

Letter of Transmittal

Submitted to:

Caroline Rice

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

Date:

2/13/2020

Attached

Job:

Walker's One Stop

Under Separate Cover

Contents:

Well Abandonment Forms
BRRTS #: 03-33-001415

Remarks:

Attached are the well abandonment forms for the above site as requested in your "Remaining Actions Needed....." letter dated 1/21/20. The wells have been properly abandoned and no investigative waste remains on-site. Attached are well abandonment forms documenting that the work was completed. The requested closure document revisions were submitted on 1/27/20. Following your review of this information please forward the "Final Closure" letter to our client and copy METCO.

If you have any questions please call or email.

Signed: Jason Powell

cc: Tom & Diane Walker - Client

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

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

Verification Only of Fill and Seal

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

1. Well Location Information			2. Facility / Owner Information		
County LAFAYETTE	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Walkers One Stop		
Latitude / Longitude (Degrees and Minutes) 42 ° 34.81 ' N		Method Code (see instructions) _____	Facility ID (FID or PWS) None		
90 ° 1.41 ' W			License/Permit/Monitoring # _____		
1/4 NW or Gov't Lot #	1/4 NE	Section 9	Township 1 N	Range 4	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address State Highway 11			Original Well Owner Tom Walker		
Well City, Village or Town Gratiot			Present Well Owner Tom Walker		
Well ZIP Code 53587-			Mailing Address of Present Owner 1500 Walker Rd		
Subdivision Name			City of Present Owner Gratiot	State WI	ZIP Code 53541-

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well _____
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3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material	
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) _____	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 6	Casing Depth (ft.) 10	Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, to what depth (feet)?	Depth to Water (feet) 10.32	If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input checked="" type="checkbox"/> Other (Explain): Gravity
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry " "
<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Ibs
Bentonite chips	Surface	20	32

6. Comments
Monitoring Well MW-1

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ben Nelson (METCO)	License # _____	Date of Filling & Sealing (mm/dd/yyyy) 1/30/2020	Date Received _____	Noted By _____
Street or Route 709 Gillette Street, Ste. 3		Telephone Number (608) 781-8879	Comments _____	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Ben Nelson</i>	Date Signed 2/6/2020

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

Verification Only of Fill and Seal

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

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

County LAFAYETTE	WI Unique Well # of Removed Well	Hicap #	Facility Name Walkers One Stop
Latitude / Longitude (Degrees and Minutes) 42 ° 34.81 ' N	Method Code (see instructions)		Facility ID (FID or PWS) None
90 ° 1.41 ' W			License/Permit/Monitoring #
1/4 NW 1/4 NE Section or Gov't Lot #	9	Township 1 N	Range 4 E <input checked="" type="checkbox"/> W
Well Street Address State Highway 11			Original Well Owner Tom Walker
Well City, Village or Town Gratiot			Present Well Owner Tom Walker
Well ZIP Code 53587-			Mailing Address of Present Owner 1500 Walker Rd
Subdivision Name			City of Present Owner Gratiot
			State WI
			ZIP Code 53541-

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

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2	Did material settle after 24 hours? If yes, was hole retopped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 6	Casing Depth (ft.) 10	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 10.42	Required Method of Placing Sealing Material
If yes, to what depth (feet)?		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity
5. Material Used To Fill Well / Drillhole		Sealing Materials
Bentonite chips	From (ft.) To (ft.) lbs	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
	Surface 20 32	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only:
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

From (ft.)	To (ft.)	lbs
Surface	20	32

6. Comments
Monitoring Well MW-2

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ben Nelson (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 1/30/2020	Date Received	Noted By
Street or Route 709 Gillette Street, Ste. 3		Telephone Number (608) 781-8879	Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Ben Nelson</i>	Date Signed 2/16/2020

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Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County: **LAFAYETTE**

MI Unique Well # of Removed Well: _____

Hicap #: _____

Latitude / Longitude (Degrees and Minutes):
42 . 34.81 ' N
90 . 1.41 ' W

Method Code (see instructions): _____

1/4 NW 1/4 NE Section: 9 Township: 1 N Range: 4 E W

Well Street Address: State Highway 11

Well City, Village or Town: Gratiot Well ZIP Code: 53587-

Subdivision Name: _____ Lot #: _____

Facility Name: Walkers One Stop

Facility ID (FID or PWS): None

License/Permit/Monitoring #: _____

Original Well Owner: Tom Walker

Present Well Owner: Tom Walker

Mailing Address of Present Owner: 1500 Walker Rd

City of Present Owner: Gratiot State: WI ZIP Code: 53541-

Reason For Removal From Service: Sampling Complete

MI Unique Well # of Replacement Well: _____

3. Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): _____

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.): 20 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 6 Casing Depth (ft.): 10

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet): 9.87

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

Pump and piping removed? Yes No N/A

Liner(s) removed? 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): Gravity

Sealing Materials

Neat Cement Grout Clay-Sand Slurry (11 lb./gal. wt.)

Sand-Cement (Concrete) Grout Bentonite-Sand Slurry " "

Concrete 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

Material	From (ft.)	To (ft.)	lbs
Bentonite chips	Surface	20	32

6. Comments

Monitoring Well MW-3

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing (mm/dd/yyyy)	Date Received	Noted By	
Ben Nelson (METCO)		1/30/2020			
Street or Route	Telephone Number	Comments			
709 Gillette Street, Ste. 3	(608) 781-8879				
City	State	ZIP Code	Signature of Person Doing Work	Date Signed	
La Crosse	WI	54603-	<i>Ben Nelson</i>	2/6/2020	

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Verification Only of Fill and Seal

Route to:

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

1. Well Location Information				2. Facility / Owner Information									
County LAFAYETTE		WI Unique Well # of Removed Well VV310		Hicap #		Facility Name Walkers One Stop							
Latitude / Longitude (Degrees and Minutes) 42 ° 34.81 ' N 90 ° 1.41 ' W		Method Code (see instructions)		Facility ID (FID or PWS) None		License/Permit/Monitoring #							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1/4 NW</td> <td>1/4 NE</td> <td>Section 9</td> <td>Township I N</td> <td>Range 4</td> <td><input checked="" type="checkbox"/> E <input type="checkbox"/> W</td> </tr> </table>		1/4 NW	1/4 NE	Section 9	Township I N	Range 4	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner Tom Walker		Present Well Owner Tom Walker		Mailing Address of Present Owner 1500 Walker Rd	
1/4 NW	1/4 NE	Section 9	Township I N	Range 4	<input checked="" type="checkbox"/> E <input type="checkbox"/> W								
Well Street Address State Highway 11		Well City, Village or Town Gratiot		Well ZIP Code 53587-		City of Present Owner Gratiot							
Subdivision Name		Lot #		State WI		ZIP Code 53541-							
Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material									
3. Well / Drillhole / Borehole Information				Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A									
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 9/27/2011		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A									
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A									
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A									
Total Well Depth From Ground Surface (ft.) 18		Casing Diameter (in.) 2		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A									
Lower Drillhole Diameter (in.) 6		Casing Depth (ft.) 8		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A									
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A									
If yes, to what depth (feet)? 4		Depth to Water (feet) 9.2		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A									
				If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A									
5. Material Used To Fill Well / Drillhole				Required Method of Placing Sealing Material									
Bentonite chips				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity									
				Sealing Materials									
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips									
				For Monitoring Wells and Monitoring Well Boreholes Only:									
				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry									
				From (ft.) To (ft.) lbs									
				Surface 18 28.8									
6. Comments													
Monitoring Well MW-4													
7. Supervision of Work						DNR Use Only							
Name of Person or Firm Doing Filling & Sealing Ben Nelson (METCO)		License #		Date of Filling & Sealing (mm/dd/yyyy) 1/30/2020		Date Received							
Street or Route 709 Gillette Street, Ste. 3		Telephone Number (608) 781-8879		Comments		Noted By							
City La Crosse		State WI		ZIP Code 54603-		Signature of Person Doing Work <i>Ben Nelson</i>							
						Date Signed 2/6/2020							

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Verification Only of Fill and Seal

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

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

County LAFAYETTE		WI Unique Well # of Removed Well	Hicap #		Facility Name Walkers One Stop		
Latitude / Longitude (Degrees and Minutes) 42 ° 34.81 ' N 90 ° 1.41 ' W		Method Code (see instructions)			Facility ID (FID or PWS) None		
¼ / ¼ NW	¼ NE	Section 9	Township 1 N	Range 4	<input checked="" type="checkbox"/> E	Original Well Owner Tom Walker	
or Gov't Lot #		Well Street Address State Highway 11		Present Well Owner Tom Walker		Mailing Address of Present Owner 1500 Walker Rd	
Well City, Village or Town Gratiot		Well ZIP Code 53587-		City of Present Owner Gratiot		State WI	
Subdivision Name		Lot #		ZIP Code 53541-			

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

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	Original Construction Date (mm/dd/yyyy) 11/4/2014		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Pump and piping removed?	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		If a Well Construction Report is available, please attach.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed?	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Screen removed?	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place?	
Total Well Depth From Ground Surface (ft.) 17	Casing Diameter (in.) 2			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface?	
Lower Drillhole Diameter (in.) 6	Casing Depth (ft.) 7			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface?	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours?	
If yes, to what depth (feet)? 3	Depth to Water (feet) 10.01			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If yes, was hole retopped?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source?	
				Required Method of Placing Sealing Material	
				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity	
				Sealing Materials	
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	
				For Monitoring Wells and Monitoring Well Boreholes Only:	
				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	lbs
Bentonite chips	Surface	17	27.2

6. Comments
Monitoring Well MW-5R

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ben Nelson (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 1/30/2020	Date Received	Noted By
Street or Route 709 Gillette Street, Ste. 3		Telephone Number (608) 781-8879	Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Ben Nelson</i>	Date Signed 2/16/2020

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Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County LAFAYETTE		WI Unique Well # of Removed Well VV312	Hicap #	Facility Name Walkers One Stop			
Latitude / Longitude (Degrees and Minutes) 42 ° 34.81 ' N		Method Code (see instructions)		Facility ID (FID or PWS) None			
90 ° 1.41 ' W				License/Permit/Monitoring #			
1/4 NW	1/4 NE	Section 9	Township 1 N	Range 4	<input checked="" type="checkbox"/> E	Original Well Owner Tom Walker	
or Gov't Lot #				<input type="checkbox"/> W	Present Well Owner Tom Walker		
Well Street Address State Highway 11				Mailing Address of Present Owner 1500 Walker Rd			
Well City, Village or Town Gratiot			Well ZIP Code 53587-		City of Present Owner Gratiot		
Subdivision Name			Lot #		State WI	ZIP Code 53541-	

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material					
3. Well / Drillhole / Borehole Information		Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 9/27/2011	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
<input type="checkbox"/> Borehole / Drillhole		Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Construction Type:		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Dug	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
Formation Type:		If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		
<input type="checkbox"/> Unconsolidated Formation	<input checked="" type="checkbox"/> Bedrock	If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		
Total Well Depth From Ground Surface (ft.) 17	Casing Diameter (in.) 2	Required Method of Placing Sealing Material					
Lower Drillhole Diameter (in.) 6	Casing Depth (ft.) 7	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped					
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>					
If yes, to what depth (feet)? 3	Depth to Water (feet) 10.78	Sealing Materials					
5. Material Used To Fill Well / Drillhole		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)					
From (ft.) To (ft.) lbs		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "					
Bentonite chips		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips					
Surface 17 27.2		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					

From (ft.)	To (ft.)	lbs
Surface	17	27.2

6. Comments
Monitoring Well MW-6

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ben Nelson (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 1/30/2020	Date Received	Noted By	
Street or Route 709 Gillette Street, Ste. 3		Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Ben Nelson</i>	Date Signed 2/6/2020	

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

Verification Only of Fill and Seal

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

1. Well Location Information				2. Facility / Owner Information			
County LAFAYETTE		WI Unique Well # of Removed Well VV313		Facility Name Walkers One Stop		Facility ID (FID or PWS) None	
Latitude / Longitude (Degrees and Minutes) 42 ° 34.81 ' N		Method Code (see instructions) 90 ° 1.41 ' W		License/Permit/Monitoring #		Original Well Owner Tom Walker	
1/4 NW or Gov't Lot #		Section 9		Township 1 N		Range 4 E	
Well Street Address State Highway 11				Present Well Owner Tom Walker			
Well City, Village or Town Gratiot				Mailing Address of Present Owner 1500 Walker Rd			
Subdivision Name				City of Present Owner Gratiot		State WI	
Reason For Removal From Service Sampling Complete				Lot #		ZIP Code 53541	

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 9/27/2011 If a Well Construction Report is available, please attach.		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity			
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock				Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips			
Total Well Depth From Ground Surface (ft.) 17		Casing Diameter (in.) 2		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Lower Drillhole Diameter (in.) 6		Casing Depth (ft.) 7					
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
If yes, to what depth (feet)? 3		Depth to Water (feet) 10.87					

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Ibs
Bentonite chips	Surface	17	27.2

6. Comments
Monitoring Well MW-7

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ben Nelson (METCO)		License #	Date of Filling & Sealing (mm/dd/yyyy) 1/30/2020	Date Received	Noted By
Street or Route 709 Gillette Street, Ste. 3			Telephone Number (608) 781-8879	Comments	
City La Crosse		State WI	ZIP Code 54603	Signature of Person Doing Work <i>Ben Nelson</i>	
				Date Signed 2/16/2020	

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

Verification Only of Fill and Seal

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

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

County LAFAYETTE	WI Unique Well # of Removed Well VV314	Hicap #	Facility Name Walkers One Stop
Latitude / Longitude (Degrees and Minutes) 42 ° 34.81 ' N 90 ° 1.41 ' W	Method Code (see instructions)	Facility ID (FID or PWS) None	License/Permit/Monitoring #
1/4 NW 1/4 NE Section 9	Township 1 N	Range 4	Original Well Owner Tom Walker
or Gov't Lot #		<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner Tom Walker
Well Street Address State Highway 11	Mailing Address of Present Owner 1500 Walker Rd		
Well City, Village or Town Gratiot	Well ZIP Code 53587-	City of Present Owner Gratiot	State ZIP Code WI 53541-
Subdivision Name	Lot #		

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

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 9/27/2011	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 18.5	Casing Diameter (in.) 2	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 6	Casing Depth (ft.) 8.5	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Required Method of Placing Sealing Material
If yes, to what depth (feet)? 4.5	Depth to Water (feet) 11.78	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity
		Sealing Materials
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only:
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	lbs
Bentonite chips	Surface	18.5	29.6

6. Comments
Monitoring Well MW-8

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ben Nelson (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 1/30/2020	Date Received	Noted By
Street or Route 709 Gillette Street, Ste. 3	Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Benjamin Nelson</i>	Date Signed 2/6/2020

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

Verification Only of Fill and Seal

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

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

County LAFAYETTE	WI Unique Well # of Removed Well VV315	Hicap #	Facility Name Walkers One Stop
Latitude / Longitude (Degrees and Minutes) 42 ° 34.81 ' N	Method Code (see instructions)	Facility ID (FID or PWS) None	License/Permit/Monitoring #
90 ° 1.41 ' W		Original Well Owner Tom Walker	Present Well Owner Tom Walker
1/4 NW 1/4 NE Section 9	Township 1 N	Range 4	E <input checked="" type="checkbox"/> W <input type="checkbox"/>
Well Street Address State Highway 11	Mailing Address of Present Owner 1500 Walker Rd		
Well City, Village or Town Gratiot	Well ZIP Code 53587-	City of Present Owner Gratiot	State WI
Subdivision Name	Lot #	ZIP Code 53541-	

Reason For Removal From Service **Sampling Complete** WI Unique Well # of Replacement Well _____

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 9/28/2011	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 17	Casing Diameter (in.) 2	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 6	Casing Depth (ft.) 7	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, to what depth (feet)? 3	Depth to Water (feet) 10.36	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
5. Material Used To Fill Well / Drillhole		Required Method of Placing Sealing Material
	From (ft.) To (ft.) lbs	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
Bentonite chips	Surface 17 27.2	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity
6. Comments Monitoring Well MW-9		Sealing Materials
7. Supervision of Work		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
Name of Person or Firm Doing Filling & Sealing Ben Nelson (METCO)	License #	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "
Date of Filling & Sealing (mm/dd/yyyy) 1/30/2020	Date Received	<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
Street or Route 709 Gillette Street, Ste. 3	Telephone Number (608) 781-8879	For Monitoring Wells and Monitoring Well Boreholes Only:
City La Crosse	State WI	<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
ZIP Code 54603-	Signature of Person Doing Work <i>Benjamin Nelson</i>	<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry
	Date Signed 2/16/2020	

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ben Nelson (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 1/30/2020	Date Received	Noted By
Street or Route 709 Gillette Street, Ste. 3	Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Benjamin Nelson</i>	Date Signed 2/16/2020

8. DNR Use Only

Name of Person or Firm Doing Filling & Sealing Ben Nelson (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 1/30/2020	Date Received	Noted By
Street or Route 709 Gillette Street, Ste. 3	Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Benjamin Nelson</i>	Date Signed 2/16/2020

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Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County LAFAYETTE		WI Unique Well # of Removed Well VV316	Hicap #	Facility Name Walkers One Stop		Facility ID (FID or PWS) None	
Latitude / Longitude (Degrees and Minutes) 42 ° 34.81 ' N 90 ° 1.41 ' W		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Tom Walker	
1/4 NW	1/4 NE	Section 9	Township 1 N	Range 4	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner Tom Walker	
Well Street Address State Highway 11				Mailing Address of Present Owner 1500 Walker Rd			
Well City, Village or Town Gratiot			Well ZIP Code 53587-		City of Present Owner Gratiot		State WI
Subdivision Name			Lot #		ZIP Code 53541-		

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material			
3. Well / Drillhole / Borehole Information		Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 9/28/2011	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Dug	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:		If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Unconsolidated Formation	<input checked="" type="checkbox"/> Bedrock	If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Total Well Depth From Ground Surface (ft.) 17	Casing Diameter (in.) 2	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.) 6	Casing Depth (ft.) 7	<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input checked="" type="checkbox"/> Other (Explain): Gravity
If yes, to what depth (feet)? 3	Depth to Water (feet) 10.99	Sealing Materials	
6. Material Used To Fill Well / Drillhole		<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
Bentonite chips	From (ft.) Surface To (ft.) 17 lbs 27.2	<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry " "
6. Comments Monitoring Well MW-10		<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite Chips
7. Supervision of Work		For Monitoring Wells and Monitoring Well Boreholes Only:	
Name of Person or Firm Doing Filling & Sealing Ben Nelson (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 1/30/2020	DNR Use Only
Street or Route 709 Gillette Street, Ste. 3	Telephone Number (608) 781-8879	Date Received	Noted By
City La Crosse	State WI	Signature of Person Doing Work <i>Ben Nelson</i>	Date Signed 2/16/2020

7. Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ben Nelson (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 1/30/2020	Date Received
Street or Route 709 Gillette Street, Ste. 3	Telephone Number (608) 781-8879	Signature of Person Doing Work <i>Ben Nelson</i>	Noted By
City La Crosse	State WI	Date Signed 2/16/2020	