	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Bryce Kujawa</i>	Date Signed 4/25/18