

**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 <b>Milwaukee</b>		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	
¼ / ¼ or Gov't Lot #	¼	Section	Township <b>N</b>	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <b>1500 Rawson Ave</b>					
Well City, Village or Town <b>South Milwaukee</b>			Well ZIP Code <b>53172</b>		
Subdivision Name			Lot #		
Reason for Removal from Service <b>no longer monitored</b>		WI Unique Well # of Replacement Well _____			

Facility Name <b>Lennys Service</b>		
Facility ID (FID or PWS) <b>241525650</b>		
License/Permit/Monitoring # <b>MW-15</b>		
Original Well Owner <b>Lenny Bukowski</b>		
Present Well Owner <b>Estate of Lenny Bukowski</b>		
<b>623 MARQUETTE AVE</b>		
City of Present Owner <b>South Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53172</b>

**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) <b>4/13/2010</b>	
If a Well Construction Report is available, please attach.			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) <b>15-feet</b>		Casing Diameter (in.) <b>2</b>	
Lower Drillhole Diameter (in.) <b>2</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)?		Depth to Water (feet)	

**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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" 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 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
<b>chip bentonite</b>	Surface	15	1 sack	

**6. Comments**

Well was abandoned with bentonite and later removed as part of an excavation for contaminated soil removal

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

Name of Person or Firm Doing Filling & Sealing <b>Gregory S. Walsh</b>		License # <b>NA</b>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>06/17/2020</b>	Date Received	Noted By
Street or Route <b>14120 West Glendale Ave</b>			Telephone Number <b>(262) 781-4646</b>	Comments	
City <b>Brookfield</b>	State <b>WI</b>	ZIP Code <b>53005</b>	Signature of Person Doing Work 	Date Signed <b>6/23/2020</b>	

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

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

County <b>Milwaukee</b>		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	
¼ / ¼ or Gov't Lot #	¼	Section	Township <b>N</b>	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <b>1500 Rawson Ave</b>					
Well City, Village or Town <b>South Milwaukee</b>			Well ZIP Code <b>53172</b>		
Subdivision Name			Lot #		
Reason for Removal from Service <b>no longer monitored</b>		WI Unique Well # of Replacement Well _____			

Facility Name <b>Lennys Service</b>		
Facility ID (FID or PWS) <b>241525650</b>		
License/Permit/Monitoring # <b>MW-16</b>		
Original Well Owner <b>Lenny Bukowski</b>		
Present Well Owner <b>Estate of Lenny Bukowski</b>		
<b>623 MARQUETTE AVE</b>		
City of Present Owner <b>South Milwaukee</b>		State <b>WI</b>
		ZIP Code <b>53172</b>

**3. Filled & Sealed Well / Drillhole / Borehole Information**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>4/13/2010</b>	
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	
<input type="checkbox"/> Borehole / Drillhole		
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		
Total Well Depth From Ground Surface (ft.) <b>15-feet</b>	Casing Diameter (in.) <b>2</b>	
Lower Drillhole Diameter (in.) <b>2</b>	Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
If yes, to what depth (feet)?	Depth to Water (feet)	

**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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
<input checked="" 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 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
<b>chip bentonite</b>	Surface	15	1 sack	

**6. Comments**

Well was abandoned with bentonite and later removed as part of an excavation for contaminated soil removal

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

Name of Person or Firm Doing Filling & Sealing <b>Gregory S. Walsh</b>		License # <b>NA</b>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>06/17/2020</b>	Date Received	Noted By
Street or Route <b>14120 West Glendale Ave</b>			Telephone Number <b>(262) 781-4646</b>	Comments	
City <b>Brookfield</b>	State <b>WI</b>	ZIP Code <b>53005</b>	Signature of Person Doing Work 	Date Signed <b>6/23/2020</b>	

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**Route to DNR Bureau:**

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

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

County <b>Milwaukee</b>		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	
¼ / ¼ or Gov't Lot #	¼	Section	Township <b>N</b>	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <b>1500 Rawson Ave</b>					
Well City, Village or Town <b>South Milwaukee</b>			Well ZIP Code <b>53172</b>		
Subdivision Name			Lot #		
Reason for Removal from Service <b>no longer monitored</b>		WI Unique Well # of Replacement Well _____			

Facility Name <b>Lennys Service</b>		
Facility ID (FID or PWS) <b>241525650</b>		
License/Permit/Monitoring # <b>MW-17</b>		
Original Well Owner <b>Lenny Bukowski</b>		
Present Well Owner <b>Estate of Lenny Bukowski</b>		
<b>623 MARQUETTE AVE</b>		
City of Present Owner <b>South Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53172</b>

**3. Filled & Sealed Well / Drillhole / Borehole Information**

<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>4/13/2010</b>	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input type="checkbox"/> Borehole / Drillhole			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) <b>15-foot</b>		Casing Diameter (in.) <b>2</b>	
Lower Drillhole Diameter (in.) <b>2</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)?		Depth to Water (feet)	

**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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" 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 checked="" type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

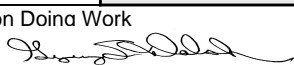
**5. Material Used to Fill Well / Drillhole**

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>chip bentonite</b>	Surface	15	1 sack	

**6. Comments**

Well was abandoned with bentonite and later removed as part of an excavation for contaminated soil removal

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

Name of Person or Firm Doing Filling & Sealing <b>Gregory S. Walsh</b>		License # <b>NA</b>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>06/17/2020</b>	Date Received	Noted By
Street or Route <b>14120 West Glendale Ave</b>			Telephone Number <b>(262) 781-4646</b>	Comments	
City <b>Brookfield</b>	State <b>WI</b>	ZIP Code <b>53005</b>	Signature of Person Doing Work 	Date Signed <b>6/23/2020</b>	

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

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

County <b>Milwaukee</b>		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	
¼ / ¼ or Gov't Lot #	¼	Section	Township <b>N</b>	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <b>1500 Rawson Ave</b>					
Well City, Village or Town <b>South Milwaukee</b>			Well ZIP Code <b>53172</b>		
Subdivision Name			Lot #		
Reason for Removal from Service <b>no longer monitored</b>		WI Unique Well # of Replacement Well _____			

Facility Name <b>Lennys Service</b>		
Facility ID (FID or PWS) <b>241525650</b>		
License/Permit/Monitoring # <b>MW-23</b>		
Original Well Owner <b>Lenny Bukowski</b>		
Present Well Owner <b>Estate of Lenny Bukowski</b>		
<b>623 MARQUETTE AVE</b>		
City of Present Owner <b>South Milwaukee</b>		State <b>WI</b>
		ZIP Code <b>53172</b>

**3. Filled & Sealed Well / Drillhole / Borehole Information**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>8/12/2016</b>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <b>15-foot</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.) <b>2</b>	Casing Depth (ft.) <b>NA</b>
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input checked="" 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 checked="" type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

**5. Material Used to Fill Well / Drillhole**


<b>chip bentonite</b>	From (ft.) <b>Surface</b>	To (ft.) <b>15</b>	No. Yards, Sacks Sealant or Volume (circle one) <b>1 sack</b>	Mix Ratio or Mud Weight
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From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	1 sack	

**6. Comments**

Well was abandoned with bentonite and later removed as part of an excavation for contaminated soil removal

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

Name of Person or Firm Doing Filling & Sealing <b>Gregory S. Walsh</b>	License # <b>NA</b>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>06/17/2020</b>	Date Received	Noted By
Street or Route <b>14120 West Glendale Ave</b>		Telephone Number <b>(262) 781-4646</b>	Comments	
City <b>Brookfield</b>	State <b>WI</b>	ZIP Code <b>53005</b>	Signature of Person Doing Work 	Date Signed <b>6/23/2020</b>

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

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

County <b>Milwaukee</b>		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	
¼ / ¼ or Gov't Lot #	¼	Section	Township <b>N</b>	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <b>1500 Rawson Ave</b>					
Well City, Village or Town <b>South Milwaukee</b>			Well ZIP Code <b>53172</b>		
Subdivision Name			Lot #		
Reason for Removal from Service <b>no longer monitored</b>		WI Unique Well # of Replacement Well _____			

Facility Name <b>Lennys Service</b>		
Facility ID (FID or PWS) <b>241525650</b>		
License/Permit/Monitoring # <b>MW-24</b>		
Original Well Owner <b>Lenny Bukowski</b>		
Present Well Owner <b>Estate of Lenny Bukowski</b>		
<b>623 MARQUETTE AVE</b>		
City of Present Owner <b>South Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53172</b>

**3. Filled & Sealed Well / Drillhole / Borehole Information**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>8/12/2016</b>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <b>15-feet</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.) <b>2</b>	Casing Depth (ft.) <b>NA</b>
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" 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 checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

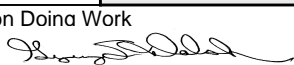
**5. Material Used to Fill Well / Drillhole**

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>chip bentonite</b>	Surface	15	1 sack	

**6. Comments**

Well was abandoned with bentonite and later removed as part of an excavation for contaminated soil removal

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

Name of Person or Firm Doing Filling & Sealing <b>Gregory S. Walsh</b>	License # <b>NA</b>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>06/17/2020</b>	Date Received	Noted By
Street or Route <b>14120 West Glendale Ave</b>		Telephone Number <b>(262) 781-4646</b>	Comments	
City <b>Brookfield</b>	State <b>WI</b>	ZIP Code <b>53005</b>	Signature of Person Doing Work 	Date Signed <b>6/23/2020</b>

**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 <b>Milwaukee</b>		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	
¼ / ¼ or Gov't Lot #	¼	Section	Township <b>N</b>	Range	<input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address <b>1500 Rawson Ave</b>					
Well City, Village or Town <b>South Milwaukee</b>			Well ZIP Code <b>53172</b>		
Subdivision Name			Lot #		
Reason for Removal from Service <b>no longer monitored</b>		WI Unique Well # of Replacement Well _____			

Facility Name <b>Lennys Service</b>		
Facility ID (FID or PWS) <b>241525650</b>		
License/Permit/Monitoring # <b>MW-26</b>		
Original Well Owner <b>Lenny Bukowski</b>		
Present Well Owner <b>Estate of Lenny Bukowski</b>		
<b>623 MARQUETTE AVE</b>		
City of Present Owner <b>South Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53172</b>

**3. Filled & Sealed Well / Drillhole / Borehole Information**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>10/12/17</b>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <b>16-feet</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.) <b>2</b>	Casing Depth (ft.) <b>NA</b>
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" 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	
<i>For Monitoring Wells and Monitoring Well Boreholes Only:</i> <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

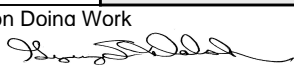
**5. Material Used to Fill Well / Drillhole**

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>chip bentonite</b>	Surface	16	1 sack	

**6. Comments**

Well was abandoned with bentonite and later removed as part of an excavation for contaminated soil removal

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

Name of Person or Firm Doing Filling & Sealing <b>Gregory S. Walsh</b>	License # <b>NA</b>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>06/17/2020</b>	Date Received	Noted By
Street or Route <b>14120 West Glendale Ave</b>		Telephone Number <b>(262) 781-4646</b>	Comments	
City <b>Brookfield</b>	State <b>WI</b>	ZIP Code <b>53005</b>	Signature of Person Doing Work 	Date Signed <b>6/23/2020</b>

**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 <b>Milwaukee</b>		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name <b>Lennys Service</b>	
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) <b>241525650</b>	
¼ / ¼ or Gov't Lot #		Section		Township <b>N</b>		License/Permit/Monitoring # <b>MW-27</b>	
Well Street Address <b>1500 Rawson Ave</b>		Well City, Village or Town <b>South Milwaukee</b>		Well ZIP Code <b>53172</b>		Original Well Owner <b>Lenny Bukowski</b>	
Subdivision Name		Lot #		City of Present Owner <b>South Milwaukee</b>		State <b>WI</b>	
Reason for Removal from Service <b>no longer monitored</b>		WI Unique Well # of Replacement Well _____		Present Well Owner <b>Estate of Lenny Bukowski</b>		ZIP Code <b>53172</b>	

**3. Filled & Sealed Well / Drillhole / Borehole Information**

Monitoring Well  
 Water Well  
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)  
**10/12/2017**

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.)  
**15-feet**

Casing Diameter (in.)  
**2**

Lower Drillhole Diameter (in.)  
**2**

Casing Depth (ft.)  
**NA**

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): \_\_\_\_\_

Sealing Materials  
 Neat Cement Grout       Concrete  
 Sand-Cement (Concrete) Grout       Bentonite Chips

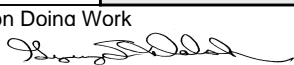
For Monitoring Wells and Monitoring Well Boreholes Only:  
 Bentonite Chips       Bentonite - Cement Grout  
 Granular Bentonite       Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>chip bentonite</b>		Surface	15	1 sack	

**6. Comments**

Well was abandoned with bentonite and later removed as part of an excavation for contaminated soil removal

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

Name of Person or Firm Doing Filling & Sealing <b>Gregory S. Walsh</b>		License # <b>NA</b>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>06/17/2020</b>	Date Received	Noted By
Street or Route <b>14120 West Glendale Ave</b>		Telephone Number <b>(262) 781-4646</b>		Comments	
City <b>Brookfield</b>	State <b>WI</b>	ZIP Code <b>53005</b>	Signature of Person Doing Work 	Date Signed <b>6/23/2020</b>	

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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**      **2. Facility / Owner Information**

County <b>Milwaukee</b>		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	
¼ / ¼ or Gov't Lot #	¼	Section	Township <b>N</b>	Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <b>1500 Rawson Ave</b>					
Well City, Village or Town <b>South Milwaukee</b>			Well ZIP Code <b>53172</b>		
Subdivision Name			Lot #		
Reason for Removal from Service <b>no longer monitored</b>		WI Unique Well # of Replacement Well _____			

Facility Name <b>Lennys Service</b>		
Facility ID (FID or PWS) <b>241525650</b>		
License/Permit/Monitoring # <b>MW-45</b>		
Original Well Owner <b>Lenny Bukowski</b>		
Present Well Owner <b>Estate of Lenny Bukowski</b>		
<b>623 MARQUETTE AVE</b>		
City of Present Owner <b>South Milwaukee</b>	State <b>WI</b>	ZIP Code <b>53172</b>

**3. Filled & Sealed Well / Drillhole / Borehole Information**

<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>1/30/2020</b>	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input type="checkbox"/> Borehole / Drillhole			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) <b>15-foot</b>		Casing Diameter (in.) <b>2</b>	
Lower Drillhole Diameter (in.) <b>2</b>		Casing Depth (ft.) <b>NA</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)?		Depth to Water (feet)	

**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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" 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 checked="" type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

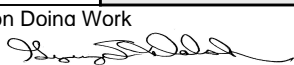
**5. Material Used to Fill Well / Drillhole**

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>chip bentonite</b>	Surface	15	1 sack	

**6. Comments**

Well was abandoned with bentonite and later removed as part of an excavation for contaminated soil removal

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

Name of Person or Firm Doing Filling & Sealing <b>Gregory S. Walsh</b>		License # <b>NA</b>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>06/17/2020</b>	Date Received	Noted By
Street or Route <b>14120 West Glendale Ave</b>			Telephone Number <b>(262) 781-4646</b>	Comments	
City <b>Brookfield</b>	State <b>WI</b>	ZIP Code <b>53005</b>	Signature of Person Doing Work 	Date Signed <b>6/23/2020</b>	