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March 19, 2024

Ms. Jennifer Meyer
Environmental Program Associate
Remediation and Redevelopment Program
Wisconsin Department of Natural Resources
1027 W. St. Paul Avenue
Milwaukee, WI 53233

Via WDNR RR Program Submittal Portal

Subject: **Remedial Action Construction Documentation Report**
Enhanced In-Situ Bioremediation (EISB)
Milwaukee Die Casting Company Site
4132 North Holton Street
Milwaukee, Wisconsin
WDNR BRRTS # 02-41-000023
WDNR FID # 241228240

Dear Ms. Meyer,

We are providing this *Remedial Action Construction Documentation Report* ("Report") to the Wisconsin Department of Natural Resources (WDNR) for the Milwaukee Die Casting Company Site ("Site"). This Report is being submitted on behalf of Pharmacia LLC ("Pharmacia"), which is acting on behalf of Fisher Controls International, Inc. ("Fisher") in this matter.[1]

This Report documents MW-1 area shallow groundwater enhanced in-situ bioremediation (EISB) field implementation. EISB was implemented pursuant to the WDNR-approved *Remedial Action Options and Design Report* and the WDNR-approved temporary exemption for injection.

This Report was prepared in general accordance with Wisconsin Administrative Code NR 724.15. The NR 712.09 submittal certification is provided as **Attachment 1**.

This Report follows the following correspondence with WDNR regarding MW-1 area shallow groundwater EISB:

[1] By submitting this Report, neither Pharmacia nor Fisher is waiving any of its rights under federal or state law. Additionally, nothing in this Report should be deemed an admission of fact or law, or a waiver of any defense or right to contest Pharmacia's or Fisher's liability under any state or federal law.

- *Pre-Design Investigation Report*, May 19, 2023.
- *Remedial Action Options and Design Report*, June 30, 2023.
- WDNR Review of Remedial Action Options and Design Report, August 18, 2023 (WDNR approval).
- *Infiltration/Injection Request*, August 14, 2023.
- WDNR Infiltration/Injection Temporary Exemption Request for Former Milwaukee Die Casting Company Facility, October 13, 2023 (WDNR approval).
- Injection Schedule Notification email, October 27, 2023 (submitted pursuant to specific requirement B.3 of the October 13, 2023 WDNR approval letter).

1. PURPOSE AND SCOPE

The purpose of MW-1 area shallow groundwater EISB is to reduce the residual chlorinated volatile organic compound (CVOC) mass, reduce the period of groundwater monitoring, and allow a determination that NR 140 groundwater quality standards can be met in a "reasonable period of time" pursuant to NR 726.05(6)(b).

EISB implementation consisted of direct amendment of the MW-1 area shallow groundwater zone with an electron donor (carbon source) and a dechlorinating microbial culture to stimulate biodegradation of the residual CVOCs. The approximate MW-1 shallow groundwater EISB injection area is depicted on **Figure 1 (Attachment 2)**.

2. DESIGN SUMMARY

The following EISB design parameters were established in the WDNR-approved June 30, 2023 *Remedial Action Options and Design Report*:

Design Parameters	
amendment zone area	8,100 square feet (sf)
amendment zone depth interval	8 to 18 feet below ground surface (bgs) (within silty sand unit above dense silt unit)
number of injection points	46 (radius of influence of 7.5 feet; approximate 15-foot grid)
emulsified vegetable oil (EVO) quantity	6,600 pounds
EVO concentration	4,800 milligrams per liter (mg/L)
EVO emulsion injection quantity	38,000 gallons (average of 825 gallons per injection point)
KB-1® injection quantity	23 liters (average of 0.5 liters per injection point)

3. FIELD IMPLEMENTATION

3.1 Pre-Injection Groundwater Monitoring Well Abandonment

Groundwater monitoring well MW-1, located and screened within the EISB target amendment zone, was abandoned prior to injection by CABENO Environmental Field Services (CABENO) on November 6, 2023. MW-1 was abandoned in accordance with NR 141. The MW-1 abandonment form (WDNR Form 3300-005) is provided in **Attachment 3**.

3.2 EISB Injection

3.2.1 Amendments

RNAS Remediation Products Newman Zone EVO and SiREM KB-1® were used as the carbon source and microbial culture, respectively. The EVO was diluted with anaerobic water. The anaerobic water was generated by adding KB-1® Primer to municipal water obtained from an adjacent hydrant in accordance with a City of Milwaukee hydrant permit obtained by CABENO. The Safety Data Sheets (SDSs) for the EVO, KB-1® and KB-1® Primer are provided in **Attachment 4**.

3.2.2 Field Staking Injection Points

Prior to EISB injection, the planned injection points were staked by TerraTec Engineering (TerraTec) on November 3, 2023.

3.2.3 Injection

EISB injection was conducted by CABENO between November 7 and 27, 2023. A total of 50 injection points (I-01 to I-50) were advanced. The approximate locations of the injection points are depicted on **Figure 2 (Attachment 2)**.

Prior to injection, the EVO was diluted with anaerobic water. The anerobic water was generated by adding KB-1® Primer to municipal water to achieve an oxidation-reduction potential (ORP) less than -75 millivolts (mV). Anaerobic water generation and EVO dilution were conducted in 250-gallon batches (totes) equipped with electric mixers. A summary of the anaerobic water batch preparation (KB-1® Primer addition amount and final ORP field measurement for each batch) is provided in **Table 1** (**Attachment 5)**.

The EVO emulsion was delivered to the target EISB amendment zone by direct-push technology (DPT) injection points using a retractable DPT injection tool (retracted to expose a 2-foot-long

section containing injection ports). The KB-1® culture was added during EVO emulsion delivery using compressed nitrogen gas. The injection point depths varied from approximately 12 to 17.5 feet bgs. The injection point depth was generally based on the depth that the dense silt unit was encountered (base of the target silty sand unit amendment zone).

A total of approximately 35,300 gallons of EVO emulsion and 23 liters of KB-1® culture were injected in the target amendment zone. The average injection volume for the 50 injection points was approximately 700 gallons. The injection rate generally varied between 1 and 5 gallons per minute (gpm). The number of injection points and EVO emulsion injection quantities (total and individual injection point EVO emulsion quantities) varied from the established design parameters (refer to Section 2) based on field adjustments to injectant preparation and delivery (due to variable subsurface injection zone conditions). A summary of the approximate individual injection point depths and injection volumes is provided in **Table 2 (Attachment 5)**.

Following injection, the injection points were abandoned in accordance with NR 140. The injection point abandonment forms (WDNR Form 3300-005) are provided in **Attachment 6**.

3.3 Monitoring Well Installation

Three (3) groundwater monitoring wells (MW-1R, PMW-1 and PMW-2) were installed and developed following injection by CABENO on December 18, 2023 and December 21, 2023, respectively.

MW-1R was installed to replace MW-1 (refer to Section 3.1). PMW-1 and PMW-2 were installed solely for post-EISB implementation performance monitoring. PMW-1 and PMW-2 were installed at the approximate locations of pre-design investigation soil boring locations GP-13-2023 and GP-15-2023, respectively. The monitoring well locations are depicted on **Figure 1 (Attachment 2)**.

The groundwater monitoring wells were installed and developed in accordance with NR 141. The wells were installed to a depth of approximately 15 feet bgs with 10-foot screens. Completed Well Construction Forms (WDNR Form 4400-113A) and Monitoring Well Development Forms (WDNR Form 4400-113B) are included in **Attachment 7**.

6.1 Waste Management

Three (3) soil drums and four (4) water drums of investigation-derived waste (IDW) were generated during EISB injection and groundwater monitoring well installation and development. The drums were contained in labeled 55-gallon drums and staged in the northwest portion of the Site pending disposal. The water drums were staged in secondary containment. The drums were

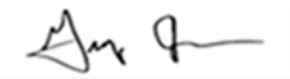
transported off-site for disposal on January 22 and 24, 2024. The IDW disposal documentation is provided in **Attachment 8**.

4. CLOSING

Please contact us if you have any questions regarding this *Remedial Action Construction Documentation Report*.

Sincerely,

Jeremiah Johnson, P.G.
Senior Geologist
(Licensed P.G. in WI)



Greg Johnson, P.H., P.G., P.E.
Senior Engineer
(Licensed P.E. in WI, P.H. in WI, P.G. in IL, WI)

Attachment 1 - NR 712.09 Submittal Certification
Attachment 2 - Figures
Attachment 3 - Groundwater Monitoring Well Abandonment Form
Attachment 4 - Amendment Safety Data Sheets (SDSs)
Attachment 5 - Tables
Attachment 6 - Injection Point Abandonment Forms
Attachment 7 - Groundwater Monitoring Well Construction and Development Forms
Attachment 8 - IDW Disposal Documentation

cc: Mr. Christopher Clark, Pharmacia LLC
Ms. Mary Jo Anzia, BSI

ATTACHMENT 1

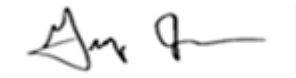
NR 712.09 Submittal Certification

Remedial Action Construction Documentation Report
Enhanced In-Situ Bioremediation (EISB)
Milwaukee Die Casting Company Site
4132 North Holton Street
Milwaukee, Wisconsin
WDNR BRRTS # 02-41-000023
WDNR FID # 241228240

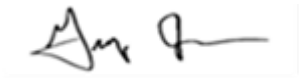
NR 712.09 Submittal certification.

Document Name	REMEDIAL ACTION CONSTRUCTION DOCUMENTATION REPORT - ENHANCED IN-SITU BIOREMEDIATION (EISB)
Document Date	March 19, 2024
Site Name	Milwaukee Die Casting Company Site
WDNR BRRTS #	02-41-000023

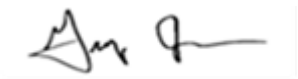
"I, Greg Johnson, hereby certify that I am a registered professional engineer in the State of Wisconsin, registered in accordance with the requirements of ch. A-E 4, Wis. Adm. Code; that this document has been prepared in accordance with the Rules of Professional Conduct in ch. A-E 8, Wis. Adm. Code; and that, to the best of my knowledge, all information contained in this document is correct and the document was prepared in compliance with all applicable requirements in chs. NR 700 to 726, Wis. Adm. Code."

 Greg Johnson, P.H., P.G., P.E. Senior Engineer P.E. #: 29898-006	 3/19/2024
Signature, title and P.E. number	P.E. stamp

"I, Greg Johnson, hereby certify that I am a hydrogeologist as that term is defined in s. NR 712.03 (1), Wis. Adm. Code, am registered in accordance with the requirements of ch. GHSS 2, Wis. Adm. Code, or licensed in accordance with the requirements of ch. GHSS 3, Wis. Adm. Code, and that, to the best of my knowledge, all of the information contained in this document is correct and the document was prepared in compliance with all applicable requirements in chs. NR 700 to 726, Wis. Adm. Code."

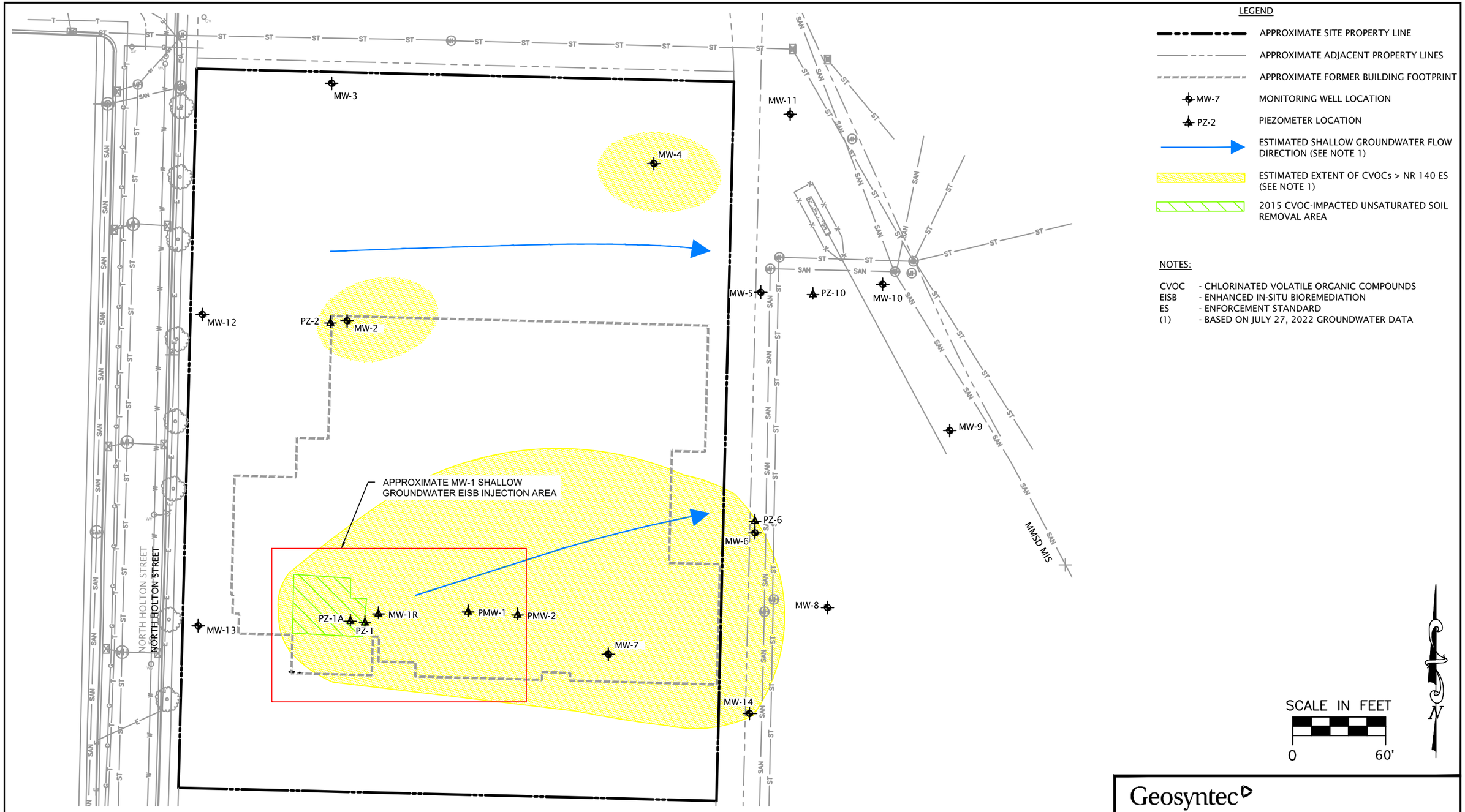
 Senior Engineer	3/19/2024
Signature and title	Date

"I, Jeremiah Johnson, hereby certify that I am a scientist as that term is defined in s. NR 712.03 (3), Wis. Adm. Code, and that, to the best of my knowledge, all of the information contained in this document is correct and the document was prepared in compliance with all applicable requirements in chs. NR 700 to 726, Wis. Adm. Code."

 Senior Geologist	3/19/2024
Signature and title	Date

ATTACHMENT 2

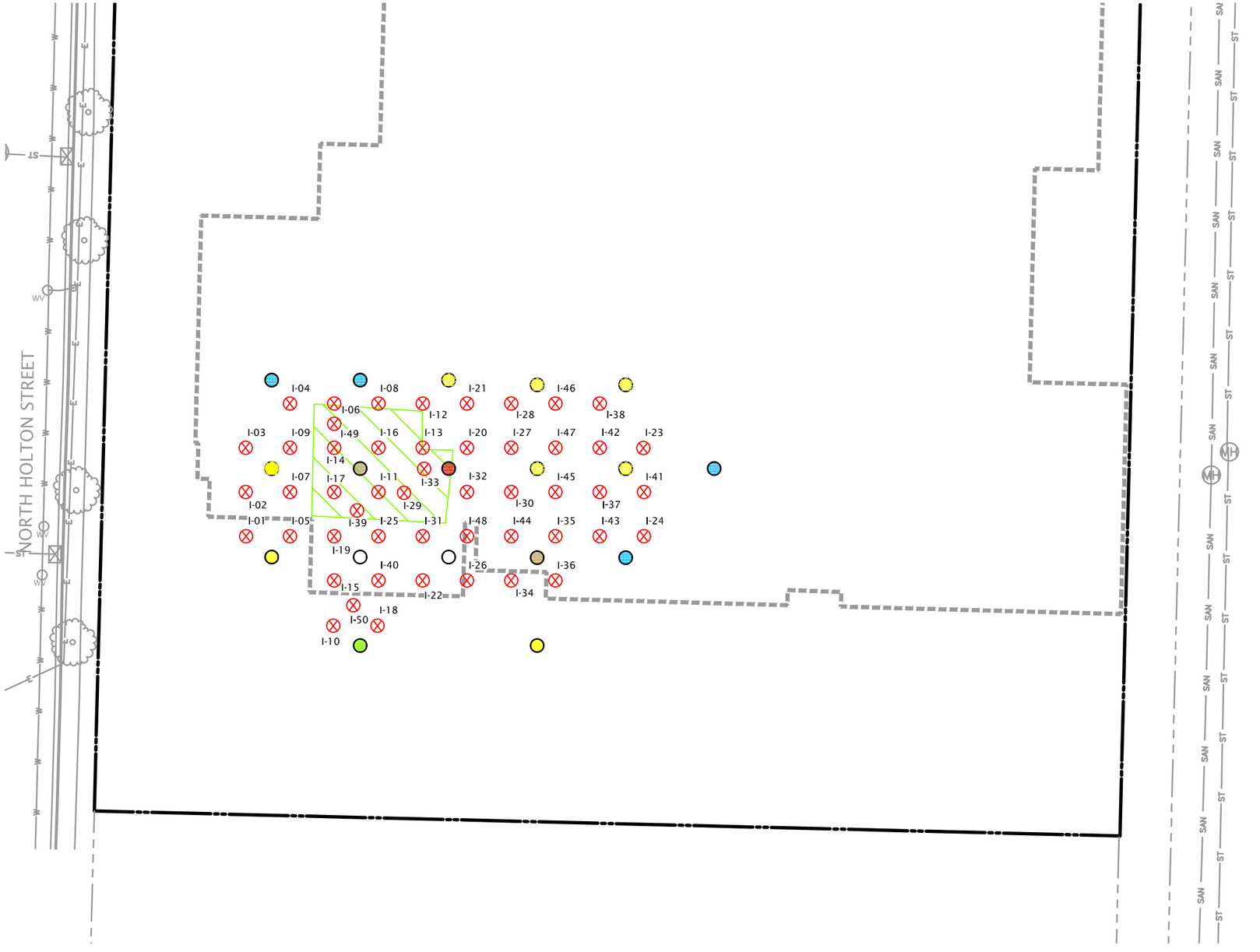
Figures



Geosyntec consultants

CLIENT:	PHARMACIA, LLC.
PROJECT:	MILWAUKEE DIE CASTING COMPANY (MDCC) SITE 4132 NORTH HOLTON STREET MILWAUKEE, WISCONSIN
TITLE:	SITE LAYOUT

PROJECT: CHW8271P	FIGURE NO.: 1	DRAWING NO.: 1 OF 2
DATE: January 30, 2024	FILE NO.: 24-01MDCC924	



LEGEND

I-38 APPROXIMATE EISB INJECTION POINT LOCATION

APPROXIMATE SITE PROPERTY LINE

APPROXIMATE ADJACENT PROPERTY LINES

APPROXIMATE FORMER BUILDING FOOTPRINT

2015 CVOC-IMPACTED UNSATURATED SOIL REMOVAL AREA

PRE-DESIGN INVESTIGATION SOIL BORING LOCATION

PRE-INJECTION CVOC SATURATED SOIL CONCENTRATION:

- CVOCs > 100,000 ug/Kg
- CVOCs > 10,000 AND < 100,000 ug/Kg
- CVOCs > 1,000 AND < 10,000 ug/Kg
- CVOCS > 100 and < 1,000 ug/Kg
- CVOCS < 100 ug/Kg

NOTES:

CVOC - CHLORINATED VOLATILE ORGANIC COMPOUNDS
EISB - ENHANCED IN-SITU BIOREMEDIATION
ug/Kg - MICROGRAMS PER KILOGRAM

SCALE IN FEET

0 40'

N

Geosyntec consultants

CLIENT:	PHARMACIA, LLC.		
PROJECT:	MILWAUKEE DIE CASTING COMPANY (MDCC) SITE 4132 NORTH HOLTON STREET MILWAUKEE, WISCONSIN		
TITLE:	MW-1 AREA ENHANCED IN-SITU BIOREMEDIATION INJECTION MAP		
PROJECT: CHW8271P		FIGURE NO.: 2	DRAWING NO.: 2 OF 2
DATE: January 30, 2024		FILE NO.: 2401MDCC924	

ATTACHMENT 3

Groundwater Monitoring Well Abandonment Form

Remedial Action Construction Documentation Report
Enhanced In-Situ Bioremediation (EISB)
Milwaukee Die Casting Company Site
4132 North Holton Street
Milwaukee, Wisconsin
WDNR BRRTS # 02-41-000023
WDNR FID # 241228240

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

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**
MW-1

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well ☐ Water Well ☐ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 8/20/2020
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 15
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): 5

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	15	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/06/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

ATTACHMENT 4

EISB Amendment Safety Data Sheets

Remedial Action Construction Documentation Report
Enhanced In-Situ Bioremediation (EISB)
Milwaukee Die Casting Company Site
4132 North Holton Street
Milwaukee, Wisconsin
WDNR BRRTS # 02-41-000023
WDNR FID # 241228240

SAFETY DATA SHEET

Newman Zone EVO

Prepared to U.S. OSHA, CMA, ANSI, Canadian WHMIS Standards, Australian WorkSafe, Japanese Industrial Standard JIS Z 7250:2000, and European Directives

1. PRODUCT IDENTIFICATION

TRADE NAME (AS LABELED):	***Newman Zone EVO***
SYNONYMS:	None known
CAS#:	Mixture
PRODUCT USE:	This product is used for soil and ground water remediation. It is formulated and processed using food grade additives, following packaging, sanitation and storage as required by Best Practices used for Food products.
CHEMICAL SHIPPING NAME/CLASS:	Non-Regulated Material
U.N. NUMBER:	None
MANUFACTURER'S NAME:	**RNAS Remediation Products**
ADDRESS:	6712 West River Road, Brooklyn Center, MN 55430
BUSINESS PHONE:	1-763-585-6191
EMERGENCY PHONE:	1-800-424-9300 (Chemtrec 24 Hr Service – Emergency Only)
DATE OF CURRENT REVISION:	January 16, 2016
DATE OF LAST REVISION:	July 16, 2015

2. HAZARD IDENTIFICATION

EMERGENCY OVERVIEW: This product is a white liquid with a vegetable oil odor.
Health Hazards: Not expected to cause adverse health effects when used as intended. Prolonged or repeated exposure may cause irritation to skin. May cause irritation to eyes upon contact. Inhalation of vapors/sprays or mist may cause respiratory irritation. Ingestion of large amounts of this product may cause gastrointestinal irritation.
Flammability Hazards: This product is a Non-Flammable liquid with a flash point of >540°F (>282°C).
Reactivity Hazards: None known
Environmental Hazards: The Environmental effects of this product have not been investigated. Release of this product is not anticipated to have significant adverse effects in the aquatic environment.

US DOT SYMBOLS	CANADA (WHMIS) SYMBOLS	EUROPEAN and (GHS) Hazard Symbols
		None
Non-Regulated Material	Complies with WHMIS 2015	Signal Word: **None**

GHS LABELING AND CLASSIFICATION:
This product does not meet the definition of a hazardous substance or preparation as defined by 29CFR 1910.1200 or the European Union Council Directives 67/548/EEC, 1999/45/EC, 1272/2008/EC and subsequent Directives.
EU HAZARD CLASSIFICATION OF INGREDIENTS PER DIRECTIVE 1272/2008/EC:
None of the ingredients are listed in Annex VI
Substances not listed either individually or in group entries must be self classified.

Component(s) Contributing to Classification(s):
All Ingredients
GHS Hazard Classification(s):
None known

Hazard Statement(s):
None known

Precautionary Statement(s):
None known

HEALTH HAZARDS OR RISKS FROM EXPOSURE:
SYMPTOMS OF OVEREXPOSURE BY ROUTE OF EXPOSURE: The most significant routes of overexposure for this product are by contact with skin or eyes, inhalation of vapors and ingestion. The symptoms of overexposure are described below.
ACUTE:
INHALATION: Not expected to cause adverse health effects when used as intended. Inhalation of vapors/mist/spray may cause respiratory irritation.
CONTACT WITH SKIN: Not expected to cause adverse health effects when used as intended. Prolonged and repeated contact may cause irritation to skin.
EYE CONTACT: Direct eye contact can cause irritation with redness, tearing and blurred vision.

INGESTION: Under normal conditions of intended use, this material is not expected to be an ingestion hazard. Ingestion of large quantities may cause gastrointestinal irritation, nausea and vomiting.
CHRONIC: None known

TARGET ORGANS: Acute: Skin, Respiratory System and Eyes **Chronic:** None known

3. COMPOSITION AND INFORMATION ON INGREDIENTS

Hazardous Ingredients:	WT%	CAS#	EINECS #	GHS Hazard Classification(s)
Food Grade Soybean Oil	45 - 55%	8001-22-7	232-274-4	None
Water	35 – 45%	7732-18-5	231-791-2	None
Food Grade Sodium-L-lactate	0 – 4%	867-56-1	212-762-3	None
Proprietary Food Grade Surfactant Blend	4 – 6%	Proprietary	Not Listed in ESIS	None
Sodium Bicarbonate	0 - 1%	144-55-8	205-633-8	None
Balance of other ingredients is less than 1% in concentration (or 0.1% for carcinogens, reproductive toxins, or respiratory sensitizers).				

NOTE: This product has been classified in accordance with the hazard criteria of 29CFR1910.1200 and the SDS contains all the information required by the CPR, EU Directives and the Japanese Industrial Standard *JIS Z 7250: 2000*.

4. FIRST-AID MEASURES

EYE CONTACT: If product enters the eyes, open eyes while under gentle running water for at least 15 minutes. Seek medical attention if irritation persists.
SKIN CONTACT: Wash skin thoroughly with soap and water after handling. Seek medical attention if irritation develops and persists.
INHALATION: If breathing becomes difficult, remove victim to fresh air. If necessary, use artificial respiration to support vital functions. Seek medical attention.
INGESTION: If product is swallowed, call physician or poison control center for most current information. If professional advice is not available, do not induce vomiting. Never induce vomiting or give diluents (milk or water) to someone who is unconscious, having convulsions, or who cannot swallow. Seek medical advice. Take a copy of the label and/or SDS with the victim to the health professional.
MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE: None known
RECOMMENDATIONS TO PHYSICIANS: Treat symptoms and eliminate overexposure.

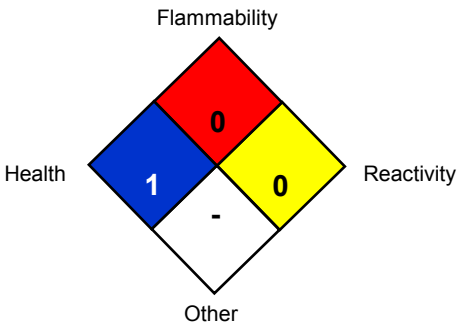
5. FIRE-FIGHTING MEASURES

FLASH POINT: Non-Flammable with flash point >540°F (>282°C)
AUTOIGNITION TEMPERATURE: Not Available
FLAMMABLE LIMITS (in air by volume, %): Lower NA Upper NA
FIRE EXTINGUISHING MATERIALS: Use fire extinguishing methods below:

Water Spray: Yes	Carbon Dioxide: Yes
Foam: Yes	Dry Chemical: Yes
Halon: Yes	Other: Any "C" Class

UNUSUAL FIRE AND EXPLOSION HAZARDS: Not considered a fire or explosion hazard.
Explosion Sensitivity to Mechanical Impact: No
Explosion Sensitivity to Static Discharge: No
SPECIAL FIRE-FIGHTING PROCEDURES: Incipient fire responders should wear eye protection. Structural firefighters must wear Self-Contained Breathing Apparatus and full protective equipment. Isolate materials not yet involved in the fire and protect personnel. Move containers from fire area if this can be done without risk; otherwise, cool with carefully applied water spray. If possible, prevent runoff water from entering storm drains, bodies of water, or other environmentally sensitive areas.

NFPA RATING SYSTEM



HMIS RATING SYSTEM

HAZARDOUS MATERIAL IDENTIFICATION SYSTEM

HEALTH HAZARD (BLUE)	1
FLAMMABILITY HAZARD (RED)	0
PHYSICAL HAZARD (YELLOW)	0

PROTECTIVE EQUIPMENT			
EYES	RESPIRATORY	HANDS	BODY
	See Sect 8		See Sect 8

For Routine Industrial Use and Handling Applications

Hazard Scale: **0** = Minimal **1** = Slight **2** = Moderate **3** = Serious **4** = Severe * = Chronic hazard

6. ACCIDENTAL RELEASE MEASURES

SPILL AND LEAK RESPONSE: Stop the flow of material, if this can be done safely. Contain discharged material. Absorb spill using an absorbent, non-combustible material such as earth, sand, or vermiculite. Place in a proper container for disposal. Dispose of in accordance with U.S. Federal, State, and local hazardous waste disposal regulations and those of Canada and its Provinces, those of Australia, Japan and EU Member States (see Section 13, Disposal Considerations).

7. HANDLING and STORAGE

WORK PRACTICES AND HYGIENE PRACTICES: As with all chemicals, avoid getting this product ON YOU or IN YOU. Wash thoroughly after handling this product. Use good hygiene practices.

STORAGE AND HANDLING PRACTICES: Store in original container. Keep container closed when not in use. Store in a cool, dry location. Avoid freezing or extended storage in high temperatures and away from incompatible materials.

8. EXPOSURE CONTROLS - PERSONAL PROTECTION

Chemical Name	CAS#	ACGIH TLV	OSHA TWA
Blend of Food Grade Soybean Oil	8001-22-7	10 mg/m³ Oil Mists	15 mg/m³ Oil Mists
Food Grade Sodium-L-lactate	867-56-1	Not Listed	Not Listed
Proprietary Food Grade Surfactant Blend	Proprietary	Not Listed	Not Listed
Sodium Bicarbonate	144-55-8	Not Listed	Not Listed

VENTILATION AND ENGINEERING CONTROLS: Use with adequate ventilation to ensure exposure levels are maintained below the limits provided above.

The following information on appropriate Personal Protective Equipment is provided to assist employers in complying with OSHA regulations found in 29 CFR Subpart I (beginning at 1910.132) or equivalent standard of Canada, or standards of EU member states (including EN 149 for respiratory PPE, and EN 166 for face/eye protection), and those of Japan. Please reference applicable regulations and standards for relevant details.

RESPIRATORY PROTECTION: Not required when using this product. Maintain airborne contaminant concentrations below guidelines listed above, if applicable. If necessary, use only respiratory protection authorized in the U.S. Federal OSHA Respiratory Protection Standard (29 CFR 1910.134), equivalent U.S. State standards, Canadian CSA Standard Z94.4-93, the European Standard EN149, or EU member states.

EYE PROTECTION: Safety glasses or goggles are recommended to avoid eye contact. If necessary, refer to U.S. OSHA 29 CFR 1910.133, Canadian Standards, and the European Standard EN166, Australian Standards, or relevant Japanese Standards.

SKIN PROTECTION: Wear impervious gloves for prolonged or repeated exposure as appropriate to task when using this product. If necessary, refer to U.S. OSHA 29 CFR 1910.138, the European Standard DIN EN 374, the appropriate Standards of Canada, Australian Standards, or relevant Japanese Standards.

BODY PROTECTION: Use body protection appropriate to task being performed. If necessary, refer to appropriate Standards of Canada, or appropriate Standards of the EU, Australian Standards, or relevant Japanese Standards.

9. PHYSICAL and CHEMICAL PROPERTIES

APPEARANCE (Physical State) and COLOR: This product is a white liquid with a vegetable oil odor.
ODOR: Slight
ODOR THRESHOLD: Not Applicable
pH: 7.0 – 9.0
MELTING/FREEZING POINT: Not Available
BOILING POINT: Not Available
FLASH POINT: >540°F / >282°C (For pure soybean oil)
EVAPORATION RATE (n-BuAc=1): Not Available
FLAMMABILITY (SOLID, GAS): Not Applicable
UPPER/LOWER FLAMMABILITY OR EXPLOSION LIMITS: Not Available
VAPOR PRESSURE (mm Hg @ 20°C (68°F)): Not Available
VAPOR DENSITY: Not Available
SPECIFIC GRAVITY: 0.98 – 0.99 @ 25°C
SOLUBILITY IN WATER: Dispersible in water
WEIGHT PER GALLON: 8.15 – 8.25 lb/gal
PARTITION COEFFICENT (n-octanol/water): Not Available
AUTO-IGNITION TEMPERATURE: Not Available
DECOMPOSITION TEMPERATURE: Not Available
VISCOSITY: 24 - 200 cPs @ 20°C

10. STABILITY and REACTIVITY

STABILITY: Stable under conditions of normal storage and use.
HAZARDOUS DECOMPOSITION PRODUCTS: Thermal decomposition products include oxides of carbon.
MATERIALS WITH WHICH SUBSTANCE IS INCOMPATIBLE: Strong oxidizing materials.
POSSIBILITY OF HAZARDOUS REACTIONS: Will not occur.
CONDITIONS TO AVOID: Incompatible materials

11. TOXICOLOGICAL INFORMATION

TOXICITY DATA:
No LD50 Data available for this product.
SUSPECTED CANCER AGENT: Ingredients within this product are not found on the following lists: FEDERAL OSHA Z LIST, NTP, IARC, or CAL/OSHA and therefore are not considered to be, nor suspected to be, cancer-causing agents by these agencies.
IRRITANCY OF PRODUCT: No specific data available
SENSITIZATION TO THE PRODUCT: This product is not a skin and respiratory sensitizer
REPRODUCTIVE TOXICITY INFORMATION: No information concerning the effects of this product and its components on the human reproductive system.

12. ECOLOGICAL INFORMATION

ALL WORK PRACTICES MUST BE AIMED AT ELIMINATING ENVIRONMENTAL CONTAMINATION.
ENVIRONMENTAL STABILITY: No specific data available on this product.
CHEMICAL EFFECT ON PLANTS, ANIMALS AND AQUATIC LIFE: This product is not expected to cause significant harm to plants, animals or aquatic life.
WATER ENDANGERMENT CLASS: Water endangering in accordance with EU Guideline 91/155-EWG – Not Determined.
SPECIFIC AVAILABLE COMPONENT INFORMATION: No additional data available at this time.

13. DISPOSAL CONSIDERATIONS

PREPARING WASTES FOR DISPOSAL: Waste disposal must be in accordance with appropriate U.S. Federal, State, and local regulations, those of Canada, Australia, EU Member States and Japan.
EU Waste Code: Not determined

14. TRANSPORTATION INFORMATION

US DOT, IATA, IMO, ADR:

U.S. DEPARTMENT OF TRANSPORTATION (DOT) SHIPPING REGULATIONS: This product is classified (per 49 CFR 172.101) by the U.S. Department of Transportation, as follows.

PROPER SHIPPING NAME:	Non-Regulated Material
HAZARD CLASS NUMBER and DESCRIPTION:	None
UN IDENTIFICATION NUMBER:	None
PACKING GROUP:	NA
DOT LABEL(S) REQUIRED:	None

NORTH AMERICAN EMERGENCY RESPONSE GUIDEBOOK NUMBER: None
RQ QUANTITY: None
MARINE POLLUTANT: The components of this product are not designated by the Department of Transportation to be Marine Pollutants (49 CFR 172.101, Appendix B).

INTERNATIONAL AIR TRANSPORT ASSOCIATION SHIPPING INFORMATION (IATA): This product is not considered as dangerous goods.

INTERNATIONAL MARITIME ORGANIZATION SHIPPING INFORMATION (IMO): This product is not considered as dangerous goods.

EUROPEAN AGREEMENT CONCERNING THE INTERNATIONAL CARRIAGE OF DANGEROUS GOODS BY ROAD (ADR): This product is not considered by the United Nations Economic Commission for Europe to be dangerous goods.

15. REGULATORY INFORMATION

UNITED STATES REGULATIONS:

U.S. SARA REPORTING REQUIREMENTS: The components of this product are subject to the reporting requirements of Sections 302, 304, and 313 of Title III of the Superfund Amendments and Reauthorization Act as follows: None
U.S. SARA THRESHOLD PLANNING QUANTITY: There are no specific Threshold Planning Quantities for the components of this product. The default Federal SDS submission and inventory requirement filing threshold of 10,000 lbs (4,540 kg) therefore applies, per 40 CFR 370.20.
U.S. CERCLA REPORTABLE QUANTITY (RQ): None
U.S. TSCA INVENTORY STATUS: The components of this product are listed on the TSCA Inventory or are exempted from listing.
OTHER U.S. FEDERAL REGULATIONS: None
CALIFORNIA SAFE DRINKING WATER AND TOXIC ENFORCEMENT ACT (PROPOSITION 65): Ingredients within this product are not on the Proposition 65 Lists.

CANADIAN REGULATIONS:

CANADIAN DSL/NDSL INVENTORY STATUS: The components of this product are on the DSL Inventory, or are exempted from listing.
OTHER CANADIAN REGULATIONS: Not applicable.
CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA) PRIORITIES SUBSTANCES LISTS:
This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations and the SDS contains all of the information required by those regulations.
CANADIAN WHMIS CLASSIFICATION and SYMBOLS: Complies with WHMIS 2015

EUROPEAN ECONOMIC COMMUNITY INFORMATION:

This product does not meet the definition of a hazardous substance or preparation as defined by the European Union Council Directives 67/548/EEC, 1999/45/EC, 1272/2008/EC and subsequent Directives.
See Section 2 for Details

AUSTRALIAN INFORMATION FOR PRODUCT: The components of this product are listed on the International Chemical Inventory list.

JAPANESE INFORMATION FOR PRODUCT:

JAPANESE MINISTER OF INTERNATIONAL TRADE AND INDUSTRY (MITI) STATUS: The components of this product are not listed as Class I Specified Chemical Substances, Class II Specified Chemical Substances, or Designated Chemical Substances by the Japanese MITI.

JAPANESE ENCS INVENTORY: The components of this product are on the ENCS Inventory as indicated in the section on International Chemical Inventories, below.

POISONOUS AND DELETERIOUS SUBSTANCES CONTROL LAW: No component of this product is a listed Specified Poisonous Substance under the Poisonous and Deleterious Substances Control Law.

INTERNATIONAL CHEMICAL INVENTORIES:

Listing of the components on individual country Chemical Inventories is as follows:
Asia-Pac: Listed or Exempt from listing
Australian Inventory of Chemical Substances (AICS): Listed or Exempt from listing
Korean Existing Chemicals List (ECL): Listed or Exempt from listing
Japanese Existing National Inventory of Chemical Substances (ENCS): Listed or Exempt from listing
Philippines Inventory of Chemicals and Chemical Substances (PICCS): Listed or Exempt from listing
Swiss Giftliste List of Toxic Substances: Listed or Exempt from listing
U.S. TSCA: Listed

16. OTHER INFORMATION

ABBREVIATIONS AND ACRONYMS:

EPA: United States Environmental Protection Agency
ARD: European Agreement concerning the International Carriage of Dangerous Goods by Road
IMDG: International Maritime Code for Dangerous Goods
DOT: US Department of Transportation
IATA: International Air Transport Association
ACGIH: American Conference of Governmental Industrial Hygienists
NFPA: National Fire Protection Association (USA)
HMIS: Hazardous Materials Identification System (USA)

PREPARED BY: Paul Eigbrett – (**GHS MSDS Compliance PLUS)**
DATE OF PRINTING: January 16, 2016

The information contained herein is believed to be accurate but is not warranted to be so. Data and calculations are based on information furnished by the manufacturer of the product and manufacturers of the components of the product. Users are advised to confirm in advance of the need that information is current, applicable and suited to the circumstances of use. RNAS Remediation Products assumes no responsibility for injury to vendee or third party person proximately caused by the material if reasonable safety procedures are not adhered to as stipulated in the data sheet. Furthermore, RNAS Remediation Products assumes no responsibility for injury caused by abnormal use of this material even if reasonable safety procedures are followed.

END OF SDS SHEET

SAFETY DATA SHEET

1. CHEMICAL IDENTIFICATION AND COMPANY INFORMATION

Product Name: **KB-1®**

Company Info:
SiREM
130 Stone Rd. W., Guelph, Ontario, Canada, N1G 3Z2
Phone: 519-822-2265
Toll Free, North America: 1-866-251-1747
Fax: 888-635-3470
www.siremlab.com

Emergency Phone Number: 519-822-2265 (for 24/7 assistance, contact poison center hotline in your jurisdiction).

Description: Microbial inoculum (non-pathogenic, non-hazardous) in growth media consisting of a dilute aqueous solution of mineral salts and nutrients.

Recommended Use: Bioremediation of contaminated groundwater.

Restrictions on Use: KB-1® product intended for laboratory research and field applications for cleanup of contaminated groundwater. Products are not intended to be used as human or animal therapeutics, cosmetics, agricultural or pesticide products, food additives, or as household chemicals.

2. HAZARDS IDENTIFICATION

GHS Classification: Not classified as “hazardous” per OSHA 29 CFR 1910.1200, “Hazard Communication”.

GHS Label elements, including hazard and precautionary statements: Not Applicable.

HMIS Rating:	**Health**	**Flammability**	**Physical Hazard**	**Personal Protection**
	1	0	0	B*
NFPA Rating:	**Health**	**Flammability**	**Reactivity**	**Special Hazard**
	1	0	0	N/A

* B = Safety Glasses, Gloves.

A review of available data indicates minimal potential for health effects related to normal use of this product. Microbial components are non-pathogenic. The product is not expected to be a health hazard as a result of inhalation of mists, ingestion or skin contact. Eye contact may result in mild irritation/redness. Normal hygiene precautions should be observed, including eye protection, skin protection, and hand washing. The potential exists for individuals with hypersensitivity to biological materials to exhibit allergic sensitivity to biological components of this product (see Section 4, “First Aid Measures”).

3. COMPOSITION/INFORMATION ON INGREDIENTS

KB-1® is a microbial culture grown in an aqueous dilute solution of mineral salts and nutrients classified as non-hazardous in accordance with provisions of OSHA 29 CFR 1910.1200, "Hazard Communication."

The microbial composition of KB-1®, as determined by phylogenetic analysis, includes:

Dehalococcoides sp.
Geobacter sp.
Methanomethylovorans sp.

Identification of organisms was obtained by matching 16S rRNA gene sequence of organisms in KB-1® to other known organisms. The characteristics of related organisms can be used to identify potential or likely characteristics of organisms in KB-1®.

4. FIRST AID MEASURES

Avoid direct contact with skin and eyes. In any case of any exposure which elicits a response, a physician should be consulted immediately.

Route of Entry	Symptoms	First Aid Procedures
Ingestion	Upset stomach, irritation of digestive tract.	Do not induce vomiting. Drink several cups of water. Seek medical attention.
Skin contact	Skin irritation – reddening, itching or inflammation.	Remove contaminated clothes. Wash skin with plenty of water and soap. Seek medical attention if irritation develops or open wounds are present.
Eye contact	Eye irritation – redness, tearing, blurred vision.	Rinse immediately with plenty of water for 15 – 20 minutes, lifting lower and upper eyelids occasionally (remove contact lenses if easily possible). Seek medical attention if undue irritation or redness occurs.
Inhalation of mist	Respiratory irritation, coughing, breathing difficulty.	Remove victim to fresh air. Administer first aid as appropriate for symptoms. Seek medical attention if serious symptoms occur.

5. FIRE FIGHTING MEASURES

General:	This material is non-flammable, consisting primarily of water, and poses no special hazards if involved in a fire situation.
Suitable extinguishing media:	If material is involved in fire situation, use extinguishing media suitable for surrounding fire.
Special protective equipment and precautions for firefighters:	No special equipment necessary; use equipment appropriate for surrounding fire.
Hazardous combustion products:	Not applicable.
Toxic gases produced:	Not applicable.
Shock/impact sensitivity:	Not shock sensitive.

6. ACCIDENTAL RELEASE MEASURES

Method of containment and cleanup:	Spilled KB-1® should be soaked up with sorbent and saturated with a 10% bleach solution (prepared by making a one in ten dilution of diluted standard bleach [normally sold at a strength of 5.25% sodium hypochlorite] to disinfect affected surfaces. Sorbent should be double bagged and disposed of as indicated in Section 13. After removal of sorbent, area should be washed with 10% bleach solution to disinfect. If liquid from the culture vessel is present on the fittings, non-designated tubing or exterior of the stainless steel pressure vessel liquid should be wiped off and the area washed with 10% bleach solution.
Ventilation:	No special ventilation is required in the event of the spill, as the material consists of water and non-volatile constituents. If the potential for generation of mist exists, open windows and provide adequate ventilation. If high levels of mist are encountered, use personal protective equipment indicated below.
Eye/skin protection:	Have eye-washing facilities readily available where eye contact can occur. Wash skin with soap and water. Use appropriate protective gloves when handling. Showering and changing into street clothes after work is recommended.
Protective equipment for airborne mist:	A NIOSH/MSHA approved dust mask or air purifying respirator with dust/mist filter is recommended where elevated concentrations of airborne mist are expected.

7. HANDLING AND STORAGE

Handling and storage precautions:	Use personal protective equipment (eye & skin protection) and hygiene measures (hand washing) to minimize contact with the material. KB-1® is shipped in stainless steel pressure vessels and connected to injection lines and inert gas is used to pressurize the vessel to displace the contents. KB-1® should be handled with care to avoid any spillage. Vessels are shipped with 1 to 5 pound per square inch (psi) pressure; valves should not be opened until connections to appropriate lines for subsurface injection are in place. During storage, avoid exposing stainless steel pressure vessels to undue temperature extremes (i.e., temperatures less than 0°C or greater than 30°C may result in harm to the microbial cultures and damage to the vessels). All valves should be in the closed position when the vessel is not pressurized to prevent the escape of gases and to maintain anaerobic conditions in the vessel.
Incompatibilities:	Avoid exposure of the culture to air as the presence of oxygen will kill the microbes.

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

OSHA Permissible Exposure Limits (PELs): ACHIH Threshold Limit Values (TLVs):	No occupational exposure limits are established for microbial constituents. Mixture is not classified as "hazardous" in accordance with 29 CFR 1910.1200 "Hazard Communication," exceedance of exposure limits is not anticipated either under normal conditions of use, or as the result of an accidental release.
Engineering controls:	Generally not required under normal conditions of use. If method of use will result in significant mist generation, use under conditions of adequate ventilation.
Work practices:	Use good hygiene practices, avoid mist generation, and minimize contact with the material as a general precautionary measure.
Personal protective equipment:	Under normal conditions of use, wear safety glasses, protective gloves (latex, vinyl or nitrile) and steel toed footwear as general precautionary measures, particularly when opening pressure vessel valves or when pressurizing vessels to inject contents into the subsurface environment. For laboratory use, also wear lab coat. For higher risk of eye contact, wear safety goggles or face shield, as appropriate. Respiratory protection is not required under normal conditions of use (see Section 6, "Accidental Release Measures."

9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance, physical state:	Aqueous liquid, dark grey, slightly turbid under anaerobic conditions, pink if exposed to air (oxygen).
Odor:	Pungent ("skunky") odor.
Solubility:	Soluble in water.
pH:	6.5 – 7.5
Melting range	Not determined, approximately equivalent to water.
Vapor density:	Not determined, approximately equivalent to water.
Vapor pressure:	Not determined, approximately equivalent to water.
Relative density:	Not determined, approximately equivalent to water.
Evaporation rate:	Not determined, approximately equivalent to water.
Initial Boiling point, boiling range	Not determined, approximately equivalent to water.
Flammability	Not flammable.
Partition coefficient	Not applicable
Auto-ignition temperature	Not applicable
Decomposition temperature:	No data, bacterial contents will decompose by heating.
Flash point	N/A

10. STABILITY AND REACTIVITY

Chemical stability and reactivity:	Stable and non-reactive.
Possibility of hazardous reactions:	Stable. Spontaneous hazardous chemical reactions / decomposition will not occur.
Conditions to avoid:	Maintain under anaerobic conditions to preserve product integrity (exposure to air/oxygen will kill microbes).
Incompatible materials:	Strong oxidizers, acids, water reactive materials.
Hazardous decomposition products:	Not applicable.
Shock sensitivity:	Not shock sensitive; will not decompose and form shock sensitive compounds.

11. TOXICOLOGICAL INFORMATION

Potential for pathogenicity: KB-1® has tested **negative** (i.e., the organisms are not present) for a variety of pathogenic organisms indicated below:

Pathogenic Organisms	Disease(s) Caused	Test Results
Salmonella sp.	*Typhoid fever, gastroenteritis*	Not Detected
Listeria monocytogenes	*Listerioses*	"
Vibrio sp.,	*Cholera, gastroenteritis*	"
Campylobacter sp.,	*Bacterial diarrhea*	"
Clostridia sp.,	*Food poisoning, botulism, tetanus, gas gangrene*	"
Bacillus anthracis	*Anthrax*	"
Pseudomonas aeruginosa	*Wound infection*	"
Yersinia sp.,	*Bubonic plague, intestinal infection*	"
Yeast and Mold	*Candidiasis, yeast infection etc.*	"
Fecal coliforms	*Indicator organisms for many human pathogens diarrhea, urinary tract infections*	"
Enterococci	*Various opportunistic infections*	"

While there is no evidence that virulent pathogenic organisms are present in KB-1®, there is potential that certain organisms in KB-1® may have the potential to act as opportunistic (mild) pathogens, particularly in individuals with open wounds and/or compromised immune systems. For this reason standard hygienic procedures such as hand washing after use should be observed.

12. ECOLOGICAL INFORMATION

This product is not rated as “hazardous” as either an acute or chronic ecological hazard, in accordance with the OSHA Hazard Communication standard, 29 CFR 1910.1200.

13. DISPOSAL CONSIDERATION

Material must be disinfected or sterilized prior to disposal. Consult local regulations prior to disposal.

14. TRANSPORT INFORMATION

U.S. (D.O.T.):	Proper Shipping Name:	Culture of Micro-organisms
	Hazard Class:	Not applicable
	UN/NA:	Not applicable
	Labels:	Not applicable
Canada (T.D.G.)	Proper Shipping Name:	Culture of Micro-organisms
	Hazard Class:	Not applicable
	UN/NA:	Not applicable
	Labels:	Not applicable
International: IMDG:	Proper Shipping Name:	Culture of Micro-organisms
	Hazard Class:	Not applicable
	UN/NA:	Not applicable
	Labels:	Not applicable
IATA:	Proper Shipping Name:	Culture of Micro-organisms
	Hazard Class:	Not applicable
	UN/NA:	Not applicable
	Labels:	Not applicable

15. REGULATORY INFORMATION

TSCA:	No
SARA TITLE III	
Section 302 (EHS) Ingredients:	No
Section 313 Ingredients:	No
Section 304 (EHS/CERCLA) Ingredients:	No
SARA TITLE III NOTIFICATION INFORMATION	
Acute Health Hazard:	No
Chronic Health Hazard:	No
Fire Hazard:	No
Sudden Release of Pressure Hazard:	No

16. OTHER INFORMATION

SiREM provides the information contained herein for hazard communication and safety planning purposes, based on existing information on each of the product components available in the literature; no independent testing was conducted on the final product. The above information is intended to be used only as a guide to the appropriate precautionary handling of this material by a properly trained person.

SAFETY DATA SHEET

KB-1® Primer

Prepared according to U.S. OSHA, CMA, ANSI, Canadian WHMIS, Australian WorkSafe, Japanese Industrial Standard JIS Z 7250:2000, and European Union REACH Regulations

SECTION 1 - PRODUCT AND COMPANY IDENTIFICATION

1.1 PRODUCT NAME:	**KB-1® Primer**
PRODUCT CODE:	N/A
CHEMICAL FAMILY NAME:	Mixture
U.N. NUMBER:	None
U.N. DANGEROUS GOODS CLASS:	Not Regulated
1.2 PRODUCT USE:	For preparation of anaerobic water for use in groundwater remediation. KB-1® products are intended for laboratory research and field applications for groundwater remediation, and are not intended to be used as human or animal therapeutics, cosmetics, agricultural or pesticidal products, food additives, or as household chemicals.
1.3 SUPPLIER/MANUFACTURER'S NAME:	**SiREM**
ADDRESS:	130 Stone Road, West, Guelph, Ontario Canada N1G 3Z2
1.4 EMERGENCY PHONE:	519-515-0840
BUSINESS PHONE:	519-515-0840 (Product Information)
WEB SITE:	www.siremlab.com
1.5 DATE OF PREPARATION:	December 05, 2018
DATE OF LAST REVISION:	New

SECTION 2 - HAZARDS IDENTIFICATION

2.1 Classification of the mixture:

This product does meet the definition of a hazardous substance or preparation as defined by 29 CFR 1910. 1200 AND the European Union Council Directives 67/548/EEC, 1999/45/EC, 1272/2008/EC, 2015/830/EU and subsequent Directives.

Component(s) Contributing to Classification(s)

L-Cysteine

2.2 GHS Label elements, including precautionary statements:

Pictogram(s):

None applicable.

Signal Word:

Warning!

GHS Hazard Classification(s):

Acute Toxicity Category 5 (Oral)

Hazard Statement(s):

H303: May be harmful if swallowed

Prevention Statement(s):

None Applicable

Response Statement(s):

P312: Call a POISON CENTER/doctor if you feel unwell.

Storage Statement(s):

None Applicable

Disposal Statement(s):

None Applicable.

2.3 Other Hazards:

This mixture does not meet the criteria for PBT or vPvB in accordance with Annex VII.

SECTION 3 - COMPOSITION and INFORMATION ON INGREDIENTS

3.1 Substances: Not applicable

3.2 Mixtures:

HAZARDOUS INGREDIENTS:	CAS #	EINECS #	Index #	WT %	GHS CLASSIFICATION
L-Cysteine	52-90-4	200-158-2	Not Listed	1-10%	ACUTE TOX. CAT 4 (ORAL)
Balance of other ingredients are non-hazardous or hazardous below the applicable cut-off level.					

Additional Information: See SECTION 16 for full classification phrases.

SECTION 4 - FIRST-AID MEASURES

4.1 Description of first aid measures:

Contaminated individuals of chemical exposure must be taken for medical attention if any adverse effect occurs. Rescuers should be taken for medical attention, if necessary. Take copy of label and SDS to health professional with contaminated individual.

EYE CONTACT: If product enters the eyes, open eyes while under gentle running water for at least 15 minutes. Seek medical attention if irritation persists.

SKIN CONTACT: Wash skin thoroughly after handling. Seek medical attention if irritation develops and persists. Remove contaminated clothing. Launder before re-use.

INHALATION: If breathing becomes difficult, remove victim to fresh air. If necessary, use artificial respiration to support vital functions. Seek medical attention.

INGESTION: If product is swallowed, call physician or poison control center for most current information. If professional advice is not available, do not induce vomiting. Never induce vomiting or give diluents (milk or water) to someone who is unconscious, having convulsions, or who cannot swallow. Seek medical advice. Take a copy of the label and/or SDS with the victim to the health professional.

4.2 Most important symptoms and effects, both acute and delayed:

May be harmful if swallowed. See section 11 for additional information.

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE: Pre-existing skin problems may be aggravated by prolonged or repeated contact.

4.3 Indication of immediate medical attention and special treatment needed:

Treat symptoms and reduce over-exposure.

SECTION 5 - FIRE-FIGHTING MEASURES

5.1 Extinguishing media:

Use media suitable for surrounding area. Carbon dioxide, foam, dry chemical, halon, water spray.

5.2 Specific hazards arising from the chemical:

No data available for this product.

Explosion Sensitivity to Mechanical Impact:	Not Sensitive.
Explosion Sensitivity to Static Discharge:	Not Sensitive
Minimum Ignition Energy (M.I.E.)	No Data at this time

5.3 Special firefighting Procedure:

Incipient fire responders should wear eye protection. Structural firefighters must wear Self-Contained Breathing Apparatus and full protective equipment. Isolate materials not yet involved in the fire and protect personnel. Move containers from fire area if this can be done without risk; otherwise, cool with carefully applied water spray. If possible, prevent runoff water from entering storm drains, bodies of water, or other environmentally sensitive areas.

SECTION 6 - ACCIDENTAL RELEASE MEASURES

6.1 Personal precautions, protective equipment and emergency procedures:
No action shall be taken involving any personal risk or without suitable training. Do not touch or walk through spilled material. Avoid breathing dust. Provide adequate ventilation. Use appropriate respirator when ventilation is inadequate and use personal protective clothing as described in Section 8 of this safety data sheet. See section 11 for additional information on health hazards.

6.2 Environmental precautions:
No specific data available for this product.

6.3 Methods and material for containment and cleaning up:
Wear suitable protective clothing. Avoid dust formation. Avoid breathing dust. Carefully sweep up and remove. Place material in a dry container and cover. Remove from the area. Flush spill area with water. Do not let products enter drains. Dispose of in accordance with applicable Federal, State, and local procedures (see Section 13, Disposal Considerations).

SECTION 7 - HANDLING and STORAGE

7.1 Precautions for safe handling:
As with all chemicals, avoid getting this product ON YOU or IN YOU. Wash thoroughly after handling this product. Do not eat, drink, smoke, or apply cosmetics while handling this product. Use in a well-ventilated location. Remove contaminated clothing immediately

7.2 Conditions for safe storage, including any incompatibilities:
Store in a tightly sealed container in a cool, dry and well-ventilated place. Store away from direct light. Avoid generation of dust. Do not breathe dust. Wash thoroughly after handling. In case of contact with eyes, rinse immediately with plenty of water and seek medical advice. Wear suitable protective clothing. Segregate from strong oxidizing agents, acids, bases.

7.3 Specific end uses:
See section 1.2.

SECTION 8 - EXPOSURE CONTROLS - PERSONAL PROTECTION

8.1. Control parameters:

EXPOSURE LIMITS/GUIDELINES: None established for this product.

8.2 Exposure Controls:
Currently, International exposure limits are not established for the components of this product. Please check with competent authority in each country for the most recent limits in place.

VENTILATION AND ENGINEERING CONTROLS: Generally not required under normal conditions of use. If method of use will result in significant dust generation, use in lab hood or under conditions of adequate ventilation.
The following information on appropriate Personal Protective Equipment is provided to assist employers in complying with OSHA regulations found in 29 CFR Subpart I (beginning at 1910.132) or equivalent standard of Canada, or standards of EU member states (including EN 149 for respiratory PPE, and EN 166 for face/eye protection), and those of Japan. Please reference applicable regulations and standards for relevant details.

RESPIRATORY PROTECTION: Maintain airborne contaminant concentrations below guidelines listed above, if applicable. If necessary, use only respiratory protection authorized in the U.S. Federal OSHA Respiratory Protection Standard (29 CFR 1910.134), equivalent U.S. State standards, Canadian CSA Standard Z94.4-93, the European Standard EN149, or EU member states.

EYE PROTECTION: Safety glasses or chemical goggles as appropriate to prevent eye contact. If necessary, refer to U.S. OSHA 29 CFR 1910.133 or appropriate Canadian Standards.

HAND PROTECTION: Use chemical resistant gloves to prevent skin contact. If necessary, refer to U.S. OSHA 29 CFR 1910.138 or appropriate Standards of Canada.

BODY PROTECTION: Use body protection appropriate to prevent contact (e.g. lab coat, overalls). If necessary, refer to appropriate Standards of Canada, or appropriate Standards of the EU, Australian Standards, or relevant Japanese Standards.

SECTION 9 - PHYSICAL and CHEMICAL PROPERTIES

9.1 Information on basic physical and chemical properties:

PHYSICAL STATE:	Solid (Granules)
APPEARANCE:	White to off-white powder or granules
ODOR:	Odorless
ODOR THRESHOLD (PPM):	Not Available
pH:	6-8 (aqueous solution)
MELTING / FREEZING POINT (C°):	Not Available
BOILING POINT (C°):	Not Available
FLASH POINT:	Not Available
EVAPORATION RATE (nBuAc = 1):	Not Available
FLAMMABILITY (solid, gas):	Not Available
FLAMMABLE LIMITS (in air by volume, %):	Not Available
VAPOR PRESSURE (mmHg):	Not Available
VAPOR DENSITY (AIR=1):	Not Available
RELATIVE DENSITY	2.4 to 2.6 g/cm3, depending on formulation
SOLUBILITY IN WATER (%)	Soluble
PARTITION COEFFICIENT: N-OCTANOL/WATER:	Not Available
AUTOIGNITION TEMPERATURE:	Not Available
DECOMPOSITION TEMPERATURE:	Not Available
VISCOSITY:	Not Available
EXPLOSIVE PROPERTIES:	Not Available
OXIDISING PROPERTIES:	Not Available

9.2 Other Information:

PACKING DENSITY:	Not Available
VOC:	Not Available

SECTION 10 - STABILITY and REACTIVITY

10.1 Reactivity: See section 10.5.
10.2 Chemical Stability: Product is stable.
10.3 Possibility of Hazardous Reactions: Under normal conditions of storage and use, hazardous reactions will not occur.
10.4 Conditions to avoid: Contact with incompatibles, exposure to light, and moist air.
10.5 Incompatible materials: Strong oxidizing agents, bases.
10.6 Hazardous Decomposition Products: Carbon monoxide, carbon dioxide, nitrogen oxides, sulfur oxides, potassium oxides.

SECTION 11 - TOXICOLOGICAL INFORMATION

11.1 Information on Toxicological Effects:

TOXICITY DATA:

L-Cysteine CAS# 52-90-4
Oral LD50 1890 mg/kg Rat
Oral LD50 660 mg/kg Mouse

11.1.2 Mixtures:

Acute toxicity	Acute Toxicity Category 5 (Oral)
Skin corrosion / irritation	Based on available data, the classification criteria are not met
Serious eye damage / irritation	Based on available data, the classification criteria are not met
Respiratory or skin sensitization	Based on available data, the classification criteria are not met
Germ cell mutagenicity	Based on available data, the classification criteria are not met
Carcinogenicity	Based on available data, the classification criteria are not met
Reproductive toxicity	Based on available data, the classification criteria are not met
STOT-single exposure	Based on available data, the classification criteria are not met
STOT-repeated exposure	Based on available data, the classification criteria are not met
Aspiration hazard	Based on available data, the classification criteria are not met

Other Information

POTENTIAL HEALTH HAZARDS OR RISKS FROM EXPOSURE:

ACUTE:

EYE CONTACT: Eye exposure may produce irritation.

SKIN CONTACT: Prolonged or repeated skin exposure may cause irritation.

INHALATION HAZARDS: Inhalation of dusts may cause irritation.

INGESTION HAZARDS: May be harmful if swallowed. May cause gastrointestinal tract irritation.

CHRONIC: None Known

TARGET ORGANS: ACUTE: Organs CHRONIC: None Known

CARCINOGENICITY: None of the ingredients are found on the following lists: FEDERAL OSHA Z LIST, NTP, CAL/OSHA, IARC and therefore are not considered to be, nor suspected to be a cancer-causing agent by these agencies.

IRRITANCY OF PRODUCT: Contact with this product can be irritating to skin and eyes.

SENSITIZATION OF PRODUCT: This product is not considered a skin sensitizer.

REPRODUCTIVE TOXICITY INFORMATION: No information concerning the effects of this product and its components on the human reproductive system.

MUTAGENICITY INFORMATION: This product does not contain a component that is suspected to be a mutagenicity hazard.

SPECIFIC TARGET ORGAN TOXICITY – SINGLE EXPOSURE: Data not sufficient for classification.

SPECIFIC TARGET ORGAN TOXICITY – REPEATED EXPOSURE: Data not sufficient for classification.

ASPIRATION HAZARD: Not applicable

SECTION 12 - ECOLOGICAL INFORMATION

ALL WORK PRACTICES MUST BE AIMED AT ELIMINATING ENVIRONMENTAL CONTAMINATION.

12.1 Toxicity:

No specific data available on this product.

12.2 Persistence and Degradability:

No specific data available on this product.

12.3 Bioaccumulative Potential:

No specific data available on this product.

12.4 Mobility in Soil:

No specific data available on this product.

12.5 Results of PBT and vPvB Assessment:

No specific data available on this product.

12.6 Other Adverse Effects:

No specific data available on this product.

12.7 Water Endangerment Class:

Not believed to be water endangering in accordance with EU Guideline 91/155-EWG. At present there are no ecotoxicological assessments for this product.

SECTION 13 - DISPOSAL CONSIDERATIONS

13.1 Waste Treatment Methods:
Waste disposal must be in accordance with appropriate Federal, State, and local regulations, those of Canada, Australia, EU Member States and Japan.

SECTION 14 - TRANSPORTATION INFORMATION

14.1 Transport Information:

US DOT; IATA; IMO; ADR:

THIS PRODUCT IS NOT CLASSIFIED AS DANGEROUS GOODS AS DEFINED BY 49 CFR 172.101 BY THE U.S. DEPARTMENT OF TRANSPORTATION.

PROPER SHIPPING NAME: None
HAZARD CLASS NUMBER and DESCRIPTION: Not Regulated
UN IDENTIFICATION NUMBER: None
PACKING GROUP: None
DOT LABEL(S) REQUIRED: None
NORTH AMERICAN EMERGENCY RESPONSE GUIDEBOOK NUMBER (2016): None
MARINE POLLUTANT: This product does not contain ingredients that are classified by the DOT as a Marine Pollutant (as defined by 49 CFR 172.101, Appendix B)

TRANSPORT CANADA, TRANSPORTATION OF DANGEROUS GOODS REGULATIONS:
This product is not classified as Dangerous Goods, per regulations of Transport Canada

INTERNATIONAL AIR TRANSPORT ASSOCIATION (IATA):
This product is not classified as Dangerous Goods, by rules of IATA:

INTERNATIONAL MARITIME ORGANIZATION SHIPPING and MARITIME DANGEROUS GOODS CODE SHIPPING INFORMATION (IMO / IMDG):
This product is not classified as Dangerous Goods.

EUROPEAN AGREEMENT CONCERNING THE INTERNATIONAL CARRIAGE OF DANGEROUS GOODS BY ROAD (ADR):
This product is not classified by the United Nations Economic Commission for Europe to be dangerous goods.

SECTION 15 - REGULATORY INFORMATION

15.1 Safety, Health and Environmental Regulations/Legislation Specific for the Substance or Mixture:

UNITED STATES REGULATIONS

SARA REPORTING REQUIREMENTS: This product is not subject to the reporting requirements of Sections 302, 304 and 313 of Title III of the Superfund Amendments and Reauthorization Act., as follows: None

TSCA: All components in this product are listed on the US Toxic Substances Control Act (TSCA) inventory of chemicals.

SARA 311/312:

Acute Health: No Chronic Health: No Fire: No Reactivity: No

U.S. SARA THRESHOLD PLANNING QUANTITY: There are no specific Threshold Planning Quantities for this product. The default Federal SDS submission and inventory requirement filing threshold of 10,000 lb (4,540 kg) may apply, per 40 CFR 370.20.

U.S. CERCLA REPORTABLE QUANTITY (RQ): None

CALIFORNIA SAFE DRINKING WATER AND TOXIC ENFORCEMENT ACT (PROPOSITION 65): None of the ingredients are on the California Proposition 65 lists.

CANADIAN REGULATIONS:

CANADIAN DSL/NDSL INVENTORY STATUS: All of the components of this product are on the DSL Inventory

CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA) PRIORITIES SUBSTANCES LISTS: No component of this product is on the CEPA First Priorities Substance Lists.

CANADIAN WHMIS CLASSIFICATION and SYMBOLS: This product is categorized as per WHMIS 2015 Hazardous Product Regulations.

EUROPEAN ECONOMIC COMMUNITY INFORMATION:

EU LABELING AND CLASSIFICATION:

Classification of the mixture according to Regulation (EC) No1272/2008. See section 2 for details.

AUSTRALIAN INFORMATION FOR PRODUCT:

AUSTRALIAN INVENTORY OF CHEMICAL SUBSTANCES (AICS) STATUS: Components of this product are listed on the AICS.

STANDARD FOR THE UNIFORM SCHEDULING OF DRUGS AND POISONS: Not applicable.

JAPANESE INFORMATION FOR PRODUCT:

JAPAN INDUSTRIAL SAFETY AND HEALTH LAW: This product has been classified per the Japan Industrial Safety and Health Law. See Section 2 for the GHS Classification.

KOREA ACT ON REGISTRATION AND EVALUATION OF CHEMICAL SUBSTANCES (K-REACH): This product has been classified per K-REACH. See Section 2 for the GHS Classification.

INTERNATIONAL CHEMICAL INVENTORIES:

Listing of the components on individual country Chemical Inventories is as follows:

Asia-Pac:	Listed
Australian Inventory of Chemical Substances (AICS):	Listed
Korean Existing Chemicals List (ECL):	Listed
Japanese Existing National Inventory of Chemical Substances (ENCS):	Listed
Philippines Inventory if Chemicals and Chemical Substances (PICCS):	Listed
Swiss Giftliste List of Toxic Substances:	Listed
U.S. TSCA:	Listed

15.2 Chemical Safety Assessment:

A chemical safety assessment has not been performed on this product.

SECTION 16 - OTHER INFORMATION

HMIS Rating (Scale 0-4)	**NFPA Rating (Scale 0-4)**
Health hazard: 1	Health hazard: 1
Flammability: 0	Flammability: 0
Physical Hazard: 0	Physical Hazard: 0

Caution: HMIS and NFPA ratings are based on a 0-4 rating scale

0= Minimal Hazard
1= Slight
2= Moderate
3= High
4= Extreme

Abbreviations and acronyms

ACGIH	*American Conference of Governmental Industrial Hygienists*
CFR	*Code of Federal Regulations*
DOT	*Federal Department of Transportation*
GHS	*The Globally Harmonized System of Classification and Labelling of Chemicals*
HMIS	*Hazardous Material Identification System*
HCS	*Hazard Communication Standard*
IARC	*International Agency for Research on Cancer*
IATA	*The International Air Transport Association*
ICAO	The *International Civil Aviation Organization*
IMDG	*International Maritime Dangerous Goods*
IMO	*International Maritime Organization*
LD50/LC50	*Lethal Concentration/Dose, 50 percent*
NFPA	*National Fire Protection Association*
NIOSH	*National Institute for Occupational Safety and Health*

NTP	*National Toxicology Program*
OSHA	*Occupational Safety and Health*
PEL	*OSHA Permissible Exposure Limit*
SARA	*Superfund Amendments and Reauthorization Act*
TLV	*ACGIH Threshold Limit Value*
TWA	*Time-Weighted Average*
Acute Tox	*Acute Toxicity*
Skin Corr	*Skin Corrosion*

PREPARED BY: Chris Eigbrett MSDS to GHS Compliance

History Log:
December 05, 2018 - Document creation

End of SDS Sheet

ATTACHMENT 5

Tables

Remedial Action Construction Documentation Report
Enhanced In-Situ Bioremediation (EISB)
Milwaukee Die Casting Company Site
4132 North Holton Street
Milwaukee, Wisconsin
WDNR BRRTS # 02-41-000023
WDNR FID # 241228240

Table 1
Anaerobic Water Batch Preparation Summary
Enhanced In-Situ Bioremediation (EISB)
Milwaukee Die Casting Company (MDCC) Site
4132 North Holton Street, Milwaukee, Wisconsin

Batch #	Date	Approximate Batch (Tote) Volume (gallons)	KB-1® Primer Addition		Geochemical Criteria (ORP < -75 mV) Final Field Measurement	
			Time	Approximate Amount (lbs)	Time	ORP (mV)
1	11/7/2023	250	855	1.75	--	--
2	11/7/2023	250	950	1.75	1100	-76
3	11/7/2023	250	1135	1.75	1400	-75
4	11/7/2023	250	1406	1.75	1417	-83
5	11/7/2023	250	1440	1.75	1441	-85
6	11/8/2023	250	855	1.75	900	-83
7	11/8/2023	250	1022	1.75	1038	-80
8	11/8/2023	250	1210	1.75	1223	-82
9	11/8/2023	250	1405	1.75	1409	-79
10	11/8/2023	250	1452	1.75	1455	-76
11	11/9/2023	250	840	1.75	846	-77
12	11/9/2023	250	840	1.75	850	-80
13	11/9/2023	250	1020	1.75	1025	-80
14	11/9/2023	250	1026	1.75	1130	-78
15	11/9/2023	250	1310	1.75	1323	-101
16	11/9/2023	250	1310	1.75	--	-88
17	11/9/2023	250	1350	1.75	1358	-96
18	11/9/2023	250	1412	1.75	1414	-82
19	11/9/2023	250	1500	1.75	1503	-84
20	11/9/2023	250	1510	1.75	1512	-77
21	11/9/2023	250	1536	1.75	1547	-75
22	11/10/2023	250	913	1.75	925	-75
23	11/10/2023	250	925	2.00	951	-76
24	11/10/2023	250	938	1.75	1013	-75
25	11/10/2023	250	1028	1.95	1054	-73
26	11/10/2023	250	1132	1.75	1145	-78
27	11/10/2023	250	1300	1.75	1325	-76
28	11/10/2023	250	1333	1.75	1347	-75
29	11/10/2023	250	820	2.00	1021	-85
30	11/10/2023	250	905	1.75	1038	-82
31	11/10/2023	250	905	1.75	1031	-75
32	11/10/2023	250	820	2.00	959	-81
33	11/13/2023	250	1045	1.75	1109	-80
34	11/13/2023	250	1110	1.75	1123	-81
35	11/13/2023	250	1139	1.75	1211	-78
36	11/13/2023	250	1210	1.75	1236	-76
37	11/13/2023	250	1238	1.75	1302	-79
38	11/13/2023	250	1242	1.75	1306	-78
39	11/13/2023	250	1306	1.75	1347	-83
40	11/13/2023	250	1343	1.75	1406	-83
41	11/13/2023	250	1408	1.75	1503	-75
42	11/13/2023	250	1549	1.75	818 (11/14)	-78
43	11/14/2023	250	812	1.75	820	-83
44	11/14/2023	250	825	1.75	847	-80
45	11/14/2023	250	934	1.75	1026	-91
46	11/14/2023	250	1000	1.75	1030	-91
47	11/14/2023	250	1033	1.75	1043	-79
48	11/14/2023	250	1046	1.75	1122	-76
49	11/14/2023	250	1120	1.75	1138	-78
50	11/14/2023	250	1137	1.75	1154	-76
51	11/14/2023	250	1157	1.75	1300	-90
52	11/14/2023	250	1230	1.75	1303	-85
53	11/14/2023	250	1306	1.75	1323	-76

Table 1
Anaerobic Water Batch Preparation Summary
Enhanced In-Situ Bioremediation (EISB)
Milwaukee Die Casting Company (MDCC) Site
4132 North Holton Street, Milwaukee, Wisconsin

Batch #	Date	Approximate Batch (Tote) Volume (gallons)	KB-1® Primer Addition		Geochemical Criteria (ORP < -75 mV) Final Field Measurement	
			Time	Approximate Amount (lbs)	Time	ORP (mV)
54	11/14/2023	250	1327	1.75	1345	-76
55	11/14/2023	250	1340	1.75	1410	-85
56	11/14/2023	250	1400	1.75	1431	-80
57	11/14/2023	250	1434	1.75	1500	-89
58	11/14/2023	250	1445	1.75	1514	-89
59	11/14/2023	250	1525	1.75	1534	-79
60	11/14/2023	250	1544	1.75	1600	-87
61	11/14/2023	250	1604	2.75	1620	-91
62	11/14/2023	250	1650	1.75	1033 (11/15)	-- (1)
63	11/14/2023	250	1647	1.75	1035 (11/15)	-- (1)
64	11/15/2023	250	840	1.75	1036	-- (1)
65	11/15/2023	250	930	1.75	1038	-- (1)
66	11/15/2023	250	1045	1.75	1143	-- (1)
67	11/15/2023	250	1040	1.75	1142	-- (1)
68	11/15/2023	250	1144	1.75	1244	-- (1)
69	11/15/2023	250	1214	1.75	1314	-- (1)
70	11/15/2023	250	1230	1.75	1324	-- (1)
71	11/15/2023	250	1300	1.75	1334	-93
72	11/15/2023	250	1345	1.75	1350	-102
73	11/15/2023	250	1310	1.75	1341	-101
74	11/15/2023	250	1402	1.75	1407	-95
75	11/15/2023	250	1432	1.75	1440	-79
76	11/15/2023	250	1455	1.75	1503	-79
77	11/15/2023	250	1510	1.75	1524	-76
78	11/15/2023	250	1550	1.75	1609	-80
79	11/15/2023	250	1610	1.75	1621	-95
80	11/16/2023	250	918	1.75	950	-77
81	11/16/2023	250	1050	1.75	1059	-150
82	11/16/2023	250	1134	1.75	1207	-130
83	11/16/2023	250	1210	1.75	1217	-148
84	11/16/2023	250	1304	1.75	1315	-80
85	11/17/2023	250	830	1.75	855	-108
86	11/17/2023	250	830	1.75	859	-105
87	11/17/2023	250	1120	1.75	1134	-152
88	11/17/2023	250	1201	1.6	1240	-153
89	11/17/2023	250	1400	1.75	1434	-169
90	11/17/2023	250	1403	1.75	1434	-152
91	11/20/2023	250	917	1.75	1004	-82
92	11/20/2023	250	939	1.75	1007	-77
93	11/20/2023	250	1012	1.75	1102	-76
94	11/20/2023	250	1040	1.75	1104	-85
95	11/20/2023	250	1107	1.75	1240	-75
96	11/20/2023	250	1245	1.75	1306	-72
97	11/20/2023	250	1245	1.75	1345	-77
98	11/20/2023	250	1347	1.75	1438	-76
99	11/21/2023	250	750	1.75	--	-100
100	11/20/2023	250	750	1.75	846	-76
101	11/20/2023	250	750	1.75	837	-76
102	11/20/2023	250	750	1.75	900	-77
103	11/20/2023	250	750	1.75	857	-76
104	11/21/2023	250	750	1.75	842	-82

Table 1
Anaerobic Water Batch Preparation Summary
Enhanced In-Situ Bioremediation (EISB)
Milwaukee Die Casting Company (MDCC) Site
4132 North Holton Street, Milwaukee, Wisconsin

Batch #	Date	Approximate Batch (Tote) Volume (gallons)	KB-1® Primer Addition		Geochemical Criteria (ORP < -75 mV) Final Field Measurement	
			Time	Approximate Amount (lbs)	Time	ORP (mV)
105	11/21/2023	250	750	1.75	856	-76
106	11/21/2023	250	810	1.75	838	-90
107	11/21/2023	250	948	1.75	1013	-88
108	11/21/2023	250	1108	1.75	1114	-89
109	11/21/2023	250	1108	1.75	1121	-76
110	11/21/2023	250	1124	1.75	1136	-79
111	11/21/2023	250	1230	1.75	1233	-79
112	11/21/2023	250	1230	1.75	1238	-80
113	11/21/2023	250	1300	1.75	1320	-82
114	11/21/2023	250	1328	1.75	1348	-81
115	11/21/2023	250	1329	1.75	1350	-80
116	11/21/2023	250	1402	1.75	1411	-81
117	11/21/2023	250	1426	1.75	1442	-76
118	11/21/2023	250	1450	1.75	1521	-82
119	11/21/2023	250	1515	1.75	1522	-75
120	11/21/2023	250	1520	1.75	1537	-81
121	11/21/2023	250	1534	1.75	1600	-93
122	11/21/2023	250	1555	1.75	1614	-108
123	11/21/2023	250	1615	1.75	758 (11/22)	-78
124	11/22/2023	250	750	1.75	800	-88
125	11/22/2023	250	845	1.75	855	-79
126	11/22/2023	250	900	1.75	915	-84
127	11/22/2023	250	955	1.75	--	-84
128	11/22/2023	250	1050	1.75	1055	-88
129	11/22/2023	250	1050	1.75	1057	-93
130	11/22/2023	250	1100	1.75	1106	-75
131	11/22/2023	250	1130	1.75	1204	-77
132	11/22/2023	250	1130	1.75	1204	-81
133	11/22/2023	250	1215	1.75	1313	-112
134	11/22/2023	250	1215	1.75	1315	-100
135	11/22/2023	250	1300	1.75	1346	-81

Notes:
--[(1)] ORP meter not operational
lbs - pounds
mV - millivolts
ORP - oxidation-reduction potential

Table 2

Injection Summary

Enhanced In-Situ Bioremediation (EISB)

Milwaukee Die Casting Company (MDCC) Site

4132 North Holton Street, Milwaukee, Wisconsin

Injection Point ID	Approximate Injection Point Depth (feet bgs)	Approximate EVO Injection Volume (gallons)
I-01	17.5	700
I-02	17	500
I-03	17	700
I-04	17	900
I-05	17	100
I-06	16	800
I-07	17	1200
I-08	17	800
I-09	17	300
I-10	17	1200
I-11	16	1200
I-12	17	800
I-13	17	1000
I-14	17	1100
I-15	17	1200
I-16	17	1200
I-17	17	1200
I-18	17	1000
I-19	17	1100
I-20	17	300
I-21	15	300
I-22	15	900
I-23	17	400
I-24	15	600
I-25	17	300
I-26	15	300
I-27	13	2400
I-28	14	300
I-29	17	100
I-30	15	200
I-31	17	3100
I-32	15	100
I-33	13	1600
I-34	13	100
I-35	13	200
I-36	14	100
I-37	15	100
I-38	15	400
I-39	13	2400
I-40	17	100
I-41	13	100
I-42	15	1700
I-43	15	100
I-44	13	100
I-45	12	100
I-46	13	200
I-47	13	300
I-48	15	500
I-49	17	100
I-50	13	800
	Total Volume	**35300**
	Average Volume/Injection Point	**700**

Notes:

bgs - below ground surface

EVO - emulsified vegetable oil

ATTACHMENT 6

Injection Point Abandonment Forms

Remedial Action Construction Documentation Report
Enhanced In-Situ Bioremediation (EISB)
Milwaukee Die Casting Company Site
4132 North Holton Street
Milwaukee, Wisconsin
WDNR BRRTS # 02-41-000023
WDNR FID # 241228240

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

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**
I-01

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/07/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17.5
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17.5	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/07/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-02

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): 241228240
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/8/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/8/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-03

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/8/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/8/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-04

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/8/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/8/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-05

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/8/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/9/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-06

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/9/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 16
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	16	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/9/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-07

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/9/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/9/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-08

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/10/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/10/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-09

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well: __ __ — — —

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/10/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/10/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-10

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/10/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/13/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-11

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/10/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 16
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	16	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/13/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-12

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/13/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/13/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-13

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well: __ __ — — —

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/13/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/14/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-14

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well: __ __ — — —

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/13/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/14/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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☐ **Verification Only of Fill and Seal**
I-15

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well: __ __ — — —

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/14/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/14/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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☐ **Verification Only of Fill and Seal**
I-16

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/14/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/14/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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☐ **Verification Only of Fill and Seal**
I-17

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/15/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/15/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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Well / Drillhole / Borehole Filling & Sealing Report

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☐ **Verification Only of Fill and Seal**
I-18

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): N / W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/15/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/15/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-19

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/15/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/16/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-20

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/15/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/15/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-21

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well: __ __ — — —

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/15/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 15
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	15	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/15/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-22

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/15/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 15
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	15	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/16/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-23

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well: __ __ — — —

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/15/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/15/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-24

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/16/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 15
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): NA

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
Bentonite Granules	Surface	15	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/16/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-25

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well: __ __ — — —

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/16/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/16/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-26

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/16/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 15
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	15	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/16/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-27

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well: __ __ — — —

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/16/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 13
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	13	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/20/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-28

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well: __ __ — — —

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/17/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 14
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	14	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/17/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-29

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/17/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/17/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-30

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/17/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 15
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	15	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/17/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-31

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well: __ __ — — —

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/17/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/22/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-32

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well: __ __ — — —

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/17/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 15
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	15	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/17/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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☐ **Verification Only of Fill and Seal**
I-33

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/17/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 13
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	13	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/22/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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☐ **Verification Only of Fill and Seal**
I-34

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/20/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 13
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	13	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/20/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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☐ **Verification Only of Fill and Seal**
I-35

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/20/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 13
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	13	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/20/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-36

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/20/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 14
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	14	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/20/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-37

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/20/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 15
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	15	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/20/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-38

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/20/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 15
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	15	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/20/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-39

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/20/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 13
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	13	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/22/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-40

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/21/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/21/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-41

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/21/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 13
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	13	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/21/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-42

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/21/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 15
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	15	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/22/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-43

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/21/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 15
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	15	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/21/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-44

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/21/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 13
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	13	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/21/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-45

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/22/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 12
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	12	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/22/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-46

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/22/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 13
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	13	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/22/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-47

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/22/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 13
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	13	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/22/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-48

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other: _____

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): _____ N _____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/22/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 15
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	15	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/22/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

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**
I-49

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/22/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 17
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	17	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/22/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

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

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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☐ **Verification Only of Fill and Seal**
I-50

Route to DNR Bureau:
☐ Drinking Water ☐ Watershed/Wastewater ☒ Remediation/Redevelopment
☐ Waste Management ☐ Other:

1. Well Location Information

County: MILWAUKEE
WI Unique Well # of Removed Well:
Hicap #:
Latitude / Longitude (see instructions): ____ N ____ W
Format Code: ☐ DD ☐ DDM
Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001
¼ / ¼: NW ¼ SE
or Gov't Lot #:
Section: 4
Township: 7 N
Range: 22 ☒ E ☐ W
Well Street Address: 4132 N HOLTON ST.
Well City, Village or Town: Milwaukee
Well ZIP Code: 53212
Subdivision Name:
Lot #:
Reason for Removal from Service: Test boring
WI Unique Well # of Replacement Well:

2. Facility / Owner Information

Facility Name: MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Facility ID (FID or PWS): **241228240**
License/Permit/Monitoring #:
Original Well Owner: Redevelopment Authority of the City of Milwaukee
Present Well Owner: Redevelopment Authority of the City of Milwaukee
Mailing Address of Present Owner: 809 N. BROADWAY
City of Present Owner: Milwaukee
State: WI
ZIP Code: 53202

3. Filled & Sealed Well / Drillhole / Borehole Information

☐ Monitoring Well
☐ Water Well
☒ Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 11/22/2023
If a Well Construction Report is available, please attach.

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

Formation Type:
☒ Unconsolidated Formation ☐ Bedrock

Total Well Depth From Ground Surface (ft.): 13
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): NA

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Granules	Surface	13	0.5 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Geosyntec Consultants - Dave Zolp
License #:
Date of Filling & Sealing or Verification (mm/dd/yyyy): 11/22/2023
Street or Route: 10600 North Port Washington Road Suite 100
Telephone Number: (262) 377-9828
City: Mequon
State: WI
ZIP Code: 53092
Signature of Person Doing Work:
Date Signed: 1/25/2024

DNR Use Only
Date Received:
Noted By:
Comments:

ATTACHMENT 7

Groundwater Monitoring Well Construction and Development Forms

Remedial Action Construction Documentation Report
Enhanced In-Situ Bioremediation (EISB)
Milwaukee Die Casting Company Site
4132 North Holton Street
Milwaukee, Wisconsin
WDNR BRRTS # 02-41-000023
WDNR FID # 241228240

State of Wisconsin
Department of Natural Resources

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

Route to: Watershed/Wastewater [ ] Waste Management [ ]
Remediation/Redevelopment [X] Other [ ]

Facility/Project Name: **Milwaukee Die Casting Company Site**	Local Grid Location of Well: ft N. [ ] ft E. [ ] / ft S. [ ] ft W. [ ]	Well Name: **MW-1R**
Facility License, Permit or Monitoring No.	Local Grid Origin [ ] (estimated: [ ]) or Well Location [ ] Lat. Long. or	Wis. Unique Well No. DNR Well ID No.
Facility ID: **241228240**	St. Plane **15654243.66** ft. N, **1398989.95** ft. E. S / C / N	Date Well Installed: **12/18/2023**
Type of Well Well Code **11** / **mw**	Section Location of Waste/Source: **SW** 1/4 of **SW** 1/4 of Sec. **04** T. **07** N, R. **22** [X] E. [ ] W.	Well Installed By: Name (first, last) and Firm **Ben Graupera** **Cabeno**
Distance from Waste/Source ft	Enf. Stds. Apply [ ]	Location of Well Relative to Well/Source: u [ ] Upgradient s [ ] Sidegradient d [ ] Downgradient n [ ] Not Known
		Gov. Lot Number

A. Protective pipe, top elevation **648.46** ft. MSL
B. Well casing, top elevation **648.23** ft. MSL
C. Land surface elevation **645.842** ft. MSL
D. Surface seal, bottom **644.842** ft. MSL or **1** ft.

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

13. Sieve analysis performed? [ ] Yes [X] No

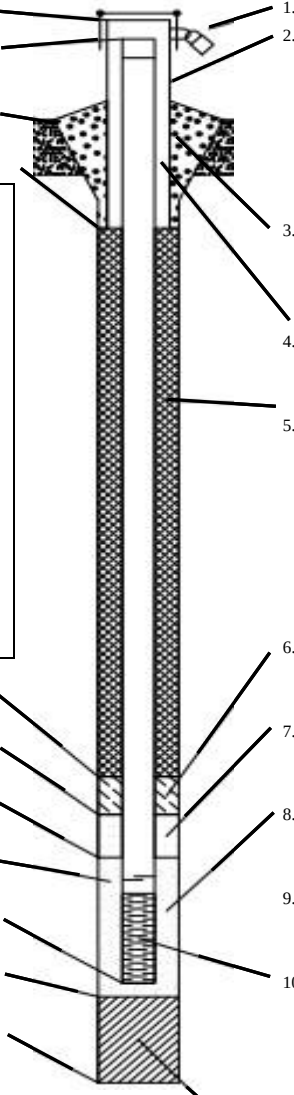
14. Drilling method used: Rotary [ ] 50; Hollow stem auger [X] 41; Other [ ]

15. Drilling fluid used: Water [ ] 02 Air [ ] 01 Drilling Mud [ ] 03 None [X] 99

16. Drilling additives used: [ ] Yes [X] No
Describe

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

E. Bentonite seal, top **644.842** ft. MSL or **1** ft.
F. Fine sand, top **--** ft. MSL or **--** ft.
G. Filter pack, top **641.842** ft. MSL or **4** ft.
H. Screen joint, top **640.842** ft. MSL or **5** ft.
I. Well bottom **630.842** ft. MSL or **15** ft.
J. Filter pack, bottom **630.842** ft. MSL or **15** ft.
K. Borehole, bottom **630.842** ft. MSL or **15** ft.
L. Borehole diameter **8.25** in.
M. O.D. well casing **2.36** in.
N. I.D. well casing **2.06** in.



1. Cap and lock? [X] Yes [ ] No
2. Protective cover pipe:
a. Inside diameter: **4** in.
b. Length: **5** ft.
c. Material: Steel [X] 04; Other [ ]
d. Additional protection? [ ] Yes [X] No
If yes, desrcibe: 0
3. Surface seal: Bentonite [ ] 30; Concrete [X] 01; Other [ ]
4. Material between well casing and protective pipe: Bentonite [ ] 30; Other [X] **Filter sand**
5. Annular space seal: a. Granular/Chipped Bentonite [ ] 33
b. ____ Lbs/gal mud weight... Bentonite sand-slurry [ ] 35
c. ____ Lbs/gal mud weight... Bentonite slurry [ ] 31
d. ____ % Bentonite... Bentonite-cement grout [ ] 50
e. ____ FT^3 volume added for any of the above
f. ____ How installed: Tremie [ ] 01; Tremie pumped [ ] 02; Gravity [X] 08
6. Bentonite seal: a. Bentonite granules [ ] 33
b. [ ] 1/4 in. [X] 3/8 in. [ ] 1/2 in. Bentonite chips [X] 32
c. Other [ ]
7. Fine sand material: Manufacturer, product name & mesh size
a. Other [ ]
b. Volume added ____ ft^3
8. Filter pack material: Manufacturer, product name & mesh size
a. **R.W. Sidley** Other **#5**
b. Volume added ____ ft^3
9. Well casing: Flush threaded PVC schedule 40 [X] 23; Flush threaded PVC schedule 80 [ ] 24; Other [ ]
10. Screen material: **PVC**
a. Screen type: Factory cut [X] 11; Continuous slot [ ] 01; Other [ ]
b. Manufacturer: **Campbell Monoflex**
c. Slot size: **0.010** in.
d. Slotted length: **10.0** ft.
11. Backfill material (below filter pack): None [X] 01; Other [ ]

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

Signature | Firm: **Geosyntec Consultants**

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between $10 and $25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

State of Wisconsin
Department of Natural Resources

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

Route to: Watershed/Wastewater [ ] Waste Management [ ]
Remediation/Redevelopment [X] Other [ ]

Facility/Project Name: **Milwaukee Die Casting Company Site**	Local Grid Location of Well: ft N. [ ] ft E. [ ] / ft S. [ ] ft W. [ ]	Well Name: **PMW-1**
Facility License, Permit or Monitoring No.	Local Grid Origin [ ] (estimated: [ ]) or Well Location [ ] Lat. Long. or	Wis. Unique Well No. DNR Well ID No.
Facility ID: **241228240**	St. Plane **15654244.71** ft. N, **1399047.558** ft. E. S / C / N	Date Well Installed: **12/18/2023**
Type of Well Well Code **11** / **mw**	**SW** 1/4 of **SW** 1/4 of Sec. **04** T. **07** N, R. **22** [X] E. [ ] W. Location of Well Relative to Well/Source: u [ ] Upgradient s [ ] Sidegradient n [ ] Not Known d [ ] Downgradient	Gov. Lot Number
Distance from Waste/Source ft Enf. Stds. Apply [ ]		Well Installed By: Name (first, last) and Firm **Ben Graupera** **Cabeno**

A. Protective pipe, top elevation **646.44** ft. MSL
B. Well casing, top elevation **646.23** ft. MSL
C. Land surface elevation **643.42** ft. MSL
D. Surface seal, bottom **642.42** ft. MSL or **1** ft.

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

13. Sieve analysis performed? [ ] Yes [X] No

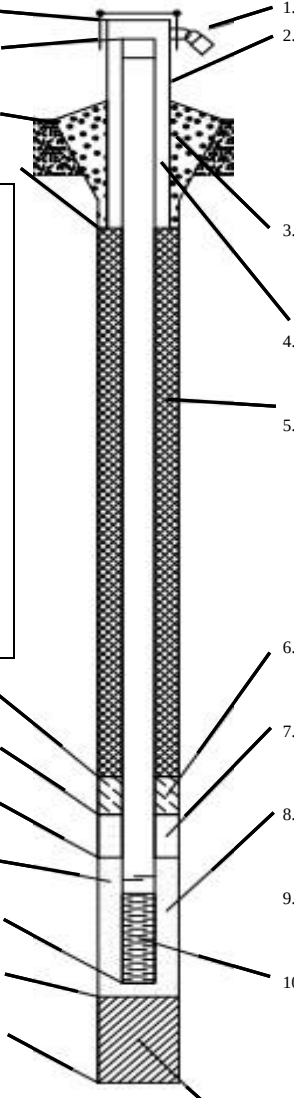
14. Drilling method used: Rotary [ ] 50; Hollow stem auger [X] 41; Other [ ]

15. Drilling fluid used: Water [ ] 02 Air [ ] 01 Drilling Mud [ ] 03 None [X] 99

16. Drilling additives used: [ ] Yes [X] No
Describe _____

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

E. Bentonite seal, top **642.423** ft. MSL or **1** ft.
F. Fine sand, top **--** ft. MSL or **--** ft.
G. Filter pack, top **639.423** ft. MSL or **4** ft.
H. Screen joint, top **638.423** ft. MSL or **5** ft.
I. Well bottom **628.423** ft. MSL or **15** ft.
J. Filter pack, bottom **628.423** ft. MSL or **15** ft.
K. Borehole, bottom **628.423** ft. MSL or **15** ft.
L. Borehole diameter **8.25** in.
M. O.D. well casing **2.36** in.
N. I.D. well casing **2.06** in.



1. Cap and lock? [X] Yes [ ] No
2. Protective cover pipe:
a. Inside diameter: **4** in.
b. Length: **5** ft.
c. Material: Steel [X] 04; Other [ ]
d. Additional protection? [ ] Yes [X] No
If yes, desrcibe: 0
3. Surface seal: Bentonite [ ] 30; Concrete [X] 01; Other [ ]
4. Material between well casing and protective pipe: Bentonite [ ] 30; **Filter sand** Other [X]
5. Annular space seal: a. Granular/Chipped Bentonite [ ] 33
b. _____ Lbs/gal mud weight... Bentonite sand-slurry [ ] 35
c. _____ Lbs/gal mud weight... Bentonite slurry [ ] 31
d. _____ % Bentonite... Bentonite-cement grout [ ] 50
e. _____ FT^3 volume added for any of the above
f. _____ How installed: Tremie [ ] 01; Tremie pumped [ ] 02; Gravity [X] 08
6. Bentonite seal: a. Bentonite granules [ ] 33
b. [ ] 1/4 in. [X] 3/8 in. [ ] 1/2 in. Bentonite chips [X] 32
c. _____ Other [ ]
7. Fine sand material: Manufacturer, product name & mesh size
a. _____ Other [ ]
b. Volume added _____ ft^3
8. Filter pack material: Manufacturer, product name & mesh size
a. **R.W. Sidley** Other **#5**
b. Volume added _____ ft^3
9. Well casing: Flush threaded PVC schedule 40 [X] 23; Flush threaded PVC schedule 80 [ ] 24; Other [ ]
10. Screen material: **PVC**
a. Screen type: Factory cut [X] 11; Continuous slot [ ] 01; Other [ ]
b. Manufacturer: **Campbell Monoflex**
c. Slot size: **0.010** in.
d. Slotted length: **10.0** ft.
11. Backfill material (below filter pack): None [X] 01; Other [ ]

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

Signature _____ Firm **Geosyntec Consultants**

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between $10 and $25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

State of Wisconsin
Department of Natural Resources

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

Route to: Watershed/Wastewater [ ] Waste Management [ ]
Remediation/Redevelopment [X] Other [ ]

Facility/Project Name: **Milwaukee Die Casting Company Site**	Local Grid Location of Well: ft N. [ ] ft E. [ ] / ft S. [ ] ft W. [ ]	Well Name: **PMW-2**
Facility License, Permit or Monitoring No.	Local Grid Origin [ ] (estimated: [ ]) or Well Location [ ] Lat. Long. or	Wis. Unique Well No. DNR Well ID No.
Facility ID: **241228240**	St. Plane **156542243.20** ft. N, **1399079.898** ft. E. S / C / N [X]	Date Well Installed: **12/18/2023**
Type of Well Well Code **11** / **mw**	**SW** 1/4 of **SW** 1/4 of Sec. **04** T. **07** N, R. **22** E [ ] W [ ] Location of Well Relative to Well/Source: u [ ] Upgradient s [ ] Sidegradient n [ ] Not Known d [ ] Downgradient	Gov. Lot Number Well Installed By: Name (first, last) and Firm: **Ben Graupera**, **Cabeno**
Distance from Waste/ Source ft	Enf. Stds. Apply [ ]	

A. Protective pipe, top elevation **645.48** ft. MSL
B. Well casing, top elevation **645.26** ft. MSL
C. Land surface elevation **642.36** ft. MSL
D. Surface seal, bottom **641.36** ft. MSL or **1** ft.

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

13. Sieve analysis performed? [ ] Yes [X] No

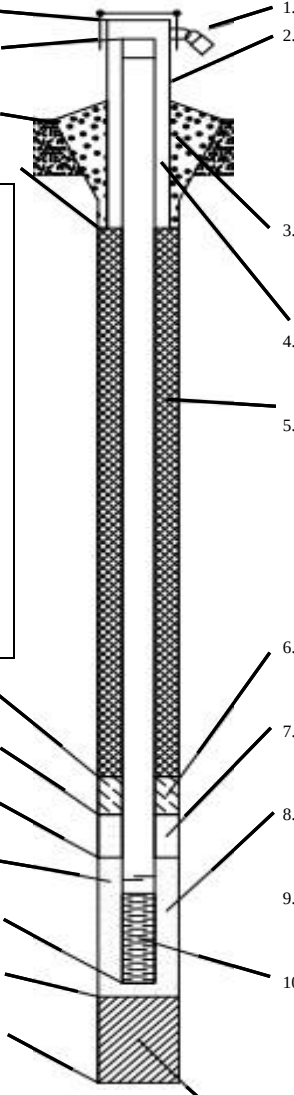
14. Drilling method used: Rotary [ ] 50; Hollow stem auger [X] 41; Other [ ]

15. Drilling fluid used: Water [ ] 02; Air [ ] 01; Drilling Mud [ ] 03; None [X] 99

16. Drilling additives used? [ ] Yes [X] No
Describe _____

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

E. Bentonite seal, top **641.359** ft. MSL or **1** ft.
F. Fine sand, top **--** ft. MSL or **--** ft.
G. Filter pack, top **638.359** ft. MSL or **4** ft.
H. Screen joint, top **637.359** ft. MSL or **5** ft.
I. Well bottom **627.359** ft. MSL or **15** ft.
J. Filter pack, bottom **627.359** ft. MSL or **15** ft.
K. Borehole, bottom **627.359** ft. MSL or **15** ft.
L. Borehole diameter **8.25** in.
M. O.D. well casing **2.36** in.
N. I.D. well casing **2.06** in.



1. Cap and lock? [X] Yes [ ] No
2. Protective cover pipe:
a. Inside diameter: **4** in.
b. Length: **5** ft.
c. Material: Steel [X] 04; Other [ ]
d. Additional protection? [ ] Yes [X] No
If yes, desrcibe: 0
3. Surface seal: Bentonite [ ] 30; Concrete [X] 01; Other [ ]
4. Material between well casing and protective pipe: Bentonite [ ] 30; **Filter sand** Other [X]
5. Annular space seal: a. Granular/Chipped Bentonite [ ] 33
b. _____ Lbs/gal mud weight... Bentonite sand-slurry [ ] 35
c. _____ Lbs/gal mud weight... Bentonite slurry [ ] 31
d. _____ % Bentonite... Bentonite-cement grout [ ] 50
e. _____ FT^3 volume added for any of the above
f. _____ How installed: Tremie [ ] 01; Tremie pumped [ ] 02; Gravity [X] 08
6. Bentonite seal: a. Bentonite granules [ ] 33
b. [ ] 1/4 in. [X] 3/8 in. [ ] 1/2 in. Bentonite chips [X] 32
c. _____ Other [ ]
7. Fine sand material: Manufacturer, product name & mesh size
a. _____ Other [ ]
b. Volume added _____ ft^3
8. Filter pack material: Manufacturer, product name & mesh size
a. **R.W. Sidley** Other **#5**
b. Volume added _____ ft^3
9. Well casing: Flush threaded PVC schedule 40 [X] 23; Flush threaded PVC schedule 80 [ ] 24; Other [ ]
10. Screen material: **PVC**
a. Screen type: Factory cut [X] 11; Continuous slot [ ] 01; Other [ ]
b. Manufacturer: **Campbell Monoflex**
c. Slot size: **0.010** in.
d. Slotted length: **10.0** ft.
11. Backfill material (below filter pack): None [X] 01; Other [ ]

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

Signature _____ Firm **Geosyntec Consultants**

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between $10 and $25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

State of Wisconsin
Department of Natural Resources

MONITORING WELL DEVELOPMENT

Form 4400-113B Rev. 7-98

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

Facility/Project Name	County Name	Well Name
Milwaukee Die Casting Company Site	Milwaukee	MW-1R

Facility License, Permit or Monitoring Number	County Code	Wis. Unique Well Number	DNR Well ID Number
BRRTS# 02-41-000023	41	_____	___

1. Can this well be purged dry? ☐ Yes ☒ No

2. Well development method

surged with bailer and bailed	☐ 41
surged with bailer and pumped	☐ 61
surged with block and bailed	☐ 42
surged with block and pumped	☐ 62
surged with block, bailed and pumped	☐ 70
compressed air	☐ 20
bailed only	☐ 10
pumped only	☐ 51
pumped slowly	☐ 50
Other pumped and surged with pump	☒ [illegible]

3. Time spent developing well ___60___ min.

4. Depth of well (from top of well casisng) __174.__ ft.

5. Inside diameter of well __2.06__ in.

6. Volume of water in filter pack and well casing __100.__ gal.

7. Volume of water removed from well __550.__ gal.

8. Volume of water added (if any) ____.__ gal.

9. Source of water added N/A

10. Analysis performed on water added? (If yes, attach results) ☐ Yes ☐ No

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. __6.50 ft.	__12.30 ft.
Date	b. 12/21/2023 (m m d d y y y y)	12/21/2023 (m m d d y y y y)
Time	c. 08:15 ☒ a.m. ☐ p.m.	09:20 ☒ a.m. ☐ p.m.
12. Sediment in well bottom	___.__ inches	___.__ inches
13. Water clarity	Clear ☐ 10 Turbid ☒ 15 (Describe) brown, turbid	Clear ☒ 20 Turbid ☐ 25 (Describe) clear

Fill in if drilling fluids were used and well is at solid waste facility:

14. Total suspended solids	____.__ mg/l	____.__ mg/l
15. COD	____.__ mg/l	____.__ mg/l

16. Well developed by: Name (first, last) and Firm
First Name: David Last Name: Zolp
Firm: Geosyntec Consultants

17. Additional comments on development:
surged and purged at start

Name and Address of Facility Contact /Owner/Responsible Party
First Name: Christopher Last Name: Clark
Facility/Firm: Pharmacia, LLC.
Street: 235 East 42nd Street, 219/5/1
City/State/Zip: New York, NY 10017

I hereby certify that the above information is true and correct to the best of my knowledge.
Signature: [signature]
Print Name: David Zolp
Firm: Geosyntec Consultants

NOTE: See instructions for more information including a list of county codes and well type codes.

State of Wisconsin
Department of Natural Resources

MONITORING WELL DEVELOPMENT

Form 4400-113B Rev. 7-98

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

Facility/Project Name	County Name	Well Name
Milwaukee Die Casting Company Site	Milwaukee	PMW-1

Facility License, Permit or Monitoring Number	County Code	Wis. Unique Well Number	DNR Well ID Number
BRRTS# 02-41-000023	41	_____	___

1. Can this well be purged dry? ☒ Yes ☐ No

2. Well development method

surged with bailer and bailed	☐ 41
surged with bailer and pumped	☐ 61
surged with block and bailed	☐ 42
surged with block and pumped	☐ 62
surged with block, bailed and pumped	☐ 70
compressed air	☐ 20
bailed only	☐ 10
pumped only	☐ 51
pumped slowly	☐ 50
Other pumped and surged with pump	☒

3. Time spent developing well ___180 min.

4. Depth of well (from top of well casisng) __17__.8 ft.

5. Inside diameter of well __2.06 in.

6. Volume of water in filter pack and well casing ___10.4 gal.

7. Volume of water removed from well __50.__ gal.

8. Volume of water added (if any) ____.__ gal.

9. Source of water added N/A

10. Analysis performed on water added? (If yes, attach results) ☐ Yes ☐ No

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. __4.00 ft.	__DRY.__ ft.
Date	b. 12/21/2023 (m m d d y y y y)	12/21/2023 (m m d d y y y y)
Time	c. 09:45 ☐ a.m. ☒ p.m.	13:00 ☐ a.m. ☒ p.m.
12. Sediment in well bottom	___.__ inches	___.__ inches
13. Water clarity	Clear ☐ 10 Turbid ☒ 15 (Describe) brown, turbid	Clear ☒ 20 Turbid ☐ 25 (Describe) dry
14. Total suspended solids	____.__ mg/l	____.__ mg/l
15. COD	____.__ mg/l	____.__ mg/l

Fill in if drilling fluids were used and well is at solid waste facility:

16. Well developed by: Name (first, last) and Firm
First Name: David Last Name: Zolp
Firm: Geosyntec Consultants

17. Additional comments on development:

-Surge and purge at start
-Well purges dry, but recharges quickly.
-Surged between purge events.

Name and Address of Facility Contact /Owner/Responsible Party
First Name: Christopher Last Name: Clark
Facility/Firm: Pharmacia, LLC.
Street: 235 East 42nd Street, 219/5/1
City/State/Zip: New York, NY 10017

I hereby certify that the above information is true and correct to the best of my knowledge.
Signature: _____
Print Name: David Zolp
Firm: Geosyntec Consultants

NOTE: See instructions for more information including a list of county codes and well type codes.

State of Wisconsin
Department of Natural Resources

MONITORING WELL DEVELOPMENT

Form 4400-113B Rev. 7-98

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

Facility/Project Name	County Name	Well Name
Milwaukee Die Casting Company Site	Milwaukee	PMW-2

Facility License, Permit or Monitoring Number	County Code	Wis. Unique Well Number	DNR Well ID Number
BRRTS# 02-41-000023	41	_____	___

1. Can this well be purged dry? ☐ Yes ☒ No

2. Well development method

surged with bailer and bailed	☐ 41
surged with bailer and pumped	☐ 61
surged with block and bailed	☐ 42
surged with block and pumped	☐ 62
surged with block, bailed and pumped	☐ 70
compressed air	☐ 20
bailed only	☐ 10
pumped only	☐ 51
pumped slowly	☐ 50
Other pumped and surged with pump	☒

3. Time spent developing well ___120 min.

4. Depth of well (from top of well casisng) ___18.0 ft.

5. Inside diameter of well ___2.06 in.

6. Volume of water in filter pack and well casing ___10.3 gal.

7. Volume of water removed from well ___35.0 gal.

8. Volume of water added (if any) _____. gal.

9. Source of water added N/A

10. Analysis performed on water added? (If yes, attach results) ☐ Yes ☐ No

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. ___3.45 ft.	___DRY___ ft.
Date	b. 12/21/2023 (mm/dd/yyyy)	12/21/2023 (mm/dd/yyyy)
Time	c. 11:25 ☒ a.m. ☐ p.m.	13:30 ☒ a.m. ☐ p.m.
12. Sediment in well bottom	___. inches	___. inches
13. Water clarity	Clear ☐ 10 Turbid ☒ 15 (Describe) light brown	Clear ☐ 20 Turbid ☐ 25 (Describe) dry
14. Total suspended solids	_____. mg/l	_____. mg/l
15. COD	_____. mg/l	_____. mg/l

Fill in if drilling fluids were used and well is at solid waste facility:

16. Well developed by: Name (first, last) and Firm
First Name: David Last Name: Zolp
Firm: Geosyntec Consultants

17. Additional comments on development:
Dry after 10 gal.
Allow to recharge and purge 5 times.

Name and Address of Facility Contact /Owner/Responsible Party
First Name: Christopher Last Name: Clark
Facility/Firm: Pharmacia, LLC.
Street: 235 East 42nd Street, 219/5/1
City/State/Zip: New York, NY 10017

I hereby certify that the above information is true and correct to the best of my knowledge.
Signature: [signature]
Print Name: David Zolp
Firm: Geosyntec Consultants

NOTE: See instructions for more information including a list of county codes and well type codes.

ATTACHMENT 8

IDW Disposal Documentation

Remedial Action Construction Documentation Report
Enhanced In-Situ Bioremediation (EISB)
Milwaukee Die Casting Company Site
4132 North Holton Street
Milwaukee, Wisconsin
WDNR BRRTS # 02-41-000023
WDNR FID # 241228240

Please print or type. Form Approved. OMB No. 2050-0039

308

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number	2. Page 1 of	3. Emergency Response Phone	4. Manifest Tracking Number
W I D 0 0 6 1 0 2 3 0 5	1	(877) 818-0087	002225449 VES

GENERATOR

5. Generator's Name and Mailing Address
FORMER MILWAUKEE DIE CAST
4132 NORTH HOLTON STREET
MILWAUKEE, WI 53212
Generator's Phone: 262 292-6080

Generator's Site Address (if different than mailing address)
SAME

6. Transporter 1 Company Name: VEOLIA ES TECHNICAL SOLUTIONS
U.S. EPA ID Number: N J D 0 8 0 6 3 1 3 6 9

7. Transporter 2 Company Name:
U.S. EPA ID Number:

8. Designated Facility Name and Site Address: VEOLIA ES TECHNICAL SOLUTIONS
W124 N9451 BOUNDARY RD.
MENOMONEE FALLS, WI 53051
Facility's Phone: 262 255-6655
U.S. EPA ID Number: W I D 0 0 3 9 6 7 1 4 8

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
X	1. NA3077, HAZARDOUS WASTE, SOLID, n.o.s., (TETRACHLOROETHYLENE), 9, III, RQ (D039)	2	D M	953	P	F002	D040	
						D039		
X	2. NA3082, HAZARDOUS WASTE, LIQUID, n.o.s., (TRICHLOROETHENE, VINYL CHLORIDE), 9, III	3 ~~4~~	D M	1,824 ~~2269~~	P	F002	D040	
						D039	D043	
	3. NON RCRA AND DOT NON REGULATED SOLID, (NON-TSCA NON-RC RA SOIL IDW)	1	D M	561	P	NONE		
	4.							

14. Special Handling Instructions and Additional Information: ER Service Contracted by VESTS + OU36190 H5 + 1) ERG:171 W:1064774 A: CWDTWISOL 2) ERG:171 W:992094 A:CWDTWILIQ 3) W:956453 A:CWDORCNHS

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: x MARY JO ANZIA AS AGENT FOR PHARMACIA LLC
Signature: x
Month 01 Day 22 Year 24

INT'L

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.:

TRANSPORTER

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: Steve Reesman
Signature:
Month 01 Day 22 Year 24

Transporter 2 Printed/Typed Name:
Signature:
Month Day Year

DESIGNATED FACILITY

18. Discrepancy

18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
Manifest Reference Number:

18b. Alternate Facility (or Generator)
U.S. EPA ID Number
Facility's Phone:

18c. Signature of Alternate Facility (or Generator)
Month Day Year

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1.	2.	3.	4.
H141	H141	H141	

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name: Jennifer R. Schwager
Signature: Jennifer R. Schwager
Month 01 Day 26 Year 24

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM

Please print or type. Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator ID Number: WID006102305
2. Page 1 of: 1
3. Emergency Response Phone: 877-818-0087
4. Manifest Tracking Number: 002270259 VES

GENERATOR

5. Generator's Name and Mailing Address
FORMER MILWAUKEE DIE CAST
4132 NORTH HOLTON STREET
MILWAUKEE, WI 53212
Generator's Phone: 262-292-6080

Generator's Site Address (if different than mailing address): SAME

6. Transporter 1 Company Name: Veolia ES Technical Solutions
U.S. EPA ID Number: NJD080631369

7. Transporter 2 Company Name:
U.S. EPA ID Number:

8. Designated Facility Name and Site Address
VEOLIA ES TECHNICAL SOLUTIONS,
W124 N9451 BOUNDARY
MENOMONEE FALLS, WI 53051
Facility's Phone: 262-255-6655
U.S. EPA ID Number: WID003967148

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No.	10. Containers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. NA3082, HAZARDOUS WASTE, LIQUID, n.o.s., (TRICHLOROETHENE, VINYL CHLORIDE), 9, III	1	D M	550	P	F002 D040 D039 D043
	2.					
	3.					
	4.					

14. Special Handling Instructions and Additional Information
ER Service Contracted by VESTS + OU36190 *H7* + Contract retained by generator confers agency authority on initial transporter to add or substitute additional transporters on generator's behalf. + 1)
ERG:171 W:992094 A:CWDTWILIQ

15. **GENERATOR'S/OFFEROR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offeror's Printed/Typed Name: MARY JO ANZIA AS AGENT FOR PHARMACIA LLC
Signature: Mary Jo Anzia
Month: 01 Day: 24 Year: 24

INT'L

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit:
Transporter signature (for exports only): Date leaving U.S.:

TRANSPORTER

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name: X Keegan Gaines
Signature:
Month: 1 Day: 24 Year: 24

Transporter 2 Printed/Typed Name:
Signature:
Month: Day: Year:

DESIGNATED FACILITY

18. Discrepancy

18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection

Manifest Reference Number:

18b. Alternate Facility (or Generator)
U.S. EPA ID Number:
Facility's Phone:

18c. Signature of Alternate Facility (or Generator)
Month: Day: Year:

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

1.	2.	3.	4.
H141			

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

Printed/Typed Name: Jennifer R. Schwager
Signature: Jennifer R. Schwager
Month: 01 Day: 26 Year: 24

EPA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.

DESIGNATED FACILITY TO EPA's e-MANIFEST SYSTEM