



## Meridian Environmental Consulting, LLC

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May 16, 2020

Matthew Vitale  
Wisconsin Department of Natural Resources  
1300 West Clairemont Avenue  
Eau Claire, Wisconsin 54701

Subject:       **Monitoring Well Abandonment Forms**

Julson Store (former)  
W125 County Road Z  
Mondovi, Wisconsin  
PECFA No. 54755-9999-25  
DNR BRRTS No. 03-06-001296  
Meridian No. 05F823

Dear Matt:

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

Sincerely,  
**MERIDIAN ENVIRONMENTAL CONSULTING, LLC**

Kenneth Shimko, PG  
Project Manager

MW-1

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

Route to DNR Bureau:

Verification Only of Fill and Seal

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

**1. Well Location Information**

County <b>Buffalo</b>		WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address <b>W125 City Rd E</b>		Well ZIP Code <b>54755</b>	
Well City, Village or Town <b>Mondovi</b>		Subdivision Name Lot #	
Reason for Removal from Service <b>Project Closed</b>		WI Unique Well # of Replacement Well	

**2. Facility / Owner Information**

Facility Name <b>Tulson Store (former)</b>		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner <b>Tulson Store (former)</b>		
Mailing Address of Present Owner <b>W125 City Rd E</b>		
City of Present Owner <b>Mondovi</b>	State <b>WI</b>	ZIP Code <b>54755</b>

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>11-27-2017</b>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <b>15</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.) <b>8</b>	Casing Depth (ft.) <b>15</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>7</b>

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

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input 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 type="checkbox"/> Other (Explain): _____	
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Concrete	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input checked="" type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

**5. Material Used to Fill Well / Drillhole**

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>bentonite chips</b>	Surface	<b>15</b>	<b>1/2 bag</b>	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <b>M. Bridman Env. Const. LLC</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>5-15-2020</b>	DNR Use Only	
Street or Route <b>2711 N. Telco Rd</b>	Telephone Number <b>(715) 832-6608</b>	Comments	Date Received	Noted By
City <b>Fall Creek</b>	State <b>WI</b>	ZIP Code <b>54742</b>	Signature of Person Doing Work <b>[Signature]</b>	Date Signed <b>5-16-2020</b>

Facility/Project Name <u>Tulsoa Store (Former)</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <u>MW-1</u>
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <u>UP213</u> DNR Well ID No.
Facility ID	Lat. " Long. " or " " or " "	Date Well Installed <u>11/27/2017</u> m m d d y y y y
Type of Well	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Joe Black</u> <u>PSI</u>
Well Code /	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number
Distance from Waste/Source ft.	Enf. Stds. Apply <input type="checkbox"/>	

A. Protective pipe, top elevation	0 ft. MSL	1. Cap and lock?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation	0 ft. MSL	2. Protective cover pipe:	
C. Land surface elevation	0 ft. MSL	a. Inside diameter:	8 in.
D. Surface seal, bottom	0 ft. MSL or 0 ft.	b. Length:	1 ft.
		c. Material:	Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen:		d. Additional protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input checked="" type="checkbox"/>		If yes, describe:	
SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/>			
Bedrock <input type="checkbox"/>		3. Surface seal:	Bentonite <input type="checkbox"/> 3.0 Concrete <input checked="" type="checkbox"/> 0.1 Other <input type="checkbox"/>
13. Sieve analysis performed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Material between well casing and protective pipe:	Bentonite <input checked="" type="checkbox"/> 3.0 Other <input type="checkbox"/>
14. Drilling method used:	Rotary <input type="checkbox"/> 5.0 Hollow Stem Auger <input checked="" type="checkbox"/> 4.1 Other <input type="checkbox"/>	5. Annular space seal:	a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 3.3 b. Lbs/gal mud weight... Bentonite-sand slurry <input type="checkbox"/> 3.5 c. Lbs/gal mud weight... Bentonite slurry <input type="checkbox"/> 3.1 d. % Bentonite... Bentonite-cement grout <input type="checkbox"/> 5.0 e. Ft <sup>3</sup> volume added for any of the above
15. Drilling fluid used:	Water <input type="checkbox"/> 0.2 Air <input type="checkbox"/> 0.1 Drilling Mud <input type="checkbox"/> 0.3 None <input checked="" type="checkbox"/> 9.9	f. How installed:	Tremie <input type="checkbox"/> 0.1 Tremie pumped <input type="checkbox"/> 0.2 Gravity <input checked="" type="checkbox"/> 0.8
16. Drilling additives used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. Bentonite seal:	a. Bentonite granules <input type="checkbox"/> 3.3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input checked="" type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 3.2 c. Other <input type="checkbox"/>
Describe		7. Fine sand material: Manufacturer, product name & mesh size	
17. Source of water (attach analysis, if required):		a.	
		b. Volume added	ft <sup>3</sup>
E. Bentonite seal, top	3 ft. MSL or 3 ft.	8. Filter pack material: Manufacturer, product name & mesh size	
F. Fine sand, top	3 ft. MSL or 3 ft.	a.	
G. Filter pack, top	4 ft. MSL or 4 ft.	b. Volume added	ft <sup>3</sup>
H. Screen joint, top	5 ft. MSL or 5 ft.	9. Well casing:	Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2.3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2.4 Other <input type="checkbox"/>
I. Well bottom	15 ft. MSL or 15 ft.	10. Screen material:	
J. Filter pack, bottom	15 ft. MSL or 15 ft.	a. Screen type:	Factory cut <input checked="" type="checkbox"/> 1.1 Continuous slot <input type="checkbox"/> 0.1 Other <input type="checkbox"/>
K. Borehole, bottom	15 ft. MSL or 15 ft.	b. Manufacturer	
L. Borehole, diameter	4 in.	c. Slot size:	0.1 in.
M. O.D. well casing	2 in.	d. Slotted length:	10 ft.
N. I.D. well casing	2 in.	11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 1.4 Other <input type="checkbox"/>

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

Signature [Signature] Firm Meridian Environmental City LLC

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

MW-4

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R. 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County: Buffalo      WI Unique Well # of Removed Well: \_\_\_\_\_      Hicap #: \_\_\_\_\_

Latitude / Longitude (see instructions): \_\_\_\_\_ N      Format Code:  DD      Method Code:  GPS008  
 \_\_\_\_\_ W       DDM       SCR002  
 OTH001

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

Well Street Address: W125 City Rd E

Well City, Village or Town: Mondovi      Well ZIP Code: 54755

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

Facility Name: Judson Store (former)

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

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

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

Present Well Owner: Judson Store (former)

Mailing Address of Present Owner: W125 City Rd E

City of Present Owner: Mondovi      State: WI      ZIP Code: 54755

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

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

Monitoring Well      Original Construction Date (mm/dd/yyyy): 11-27-2017

Water Well

Borehole / Drillhole      If a Well Construction Report is available, please attach:

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

Formation Type:  
 Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.): 15      Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8      Casing Depth (ft.): 15

Was well annular space grouted?  Yes       No       Unknown

If yes, to what depth (feet)? 3      Depth to Water (feet): 5

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

Pump and piping removed?  Yes       No       N/A

Liner(s) removed?  Yes       No       N/A

Liner(s) perforated?  Yes       No       N/A

Screen removed?  Yes       No       N/A

Casing left in place?  Yes       No       N/A

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

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

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

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

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

Required Method of Placing Sealing Material:  
 Conductor Pipe-Gravity       Conductor Pipe-Pumped  
 Screened & Poured (Bentonite Chips)       Other (Explain): \_\_\_\_\_

Sealing Materials:  
 Neat Cement Grout       Concrete  
 Sand-Cement (Concrete) Grout       Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:  
 Bentonite Chips       Bentonite - Cement Grout  
 Granular Bentonite       Bentonite - Sand Slurry

**5. Material Used to Fill Well / Drillhole**

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	~1/2 bag	

**6. Comments**

\_\_\_\_\_

**7. Supervision of Work**      **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing: Meridian Env. Co LLC, LLC      License #: \_\_\_\_\_      Date of Filling & Sealing or Verification (mm/dd/yyyy): 5-15-2020

Street or Route: 2711 N. Telco Rd      Telephone Number: (715) 832-6608      Date Received: \_\_\_\_\_      Noted By: \_\_\_\_\_

City: Fall Creek      State: WI      ZIP Code: 54742      Signature of Person Doing Work: [Signature]      Date Signed: 5-16-2020

Facility/Project Name: Tulsa Store (Former) Local Grid Location of Well: \_\_\_\_\_ ft.  N. \_\_\_\_\_ ft.  E. \_\_\_\_\_ ft.  S. \_\_\_\_\_ ft.  W.

Facility License, Permit or Monitoring No.: \_\_\_\_\_ Local Grid Origin  (estimated: ) or Well Location  Lat. \_\_\_\_\_ " Long. \_\_\_\_\_ " or \_\_\_\_\_ " or \_\_\_\_\_ "

Facility ID: \_\_\_\_\_ St. Plane \_\_\_\_\_ ft. N. \_\_\_\_\_ ft. E. S/C/N

Type of Well: \_\_\_\_\_ Section Location of Waste/Source: \_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4 of Sec. \_\_\_\_\_ T. \_\_\_\_\_ N, R. \_\_\_\_\_  E  W

Well Code: \_\_\_\_\_ / \_\_\_\_\_ Location of Well Relative to Waste/Source: \_\_\_\_\_ n  Upgradient \_\_\_\_\_ s  Sidegradient \_\_\_\_\_ d  Downgradient \_\_\_\_\_ n  Not Known Gov. Lot Number \_\_\_\_\_

Distance from Waste/Source \_\_\_\_\_ ft. Enf. Stds. Apply  Well Installed By: Name (first, last) and Firm  
Joe Black  
PSI

Well Name: MW-4  
Wis. Unique Well No. VP 21b DNR Well ID No. \_\_\_\_\_  
Date Well Installed: 11/27/2017  
m m d d y y v v v v

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

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

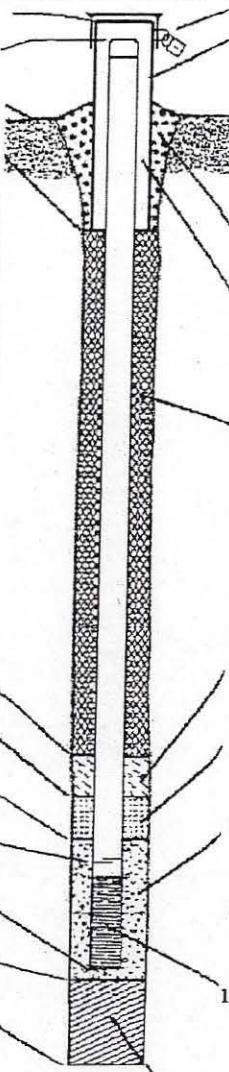
13. Sieve analysis performed?  Yes  No

14. Drilling method used: Rotary  50  
Hollow Stem Auger  41  
Other

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

16. Drilling additives used?  Yes  No  
Describe \_\_\_\_\_

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



- 1. Cap and lock?  Yes  No
- 2. Protective cover pipe:
  - a. Inside diameter: \_\_\_\_\_ in. 3
  - b. Length: \_\_\_\_\_ ft. 1
  - c. Material: Steel  04  
Other
  - d. Additional protection?  Yes  No  
If yes, describe: \_\_\_\_\_
- 3. Surface seal: Bentonite  30  
Concrete  01  
Other
- 4. Material between well casing and protective pipe: Bentonite  30  
Other
- 5. Annular space seal:
  - a. Granular/Chipped Bentonite  33
  - b. \_\_\_\_\_ Lbs/gal mud weight ... Bentonite-sand slurry  35
  - c. \_\_\_\_\_ Lbs/gal mud weight ... Bentonite slurry  31
  - d. \_\_\_\_\_ % Bentonite ... Bentonite-cement grout  50
  - e. \_\_\_\_\_ Ft<sup>3</sup> volume added for any of the above
  - f. How installed: Tremie  01  
Tremie pumped  02  
Gravity  08
- 6. Bentonite seal:
  - a. Bentonite granules  33
  - b.  1/4 in.  3/8 in.  1/2 in. Bentonite chips  32
  - c. \_\_\_\_\_ Other
- 7. Fine sand material: Manufacturer, product name & mesh size  
a. \_\_\_\_\_  
b. Volume added \_\_\_\_\_ ft<sup>3</sup>
- 8. Filter pack material: Manufacturer, product name & mesh size  
a. \_\_\_\_\_  
b. Volume added \_\_\_\_\_ ft<sup>3</sup>
- 9. Well casing: Flush threaded PVC schedule 40  23  
Flush threaded PVC schedule 80  24  
Other
- 10. Screen material:
  - a. Screen type: Factory cut  11  
Continuous slot  01  
Other
  - b. Manufacturer \_\_\_\_\_
  - c. Slot size: \_\_\_\_\_ in. 1
  - d. Slotted length: \_\_\_\_\_ ft.
- 11. Backfill material (below filter pack): None  14  
Other

- E. Bentonite seal, top --- ft. MSL or 3 --- ft.
- F. Fine sand, top --- ft. MSL or 3 --- ft.
- G. Filter pack, top --- ft. MSL or 4 --- ft.
- H. Screen joint, top --- ft. MSL or 5 --- ft.
- I. Well bottom --- ft. MSL or 15 --- ft.
- J. Filter pack, bottom --- ft. MSL or 15 --- ft.
- K. Borehole, bottom --- ft. MSL or 15 --- ft.
- L. Borehole, diameter 8 --- in.
- M. O.D. well casing 2 --- in.
- N. I.D. well casing 2 --- in.

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

Signature: [Signature] Firm: Meridian Environmental City LLC

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

MW-SA

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Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County: Buffalo      WI Unique Well # of Removed Well: \_\_\_\_\_      Hicap #: \_\_\_\_\_

Latitude / Longitude (see instructions): \_\_\_\_\_ N      Format Code:  DD      Method Code:  GPS008  
 \_\_\_\_\_ W       DDM       SCR002  
 \_\_\_\_\_       OTH001

1/4 / 1/4: \_\_\_\_\_      Section: \_\_\_\_\_      Township: \_\_\_\_\_      Range:  E      Original Well Owner: \_\_\_\_\_  
 or Gov't Lot #: \_\_\_\_\_      N       W

Well Street Address: W125 City Rd E      Present Well Owner: Judson Store (former)

Well City, Village or Town: Mondovi      Well ZIP Code: 54755      Mailing Address of Present Owner: W125 City Rd E

Subdivision Name: \_\_\_\_\_      Lot #: \_\_\_\_\_      City of Present Owner: Mondovi      State: WI      ZIP Code: 54755

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

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

Monitoring Well      Original Construction Date (mm/dd/yyyy): 11-28-2017  
 Water Well      If a Well Construction Report is available, please attach:

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

Formation Type:  Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.): 15      Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8      Casing Depth (ft.): 15

Was well annular space grouted?  Yes       No       Unknown

If yes, to what depth (feet): 3      Depth to Water (feet): 6

Facility Name: Judson Store (former)

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

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

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

Present Well Owner: Judson Store (former)

Mailing Address of Present Owner: W125 City Rd E

City of Present Owner: Mondovi      State: WI      ZIP Code: 54755

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

Pump and piping removed?  Yes       No       N/A

Liner(s) removed?  Yes       No       N/A

Liner(s) perforated?  Yes       No       N/A

Screen removed?  Yes       No       N/A

Casing left in place?  Yes       No       N/A

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

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

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

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

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

Required Method of Placing Sealing Material:  
 Conductor Pipe-Gravity       Conductor Pipe-Pumped  
 Screened & Poured (Bentonite Chips)       Other (Explain): \_\_\_\_\_

Sealing Materials:  
 Neat Cement Grout       Concrete  
 Sand-Cement (Concrete) Grout       Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:  
 Bentonite Chips       Bentonite - Cement Grout  
 Granular Bentonite       Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	~ 1/2 bag	

**6. Comments**

\_\_\_\_\_

**7. Supervision of Work**      **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing: MERIDIAN ENV. CS LLC      License #: \_\_\_\_\_      Date of Filling & Sealing or Verification (mm/dd/yyyy): 5-15-2020      Date Received: \_\_\_\_\_      Noted By: \_\_\_\_\_

Street or Route: 2711 N. IELLO Rd      Telephone Number: (715) 832-6608      Comments: \_\_\_\_\_

City: Fall Creek      State: WI      ZIP Code: 54742      Signature of Person Doing Work: [Signature]      Date Signed: 5-16-2020

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

Facility/Project Name <b>Tulsa Store (Former)</b>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <b>MW-5A</b>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <b>VR218</b> DNR Well ID No.
Facility ID	Lat. _____ Long. _____ " or _____	Date Well Installed <b>11/28/2017</b>
Type of Well	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: Name (first, last) and Firm <b>Joe Black PSI</b>
Well Code _____ / _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	
Distance from Waste/Source _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____	

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

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

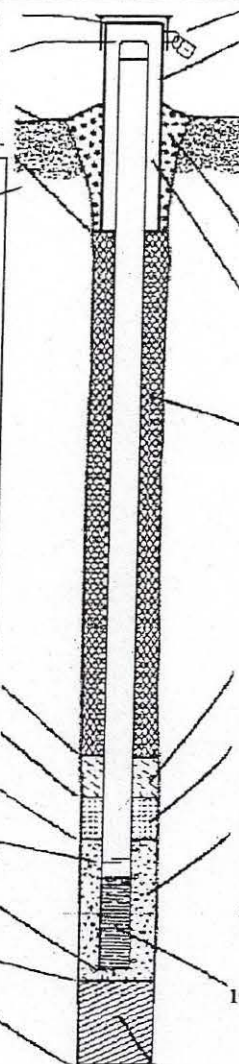
13. Sieve analysis performed?  Yes  No

14. Drilling method used: Rotary  5.0  
Hollow Stem Auger  4.1  
Other

15. Drilling fluid used: Water  0.2 Air  0.1  
Drilling Mud  0.3 None  9.9

16. Drilling additives used?  Yes  No  
Describe \_\_\_\_\_

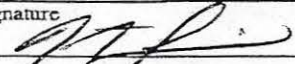
17. Source of water (attach analysis, if required): \_\_\_\_\_



1. Cap and lock?  Yes  No
2. Protective cover pipe:  
a. Inside diameter: 3 in.  
b. Length: 7 ft.  
c. Material: Steel  0.4  
Other
- d. Additional protection?  Yes  No  
If yes, describe: \_\_\_\_\_
3. Surface seal: Bentonite  3.0  
Concrete  0.1  
Other
4. Material between well casing and protective pipe: Bentonite  3.0  
Other
5. Annular space seal: a. Granular/Chipped Bentonite  3.3  
b. \_\_\_\_\_ Lbs/gal mud weight ... Bentonite-sand slurry  3.5  
c. \_\_\_\_\_ Lbs/gal mud weight ... Bentonite slurry  3.1  
d. \_\_\_\_\_ % Bentonite ... Bentonite-cement grout  5.0  
e. \_\_\_\_\_ Ft<sup>3</sup> volume added for any of the above  
f. How installed: Tremie  0.1  
Tremie pumped  0.2  
Gravity  0.8
6. Bentonite seal: a. Bentonite granules  3.3  
b.  1/4 in.  3/8 in.  1/2 in. Bentonite chips  3.2  
c. \_\_\_\_\_ Other
7. Fine sand material: Manufacturer, product name & mesh size  
a. \_\_\_\_\_  
b. Volume added \_\_\_\_\_ ft<sup>3</sup>
8. Filter pack material: Manufacturer, product name & mesh size  
a. \_\_\_\_\_  
b. Volume added \_\_\_\_\_ ft<sup>3</sup>
9. Well casing: Flush threaded PVC schedule 40  2.3  
Flush threaded PVC schedule 80  2.4  
Other
10. Screen material:  
a. Screen type: Factory cut  1.1  
Continuous slot  0.1  
Other
- b. Manufacturer \_\_\_\_\_  
c. Slot size: 0.1 in.  
d. Slotted length: \_\_\_\_\_ ft.
11. Backfill material (below filter pack): None  1.4  
Other

- E. Bentonite seal, top --- 3 --- ft. MSL or 3 --- ft.  
F. Fine sand, top --- 3 --- ft. MSL or 3 --- ft.  
G. Filter pack, top --- 4 --- ft. MSL or 4 --- ft.  
H. Screen joint, top --- 5 --- ft. MSL or 5 --- ft.  
I. Well bottom --- 15 --- ft. MSL or 15 --- ft.  
J. Filter pack, bottom --- 15 --- ft. MSL or 15 --- ft.  
K. Borehole, bottom --- 15 --- ft. MSL or 15 --- ft.  
L. Borehole, diameter --- 4 --- in.  
M. O.D. well casing --- 2 --- in.  
N. I.D. well casing --- 2 --- in.

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

Signature  Firm **Meridian Environmental City LLC**

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

MW-5B

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R. 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

**1. Well Location Information**

County: Buffalo      WI Unique Well # of Removed Well: \_\_\_\_\_      Hicap #: \_\_\_\_\_

Latitude / Longitude (see instructions): \_\_\_\_\_ N      Format Code:  DD      Method Code:  GPS008  
 \_\_\_\_\_ W       DDM       SCR002  
 \_\_\_\_\_       OTH001

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

Well Street Address: W125 City Rd E

Well City, Village or Town: Mondovi      Well ZIP Code: 54755

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

**2. Facility / Owner Information**

Facility Name: Judson Store (former)

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

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

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

Present Well Owner: Judson Store (former)

Mailing Address of Present Owner: W125 City Rd E

City of Present Owner: Mondovi      State: WI      ZIP Code: 54755

Reason for Removal from Service: Project closed

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

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

Monitoring Well      Original Construction Date (mm/dd/yyyy): 11-28-2017

Water Well

Borehole / Drillhole      If a Well Construction Report is available, please attach.

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

Formation Type:  
 Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.): 30      Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8      Casing Depth (ft.): 30

Was well annular space grouted?  Yes       No       Unknown

If yes, to what depth (feet): 22      Depth to Water (feet): 8

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

Pump and piping removed?  Yes       No       N/A

Liner(s) removed?  Yes       No       N/A

Liner(s) perforated?  Yes       No       N/A

Screen removed?  Yes       No       N/A

Casing left in place?  Yes       No       N/A

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

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

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

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

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

Required Method of Placing Sealing Material:  
 Conductor Pipe-Gravity       Conductor Pipe-Pumped  
 Screened & Poured (Bentonite Chips)       Other (Explain): \_\_\_\_\_

Sealing Materials:  
 Neat Cement Grout       Concrete  
 Sand-Cement (Concrete) Grout       Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:  
 Bentonite Chips       Bentonite - Cement Grout  
 Granular Bentonite       Bentonite - Sand Slurry

**5. Material Used to Fill Well / Drillhole**

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	30	~ 1 bag	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing: <u>M. Bridman Eng. - CS LLC, LLC</u>	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>5-15-2020</u>	DNR Use Only	
Street or Route: <u>2711 N. Telco Rd</u>	Telephone Number: <u>(715) 832-6608</u>	Date Received: _____	Noted By: _____	
City: <u>Fall Creek</u>	State: <u>WI</u>	ZIP Code: <u>54742</u>	Comments: _____	
Signature of Person Doing Work: <u>[Signature]</u>			Date Signed: <u>5-16-2020</u>	



Facility/Project Name <u>Julesau Stone (Former)</u>		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name <u>MW-5B</u>	
Facility License, Permit or Monitoring No.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>		Wic. Title No. <u>VP217</u> DNR Well ID No.	
Facility ID		Lat. _____ Long. _____		Date Well Installed <u>11/28/2017</u>	
Type of Well		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: Name (first, last) and Firm <u>Joe Black</u> <u>PSI</u>	
Well Code _____		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. <input type="checkbox"/> E <input type="checkbox"/> W			
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	

A. Protective pipe, top elevation	_____ ft. MSL	1. Cap and lock?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation	_____ ft. MSL	2. Protective cover pipe:	
C. Land surface elevation	_____ ft. MSL	a. Inside diameter:	<u>8</u> in.
D. Surface seal, bottom	_____ ft. MSL or <u>0</u> ft.	b. Length:	<u>7</u> ft.
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input checked="" type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		c. Material:	Steel <input checked="" type="checkbox"/> 0 4 Other <input type="checkbox"/>
13. Sieve analysis performed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	d. Additional protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
14. Drilling method used:	Rotary <input type="checkbox"/> 5 0 Hollow Stem Auger <input checked="" type="checkbox"/> 4 1 Other <input type="checkbox"/>	3. Surface seal:	Bentonite <input checked="" type="checkbox"/> 3 0 Concrete <input checked="" type="checkbox"/> 0 1 Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 0 2 Air <input checked="" type="checkbox"/> 0 1 Drilling Mud <input type="checkbox"/> 0 3 None <input checked="" type="checkbox"/> 9 9		4. Material between well casing and protective pipe:	Bentonite <input checked="" type="checkbox"/> 3 0 Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Annular space seal:	a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 3 3 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input checked="" type="checkbox"/> 3 5 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 3 1 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 5 0 e. _____ Ft <sup>3</sup> volume added for any of the above
17. Source of water (attach analysis, if required): Describe _____		f. How installed:	Tremie <input type="checkbox"/> 0 1 Tremie pumped <input checked="" type="checkbox"/> 0 2 Gravity <input type="checkbox"/> 0 8
E. Bentonite seal, top	_____ ft. MSL or <u>22</u> ft.	6. Bentonite seal:	a. Bentonite granules <input type="checkbox"/> 3 3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 3 2 c. _____ Other <input type="checkbox"/>
F. Fine sand, top	_____ ft. MSL or <u>22</u> ft.	7. Fine sand material: Manufacturer, product name & mesh size	
G. Filter pack, top	_____ ft. MSL or <u>23</u> ft.	a. _____	
H. Screen joint, top	_____ ft. MSL or <u>25</u> ft.	b. Volume added _____ ft <sup>3</sup>	
I. Well bottom	_____ ft. MSL or <u>30</u> ft.	8. Filter pack material: Manufacturer, product name & mesh size	
J. Filter pack, bottom	_____ ft. MSL or <u>30</u> ft.	a. _____	
K. Borehole, bottom	_____ ft. MSL or <u>30</u> ft.	b. Volume added _____ ft <sup>3</sup>	
L. Borehole, diameter	<u>4</u> in.	9. Well casing:	Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2 3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2 4 Other <input type="checkbox"/>
M. O.D. well casing	<u>2</u> in.	10. Screen material:	
N. I.D. well casing	<u>2</u> in.	a. Screen type:	Factory cut <input checked="" type="checkbox"/> 1 1 Continuous slot <input type="checkbox"/> 0 1 Other <input type="checkbox"/>
		b. Manufacturer _____	
		c. Slot size: _____	0. <u>1</u> in.
		d. Slotted length: _____	ft.
		11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 1 4 Other <input type="checkbox"/>

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

Signature [Signature] Firm Meridian Environmental City LLC

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

MW-6

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

County: Buffalo      WI Unique Well # of Removed Well: \_\_\_\_\_      Hicap #: \_\_\_\_\_

Latitude / Longitude (see instructions): \_\_\_\_\_ N      Format Code:  DD      Method Code:  GPS008  
 \_\_\_\_\_ W       DDM       SCR002  
 \_\_\_\_\_       OTH001

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

Well Street Address: W125 City Rd E

Well City, Village or Town: Mondovi      Well ZIP Code: 54755

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

2. Facility / Owner Information

Facility Name: Tulson Store (former)

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

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

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

Present Well Owner: Tulson Store (former)

Mailing Address of Present Owner: W125 City Rd E

City of Present Owner: Mondovi      State: WI      ZIP Code: 54755

Reason for Removal from Service: Project closed

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well      Original Construction Date (mm/dd/yyyy): 8-20-2018

Water Well

Borehole / Drillhole      If a Well Construction Report is available, please attach.

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

Formation Type:  
 Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.): 15      Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8      Casing Depth (ft.): 15

Was well annular space grouted?  Yes       No       Unknown

If yes, to what depth (feet)? 3      Depth to Water (feet): 5

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

Pump and piping removed?  Yes       No       N/A

Liner(s) removed?  Yes       No       N/A

Liner(s) perforated?  Yes       No       N/A

Screen removed?  Yes       No       N/A

Casing left in place?  Yes       No       N/A

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

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

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

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

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

Required Method of Placing Sealing Material:  
 Conductor Pipe-Gravity       Conductor Pipe-Pumped  
 Screened & Poured (Bentonite Chips)       Other (Explain): \_\_\_\_\_

Sealing Materials:  
 Neat Cement Grout       Concrete  
 Sand-Cement (Concrete) Grout       Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:  
 Bentonite Chips       Bentonite - Cement Grout  
 Granular Bentonite       Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	- 1/2 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: M Brandon Eng. Co LLC      License #: \_\_\_\_\_      Date of Filling & Sealing or Verification (mm/dd/yyyy): 5-15-2020

Street or Route: 2711 N. Tello Rd      Telephone Number: (715) 832-6608

City: Fall Creek      State: WI      ZIP Code: 54742      Signature of Person Doing Work: [Signature]      Date Signed: 5-16-2020

DNR Use Only

Date Received: \_\_\_\_\_      Noted By: \_\_\_\_\_

Comments: \_\_\_\_\_

Facility/Project Name <b>Sulser store (former)</b>		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name <b>MW-6</b>	
Facility License, Permit or Monitoring No.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well ID No.	
Facility ID		Lat. _____ " Long. _____ " or		Date Well Installed <b>8/20/2018</b> m m d d y y v v y	
Type of Well		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: Name (first, last) and Firm <b>Joe Black PSI</b>	
Well Code _____ / _____		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. <input type="checkbox"/> E <input type="checkbox"/> W			
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>					

- A. Protective pipe, top elevation ----- **0** ft. MSL
- B. Well casing, top elevation ----- **5** ft. MSL
- C. Land surface elevation ----- **0** ft. MSL
- D. Surface seal, bottom ----- **1** ft. MSL or ----- ft.

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

13. Sieve analysis performed?  Yes  No

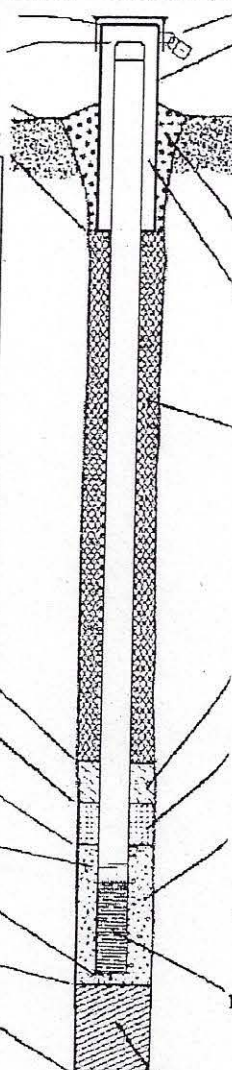
14. Drilling method used: Rotary  50  
 Hollow Stem Auger  41  
 Other

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

16. Drilling additives used?  Yes  No

Describe \_\_\_\_\_

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



- 1. Cap and lock?  Yes  No
- 2. Protective cover pipe:
  - a. Inside diameter: **8** in.
  - b. Length: **1** ft.
  - c. Material: Steel  04  
Other
  - d. Additional protection?  Yes  No  
If yes, describe: \_\_\_\_\_
- 3. Surface seal:
  - Bentonite  30
  - Concrete  01
  - Other
- 4. Material between well casing and protective pipe:
  - Bentonite  30
  - Other
- 5. Annular space seal:
  - a. Granular/Chipped Bentonite  33
  - b. \_\_\_\_\_ Lbs/gal mud weight ... Bentonite-sand slurry  35
  - c. \_\_\_\_\_ Lbs/gal mud weight ... Bentonite slurry  31
  - d. \_\_\_\_\_ % Bentonite ... Bentonite-cement grout  50
  - e. \_\_\_\_\_ Ft<sup>3</sup> volume added for any of the above
  - f. How installed: Tremie  01  
Tremie pumped  02  
Gravity  08
- 6. Bentonite seal:
  - a. Bentonite granules  33
  - b.  1/4 in.  3/8 in.  1/2 in. Bentonite chips  32
  - c. \_\_\_\_\_ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
  - a. \_\_\_\_\_
  - b. Volume added \_\_\_\_\_ ft<sup>3</sup>
- 8. Filter pack material: Manufacturer, product name & mesh size
  - a. \_\_\_\_\_
  - b. Volume added \_\_\_\_\_ ft<sup>3</sup>
- 9. Well casing:
  - Flush threaded PVC schedule 40  23
  - Flush threaded PVC schedule 80  24
  - Other
- 10. Screen material: **PVC**
  - a. Screen type:
    - Factory cut  11
    - Continuous slot  01
    - Other
  - b. Manufacturer \_\_\_\_\_
  - c. Slot size: **0.1** in.
  - d. Slotted length: **10** ft.
- 11. Backfill material (below filter pack):
  - None  14
  - Other

- E. Bentonite seal, top ----- ft. MSL or **3** ft.
- F. Fine sand, top ----- ft. MSL or **3** ft.
- G. Filter pack, top ----- ft. MSL or **4** ft.
- H. Screen joint, top ----- ft. MSL or **5** ft.
- I. Well bottom ----- ft. MSL or **15** ft.
- J. Filter pack, bottom ----- ft. MSL or **15** ft.
- K. Borehole, bottom ----- ft. MSL or **15** ft.
- L. Borehole, diameter **8** in.
- M. O.D. well casing **2** in.
- N. I.D. well casing **2** in.

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

Signature *[Signature]* Firm *Mendota Environmental Consulting, LLC*

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

MW-7

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

2. Facility / Owner Information

County: Buffalo      WI Unique Well # of Removed Well: \_\_\_\_\_      Hicap #: \_\_\_\_\_

Latitude / Longitude (see instructions): \_\_\_\_\_ N      Format Code:  DD      Method Code:  GPS008  
 \_\_\_\_\_ W       DDM       SCR002  
 OTH001

1/4 / 1/4: \_\_\_\_\_      Section: \_\_\_\_\_      Township: N      Range:  E       W

or Gov't Lot #: \_\_\_\_\_

Well Street Address: W125 City Rd E

Well City, Village or Town: Mondovi      Well ZIP Code: 54755

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

Facility Name: Judson Store (former)

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

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

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

Present Well Owner: Judson Store (former)

Mailing Address of Present Owner: W125 City Rd E

City of Present Owner: Mondovi      State: WI      ZIP Code: 54755

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

3. Filled & Sealed Well / Drillhole / Borehole Information

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

Monitoring Well      Original Construction Date (mm/dd/yyyy): 8-20-2018

Water Well

Borehole / Drillhole      If a Well Construction Report is available, please attach.

Pump and piping removed?  Yes  No  N/A

Liner(s) removed?  Yes  No  N/A

Liner(s) perforated?  Yes  No  N/A

Screen removed?  Yes  No  N/A

Casing left in place?  Yes  No  N/A

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

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

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

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

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

Construction Type:  Drilled       Driven (Sandpoint)       Dug

Other (specify): \_\_\_\_\_

Required Method of Placing Sealing Material

Conductor Pipe-Gravity       Conductor Pipe-Pumped

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

Formation Type:  Unconsolidated Formation       Bedrock

Sealing Materials

Neat Cement Grout       Concrete

Sand-Cement (Concrete) Grout       Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips       Bentonite - Cement Grout

Granular Bentonite       Bentonite - Sand Slurry

Total Well Depth From Ground Surface (ft.): 17      Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8      Casing Depth (ft.): 17

Was well annular space grouted?  Yes       No       Unknown

If yes, to what depth (feet)? 4      Depth to Water (feet): 8

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	17	~ 2/3 bag	

bentonite chips

6. Comments

7. Supervision of Work

DNR Use Only

Name of Person or Firm Doing Filling & Sealing: M. Bridman Env. Cons. LLC      License #: \_\_\_\_\_      Date of Filling & Sealing or Verification (mm/dd/yyyy): 5-15-2020

Street or Route: 2711 N. Felice Rd      Telephone Number: (715) 832-6608

City: Fall Creek      State: WI      ZIP Code: 54742      Signature of Person Doing Work: [Signature]      Date Signed: 5-16-2020

Facility/Project Name <b>Sulson Store (former)</b>	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name <b>AMW-7</b>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID _____	St. Plane _____ ft. N. _____ ft. E. S/C/N _____	Date Well Installed <b>9/20/2018</b> m m d d y y y y
Type of Well Well Code _____ / _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <b>Joe Black PSI</b>
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known
		Gov. Lot Number _____

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation <b>.5</b> ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: <b>1</b> ft. c. Material: Steel <input checked="" type="checkbox"/> 0.4 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or <b>1</b> ft.	3. Surface seal: Bentonite <input type="checkbox"/> 3.0 Concrete <input checked="" type="checkbox"/> 0.1 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen:                      GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/>                      SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/>                      Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 5.0 Hollow Stem Auger <input checked="" type="checkbox"/> 4.1 Other <input type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 0.2 Air <input checked="" type="checkbox"/> 0.1 Drilling Mud <input type="checkbox"/> 0.3 None <input checked="" type="checkbox"/> 9.9</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div>	
E. Bentonite seal, top _____ ft. MSL or <b>4</b> ft.	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 3.0 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or <b>4</b> ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 3.3 b. _____ Lbs/gal mud weight . . . . . Bentonite-sand slurry <input type="checkbox"/> 3.5 c. _____ Lbs/gal mud weight . . . . . Bentonite slurry <input type="checkbox"/> 3.1 d. _____ % Bentonite . . . . . Bentonite-cement grout <input type="checkbox"/> 5.0 e. _____ Ft <sup>3</sup> volume added for any of the above
G. Filter pack, top _____ ft. MSL or <b>5</b> ft.	f. How installed: Tremie <input type="checkbox"/> 0.1 Tremie pumped <input type="checkbox"/> 0.2 Gravity <input checked="" type="checkbox"/> 0.8
H. Screen joint, top _____ ft. MSL or <b>7</b> ft.	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 3.3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 3.2 c. _____ Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or <b>17</b> ft.	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft <sup>3</sup>
J. Filter pack, bottom _____ ft. MSL or <b>17</b> ft.	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft <sup>3</sup>
K. Borehole, bottom _____ ft. MSL or <b>17</b> ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2.3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2.4 Other <input type="checkbox"/>
L. Borehole, diameter <b>8</b> in.	10. Screen material: <b>PVC</b> a. Screen type: Factory cut <input checked="" type="checkbox"/> 1.1 Continuous slot <input type="checkbox"/> 0.1 Other <input type="checkbox"/>
M. O.D. well casing <b>2</b> in.	b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: <b>10</b> ft.
N. I.D. well casing <b>2</b> in.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1.4 Other <input type="checkbox"/>

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

Signature *JAF* Firm Mendota Environmental Consulting, LLC

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

MW-8A

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

**1. Well Location Information**

**2. Facility / Owner Information**

County: Buffalo      WI Unique Well # of Removed Well: \_\_\_\_\_      Hicap #: \_\_\_\_\_

Latitude / Longitude (see instructions): \_\_\_\_\_ N      Format Code:  DD      Method Code:  GPS008  
 \_\_\_\_\_ W       DDM       SCR002  
 \_\_\_\_\_       OTH001

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

Well Street Address: W125 City Rd E

Well City, Village or Town: Mondovi      Well ZIP Code: 54755

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

Facility Name: Judson Store (former)

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

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

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

Present Well Owner: Judson Store (former)

Mailing Address of Present Owner: W125 City Rd E

City of Present Owner: Mondovi      State: WI      ZIP Code: 54755

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

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

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

Monitoring Well      Original Construction Date (mm/dd/yyyy): 8-20-2018  
 Water Well  
 Borehole / Drillhole      If a Well Construction Report is available, please attach:

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

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

Required Method of Placing Sealing Material:  
 Conductor Pipe-Gravity       Conductor Pipe-Pumped  
 Screened & Poured (Bentonite Chips)       Other (Explain): \_\_\_\_\_

Formation Type:  
 Unconsolidated Formation       Bedrock

Sealing Materials:  
 Neat Cement Grout       Concrete  
 Sand-Cement (Concrete) Grout       Bentonite Chips

Total Well Depth From Ground Surface (ft.): 15      Casing Diameter (in.): 2

For Monitoring Wells and Monitoring Well Boreholes Only:  
 Bentonite Chips       Bentonite - Cement Grout  
 Granular Bentonite       Bentonite - Sand Slurry

Lower Drillhole Diameter (in.): 8      Casing Depth (ft.): 15

Was well annular space grouted?       Yes       No       Unknown

If yes, to what depth (feet)? 3      Depth to Water (feet): 6

**5. Material Used to Fill Well / Drillhole**

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	1/2 bag	

**6. Comments**

**7. Supervision of Work**

**DNR Use Only**

Name of Person or Firm Doing Filling & Sealing: M Bridman Eng. Co LLC      License #: \_\_\_\_\_      Date of Filling & Sealing or Verification (mm/dd/yyyy): 5-15-2020

Street or Route: 2711 N. Telco Rd      Telephone Number: (715) 832-6608

City: Fall Creek      State: WI      ZIP Code: 54742      Signature of Person Doing Work: [Signature]      Date Received: \_\_\_\_\_      Noted By: \_\_\_\_\_

Date Signed: 5-16-2020

Facility/Project Name <b>Tulson Store (former)</b>	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name <b>MW-8A</b>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID _____	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <b>9/20/2018</b> m m d d y y y y
Type of Well Well Code _____ / _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <b>Joe Black PSI</b>
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known
		Gov. Lot Number _____

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ .5 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in.
C. Land surface elevation _____ 0 ft. MSL	b. Length: _____ ft.
D. Surface seal, bottom _____ 1 ft. MSL or _____ ft.	c. Material: Steel <input checked="" type="checkbox"/> 0.4 Other <input type="checkbox"/>
	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	3. Surface seal: Bentonite <input type="checkbox"/> 3.0 Concrete <input checked="" type="checkbox"/> 0.1 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 3.0 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 5.0 Hollow Stem Auger <input checked="" type="checkbox"/> 4.1 Other <input type="checkbox"/>	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 3.3 b. _____ Lbs/gal mud weight . . . . . Bentonite-sand slurry <input type="checkbox"/> 3.5 c. _____ Lbs/gal mud weight . . . . . Bentonite slurry <input type="checkbox"/> 3.1 d. _____ % Bentonite . . . . . Bentonite-cement grout <input type="checkbox"/> 5.0 e. _____ Ft <sup>3</sup> volume added for any of the above
15. Drilling fluid used: Water <input type="checkbox"/> 0.2 Air <input checked="" type="checkbox"/> 0.1 Drilling Mud <input type="checkbox"/> 0.3 None <input checked="" type="checkbox"/> 9.9	f. How installed: Tremie <input type="checkbox"/> 0.1 Tremie pumped <input type="checkbox"/> 0.2 Gravity <input checked="" type="checkbox"/> 0.8
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 3.3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 3.2 c. _____ Other <input type="checkbox"/>
17. Source of water (attach analysis, if required): _____	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft <sup>3</sup>
E. Bentonite seal, top _____ 3 ft. MSL or _____ ft.	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft <sup>3</sup>
F. Fine sand, top _____ 3 ft. MSL or _____ ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2.3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2.4 Other <input type="checkbox"/>
G. Filter pack, top _____ 3 ft. MSL or _____ ft.	10. Screen material: <b>PVC</b> a. Screen type: Factory cut <input checked="" type="checkbox"/> 1.1 Continuous slot <input type="checkbox"/> 0.1 Other <input type="checkbox"/>
H. Screen joint, top _____ 5 ft. MSL or _____ ft.	b. Manufacturer _____
I. Well bottom _____ 15 ft. MSL or _____ ft.	c. Slot size: _____ in.
J. Filter pack, bottom _____ 15 ft. MSL or _____ ft.	d. Slotted length: _____ 10 ft.
K. Borehole, bottom _____ 15 ft. MSL or _____ ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1.4 Other <input type="checkbox"/>
L. Borehole, diameter _____ 8 in.	
M. O.D. well casing _____ 2 in.	
N. I.D. well casing _____ 2 in.	

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

Signature [Signature] Firm Mendota Environmental Consulting, LLC

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

MW-8B

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County: Buffalo      WI Unique Well # of Removed Well: \_\_\_\_\_      Hicap #: \_\_\_\_\_  
 Latitude / Longitude (see instructions): \_\_\_\_\_ N      Format Code:  DD      Method Code:  GPS008  
 \_\_\_\_\_ W       DDM       SCR002  
 \_\_\_\_\_       OTH001  
 1/4 / 1/4: \_\_\_\_\_      Section: \_\_\_\_\_      Township: \_\_\_\_\_      Range:  E      Original Well Owner: \_\_\_\_\_  
 or Gov't Lot #: \_\_\_\_\_      N       W  
 Well Street Address: W125 City Rd E  
 Well City, Village or Town: Mondovi      Well ZIP Code: 54755  
 Subdivision Name: \_\_\_\_\_      Lot #: \_\_\_\_\_

Facility Name: Judson Store (former)  
 Facility ID (FID or PWS): \_\_\_\_\_  
 License/Permit/Monitoring #: \_\_\_\_\_  
 Present Well Owner: Judson Store (former)  
 Mailing Address of Present Owner: W125 City Rd E  
 City of Present Owner: Mondovi      State: WI      ZIP Code: 54755

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

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

Monitoring Well      Original Construction Date (mm/dd/yyyy): 5-6-2019  
 Water Well  
 Borehole / Drillhole      If a Well Construction Report is available, please attach.

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

Formation Type:  
 Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.): 30      Casing Diameter (in.): 2  
 Lower Drillhole Diameter (in.): 8      Casing Depth (ft.): 30

Was well annular space grouted?  Yes       No       Unknown  
 If yes, to what depth (feet)? 21      Depth to Water (feet): 7

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

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

Required Method of Placing Sealing Material:  
 Conductor Pipe-Gravity       Conductor Pipe-Pumped  
 Screened & Poured (Bentonite Chips)       Other (Explain): \_\_\_\_\_

Sealing Materials:  
 Neat Cement Grout       Concrete  
 Sand-Cement (Concrete) Grout       Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:  
 Bentonite Chips       Bentonite - Cement Grout  
 Granular Bentonite       Bentonite - Sand Slurry

**5. Material Used to Fill Well / Drillhole**

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	30	- 1 bag	

**6. Comments**

**7. Supervision of Work**      **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing: M. Bridman Env. CS LLC      License #: \_\_\_\_\_      Date of Filling & Sealing or Verification (mm/dd/yyyy): 5-15-2020  
 Street or Route: 2711 N. Felco Rd      Telephone Number: (715) 832-6608  
 City: Fall Creek      State: WI      ZIP Code: 54742      Signature of Person Doing Work: [Signature]      Date Signed: 5-16-2020



Facility/Project Name <u>Sulson Store (former)</u>		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name <u>Mw-8B</u>	
Facility License, Permit or Monitoring No.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>		Wis. Unique Well No. _____ DNR Well ID No. _____	
Facility ID		Lat. _____ " Long. _____ " or _____		Date Well Installed <u>5/6/2019</u> m m d d y y y y	
Type of Well		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: Name (first, last) and Firm <u>Joe Black</u> <u>PSI</u>	
Well Code _____ / _____		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E. <input type="checkbox"/> W.			
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>					

A. Protective pipe, top elevation	_____ ft. MSL	1. Cap and lock?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation	_____ ft. MSL	2. Protective cover pipe:	
C. Land surface elevation	_____ ft. MSL	a. Inside diameter:	<u>8</u> in.
D. Surface seal, bottom	_____ ft. MSL or _____ ft.	b. Length:	<u>1</u> ft.
		c. Material:	Steel <input checked="" type="checkbox"/> 0.4 Other <input type="checkbox"/>
12. USCS classification of soil near screen:		d. Additional protection?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input checked="" type="checkbox"/>		If yes, describe: _____	
SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/>		3. Surface seal:	Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
Bedrock <input type="checkbox"/>		4. Material between well casing and protective pipe:	Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal:	a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . . . Bentonite slurry <input checked="" type="checkbox"/> 31 d. _____ % Bentonite . . . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft <sup>3</sup> volume added for any of the above
14. Drilling method used:	Rotary <input type="checkbox"/> 5.0 Hollow Stem Auger <input checked="" type="checkbox"/> 4.1 Other <input type="checkbox"/>	f. How installed:	Tremie <input type="checkbox"/> 0.1 Tremie pumped <input checked="" type="checkbox"/> 0.2 Gravity <input type="checkbox"/> 0.8
15. Drilling fluid used: Water <input type="checkbox"/> 0.2 Air <input type="checkbox"/> 0.1 Drilling Mud <input type="checkbox"/> 0.3 None <input checked="" type="checkbox"/> 9.9		6. Bentonite seal:	a. Bentonite granules <input type="checkbox"/> 3.3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 3.2 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Fine sand material: Manufacturer, product name & mesh size	
Describe _____		a. _____	
17. Source of water (attach analysis, if required):		b. Volume added _____ ft <sup>3</sup>	
		8. Filter pack material: Manufacturer, product name & mesh size	
E. Bentonite seal, top	_____ ft. MSL or <u>21</u> ft.	a. _____	
F. Fine sand, top	_____ ft. MSL or <u>21</u> ft.	b. Volume added _____ ft <sup>3</sup>	
G. Filter pack, top	_____ ft. MSL or <u>22</u> ft.	9. Well casing:	Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2.3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2.4 Other <input type="checkbox"/>
H. Screen joint, top	_____ ft. MSL or <u>25</u> ft.	10. Screen material:	
I. Well bottom	_____ ft. MSL or <u>30</u> ft.	a. Screen type:	Factory cut <input checked="" type="checkbox"/> 1.1 Continuous slot <input type="checkbox"/> 0.1 Other <input type="checkbox"/>
J. Filter pack, bottom	_____ ft. MSL or <u>30</u> ft.	b. Manufacturer _____	
K. Borehole, bottom	_____ ft. MSL or <u>30</u> ft.	c. Slot size:	<u>0.1</u> in.
L. Borehole, diameter	<u>4</u> in.	d. Slotted length:	<u>5</u> ft.
M. O.D. well casing	<u>2</u> in.	11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 1.4 Other <input type="checkbox"/>
N. I.D. well casing	<u>2</u> in.		

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

Signature [Signature] Firm Mendota Environmental Consulting, LLC

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

MW-9

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County: Buffalo      WI Unique Well # of Removed Well: \_\_\_\_\_      Hicap #: \_\_\_\_\_  
 Latitude / Longitude (see instructions): \_\_\_\_\_ N      Format Code:  DD      Method Code:  GPS008  
 \_\_\_\_\_ W       DDM       SCR002  
 \_\_\_\_\_       OTH001  
 1/4 / 1/4: \_\_\_\_\_      Section: \_\_\_\_\_      Township: \_\_\_\_\_      Range:  E      Original Well Owner: \_\_\_\_\_  
 or Gov't Lot #: \_\_\_\_\_      N       W  
 Well Street Address: W125 City Rd E  
 Well City, Village or Town: Mondovi      Well ZIP Code: 54755  
 Subdivision Name: \_\_\_\_\_      Lot #: \_\_\_\_\_

Facility Name: Judson Store (former)  
 Facility ID (FID or PWS): \_\_\_\_\_  
 License/Permit/Monitoring #: \_\_\_\_\_  
 Present Well Owner: Judson Store (former)  
 Mailing Address of Present Owner: W125 City Rd E  
 City of Present Owner: Mondovi      State: WI      ZIP Code: 54755

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

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

Monitoring Well      Original Construction Date (mm/dd/yyyy): 8-20-2018  
 Water Well  
 Borehole / Drillhole      If a Well Construction Report is available, please attach.

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

Formation Type:  
 Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.): 15      Casing Diameter (in.): 2  
 Lower Drillhole Diameter (in.): 8      Casing Depth (ft.): 15

Was well annular space grouted?  Yes       No       Unknown  
 If yes, to what depth (feet)? 3      Depth to Water (feet): 5

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

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

Required Method of Placing Sealing Material:  
 Conductor Pipe-Gravity       Conductor Pipe-Pumped  
 Screened & Poured (Bentonite Chips)       Other (Explain): \_\_\_\_\_

Sealing Materials:  
 Neat Cement Grout       Concrete  
 Sand-Cement (Concrete) Grout       Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:  
 Bentonite Chips       Bentonite - Cement Grout  
 Granular Bentonite       Bentonite - Sand Slurry

**5. Material Used to Fill Well / Drillhole**

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	1 1/2 bag	

**6. Comments**

**7. Supervision of Work**      **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing: M Bridman Env. CS LLC      License #: \_\_\_\_\_      Date of Filling & Sealing or Verification (mm/dd/yyyy): 5-15-2020  
 Street or Route: 2711 N. Felco Rd      Telephone Number: (715) 832-6608  
 City: Fall Creek      State: WI      ZIP Code: 54742      Signature of Person Doing Work: [Signature]      Date Signed: 5-16-2020

Facility/Project Name <b>Sulson store (former)</b>	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name <b>MW-9</b>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID _____	St. Plane _____ ft. N. _____ ft. E. S/C/N _____	Date Well Installed <b>8/20/2018</b> m m d d y y y y
Type of Well Well Code _____ / _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <b>Joe Black PSI</b>
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known
		Gov. Lot Number _____

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

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

Signature [Signature] Firm Mendota Environmental Consulting, LLC

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

MW-10A

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

**1. Well Location Information**

**2. Facility / Owner Information**

County: Buffalo      WI Unique Well # of Removed Well: \_\_\_\_\_      Hicap #: \_\_\_\_\_

Latitude / Longitude (see instructions): \_\_\_\_\_ N      Format Code:  DD      Method Code:  GPS008  
 \_\_\_\_\_ W       DDM       SCR002  
 OTH001

1/4 / 1/4: \_\_\_\_\_      Section: \_\_\_\_\_      Township: N      Range:  E       W

Well Street Address: W125 City Rd E

Well City, Village or Town: Mondovi      Well ZIP Code: 54755

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

Facility Name: Judson Store (former)

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

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

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

Present Well Owner: Judson Store (former)

Mailing Address of Present Owner: W125 City Rd E

City of Present Owner: Mondovi      State: WI      ZIP Code: 54755

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

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

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

Monitoring Well      Original Construction Date (mm/dd/yyyy): 5-6-2019

Water Well

Borehole / Drillhole      If a Well Construction Report is available, please attach:

Pump and piping removed?  Yes  No  N/A

Liner(s) removed?  Yes  No  N/A

Liner(s) perforated?  Yes  No  N/A

Screen removed?  Yes  No  N/A

Casing left in place?  Yes  No  N/A

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

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

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

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

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

Construction Type:  Drilled       Driven (Sandpoint)       Dug

Other (specify): \_\_\_\_\_

Required Method of Placing Sealing Material:

Conductor Pipe-Gravity       Conductor Pipe-Pumped

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

Formation Type:  Unconsolidated Formation       Bedrock

Sealing Materials:

Neat Cement Grout       Concrete

Sand-Cement (Concrete) Grout       Bentonite Chips

Total Well Depth From Ground Surface (ft.): 15      Casing Diameter (in.): 2

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips       Bentonite - Cement Grout

Granular Bentonite       Bentonite - Sand Slurry

Lower Drillhole Diameter (in.): 8      Casing Depth (ft.): 15

Was well annular space grouted?  Yes       No       Unknown

If yes, to what depth (feet)? 3      Depth to Water (feet): 7

**5. Material Used to Fill Well / Drillhole**

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	~ 1/2 bag	

**6. Comments**

**7. Supervision of Work**

**DNR Use Only**

Name of Person or Firm Doing Filling & Sealing: M Bridman Env. CS Inc, LLC      License #: \_\_\_\_\_      Date of Filling & Sealing or Verification (mm/dd/yyyy): 5-15-2020

Street or Route: 2711 N. Felco Rd      Telephone Number: (715) 832-6608

City: Fall Creek      State: WI      ZIP Code: 54742      Signature of Person Doing Work: [Signature]      Date Signed: 5-16-2020

Facility/Project Name <u>Tulson Store (former)</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <u>MW-10A</u>
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. " Long. " or "	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed <u>5/6/2019</u> m m d d y y v v y
Type of Well Well Code /	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Joe Black</u> <u>PSI</u>
Distance from Waste/Source ft.	Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

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

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

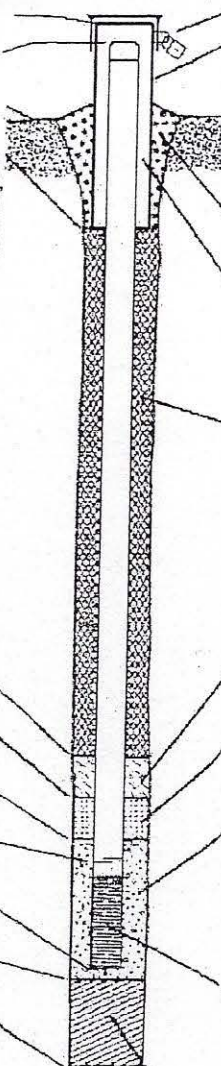
13. Sieve analysis performed?  Yes  No

14. Drilling method used: Rotary  5.0  
 Hollow Stem Auger  4.1  
 Other

15. Drilling fluid used: Water  0.2 Air  0.1  
 Drilling Mud  0.3 None  9.9

16. Drilling additives used?  Yes  No  
 Describe \_\_\_\_\_

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



1. Cap and lock?  Yes  No
2. Protective cover pipe:  
 a. Inside diameter: 8 in.  
 b. Length: 1 ft.  
 c. Material: Steel  0.4  
 Other
3. Surface seal:  
 Bentonite  3.0  
 Concrete  0.1  
 Other
4. Material between well casing and protective pipe:  
 Bentonite  3.0  
 Other
5. Annular space seal:  
 a. Granular/Chipped Bentonite  3.3  
 b. \_\_\_ Lbs/gal mud weight ... Bentonite-sand slurry  3.5  
 c. \_\_\_ Lbs/gal mud weight ... Bentonite slurry  3.1  
 d. \_\_\_ % Bentonite ... Bentonite-cement grout  5.0  
 e. \_\_\_ Ft<sup>3</sup> volume added for any of the above  
 f. How installed: Tremie  0.1  
 Tremie pumped  0.2  
 Gravity  0.8
6. Bentonite seal:  
 a. Bentonite granules  3.3  
 b.  1/4 in.  3/8 in.  1/2 in. Bentonite chips  3.2  
 c. \_\_\_ Other
7. Fine sand material: Manufacturer, product name & mesh size  
 a. \_\_\_\_\_  
 b. Volume added \_\_\_\_\_ ft<sup>3</sup>
8. Filter pack material: Manufacturer, product name & mesh size  
 a. \_\_\_\_\_  
 b. Volume added \_\_\_\_\_ ft<sup>3</sup>
9. Well casing: Flush threaded PVC schedule 40  2.3  
 Flush threaded PVC schedule 80  2.4  
 Other
10. Screen material: PVC  
 a. Screen type: Factory cut  1.1  
 Continuous slot  0.1  
 Other
- b. Manufacturer \_\_\_\_\_  
 c. Slot size: 0.1 in.  
 d. Slotted length: 10 ft.
11. Backfill material (below filter pack): None  1.4  
 Other

- E. Bentonite seal, top --- ft. MSL or 3 ft.  
 F. Fine sand, top --- ft. MSL or 3 ft.  
 G. Filter pack, top --- ft. MSL or 3 ft.  
 H. Screen joint, top --- ft. MSL or 5 ft.  
 I. Well bottom --- ft. MSL or 15 ft.  
 J. Filter pack, bottom --- ft. MSL or 15 ft.  
 K. Borehole, bottom --- ft. MSL or 15 ft.  
 L. Borehole, diameter 8 in.  
 M. O.D. well casing 2 in.  
 N. I.D. well casing 2 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.  
 Signature [Signature] Firm Mendian Environmental Consulting, LLC

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

MW-10B

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

**1. Well Location Information**

**2. Facility / Owner Information**

County: Buffalo

Latitude / Longitude (see instructions): \_\_\_\_\_ N \_\_\_\_\_ W

Format Code:  DD  DDM

Method Code:  GPS008  SCR002  OTH001

Well Street Address: W125 City Rd E

Well City, Village or Town: Mondovi

Well ZIP Code: 54755

Facility Name: Tulson Store (former)

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

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

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

Present Well Owner: Tulson Store (former)

Mailing Address of Present Owner: W125 City Rd E

City of Present Owner: Mondovi State: WI ZIP Code: 54755

Reason for Removal from Service: Project closed

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

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

Monitoring Well

Water Well

Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 5-6-2019

If a Well Construction Report is available, please attach.

Construction Type:

Drilled  Driven (Sandpoint)  Dug

Other (specify): \_\_\_\_\_

Formation Type:

Unconsolidated Formation  Bedrock

Total Well Depth From Ground Surface (ft.): 30

Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8

Casing Depth (ft.): 30

Was well annular space grouted?  Yes  No  Unknown

If yes, to what depth (feet)? 21

Depth to Water (feet): 7

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

Pump and piping removed?  Yes  No  N/A

Liner(s) removed?  Yes  No  N/A

Liner(s) perforated?  Yes  No  N/A

Screen removed?  Yes  No  N/A

Casing left in place?  Yes  No  N/A

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

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

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

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

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

Required Method of Placing Sealing Material

Conductor Pipe-Gravity  Conductor Pipe-Pumped

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

Sealing Materials

Neat Cement Grout  Concrete

Sand-Cement (Concrete) Grout  Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips  Bentonite - Cement Grout

Granular Bentonite  Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Bentonite chips</u>	<u>Surface</u>	<u>30</u>	<u>~ 1 bag</u>	

**6. Comments**

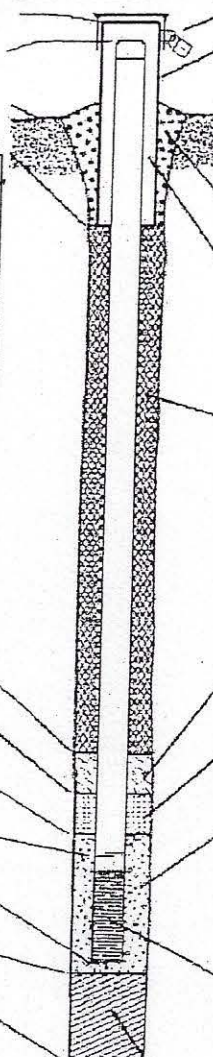
**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <u>M. Bridman Eng. Co. LLC</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>5-15-2020</u>	DNR Use Only	
Street or Route <u>2711 N. Telco Rd</u>	Telephone Number <u>(715) 832-6608</u>	Date Received		Noted By
City <u>Fall Creek</u>	State <u>WI</u>	ZIP Code <u>54742</u>	Signature of Person Doing Work <u>[Signature]</u>	
			Date Signed <u>5-16-2020</u>	

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

Facility/Project Name <u>Sulson Store (former)</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name <u>MW-10B</u>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well ID No.
Facility ID	Lat. _____ " Long. _____ " or	Date Well Installed <u>5, 6, 2019</u> m m d d y y y y
Type of Well	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: Name (first, last) and Firm <u>Joe Black</u> <u>PSI</u>
Well Code _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	
Distance from Waste/Source _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number	

A. Protective pipe, top elevation	----- 0 ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation	----- 0 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in.
C. Land surface elevation	----- 0 ft. MSL	b. Length: _____ ft.
D. Surface seal, bottom	----- ft. MSL or 0 ft.	c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input checked="" type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>		4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99		5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input checked="" type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft <sup>3</sup> volume added for any of the above
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No		f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
Describe _____		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
17. Source of water (attach analysis, if required):		7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft <sup>3</sup>
E. Bentonite seal, top	----- ft. MSL or 21 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft <sup>3</sup>
F. Fine sand, top	----- ft. MSL or 21 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
G. Filter pack, top	----- ft. MSL or 22 ft.	10. Screen material: <u>PVC</u> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
H. Screen joint, top	----- ft. MSL or 25 ft.	b. Manufacturer _____ c. Slot size: 0. _____ in. d. Slotted length: _____ ft.
I. Well bottom	----- ft. MSL or 30 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom	----- ft. MSL or 30 ft.	
K. Borehole, bottom	----- ft. MSL or 30 ft.	
L. Borehole, diameter	----- 8 in.	
M. O.D. well casing	----- 2 in.	
N. I.D. well casing	----- 2 in.	



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

Signature [Signature] Firm Mendota Environmental Consulting, LLC

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

MW-11A

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

2. Facility / Owner Information

County: Buffalo WI Unique Well # of Removed Well: \_\_\_\_\_ Hicap #: \_\_\_\_\_

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

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

Well Street Address: W125 City Rd E

Well City, Village or Town: Mondovi Well ZIP Code: 54755

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

Facility Name: Judson Store (Former)

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

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

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

Present Well Owner: Judson Store (Former)

Mailing Address of Present Owner: W125 City Rd E

City of Present Owner: Mondovi State: WI ZIP Code: 54755

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

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

Pump and piping removed?  Yes  No  N/A

Liner(s) removed?  Yes  No  N/A

Liner(s) perforated?  Yes  No  N/A

Screen removed?  Yes  No  N/A

Casing left in place?  Yes  No  N/A

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

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

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

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

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well  Water Well  Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 5-7-2019

If a Well Construction Report is available, please attach:

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

Formation Type:  Unconsolidated Formation  Bedrock

Total Well Depth From Ground Surface (ft.): 15 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8 Casing Depth (ft.): 15

Was well annular space grouted?  Yes  No  Unknown

If yes, to what depth (feet)? 3 Depth to Water (feet): 7

Required Method of Placing Sealing Material

Conductor Pipe-Gravity  Conductor Pipe-Pumped

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

Sealing Materials

Neat Cement Grout  Concrete

Sand-Cement (Concrete) Grout  Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips  Bentonite - Cement Grout

Granular Bentonite  Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Bentonite chips</u>	<u>Surface</u>	<u>15</u>	<u>2 1/2 bag</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Meridian Env. CS LLC, LLC License #: \_\_\_\_\_ Date of Filling & Sealing or Verification (mm/dd/yyyy): 5-15-2020

Street or Route: 2711 N. IELLO Rd Telephone Number: (715) 832-6608

City: Fall Creek State: WI ZIP Code: 54742 Signature of Person Doing Work: [Signature] Date Signed: 5-16-2020

DNR Use Only

Date Received: \_\_\_\_\_ Noted By: \_\_\_\_\_

Comments: \_\_\_\_\_



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

Facility/Project Name <u>Julson Store (former)</u>	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name <u>11A</u>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or _____ " _____ "	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID _____	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>5, 7, 2019</u> m m d d y y y y
Type of Well Well Code _____ / _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Joe Black</u> <u>PSI</u>
Distance from Waste/ Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known
Gov. Lot Number _____		

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

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

Signature [Signature] Firm Mendota Environmental Consulting, LLC

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

MW-113

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

**1. Well Location Information**

**2. Facility / Owner Information**

County: Buffalo      WI Unique Well # of Removed Well: \_\_\_\_\_      Hicap #: \_\_\_\_\_

Latitude / Longitude (see instructions): \_\_\_\_\_ N      Format Code:  DD      Method Code:  GPS008  
 \_\_\_\_\_ W       DDM       SCR002  
 \_\_\_\_\_       OTH001

1/4 / 1/4: \_\_\_\_\_      Section: \_\_\_\_\_      Township: \_\_\_\_\_      Range:  E      Original Well Owner: \_\_\_\_\_  
 or Gov't Lot #: \_\_\_\_\_      N       W

Well Street Address: W125 City Rd E

Well City, Village or Town: Mondovi      Well ZIP Code: 54755

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

Facility Name: Judson Store (former)

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

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

Present Well Owner: Judson Store (former)

Mailing Address of Present Owner: W125 City Rd E

City of Present Owner: Mondovi      State: WI      ZIP Code: 54755

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

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

Pump and piping removed?  Yes  No  N/A

Liner(s) removed?  Yes  No  N/A

Liner(s) perforated?  Yes  No  N/A

Screen removed?  Yes  No  N/A

Casing left in place?  Yes  No  N/A

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

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

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

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

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

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

Monitoring Well      Original Construction Date (mm/dd/yyyy): 5-7-2019

Water Well

Borehole / Drillhole      If a Well Construction Report is available, please attach:

Construction Type:  Drilled       Driven (Sandpoint)       Dug

Other (specify): \_\_\_\_\_

Formation Type:  Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.): 30      Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8      Casing Depth (ft.): 30

Was well annular space grouted?  Yes       No       Unknown

If yes, to what depth (feet)? 22      Depth to Water (feet): 7

Required Method of Placing Sealing Material

Conductor Pipe-Gravity       Conductor Pipe-Pumped

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

Sealing Materials

Neat Cement Grout       Concrete

Sand-Cement (Concrete) Grout       Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips       Bentonite - Cement Grout

Granular Bentonite       Bentonite - Sand Slurry

**5. Material Used to Fill Well / Drillhole**

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	30	1 bag	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing: Meridian Env. CS LLC, LLC      License #: \_\_\_\_\_      Date of Filling & Sealing or Verification (mm/dd/yyyy): 5-15-2020

Street or Route: 2711 N. Telco Rd      Telephone Number: (715) 832-6608

City: Fall Creek      State: WI      ZIP Code: 54742      Signature of Person Doing Work: [Signature]      Date Signed: 5-16-2020

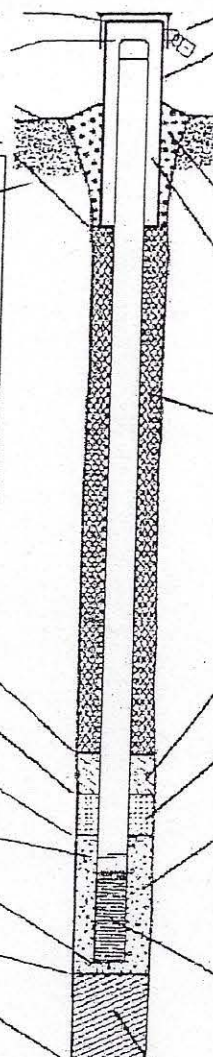
**DNR Use Only**

Date Received: \_\_\_\_\_      Noted By: \_\_\_\_\_

Comments: \_\_\_\_\_

Facility/Project Name <u>Julson Store (former)</u>	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name <u>MW-11B</u>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID _____	Lat. _____ " Long. _____ " or St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>5/7/2019</u> m m d d y y v v y
Type of Well Well Code _____ / _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Joe Black</u> <u>PSI</u>
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>4</u> in. b. Length: <u>5</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or <u>1</u> ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input checked="" type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input checked="" type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . . . Bentonite slurry <input checked="" type="checkbox"/> 31 d. _____ % Bentonite . . . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft <sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input checked="" type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft <sup>3</sup>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft <sup>3</sup>
Describe _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
17. Source of water (attach analysis, if required): _____	10. Screen material: <u>PVC</u> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or <u>22</u> ft.	b. Manufacturer _____ c. Slot size: <u>0.1</u> in. d. Slotted length: <u>5</u> ft.
F. Fine sand, top _____ ft. MSL or <u>22</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or <u>22</u> ft.	
H. Screen joint, top _____ ft. MSL or <u>25</u> ft.	
I. Well bottom _____ ft. MSL or <u>30</u> ft.	
J. Filter pack, bottom _____ ft. MSL or <u>30</u> ft.	
K. Borehole, bottom _____ ft. MSL or <u>30</u> ft.	
L. Borehole, diameter <u>8</u> in.	
M. O.D. well casing <u>2</u> in.	
N. I.D. well casing <u>2</u> in.	



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

Signature [Signature] Firm Mendota Environmental Consulting, LLC

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