

From: Ken Shimko <kshimko.meridianenv@gmail.com>
Sent: Friday, October 21, 2022 4:43 PM
To: Stoltz, Carrie R - DNR
Subject: Well Abandonment Forms - Dougs - Ladysmith
Attachments: Well Abandonment Forms - Doug's.pdf

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Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Carrie.

Attached are well abandonment forms for Doug's site.

Note that some wells were utilized by both Doug's and the adjacent Autostop site. I separated the wells based on the SI work.

I will email pictures of the SVE piping abandonment in subsequent email.

Kenneth Shimko, PG
Meridian Environmental Consulting, LLC
2711 North Elco Road
Fall Creek, Wisconsin 54742
(715)579-0723 (cell)
Email: kshimko.meridianenv@gmail.com

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.

☐ Verification Only of Fill and Seal

Route to DNR Bureau:

☐ Drinking Water

☐ Watershed/Wastewater

☐ Remediation/Redevelopment

☐ Waste Management

☐ Other: _____

1. Well Location Information

County Rusk	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
Well Street Address 811 Lake Ave W	Well City, Village or Town Ladysmith	Well ZIP Code 54848
Subdivision Name _____	Lot # _____	

2. Facility / Owner Information

Facility Name Doug's Tire Center (former)
Facility ID (FID or PWS) _____
License/Permit/Monitoring # _____
Original Well Owner _____
Present Well Owner _____
Mailing Address of Present Owner 811 Lake Ave W
City of Present Owner Ladysmith
State WI
ZIP Code 54848

Reason for Removal from Service Closed Site	WI Unique Well # of Replacement Well _____
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 9/18/91
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
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.) 50	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 6.5	Casing Depth (ft.) 50
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 35	Depth to Water (feet) 22

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

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	50	21 42 bags	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Mendham Env. Servs, LLC	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-5-22	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 932 6601	Comments _____	Date Received _____	Noted By _____
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work MTJ	Date Signed 10/20/2022

Facility/Project Name Doug's Tire	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW 2 → S/B MW-1
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or _____	Well Unique Well Number DNR Well Number
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	St. Plane _____ ft. N. _____ ft. E.	Date Well Installed 09/18/91 m m d d y y
Distance Well Is From Waste/Source Boundary ft.	Section Location of Waste/Source SW 1/4 of SW 1/4 of Sec. 34, T. 35 N, R. 6 E W.	Well Installed By: (Person's Name and Firm) Environmental Found. Drilling
Is Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input checked="" type="checkbox"/> Not Known	Matt Hood

A. Protective pipe, top elevation 1148.18 ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 1147.99 ft. MSL	2. Protective cover pipe: a. Inside diameter: 4 in. b. Length: 5 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation 1145.8 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom 1143.8 ft. MSL or _____ 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 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 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. 7 Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. 15 Ft ³ 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 type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 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 a. \$4099 Unimin Corporation b. Volume added 1 ft ³
Describe _____	8. Filter pack material: Manufacturer, product name and mesh size a. #45-55 Flint Sand - American Material b. Volume added 26 ft ³
17. Source of water (attach analysis):	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"/>
E. Bentonite seal, top 1145.8 ft. MSL or _____ ft.	10. Screen material: PVC Sch 40 a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top 1111.0 ft. MSL or _____ ft.	b. Manufacturer Northern Aire c. Slot size: 0.06 in. d. Slotted length: 9.6 ft.
G. Filter pack, top 1108.8 ft. MSL or _____ ft.	11. Backfill material (below filter pack): Filter Pack Sand <input type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top 1106.5 ft. MSL or _____ ft.	
I. Well bottom 1096.5 ft. MSL or _____ ft.	
J. Filter pack, bottom 1096.5 ft. MSL or _____ ft.	
K. Borehole, bottom 1096.5 ft. MSL or _____ ft.	
L. Borehole, diameter 6.5 in.	
M. O.D. well casing 2 in.	
N. I.D. well casing 1.9 in.	

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

MW-2

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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 Rusk	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
Well Street Address 811 Lake Ave W	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ladysmith	Well ZIP Code 54848	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Doug's Tire Center (former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 811 Lake Ave W		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service Closed Site	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 9-18-91
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>

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
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Total Well Depth From Ground Surface (ft.) 30	Casing Diameter (in.) 2
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Lower Drillhole Diameter (in.) 6.5	Casing Depth (ft.) 30
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Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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If yes, to what depth (feet)? 16	Depth to Water (feet) 21
--	------------------------------------

Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	--

If yes, to what depth (feet)? 16	Depth to Water (feet) 21
--	------------------------------------

Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	--

If yes, to what depth (feet)? 16	Depth to Water (feet) 21
--	------------------------------------

Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	--

If yes, to what depth (feet)? 16	Depth to Water (feet) 21
--	------------------------------------

Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	--

If yes, to what depth (feet)? 16	Depth to Water (feet) 21
--	------------------------------------

Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	--

If yes, to what depth (feet)? 16	Depth to Water (feet) 21
--	------------------------------------

Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	--

If yes, to what depth (feet)? 16	Depth to Water (feet) 21
--	------------------------------------

Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	--

If yes, to what depth (feet)? 16	Depth to Water (feet) 21
--	------------------------------------

Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	--

If yes, to what depth (feet)? 16	Depth to Water (feet) 21
--	------------------------------------

Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	--

If yes, to what depth (feet)? 16	Depth to Water (feet) 21
--	------------------------------------

Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	--

If yes, to what depth (feet)? 16	Depth to Water (feet) 21
--	------------------------------------

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

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	30	21 bag	

6. Comments

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7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Mendham Env. Cstly, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7-2-20	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 932 6604	Date Received		Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	
			Date Signed 10/20/2022	

Facility/Project Name Doug's Tire	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW 1 → S/B MW-2
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or _____	Well Unique Well Number DNR Well Number
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	St. Plane _____ ft. N. _____ ft. E.	Date Well Installed 09/18/91 m m d d y y
Distance Well Is From Waste/Source Boundary ft.	Section Location of Waste/Source SW 1/4 of SW 1/4 of Sec. 34, T. 35 N. R. 6 E. W.	Well Installed By: (Person's Name and Firm) Environmental & Foundation Dr
Is Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input checked="" type="checkbox"/> Not Known	Matt Hood

A. Protective pipe, top elevation 1145.34 ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 1145.14 ft. MSL	2. Protective cover pipe: a. Inside diameter: 4 in. b. Length: 5 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation 1143.14 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ 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 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 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. 7 Lbs/gal mud weight Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite Bentonite-cement grout <input type="checkbox"/> 50 e. 15 Ft ³ 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
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 checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input 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. #4099 Unimin Corporation b. Volume added 1 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Filter pack material: Manufacturer, product name and mesh size a. #45-55 Flint Sand - American Material b. Volume added 18 ft ³
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):	10. Screen material: PVC Sch 40 a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
E. Bentonite seal, top 1143.1 ft. MSL or _____ ft.	b. Manufacturer Northern Aire
F. Fine sand, top 1127 ft. MSL or _____ ft.	c. Slot size: 0.06 in.
G. Filter pack, top 1125 ft. MSL or _____ ft.	d. Slotted length: 9.6 ft.
H. Screen joint, top 1123 ft. MSL or _____ ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Filter Pack Sand Other <input type="checkbox"/>
I. Well bottom 1113.1 ft. MSL or _____ ft.	
J. Filter pack, bottom 1113.1 ft. MSL or _____ ft.	
K. Borehole, bottom 1113.1 ft. MSL or _____ ft.	
L. Borehole, diameter 6.5 in.	
M. O.D. well casing 2 in.	
N. I.D. well casing 1.9 in.	

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

MW-3

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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 Rusk	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
Well Street Address 811 Lake Ave W	Well City, Village or Town Ladysmith	Well ZIP Code 54848
Subdivision Name _____	Lot # _____	

2. Facility / Owner Information

Facility Name Doug's Tire Center (former)
Facility ID (FID or PWS) _____
License/Permit/Monitoring # _____
Original Well Owner _____
Present Well Owner _____
Mailing Address of Present Owner 811 Lake Ave W
City of Present Owner Ladysmith
State WI
ZIP Code 54848

Reason for Removal from Service Closed Site	WI Unique Well # of Replacement Well _____
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 1-8-92
<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	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 31	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 6.5	Casing Depth (ft.) 31
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 17	Depth to Water (feet) 25

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

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	31	~ 1 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Mendham Env. Cstly, LLC	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7-2-20	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 932 6604	Comments _____	Date Received _____	Noted By _____
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	Date Signed 10/20/2022

Facility/Project Name <u>Doug's Tire</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 3</u>
Facility License, Permit or Monitoring Number _____	Grid Origin Location Lat. _____ Long. _____ or _____	Wis. Unique Well Number <u>DNR Well Number</u>
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	St. Plane _____ ft. N. _____ ft. E.	Date Well Installed <u>01/08/92</u> m m d d y y
Distance Well Is From Waste/Source Boundary _____ ft.	Section Location of Waste/Source <u>SW 1/4 of SW 1/4 of Sec. 34, T.35 N, R. 6</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Well Installed By: (Person's Name and Firm) <u>Tom Butterfield</u>
Is Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input checked="" type="checkbox"/> Not Known	<u>Butterfield Well Drilling</u>

A. Protective pipe, top elevation <u>1145.2</u> ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation <u>1144.70</u> ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>4</u> in. b. Length: <u>5</u> ft. c. Material: <u>Steel</u> <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation <u>1145.0</u> ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom <u>1144.1</u> ft. MSL or _____ ft.	3. Surface seal: <u>Bentonite</u> <input type="checkbox"/> 30 <u>Concrete</u> <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: <u>Bentonite</u> <input checked="" type="checkbox"/> 30 <u>Annular space seal</u> <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. <u>7</u> Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. <u>15</u> Ft ³ volume added for any of the above f. How installed: <u>Tremie</u> <input type="checkbox"/> 01 <u>Tremie pumped</u> <input type="checkbox"/> 02 <u>Gravity</u> <input checked="" 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 checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input 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. <u>#4099 unimin Corporation</u> b. Volume added <u>.5</u> ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Filter pack material: Manufacturer, product name and mesh size a. <u>#45-55 Flint Sand - American Material</u> b. Volume added <u>10</u> ft ³
Describe _____	9. Well casing: <u>Flush threaded PVC schedule 40</u> <input checked="" type="checkbox"/> 23 <u>Flush threaded PVC schedule 80</u> <input type="checkbox"/> 24 Other <input type="checkbox"/>
17. Source of water (attach analysis): _____	10. Screen material: <u>PVC Sch 40</u> a. Screen type: <u>Factory cut</u> <input checked="" type="checkbox"/> 11 <u>Continuous slot</u> <input type="checkbox"/> 01 Other <input type="checkbox"/>
E. Bentonite seal, top <u>1144.1</u> ft. MSL or _____ ft.	b. Manufacturer <u>Northern Aire</u> c. Slot size: <u>0.06</u> in. d. Slotted length: <u>9.6</u> ft
F. Fine sand, top <u>1127</u> ft. MSL or _____ ft.	11. Backfill material (below filter pack): <u>Filter Pack Sand</u> <input type="checkbox"/> 14 Other <input type="checkbox"/>
G. Filter pack, top <u>1125</u> ft. MSL or _____ ft.	
H. Screen joint, top <u>1124</u> ft. MSL or _____ ft.	
I. Well bottom <u>1114</u> ft. MSL or _____ ft.	
J. Filter pack, bottom <u>1114</u> ft. MSL or _____ ft.	
K. Borehole, bottom <u>1114</u> ft. MSL or _____ ft.	
L. Borehole, diameter <u>6.5</u> in.	
M. O.D. well casing <u>2</u> in.	
N. I.D. well casing <u>1.9</u> in.	

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

MW-4

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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 Rusk	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
Well Street Address 811 Lake Ave W	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ladysmith	Well ZIP Code 54848	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Doug's Tire Center (former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 811 Lake Ave W		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

WI Unique Well # of Replacement Well

Closed Site

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 2-18-98
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	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): _____		

Formation Type:

<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock
--	----------------------------------

Total Well Depth From Ground Surface (ft.)

32

Casing Diameter (in.)

2

Lower Drillhole Diameter (in.)

8

Casing Depth (ft.)

32

Was well annular space grouted?

☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)?

18

Depth to Water (feet)

25

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

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	32	~1 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Mendham Env. Cstly, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-3-2022	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 932 6604	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	Date Signed 10/20/2022

Facility/Project Name Doug's Tire Property	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-4 (B-16)
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E. _____	Wis. Unique Well Number DNR Well Number
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source SW 1/4 of SW of Sec. 34, T.34 N, R. 6 <input checked="" type="checkbox"/> E. <input type="checkbox"/> W.	Date Well Installed 2-18-98
Distance Well Is From Waste/Source Boundary 30 ft.	Location of Well Relative to Waste/Source u <input checked="" type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) Eric Schoenberg Midwest Engineering Services, Inc.
Is Well A Point of Enforcement Std. Applic. ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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: 8.0 in. b. Length: 1.0 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 checked="" type="checkbox"/> No if yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 1.0 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 3 0 Concrete <input checked="" type="checkbox"/> 0 1 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"/> 3 0 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 3 3 b. _____ Lbs/gal mud wt. 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. 5.6 Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0 1 Tremie pumped <input type="checkbox"/> 0 2 Gravity <input checked="" type="checkbox"/> 0 8
14. Drilling method used: Rotary <input type="checkbox"/> 5 0 Hollow Stem Auger <input checked="" type="checkbox"/> 4 1 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 3 3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 1/2 in. <input checked="" type="checkbox"/> 3/8 in. Bentonite pellets <input type="checkbox"/> 3 2 c. _____ Other <input type="checkbox"/>
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	7. Fine sand material: a. American Materials No. 45-55 b. Volume added 0.7 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: a. American Materials No. 30 b. Volume added 4.3 ft ³
17. Source of water (attach analysis): _____	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"/>
E. Bentonite seal, top _____ ft. MSL or 1.0 ft.	10. Screen material: Sch. 40 PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 1 1 Continuous slot <input type="checkbox"/> 0 1 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or 18.0 ft.	b. Manufacturer Diedrich c. Slot size: 0.010 in. d. Slotted length: 10.0 ft.
G. Filter pack, top _____ ft. MSL or 20.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1 4 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 22.0 ft.	
I. Well bottom _____ ft. MSL or 32.0 ft.	
J. Filter pack, bottom _____ ft. MSL or 33.0 ft.	
K. Borehole, bottom _____ ft. MSL or 33.0 ft.	
L. Borehole, diameter 8.0 in.	
M. O.D. well casing 2.38 in.	
N. I.D. well casing 2.07 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature [Signature] Firm MIDWEST ENGINEERING SERVICES, INC.

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where the completed form should be sent.

MW-5

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:

☐ Drinking Water

☐ Watershed/Wastewater

☐ Remediation/Redevelopment

☐ Waste Management

☐ Other: _____

☐ Verification Only of Fill and Seal

1. Well Location Information

County Rusk	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
Well Street Address 811 Lake Ave W	Well ZIP Code 54848	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Ladysmith	Lot # _____	
Subdivision Name _____		

2. Facility / Owner Information

Facility Name Doug's Tire Center (former)
Facility ID (FID or PWS) _____
License/Permit/Monitoring # _____
Original Well Owner _____
Present Well Owner _____
Mailing Address of Present Owner 811 Lake Ave W
City of Present Owner Ladysmith
State WI
ZIP Code 54848

Reason for Removal from Service Closed Site	WI Unique Well # of Replacement Well _____
---	---

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 2-14-98
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
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.) 30	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 30
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 16	Depth to Water (feet) 21.5

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

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 Mendham Env. Serv. LLC	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-5-22	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 932 6601	Comments _____	Date Received _____	Noted By _____
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work MTJ	Date Signed 10/20/2022

State of Wisconsin
Department of Natural Resources
Facility/Project Name

Route To: Solid Waste ☐ Haz. Waste ☐ Wastewater ☐
Env. Response & Repair ☐ Underground Tanks ☒ Other ☐

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 4-90

Doug's Tire Property

Facility License, Permit or Monitoring Number

Local Grid Location of Well

☐ N. ☐ E.
ft. ☐ S. ft. ☐ W.

Well Name

MW-5 (B-18)

Grid Origin Location

Lat. _____ Long. _____ or
St. Plane ft. N. ft. E.

Wis. Unique Well Number DNR Well Number

Type of Well Water Table Observation Well ☒ 11
Piezometer ☐ 12

Section Location of Waste/Source

Date Well Installed

2-19-98

Distance Well Is From Waste/Source Boundary

30 ft.

SW 1/4 of SW of Sec. 34, T. 34 N, R. 6 W

Well Installed By: (Person's Name and Firm)

Eric Schoenberg

Is Well A Point of Enforcement Std. Applic. ?

☒ Yes ☐ No

u ☐ Upgradient s ☒ Sidegradient
d ☐ Downgradient n ☐ Not Known

Midwest Engineering Services, Inc.

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation _____ ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or 1.0 ft.

12. USCS classification of soil near screen:

GP ☐ GM ☐ GC ☐ GW ☐ SW ☐ SP ☒
SM ☐ SC ☐ ML ☐ MH ☐ CL ☐ CH ☐
Bedrock ☐

13. Sieve analysis attached? ☐ 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):

E. Bentonite seal, top _____ ft. MSL or 1.0 ft.

F. Fine sand, top _____ ft. MSL or 16.0 ft.

G. Filter pack, top _____ ft. MSL or 18.0 ft.

H. Screen joint, top _____ ft. MSL or 20.0 ft.

I. Well bottom _____ ft. MSL or 30.0 ft.

J. Filter pack, bottom _____ ft. MSL or 31.0 ft.

K. Borehole, bottom _____ ft. MSL or 31.0 ft.

L. Borehole, diameter 8.0 in.

M. O.D. well casing 2.38 in.

N. I.D. well casing 2.07 in.

1. Cap and lock? ☒ Yes ☐ No

2. Protective cover pipe:

a. Inside diameter: 8.0 in.

b. Length: 1.0 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

Annular space seal ☐

Other ☐

5. Annular space seal: a. Granular Bentonite ☒ 3 3

b. _____ Lbs/gal mud wt. Bentonite-sand slurry ☐ 3 5

c. _____ Lbs/gal mud weight Bentonite slurry ☐ 3 1

d. _____ % Bentonite Bentonite-cement grout ☐ 5 0

e. 5.0 Ft³ 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. ☐ 1/2 in. ☒ 3/8 in. Bentonite pellets ☐ 3 2

c. Other ☐

7. Fine sand material:

a. American Materials No. 45-55 ☐

b. Volume added 0.7 ft³ ☐

8. Filter pack material:

a. American Materials No. 30 ☐

b. Volume added 4.3 ft³ ☐

9. Well casing: Flush threaded PVC schedule 40 ☒ 2 3

Flush threaded PVC schedule 80 ☐ 2 4

Other ☐

10. Screen material: Sch. 40 PVC

a. Screen type: Factory cut ☒ 1 1

Continuous slot ☐ 0 1

Other ☐

b. Manufacturer Diedrich

c. Slot size: 0.010 in.

d. Slotted length: 10.0 ft.

11. Backfill material (below filter pack): None ☒ 1 4

Other ☐

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

Signature *Jeff Mann*

Firm MIDWEST ENGINEERING SERVICES, INC.

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation.

In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where the completed form should be sent.

W-6
(an Autostop)

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:

☐ Drinking Water☐ Watershed/Wastewater☐ Remediation/Redevelopment☐ Waste Management☐ Other: _____☐ Verification Only of Fill and Seal

1. Well Location Information

County Rusk	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
Well Street Address 811 Lake Ave W	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ladysmith	Well ZIP Code 54848	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Doug's Tire Center (former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 811 Lake Ave W		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service Closed Site	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 2-20-98 If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
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.) 33	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 33
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 19	Depth to Water (feet) 22

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

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	33	~1 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Mendham Env. Cstg, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10/2/2022	DNR Use Only	
Street or Route 2711 N. Elco Rd	City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work MTJ
Date Received			Noted By	
Comments			Date Signed 10/20/2022	

Doug's - well on Auto Stop w-6

State of Wisconsin Department of Natural Resources		Route To: Solid Waste <input type="checkbox"/> Haz. Waste <input type="checkbox"/> Wastewater <input checked="" type="checkbox"/> Env. Response & Repair <input type="checkbox"/> Underground Tanks <input checked="" type="checkbox"/> Other <input type="checkbox"/>		MONITORING WELL CONSTRUCTION Form 4400-113A Rev. 4-90	
Facility/Project Name Doug's Tire Property		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 MW- 6 (B-19)	
Facility License, Permit or Monitoring Number		Grid Origin Location Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E.		Wis. Unique Well Number DNR Well Number	
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12		Section Location of Waste/Source SW 1/4 of SW of Sec. 34, T.34 N, R. 6 <input checked="" type="checkbox"/> W.		Date Well Installed 2-20-98	
Distance Well Is From Waste/Source Boundary ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Well Installed By: (Person's Name and Firm) Eric Schoenberg Midwest Engineering Services, Inc.	
Is Well A Point of Enforcement Std. Applic. ? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation _____ ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or 1.0 ft.

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

13. Sieve analysis attached? ☐ 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): _____

E. Bentonite seal, top _____ ft. MSL or 1.0 ft.

F. Fine sand, top _____ ft. MSL or 19.0 ft.

G. Filter pack, top _____ ft. MSL or 21.0 ft.

H. Screen joint, top _____ ft. MSL or 23.0 ft.

I. Well bottom _____ ft. MSL or 33.0 ft.

J. Filter pack, bottom _____ ft. MSL or 34.0 ft.

K. Borehole, bottom _____ ft. MSL or 34.0 ft.

L. Borehole, diameter 8.0 in.

M. O.D. well casing 2.38 in.

N. I.D. well casing 2.07 in.

1. Cap and lock? ☒ Yes ☐ No

2. Protective cover pipe:
a. Inside diameter: 8.0 in.
b. Length: 1.0 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
Annular space seal ☐
Other ☐

5. Annular space seal:
a. Granular Bentonite ☒ 3 3
b. _____ Lbs/gal mud wt. Bentonite-sand slurry ☐ 3 5
c. _____ Lbs/gal mud weight Bentonite slurry ☐ 3 1
d. _____ % Bentonite Bentonite-cement grout ☐ 5 0
e. 6.0 Ft³ 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. ☐ 1/2 in. ☒ 3/8 in. Bentonite pellets ☐ 3 2
c. Other ☐

7. Fine sand material:
a. American Materials No. 45-55
b. Volume added 0.7 ft³

8. Filter pack material:
a. American Materials No. 30
b. Volume added 4.3 ft³

9. Well casing: Flush threaded PVC schedule 40 ☒ 2 3
Flush threaded PVC schedule 80 ☐ 2 4
Other ☐

10. Screen material: Sch. 40 PVC
a. Screen type: Factory cut ☒ 1 1
Continuous slot ☐ 0 1
Other ☐
b. Manufacturer Diedrich
c. Slot size: 0.010 in.
d. Slotted length: 10.0 ft.

11. Backfill material (below filter pack): None ☒ 1 4
Other ☐

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

Signature Jeff Plam Firm MIDWEST ENGINEERING SERVICES, INC.

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where the completed form should be sent.

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:

☐ Drinking Water

☐ Watershed/Wastewater

☐ Remediation/Redevelopment

☐ Waste Management

☐ Other: _____

☐ Verification Only of Fill and Seal

1. Well Location Information

County Rusk	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
Well Street Address 811 Lake Ave W	Well ZIP Code 54848	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Ladysmith	Lot #	
Subdivision Name		

2. Facility / Owner Information

Facility Name Doug's Tire Center (former)
Facility ID (FID or PWS)
License/Permit/Monitoring #
Original Well Owner
Present Well Owner
Mailing Address of Present Owner 811 Lake Ave W
City of Present Owner Ladysmith
State WI
ZIP Code 54848

Reason for Removal from Service Closed Site	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 2-20-98
<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.) 33	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 33
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 19	Depth to Water (feet) 22

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

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	33	~ 1 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Mendham Env. Serv. LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-15-22	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 932 6604	Date Received		Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	
			Date Signed 10/20/2022	

Doug's - well on Auto stop W-7

State of Wisconsin Department of Natural Resources		Route To: Solid Waste <input type="checkbox"/> Haz. Waste <input type="checkbox"/> Wastewater <input type="checkbox"/> Env. Response & Repair <input type="checkbox"/> Underground Tanks <input checked="" type="checkbox"/> Other <input type="checkbox"/>		MONITORING WELL CONSTRUCTION Form 4400-113A Rev. 4-90	
Facility/Project Name Doug's Tire Property		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name MW-7 (B-20)	
Facility License, Permit or Monitoring Number		Grid Origin Location Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E. _____		Wis. Unique Well Number _____ DNR Well Number _____	
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12		Section Location of Waste/Source SW 1/4 of SW of Sec. 34, T.34 N, R. 6 <input checked="" type="checkbox"/> W.		Date Well Installed 2-20-98	
Distance Well Is From Waste/Source Boundary 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		Well Installed By: (Person's Name and Firm) Eric Schoenberg Midwest Engineering Services, Inc.	
Is Well A Point of Enforcement Std. Applic. ? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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: 8.0 in. b. Length: 1.0 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 checked="" type="checkbox"/> No if yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 1.0 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 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 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud wt. 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. 6.0 Ft ³ 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
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 checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 1/2 in. <input checked="" type="checkbox"/> 3/8 in. Bentonite pellets <input 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: a. American Materials No. 45-55 b. Volume added 0.7 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: a. American Materials No. 30 b. Volume added 4.3 ft ³
17. Source of water (attach analysis): _____	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"/>
E. Bentonite seal, top _____ ft. MSL or 1.0 ft.	10. Screen material: Sch. 40 PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or 19.0 ft.	b. Manufacturer Diedrich
G. Filter pack, top _____ ft. MSL or 21.0 ft.	c. Slot size: 0.010 in.
H. Screen joint, top _____ ft. MSL or 23.0 ft.	d. Slotted length: 10.0 ft.
I. Well bottom _____ ft. MSL or 33.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or 34.0 ft.	
K. Borehole, bottom _____ ft. MSL or 34.0 ft.	
L. Borehole, diameter 8.0 in.	
M. O.D. well casing 2.38 in.	
N. I.D. well casing 2.07 in.	

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

Signature <i>Jeff Mamm</i>	Firm MIDWEST ENGINEERING SERVICES, INC.
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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

County Rusk	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
Well Street Address 811 Lake Ave W	Well ZIP Code 54848	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Ladysmith	Lot # _____	
Subdivision Name _____		

2. Facility / Owner Information

Facility Name Doug's Tire Center (former)		
Facility ID (FID or PWS) _____		
License/Permit/Monitoring # _____		
Original Well Owner _____		
Present Well Owner _____		
Mailing Address of Present Owner 811 Lake Ave W		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service Closed Site	WI Unique Well # of Replacement Well _____
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 6-26-2001
If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>	
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.) 28.5	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 6	Casing Depth (ft.) 28.5
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 9.5	Depth to Water (feet) 22

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 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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface			
well destroyed during construction - summer 2019			

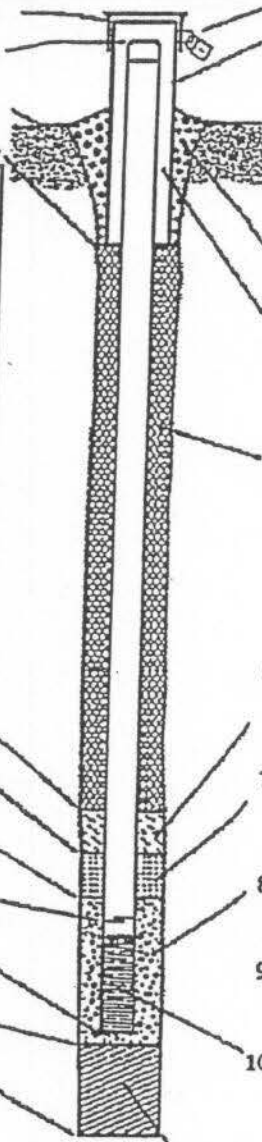
6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Mendham Env. Cstg, LLC	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 2019	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 932 6604	Comments _____	Date Received _____	Noted By _____
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work MTJ	Date Signed 10/20/2022

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

City/Project Name <u>Long's Auto Center</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-100</u>	
City 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. <u>PC-554</u> DNR Well ID No.	
City ID		Lat. _____ Long. _____ or		Date Well Installed <u>06/26/2001</u>	
St. Plane _____ ft. N. _____ ft. E. S/C/N		Section Location of Waste/Source <u>SW 1/4 of SW 1/4 of Sec. 39, T. 35 N, R. 6 W</u>		Well Installed By: Name (first, last) and Firm <u>SHAUN ABEL BOART-Longyear</u>	
Well Code <u>1</u>		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"/>				

Protective pipe, top elevation _____ ft. MSL Well casing, top elevation _____ ft. MSL Ground surface elevation _____ ft. MSL Surface seal, bottom _____ ft. MSL or _____ ft. 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"/> Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/> Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99 Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____ Source of water (attach analysis, if required): _____ Bentonite seal, top _____ ft. MSL or <u>1.0</u> ft. Gravel sand, top _____ ft. MSL or <u>1.5</u> ft. Filter pack, top _____ ft. MSL or <u>11.5</u> ft. Screen joint, top _____ ft. MSL or <u>13.5</u> ft. Screen bottom _____ ft. MSL or <u>28.5</u> ft. Filter pack, bottom _____ ft. MSL or <u>28.5</u> ft. Screen hole, bottom _____ ft. MSL or <u>28.5</u> ft. Screen hole, diameter <u>6.14</u> in. I.D. well casing <u>2.40</u> in. O.D. well casing <u>2.06</u> in.	 <p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: <u>9.0</u> in. b. Length: <u>1.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/></p> <p>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. <u>2.98</u> Ft³ 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</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added <u>0.70</u> ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added <u>5.95</u> ft³</p> <p>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"/></p> <p>10. Screen material: a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/> b. Manufacturer _____ c. Slot size: <u>0.020</u> in. d. Slotted length: <u>150</u> ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input type="checkbox"/></p>
--	---

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Name Shaun Abel Firm BOART-Longyear, Inc.

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, 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 reports 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 filed.

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 Rusk	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
Well Street Address 811 Lake Ave W	Well ZIP Code 54848	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Ladysmith	Lot # _____	
Subdivision Name _____		

2. Facility / Owner Information

Facility Name Doug's Tire Center (former)		
Facility ID (FID or PWS) _____		
License/Permit/Monitoring # _____		
Original Well Owner _____		
Present Well Owner _____		
Mailing Address of Present Owner 811 Lake Ave W		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service Closed Site	WI Unique Well # of Replacement Well _____
---	---

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 6-2-2001
If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>	
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.) 34	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 6	Casing Depth (ft.) 34
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 15	Depth to Water (feet) 23

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

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	34	21 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Cnty, LLC	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9-19-22	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 932 6601	Date Received _____		Noted By _____
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work MTJ	
			Date Signed 10/20/2022	

Route to: Watershed/Wastewater ☐ Waste Management ☐
Remediation/Redevelopment ☐ Other ☐MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

City/Project Name <u>BUG'S AUTO CENTER</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-101</u>	
City 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. <u>PL 555</u> DNR Well ID No.	
City ID		Lat. _____ Long. _____ or _____		Date Well Installed <u>06/21/2001</u>	
Type of Well		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: Name (first, last) and Firm <u>BOART-LONGYEAR</u>	
Well Code <u>1</u>		Section Location of Waste/Source <u>SW 1/4 of SW 1/4 of Sec. 34, T. 35 N. R. 6 E. W</u>			
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"/>					

Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>9.0 in.</u> b. Length: <u>2.0 ft.</u> c. Material: <u>Steel</u> <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
Ground surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
Face seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: <u>Bentonite</u> <input type="checkbox"/> 30 <u>Concrete</u> <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
SCS classification of soil near screen: IP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input checked="" type="checkbox"/> ML <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: <u>Bentonite</u> <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
Soil 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. <u>4.90</u> Ft ³ volume added for any of the above
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
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	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. Other <input type="checkbox"/>
Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added <u>0.70</u> ft ³
Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added <u>5.95</u> ft ³
Source of water (attach analysis, if required): _____	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"/>
Bentonite seal, top _____ ft. MSL or <u>1.0</u> ft.	10. Screen material: a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
Sand, top _____ ft. MSL or <u>15.0</u> ft.	b. Manufacturer _____ c. Slot size: <u>0.02 in.</u> d. Slotted length: <u>15.0</u> ft.
Gravel pack, top _____ ft. MSL or <u>17.0</u> ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input type="checkbox"/>
Screen joint, top _____ ft. MSL or <u>19.0</u> ft.	
Screen bottom _____ ft. MSL or <u>39.0</u> ft.	
Gravel pack, bottom _____ ft. MSL or <u>39.0</u> ft.	
Screen hole, bottom _____ ft. MSL or <u>39.2</u> ft.	
Screen hole, diameter <u>6.1/4 in.</u>	
Well casing _____ <u>2.90 in.</u>	
Well casing _____ <u>2.06 in.</u>	

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

Signature: James N. Nicks Firm: ENVIRONEN, INC.

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, 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

MW-102

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

Rusk

WI Unique Well # of
Removed Well

Hicap #

Latitude / Longitude (see instructions)

N

W

Format Code

☐ DD

☐ DDM

Method Code

☐ GPS008

☐ SCR002

☐ OTH001

1/4 / 1/4

1/4

Section

Township

Range

☐ E

☐ W

or Gov't Lot #

Well Street Address

811 Lake Ave W

Well City, Village or Town

Ladysmith

Well ZIP Code

54848

Subdivision Name

Lot #

Reason for Removal from Service

damaged

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)

6-26-2001

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.)

28

Casing Diameter (in.)

2

Lower Drillhole Diameter (in.)

8

Casing Depth (ft.)

28

Was well annular space grouted?

☒ Yes

☐ No

☐ Unknown

If yes, to what depth (feet)?

9

Depth to Water (feet)

~15

5. Material Used to Fill Well / Drillhole

bentonite chips

From (ft.)

To (ft.)

No. Yards, Sacks Sealant or
Volume (circle one)Mix Ratio or
Mud Weight

Surface

28

~1 bag

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing

PSI

License #

Date of Filling & Sealing or Verification

(mm/dd/yyyy) 9/20/19

Street or Route

Telephone Number

(715) 738-2770

Comments

City

Chippewa Falls

State

WI

ZIP Code

54729

Signature of Person Doing Work



Date Signed

9-27-19

DNR Use Only

Date Received

Noted By

00.0287 H

of Wisconsin
Department of Natural ResourcesRoute to: Watershed/Wastewater ☐ Waste Management ☐
Remediation/Redevelopment ☐ Other ☐MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

City/Project Name <u>BUG'S AUTO CENTER</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-102</u>
City 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. <u>PC 556</u> DNR Well ID No. <u>---</u>
City ID	Lat. <u>---</u> Long. <u>---</u> or	Date Well Installed <u>06/26/2001</u>
St. Plane <u>---</u> ft. N. <u>---</u> ft. E. S/C/N	Section Location of Waste/Source <u>SW 1/4 of SW 1/4 of Sec. 38, T. 35 N. R. 6 E</u>	Well Installed By: Name (first, last) and Firm <u>SHAWN ABEL BOART-LONGYEAR</u>
Well Code <u>---</u>	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	
Distance from Waste/Source <u>---</u> ft.	Gov. Lot Number <u>---</u>	

Protective pipe, top elevation <u>---</u> ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Well casing, top elevation <u>---</u> ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>9.0</u> in. b. Length: <u>9.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
Ground surface elevation <u>---</u> ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: <u>---</u>
Surface seal, bottom <u>---</u> ft. MSL or <u>---</u> ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
SCS classification of soil near screen: IP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input checked="" type="checkbox"/> M <input checked="" 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"/>
Soil 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. <u>---</u> Lbs/gal mud weight... Bentonite-sand slurry <input type="checkbox"/> 35 c. <u>---</u> Lbs/gal mud weight... Bentonite slurry <input type="checkbox"/> 31 d. <u>---</u> % Bentonite... Bentonite-cement grout <input type="checkbox"/> 50 e. <u>2.80</u> Ft ³ 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
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 checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. <u>---</u> Other <input type="checkbox"/>
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. <u>---</u> b. Volume added <u>0.70</u> ft ³
Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Filter pack material: Manufacturer, product name & mesh size a. <u>---</u> b. Volume added <u>5.95</u> ft ³
Describe <u>---</u>	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"/>
Source of water (attach analysis, if required): <u>---</u>	10. Screen material: a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
Bentonite seal, top <u>---</u> ft. MSL or <u>1.0</u> ft.	b. Manufacturer <u>---</u> c. Slot size: <u>0.012</u> in. d. Slotted length: <u>15.2</u> ft.
Sand, top <u>---</u> ft. MSL or <u>9.0</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
Gravel pack, top <u>---</u> ft. MSL or <u>11.0</u> ft.	
Screen joint, top <u>---</u> ft. MSL or <u>13.0</u> ft.	
Screen bottom <u>---</u> ft. MSL or <u>28.0</u> ft.	
Gravel pack, bottom <u>---</u> ft. MSL or <u>28.0</u> ft.	
Screen hole, bottom <u>---</u> ft. MSL or <u>28.0</u> ft.	
Screen hole, diameter <u>6.1/4</u> in.	
Well casing <u>2.40</u> in.	
Well casing <u>2.06</u> in.	

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

Signature Shawn Abel Firm BOART-LONGYEAR, INC.

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, 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 reports 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

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 Rusk	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
Well Street Address 811 Lake Ave W	Well ZIP Code 54848	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Ladysmith	Lot # _____	
Subdivision Name _____		

2. Facility / Owner Information

Facility Name Doug's Tire Center (former)		
Facility ID (FID or PWS) _____		
License/Permit/Monitoring # _____		
Original Well Owner _____		
Present Well Owner _____		
Mailing Address of Present Owner 811 Lake Ave W		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

Closed Site

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 6-27-2001
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
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.) 28	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 6	Casing Depth (ft.) 28
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 9	Depth to Water (feet) 22

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

☐ 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	28	~ 1 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Mendham Env. Serv., LLC	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-5-22	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 932 6608	Comments _____	Date Received _____	Noted By _____
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	
			Date Signed 10/20/2022	

Route to: Watershed/Wastewater ☐ Waste Management ☐
Remediation/Redevelopment ☐ Other ☐MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Project Name BUG'S AUTO CENTER	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-103
License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location Lat. _____ Long. _____ or	Wis. Unique Well No. PC-557 DNR Well ID No. _____
Well ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 06/27/2001 m m d d y y y y
Section Location of Waste/Source SW 1/4 of SW 1/4 of Sec. 39, T. 35 N, R. 6 W	Gov. Lot Number _____	Well Installed By: Name (first, last) and Firm SLADE ABEL BOER-Long Year
Well Code 1	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	
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	

Protective pipe, top elevation _____ ft. MSL
 Casing, top elevation _____ ft. MSL
 Ground surface elevation _____ ft. MSL
 Face seal, bottom _____ ft. MSL or _____ ft.

SCS classification of soil near screen:
 IP ☐ GM ☐ GC ☐ GW ☐ SW ☐ SP ☒
 M ☐ SC ☐ ML ☐ MH ☐ CL ☐ CH ☐
 bedrock ☐

Soil analysis performed? ☐ Yes ☐ No
 Drilling method used: Rotary ☐ 50
 Hollow Stem Auger ☒ 41
 Other ☐

Drilling fluid used: Water ☐ 02 Air ☐ 01
 Drilling Mud ☐ 03 None ☒ 99

Drilling additives used? ☐ Yes ☒ No

Describe _____
 Source of water (attach analysis, if required): _____

Bentonite seal, top _____ ft. MSL or **1.0** ft.
 Sand, top _____ ft. MSL or **1.0** ft.
 Filter pack, top _____ ft. MSL or **11.0** ft.
 Screen joint, top _____ ft. MSL or **13.0** ft.
 Screen bottom _____ ft. MSL or **20.0** ft.
 Filter pack, bottom _____ ft. MSL or **29.0** ft.
 Screen hole, bottom _____ ft. MSL or **22.0** ft.

Screen hole, diameter **6 1/4** in.

Inner well casing **2.40** in.

Outer well casing **2.06** in.

- Cap and lock? ☒ Yes ☐ No
- Protective cover pipe:
 a. Inside diameter: **9.0** in.
 b. Length: **1.2** ft.
 c. Material: Steel ☒ 04
 Other ☐
 d. Additional protection? ☐ Yes ☒ No
 If yes, describe: _____
- Surface seal: Bentonite ☐ 30
 Concrete ☒ 01
 Other ☐
- Material between well casing and protective pipe:
 Bentonite ☒ 30
 Other ☐
- 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. **280** Ft³ volume added for any of the above
 f. How installed: Tremie ☐ 01
 Tremie pumped ☐ 02
 Gravity ☒ 08
- Bentonite seal: a. Bentonite granules ☐ 33
 b. ☐ 1/4 in. ☒ 3/8 in. ☐ 1/2 in. Bentonite chips ☒ 32
 c. Other ☐
- Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added **0.70** ft³
- Filter pack material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added **6.30** ft³
- Well casing: Flush threaded PVC schedule 40 ☒ 23
 Flush threaded PVC schedule 80 ☐ 24
 Other ☐
- Screen material:
 a. Screen type: Factory cut ☒ 11
 Continuous slot ☒ 01
 Other ☐
 b. Manufacturer _____
 c. Slot size: **0.010** in.
 d. Slotted length: **15.0** ft.
- Backfill material (below filter pack): None ☐ 14
 Bentonite ☒

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

Signature **James N. Wick** Firm **ENVIROGEN, INC.**

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, 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 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

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 Rusk	WI Unique Well # of Removed Well _____	Hicap # _____
Latitude / Longitude (see instructions) N <input type="checkbox"/> DD W <input type="checkbox"/> DDM	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
Well Street Address 811 Lake Ave W	Well ZIP Code 54848	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Ladysmith	Lot # _____	
Subdivision Name _____		

2. Facility / Owner Information

Facility Name Dough's Tire Center (former)		
Facility ID (FID or PWS) _____		
License/Permit/Monitoring # _____		
Original Well Owner _____		
Present Well Owner _____		
Mailing Address of Present Owner 811 Lake Ave W		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service Closed Site	WI Unique Well # of Replacement Well _____
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 6-27-2001 If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
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.) 68	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 6	Casing Depth (ft.) 68
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 59	Depth to Water (feet) 25

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 checked="" 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 type="checkbox"/> Bentonite Chips <input checked="" 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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	68		
bentonite slurry grout			

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Mendham Env. Cntry, LLC	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-5-22	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 932 6608	Comments _____	Date Received _____	Noted By _____
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work MTJ	Date Signed 10/20/2022

00.0287 H

State of Wisconsin
Department of Natural Resources

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

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

City/Project Name <u>Doug's Auto Center</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>P2-100</u>	
City 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.	
City ID		Lat. _____ Long. _____ or _____		Date Well Installed <u>06/27/2001</u>	
Type of Well		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: Name (first, last) and Firm <u>SHAW ABEL</u>	
Well Code <u>1</u>		Section Location of Waste/Source <u>SW 1/4 of SW 1/4 of Sec. 38, T. 35 N, R. 6 E W</u>		Gov. Lot Number	
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		Boart-Longyear	
Enf. Stds. Apply <input type="checkbox"/>					

Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>2.0</u> in. b. Length: <u>1.2</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
Surface seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
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 checked="" 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"/>
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. <u>20.3</u> Ft ³ volume added for any of the above
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
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	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added <u>0.70</u> ft ³
Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added <u>2.45</u> ft ³
Source of water (attach analysis, if required): _____	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"/>
Bentonite seal, top _____ ft. MSL or <u>1.0</u> ft.	10. Screen material: a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
Inc. sand, top _____ ft. MSL or <u>59.0</u> ft.	b. Manufacturer _____
Filter pack, top _____ ft. MSL or <u>61.0</u> ft.	c. Slot size: <u>0.01</u> in.
Screen joint, top _____ ft. MSL or <u>63.0</u> ft.	d. Slotted length: <u>5</u> ft.
Well bottom _____ ft. MSL or <u>68.0</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
Filter pack, bottom _____ ft. MSL or <u>68.0</u> ft.	
Drill hole, bottom _____ ft. MSL or <u>70.0</u> ft.	
Drill hole, diameter <u>6.1/4</u> in.	
O.D. well casing <u>2.40</u> in.	
I.D. well casing <u>2.06</u> in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature: [Signature] Firm: ENVIRONMENTAL, INC.

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, 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 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

M-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.

☐ Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

County Rusk	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) N <input type="checkbox"/> DD W <input type="checkbox"/> DDM	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
Well Street Address 811 Lake Ave W	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ladysmith	Well ZIP Code 54848	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Doug's Tire Center (former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 811 Lake Ave W		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service Closed Site	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 6-11-2015
If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>	
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.) 30	Casing Diameter (in.) 4
Lower Drillhole Diameter (in.) 12	Casing Depth (ft.) 30
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 13	Depth to Water (feet) 23

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 bentonite chips	From (ft.) Surface	To (ft.) 30	No. Yards, Sacks Sealant or Volume (circle one) ~ 4 bags	Mix Ratio or Mud Weight
---	-----------------------	-----------------------	--	-------------------------

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Mendham Env. Cnty, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-3-2022	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 932 6601	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work MTJ	Date Signed 10/20/2022

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

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name <u>Douglas/Flambeau Auto</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>M-1</u>	
Facility License, Permit or Monitoring No.		Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location 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>6/11/2015</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 <u>1</u>		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 <u>0</u> ft. MSL		1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
B. Well casing, top elevation <u>0</u> ft. MSL		2. Protective cover pipe: a. Inside diameter: <u>12</u> in. b. Length: <u>1</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>	
C. Land surface elevation <u>0</u> ft. MSL		d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	
D. Surface seal, bottom <u>1</u> ft. MSL or		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 checked="" 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 ³ 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	
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 checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input 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. <input type="checkbox"/> b. Volume added <input type="checkbox"/> ft ³	
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe		8. Filter pack material: Manufacturer, product name & mesh size a. <input type="checkbox"/> b. Volume added <input type="checkbox"/> ft ³	
17. Source of water (attach analysis, if required):		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"/>	
E. Bentonite seal, top <u>13</u> ft. MSL or	F. Fine sand, top <u>13</u> ft. MSL or	10. Screen material: <u>PVC Sch. 40</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 <u>13</u> ft. MSL or	H. Screen joint, top <u>15</u> ft. MSL or	b. Manufacturer c. Slot size: <u>0.1</u> in. d. Slotted length: <u>15</u> ft.	
I. Well bottom <u>30</u> ft. MSL or	J. Filter pack, bottom <u>30</u> ft. MSL or	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>	
K. Borehole, bottom <u>30</u> ft. MSL or	L. Borehole, diameter <u>12</u> in.		
M. O.D. well casing <u>4</u> in.	N. I.D. well casing <u>4</u> in.		

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

Signature

Firm

Meridian Env. Cslg 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.

EX-1

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

County

Rusk

WI Unique Well # of
Removed Well

Hicap #

Latitude / Longitude (Degrees and Minutes)

Method Code (see instructions)

____° ____' ____" N
____° ____' ____" W

1/4 / 1/4

1/4

Section

Township

Range

☐ E

or Gov't Lot #

N

☐ W

Well Street Address

811 Lake Avenue West

Well City, Village or Town

Ladysmith

Well ZIP Code

54848

Subdivision Name

Lot #

Reason For Removal From Service

Excavation

WI Unique Well # of Replacement Well

3. Well / Drillhole / Borehole Information

☒ Monitoring Well

☐ Water Well

☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)

1-6-92

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.)

8

Lower Drillhole Diameter (in.)

~ 12

Casing Depth (ft.)

30

Was well annular space grouted?

☒ Yes

☐ No

☐ Unknown

If yes, to what depth (feet)?

8 ft.

Depth to Water (feet)

20.05

5. Material Used To Fill Well / Drillhole

concrete

From (ft.)

To (ft.)

No. Yards, Sacks Sealant
or Volume (circle one)

Mix Ratio or
Mud Weight

Surface

30

~ 1 1/2 yard

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing

Meridian Env. City.

License #

1061

Date of Filling & Sealing (mm/dd/yyyy)

7-25-13

Street or Route

2711 N. Elcora Rd

Telephone Number

(715) 832-6608

Comments

City

Fall Creek

State

WI

ZIP Code

54742

Signature of Person Doing Work

RT Li

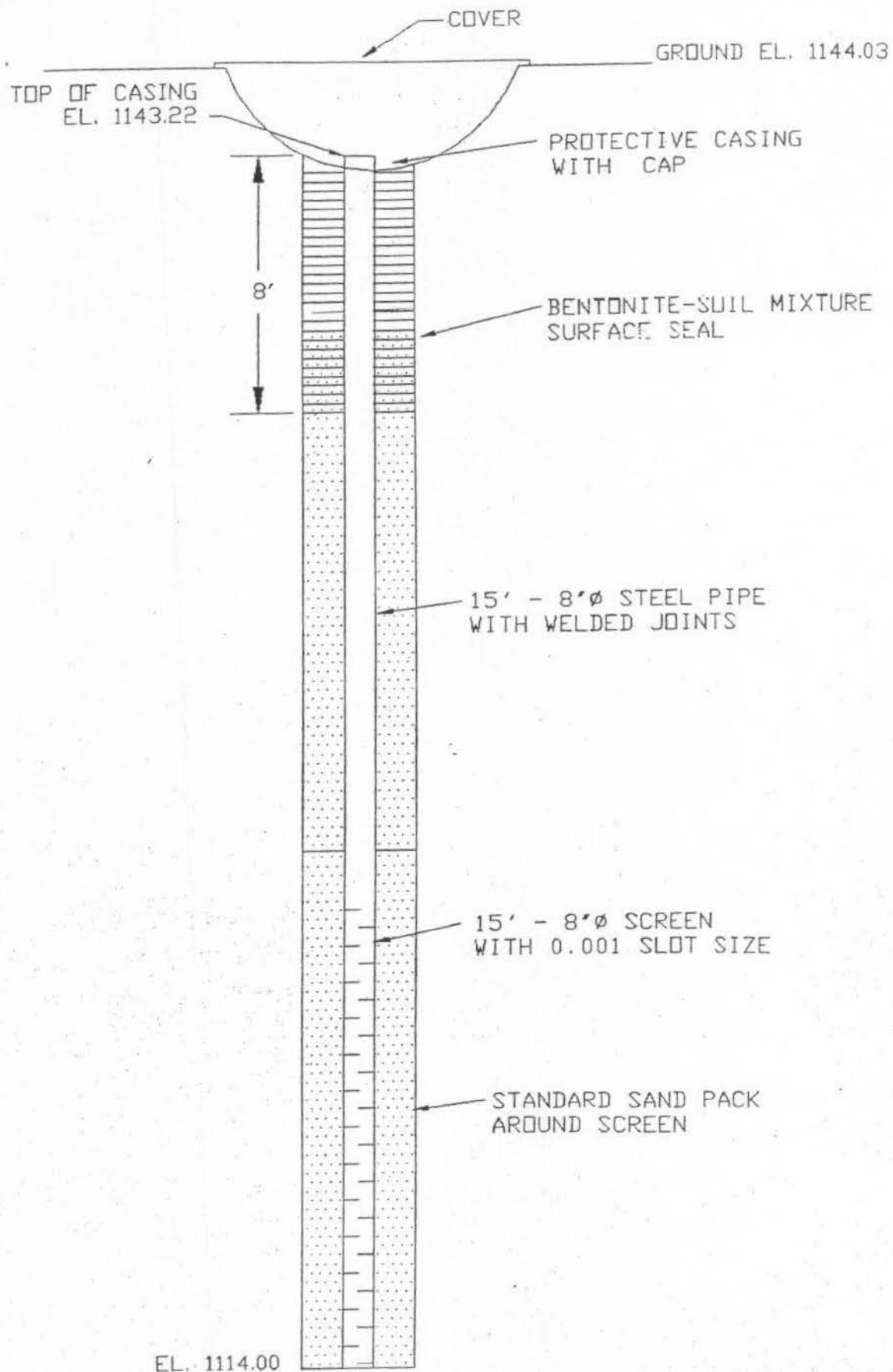
Date Signed

7-29-13

DNR Use Only

Date Received

Noted By



EXTRACTION WELL #1



EX-2

State of Wis., Dept. of Natural Resources
dnr.wi.gov

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

WI Unique Well # of
Removed Well

Hicap #

Rusk

Latitude / Longitude (see instructions)

N

Format Code

☐ DD

Method Code

☐ GPS008☐ SCR002☐ OTH001☐ DDM

1/4 / 1/4

1/4

Section

Township

Range

☐ E

or Gov't Lot #

N

☐ W

Well Street Address

811 Lake Ave W

Well City, Village or Town

Ladysmith

Well ZIP Code

54848

Subdivision Name

Lot #

2. Facility / Owner Information

Facility Name

Doug's Tire (former)

Facility ID (FID or PWS)

License/Permit/Monitoring #

Original Well Owner

Present Well Owner

Mailing Address of Present Owner

811 Lake Ave W

City of Present Owner

Ladysmith

State

WI

ZIP Code

54848

Reason for Removal from Service

not in use

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well

Original Construction Date (mm/dd/yyyy)

1-19-92

☐ Water Well☐ Borehole / DrillholeIf 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 ft. (originally 35 ft.?)

Casing Diameter (in.)

8

Lower Drillhole Diameter (in.)

14 in.

Casing Depth (ft.)

30 (35?)

Was well annular space grouted?

☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)?

8

Depth to Water (feet)

20.7

5. Material Used to Fill Well / Drillhole

Cement
bentonite chips

From (ft.)

Surface

To (ft.)

10

No. Yards, Sacks Sealant or
Volume (circle one)

7

Mix Ratio or
Mud Weight

10

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing

License #

Date of Filling & Sealing or Verification

(mm/dd/yyyy)

6-13-2020

Street or Route

2711 N. Elko Rd

Telephone Number

(715) 832-6608

City

Fall Creek

State

WI

ZIP Code

54742

Signature of Person Doing Work

J.T.J.

Date Signed

6-14-2020

DNR Use Only

Date Received

Noted By

Comments

SOIL BORING LOG

FACILITY NAME DOUGS TIRE		LICENCE/PERMIT/MONITORING NUMBER	
FACILITY ADDRESS CORNER OF U.S.H. "8" & S.T.H. "27"			
BORING DRILLED BY TOM BUTTERFIELD WELL DRILLING HAYWARD, WI		DATE (MM/DD/YY) 01/19/92	
FACILITY WELL NUMBER EX 2	WI UNIQUE WELL NUMBER	BOREHOLE DIAMETER 18 I.D. METHOD AUGER	WATER LEVEL SURFACE ELEVATION
SOIL BORING LOG AS DESCRIBED BY DRILLER.		COUNTY RUSK	COUNTY CODE

CIVIL TOWN CITY OF LADYSMITH		METHOD OF PLACING SEALING MATERIAL <input type="checkbox"/> CONDUCTOR PIPE-GRAVITY <input type="checkbox"/> CONDUCTOR PIPE-PUMPED <input checked="" type="checkbox"/> DUMP BAILER <input checked="" type="checkbox"/> OTHER (EXPLAIN) GRAVITY	
SEALING MATERIAL USED	FROM (FT.)	TO (FT.)	NO. YARDS, SACKS SEALANT OR VOLUME
			MIX RATIO OR MUD WEIGHT

SAMPLE NO.	HEAD SPACE	DEPTH D	GRAVEL LOG C	SOIL/ROCK DESCRIPTION	SAMPLE NO.	HEAD SPACE	DEPTH D	GRAVEL LOG C	SOIL/ROCK DESCRIPTION
				0' - 1.2' BLACKTOP 1.2' - 4' BLACK ORGANIC			22'		
				4' - 7.5' GRAYISH SILTY CLAY MED. DENSE					25.0' - 26.5' BLACK TO GRAYISH GREEN SILTY CLAY WITH LOTS OF GASOLINE. AUGERS FULL OF GAS
				7.5' - 12.5' DARK BROWN SILTS, SMALL AMOUNT OF GRAVEL FINE SAND (GETTING CLEANER)					26.5' - 35.0' SAND AND GRAVEL REDDISH BROWN WITH SILT.
		10'		12.5' - 13.5' SAND GRAVEL SILT. 2" ROUND GRAVEL (GAS ODOR)					
				13.5' - 16.5' SAND GRAVEL MED. TO REDDISH BROWN, LESS SILT SOME GRAVEL.					
		15'		16.5' - 17.5' DARKER GRAVEL (NO SAMPLE) GAS ODOR					
				17.5' - 25.0' MED. BROWN SAND GRAVEL. MED. DENSE, LITTLE SILT (GAS ODOR)					35' E.O.B.
		20'							

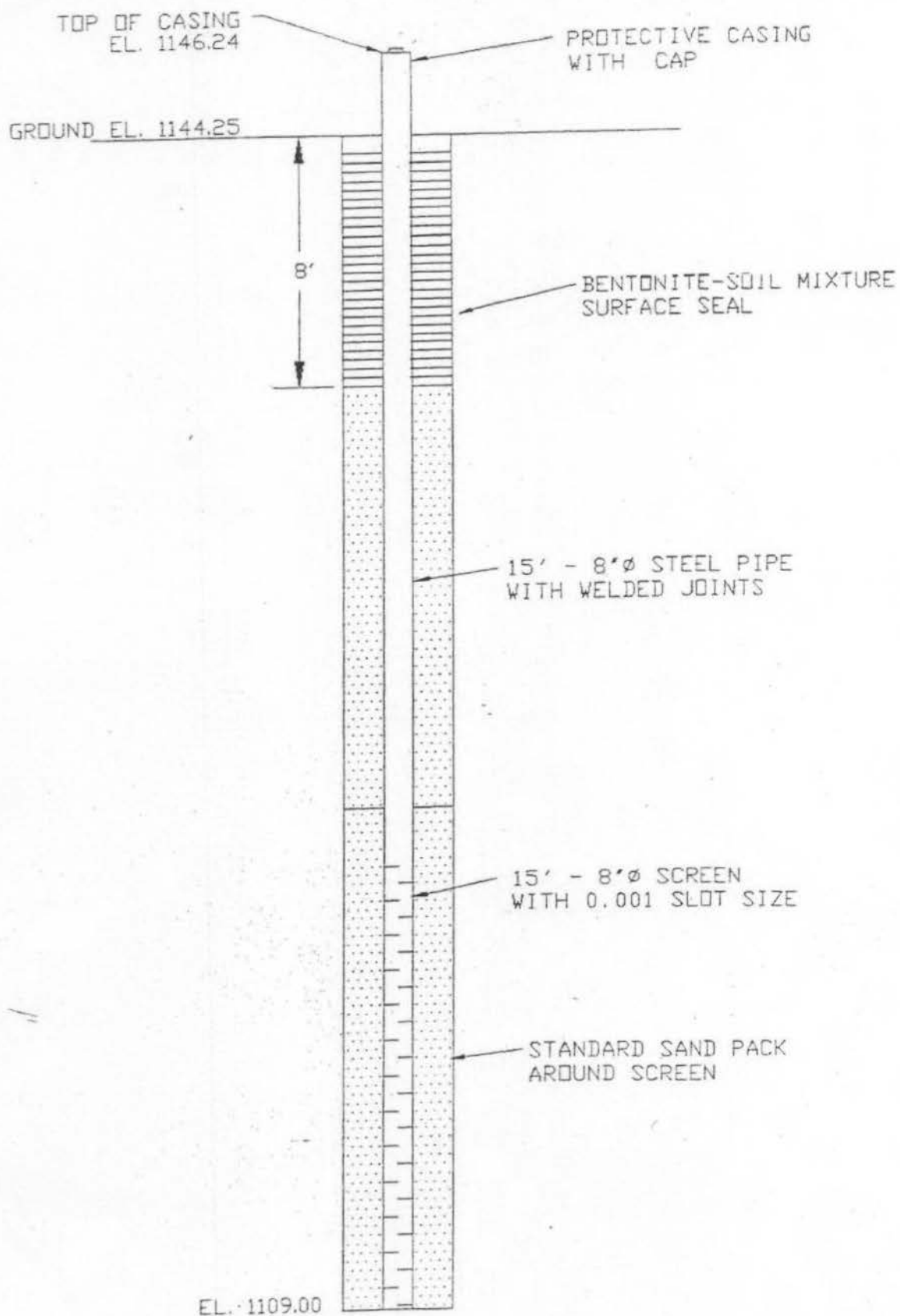
LEGEND

HS = HEADSPACE SAMPLE

L = LAB SAMPLE

SCALE: 1/4" = 1'





EXTRACTION WELL #2



EX-3

State of Wis., Dept. of Natural Resources
dnr.wi.gov

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

Notice: Completion of this report is required by chs. 180, 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 Rusk	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
Well Street Address 811 Lake Ave W		Range <input type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Ladysmith		Well ZIP Code 54848
Subdivision Name _____		Lot # _____

2. Facility / Owner Information

Facility Name Doug's Tire (former)
Facility ID (FID or PWS) _____
License/Permit/Monitoring # _____
Original Well Owner _____
Present Well Owner _____
Mailing Address of Present Owner 811 Lake Ave W
City of Present Owner Ladysmith
State WI
ZIP Code 54848

Reason for Removal from Service
not in use

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	WI Unique Well # of Replacement Well _____
<input type="checkbox"/> Water Well	Original Construction Date (mm/dd/yyyy) 11-2-02
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>

Construction Type:
☒ Drilled ☐ Driven (Sandpoint) ☐ Dug
☐ Other (specify): _____

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.)
35

Casing Diameter (in.)
4

Lower Drillhole Diameter (in.)
10

Casing Depth (ft.)
35

Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)?
12

Depth to Water (feet)
21.5

5. Material Used to Fill Well / Drillhole

bentonite chips

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
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Did material settle after 24 hours?	<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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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

From (ft.)
Surface

To (ft.)
35

No. Yards, Sacks Sealant or Volume (circle one)
4 1/2

Mix Ratio or Mud Weight

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing
Meridian Env. Cs by LLC

License #

Date of Filling & Sealing or Verification (mm/dd/yyyy)
6-13-2020

Date Received

Noted By

Street or Route
2711 N. Elko Rd

Telephone Number
(715) 832-6608

Comments

City
Fall Creek

State
WI

ZIP Code
54742

Signature of Person Doing Work
[Signature]

Date Signed
6-14-2020

City/Project Name <u>Doug's Tree</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>Ex-3</u>	
City 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. <u>PJ996</u> DNR Well ID No.	
City ID		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed <u>11/02/2002</u> m m d d y y y y	
Type of Well Well Code <u>64, 1c</u>		Section Location of Waste/Source <u>SE 1/4 of SW 1/4 of Sec. 31, T. 34 N. R. 6</u> <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm <u>Todd</u> <u>Boat Longyear</u>	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source a <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number	
Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Well casing, top elevation _____ ft. MSL		2. Protective cover pipe: a. Inside diameter: _____ in.			
Land surface elevation _____ ft. MSL		b. Length: _____ ft.			
Surface seal, bottom _____ ft. MSL or _____ ft.		c. Material: _____		Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>	
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 checked="" type="checkbox"/> No If yes, describe: _____			
Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3. Surface seal: _____		Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input checked="" type="checkbox"/>	
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"/>	
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. <u>4.32</u> Ft ³ volume added for any of the above f. How installed: _____		Trussie <input type="checkbox"/> 01 Transie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08	
Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 Other <input type="checkbox"/>			
Describe _____		7. Fine sand material: Manufacturer, product name & mesh size _____			
Source of water (attach analysis, if required): _____		b. Volume added <u>0.54</u> ft ³			
		8. Filter pack material: Manufacturer, product name & mesh size _____			
		b. Volume added <u>17.9</u> ft ³			
		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"/>			
		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"/>	
		b. Manufacturer <u>Dietrich</u>			
		c. Slot size: _____		0.010 in.	
		d. Slotted length: _____		20 ft.	
		11. Backfill material (below filter pack): _____		None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>	

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

Name Jennifer Danciger Firm Enviroga

This document complies with both Form 4400-113A and 4400-113B and returns them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 251, 189, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 251, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file 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 numbers 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

EX-4

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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 Rusk	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
Well Street Address 811 Lake Ave W	Well ZIP Code 54848	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Ladysmith	Lot # _____	
Subdivision Name _____		

2. Facility / Owner Information

Facility Name Doug's Tire Center (former)
Facility ID (FID or PWS) _____
License/Permit/Monitoring # _____
Original Well Owner _____
Present Well Owner _____
Mailing Address of Present Owner 811 Lake Ave W
City of Present Owner Ladysmith
State WI
ZIP Code 54848

Reason for Removal from Service Closed Site	WI Unique Well # of Replacement Well _____
---	---

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 11-02-2002
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	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): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 34	Casing Diameter (in.) 4
Lower Drillhole Diameter (in.) 10	Casing Depth (ft.) 34
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 11	Depth to Water (feet) 22

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

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	34	~ 4 bags	

6. Comments

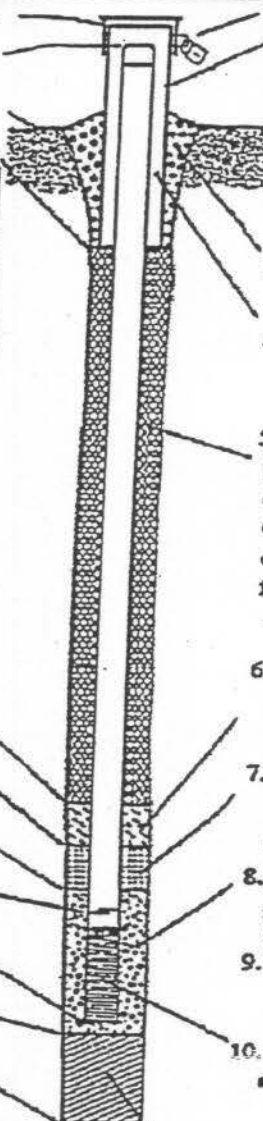
7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Mendham Env. Cstly, LLC	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7-9-2020	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 932 6604	Comments _____	Date Received _____	Noted By _____
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	Date Signed 10/20/2022

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

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

City/Project Name <u>Doug's Tire</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>Ex-4</u>
City 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. <u>PJ997</u> DNR Well ID No. _____
City ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>11/02/2002</u>
Location of Well Well Code <u>64, 1e</u>	Section Location of Waste/Source <u>SE 1/4 of SW 1/4 of Sec. 34, T. 34 N. R. 6</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Todd Boart Longyear</u>
Distance from Waste/ _____ ft.	Location of Well Relative to Waste/Source <input type="checkbox"/> Upgradient <input type="checkbox"/> Sidegradient <input type="checkbox"/> Downgradient <input type="checkbox"/> Not Known	
Ent. Stds. Apply <input type="checkbox"/>	Gov. Lot Number	

Protective pipe, top elevation _____ ft. MSL Well casing, top elevation _____ ft. MSL Ground surface elevation _____ ft. MSL Screen seal, bottom _____ ft. MSL or _____ ft. SCS classification of soil near screen: SP <input checked="" 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 checked="" type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> bedrock <input type="checkbox"/> Core analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/> 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 Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____ Source of water (attach analysis, if required): _____	 <p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: <u>9.0</u> in. b. Length: <u>1.2</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input checked="" type="checkbox"/> <u>Asphalt</u></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/> 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. <u>3.78</u> Ft³ 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</p> <p>5. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. Other <input type="checkbox"/></p> <p>6. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added <u>0.54</u> ft³</p> <p>7. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added <u>11.9</u> ft³</p> <p>8. 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"/></p> <p>9. 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"/> b. Manufacturer <u>Pietrick</u> c. Slot size: <u>0.010</u> in. d. Slotted length: <u>20.0</u> ft</p> <p>10. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/></p>
---	--

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

Signature: Jennifer Domeier Firm: Enviroga

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, 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 filed.

EX-5

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 Rusk 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
or Gov't Lot # _____ N ☐ W
Well Street Address 811 Lake Ave W
Well City, Village or Town Ladysmith Well ZIP Code 54848
Subdivision Name _____ Lot # _____

2. Facility / Owner Information

Facility Name Doug's Tire Center (former)
Facility ID (FID or PWS) _____
License/Permit/Monitoring # _____
Original Well Owner _____
Present Well Owner _____
Mailing Address of Present Owner 811 Lake Ave W
City of Present Owner Ladysmith State WI ZIP Code 54848

Reason for Removal from Service Closed Site

WI Unique Well # of Replacement Well _____

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well Original Construction Date (mm/dd/yyyy) 11-02-2002
☐ 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.) Casing Diameter (in.)

35 4

Lower Drillhole Diameter (in.) Casing Depth (ft.)

10 35

Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

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

35 22

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	<u>35</u>	<u>~ 5 bags</u>	

bentonite chips

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Mendham Env. Cnty, LLC License # _____ Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-2-2022

Street or Route 2711 N. Elco Rd Telephone Number (715) 932 6601

City Fall Creek State WI ZIP Code 54742 Signature of Person Doing Work [Signature]

DNR Use Only

Date Received _____ Noted By _____

Comments _____

Date Signed 10/20/2022

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

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

City/Project Name: Doug's Tire Local Grid Location of Well: ft. N. ☐ ft. E. ☐ ft. S. ☐ ft. W. ☐
 City License, Permit or Monitoring No.: _____ Well Name: Ex-5
 City ID: _____ Wis. Unique Well No.: _____ DNR Well ID No.: _____
 Date Well Installed: 11/02/2002
 Well Installed By: Name (first, last) and Firm: Todd Pratt Longyear
 Section Location of Waste/Source: SE 1/4 of SW 1/4 of Sec. 34, T. 34 N. R. 6
 Well Code: 64, 1e Gov. Lot Number: _____
 Location of Well Relative to Waste/Source: n ☐ Upgradient s ☐ Sidegradient d ☐ Downgradient n ☐ Not Known
 Distance from Waste/Source: _____ ft. Apply ☐

Protective pipe, top elevation: _____ ft. MSL
 Well casing, top elevation: _____ ft. MSL
 Ground surface elevation: _____ ft. MSL
 Surface seal, bottom: _____ ft. MSL or _____ ft.
 USCS classification of soil near screen:
 GP ☐ GM ☐ GC ☐ GW ☐ SW ☐ SP ☐
 SM ☐ SC ☐ ML ☐ MH ☐ CL ☐ CH ☐
 Bedrock ☐
 Core analysis performed? ☐ Yes ☒ No
 Drilling method used: Rotary ☐ 50
 Hollow Stem Auger ☒ 41
 Other ☐
 Drilling fluid used: Water ☐ 02 Air ☐ 01
 Drilling Mud ☐ 03 None ☒ 99
 Drilling additives used? ☐ Yes ☒ No
 Describe _____
 Source of water (attach analysis, if required): _____
 Bentonite seal, top: _____ ft. MSL or 4.0 ft.
 Sand, top: _____ ft. MSL or 12.0 ft.
 Gravel, top: _____ ft. MSL or 13.0 ft.
 Screen joint, top: _____ ft. MSL or 15.0 ft.
 Screen bottom: _____ ft. MSL or 35.0 ft.
 Gravel, bottom: _____ ft. MSL or 35.0 ft.
 Screen, diameter: 10 1/4 in.
 D. well casing: 4.50 in.
 I. well casing: 3.99 in.

1. Cap and lock? ☒ Yes ☐ No
 2. Protective cover pipe:
 a. Inside diameter: 9.0 in.
 b. Length: 1.0 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. 4.32 Ft³ 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 0.54 ft³
 8. Filter pack material: Manufacturer, product name & mesh size: _____
 a. _____
 b. Volume added 11.9 ft³
 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 Pietrick
 c. Slot size: 0.012 in.
 d. Slotted length: 22.0 ft.
 11. Backfill material (below filter pack): None ☒ 14
 Other ☐

I certify that the information on this form is true and correct to the best of my knowledge.
 Name: Jennifer Doncier Firm: Envirogen

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, 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.

EX-6

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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 Rusk 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
or Gov't Lot # _____ N ☐ W
Well Street Address 811 Lake Ave W
Well City, Village or Town Ladysmith Well ZIP Code 54848
Subdivision Name _____ Lot # _____

2. Facility / Owner Information

Facility Name Doug's Tire (former)
Facility ID (FID or PWS) _____
License/Permit/Monitoring # _____
Original Well Owner _____
Present Well Owner _____
Mailing Address of Present Owner 811 Lake Ave W
City of Present Owner Ladysmith State WI ZIP Code 54848

Reason for Removal from Service not in use

WI Unique Well # of Replacement Well _____

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well Original Construction Date (mm/dd/yyyy) 11-3-02
☐ 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.) 35 Casing Diameter (in.) 4

Lower Drillhole Diameter (in.) 10 Casing Depth (ft.) 35

Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)? 12 Depth to Water (feet) 18.9

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	<u>35</u>	<u>4 bags</u>	

6. Comments

7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>Meridian Env. Serv. LLC</u>	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>6-13-2020</u>	Date Received _____	Noted By _____
Street or Route <u>2711 N. Elko Rd</u>	City <u>Fall Creek</u>	State <u>WI</u>	Telephone Number <u>(715) 832-6608</u>	Comments _____
ZIP Code <u>54742</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>6-14-2020</u>		

City/Project Name

Doug's Tire

City License, Permit or Monitoring No.

City ID

Code of Well

Well Code 64, 1e

Distance from Waste/

to _____ ft.

Ent. Stds.

Apply ☐

Local Grid Location of Well

_____ ft. ☐ N. _____ ft. ☐ E.

Local Grid Origin ☐ (estimated: ☐) or Well Location ☐

Lat. _____ Long. _____ or

St. Plane _____ ft. N. _____ ft. E. S/C/N

Section Location of Waste/Source

SE 1/4 of SW 1/4 of Sec. 34 T. 34 N. R. 6 ☐ E ☒ W

Location of Well Relative to Waste/Source

☐ Upgradient ☐ Sidegradient

☐ Downgradient ☐ Not Known

Gov. Lot Number

Well Name

Ex-6

Well Unique Well No.

95999

DNR Well ID No.

Date Well Installed

11/03/2002

Well Installed By: Name (first, last) and Firm

Todd

Brent Longyear

Protective pipe, top elevation _____ ft. MSL

Well casing, top elevation _____ ft. MSL

Land surface elevation _____ ft. MSL

Surface seal, bottom _____ ft. MSL or _____ ft.

USCS classification of soil near screen:

GP ☐ GM ☐ GC ☐ GW ☐ SW ☐ SP ☒

SM ☐ SC ☐ ML ☐ MH ☐ CL ☐ CH ☐

Bedrock ☐

Soil analysis performed? ☐ Yes ☒ No

Drilling method used: Rotary ☐ 50

Hollow Stem Auger ☒ 41

Other ☐

Drilling fluid used: Water ☐ 02 Air ☐ 01

Drilling Mud ☐ 03 None ☒ 99

Drilling additives used? ☐ Yes ☒ No

Describe _____

Source of water (attach analysis, if required):

1. Cap and lock? ☒ Yes ☐ No

2. Protective cover pipe:

a. Inside diameter: _____ in.

b. Length: _____ 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. 432 Ft³ 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

Other ☐

7. Fine sand material: Manufacturer, product name & mesh size

b. Volume added 0.54 ft³

8. Filter pack material: Manufacturer, product name & mesh size

b. Volume added 11.9 ft³

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 Pittcock

c. Slot size: 0.010 in.

d. Slotted length: 22.0 ft

11. Backfill material (below filter pack): None ☒ 14

Other ☐

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

by Jennifer Doncier Firm Envirogen

Reproduce 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, 251, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 241, 249, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these reports 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 data 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

EX-7

State of Wis., Dept. of Natural Resources
dnr.wi.govWell / Drillhole / Borehole Filling & Sealing
Form 3300-005 (R 4/08) Page 1 of 2

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

County Rusk WI Unique Well # of Removed Well _____ Hicap # _____
Latitude / Longitude (Degrees and Minutes) _____ 'N
_____ 'W
Method Code (see instructions) _____
1/4 1/4 Section Township Range ☐ E
or Gov't Lot # _____ N ☐ W

Well Street Address 811 Lake Ave W
Well City, Village or Town Ladysmith Well ZIP Code 54848
Subdivision Name _____ Lot # _____

2- Facility / Owner Information

Facility Name Doug's Tire (Former)
Facility ID (FID or PWS) _____
License/Permit/Monitoring # _____
Original Well Owner _____
Present Well Owner _____
Mailing Address of Present Owner 811 Lake Ave W
City of Present Owner Ladysmith State WI ZIP Code 54848

Reason For Removal From Service WI Unique Well # of Replacement Well

Road construction/caved

3- Well / Drillhole / Borehole Information

☒ Monitoring Well Original Construction Date (mm/dd/yyyy) 11/3/02
☐ Water Well
☐ Borehole / Drillhole If a Well Construction Report is available, please attach. L
Construction Type:
☒ Drilled ☐ Driven (Sandpoint) ☐ Dug
☐ Other (specify): _____

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.) 35 Casing Diameter (in.) 4
Lower Drillhole Diameter (in.) 8 Casing Depth (ft.) 35

Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)? 13 Depth to Water (feet) 20

5- Material Used to Fill Well / Drillhole

bentonite chips

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): _____

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

6- Comments

From (ft.) _____ To (ft.) _____ No. Yards, Sacks Sealant, or Volume (circle one) 2 Bags Mix Ratio or Mud Weight _____

7- Supervision of Work

Supervisor of Work Kenneth Stankovic License # 1061 Date of Filling & Sealing (mm/dd/yyyy) 8/18/14
Firm Mervin Environmental Street or Route 2711 N. Elco Rd Telephone Number (715) 832-6608
City Fall Creek State WI ZIP Code 54842 Signature of Person Doing Work [Signature] Date Signed 10-6-14

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

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

City/Project Name <u>Doug's Fire</u>	Local Grid Location of Well N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/>	Well Name <u>Ex-7</u>
City License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____	Wis. Unique Well No. <u>PA091</u> DNR Well ID No. _____
City ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>11/10/31/2002</u>
Depth of Well Well Code <u>64.1e</u>	Section Location of Waste/Source <u>SE 1/4 of SW 1/4 of Sec. 34, T. 34 N. R. 6 E</u>	Well Installed By: Name (first, last, and firm) <u>Todd Peritt Longyear</u>
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	
Protective pipe, top elevation _____ ft. MSL	Gov. Lot Number _____	

Well casing, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lead surface elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: _____ d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
Surface seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: _____ Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input checked="" type="checkbox"/>
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"/>
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. <u>4.32</u> Ft ³ 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
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 checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 Other <input type="checkbox"/>
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 <u>0.54</u> ft ³
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 <u>11.9</u> ft ³
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"/>
Source of water (strich 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"/>
Gravel seal, top _____ ft. MSL or <u>4.0</u> ft.	b. Manufacturer <u>Pietrick</u> c. Slot size: <u>0.012</u> in. d. Slotted length: <u>22.0</u> ft.
Gravel sand, top _____ ft. MSL or <u>12.0</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
Filter pack, top _____ ft. MSL or <u>13.0</u> ft.	
Gravel joint, top _____ ft. MSL or <u>15.0</u> ft.	
Well bottom _____ ft. MSL or <u>35.0</u> ft.	
Filter pack, bottom _____ ft. MSL or <u>35.0</u> ft.	
Gravel, bottom _____ ft. MSL or <u>35.0</u> ft.	
Gravel, diameter <u>10 1/4</u> in.	
I.D. well casing <u>4.50</u> in.	
O.D. well casing <u>3.99</u> in.	

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

Signature Jennifer Dancier Firm Envirogen

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, 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 accurate information 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 filed.

EX-8

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 Rusk	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
Well Street Address 811 Lake Ave W	Well ZIP Code 54848	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Ladysmith	Lot #	
Subdivision Name		

2. Facility / Owner Information

Facility Name Doug's Tire Center (former)
Facility ID (FID or PWS)
License/Permit/Monitoring #
Original Well Owner
Present Well Owner
Mailing Address of Present Owner 811 Lake Ave W
City of Present Owner Ladysmith
State WI
ZIP Code 54848

Reason for Removal from Service
Closed Site

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 9-21-2019
<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.) 30	Casing Diameter (in.) 4
Lower Drillhole Diameter (in.) 10	Casing Depth (ft.) 30
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 12	Depth to Water (feet) 22

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

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	30	~ 4 bags	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Svc., LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7-2-2020	Date Received	Noted By
Street or Route 2711 N. Elco Rd	Telephone Number (715) 932 6601	Comments		
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work MTJ	Date Signed 10/20/2022

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

Facility/Project Name Doug's Tire		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name EX-8
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 9/21/2019 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 Joe Black PSS
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.	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
- B. Well casing, top elevation _____ ft. MSL
- C. Land surface elevation _____ ft. MSL
- D. Surface seal, bottom _____ 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

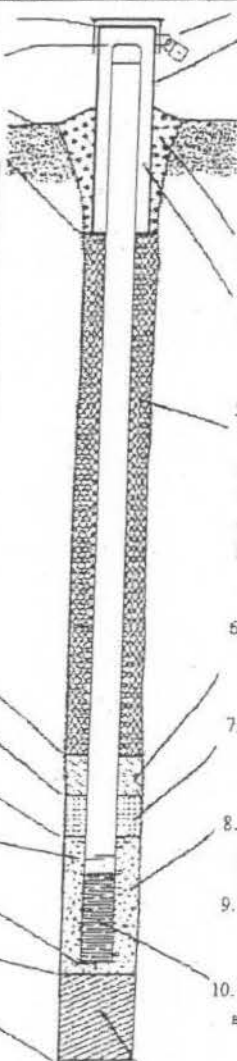
14. Drilling method used: Rotary ☐ 5.0
Hollow Stem Auger ☒ 4.1
Other ☐

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 ☐
- d. Additional protection? ☐ Yes ☐ No
If yes, describe: _____
3. Surface seal: Bentonite ☐ 2.0
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. _____ Ft³ 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 ☒ 3.5
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 _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³
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: **1** in.
d. Slotted length: **15** ft.
11. Backfill material (below filter pack): None ☒ 1.4
Other ☐

- E. Bentonite seal, top _____ ft. MSL or **12** ft.
- F. Fine sand, top _____ ft. MSL or **12** ft.
- G. Filter pack, top _____ ft. MSL or **12** ft.
- H. Screen joint, top _____ ft. MSL or **15** ft.
- I. Well bottom _____ ft. MSL or **30** ft.
- J. Filter pack, bottom _____ ft. MSL or **30** ft.
- K. Borehole, bottom _____ ft. MSL or **30** ft.
- L. Borehole, diameter **10** in.
- M. O.D. well casing **4** in.
- N. I.D. well casing **4** in.

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

Signature

Firm

[Signature]

Mendota Environmental Co LLC

EX-9

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 Rusk	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 _____
Well Street Address 811 Lake Ave W	Well ZIP Code 54848	Range _____
Well City, Village or Town Ladysmith	Lot # _____	_____
Subdivision Name _____	_____	_____

2. Facility / Owner Information

Facility Name Doug's Tire Center (former)
Facility ID (FID or PWS) _____
License/Permit/Monitoring # _____
Original Well Owner _____
Present Well Owner _____
Mailing Address of Present Owner 811 Lake Ave W
City of Present Owner Ladysmith
State WI
ZIP Code 54848

Reason for Removal from Service
Closed Site

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 9-21-2019
<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.) 30	Casing Diameter (in.) 4
Lower Drillhole Diameter (in.) 10	Casing Depth (ft.) 30
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 30 12	Depth to Water (feet) 22

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

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	30	~ 4 bags	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Cntry, LLC	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7-2-2020	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 932 6608	Comments _____	Date Received _____	Noted By _____
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	Date Signed 10/20/2022

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

Facility/Project Name Doug's Tire	Local Grid Location of Well ft. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	Well Name EX-9
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 9/21/2019 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 JOR Black PSI
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
B. Well casing, top elevation _____ ft. MSL
C. Land surface elevation _____ ft. MSL
D. Surface seal, bottom _____ 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 ☐

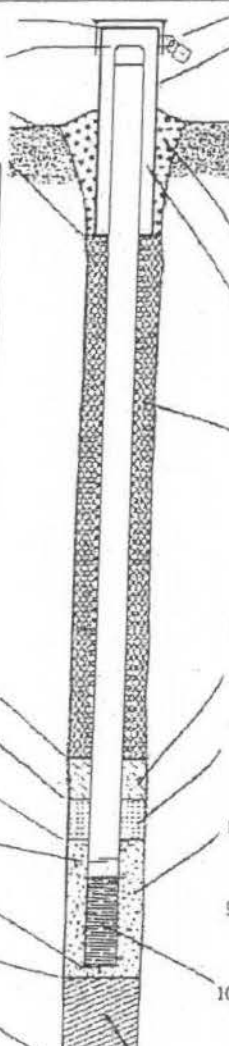
15. Drilling fluid used: Water ☐ 02 Air ☐ 01
Drilling Mud ☐ 03 None ☒ 99

16. Drilling additives used? ☐ Yes ☐ No

Describe _____

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

- E. Bentonite seal, top _____ ft. MSL or **12** ft.
F. Fine sand, top _____ ft. MSL or **12** ft.
G. Filter pack, top _____ ft. MSL or **12** ft.
H. Screen joint, top _____ ft. MSL or **15** ft.
I. Well bottom _____ ft. MSL or **30** ft.
J. Filter pack, bottom _____ ft. MSL or **30** ft.
K. Borehole, bottom _____ ft. MSL or **30** ft.
L. Borehole, diameter **10** in.
M. O.D. well casing **4** in.
N. I.D. well casing **4** in.



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. _____ Ft³ 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 _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³
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: **15** ft.
11. Backfill material (below filter pack): None ☒ 14
Other ☐

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

Signature **[Signature]** Firm **Mendota Environmental & Hy**

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.

EX-10

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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:

☐ Drinking Water☐ Watershed/Wastewater☐ Remediation/Redevelopment☐ Waste Management☐ Other: _____☐ Verification Only of Fill and Seal

1. Well Location Information

County Rusk	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
Well Street Address 811 Lake Ave W	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well City, Village or Town Ladysmith	Well ZIP Code 54848	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Doug's Tire Center (former)		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 811 Lake Ave W		
City of Present Owner Ladysmith	State WI	ZIP Code 54848

Reason for Removal from Service

Closed Site

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 9-21-2019
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
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.) 30	Casing Diameter (in.) 4
Lower Drillhole Diameter (in.) 10	Casing Depth (ft.) 30
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 12	Depth to Water (feet) 22

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

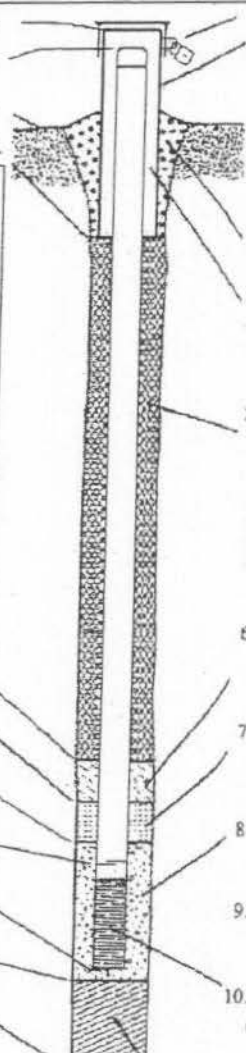
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	30	~ 4 bags	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Mendham Env. Serv., LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-8-2022	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 932 6608	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	Date Signed 10/20/2022

Facility/Project Name Doe's Tire	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name EX-10
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 9/21/2019 m m d d y y v v
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 Joe Black PSI
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	
Distance from Waste/Source _____ ft.	Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>		

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <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 checked="" 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 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</p> <p>Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or 12 ft.</p> <p>F. Fine sand, top _____ ft. MSL or 12 ft.</p> <p>G. Filter pack, top _____ ft. MSL or 12 ft.</p> <p>H. Screen joint, top _____ ft. MSL or 15 ft.</p> <p>I. Well bottom _____ ft. MSL or 30 ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or 30 ft.</p> <p>K. Borehole, bottom _____ ft. MSL or 30 ft.</p> <p>L. Borehole, diameter 10 in.</p> <p>M. O.D. well casing 4 in.</p> <p>N. I.D. well casing 4 in.</p>	 <p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: 8 in. b. Length: 1 ft. c. Material: Steel <input checked="" type="checkbox"/> 0.4 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 3.0 Concrete <input checked="" type="checkbox"/> 0.1 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 3.0 Other <input type="checkbox"/></p> <p>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. _____ Ft³ volume added for any of the above</p> <p>f. How installed: Tremie <input type="checkbox"/> 0.1 Tremie pumped <input type="checkbox"/> 0.2 Gravity <input checked="" type="checkbox"/> 0.8</p> <p>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"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>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"/></p> <p>10. Screen material: PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 1.1 Continuous slot <input type="checkbox"/> 0.1 Other <input type="checkbox"/></p> <p>b. Manufacturer _____ c. Slot size: 0.1 in. d. Slotted length: 15 ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1.4 Other <input type="checkbox"/></p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature *[Signature]* Firm Mendota Environmental & Hy

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