

Letter of Transmittal

Submitted to:

Grant Neitzel

WDNR - Southeast Region RR Program
1701 N. 4Th Street
Superior WI 54880

Date:

5/27/2020

Attached

Job:

Sandy's Service (Former)

Under Separate Cover

Contents:

Well Abandonment Forms for the Sandy's Service (Former) site located at 16571 S. State Highway 35 in Dairyland (Cozy Corner), WI.
BRRTS #: 03-16-286908

Remarks:

Attached are the well abandonment forms for the above site as requested in your email correspondence dated 5/20/20. The wells have been properly abandoned and no investigative waste remains on-site. Attached are well abandonment forms documenting that the work was completed. Following your review of this information and lein being finalized for closure fee's please forward the "Final Closure" letter to our client and copy METCO.

If you have any questions please call or email.

Signed: Jason Powell

cc: Ray Sandstrom - Client

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

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

Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County DOUGLAS	WI Unique Well # of Removed Well WB708	Hicap #	Facility Name Sandys Service (FMR)
Latitude / Longitude (Degrees and Minutes) 46 ° 9.95 ' N 92 ° 14.25 ' W	Method Code (see instructions)	Facility ID (FID or PWS) 816126740	License/Permit/Monitoring #
1/4 SW 1/4 NW or Gov't Lot #	Section 34	Township 43 N	Range 15
		<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Ray Sandstrom
Well Street Address 16571 S STH 35	Well City, Village or Town Dairyland	Well ZIP Code 54830-	Present Well Owner Ray Sandstrom
Subdivision Name	Lot #	City of Present Owner Stacy	State MN
		ZIP Code 55079-	

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

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 6/3/2019	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 13	Casing Diameter (in.) 2	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 3	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 3.82	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
If yes, to what depth (feet)? 2.5		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity
		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	
Bentonite Chips	Surface	13	20.8

6. Comments
Monitoring Well MW-1R

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 5/26/2020	Date Received	Noted By
Street or Route 709 Gillette St., Ste. #3	Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 5/27/2020

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Verification Only of Fill and Seal

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

1. Well Location Information				2. Facility / Owner Information			
County DOUGLAS		WI Unique Well # of Removed Well WA109	Hicap #	Facility Name Sandys Service (FMR)		Facility ID (FID or PWS) 816126740	
Latitude / Longitude (Degrees and Minutes) 46 ° 9.95 ' N		Method Code (see instructions)		License/Permit/Monitoring #			
92 ° 14.25 ' W				Original Well Owner Ray Sandstrom			
1/4 SW or Gov't Lot #	1/4 NW	Section 34	Township 43 N	Range 15	<input type="checkbox"/> E <input checked="" type="checkbox"/> W		Present Well Owner Ray Sandstrom
Well Street Address 16571 S STH 35				Mailing Address of Present Owner 31125 Gable Avenue			
Well City, Village or Town Dairyland			Well ZIP Code 54830-				
Subdivision Name			Lot #		City of Present Owner Stacy	State MN	ZIP Code 55079-

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material					
3. Well / Drillhole / Borehole Information		Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 2/28/2018	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
<input type="checkbox"/> Borehole / Drillhole		Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Construction Type:		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
<input type="checkbox"/> Other (specify): _____		Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
Formation Type:		If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		
Total Well Depth From Ground Surface (ft.) 12	Casing Diameter (in.) 2	Required Method of Placing Sealing Material					
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 2	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped					
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>					
If yes, to what depth (feet)? 1.5	Depth to Water (feet) 1.28	Sealing Materials					
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)					
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "					
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips					
		For Monitoring Wells and Monitoring Well Boreholes Only:					
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout					
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry					

5. Material Used To Fill Well / Drillhole			
Bentonite Chips	From (ft.) Surface	To (ft.) 12	165 19.2
6. Comments Monitoring Well MW-2			

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 5/26/2020	Date Received	Noted By	
Street or Route 709 Gillette St., Ste. #3		Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work 	Date Signed 5/27/2020	

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

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Verification Only of Fill and Seal

Route to:

Drinking Water

Watershed/Wastewater

Remediation/Redevelopment

Waste Management

Other: _____

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

County: **DOUGLAS** WI Unique Well # of Removed Well: **WA110** Hicap #: _____

Facility Name: **Sandys Service (FMR)**

Latitude / Longitude (Degrees and Minutes):
46 ° 9.95 ' N
92 ° 14.25 ' W

Facility ID (FID or PWS): **816126740**

Method Code (see instructions): _____
1/4 SW 1/4 NW Section: **34** Township: **43 N** Range: **15** E W

License/Permit/Monitoring #: _____

Well Street Address: **16571 S STH 35**

Original Well Owner: **Ray Sandstrom**

Well City, Village or Town: **Dairyland** Well ZIP Code: **54830-**

Present Well Owner: **Ray Sandstrom**

Subdivision Name: _____ Lot #: _____

Mailing Address of Present Owner: **31125 Gable Avenue**

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

City of Present Owner: **Stacy** State: **MN** ZIP Code: **55079-**

3. Well / Drillhole / Borehole Information

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

Monitoring Well Original Construction Date (mm/dd/yyyy): **2/28/2018**
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

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

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

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

Formation Type:
 Unconsolidated Formation Bedrock

Sealing Materials:
 Neat Cement Grout Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry " "
 Concrete Bentonite Chips

Total Well Depth From Ground Surface (ft.): **12** Casing Diameter (in.): **2**

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

Lower Drillhole Diameter (in.): **8.25** Casing Depth (ft.): **2**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? **1.5** Depth to Water (feet): _____

5. Material Used To Fill Well / Drillhole		From (ft.)	To (ft.)	
Bentonite Chips		Surface	12	19.2

6. Comments
Monitoring Well MW-3

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

Name of Person or Firm Doing Filling & Sealing: Rob Wilmoth - METCO	License #: _____	Date of Filling & Sealing (mm/dd/yyyy): 5/26/2020	Date Received: _____	Noted By: _____
Street or Route: 709 Gillette St., Ste. #3	Telephone Number: (608) 781-8879	Comments: _____		
City: La Crosse	State: WI	ZIP Code: 54603-	Signature of Person Doing Work: <i>[Signature]</i>	Date Signed: 5/27/2020

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<input type="checkbox"/> Verification Only of Fill and Seal	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
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County DOUGLAS	WI Unique Well # of Removed Well WA111	Licap #	Facility Name Sandys Service (FMR)
Latitude / Longitude (Degrees and Minutes) 46 ° 9.95 ' N 92 ° 14.25 ' W		Method Code (see instructions)	Facility ID (FID or PWS) 816126740
1/4 SW or Gov't Lot #	1/4 NW	Section 34	License/Permit/Monitoring #
		Township 43 N	Original Well Owner Ray Sandstrom
		Range 15	Present Well Owner Ray Sandstrom
		<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Mailing Address of Present Owner 31125 Gable Avenue
Well Street Address 16571 S STH 35			City of Present Owner Stacy
Well City, Village or Town Dairyland			State MN
Subdivision Name			ZIP Code 55079-
Well ZIP Code 54830-			
Lot #			

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material
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<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 2/28/2018 If a Well Construction Report is available, please attach.	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
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Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
Total Well Depth From Ground Surface (ft.) 12	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 2
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	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
If yes, to what depth (feet)? 1.5	Depth to Water (feet)

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	
Bentonite Chips	Surface	12	19.2

6. Comments
Monitoring Well MW-4

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 5/26/2020	Date Received	Noted By
Street or Route 709 Gillette St., Ste. #3	Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 5/27/2020

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<input type="checkbox"/> Verification Only of Fill and Seal	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
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County: DOUGLAS MI Unique Well # of Removed Well: WA112 Hicap #: _____ Latitude / Longitude (Degrees and Minutes): 46 ° 9.95 ' N 92 ° 14.25 ' W Method Code (see instructions): _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1/4 SW</td> <td>1/4 NW</td> <td>Section</td> <td>Township</td> <td>Range</td> <td><input type="checkbox"/> E</td> </tr> <tr> <td></td> <td></td> <td>34</td> <td>43 N</td> <td>15</td> <td><input checked="" type="checkbox"/> W</td> </tr> </table> Well Street Address: 16571 S STH 35 Well City, Village or Town: Dairyland Well ZIP Code: 54830- Subdivision Name: _____ Lot #: _____	1/4 SW	1/4 NW	Section	Township	Range	<input type="checkbox"/> E			34	43 N	15	<input checked="" type="checkbox"/> W	Facility Name: Sandys Service (FMR) Facility ID (FID or PWS): 816126740 License/Permit/Monitoring #: _____ Original Well Owner: Ray Sandstrom Present Well Owner: Ray Sandstrom Mailing Address of Present Owner: 31125 Gable Avenue City of Present Owner: Stacy State: MN ZIP Code: 55079-
1/4 SW	1/4 NW	Section	Township	Range	<input type="checkbox"/> E								
		34	43 N	15	<input checked="" type="checkbox"/> W								

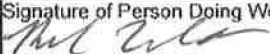
Reason For Removal From Service: Sampling Complete WI Unique Well # of Replacement Well: _____	4. Pump, Liner, Screen, Casing & Sealing Material
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3. Well / Drillhole / Borehole Information <input checked="" type="checkbox"/> Monitoring Well Original Construction Date (mm/dd/yyyy): 2/28/2018 <input type="checkbox"/> Water Well If a Well Construction Report is available, please attach. <input type="checkbox"/> Borehole / Drillhole Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
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Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock Total Well Depth From Ground Surface (ft.): 14 Casing Diameter (in.): 2 Lower Drillhole Diameter (in.): 8.25 Casing Depth (ft.): 4 Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to what depth (feet)? 2.5 Depth to Water (feet): 4.15	Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry
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5. Material Used To Fill Well / Drillhole		From (ft.)	To (ft.)	lbs
Bentonite Chips	Surface	14	22.4	

6. Comments
Monitoring Well MW-5

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing: Rob Wilmoth - METCO	License #: _____	Date of Filling & Sealing (mm/dd/yyyy): 5/26/2020	Date Received: _____	Noted By: _____	
Street or Route: 709 Gillette St., Ste. #3		Telephone Number: (608) 781-8879	Comments: _____		
City: La Crosse	State: WI	ZIP Code: 54603-	Signature of Person Doing Work: 	Date Signed: 5/27/2020	

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Verification Only of Fill and Seal

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

1. Well Location Information				2. Facility / Owner Information			
County DOUGLAS		WI Unique Well # of Removed Well WA113	Hicap #	Facility Name Sandys Service (FMR)		Facility ID (FID or PWS) 816126740	
Latitude / Longitude (Degrees and Minutes) 46 ° 9.95 ' N 92 ° 14.25 ' W		Method Code (see instructions)		License/Permit/Monitoring #			
1/4 SW or Gov't Lot #	1/4 NW	Section 34	Township 43 N	Range 15	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Ray Sandstrom	
Well Street Address 16571 S STH 35				Present Well Owner Ray Sandstrom			
Well City, Village or Town Dairyland				Mailing Address of Present Owner 31125 Gable Avenue			
Subdivision Name				Well ZIP Code 54830-		City of Present Owner Stacy	
				State MN		ZIP Code 55079-	

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material					
3. Well / Drillhole / Borehole Information		Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 2/28/2018	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
<input type="checkbox"/> Borehole / Drillhole		Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Total Well Depth From Ground Surface (ft.) 14	Casing Diameter (in.) 2	Did material settle after 24 hours? If yes, was hole retopped?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 4	If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Required Method of Placing Sealing Material					
If yes, to what depth (feet)? 2.5	Depth to Water (feet) 4.82	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity					

5. Material Used To Fill Well / Drillhole		From (ft.)	To (ft.)	
Bentonite Chips		Surface	14	22.4

6. Comments
Monitoring Well MW-6

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 5/26/2020	Date Received	Noted By	
Street or Route 709 Gillette St., Ste. #3		Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>And [Signature]</i>	Date Signed 5/27/2020	

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

<input type="checkbox"/> Verification Only of Fill and Seal	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
County: DOUGLAS WI Unique Well # of Removed Well: WA114 Hicap #: _____ Latitude / Longitude (Degrees and Minutes): 46 ° 9.95 ' N 92 ° 14.25 ' W Method Code (see instructions): _____ 1/4 SW 1/4 NW Section: 34 Township: 43 N Range: 15 <input type="checkbox"/> E <input checked="" type="checkbox"/> W or Gov't Lot #: _____ Well Street Address: 16571 S STH 35 Well City, Village or Town: Dairyland Well ZIP Code: 54830- Subdivision Name: _____ Lot #: _____	Facility Name: Sandys Service (FMR) Facility ID (FID or PWS): 816126740 License/Permit/Monitoring #: _____ Original Well Owner: Ray Sandstrom Present Well Owner: Ray Sandstrom Mailing Address of Present Owner: 31125 Gable Avenue City of Present Owner: Stacy State: MN ZIP Code: 55079-

Reason For Removal From Service: Sampling Complete WI Unique Well # of Replacement Well: _____	4. Pump, Liner, Screen, Casing & Sealing Material Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A									
3. Well / Drillhole / Borehole Information <input checked="" type="checkbox"/> Monitoring Well Original Construction Date (mm/dd/yyyy): 2/28/2018 <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole If a Well Construction Report is available, please attach.	Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>									
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips									
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry									
Total Well Depth From Ground Surface (ft.): 13.5 Casing Diameter (in.): 2 Lower Drillhole Diameter (in.): 8.25 Casing Depth (ft.): 3.5 Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to what depth (feet)? 2.5 Depth to Water (feet): 4.32	5. Material Used To Fill Well / Drillhole <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>From (ft.)</th> <th>To (ft.)</th> <th>Material</th> </tr> <tr> <td>Surface</td> <td>13.5</td> <td>Bentonite Chips</td> </tr> <tr> <td></td> <td>21.6</td> <td></td> </tr> </table>	From (ft.)	To (ft.)	Material	Surface	13.5	Bentonite Chips		21.6	
From (ft.)	To (ft.)	Material								
Surface	13.5	Bentonite Chips								
	21.6									

6. Comments
Monitoring Well MW-7

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing: Rob Wilmoth - METCO	License #	Date of Filling & Sealing (mm/dd/yyyy): 5/26/2020	Date Received	Noted By	
Street or Route: 709 Gillette St., Ste. #3	Telephone Number: (608) 781-8879	Comments		Signature of Person Doing Work: <i>[Signature]</i>	
City: La Crosse	State: WI	ZIP Code: 54603-	Date Signed: 5/27/2020		

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

Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County DOUGLAS	WI Unique Well # of Removed Well _____ WB709	Hicap # _____	Facility Name Sandys Service (FMR)
Latitude / Longitude (Degrees and Minutes) 46 ° 9.95 ' N 92 ° 14.25 ' W			Facility ID (FID or PWS) 816126740
Method Code (see instructions) _____			License/Permit/Monitoring # _____
1/4 SW or Gov't Lot #	1/4 NW	Section 34	Original Well Owner Ray Sandstrom
		Township 43 N	Present Well Owner Ray Sandstrom
		Range 15	Mailing Address of Present Owner 31125 Gable Avenue
		<input type="checkbox"/> E <input checked="" type="checkbox"/> W	City of Present Owner Stacy
Well Street Address 16571 S STH 35			State MN
Well City, Village or Town Dairyland			ZIP Code 55079-
Subdivision Name			Well ZIP Code 54830-
			Lot # _____

Reason For Removal From Service: **Sampling Complete**

WI Unique Well # of Replacement Well: _____

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

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 6/3/2019 if a Well Construction Report is available, please attach.	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
Total Well Depth From Ground Surface (ft.) 13 Casing Diameter (in.) 2 Lower Drillhole Diameter (in.) 8.25 Casing Depth (ft.) 3		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
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to what depth (feet)? 2.5 Depth to Water (feet) 0.2		

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	
Bentonite Chips	Surface	13	20.8

6. Comments
Monitoring Well MW-8

7. Supervision of Work			DNR Use Only		
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO	License # _____	Date of Filling & Sealing (mm/dd/yyyy) 5/26/2020	Date Received _____	Noted By _____	
Street or Route 709 Gillette St., Ste. #3		Telephone Number (608) 781-8879	Comments _____		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>[Signature]</i>		Date Signed 5/27/2020