

Konicek Environmental Consulting LLC

May 28, 2021

Mr. Lee Delcore
Wisconsin Department of Natural Resources
2300 N. Dr. Martin Luther King, Jr. Drive
Milwaukee, Wisconsin 53212-3128

Sent via email: lee.delcore@wisconsin.gov

Reference: Remaining Actions Needed for Case Closure
Clark Station #1656
BRRTS#: 03-46-003224
1020 Washington Street
Grafton, Wisconsin 53024


Dear Mr. Delcore,

In response to the WDNR Remaining Actions Needed for Case Closure letter dated May 26, 2021, Konicek Environmental Consulting LLC (KEC) has abandoned all remaining groundwater monitoring wells at the Clark Station #1656 site. Attached are the WDNR 3300-005 forms for each well.

Please call KEC with any questions (262) 284-2557.

Sincerely,

Konicek Environmental Consulting, LLC



Aaron Lofberg

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			2. Facility / Owner Information		
County <i>Ozaukee</i>	WI Unique Well # of Removed Well	Hicap #	Facility Name <i>Clark Station # 165b</i>		
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	Facility ID (FID or PWS) <i>246065160</i>		
1/4 1/4 NW 1/4 NE or Gov'l Lot #	Section <i>24</i>	Township <i>10 N</i>	Range <i>21</i>	License/Permit/Monitoring # <i>KMW-4</i>	
Well Street Address <i>1020 Washington Street</i>			Original Well Owner		
Well City, Village or Town <i>Grafton</i>			Present Well Owner		
Subdivision Name			Mailing Address of Present Owner		
Well ZIP Code <i>53024</i>			City of Present Owner		
Lot #			State		
Reason for Removal from Service <i>Case Closure</i>			ZIP Code		
WI Unique Well # of Replacement Well			City of Present Owner		

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <i>05/26/2020</i>	Pump and piping removed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:		Screen removed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	Casing left in place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Other (specify): <i>direct push</i>	<input type="checkbox"/> Dug	Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Formation Type:		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <i>15</i>	Casing Diameter (in.)	If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Was well annular space grouted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Required Method of Placing Sealing Material	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		
If yes, to what depth (feet)?	Depth to Water (feet)	<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input checked="" type="checkbox"/> Other (Explain): <i>gravity</i>		
		Sealing Materials	<input type="checkbox"/> Neat Cement Grout <input checked="" 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 checked="" 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
<i>Concrete</i>	<i>Surface</i>	<i>.5</i>		
<i>gravel</i>	<i>.5</i>	<i>2</i>		
<i>bentonite</i>	<i>2</i>	<i>15</i>		

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>Konicek Environmental Consulting</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>05/27/2021</i>	Date Received	Noted By
Street or Route <i>1032 S Spring Street</i>	Telephone Number <i>(262) 284-2557</i>	Comments		
City <i>Port Washington</i>	State <i>WI</i>	ZIP Code <i>53074</i>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <i>05/28/2021</i>

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			2. Facility / Owner Information		
County <i>Ozaukee</i>	WI Unique Well # of Removed Well	Hicap #	Facility Name <i>Clark Station # 165b</i>		

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	Facility ID (FID or PWS) <i>246065160</i>								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1/4 1/4 NW</td> <td style="width: 10%;">1/4 NE</td> <td style="width: 10%;">Section <i>24</i></td> <td style="width: 10%;">Township <i>10 N</i></td> <td style="width: 10%;">Range <i>21</i></td> <td style="width: 10%;"> <input checked="" type="checkbox"/> E <input type="checkbox"/> W </td> </tr> </table>			1/4 1/4 NW	1/4 NE	Section <i>24</i>	Township <i>10 N</i>	Range <i>21</i>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring# <i>KMW-6</i>		
1/4 1/4 NW	1/4 NE	Section <i>24</i>	Township <i>10 N</i>	Range <i>21</i>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W						

Well Street Address <i>1020 Washington Street</i>			Present Well Owner		
Well City, Village or Town <i>Grafton</i>			Mailing Address of Present Owner		
Subdivision Name			City of Present Owner		
Well ZIP Code <i>53024</i>			State		
Lot #			ZIP Code		

Reason for Removal from Service <i>Case Closure</i>	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material			
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3. Filled & Sealed Well / Drillhole / Borehole Information		Pump and piping removed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) <i>05/26/2020</i>	Liner(s) removed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If a Well Construction Report is available, please attach.		Liner(s) perforated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:		Screen removed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <i>direct push</i>		Casing left in place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:		Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<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.) <i>15</i>		Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Casing Diameter (in.)		If yes, was hole retapped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.)		If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Casing Depth (ft.)		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): <i>gravity</i>		
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials			
If yes, to what depth (feet)?		<input type="checkbox"/> Neat Cement Grout <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
Depth to Water (feet)		For Monitoring Wells and Monitoring Well Boreholes Only:			
		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole			
Concrete	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)
gravel	Surface	0.5	
bentonite	0.5	2	
	2	15	

6. Comments	

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>Konieczka Environmental Consulting</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>05/27/2021</i>	Date Received	Noted By
Street or Route <i>1032 S Spring Street</i>		Telephone Number <i>(262) 284-2557</i>	Comments	
City <i>Port Washington</i>	State <i>WI</i>	ZIP Code <i>53074</i>	Signature of Person Doing Work <i>[Signature]</i>	
			Date Signed <i>05/28/2021</i>	

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			2. Facility / Owner Information		
County <i>Ozaukee</i>	WI Unique Well # of Removed Well	Hicap #	Facility Name <i>Clark Station # 1656</i>		
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	Facility ID (FID or PWS) <i>246065160</i>		
1/4 NW 1/4 NE or Gov't Lot #	Section <i>24</i>	Township <i>10 N</i>	Range <i>21</i>	License/Permit/Monitoring # <i>KMW-7</i>	
Well Street Address <i>1020 Washington Street</i>			Original Well Owner		
Well City, Village or Town <i>Grafton</i>			Present Well Owner		
Subdivision Name			Mailing Address of Present Owner		
Well ZIP Code <i>53024</i>			City of Present Owner		
Lot #			State		
Reason for Removal from Service <i>Case Closure</i>			ZIP Code		
WI Unique Well # of Replacement Well			City of Present Owner		

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <i>05/26/2020</i>	Pump and piping removed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:		Screen removed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	Casing left in place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Other (specify): <i>direct push</i>	<input type="checkbox"/> Dug	Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Formation Type:		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <i>15</i>	Casing Diameter (in.)	If yes, was hole retapped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Was well annular space grouted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Required Method of Placing Sealing Material	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		
If yes, to what depth (feet)?	Depth to Water (feet)	<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input checked="" type="checkbox"/> Other (Explain): <i>gravity</i>		
		Sealing Materials	<input type="checkbox"/> Neat Cement Grout <input checked="" 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 checked="" 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
<i>concrete</i>	<i>Surface</i>	<i>.5</i>		
<i>gravel</i>	<i>.5</i>	<i>2</i>		
<i>bentonite</i>	<i>2</i>	<i>15</i>		

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>Konicetz Environmental Consulting</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>05/27/2021</i>	Date Received	Noted By
Street or Route <i>1032 S Spring Street</i>	Telephone Number <i>(262) 284-2557</i>	Comments		
City <i>Port Washington</i>	State <i>WI</i>	ZIP Code <i>53074</i>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <i>05/28/2021</i>

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

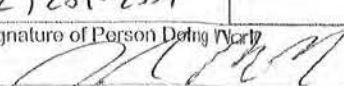
Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Ozaukee		WI Unique Well # of Removed Well		Facility Name Clark Station #165b		Facility ID (FID or PWS) 246065160	
Latitude / Longitude (see instructions)		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		License/Permit/Monitoring # MW-2	
1/4 NW 1/4 NE		Section 24		Township 10 N		Range 21 E	
or Gov't Lot #							
Well Street Address 1020 Washington Street				Present Well Owner			
Well City, Village or Town Grafton				Well ZIP Code 53024			
Subdivision Name				Lot #		City of Present Owner	
						State	
						ZIP Code	

3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 10/07/1993		Pump and piping removed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:				Screen removed?			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____				Casing left in place?			
Formation Type:				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Was casing cut off below surface?			
Total Well Depth From Ground Surface (ft.) 11.5				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Casing Diameter (in.)				Did sealing material rise to surface?			
Lower Drillhole Diameter (in.)				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Casing Depth (ft.)				Did material settle after 24 hours?			
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, to what depth (feet)?				If yes, was hole retopped?			
Depth to Water (feet)				<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 checked="" 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 checked="" type="checkbox"/> Other (Explain): gravity			
				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 checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole				From (ft.)		To (ft.)		Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight	
Concrete				Surface		.5					
gravel				.5		2					
bentonite				2		11.5					

6. Comments

7. Supervision of Work				DNR Use Only			
Name of Person or Firm Doing Filling & Sealing Konicek Environmental Consulting		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 05/27/2021		Date Received	
Street or Route 1032 S Spring Street		Telephone Number (262) 284-2557		Comments			
City Port Washington		State WI		ZIP Code 53074		Signature of Person Doing Work 	
						Date Signed 05/28/2021	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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: Ozaukee

WI Unique Well # of Removed Well: _____

Hicap #: _____

Latitude / Longitude (see instructions): _____ N _____ W

Format Code: DD DDM

Method Code: GPS008 SCR002 OTH001

1/4 NW 1/4 NE Section: 24 Township: 10 N Range: 21 E W

Well Street Address: 1020 Washington Street

Well City, Village or Town: Grafton Well ZIP Code: 53024

Subdivision Name: _____ Lot #: _____

2. Facility / Owner Information

Facility Name: Clark Station #165b

Facility ID (FID or PWS): 246065160

License/Permit/Monitoring #: MW-4

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: _____

City of Present Owner: _____ State: _____ ZIP Code: _____

Reason for Removal from Service: Case Closure

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): 10/08/1993

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.): 10.5 Casing Diameter (in.): _____

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

Was well annular space grouted? Yes No Unknown

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

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): gravity

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.)	Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
concrete	Surface	.5		
gravel	.5	2		
bentonite	2	10.5		

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Konicek Environmental Consulting License #: _____ Date of Filling & Sealing or Verification (mm/dd/yyyy): 05/27/2021

Street or Route: 1032 S Spring Street Telephone Number: (262) 284-2557 Comments: _____

City: Port Washington State: WI ZIP Code: 53074 Signature of Person Doing Work: _____ Date Signed: 05/28/2021

DNR Use Only

Date Received: _____ Noted By: _____

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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:

Verification Only of Fill and Seal

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

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

County: Ozaukee WI Unique Well # of Removed Well: _____ Hicap #: _____
 Latitude / Longitude (see instructions): _____ N Format Code: DD Method Code: GPS008
 _____ W DDM SCR002
 _____ OTH001
 1/4 NW 1/4 NE Section: 24 Township: 10 N Range: 21 E W
 or Gov't Lot #: _____
 Well Street Address: 1020 Washington Street
 Well City, Village or Town: Grafton Well ZIP Code: 53024
 Subdivision Name: _____ Lot #: _____

Facility Name: Clark Station #165b
 Facility ID (FID or PWS): 246065160
 License/Permit/Monitoring #: MW-6
 Original Well Owner: _____
 Present Well Owner: _____
 Mailing Address of Present Owner: _____
 City of Present Owner: _____ State: _____ ZIP Code: _____

Reason for Removal from Service: Case Closure WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 01/03/1999
 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.): 12.5 Casing Diameter (in.): _____
 Lower Drillhole Diameter (in.): _____ Casing Depth (ft.): _____
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? _____ Depth to Water (feet): _____

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): gravity
 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

Material	From (ft.)	To (ft.)	Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
concrete	Surface	0.5		
gravel	0.5	2		
bentonite	2	12.5		

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: Konicek Environmental Consulting License #: _____ Date of Filling & Sealing or Verification (mm/dd/yyyy): 05/27/2021 Date Received: _____ Noted By: _____
 Street or Route: 1032 S Spring Street Telephone Number: (262) 284-2557 Comments: _____
 City: Port Washington State: WI ZIP Code: 53074 Signature of Person Doing Work: _____ Date Signed: 05/28/2021