

## Letter of Transmittal

**Submitted to:**

**Matthew Vitale**

WI Dept. of Natural Resources  
1300 W. Clairemont Ave  
Eau Claire WI 54601

Date:

6/17/2019

Attached

Job:

Dave's Gas Station - Former

Under Separate Cover

Contents:

Well Abandonment Forms  
BRRTS #: 03-27-001459  
PECFA #: 54754-9998-05-A

Remarks:

Attached are the well abandonment forms as requested in your "Remaining Actions Needed" letter dated 4/12/19. No investigative waste remains on-site. Once this information has been reviewed, please forward the "Final Closure" letter to the Responsible Party and copy METCO.

If you have any questions please call or email.

Signed: Jason Powell

cc: Matthew Lechner - 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: \_\_\_\_\_

<b>1. Well Location Information</b>				<b>2. Facility / Owner Information</b>			
County <b>JACKSON</b>		WI Unique Well # of Removed Well ____ VN736_		Hicap #		Facility Name <b>DAVES GAS STATION FORMER</b>	
Latitude / Longitude (Degrees and Minutes) 44 ° 27.23 ' N 90 ° 50.6 ' W				Method Code (see instructions)			
¼ ¼ SE or Gov't Lot #		Section 22		Township 23 N		Range 4 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address 405 N WASHINGTON ST				Facility ID (FID or PWS)			
Well City, Village or Town MERRILLAN				Well ZIP Code 54754-			
Subdivision Name				Lot #		License/Permit/Monitoring #	
Reason For Removal From Service SAMPLING COMPLETE				WI Unique Well # of Replacement Well			
Well Street Address				Original Well Owner MATT LECHNER			
Well City, Village or Town				Present Well Owner MATT LECHNER			
Subdivision Name				Mailing Address of Present Owner PO BOX 86			
Reason For Removal From Service				City of Present Owner BLACK RIVER FALLS		State WI	
Well Street Address				ZIP Code 54615-		Original Well Owner	

<b>3. Well / Drillhole / Borehole Information</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 8/23/2017		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 13		Casing Diameter (in.) 2		Did material settle after 24 hours? 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	
Lower Drillhole Diameter (in.) 6		Casing Depth (ft.) 3		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			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips			
If yes, to what depth (feet)? 1		Depth to Water (feet) 1.9		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	13	20.8

**6. Comments**  
MW-1R

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing ROB WILMOTH/METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 5/29/2019		Date Received
Street or Route 709 GILLETTE ST., STE. #3			Telephone Number ( 608 ) 781-8879		Noted By
City LA CROSSE		State WI	ZIP Code 54603-		Signature of Person Doing Work <i>[Signature]</i>
					Date Signed 6/4/2019

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

**Verification Only of Fill and Seal**

Route to:

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

1. Well Location Information			2. Facility / Owner Information		
County <b>JACKSON</b>	WI Unique Well # of Removed Well ____ VN735_	Hicap #	Facility Name <b>DAVES GAS STATION FORMER</b>		
Latitude / Longitude (Degrees and Minutes) 44 ° 27.23 ' N		Method Code (see instructions)			
90 ° 50.6 ' W					
1/4 SE or Gov't Lot #	1/4 SE	Section 22	Township 23 N	Range 4	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address 405 N WASHINGTON ST			Original Well Owner MATT LECHNER		
Well City, Village or Town MERRILLAN			Present Well Owner MATT LECHNER		
Well ZIP Code 54754-			Mailing Address of Present Owner PO BOX 86		
Subdivision Name			City of Present Owner BLACK RIVER FALLS		State WI
					ZIP Code 54615-

Reason For Removal From Service SAMPLING COMPLETE	WI Unique Well # of Replacement Well	<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			
Original Construction Date (mm/dd/yyyy) 8/28/2015		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
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			
		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			

<b>3. Well / Drillhole / Borehole Information</b>		<b>Required Method of Placing Sealing Material</b>			
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 8/28/2015	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
<input type="checkbox"/> Water Well		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): GRAVITY			
<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): _____		Sealing Materials			
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)			
Total Well Depth From Ground Surface (ft.) 13		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "			
Casing Diameter (in.) 2		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips			
Lower Drillhole Diameter (in.) 6		For Monitoring Wells and Monitoring Well Boreholes Only:			
Casing Depth (ft.) 3		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
If yes, to what depth (feet)? 2.5		Depth to Water (feet) 1.67			

5. Material Used To Fill Well / Drillhole			From (ft.)	To (ft.)	LBS
BENTONITE CHIPS			Surface	13	20.8

**6. Comments**  
MW-2

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing ROB WILMOTH/METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 5/29/2019	Date Received	Noted By	
Street or Route 709 GILLETTE ST., STE. #3			Telephone Number (608) 781-8879	Comments	
City LA CROSSE	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Rob Wilmoth</i>		Date Signed 6/4/2019

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<input type="checkbox"/> Verification Only of Fill and Seal	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input type="checkbox"/> Waste Management <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
County: <b>JACKSON</b> WI Unique Well # of Removed Well: <b>VN734</b> Hicap #: _____ Latitude / Longitude (Degrees and Minutes): <b>44</b> ° <b>27.23</b> ' N <b>90</b> ° <b>50.6</b> ' W Method Code (see instructions): _____ 1/4 SE or Gov't Lot #: _____ Section: <b>22</b> Township: <b>23 N</b> Range: <b>4</b> <input checked="" type="checkbox"/> E <input checked="" type="checkbox"/> W Well Street Address: <b>405 N WASHINGTON ST</b> Well City, Village or Town: <b>MERRILLAN</b> Well ZIP Code: <b>54754-</b> Subdivision Name: _____    Lot #: _____	Facility Name: <b>DAVES GAS STATION FORMER</b> Facility ID (FID or PWS): _____ License/Permit/Monitoring #: _____ Original Well Owner: <b>MATT LECHNER</b> Present Well Owner: <b>MATT LECHNER</b> Mailing Address of Present Owner: <b>PO BOX 86</b> City of Present Owner: <b>BLACK RIVER FALLS</b> State: <b>WI</b> ZIP Code: <b>54615-</b>

Reason For Removal From Service: <b>SAMPLING COMPLETE</b> WI Unique Well # of Replacement Well: _____ <b>3. Well / Drillhole / Borehole Information</b> <input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole Original Construction Date (mm/dd/yyyy): <b>8/28/2015</b> If a Well Construction Report is available, please attach: _____ Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b> Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
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Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock Total Well Depth From Ground Surface (ft.): <b>13</b> Casing Diameter (in.): <b>2</b> Lower Drillhole Diameter (in.): <b>6</b> Casing Depth (ft.): <b>3</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>2.5</b> Depth to Water (feet): <b>2.42</b>	Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <b>GRAVITY</b> Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry
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5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	LBS	
BENTONITE CHIPS	Surface	13	20.8	

**6. Comments**  
MW-3

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>ROB WILMOTH/METCO</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>5/29/2019</b>	Date Received	Noted By	
Street or Route <b>709 GILLETTE ST., STE. #3</b>	Telephone Number <b>( 608 ) 781-8879</b>	Comments			
City <b>LA CROSSE</b>	State <b>WI</b>	ZIP Code <b>54603-</b>	Signature of Person Doing Work <i>Rob Wilmoth</i>	Date Signed <b>6/4/2019</b>	

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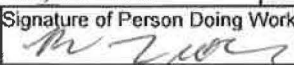
<input type="checkbox"/> <b>Verification Only of Fill and Seal</b>	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input type="checkbox"/> Waste Management <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Other: _____
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1. Well Location Information				2. Facility / Owner Information			
County <b>JACKSON</b>		WI Unique Well # of Removed Well _____ <b>VN733</b> _____		Hicap #		Facility Name <b>DAVES GAS STATION FORMER</b>	
Latitude / Longitude (Degrees and Minutes) 44 ° 27.23 ' N		Method Code (see instructions)		Facility ID (FID or PWS)		License/Permit/Monitoring #	
90 ° 50.6 ' W				Original Well Owner <b>MATT LECHNER</b>		Present Well Owner <b>MATT LECHNER</b>	
1/4 SE	1/4 SE	Section <b>22</b>	Township <b>23 N</b>	Range <b>4</b>	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Mailing Address of Present Owner <b>PO BOX 86</b>	
Well Street Address <b>405 N WASHINGTON ST</b>		Well City, Village or Town <b>MERRILLAN</b>		Well ZIP Code <b>54754-</b>		City of Present Owner <b>BLACK RIVER FALLS</b>	
Subdivision Name		Lot #		State <b>WI</b>		ZIP Code <b>54615-</b>	

Reason For Removal From Service <b>SAMPLING COMPLETE</b>		WI Unique Well # of Replacement Well	
3. Well / Drillhole / Borehole Information			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>8/28/2015</b>	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input type="checkbox"/> Borehole / Drillhole			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) <b>13</b>		Casing Diameter (in.) <b>2</b>	
Lower Drillhole Diameter (in.) <b>6</b>		Casing Depth (ft.) <b>3</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>2.5</b>		Depth to Water (feet) <b>0.6</b>	
4. Pump, Liner, Screen, Casing & Sealing Material			
Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Casing left in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was casing cut off below surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Did material settle after 24 hours?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If bentonite chips were used, were they hydrated with water from a known safe source?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <b>GRAVITY</b>			
Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips			
For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	LBS	
<b>BENTONITE CHIPS</b>	Surface	13	20.8	

**6. Comments**  
MW-4

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>ROB WILMOTH/METCO</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>5/29/2019</b>	Date Received	Noted By
Street or Route <b>709 GILLETTE ST., STE. #3</b>			Telephone Number <b>( 608 ) 781-8879</b>	Comments	
City <b>LA CROSSE</b>	State <b>WI</b>	ZIP Code <b>54603-</b>	Signature of Person Doing Work 	Date Signed <b>6/4/2019</b>	



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<input type="checkbox"/> <b>Verification Only of Fill and Seal</b>	Route to:	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
		<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
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County <b>JACKSON</b>	WI Unique Well # of Removed Well _____ <b>VN737</b> _____ Hicap # _____	Facility Name <b>DAVES GAS STATION FORMER</b>
Latitude / Longitude (Degrees and Minutes) <b>44</b> ° <b>27.23</b> ' N <b>90</b> ° <b>50.6</b> ' W	Method Code (see instructions) _____ Section <b>22</b> Township <b>23</b> Range <b>4</b>	Facility ID (FID or PWS) _____ License/Permit/Monitoring # _____
1/4 SE or Gov't Lot # _____ Well Street Address <b>405 N WASHINGTON ST</b>	Township <b>23</b> Range <b>4</b>	Original Well Owner <b>MATT LECHNER</b>
Well City, Village or Town <b>MERRILLAN</b>	Well ZIP Code <b>54754-</b>	Present Well Owner <b>MATT LECHNER</b>
Subdivision Name _____	Lot # _____	Mailing Address of Present Owner <b>PO BOX 86</b>
Reason For Removal From Service <b>SAMPLING COMPLETE</b>	WI Unique Well # of Replacement Well _____	City of Present Owner <b>BLACK RIVER FALLS</b> State <b>WI</b> ZIP Code <b>54615-</b>

3. Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Original Construction Date (mm/dd/yyyy) <b>8/28/2015</b>	Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <b>GRAVITY</b>
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock	For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry
Total Well Depth From Ground Surface (ft.) <b>13</b> Casing Diameter (in.) <b>2</b> Lower Drillhole Diameter (in.) <b>6</b> Casing Depth (ft.) <b>3</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>2.5</b> Depth to Water (feet) <b>1.71</b>	

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	LBS	
BENTONITE CHIPS	Surface	13	20.8	

**6. Comments**  
MW-5

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>ROB WILMOTH/METCO</b>	License # _____	Date of Filling & Sealing (mm/dd/yyyy) <b>5/29/2019</b>	Date Received _____	Noted By _____	
Street or Route <b>709 GILLETTE ST., STE. #3</b>		Telephone Number <b>( 608 ) 781-8879</b>		Comments _____	
City <b>LA CROSSE</b>	State <b>WI</b>	ZIP Code <b>54603-</b>	Signature of Person Doing Work <i>Rob Wilmoth</i>		Date Signed <b>6/4/2019</b>