

**Letter of Transmittal**

**Submitted to:**

**Kylie Begley**

WI Dept. of Natural Resources  
2984 Shawano Ave.  
Green Bay WI 54313 6727

**RECEIVED**

**AUG 13 2018**

**WI DNR - GREEN BAY**

Date: 8/9/2018  Attached  
Job: Greenfield Property - WI DOT  Under Separate Cover

Contents:  
Well Abandonment Forms  
BRRTS #: 03-20-001801  
PECFA#: 53963-9418-28-A

**Remarks:**

Attached are the well abandonment forms as requested in the 5/24/18 "Remaining Actions Needed" letter. 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: Glendon Greenfield - Client

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

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

Verification Only of Fill and Seal

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

1. Well Location Information				2. Facility / Owner Information			
County <b>COLUMBIA</b>		WI Unique Well # of Removed Well ____ VN746_	Hicap #		Facility Name Greenfield Property		Facility ID (FID or PWS) 420115520
Latitude / Longitude (Degrees and Minutes) 43 ° 38 ' N 88 ° 48 ' W		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Glendon Greenfield	
¼ ¼ NW or Gov't Lot #	¼ NW	Section 35	Township 14 N	Range 14	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner Glendon Greenfield	
Well Street Address N2828 West Rock River Road				Mailing Address of Present Owner N2828 West Rock River Road			
Well City, Village or Town Waupun			Well ZIP Code 53963-		City of Present Owner Waupun		State WI
Subdivision Name			Lot #		ZIP Code 53963-		

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) 9/1/2015	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 checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Total Well Depth From Ground Surface (ft.) 24	Casing Diameter (in.) 2.37	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.) 6	Casing Depth (ft.) 14	<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)? 10	Depth to Water (feet) 6.62	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.)
Bentonite Chips	From (ft.) Surface	To (ft.) 24	LBS 38

6. Comments  
Monitoring Well MW-1

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Tyler Woodke (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 8/2/2018	Date Received	Noted By	
Street or Route 709 Gillette Street, Suite 3		Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Tyler Woodke</i>	Date Signed 8/2/2018	

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Route to:

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

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

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

County <b>COLUMBIA</b>	WI Unique Well # of Removed Well <b>VN745</b>	Hicap #	Facility Name <b>Greenfield Property</b>
Latitude / Longitude (Degrees and Minutes) <b>43 ° 38 ' N</b> <b>88 ° 48 ' W</b>	Method Code (see instructions)	Facility ID (FID or PWS) <b>420115520</b>	License/Permit/Monitoring #
1/4 NW    1/4 NW    Section or Gov't Lot # <b>35</b>	Township <b>14 N</b>	Range <b>14</b>	Original Well Owner <b>Glendon Greenfield</b>
Well Street Address <b>N2828 West Rock River Road</b>	Well ZIP Code <b>53963-</b>	City of Present Owner <b>Waupun</b>	Present Well Owner <b>Glendon Greenfield</b>
Well City, Village or Town <b>Waupun</b>	Subdivision Name	State <b>WI</b>	Mailing Address of Present Owner <b>N2828 West Rock River Road</b>
Well ZIP Code <b>53963-</b>	Lot #	ZIP Code <b>53963-</b>	

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

Reason For Removal From Service <b>Sampling Complete</b>	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) <b>9/1/2015</b>	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input 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.) <b>25</b>	Casing Diameter (in.) <b>2.37</b>	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>6</b>	Casing Depth (ft.) <b>15</b>	If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
If yes, to what depth (feet)? <b>11</b>	Depth to Water (feet) <b>17.51</b>	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <b>Gravity</b>
		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	LBS
Bentonite Chips	Surface	25	40

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

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Tyler Woodke (METCO)</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>8/2/2018</b>	Date Received	Noted By
Street or Route <b>709 Gillette Street, Suite 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>Tyler Woodke</i>	Date Signed <b>8/2/2018</b>

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

1. Well Location Information				2. Facility / Owner Information			
County <b>COLUMBIA</b>		WI Unique Well # of Removed Well ____ VN744		Facility Name <b>Greenfield Property</b>		Facility ID (FID or PWS) <b>420115520</b>	
Latitude / Longitude (Degrees and Minutes) <b>43 ° 38 ' N</b> <b>88 ° 48 ' W</b>		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner <b>Glendon Greenfield</b>	
1/4 NW    1/4 NW or Gov't Lot #		Section <b>35</b>	Township <b>14 N</b>	Range <b>14</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner <b>Glendon Greenfield</b>	
Well Street Address <b>N2828 West Rock River Road</b>				Mailing Address of Present Owner <b>N2828 West Rock River Road</b>			
Well City, Village or Town <b>Waupun</b>				City of Present Owner <b>Waupun</b>		State <b>WI</b>	ZIP Code <b>53963-</b>
Subdivision Name				Lot #			

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		Original Construction Date (mm/dd/yyyy) <b>9/1/2015</b>		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		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	
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	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input 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.) <b>25</b>		Casing Diameter (in.) <b>2.37</b>		Was casing cut off below surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <b>6</b>		Casing Depth (ft.) <b>15</b>		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)? <b>11</b>		Depth to Water (feet) <b>12.5</b>		If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
				If bentonite chips were used, were they hydrated with water from a known safe source?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	LBS
Bentonite Chips	Surface	25	40

6. Comments  
Monitoring Well MW-3

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Tyler Woodke (METCO)</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>8/2/2018</b>	Date Received	Noted By
Street or Route <b>709 Gillette Street, Suite 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>Tyler Woodke</i>	Date Signed <b>8/2/2018</b>	