

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.

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- *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 <u>Amendments</u>

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

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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

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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,

Jement Juli

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

An I

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, <u>Greg Johnson</u>, 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."

GREEDRY I JOHNSON E-28899 NA VAVAL KEPE Greg Johnson, P.H., P.G., P.E. TALAS. Senior Engineer P.E. #: 29898-006 3/19/2024 Signature, title and P.E. number P.E. stamp

"I, <u>Greg Johnson</u>, 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."

An I	Senior Engineer	3/19/2024
Signature and title		Date

"I, <u>Jeremiah Johnson</u>, 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."

An I	Senior Geologist	3/19/2024
Signature and title		Date

ATTACHMENT 2

Figures

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



LEC	END
	APPROXIMATE SITE PROPERTY LINE
	APPROXIMATE ADJACENT PROPERTY LINES
	APPROXIMATE FORMER BUILDING FOOTPRINT
- \$ -MW-7	MONITORING WELL LOCATION
🛧 PZ-2	PIEZOMETER LOCATION
	ESTIMATED SHALLOW GROUNDWATER FLOW DIRECTION (SEE NOTE 1)
	ESTIMATED EXTENT OF CVOCs > NR 140 ES (SEE NOTE 1)
	2015 CVOC-IMPACTED UNSATURATED SOIL REMOVAL AREA

NOTES:

	- CHLORINATED VOLATILE ORGANIC COMPOUNDS
EISB	- ENFORCEMENT STANDARD
(1)	- BASED ON JULY 27, 2022 GROUNDWATER DATA



Geosyntec^D consultants

CLIENT:	PHARMACIA, LLC.							
PROJECT:	MILWAUKEE DIE CASTING COMPANY (MDCC) SITE 4132 NORTH HOLTON STREET MILWAUKEE, WISCONSIN							
TITLE: SITE LAYOUT								
PROJECT:	ECT: CHW8271P FIGURE NO.: 1 DRAWING NO.:							
DATE: Jan	TE: January 30, 2024 FILE NO.: 24-01MDCC924 OF							



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
0	PRE-DESIGN INVESTIGATION SOIL BORING

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





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)

Page 1 of 2

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

		Route to DNR Bureau:					
Verification Only of Fill and Seal			Watershed/Wastewater X Remediation/Redevelopment				
MW-1		Waste Manageme	nt 🗌	Other:			
1. Well Location Inform	nation		2. Facility	/ Owner In	formation		
County V	VI Unique Well # of	Hicap #	Facility Nam	е			
MILWAUKEE	emoved Well		MILWAUK	EE DIE CAST	ING COMPANY (MD	CC) SITE	
Latitude / Longitude (see inst	tructions) Forma	t Code Method Code	Facility ID (F	ID or PWS)			
Eathade / Eorigitade (See ins			241228240				
	N □	DDM	License/Peri	mit/Monitoring	#		
1/4 / 1/4 NW 1/4 SE	Section Tov	wnship Range X E	Original Wel	I Owner			
or Gov't Lot #	4	7 N 22 \square W	Redevelo	pment Authori	ty of the City of Milwa	ukee	
Well Street Address			Present Wel	l Owner			
4132 N HOLTON ST.			Redevelo	pment Author	ity of the City of Milwa	ukee	
Well City, Village or Town		Well ZIP Code	Mailing Addr	ess of Preser	nt Owner		
Milwaukee		53212	809 N. BF	ROADWAY			
Subdivision Name		Lot #	City of Prese	ent Owner		State	ZIP Code
			Milwauk	ee		WI	53202
Reason for Removal from Se	ervice WI Unique We	II # of Replacement Well	4. Pump, I	Liner, Scre	en, Casing & Sea	ling Mat	erial
Test boring			Pump and	d piping remov	/ed?		Yes No N/A
3. Filled & Sealed Well	/ Drillhole / Boreho	le Information	Liner(s) re	emoved?			Yes No N/A
X Monitoring Well	Original Construct	ion Date (mm/dd/yyyy)	Liner(s) p	errorated?			
	8/20/2020		Screen re	movea?			
	If a Well Construct	tion Report is available,					
Borehole / Drillhole please attach.			Did coolin	ig cut on beid	w sunace?		
			Did Sealin	ig material rist			
X Drilled Driven (Sandpoint) Dug		If ves	was hole ret	onned?	E,		
Other (specify): Geoprobe			If bentonit	te chips were	used, were they hydra	ated	
Formation Type:			with water	r from a know	n safe source?		Yes No XN/A
X Unconsolidated Format	ion 🗌 Bedr	rock	Required Me	ethod of Placi	ng Sealing Material		
Total Well Depth From Groui	nd Surface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Conductor Pipe-Pumped				
15			Screened & Poured Other (Explain):				
Lower Drillhole Diameter (in.) Casing	Depth (ft.)	Sealing Mate	erials			
			Neat C	Cement Grout		Concrete	
			Sand-0	Cement (Cond	crete) Grout	Bentonite	Chips
Was well annular space grout	ed? Yes	No Unknown	For Monitori	ng Wells and	Monitoring Well Borel	holes Only	-
If yes, to what depth (feet)?	Depth to Wa	ter (feet)	X Bentor	nite Chips	Benton	ite - Ceme	ent Grout
	5		Granul	ar Bentonite	Benton	ite - Sand	Slurry
5. Material Used to Fill	Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks So Volume (circle	ealant or one)	Mix Ratio or Mud Weight
Bentonite Granules			Surface	15	0.5 bag		
					-		
6. Comments							

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License #		e #	Date of Filling & Sealing or Verification		Date Received	Noted By
Geosyntec Consultants - Dave Zolp		(mm/dd/yyyy) 11/06/2023				
Street or Route			,	Telephone Number	Comments	·
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2. A	1/25/2024
· · · · · ·				0	0	

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



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

None known

Newman Zone EVO

TRADE NAME (AS LABELED):

SYNONYMS: CAS#: PRODUCT USE:

CHEMICAL SHIPPING NAME/CLASS: U.N. NUMBER: MANUFACTURER'S NAME: ADDRESS: **BUSINESS PHONE: EMERGENCY PHONE:** DATE OF CURRENT REVISION: DATE OF LAST REVISION:

Mixture 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. Non-Regulated Material None **RNAS Remediation Products** 6712 West River Road, Brooklyn Center, MN 55430 1-763-585-6191 1-800-424-9300 (Chemtrec 24 Hr Service – Emergency Only) January 16, 2016 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	
HS LABELING AND CLASSIFICATION			

GHS LABELING AND

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.



Newman Zone EVO

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
Palance of other ingradients is less than 1% in concentration (or 0.1% for correlations reproductive toying, or reconsistent consistent)				

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.



Flammability

0

Other

Health

SAFETY DATA SHEET

Newman Zone EVO



0

Reactivity



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.

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

8. EXPOSURE CONTROLS - PERSONAL PROTECTION

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.



Newman Zone EVO

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

<u>US DOT, IATA, IMO, ADR:</u>

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 SHIP	PPING INFORMATION (IATA): This product is not considered as	
dangerous goods.		
INTERNATIONAL MARITIME ORGANIZATION SHIPPIN	IG 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.



REMEDIATION PRODUCTS SAFETY DATA SHEET

Newman Zone EVO

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



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	Health	Flammability	Physical Hazard	Personal Protection
Rating:	1	0	0	B*
NFPA	Health	Flammability	Reactivity	Special Hazard
Rating:	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").



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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.

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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

connected to injection lines and inert gas is used to pressure vessels and 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.

Avoid exposure of the culture to air as the presence of oxygen will kill the microbes.

Incompatibilities:

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8. EXPOSURE CONTROLS/PERSONAL PROTECTION

OSHA Permissible Exposure Limits (PELs):	No occupational exposure limits are established for microt constituents. Mixture is not classified as "hazardous"
ACHIH Threshold Limit Values (TLVs):	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 <u>**negative**</u> (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.



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

15. REGULATORY INFORMATION

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





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: PRODUCT CODE: CHEMICAL FAMILY NAME:	KB-1 [®] Primer N/A Mixture				
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: <u>Pictogram(s):</u> 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. <u>Explosion Sensitivity to Mechanical Impact</u>: <u>Explosion Sensitivity to Static Discharge</u>: <u>Minimum Ignition Energy (M.I.E.)</u>

Not Sensitive. Not Sensitive 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.



SiREM

SAFETY DATA SHEET

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:

December 2018

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.



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KB-1[®] Primer

SECTION 9 - PHYSICAL and CHEMICAL PROPERTIES

9.1 Information on basic physical and chemical properties: PHYSICAL STATE:

Infoldae offate.	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





KB-1[®] Primer

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: <u>UNITED STATES REGULATIONS</u>

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 follo				
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: 1Health hazard: 1Flammability: 0Flammability: 0Physical Hazard: 0Physical 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 acro	onyms
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
ΙΑΤΑ	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





KB-1[®] Primer

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

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

		Approximate	KB-1 [®] Primer Addition		Geochemical Criteria (ORP < -75 mV) Final Field Measurement	
Datah #	Data	Batch (Tote)			Final Fleiu Micasul ement	
Batch #	Date	Volume		Approximate		ORP
		(gallons)	Time	Amount	Time	(mV)
		(g)		(lbs)		(
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	1403	1.75	1455	-75
10	11/0/2023	250	<u>1452</u> 840	1.75	946	-70
11	11/9/2023	250	840	1.75	040	-//
12	11/9/2023	250	840	1.75	830	-80
13	11/9/2023	250	1020	1.75	1025	-80
14	11/9/2023	250	1026	1.75	1130	- /8
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
27	11/10/2023	250	1333	1.75	1325	-76
20	11/10/2023	250	820	2.00	1021	-75
29	11/10/2023	250	005	2.00	1021	-05
30	11/10/2023	250	903	1.75	1038	-02
31	11/10/2023	250	903	1.73	1031	-/3
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	1120	1.75	1156	-76
51	11/14/2023	250	1157	1.75	1200	_00
52	11/14/2023	250	1220	1.75	1202	-30
52	11/14/2023	250	1230	1./3	1303	-05
,,	1 11/14/2020	L 7.00	1 100	1./)	1 17/3	-/0

Table 1 Anaerobic Water Batch Preparation Summary Enhanced In-Situ Bioremediation (EISB) Milwaukee Die Casting Company (MDCC) Site

4132 North Holton Street, Milwaukee, Wisconsin

	Date	Approximate Batch (Tote) Volume (gallons)	KB-1 [®] P	rimer Addition	Geochemical Criteria (ORP < -75 mV) Final Field Measurement	
Batch #			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
/9 80	11/15/2023	250	018	1.75	950	-95
80	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	11/1//2023	250	1400	1.75	1434	-169
90	11/20/2023	250	917	1.75	1434	-132
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	- /6
99	11/21/2023	250	750	1./3	8/6	-100
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

		Annrovimata	VB 1 [®] Drimon Addition		Geochemical Criteria (ORP < -75 mV)		
		Approximate Batah (Tata)	KB-I P	rimer Addition	Final Field Me	asurement	
Batch #	Date	Volume (gallons)	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

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:				
Verification Only o	f Fill and Seal	Drinking Water	Watershed/Wastewater X Remediation/Redevelopment			
I-01		Waste Manageme	ent Other:			
1. Well Location Inform	nation		2. Facility / Owner Information			
County V	VI Unique Well # of	Hicap #	Facility Name			
MILWAUKEE	emoved Well		MILWAUKEE DIE CASTING COMPANY	(MDCC) SITE		
Latitude / Longitude (see ins	tructions) Forma	at Code Method Code	_Facility ID (FID or PWS)			
Editade / Eorigitade (See ins			241228240			
	N	DDM	License/Permit/Monitoring #			
¹ / ₄ / ¹ / ₄ NW ¹ / ₄ SF	Section To	wnship Range X E	Original Well Owner			
or Gov't Lot #	4	7 N 22 W	Redevelopment Authority of the City of	Milwaukee		
Well Street Address			Present Well Owner			
4132 N HOLTON ST.			Redevelopment Authority of the City of	Milwaukee		
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner			
Milwaukee		53212	809 N. BROADWAY			
Subdivision Name		Lot #	City of Present Owner	State ZIP Code		
			Milwaukee	WI 53202		
Reason for Removal from Se	ervice WI Unique W	ell # of Replacement Well	4. Pump, Liner, Screen, Casing &	Sealing Material		
Test boring			Pump and piping removed?			
3. Filled & Sealed Well	/ Drillhole / Boreho	le Information	Liner(s) removed?			
Monitoring Well	Original Construct	tion Date (mm/dd/yyyy)	Sereen removed?			
Water Well	11/07/2023		Casing left in place?			
X Borehole / Drillhole	If a Well Construct	ction Report is available,	Was casing cut off below surface?			
Construction Type:	please allach.		Did sealing material rise to surface?			
	wan (Sandhaint)		Did material settle after 24 hours?			
		Dug	If yes, was hole retopped?			
Uther (specify): Geo			If bentonite chips were used, were they	v hydrated		
Formation Type:			with water from a known safe source?			
X Unconsolidated Format	ion Bed	rock	Required Method of Placing Sealing Mate	rial		
Total Well Depth From Grou	nd Surface (ft.) Casing	J Diameter (in.)	Conductor Pipe-Gravity Condu	ctor Pipe-Pumped		
17.5			(Bentonite Chips)	(Explain):		
Lower Drillhole Diameter (in.) Casing	g Depth (ft.)	Sealing Materials			
			Neat Cement Grout			
Was well appular, space, grout	ed? Voc		Sand-Cement (Concrete) Grout	X Bentonite Chips		
			For Monitoring Wells and Monitoring Well	Boreholes Only:		
If yes, to what depth (feet)?	Depth to Wa	ater (feet)	Bentonite Chips B	entonite - Cement Grout		
	NA		Granular Bentonite	entonite - Sand Slurry		
5. Material Used to Fill	Well / Drillhole		From (ft.) To (ft.) No. Yards, Sa Volume (d	cks Sealant or Mix Ratio or circle one) Mud Weight		
Bentonite Granules			Surface 17.5 0.5 bag			
6. Comments						

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Date of		Filling & Sealing or Verification	Date Received	Noted By		
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/07/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code	•	Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092			2.2	/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:		
Verification Only of Fi	l and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment
I-02		Waste Manageme	nt Other:	
1. Well Location Information	on		2. Facility / Owner Information	1
County WI Ur	nique Well # of	Hicap #	Facility Name	-
MILWAUKEE	oved Well		MILWAUKEE DIE CASTING COMP	PANY (MDCC) SITE
Latitude / Longitude (see instruct	one) Format	Code Method Code	Facility ID (FID or PWS)	
Latitude / Longitude (see instructi			241228240	
		DDM	License/Permit/Monitoring #	
1/4 / 1/4 NW 1/4 SE	Section Tov	Inship Range X F	Original Well Owner	
or Gov't Lot #	4 7	N 22 W	Redevelopment Authority of the Cit	y of Milwaukee
Well Street Address			Present Well Owner	·
4132 N HOLTON ST.			Redevelopment Authority of the Ci	ty of Milwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner	
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner	State ZIP Code
			Milwaukee	WI 53202
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casin	ig & Sealing Material
Test boring			Pump and piping removed?	Yes No XN/A
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?	
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?	
	11/8/2023		Screen removed?	
	If a Well Construct	ion Report is available,		
	please attach.		Was casing cut on below surface?	
		_	Did sealing material nee to surface	
X Drilled Driven	(Sandpoint)	Dug	If yes, was hole retonned?	
Other (specify): Geoprobe)		If bentonite chips were used, were	they hydrated
Formation Type:			with water from a known safe sour	ce? Yes No X N/A
X Unconsolidated Formation	Bedro	ock	Required Method of Placing Sealing I	Vaterial
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity	onductor Pipe-Pumped
17			Screened & Poured Or (Bentonite Chips)	ther (Explain):
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials	
			Neat Cement Grout	Concrete
	I		Sand-Cement (Concrete) Grout	X Bentonite Chips
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring	Well Boreholes Only:
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout
	NA		Granular Bentonite	Bentonite - Sand Slurry
5. Material Used to Fill We	II / Drillhole		From (ft.) To (ft.) No. Yards	s, Sacks Sealant or Mix Ratio or me (circle one) Mud Weight
Bentonite Granules			Surface 17 0.5 bag	1
6. Comments				

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Date		Date of	Filling & Sealing or Verification	Date Received	Noted By	
Geosyntec Consultants - Dave Zolp			(mm/dc	l/yyyy) 11/8/2023		
Street or Route				Telephone Number	Comments	·
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092		1	2.	1/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:						
Verification Only of F	ill and Seal	Drinking Water		Watershed/V	Vastewater X	Remedia	ation/Redevel	lopment
I-03		Waste Manageme	ent	Other:	_	-		
1. Well Location Informat	ion		2. Facility	/ Owner In	formation			
County WI L	Inique Well # of	Hicap #	Facility Nam	e				
MILWAUKEE	oved Well		MILWAUK	EE DIE CAST	TING COMPANY (MD	CC) SITE		
Latitude / Longitude (see instruc	tions) Forma	t Code Method Code	Facility ID (F	ID or PWS)				
Lande / Longitude (see instruc			241228240					
	N	DDM SCR002	License/Per	mit/Monitoring	j #			
1/4 / 1/4 NW 1/4 SE	Section To	wnship Range X F	Original We	l Owner				
or Gov't Lot #	4	7 N 22 W	Redevelo	pment Author	ity of the City of Milwa	ukee		
Well Street Address			Present We	l Owner				
4132 N HOLTON ST.			Redevelo	pment Author	rity of the City of Milwa	ukee		
Well City, Village or Town		Well ZIP Code	Mailing Add	ress of Preser	nt Owner			
Milwaukee		53212	809 N. BF	ROADWAY				
Subdivision Name		Lot #	City of Pres	ent Owner		State	ZIP Code	
			Milwauk	kee		WI	53202	
Reason for Removal from Service	ce WI Unique We	ell # of Replacement Well	4. Pump,	Liner, Scre	en, Casing & Sea	ling Mate	erial	
Test boring			Pump and	d piping remo	ved?		′es ∐No	× N/A
3. Filled & Sealed Well / D	rillhole / Boreho	le Information	Liner(s) re	emoved?				∧ N/A
Monitoring Well	Original Construct	ion Date (mm/dd/yyyy)	Liner(s) p	errorated?		Ц Ц		∧ N/A
	11/8/2023		Screen re	ft in place?		ים		
	If a Well Construct	tion Report is available,						
	please attach.		Was cash	ng cut off beic	ow surface?	ו <u> </u>		
			Did sealir	ig material ris				
X Drilled Driver	n (Sandpoint)	Dug	Diu mater		opped?			
Other (specify): <u>Geoprot</u>)e		If bentoni	te chips were	used, were they hydra	ated		
Formation Type:			with wate	r from a know	n safe source?	۲ <u> </u>	/es No	X N/A
X Unconsolidated Formation	Bed	rock	Required Me	ethod of Placi	ng Sealing Material			
Total Well Depth From Ground	Surface (ft.) Casing	Diameter (in.)	Condu	ctor Pipe-Gra	ivity 🗌 Conductor P	'ipe-Pumpe	əd	
17			X Screen	ned & Poured inite Chips)	Other (Expla	in):		
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Mat	erials				
			Neat C	Cement Grout		Concrete		
			Sand-	Cement (Con	crete) Grout	Bentonite	Chips	
Was well annular space grouted?	Yes	No Unknown	For Monitori	ng Wells and	Monitoring Well Borel	holes Only:		
If yes, to what depth (feet)?	Depth to Wa	ter (feet)	Bentor	nite Chips	Benton	ite - Ceme	nt Grout	
	NA		Granu	lar Bentonite	Benton	ite - Sand	Slurry	
5. Material Used to Fill We	ell / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks S Volume (circle	ealant or one)	Mix Rati Mud We	o or eiaht
Bentonite Granules			Surface	17	0.5 bag			- <u>J</u>
					-			
6. Comments								

7. Supervision of Work		DNR Us	e Only			
Name of Person or Firm Doing Filling & Sealing License #		Date of Filling & Sealing or		Date Received	Noted By	
Geosyntec Consultants - Dave Zolp		Verification (mm/dd/yyyy) 11/8/2023				
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092			\mathcal{Y} 1	/25/2024
				0	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:		
Verification Only of Fi	ll and Seal	Drinking Water	Watershed/Wastewa	ter X Remediation/Redevelopment
I-04		Waste Manageme	nt Other:	
1. Well Location Information	on		2. Facility / Owner Informat	ion
County WI U	nique Well # of	Hicap #	Facility Name	
MILWAUKEE	oved Well		MILWAUKEE DIE CASTING CO	MPANY (MDCC) SITE
Latitude / Longitude (see instruct	ons) Format	Code Method Code	Facility ID (FID or PWS)	
Latitude / Longitude (see instruct			241228240	
		DDM	License/Permit/Monitoring #	
1/4 / 1/4 NW/ 1/4 SE	Section Tov	Inship Range X F	Original Well Owner	
or Gov't Lot #	4 7	N 22 W	Redevelopment Authority of the	City of Milwaukee
Well Street Address			Present Well Owner	·
4132 N HOLTON ST.			Redevelopment Authority of the	e City of Milwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owne	r
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner	State ZIP Code
			Milwaukee	WI 53202
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Ca	sing & Sealing Material
Test boring			Pump and piping removed?	Yes No XN/A
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?	Yes No XN/A
	Original Constructi	on Date (mm/dd/yyyy)	Liner(s) perforated?	Yes No XN/A
	11/8/2023		Screen removed?	Yes No XN/A
Water Well	If a Well Construct	ion Report is available	Casing left in place?	Yes No XN/A
X Borehole / Drillhole	please attach.		Was casing cut off below surface	ce? Yes No X N/A
Construction Type:			Did sealing material rise to surf	ace? X Yes No N/A
X Drilled Driven	(Sandpoint)	Dug	Did material settle after 24 hou	rs? Yes X No N/A
Other (specify): Geoprobe	e		If yes, was hole retopped?	Yes No XN/A
Formation Type:			If bentonite chips were used, w with water from a known safe s	ere they hydrated ource? Yes No XN/A
X Unconsolidated Formation	Bedr	ock	Required Method of Placing Seali	ng Material
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity	Conductor Pipe-Pumped
17			Screened & Poured (Bentonite Chips)	Other (Explain):
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials	
			Neat Cement Grout	Concrete
			Sand-Cement (Concrete) G	out X Bentonite Chips
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitor	ing Well Boreholes Only:
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout
	NA		Granular Bentonite	Bentonite - Sand Slurry
5. Material Used to Fill We	ll / Drillhole		From (ft.) To (ft.) No. Ya	ards, Sacks Sealant or Mix Ratio or Dume (circle one) Mud Weight
Bentonite Granules			Surface 17 0.5	bag
6. Comments				

7. Supervision of Work		DNR Us	e Only			
Name of Person or Firm Doing Filling & Sealing License # Date of		Date of Filling & Sealing or		Date Received	Noted By	
Geosyntec Consultants - Dave Zolp		Verificat		ation (mm/dd/yyyy) 11/8/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092		() -	\mathcal{Y} 1	/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:				
Verification Only of	Fill and Seal	Drinking Water	Watershed/Wastewater X Remediation/Redevelopment			
I-05		Waste Manageme	nt Other:			
1. Well Location Inform	ation		2. Facility / Owner Information			
County W	I Unique Well # of	Hicap #	Facility Name			
MILWAUKEE	emoved Well		MILWAUKEE DIE CASTING COMPA	NY (MDCC) SITE		
Latitudo / Longitudo (soo instr	ructions) Eorma	t Codo Mothod Codo	Facility ID (FID or PWS)			
Lallique / Longlique (see insti			241228240			
	N	DDM SCR002	License/Permit/Monitoring #			
1/4 / 1/4 NW 1/4 SE	Section To	wnship Range X E	Original Well Owner			
or Gov't Lot #	4	7 N 22 W	Redevelopment Authority of the City of	of Milwaukee		
Well Street Address			Present Well Owner			
4132 N HOLTON ST.			Redevelopment Authority of the City	of Milwaukee		
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner			
Milwaukee		53212	809 N. BROADWAY			
Subdivision Name		Lot #	City of Present Owner	State ZIP Code		
			Milwaukee	WI 53202		
Reason for Removal from Ser	rvice WI Unique We	ell # of Replacement Well	4. Pump, Liner, Screen, Casing	& Sealing Material		
Test boring			Pump and piping removed?	Yes No XN/A		
3. Filled & Sealed Well /	' Drillhole / Boreho	le Information	Liner(s) removed?	Yes No X N/A		
Monitoring Well	Original Construct	ion Date (mm/dd/yyyy)	Liner(s) perforated?			
	11/8/2023		Screen removed?			
	If a Well Construc	ction Report is available,				
X Borenole / Drillhole	please attach.		Was casing cut off below surface?			
			Did sealing material rise to surface?			
	ven (Sandpoint)	Dug	If yes, was hole retonned?			
Other (specify): Geop	robe		If bentonite chips were used, were the	ey hydrated		
Formation Type:			with water from a known safe source	Yes No X N/A		
X Unconsolidated Formation	on 🗌 Bed	rock	Required Method of Placing Sealing Ma	terial		
Total Well Depth From Groun	d Surface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Cond	ductor Pipe-Pumped		
17			Screened & Poured Othe	r (Explain):		
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials			
			Neat Cement Grout	Concrete		
			Sand-Cement (Concrete) Grout	X Bentonite Chips		
Was well annular space groute	ed? Yes	No Unknown	For Monitoring Wells and Monitoring We	ell Boreholes Only:		
If yes, to what depth (feet)?	Depth to Wa	ter (feet)	Bentonite Chips	Bentonite - Cement Grout		
	NA		Granular Bentonite	Bentonite - Sand Slurry		
5. Material Used to Fill V	Well / Drillhole		From (ft.) To (ft.) No. Yards, S	Sacks Sealant or Mix Ratio or (circle one) Mud Weight		
Bentonite Granules			Surface 17 0.5 bag			
6. Comments						

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/9/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092			2.2	/25/2024
				P	U	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau				
Verification Only of	Fill and Seal	Drinking Water	<u> </u>	Watershed/Wastewater	X Remed	liation/Redevelopment
I-06		Waste Manageme	ent 🗌 (Other:		
1. Well Location Informa	tion		2. Facility	/ Owner Information		
County WI	Unique Well # of	Hicap #	Facility Name	Э		
MILWAUKEE	moved Well		MILWAUKE	E DIE CASTING COMP	ANY (MDCC) SITE	=
Latituda / Langituda (app instru	uctiona) Earm	at Codo Mathad Codo	Facility ID (FI	ID or PWS)		
Landde / Longhude (see instru			241228240			
	N		License/Perm	nit/Monitoring #		
1/4 / 1/4 NW 1/4 SE	Section To	wnship Range X F	Original Well	Owner		
or Gov't Lot #	4	7 N 22 W	Redevelop	ment Authority of the City	of Milwaukee	
Well Street Address			Present Well	Owner		
4132 N HOLTON ST.			Redevelop	oment Authority of the City	∕ of Milwaukee	
Well City, Village or Town		Well ZIP Code	Mailing Addre	ess of Present Owner		
Milwaukee		53212	809 N. BR	OADWAY		
Subdivision Name		Lot #	City of Prese	nt Owner	State	ZIP Code
			Milwauke	ee	VVI	53202
Reason for Removal from Serv	vice WI Unique W	ell # of Replacement Well	4. Pump, L	iner, Screen, Casing	j & Sealing Ma	
l est boring		<u> </u>	Liner(s) rei			
3. Filled & Sealed Well /	Drillhole / Boreho	ble Information	Liner(s) pe	erforated?		Yes No XN/A
Monitoring Well	Original Construct	tion Date (mm/dd/yyyy)	Screen ren	moved?		Yes No XN/A
Water Well	11/9/2023		Casing left	t in place?		Yes No XN/A
X Borehole / Drillhole	If a Well Constru please attach.	ction Report is available,	Was casing	g cut off below surface?		Yes No XN/A
Construction Type:	'		Did sealing	g material rise to surface?	, X	Yes No N/A
X Drilled Drive	en (Sandpoint)	Dug	Did materia	al settle after 24 hours?		Yes X No N/A
Other (specify): Geopre	obe		If yes,	was hole retopped?		Yes No XN/A
Formation Type:			If bentonite	e chips were used, were t	hey hydrated	Yes No X N/A
	n Ber	trock	Required Met	thod of Placing Sealing M	laterial	
Total Well Depth From Ground	Surface (ft) Casin	n Diameter (in)		ctor Pipe-Gravity	nductor Pipe-Pum	ped
16		g Diamotor (m.)	X (Benton	ed & Poured Oth	ner (Explain):	
Lower Drillhole Diameter (in.)	Casin	g Depth (ft.)	Sealing Mate	rials		
			Neat Ce	ement Grout	Concrete)
			Sand-C	ement (Concrete) Grout	🔽 Bentonite	e Chips
Was well annular space grouted	d? Yes	No Unknown	For Monitorin	ng Wells and Monitoring V	Vell Boreholes Onl	ly:
If yes, to what depth (feet)?	Depth to Wa	ater (feet)	Bentoni	ite Chips	Bentonite - Cem	ient Grout
	NA		Granula	ar Bentonite	_ Bentonite - Sand	d Slurry
5. Material Used to Fill V	Vell / Drillhole		From (ft.)	To (ft.) No. Yards, Volum	Sacks Sealant or e (circle one)	Mix Ratio or Mud Weight
Bentonite Granules			Surface	16 0.5 bag		
6. Comments						

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Date of		Filling & Sealing or Verification	Date Received	Noted By		
Geosyntec Consultants - Dave Zolp			(mm/do	l/yyyy) 11/9/2023		
Street or Route				Telephone Number	Comments	·
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092		1	J.J.	1/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:		
Verification Only of	Fill and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment
I-07		Waste Manageme	ent Other:	
1. Well Location Inform	ation		2. Facility / Owner Information	
County W	I Unique Well # of	Hicap #	Facility Name	
MILWAUKEE	emoved Well		MILWAUKEE DIE CASTING COMPAN	IY (MDCC) SITE
Latitudo / Longitudo (soo instr	ructions) Eorma	t Codo Mothod Codo	Facility ID (FID or PWS)	
Lallique / Longlique (see insti			241228240	
	N [[] w [[]	DDM SCR002	License/Permit/Monitoring #	
1/4 / 1/4 NW 1/4 SE	Section To	wnship Range X E	Original Well Owner	
or Gov't Lot #	4	7 N 22 W	Redevelopment Authority of the City of	f Milwaukee
Well Street Address			Present Well Owner	
4132 N HOLTON ST.			Redevelopment Authority of the City o	f Milwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner	
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner	State ZIP Code
			Milwaukee	WI 53202
Reason for Removal from Ser	rvice WI Unique W	ell # of Replacement Well	4. Pump, Liner, Screen, Casing &	& Sealing Material
Test boring			Pump and piping removed?	Yes No XN/A
3. Filled & Sealed Well /	Drillhole / Boreho	le Information	Liner(s) removed?	
Monitoring Well	Original Construct	ion Date (mm/dd/yyyy)	Liner(s) perforated?	
	11/9/2023		Screen removed?	
	If a Well Construe	ction Report is available,		
X Borehole / Drillhole	please attach.		Was casing cut off below surface?	
Construction Type:		_	Did sealing material rise to surface?	
	ven (Sandpoint)	Dug	If yos, was belo retopped?	
Other (specify): Geop	robe		If bentonite chips were used, were the	ev hvdrated
Formation Type:			with water from a known safe source?	Yes No XN/A
X Unconsolidated Formation	on 🗌 Bed	rock	Required Method of Placing Sealing Mate	erial
Total Well Depth From Groun	d Surface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Cond	uctor Pipe-Pumped
17			Screened & Poured Other Other	r (Explain):
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials	
			Neat Cement Grout	Concrete
			Sand-Cement (Concrete) Grout	X Bentonite Chips
Was well annular space groute	ed?	No Unknown	For Monitoring Wells and Monitoring We	ll Boreholes Only:
If yes, to what depth (feet)?	Depth to Wa	ter (feet)	Bentonite Chips	Bentonite - Cement Grout
	NA		Granular Bentonite	Bentonite - Sand Slurry
5. Material Used to Fill V	Nell / Drillhole		From (ft.) To (ft.) No. Yards, So Volume	acks Sealant or Mix Ratio or (circle one) Mud Weight
Bentonite Granules			Surface 17 0.5 bag	
6. Comments				

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Date		Date of Filling & Sealing or		Date Received	Noted By	
Geosyntec Consultants - Dave Zolp			Verifica	tion (mm/dd/yyyy) 11/9/2023		
Street or Route			Telephone Number	Comments		
10600 North Port Washington Road Suite 100				(262) 377-9828	77-9828	
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092		1	2.2.	1/25/2024
				V	U	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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	·	Route to DNR Bureau:						
Verification Only of Fi	ll and Seal	Drinking Water		Watershed/V	Vastewater X	Remedia	ation/Redeve	lopment
I-08		Waste Manageme	nt 🗌	Other:	_			
1. Well Location Informati	on		2. Facility	/ Owner In	formation			
County WI U	nique Well # of	Hicap #	Facility Nam	ie				
MILWAUKEE	oved Well		MILWAUK	EE DIE CAST	ING COMPANY (MD	CC) SITE		
Latitude / Longitude (see instruct	ions) Forma	t Code Method Code	Facility ID (F	FID or PWS)				
Latitude / Longitude (see instruct			241228240)				
	N w	DDM SCR002	License/Per	mit/Monitoring	j #			
1/4 / 1/4 NW 1/4 SE	Section To	wnship Range X F	Original Wel	ll Owner				
or Gov't Lot #	4	7 N 22 W	Redevelo	pment Author	ity of the City of Milwa	ukee		
Well Street Address			Present Wel	ll Owner				
4132 N HOLTON ST.			Redevelo	pment Author	ity of the City of Milwa	ukee		
Well City, Village or Town		Well ZIP Code	Mailing Add	ress of Presei	nt Owner			
Milwaukee		53212	809 N. BF	ROADWAY				
Subdivision Name		Lot #	City of Prese	ent Owner		State	ZIP Code	
			Milwauk	kee		WI	53202	
Reason for Removal from Servic	e WI Unique We	ell # of Replacement Well	4. Pump,	Liner, Scre	en, Casing & Sea	ling Mate	erial	
Test boring			Pump and	d piping remo	ved?	Ц Ц		∧ N/A
3. Filled & Sealed Well / D	rillhole / Boreho	le Information	Liner(s) re	emoved?				
Monitoring Well	Original Construct	tion Date (mm/dd/yyyy)	Ener(s) p	enoraleu?				
	11/10/2023		Casing le	ft in place?		י <u>ר</u>		
X Borebole / Drillbole	If a Well Construct	ction Report is available,	Was casi	na cut off belo	w surface?			
	piease attach.		Did sealir	ng out on beit	e to surface?			
	(Conduciat)		Did mater	rial settle after	24 hours?		Yes V No	
	(Sanopoint)	Dug	If yes	, was hole ret	opped?		Yes No	
Other (specify): Geoprob	e		If bentoni	te chips were	used, were they hydra	ated		
Formation Type:			with wate	r from a know	n safe source?	· [_]		X N/A
X Unconsolidated Formation	Bed	rock	Required Me	ethod of Placi	ng Sealing Material			
Total Well Depth From Ground S	Surface (ft.) Casing	Diameter (in.)		ictor Pipe-Gra	Vity Conductor P	'ipe-Pumpe	ed	
17			X (Bento	nite Chips)	Other (Expla	ւin):		
Lower Drillhole Diameter (in.)	Casing) Depth (ft.)	Sealing Mat	erials				
			Neat C	Cement Grout		Concrete		
Was well appular, appage grouted?			Sand-	Cement (Con	crete) Grout	Bentonite	Chips	
was well annular space grouted?	res		For Monitori	ing Wells and	Monitoring Well Borel	holes Only	-	
If yes, to what depth (feet)?	Depth to Wa	iter (feet)	Bentor	nite Chips	Benton	ite - Ceme	ent Grout	
	NA		Granu	lar Bentonite	Benton	ite - Sand	Slurry	
5. Material Used to Fill We	II / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks S Volume (cir <u>cle</u>	ealant or one)	Mix Rat Mud We	io or eight
Bentonite Granules			Surface	17	0.5 bag			
6. Comments								

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/10/2023		
Street or Route				Telephone Number	Comments	·
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092		1	2.2	1/25/2024
				1	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau	u:	
Verification Only of I	- ill and Seal	Drinking Water	Watershed/Wastewater X Remediation/Redev	elopment
I-09		Waste Managem	nent Other:	
1. Well Location Information	tion		2. Facility / Owner Information	
County WI	Unique Well # of	Hicap #	Facility Name	
MILWAUKEE	noved Well		MILWAUKEE DIE CASTING COMPANY (MDCC) SITE	
Latitudo / Longitudo (soo instru	ctione) Eorma	t Codo Mothod Codo	Facility ID (FID or PWS)	
Latitude / Longitude (see instru			241228240	
	N	DDM SCR002	License/Permit/Monitoring #	
1/4 / 1/4 NW 1/4 SE	Section To	wnship Range X E	_ Original Well Owner	
or Gov't Lot #	4	7 N 22 W	Redevelopment Authority of the City of Milwaukee	
Well Street Address			Present Well Owner	
4132 N HOLTON ST.			Redevelopment Authority of the City of Milwaukee	
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner	
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner State ZIP Code	
			Milwaukee WI 53202	
Reason for Removal from Serv	ice WI Unique W	ell # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material	
Test boring			Pump and piping removed?	> X N/A
3. Filled & Sealed Well / I	Drillhole / Boreho	ble Information	Liner(s) removed?) × N/A
Monitoring Well	Original Construct	tion Date (mm/dd/yyyy)) <u>N/A</u>
	11/10/2023) X N/A
	If a Well Constru	ction Report is available,		
	please attach.		Did scaling material rise to surface?	
	<i>(</i> -	— -	Did sealing material nee to surface?	
	n (Sandpoint)	Dug	If yes was hole retonned?	N/A
Other (specify): Geopro	be		If bentonite chips were used, were they hydrated	
Formation Type:			with water from a known safe source?	> <u>X</u> N/A
X Unconsolidated Formatior	n Bed	lrock	Required Method of Placing Sealing Material	
Total Well Depth From Ground	Surface (ft.) Casing	g Diameter (in.)	Conductor Pipe-Gravity Conductor Pipe-Pumped	
17			Screened & Poured (Bentonite Chips) Other (Explain):	
Lower Drillhole Diameter (in.)	Casing	g Depth (ft.)	Sealing Materials	
			Neat Cement Grout Concrete	
			Sand-Cement (Concrete) Grout X Bentonite Chips	
Was well annular space grouted	? Yes	No Unknown	ⁿ For Monitoring Wells and Monitoring Well Boreholes Only:	
If yes, to what depth (feet)?	Depth to Wa	ater (feet)	Bentonite Chips Bentonite - Cement Grout	
	NA		Granular Bentonite Bentonite - Sand Slurry	
5. Material Used to Fill W	ell / Drillhole		From (ft.) To (ft.) No. Yards, Sacks Sealant or Mix Ra	atio or Veight
Bentonite Granules			Surface 17 0.5 bag	
6. Comments				

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing	Licens	e #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dc	/yyyy) 11/10/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2A	/25/2024
				P	U	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:		
Verification Only of Fil	l and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment
I-10		Waste Manageme	nt Other:	
1. Well Location Information	on		2. Facility / Owner Information	1
County WI Ur	ique Well # of	Hicap #	Facility Name	-
MILWAUKEE	ved Well		MILWAUKEE DIE CASTING COMF	PANY (MDCC) SITE
Latitudo / Longitudo (soo instructi	one) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)	
Landde / Longhude (see instructi			241228240	
		DDM	License/Permit/Monitoring #	
1/4 / 1/4 NW 1/4 SE	Section Tov	Inship Range X F	Original Well Owner	
or Gov't Lot #	4 7	N 22 W	Redevelopment Authority of the Cit	y of Milwaukee
Well Street Address			Present Well Owner	·
4132 N HOLTON ST.			Redevelopment Authority of the Ci	ty of Milwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner	
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner	State ZIP Code
			Milwaukee	WI 53202
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casin	ig & Sealing Material
Test boring			Pump and piping removed?	Yes No X N/A
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?	Yes No XN/A
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?	
	11/10/2023		Screen removed?	
	If a Well Construct	ion Report is available,		
	please attach.		Nas casing cut on below surface?	
			Did material settle after 24 hours?	
	(Sandpoint)	Dug	If yes was hole retonned?	
Other (specify): Geoprobe)		If bentonite chips were used, were	they hydrated
Formation Type:			with water from a known safe sour	ce? Yes No X N/A
X Unconsolidated Formation	Bedro	ock	Required Method of Placing Sealing I	Vaterial
Total Well Depth From Ground St	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity	onductor Pipe-Pumped
17			Screened & Poured O (Bentonite Chips)	ther (Explain):
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials	
			Neat Cement Grout	Concrete
			Sand-Cement (Concrete) Grout	X Bentonite Chips
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring	Well Boreholes Only:
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout
	NA		Granular Bentonite	Bentonite - Sand Slurry
5. Material Used to Fill Wel	II / Drillhole		From (ft.) To (ft.) No. Yards	s, Sacks Sealant or Mix Ratio or me (circle one) Mud Weight
Bentonite Granules			Surface 17 0.5 bag	J
6. Comments				

7. Supervision of Work		DNR Us	e Only			
Name of Person or Firm Doing Filling & Sealing License # Date of		Filling & Sealing or	Date Received	Noted By		
Geosyntec Consultants - Dave Zolp			Verifica	tion (mm/dd/yyyy)		
Street or Route			11/13/2	Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	Vork D	ate Signed
Mequon	WI	53092		1	J.J.	1/25/2024
				2	0	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:		
Verification Only of Fil	l and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment
I-11		Waste Manageme	nt Other:	
1. Well Location Informatio	on		2. Facility / Owner Information	
County WI Ur	nique Well # of	Hicap #	Facility Name	
MILWAUKEE	ved Well		MILWAUKEE DIE CASTING COMPANY	(MDCC) SITE
Latituda (Langituda (ago instruct	ana) Earmat	Codo Mothod Codo	Facility ID (FID or PWS)	
Latitude / Longitude (see instructi			241228240	
			License/Permit/Monitoring #	
1/4/1/4 NUM 1/4 OF	VVI Section Tov		Original Well Owner	
or Gov't Lot #	4 7		Redevelopment Authority of the City of	Milwaukee
Well Street Address			Present Well Owner	
4132 N HOLTON ST.			Redevelopment Authority of the City of	Milwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner	
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner	State ZIP Code
			Milwaukee	WI 53202
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casing &	Sealing Material
Test boring			Pump and piping removed?	
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?	
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?	
	11/10/2023		Casing left in place?	
	If a Well Construct	ion Report is available,	Was casing cut off below surface?	
	please allach.		Did sealing material rise to surface?	
	(Conduciat)		Did material settle after 24 hours?	
	(Sanopoint)		If yes, was hole retopped?	
Other (specify): Geoprobe	;		If bentonite chips were used, were they	
			with water from a known safe source?	
X Unconsolidated Formation	Bedr	ock	Required Method of Placing Sealing Mate	rial
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Condu	ictor Pipe-Pumped
16			(Bentonite Chips)	(Explain):
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials	_
			Neat Cement Grout	
Was well appular space grouted?			Sand-Cement (Concrete) Grout	X Bentonite Chips
			For Monitoring Wells and Monitoring Well	Boreholes Only:
If yes, to what depth (reet)?	Depth to wat	er (reet)	Bentonite Chips	entonite - Cement Grout
	NA		Granular Bentonite	entonite - Sand Slurry
5. Material Used to Fill We	ll / Drillhole		From (ft.) To (ft.) No. Yards, Sa	cks Sealant or Mix Ratio or circle one) Mud Weight
Bentonite Granules			Surface 16 0.5 bag	
6. Comments				

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dc	/yyyy) 11/13/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092			2.2	/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:					
Verification Only of Fil	l and Seal	Drinking Water	Watershed/Wastewater X Remediation/Redevelopment				
I-12		Waste Manageme	nt Other:				
1. Well Location Information	on		2. Facility / Owner Information				
County WI Ur	ique Well # of	Hicap #	Facility Name				
MILWAUKEE	ved Well		MILWAUKEE DIE CASTING COMP	ANY (MDCC) SITE			
Latitudo / Longitudo (soo instructi	one) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)				
Latitude / Longitude (see instructi			241228240				
		DDM	License/Permit/Monitoring #				
¹ / ₄ / ¹ / ₄ NW ¹ / ₄ SE	Section Tov	Inship Range X E	Original Well Owner				
or Gov't Lot #	4 7	22 W	Redevelopment Authority of the City	of Milwaukee			
Well Street Address			Present Well Owner				
4132 N HOLTON ST.			Redevelopment Authority of the City	y of Milwaukee			
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner				
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner	State ZIP Code			
			Milwaukee	WI 53202			
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casing	g & Sealing Material			
Test boring			Pump and piping removed?	Yes No XN/A			
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?				
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?				
	11/13/2023		Screen removed?				
	If a Well Construct	ion Report is available,	Was assing out off holow ourfood?				
	please attach.		Did soaling material rise to surface?				
		— -	Did sealing material rise to surface a				
	(Sandpoint)	Dug	If yes, was hole retopped?				
Other (specify): Geoprobe			If bentonite chips were used, were t	hey hydrated			
Formation Type:			with water from a known safe sourc	e? Yes No X N/A			
X Unconsolidated Formation	Bedro	ock	Required Method of Placing Sealing M	laterial			
Total Well Depth From Ground Se	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Co	nductor Pipe-Pumped			
17			Screened & Poured Oth Oth Oth	ner (Explain):			
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials				
			Neat Cement Grout	Concrete			
	I		Sand-Cement (Concrete) Grout	X Bentonite Chips			
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring V	Vell Boreholes Only:			
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout			
	NA		Granular Bentonite	Bentonite - Sand Slurry			
5. Material Used to Fill We	II / Drillhole		From (ft.) To (ft.) No. Yards, Volum	Sacks Sealant or Mix Ratio or (circle one) Mud Weight			
Bentonite Granules			Surface 17 0.5 bag				
6. Comments							

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Date o		Date of	Filling & Sealing or Verification	Date Received	Noted By	
Geosyntec Consultants - Dave Zolp			(mm/dc	/yyyy) 11/13/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092			2.2	/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:					
Verification Only of Fil	l and Seal	Drinking Water	Watershed/Wastewater X Remediation/Redevelopment				
I-13		Waste Manageme	ent Other:	—			
1. Well Location Informatio	on		2. Facility / Owner Information	on			
County WI Ur	nique Well # of	Hicap #	Facility Name				
MILWAUKEE	oved Well		MILWAUKEE DIE CASTING COM	IPANY (MDCC) SITE			
Latitudo / Longitudo (soo instruct	one) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)				
Latitude / Longitude (see instructi			241228240				
		DDM	License/Permit/Monitoring #				
¹ / ₄ / ¹ / ₄ NW ¹ / ₄ SE	Section Tov	Inship Range X E	Original Well Owner				
or Gov't Lot #	4 7	22 W	Redevelopment Authority of the C	City of Milwaukee			
Well Street Address			Present Well Owner	-			
4132 N HOLTON ST.			Redevelopment Authority of the C	City of Milwaukee			
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner				
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner	State ZIP Code			
			Milwaukee	WI 53202			
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casi	ng & Sealing Material			
Test boring			Pump and piping removed?	Yes No X N/A			
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?				
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?				
	11/13/2023		Screen removed?				
	If a Well Construct	ion Report is available,					
	please attach.		Did appling material rise to surface				
			Did material settle after 24 bours				
	(Sandpoint)	Dug	If yes was hole retonned?				
Other (specify): Geoprobe)		If bentonite chips were used, wer	e they hydrated			
Formation Type:			with water from a known safe sou	irce? Yes No X N/A			
X Unconsolidated Formation	Bedro	ock	Required Method of Placing Sealing	Material			
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity	Conductor Pipe-Pumped			
17			Screened & Poured (Bentonite Chips)	Other (Explain):			
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials				
			Neat Cement Grout				
	I		Sand-Cement (Concrete) Grou	ut 🛛 🗶 Bentonite Chips			
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring	g Well Boreholes Only:			
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout			
	NA		Granular Bentonite	Bentonite - Sand Slurry			
5. Material Used to Fill We	II / Drillhole		From (ft.) To (ft.) No. Yard	ds, Sacks Sealant or Mix Ratio or ume (circle one) Mud Weight			
Bentonite Granules			Surface 17 0.5 ba	ag			
6. Comments							

7. Supervision of Work		DNR Use Only				
Name of Person or Firm Doing Filling & Sealing License # Date of F		Filling & Sealing or Verification	Date Received	Noted By		
Geosyntec Consultants - Dave Zolp			(mm/dd/	yyyy) 11/14/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092		1	2.2	/25/2024
				2	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:					
Verification Only of Fil	l and Seal	Drinking Water	Watershed/Wastewater X Remediation/Redevelopment				
I-14		Waste Manageme	nt Other:				
1. Well Location Information	on		2. Facility / Owner Information				
County WI Ur	ique Well # of	Hicap #	Facility Name				
MILWAUKEE	ved Well		MILWAUKEE DIE CASTING COMP	ANY (MDCC) SITE			
Latitudo / Longitudo (soo instructi	one) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)				
Latitude / Longitude (see instructi			241228240				
		DDM	License/Permit/Monitoring #				
1/4 / 1/4 NW 1/4 SE	Section Tow	Inship Range X F	Original Well Owner				
or Gov't Lot #	4 7		Redevelopment Authority of the City	y of Milwaukee			
Well Street Address			Present Well Owner				
4132 N HOLTON ST.			Redevelopment Authority of the Cit	y of Milwaukee			
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner				
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner	State ZIP Code			
			Milwaukee	WI 53202			
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casin	g & Sealing Material			
Test boring		_ — — —	Pump and piping removed?	Yes No XN/A			
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?	Yes No XN/A			
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?				
	11/13/2023		Screen removed?				
	If a Well Construct	ion Report is available,					
X Borehole / Drillhole	please attach.		Was casing cut off below surface?				
Construction Type:		_	Did sealing material rise to surface	? X Yes No N/A			
X Drilled Driven	(Sandpoint)	Dug	Did material settle after 24 hours?				
Other (specify): Geoprobe)		If bentonite chips were used were	they bydrated			
Formation Type:			with water from a known safe source	ce? Yes No XN/A			
X Unconsolidated Formation	Bedro	ock	Required Method of Placing Sealing N	/aterial			
Total Well Depth From Ground Se	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity	onductor Pipe-Pumped			
17			Screened & Poured Ot (Bentonite Chips)	her (Explain):			
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials				
			Neat Cement Grout	Concrete			
			Sand-Cement (Concrete) Grout	X Bentonite Chips			
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring V	Nell Boreholes Only:			
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout			
	NA		Granular Bentonite	Bentonite - Sand Slurry			
5. Material Used to Fill We	II / Drillhole		From (ft.) To (ft.) No. Yards	, Sacks Sealant or Mix Ratio or ne (circle one) Mud Weight			
Bentonite Granules			Surface 17 0.5 bag				
6. Comments							

7. Supervision of Work		DNR Use Only				
Name of Person or Firm Doing Filling & Sealing License # Date of F		Filling & Sealing or Verification	Date Received	Noted By		
Geosyntec Consultants - Dave Zolp			(mm/dd/	yyyy) 11/14/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092		1	2.2	/25/2024
				2	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:				
Verification Only of	Fill and Seal	Drinking Water	Watershed/Wastewater X Remediation/Redevelopment			
I-15		Waste Manageme	nt Other:			
1. Well Location Inform	ation		2. Facility / Owner Information			
County W	I Unique Well # of	Hicap #	Facility Name			
MILWAUKEE R	emoved Well		MILWAUKEE DIE CASTING COMPAN	IY (MDCC) SITE		
Latituda / Langituda (soo inst		t Codo Mothod Codo	Facility ID (FID or PWS)			
Lallude / Longitude (see inst			241228240			
	N [[] W [[]	DDM	License/Permit/Monitoring #			
¹ / ₄ / ¹ / ₄ NW ¹ / ₄ SE	Section To	wnship Range X E	Original Well Owner			
or Gov't Lot #	4	7 N 22 W	Redevelopment Authority of the City o	f Milwaukee		
Well Street Address			Present Well Owner			
4132 N HOLTON ST.			Redevelopment Authority of the City of	f Milwaukee		
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner			
Milwaukee		53212	809 N. BROADWAY			
Subdivision Name		Lot #	City of Present Owner	State ZIP Code		
			Milwaukee	WI 53202		
Reason for Removal from Se	rvice WI Unique W	ell # of Replacement Well	4. Pump, Liner, Screen, Casing a	& Sealing Material		
Test boring			Pump and piping removed?	Yes No XN/A		
3. Filled & Sealed Well	/ Drillhole / Boreho	le Information	Liner(s) removed?			
Monitoring Well	Original Construct	tion Date (mm/dd/yyyy)	Liner(s) perforated?			
	11/14/2023		Screen removed?			
	If a Well Construe	ction Report is available,				
X Borenole / Drillhole	please attach.		Was casing cut off below surface?			
			Did sealing material rise to surface?			
	ven (Sandpoint)	Dug	If yes, was hole retonned?			
Other (specify): Geop	robe		If bentonite chips were used, were the	ev hydrated		
Formation Type:			with water from a known safe source?	Yes No X N/A		
X Unconsolidated Formati	on 🗌 Bed	rock	Required Method of Placing Sealing Mat	erial		
Total Well Depth From Groun	d Surface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Conductor Pipe-Pumped			
17			Screened & Poured Other (Bentonite Chips)	r (Explain):		
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials			
			Neat Cement Grout	Concrete		
			Sand-Cement (Concrete) Grout	X Bentonite Chips		
Was well annular space groute	ed?	No Unknown	For Monitoring Wells and Monitoring We	ll Boreholes Only:		
If yes, to what depth (feet)?	Depth to Wa	iter (feet)	Bentonite Chips	Bentonite - Cement Grout		
	NA		Granular Bentonite	Bentonite - Sand Slurry		
5. Material Used to Fill	Well / Drillhole		From (ft.) To (ft.) No. Yards, S	acks Sealant or Mix Ratio or (circle one) Mud Weight		
Bentonite Granules			Surface 17 0.5 bag			
6. Comments						

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Date of F		Filling & Sealing or Verification	Date Received	Noted By		
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/14/2023		
Street or Route				Telephone Number	Comments	·
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092		() -	2.2	1/25/2024
				2	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:					
Verification Only of Fil	l and Seal	Drinking Water	Watershed/Wastewater X Remediation/Redevelopment				
I-16		Waste Manageme	nt Other:				
1. Well Location Informatio	on		2. Facility / Owner Information				
County WI Ur	nique Well # of	Hicap #	Facility Name				
MILWAUKEE	ved Well		MILWAUKEE DIE CASTING COMP	ANY (MDCC) SITE			
Latituda (Langituda (ago instruct	ana) Earmat	Code Mothod Code	Facility ID (FID or PWS)				
Latitude / Longitude (see instructi			241228240				
			License/Permit/Monitoring #				
1/4 / 1/4 NIW 1/4 SE	Section Tov	Inship Range	Original Well Owner				
or Gov't Lot #	4 7		Redevelopment Authority of the City	y of Milwaukee			
Well Street Address			Present Well Owner				
4132 N HOLTON ST.			Redevelopment Authority of the Cit	y of Milwaukee			
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner				
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner	State ZIP Code			
			Milwaukee	WI 53202			
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casing	g & Sealing Material			
Test boring			Fump and piping removed?				
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) perforated?				
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Screen removed?				
Water Well	11/14/2023		- Casing left in place?				
X Borehole / Drillhole	If a Well Construct	ion Report is available,	Was casing cut off below surface?				
Construction Type:	picaco attachi		Did sealing material rise to surface	? X Yes No N/A			
	(Sandpoint)	Dug	Did material settle after 24 hours?	Yes No N/A			
Other (specify) Geoprobe	e		If yes, was hole retopped?	Yes No XN/A			
Formation Type:			If bentonite chips were used, were	they hydrated			
X Unconsolidated Formation	Bedr	ock	Required Method of Placing Sealing N	Aaterial			
Total Well Depth From Ground Si	urface (ft) Casing	Diameter (in)	Conductor Pipe-Gravity	onductor Pipe-Pumped			
17			Screened & Poured Ot	her (Explain):			
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials				
			Neat Cement Grout	Concrete			
			Sand-Cement (Concrete) Grout	X Bentonite Chips			
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring V	Nell Boreholes Only:			
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout			
	NA		Granular Bentonite	Bentonite - Sand Slurry			
5. Material Used to Fill We	ll / Drillhole		From (ft.) To (ft.) No. Yards	, Sacks Sealant or Mix Ratio or ne (circle one) Mud Weight			
Bentonite Granules			Surface 17 0.5 bag				
6. Comments							

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Date of F		Filling & Sealing or Verification	Date Received	Noted By		
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/14/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092		() -	2.2	1/25/2024
				2	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:					
Verification Only of Fil	l and Seal	Drinking Water	Watershed/Wastewater X Remediation/Redevelopment				
I-17		Waste Manageme	nt Other:				
1. Well Location Information	on		2. Facility / Owner Information				
County WI Ur	ique Well # of	Hicap #	Facility Name				
MILWAUKEE	ved Well		MILWAUKEE DIE CASTING COMPA	NY (MDCC) SITE			
Latitudo / Longitudo (soo instructi	one) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)				
Lanuae / Longhade (see instructi			241228240				
		DDM	License/Permit/Monitoring #				
1/4 / 1/4 NW 1/4 SE	Section Tow	Inship Range X F	Original Well Owner				
or Gov't Lot #	4 7	N 22 W	Redevelopment Authority of the City	of Milwaukee			
Well Street Address			Present Well Owner				
4132 N HOLTON ST.			Redevelopment Authority of the City	of Milwaukee			
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner				
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner	State ZIP Code			
			Milwaukee	WI 53202			
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casing	& Sealing Material			
Test boring			Pump and piping removed?				
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?				
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?				
	11/15/2023		Screen removed?				
	If a Well Construct	ion Report is available,					
	please attach.		Was casing cut off below surface?				
		_	Did sealing material rise to surface?				
X Drilled Driven	(Sandpoint)	Dug	If yes, was hole retonned?				
Other (specify): Geoprobe)		If bentonite chips were used, were th	ney hydrated			
Formation Type:			with water from a known safe source	? Yes No X N/A			
X Unconsolidated Formation	Bedro	ock	Required Method of Placing Sealing Ma	aterial			
Total Well Depth From Ground St	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity	nductor Pipe-Pumped			
17			Screened & Poured Oth Oth	er (Explain):			
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials				
			Neat Cement Grout	Concrete			
			Sand-Cement (Concrete) Grout	X Bentonite Chips			
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring W	ell Boreholes Only:			
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout			
	NA		Granular Bentonite	Bentonite - Sand Slurry			
5. Material Used to Fill Wel	I / Drillhole		From (ft.) To (ft.) No. Yards,	Sacks Sealant or Mix Ratio or e (circle one) Mud Weight			
Bentonite Granules			Surface 17 0.5 bag				
6. Comments							

7. Supervision of Work		DNR Use Only				
Name of Person or Firm Doing Filling & Sealing License # Date of F		Filling & Sealing or Verification	Date Received	Noted By		
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/15/2023		
Street or Route			Telephone Number	Comments		
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092		() -	2.2	1/25/2024
				V	U	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:		
Verification Only of	Fill and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment
I-18		Waste Manageme	nt Other:	
1. Well Location Inform	ation		2. Facility / Owner Information	
County W	I Unique Well # of	Hicap #	Facility Name	
MILWAUKEE	emoved Well		MILWAUKEE DIE CASTING COMPAN	Y (MDCC) SITE
Latitudo / Longitudo (soo instr		t Codo Mothod Codo	Facility ID (FID or PWS)	
Lallique / Longlique (see insti			241228240	
	N [w [DDM SCR002	License/Permit/Monitoring #	
1/4 / 1/4 NW 1/4 SE	Section To	wnship Range X E	Original Well Owner	
or Gov't Lot #	4	7 N 22 W	Redevelopment Authority of the City of	Milwaukee
Well Street Address			Present Well Owner	
4132 N HOLTON ST.			Redevelopment Authority of the City of	f Milwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner	
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner	State ZIP Code
			Milwaukee	WI 53202
Reason for Removal from Ser	rvice WI Unique W	ell # of Replacement Well	4. Pump, Liner, Screen, Casing 8	Sealing Material
Test boring			Pump and piping removed?	Yes No X N/A
3. Filled & Sealed Well /	Drillhole / Boreho	le Information	Liner(s) removed?	Yes No XN/A
Monitoring Well	Original Construct	tion Date (mm/dd/yyyy)	Liner(s) perforated?	
	11/15/2023		Screen removed?	
	If a Well Construe	ction Report is available,		
X Borenole / Drillhole	please attach.		Was casing cut off below surface?	
			Did sealing material rise to surface?	
	ven (Sandpoint)	Dug	If yes was hole retonned?	
Other (specify): Geop	robe		If bentonite chips were used, were the	v hydrated
Formation Type:			with water from a known safe source?	Yes No X N/A
X Unconsolidated Formation	on 🗌 Bed	rock	Required Method of Placing Sealing Mate	erial
Total Well Depth From Groun	d Surface (ft.) Casing	J Diameter (in.)	Conductor Pipe-Gravity Condu	uctor Pipe-Pumped
17			Screened & Poured Other	(Explain):
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials	
			Neat Cement Grout	
			Sand-Cement (Concrete) Grout	X Bentonite Chips
Was well annular space groute	ed? Yes	No Unknown	For Monitoring Wells and Monitoring Well	l Boreholes Only:
If yes, to what depth (feet)?	Depth to Wa	iter (feet)	Bentonite Chips	Bentonite - Cement Grout
	NA		Granular Bentonite	Bentonite - Sand Slurry
5. Material Used to Fill V	Nell / Drillhole		From (ft.) To (ft.) No. Yards, Sa	acks Sealant or Mix Ratio or circle one) Mud Weight
Bentonite Granules			Surface 17 0.5 bag	
6. Comments				

7. Supervision of Work			_		DNR Use Only		
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By	
Geosyntec Consultants - Dave Zolp			(mm/dd/	/yyyy) 11/15/2023			
Street or Route				Telephone Number	Comments		
10600 North Port Washington Road Suite 100				(262) 377-9828			
City	State	ZIP Code		Signature of Person Doing W	Vork D	ate Signed	
Mequon	WI	53092		() -	2.2	1/25/2024	
				2	U		

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:		
Verification Only of	Fill and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment
I-19		Waste Manageme	nt Other:	
1. Well Location Inform	ation		2. Facility / Owner Information	
County W	I Unique Well # of	Hicap #	Facility Name	
MILWAUKEE	emoved Well		MILWAUKEE DIE CASTING COMPAN	NY (MDCC) SITE
Latitudo / Longitudo (soo instr		t Codo Mothod Codo	Facility ID (FID or PWS)	
Lallique / Longlique (see insti			241228240	
	N [w [DDM	License/Permit/Monitoring #	
1/4 / 1/4 NW 1/4 SE	Section To	wnship Range X E	Original Well Owner	
or Gov't Lot #	4	7 N 22 W	Redevelopment Authority of the City of	f Milwaukee
Well Street Address			Present Well Owner	
4132 N HOLTON ST.			Redevelopment Authority of the City of	of Milwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner	
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner	State ZIP Code
			Milwaukee	WI 53202
Reason for Removal from Ser	rvice WI Unique W	ell # of Replacement Well	4. Pump, Liner, Screen, Casing	& Sealing Material
Test boring			Pump and piping removed?	Yes No XN/A
3. Filled & Sealed Well /	Drillhole / Boreho	le Information	Liner(s) removed?	Yes No XN/A
Monitoring Well	Original Construct	ion Date (mm/dd/yyyy)	Liner(s) perforated?	
	11/15/2023		Screen removed?	
	If a Well Construe	ction Report is available,		
X Borenole / Drillhole	please attach.		Was casing cut off below surface?	
			Did sealing material rise to surface?	
	ven (Sandpoint)	Dug	If yes, was hole retonned?	
Other (specify): Geop	robe		If bentonite chips were used, were the	ev hydrated
Formation Type:			with water from a known safe source?	Yes No X N/A
X Unconsolidated Formation	on 🗌 Bed	rock	Required Method of Placing Sealing Ma	terial
Total Well Depth From Groun	d Surface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Cond	luctor Pipe-Pumped
17			Screened & Poured Othe Othe	r (Explain):
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials	
			Neat Cement Grout	Concrete
			Sand-Cement (Concrete) Grout	X Bentonite Chips
Was well annular space groute	ed? Yes	No Unknown	For Monitoring Wells and Monitoring We	ell Boreholes Only:
If yes, to what depth (feet)?	Depth to Wa	ter (feet)	Bentonite Chips	Bentonite - Cement Grout
	NA		Granular Bentonite	Bentonite - Sand Slurry
5. Material Used to Fill V	Well / Drillhole		From (ft.) To (ft.) No. Yards, S	Cacks Sealant or Mix Ratio or (circle one) Mud Weight
Bentonite Granules			Surface 17 0.5 bag	
6. Comments				

7. Supervision of Work				DNR Use Only		
Name of Person or Firm Doing Filling & Sealing License # Date of		Date of F	Filling & Sealing or Verification	Date Received	Noted By	
Geosyntec Consultants - Dave Zolp			(mm/dd/y	/yyy) 11/16/2023		
Street or Route				Telephone Number	Comments	·
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092		1	2.1	1/25/2024
				V	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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	·	Route to DNR Bureau:						
Verification Only of Fi	ll and Seal	Drinking Water		Watershed/V	Vastewater X	Remedia	ation/Redeve	lopment
I-20		Waste Manageme	nt 🗌	Other:	_			
1. Well Location Informati	on		2. Facility	/ Owner In	formation			
County WI U	nique Well # of	Hicap #	Facility Nam	e				
MILWAUKEE	oved Well		MILWAUK	EE DIE CAST	ING COMPANY (MD	CC) SITE		
Latitude / Longitude (see instruct	ions) Forma	t Code Method Code	Facility ID (F	ID or PWS)				
Latitude / Longitude (see instruc			241228240					
	N w	DDM SCR002	License/Per	mit/Monitoring	j #			
1/4 / 1/4 NW 1/4 SE	Section To	wnship Range X F	Original Wel	l Owner				
or Gov't Lot #	4	7 N 22 W	Redevelo	pment Author	ity of the City of Milwa	ukee		
Well Street Address			Present Wel	l Owner				
4132 N HOLTON ST.			Redevelo	pment Author	rity of the City of Milwa	ukee		
Well City, Village or Town		Well ZIP Code	Mailing Add	ress of Presei	nt Owner			
Milwaukee		53212	809 N. BF	ROADWAY				
Subdivision Name		Lot #	City of Prese	ent Owner		State	ZIP Code	
			Milwauk	kee		WI	53202	
Reason for Removal from Service	e WI Unique We	ell # of Replacement Well	4. Pump,	Liner, Scre	en, Casing & Sea	ling Mate	erial	
Test boring			Pump and	d piping remo	ved?		′es ∐No	N/A
3. Filled & Sealed Well / D	rillhole / Boreho	le Information	Liner(s) re	emoved?				∧ N/A
Monitoring Well	Original Construct	ion Date (mm/dd/yyyy)	Liner(s) p	errorated?		Ц Ц		N/A
	11/15/2023		Screen re	ft in place?				
	If a Well Construct	ction Report is available,	Was casi		w surface?			
	please attach.		Did sealir	ng cut on beit na material ris	e to surface?			
			Did scall	ial settle after	24 hours?			
	(Sandpoint)	Dug	lf ves	, was hole ret	opped?		(es No	
Other (specify): Geoprob	e		If bentoni	te chips were	used, were they hydra	ated		
Formation Type:			with wate	r from a know	n safe source?		/es No	X N/A
X Unconsolidated Formation	Bed	rock	Required Me	ethod of Placi	ng Sealing Material			
Total Well Depth From Ground S	Surface (ft.) Casing	Diameter (in.)	Condu	ctor Pipe-Gra	vity Conductor P	'ipe-Pumpe	эd	
17			X Screer (Bento	ned & Poured nite Chips)	Other (Expla	uin):		
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Mat	erials				
			Neat C	Cement Grout		Concrete		
	I		Sand-	Cement (Con	crete) Grout	Bentonite (Chips	
Was well annular space grouted?	Yes	No Unknown	For Monitori	ing Wells and	Monitoring Well Borel	holes Only		
If yes, to what depth (feet)?	Depth to Wa	ter (feet)	Bentor	nite Chips	Benton	ite - Ceme	nt Grout	
	NA		Granu	lar Bentonite	Benton	ite - Sand	Slurry	
5. Material Used to Fill We	II / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks So Volume (circle	ealant or one)	Mix Rati Mud We	o or eight
Bentonite Granules			Surface	17	0.5 bag			
6. Comments								

7. Supervision of Work		DNR Us	e Only			
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dc	l/yyyy) 11/15/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2.2	1/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:		
Verification Only of Fil	l and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment
I-21		Waste Manageme	nt Other:	
1. Well Location Informatio	on		2. Facility / Owner Information	
County WI Ur	nique Well # of	Hicap #	Facility Name	
MILWAUKEE	ved Well		MILWAUKEE DIE CASTING COMPAN	Y (MDCC) SITE
Latitudo / Longitudo (soo instruct	one) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)	
Latitude / Longitude (see instructi			241228240	
		DDM	License/Permit/Monitoring #	
1/4 / 1/4 NW 1/4 SE	Section Tov	nship Range X E	Original Well Owner	
or Gov't Lot #	4 7	N 22 W	Redevelopment Authority of the City of	Milwaukee
Well Street Address			Present Well Owner	
4132 N HOLTON ST.			Redevelopment Authority of the City of	fMilwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner	
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner	State ZIP Code
			Milwaukee	WI 53202
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casing 8	Sealing Material
Test boring			Pump and piping removed?	Yes No X N/A
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?	
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?	
	11/15/2023		Screen removed?	
	If a Well Construct	ion Report is available,	- Casing left in place?	
	please attach.		Did soaling material rise to surface?	
		— -	Did sealing material rise to surface?	
	(Sandpoint)	Dug	If yes, was hole retonned?	
Other (specify): Geoprobe	9		If bentonite chips were used, were the	y hydrated
Formation Type:			with water from a known safe source?	Yes No X N/A
X Unconsolidated Formation	Bedr	ock	Required Method of Placing Sealing Mate	erial
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Condu	uctor Pipe-Pumped
15			Screened & Poured Other Other	(Explain):
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials	
			Neat Cement Grout	
	I		Sand-Cement (Concrete) Grout	X Bentonite Chips
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring Well	l Boreholes Only:
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout
	NA		Granular Bentonite	Bentonite - Sand Slurry
5. Material Used to Fill We	II / Drillhole		From (ft.) To (ft.) No. Yards, Sa	acks Sealant or Mix Ratio or circle one) Mud Weight
Bentonite Granules			Surface 15 0.5 bag	
6. Comments				

7. Supervision of Work			DNR Use Only			
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dd	l/yyyy) 11/15/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092		1	2.2	/25/2024
				0	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:		
Verification Only of Fil	l and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment
I-22		Waste Manageme	ent Other:	
1. Well Location Information	on		2. Facility / Owner Information	
County WI Ur	ique Well # of	Hicap #	Facility Name	
MILWAUKEE	ved Well		MILWAUKEE DIE CASTING COMPAN	Y (MDCC) SITE
Latitudo / Longitudo (soo instructi	one) Format	Codo Mothod Codo	Facility ID (FID or PWS)	
Latitude / Longitude (see instructi			241228240	
		DDM	License/Permit/Monitoring #	
1/4 / 1/4 NW 1/4 SE	Section Tow	Inship Range X F	Original Well Owner	
or Gov't Lot #	4 7	22 W	Redevelopment Authority of the City of	Milwaukee
Well Street Address			Present Well Owner	
4132 N HOLTON ST.			Redevelopment Authority of the City of	Milwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner	
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner	State ZIP Code
			Milwaukee	WI 53202
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casing &	Sealing Material
Test boring			Pump and piping removed?	Yes No X N/A
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?	Yes No X N/A
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?	
	11/15/2023		Screen removed?	
	If a Well Construct	ion Report is available,		
X Borehole / Drillhole	please attach.		Was casing cut off below surface?	Yes No X N/A
Construction Type:		_	Did sealing material rise to surface?	
X Drilled Driven	(Sandpoint)	Dug	Did material settle after 24 hours?	
Other (specify): Geoprobe			If bentonite chips were used, were they	
Formation Type:			with water from a known safe source?	Yes No XN/A
X Unconsolidated Formation	Bedr	ock	Required Method of Placing Sealing Mate	rial
Total Well Depth From Ground St	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Condu	ictor Pipe-Pumped
15			Screened & Poured Other Other	(Explain):
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials	
			Neat Cement Grout	Concrete
			Sand-Cement (Concrete) Grout	X Bentonite Chips
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring Well	Boreholes Only:
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips B	entonite - Cement Grout
	NA		Granular Bentonite	entonite - Sand Slurry
5. Material Used to Fill Wel	I / Drillhole		From (ft.) To (ft.) No. Yards, Sa	cks Sealant or Mix Ratio or Circle one) Mud Weight
Bentonite Granules			Surface 15 0.5 bag	
6. Comments				

7. Supervision of Work		DNR Us	e Only			
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dd	l/yyyy) 11/16/2023		
Street or Route				Telephone Number	Comments	·
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2.2	1/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:		
Verification Only of Fil	l and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment
I-23		Waste Manageme	nt Other:	
1. Well Location Informatio	on		2. Facility / Owner Information	n
County WI Ur	nique Well # of	Hicap #	Facility Name	
MILWAUKEE	oved Well		MILWAUKEE DIE CASTING COMF	PANY (MDCC) SITE
Latitude / Longitude (see instructi	one) Format	Code Method Code	Facility ID (FID or PWS)	
Latitude / Longitude (see instructi			241228240	
		DDM	License/Permit/Monitoring #	
1/4 / 1/4 NW 1/4 SE	Section Tov	Inship Range X F	Original Well Owner	
or Gov't Lot #	4 7	22 W	Redevelopment Authority of the Cit	ty of Milwaukee
Well Street Address			Present Well Owner	-
4132 N HOLTON ST.			Redevelopment Authority of the Ci	ty of Milwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner	
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner	State ZIP Code
			Milwaukee	WI 53202
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casir	ng & Sealing Material
Test boring			Pump and piping removed?	Yes No XN/A
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?	∐Yes ∐No IXIN/A
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?	Yes No XN/A
	11/15/2023		Screen removed?	Yes No X N/A
	If a Well Construct	ion Report is available,	Casing left in place?	
X Borehole / Drillhole	please attach.	1 7	Was casing cut off below surface?	Yes No X N/A
Construction Type:			Did sealing material rise to surface	e? XYes No N/A
X Drilled Driven	(Sandpoint)	Dug	Did material settle after 24 hours?	∐Yes XNo ∐N/A
Other (specify): Geoprobe	9		If yes, was hole retopped?	Yes No XN/A
Formation Type:			with water from a known safe sour	ce? Yes No XN/A
X Unconsolidated Formation	Bedro	ock	Required Method of Placing Sealing	Material
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity	onductor Pipe-Pumped
17			Screened & Poured O O	ther (Explain):
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials	
			Neat Cement Grout	Concrete
			Sand-Cement (Concrete) Grout	Bentonite Chips
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring	Well Boreholes Only:
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout
	NA		Granular Bentonite	Bentonite - Sand Slurry
5. Material Used to Fill We	ll / Drillhole		From (ft.) To (ft.) No. Yards	s, Sacks Sealant or Mix Ratio or me (circle one) Mud Weight
Bentonite Granules			Surface 17 0.5 bag]
6. Comments				

7. Supervision of Work		DNR Us	e Only			
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dc	l/yyyy) 11/15/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2.1	1/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route t	o DNR Bureau:						
Verification Only of Fil	l and Seal	Dr	rinking Water		Watershed/W	/astewater X	Remed	liation/Redeve	elopment
I-24		w	aste Manageme	nt 🗌	Other:		_		
1. Well Location Information	n		-	2. Facility	/ Owner In	formation			
County WI Un	ique Well # of	Hicap #		Facility Nam	10				
MILWAUKEE	ved Well			MILWAUK	EE DIE CAST	ING COMPANY (MD	CC) SITE	=	
Latitudo (Longitudo (coo instructi		t Codo	Mathad Code	Facility ID (F	-ID or PWS)				
Latitude / Longitude (see instruction			GPS008	241228240)				
	N [[License/Per	mit/Monitoring) #			
1/4 / 1/4 NW 1/4 SE	Section To	wnship	Range X F	Original We	ll Owner				
or Gov't Lot #	4	7 N	22 W	Redevelo	pment Authori	ity of the City of Milwa	ukee		
Well Street Address		IN		Present We	I Owner				
4132 N HOLTON ST.				Redevelo	pment Author	ity of the City of Milwa	aukee		
Well City. Village or Town		Well Z	ZIP Code	Mailing Add	ress of Preser	nt Owner			
Milwaukee		5321	2	809 N. BF	ROADWAY				
Subdivision Name		Lot #		City of Pres	ent Owner		State	ZIP Code	
				Milwauk	(ee		WI	53202	
Reason for Removal from Service	WI Unique W	ell # of Rep	placement Well	4. Pump,	Liner, Scre	en, Casing & Sea	ling Ma	terial	
Test boring			<u> </u>	Pump and	d piping remov	ved?		Yes No	X N/A
3. Filled & Sealed Well / Dr	illhole / Boreho	le Inforn	nation	Liner(s) r	emoved?			Yes No	X N/A
	Original Construc	tion Date (I	mm/dd/yyyy)	Liner(s) p	erforated?			Yes No	X N/A
	11/16/2023			Screen re	moved?			Yes No	X N/A
	If a Well Constru	ction Repo	rt is available.	Casing le	ft in place?			Yes No	X N/A
X Borehole / Drillhole	please attach.		,	Was casi	ng cut off belo	w surface?		Yes No	X N/A
Construction Type:				Did sealir	ng material rise	e to surface?	x	Yes No	N/A
X Drilled Driven	Sandpoint)	Dug		Did mate	rial settle after	24 hours?		Yes X No	N/A
Other (specify): Geoprobe				If yes	, was hole reto	opped?	- 4 - 4	Yes No	X N/A
Formation Type:				with wate	r from a know	used, were they hydra n safe source?		Yes No	X N/A
X Unconsolidated Formation	Bec	rock		Required M	ethod of Placi	ng Sealing Material			
Total Well Depth From Ground Su	Irface (ft.) Casing	Diameter	(in.)	Conductor Pipe-Gravity Conductor Pipe-Pumped					
15			()	Screened & Poured					
Lower Drillhole Diameter (in.)	Casin	Depth (ft.)	Sealing Mat	erials				
				Neat C	Cement Grout		Concrete	I	
				Sand-	Cement (Cond	crete) Grout	Bentonite	e Chips	
Was well annular space grouted?	Yes	No	Unknown	For Monitor	ing Wells and	Monitoring Well Borel	holes Onl	y:	
If yes, to what depth (feet)?	Depth to Wa	ter (feet)		Bento	nite Chips	Benton	ite - Cem	ent Grout	
	NA			Granu	lar Bentonite	Benton	ite - Sano	d Slurry	
5. Material Used to Fill Wel	l / Drillhole			From (ft.)	To (ft.)	No. Yards, Sacks S Volume (circle	ealant or	Mix Ra Mud W	tio or leight
Bentonite Granules				Surface	15	0.5 bag			
6. Comments				•		•			

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # D		Date of Filling & Sealing or Verification		Date Received	Noted By	
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/16/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092		1	2.2	/25/2024
				P	U	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau		
Verification Only of	Fill and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment
I-25		Waste Manageme	ent Other:	
1. Well Location Informa	tion		2. Facility / Owner Information	
County WI	Unique Well # of	Hicap #	Facility Name	
MILWAUKEE	moved Well		MILWAUKEE DIE CASTING COMPANY	(MDCC) SITE
Latituda / Langituda (aga inatru	(ationa)	at Code Mathed Code	Facility ID (FID or PWS)	
Latitude / Longitude (see instru	ictions) Forma		241228240	
	N L		License/Permit/Monitoring #	
	w			
^{1/4} / ^{1/4} NW ^{1/4} SE	Section To	ownship Range X E	Original Well Owner	
or Gov't Lot #	4	⁷ N ²² W	Redevelopment Authority of the City of I	Vilwaukee
Well Street Address			Present Well Owner	
4132 N HOLTON ST.			Redevelopment Authority of the City of	Milwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner	
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner	State ZIP Code
			Milwaukee	WI 53202
Reason for Removal from Serv	vice WI Unique W	ell # of Replacement Well	4. Pump, Liner, Screen, Casing &	Sealing Material
Test boring			Fump and piping removed?	
3. Filled & Sealed Well /	Drillhole / Boreho	ole Information	Liner(s) removed?	
Monitoring Well	Original Construc	ction Date (mm/dd/yyyy)	Sereen removed?	
	11/16/2023		Casing left in place?	
	If a Well Constru	iction Report is available,		
	please attach.		Vias casing cut off below surface?	
		—]_	Did material settle after 24 hours?	
	en (Sandpoint)	Dug	If yes, was hole retonned?	
Other (specify): Geopre	obe		If bentonite chips were used, were they	hydrated
Formation Type:			with water from a known safe source?	Yes No X N/A
X Unconsolidated Formatio	n 🗌 Bec	drock	Required Method of Placing Sealing Mater	rial
Total Well Depth From Ground	Surface (ft.) Casing	g Diameter (in.)	Conductor Pipe-Gravity Conductor	ctor Pipe-Pumped
17			Screened & Poured Other (Explain):
Lower Drillhole Diameter (in.)	Casing	g Depth (ft.)	Sealing Materials	
			Neat Cement Grout	Concrete
			Sand-Cement (Concrete) Grout	Bentonite Chips
Was well annular space grouted	l? Yes	No Unknown	For Monitoring Wells and Monitoring Well	Boreholes Only:
If yes, to what depth (feet)?	Depth to Wa	ater (feet)	Bentonite Chips	entonite - Cement Grout
	NA			entonite - Sand Slurny
			No. Yards, Sac	cks Sealant or Mix Ratio or
5. Material Used to Fill V	veil / Drillhole		From (ft.) To (ft.) Volume (c	sircle one) Mud Weight
Bentonite Granules			Surface 17 0.5 bag	
6 0				
6. Comments				

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Date of		Date of	Filling & Sealing or Verification	Date Received	Noted By	
Geosyntec Consultants - Dave Zolp			(mm/dc	l/yyyy) 11/16/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2.2	1/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau	u:				
Verification Only of F	ill and Seal	Drinking Water	Watershed/Wastewater X Remediation/Redevelopmer				
I-26		Waste Managem	nent Other:				
1. Well Location Informat	ion		2. Facility / Owner Information				
County WI L	Inique Well # of	Hicap #	Facility Name				
MILWAUKEE	loved Well		MILWAUKEE DIE CASTING COMPANY (MDCC) SITE				
Latituda / Langituda (ago instruc	tione) Form	ant Codo Mothod Codo	Facility ID (FID or PWS)				
Latitude / Longitude (see instruc			241228240				
	N		License/Permit/Monitoring #				
1/4 / 1/4 NW 1/4 SF	Section T	ownship Range X	Original Well Owner				
or Gov't Lot #	4	7 N 22 M	Redevelopment Authority of the City of Milwaukee				
Well Street Address	I		Present Well Owner				
4132 N HOLTON ST.			Redevelopment Authority of the City of Milwaukee				
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner				
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner State ZIP Code				
			Milwaukee WI 53202				
Reason for Removal from Servio	ce WI Unique W	Vell # of Replacement Wel	4. Pump, Liner, Screen, Casing & Sealing Material				
Test boring							
3. Filled & Sealed Well / D	rillhole / Boreh	ole Information					
Monitoring Well	Original Construc	ction Date (mm/dd/yyyy)	Screen removed?				
Water Well	11/16/2023		- Casing left in place?				
X Borehole / Drillhole	If a Well Constru please attach.	uction Report is available,	Was casing cut off below surface?				
Construction Type:	picace attacin		Did sealing material rise to surface?				
X Drilled Driver	n (Sandpoint)	Dug	Did material settle after 24 hours?				
Other (specify): Geoprot)e		If yes, was hole retopped?				
Formation Type:			If bentonite chips were used, were they hydrated				
	Be	adrock	Required Method of Placing Sealing Material				
Total Wall Depth From Cround 9		a Diamatar (in)					
15			Screened & Poured Other (Explain):				
Lower Drillhole Diameter (in.)	Casin	na Depth (ft.)	Sealing Materials				
· · · · · · · · · · · · · · · · · · ·		5 1 ()	Neat Cement Grout				
			Sand-Cement (Concrete) Grout				
Was well annular space grouted?	Yes	No Unknow	ⁿ For Monitoring Wells and Monitoring Well Boreholes Only:				
If yes, to what depth (feet)?	Depth to W	/ater (feet)	Bentonite Chips Bentonite - Cement Grout				
	NA		Granular Bentonite				
5. Material Used to Fill We	ell / Drillhole		From (ft.) To (ft.) No. Yards, Sacks Sealant or Mix Ratio or Mud Weight				
Bentonite Granules			Surface 15 0.5 bag				
6. Comments							

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # D		Date of Filling & Sealing or Verification		Date Received	Noted By	
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/16/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092		1	2.2	/25/2024
				P	U	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:						
Verification Only of Fi	ll and Seal	Drinking Water		Watershed/V	Vastewater X	Remedia	ation/Redeve	lopment
I-27		Waste Manageme	ent	Other:	_			
1. Well Location Information	on		2. Facility	/ Owner In	formation			
County WI U	nique Well # of	Hicap #	Facility Nam	ne				
MILWAUKEE	oved Well		MILWAUK	EE DIE CAST	TING COMPANY (MD	CC) SITE		
Latitude / Longitude (see instruct	ions) Forma	t Code Method Code	Facility ID (F	FID or PWS)				
			241228240)				
	N □	DDM SCR002	License/Per	mit/Monitoring	g #			
1/4 / 1/4 NW 1/4 SE	Section Tov	wnship Range X E	Original We	ll Owner				
or Gov't Lot #	4	7 N 22 W	Redevelo	pment Author	ity of the City of Milwa	ukee		
Well Street Address			Present We	II Owner				
4132 N HOLTON ST.			Redevelo	pment Author	rity of the City of Milwa	aukee		
Well City, Village or Town		Well ZIP Code	Mailing Add	ress of Prese	nt Owner			
Milwaukee		53212	809 N. BF	ROADWAY				
Subdivision Name		Lot #	City of Pres	ent Owner		State	ZIP Code	
			Milwauk	kee		WI	53202	
Reason for Removal from Servic	e WI Unique We	ell # of Replacement Well	4. Pump,	Liner, Scre	en, Casing & Sea	ling Mate	erial	
Test boring			Pump and	d piping remo	ved?			N/A
3. Filled & Sealed Well / D	illhole / Boreho	le Information	Liner(s) re	emoved?			∕es ∐No	N/A
Monitoring Well	Original Construct	ion Date (mm/dd/yyyy)	Liner(s) p	errorated?		, L		N/A
	11/16/2023		Screen re	t in place?				
	If a Well Construct	tion Report is available,			· · · ·			<u>N/A</u>
X Borehole / Drillhole	please attach.		Was casi	ng cut off belo	ow surface?	<u>ו</u> []		
		_	Did sealir	ig material ris				
X Drilled Driven	(Sandpoint)	Dug	lf voc		i 24 Hours:			
Other (specify): Geoprob	9		If bentoni	te chips were	used, were they hydra	ated		
Formation Type:			with wate	r from a know	n safe source?	ר <u>ר</u> ו	res No	X N/A
X Unconsolidated Formation	Bedr	rock	Required Me	ethod of Placi	ng Sealing Material			
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Conductor Pipe-Pumped					
13			X Screen	ned & Poured onite Chips)	Other (Expla	ain):		
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Mat	erials				
			Neat C	Cement Grout		Concrete		
			Sand-	Cement (Con	crete) Grout	Bentonite	Chips	
Was well annular space grouted?	Yes	No Unknown	For Monitori	ing Wells and	Monitoring Well Borel	holes Only:	:	
If yes, to what depth (feet)?	Depth to Wa	ter (feet)	Bentor	nite Chips	Benton	ite - Ceme	nt Grout	
	NA		Granu	lar Bentonite	Benton	ite - Sand	Slurry	
5. Material Used to Fill We	II / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks So Volume (circle	ealant or one)	Mix Rati Mud We	o or eight
Bentonite Granules			Surface	13	0.5 bag			
6. Comments								

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Date		Date of	Filling & Sealing or Verification	Date Received	Noted By	
Geosyntec Consultants - Dave Zolp			(mm/dc	l/yyyy) 11/20/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2.1	1/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bure	eau:
Verification Only of F	ill and Seal	Drinking Wate	r Watershed/Wastewater X Remediation/Redevelopment
I-28		Waste Manag	ement Other:
1. Well Location Informati	on		2. Facility / Owner Information
County WI U	nique Well # of	Hicap #	Facility Name
MILWAUKEE	oved Well		MILWAUKEE DIE CASTING COMPANY (MDCC) SITE
Latitude / Longitude (see instruc	tions) Form	at Code Method Cor	Facility ID (FID or PWS)
	w [D2 License/Permit/Monitoring #
¹ ⁄ ₄ / ¹ ⁄ ₄ NW ¹ ⁄ ₄ SE	Section T	ownship Range X	E Original Well Owner
or Gov't Lot #	4	⁷ N ²²	W Redevelopment Authority of the City of Milwaukee
Well Street Address			Present Well Owner
4132 N HOLTON ST.			Redevelopment Authority of the City of Milwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner
Milwaukee		53212	809 N. BROADWAY
Subdivision Name		Lot #	City of Present Owner State ZIP Code
			Milwaukee Wi 53202
Reason for Removal from Servic	e WI Unique V	Vell # of Replacement V	/ell 4. Pump, Liner, Screen, Casing & Sealing Material
l est boring			Liner(s) removed?
3. Filled & Sealed Well / D	rillhole / Boreh	ole Information	Liner(s) perforated? $Yes \square No \square N//$
Monitoring Well			Screen removed?
Water Well	11/17/2023		Casing left in place?
X Borehole / Drillhole	If a Well Constru please attach.	uction Report is availabl	e, Was casing cut off below surface?
Construction Type:	•		Did sealing material rise to surface?
X Drilled Driven	(Sandpoint)	Dug	Did material settle after 24 hours?
Other (specify): Geoprob	e		If yes, was hole retopped?
Formation Type:			If bentonite chips were used, were they hydrated with water from a known safe source?
X Unconsolidated Formation	Be	drock	Required Method of Placing Sealing Material
Total Well Depth From Ground S	Surface (ft.) Casir	ng Diameter (in.)	Conductor Pipe-Gravity Conductor Pipe-Pumped
14			Screened & Poured Other (Explain):
Lower Drillhole Diameter (in.)	Casir	ng Depth (ft.)	Sealing Materials
			Neat Cement Grout Concrete
			Sand-Cement (Concrete) Grout
Was well annular space grouted?	Yes	No Unkno	For Monitoring Wells and Monitoring Well Boreholes Only:
If yes, to what depth (feet)?	Depth to W	/ater (feet)	Bentonite Chips Bentonite - Cement Grout
	NA		Granular Bentonite Bentonite - Sand Slurry
5. Material Used to Fill We	ell / Drillhole		From (ft.) To (ft.) No. Yards, Sacks Sealant or Mix Ratio or Volume (circle one) Mud Weight
Bentonite Granules			Surface 14 0.5 bag
6. Comments			

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Da		Date of Filling & Sealing or Verification		Date Received	Noted By	
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/17/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2.1	/25/2024
				0	U	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:		
Verification Only of Fi	ll and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment
I-29		Waste Manageme	nt Other:	
1. Well Location Information	on		2. Facility / Owner Informatio	n
County WI U	nique Well # of	Hicap #	Facility Name	
MILWAUKEE	oved Well		MILWAUKEE DIE CASTING COM	PANY (MDCC) SITE
Latitudo / Longitudo (soo instruct	(onc) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)	
Latitude / Longitude (see instruct			241228240	
		DDM	License/Permit/Monitoring #	
1/4 / 1/4 NW 1/4 SE	Section Tov	Inship Range X F	Original Well Owner	
or Gov't Lot #	4 7		Redevelopment Authority of the Ci	ty of Milwaukee
Well Street Address			Present Well Owner	-
4132 N HOLTON ST.			Redevelopment Authority of the C	ity of Milwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner	
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner	State ZIP Code
			Milwaukee	WI 53202
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casir	ng & Sealing Material
Test boring			Pump and piping removed?	Yes No XN/A
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?	Yes No XN/A
Monitoring Well	Original Constructi	on Date (mm/dd/yyyy)	Liner(s) perforated?	Yes No XN/A
	11/17/2023		Screen removed?	
	If a Well Construct	ion Report is available,		
X Borehole / Drillhole	please attach.	•	Was casing cut off below surface?	
Construction Type:			Did sealing material rise to surface	e? XYes No N/A
X Drilled Driven	(Sandpoint)	Dug	Did material settle after 24 hours?	∐Yes XNo ∐N/A
Other (specify): Geoprobe	9		If yes, was hole retopped?	Yes No XN/A
Formation Type:			with water from a known safe sour	rce? Yes No XN/A
X Unconsolidated Formation	Bedr	ock	Required Method of Placing Sealing	Material
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity	onductor Pipe-Pumped
17			Screened & Poured C C (Bentonite Chips)	ther (Explain):
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials	
			Neat Cement Grout	Concrete
			Sand-Cement (Concrete) Grou	t X Bentonite Chips
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring	Well Boreholes Only:
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout
	NA		Granular Bentonite	Bentonite - Sand Slurry
5. Material Used to Fill We	ll / Drillhole		From (ft.) To (ft.) No. Yard	s, Sacks Sealant or Mix Ratio or me (circle one) Mud Weight
Bentonite Granules			Surface 17 0.5 bag	g
6. Comments				

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Date o		Filling & Sealing or Verification	Date Received	Noted By		
Geosyntec Consultants - Dave Zolp			(mm/dc	l/yyyy) 11/17/2023		
Street or Route				Telephone Number	Comments	·
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2.2	1/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:					
Verification Only of Fil	l and Seal	Drinking Water	Watershed/Wastewater X Remediation/Redevelopment				
I-30		Waste Manageme	nt Other:	—			
1. Well Location Informatio	on		2. Facility / Owner Information				
County WI Ur	nique Well # of	Hicap #	Facility Name				
MILWAUKEE	ved Well		MILWAUKEE DIE CASTING COMPAN	Y (MDCC) SITE			
Latitudo / Longitudo (soo instruct	one) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)				
Latitude / Longitude (see instructi			241228240				
	N □	DDM	License/Permit/Monitoring #				
1/4 / 1/4 NW 1/4 SE	Section Tov	Inship Range X F	Original Well Owner				
or Gov't Lot #	4 7	22 W	Redevelopment Authority of the City of	Milwaukee			
Well Street Address			Present Well Owner				
4132 N HOLTON ST.			Redevelopment Authority of the City of	f Milwaukee			
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner				
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner	State ZIP Code			
			Milwaukee	WI 53202			
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casing 8	Sealing Material			
Test boring			Pump and piping removed?				
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?				
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?				
	11/17/2023		Screen removed?				
	If a Well Construct	ion Report is available,	- Casing left in place?				
	please attach.		Vias casing cut on below surface?				
		— -	Did sealing material rise to surface?				
X Drilled Driven	(Sandpoint)	Dug	If yes, was hole retonned?				
Other (specify): Geoprobe			If bentonite chips were used, were the	y hydrated			
Formation Type:			with water from a known safe source?	Yes No X N/A			
X Unconsolidated Formation	Bedr	ock	Required Method of Placing Sealing Mate	erial			
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Condu	uctor Pipe-Pumped			
15			Screened & Poured Other (Bentonite Chips)	(Explain):			
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials				
			Neat Cement Grout	Concrete			
			Sand-Cement (Concrete) Grout	X Bentonite Chips			
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring Wel	l Boreholes Only:			
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout			
	NA		Granular Bentonite	Bentonite - Sand Slurry			
5. Material Used to Fill We	II / Drillhole		From (ft.) To (ft.) No. Yards, Sa	acks Sealant or Mix Ratio or circle one) Mud Weight			
Bentonite Granules			Surface 15 0.5 bag				
6. Comments							

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License #		Date of Filling & Sealing or Verification		Date Received	Noted By	
Geosyntec Consultants - Dave Zolp			(mm/dc	l/yyyy) 11/17/2023		
Street or Route			Telephone Number	Comments	·	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2.2	1/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route t	o DNR Bureau:						
Verification Only of Fil	l and Seal	Dr	inking Water	Watershed/Wastewater X Remediation/Redevelopment					
I-31		Πw	aste Managemei	nt 🗌	Other:				
1. Well Location Informatio	n		-	2. Facility	/ Owner In	formation			
County WI Un	ique Well # of	Hicap #		Facility Nam	ie				
MILWAUKEE	ved Well			MILWAUK	EE DIE CAST	ING COMPANY (MD	CC) SITE	Ξ	
Latitudo (Longitudo (soo instructio		t Codo	Mathad Cada	Facility ID (F	ID or PWS)				
Lanude / Longitude (see instruction			GPS008	241228240)				
NDDDSCR002				License/Per	mit/Monitoring	j #			
1/4 / 1/4 NW 1/4 SE	Section To	wnship	Range X F	Original We	ll Owner				
or Gov't Lot #	4	7 N	22 W	Redevelo	pment Author	ity of the City of Milwa	ukee		
Well Street Address		IN		Present We	ll Owner				
4132 N HOLTON ST.				Redevelo	pment Author	ity of the City of Milwa	aukee		
Well City, Village or Town		Well Z	IP Code	Mailing Add	ress of Preser	nt Owner			
Milwaukee		5321	2	809 N. BF	ROADWAY				
Subdivision Name		Lot #		City of Prese	ent Owner		State	ZIP Code	
				Milwauk	kee		WI	53202	
Reason for Removal from Service WI Unique Well # of Replacement Well				4. Pump,	Liner, Scre	en, Casing & Sea	ling Ma	terial	
Test boring — — —				Pump and	d piping remov	ved?		Yes No	X N/A
3. Filled & Sealed Well / Dr	illhole / Boreho	le Inforn	nation	Liner(s) re	emoved?			Yes No	X N/A
	Original Construct	tion Date (r	mm/dd/yyyy)	Liner(s) p	erforated?			Yes No	X N/A
11/17/2023				Screen re	emoved?			Yes No	X N/A
	If a Well Construction Report is available			Casing le	ft in place?			Yes No	X N/A
X Borehole / Drillhole If a work construction report is available, please attach.				Was casi	ng cut off belo	ow surface?		Yes No	X N/A
Construction Type:				Did sealir	ng material ris	e to surface?	x	Yes No	N/A
X Drilled Driven (Sandpoint)	Dug		Did mater	rial settle after	24 hours?		Yes X No	N/A
Other (specify): Geoprobe				If yes	, was hole ret	opped?		Yes No	X N/A
Formation Type:				with wate	te chips were r from a know	n safe source?		Yes No	X N/A
X Unconsolidated Formation	Bec	rock		Required Me	ethod of Placi	ng Sealing Material			
Total Well Depth From Ground Su	Irface (ft.) Casing	Diameter	(in.)	Condu	ictor Pipe-Gra	vity Conductor F	Pipe-Pum	ped	
17			· · /	Screened & Poured Other (Explain):					
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Mat	erials				
				Neat C	Cement Grout		Concrete	•	
				Sand-	Cement (Cond	crete) Grout	Bentonite	e Chips	
Was well annular space grouted?	Yes	No	Unknown	For Monitor	ing Wells and	Monitoring Well Borel	holes Onl	y:	
If yes, to what depth (feet)?	Depth to Wa	ter (feet)		Bentor	nite Chips	Benton	ite - Cem	ent Grout	
	NA			Granu	lar Bentonite	Benton	ite - Sano	d Slurry	
5. Material Used to Fill Wel	l / Drillhole			From (ft.)	To (ft.)	No. Yards, Sacks S Volume (circle	ealant or one)	Mix Ra Mud W	tio or 'eight
Bentonite Granules				Surface	17	0.5 bag			
6. Comments					÷				

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License #		e #	Date of Filling & Sealing or Verification		Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/22/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092		1	2.2	/25/2024
				V	0	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau					
Verification Only of Fi	l and Seal	Drinking Water	Watershed/Wastewater X Remediation/Redevelopment				
I-32		Waste Manageme	ent Other:				
1. Well Location Information	on		2. Facility / Owner Information				
County WI Ur	nique Well # of	Hicap #	Facility Name				
MILWAUKEE	ved Well		MILWAUKEE DIE CASTING COMPAN	Y (MDCC) SITE			
Latitudo / Longitudo (soo instruct	one) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)				
Latitude / Longitude (see instructi			241228240				
	N □	DDM	License/Permit/Monitoring #				
1/4 / 1/4 NW 1/4 SE	Section Tov	vnship Range X F	Original Well Owner				
or Gov't Lot #	4 7	′ N 22 □ W	Redevelopment Authority of the City of	Milwaukee			
Well Street Address			Present Well Owner				
4132 N HOLTON ST.			Redevelopment Authority of the City of	f Milwaukee			
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner				
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner	State ZIP Code			
			Milwaukee	WI 53202			
Reason for Removal from Service	e WI Unique We	II # of Replacement Well	4. Pump, Liner, Screen, Casing 8	Sealing Material			
Test boring			Pump and piping removed?				
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?				
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)					
	11/17/2023		Casing left in place?				
	If a Well Construct	tion Report is available,	Was seeing out off holew surface?				
	please attach.		Did appling material rise to surface?				
			Did material settle after 24 bours?				
	(Sandpoint)	Dug	If yes, was hole retonned?				
Other (specify): Geoprobe	9		If bentonite chips were used, were the	y hydrated			
Formation Type:			with water from a known safe source?	Yes No X N/A			
X Unconsolidated Formation	Bedr	ock	Required Method of Placing Sealing Mate	ərial			
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Condu	uctor Pipe-Pumped			
15			Screened & Poured Other	(Explain):			
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials				
			Neat Cement Grout	Concrete			
			Sand-Cement (Concrete) Grout	X Bentonite Chips			
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring Wel	l Boreholes Only:			
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	3entonite - Cement Grout			
	NA		Granular Bentonite	3entonite - Sand Slurry			
5. Material Used to Fill We	II / Drillhole		From (ft.) To (ft.) No. Yards, Sa	acks Sealant or Mix Ratio or (circle one) Mud Weight			
Bentonite Granules			Surface 15 0.5 bag				
6. Comments							

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Date		Date of	Filling & Sealing or Verification	Date Received	Noted By	
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/17/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092			2.2	/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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Verification Only of Fill and Seal L-33 Drinking Water Watershed/Wastewater Remediation/Redevelopment			Route	to DNR Bureau:						
I. 3.3 Waste Management Other: 1. Well Location Information 2.1 Facility / Owner Information County Will Unque Well # of Mile.WAUKEE Removed Well Latitude / Longitude (see instructions) N DD DD X/4 N W DDD X/4 Y N 2 Well Stret Address 4132 N HOLTON ST. Well City, Village or Town Milwaukee Well City, Village or Town Milwaukee Subdivision Name Lot # City of Present Conner State State Subdivision Name Lot # City of Present Conner State State State	Verification Only of Fi	ll and Seal	D	rinking Water	Watershed/Wastewater X Remediation/Redevelopment					
I Well Location Information 2. Facility / Owner Information Courty Wil Unique Well # of MilwAuKeE Renoved Well Latitude / Longitude (see instructions) Format Code N Dob Dob Dob V/14 N V/14 N <	I-33			/aste Managemei	nt 🗌	Other:		_		
County WI Unique Well # of Removed Well licap # MILWAUKEE Facility Name MILWAUKEE Format Code Latitude / Longitude (see instructions) Format Code N DD Screen N DDM GPS008 Screen Screen X/ ½ N Well Street Address Township 4132 N HOLTON ST. Redevelopment Authority of the City of Milwaukee Well City, Vilage or Town Well ZIP Code Milwaukee State Subdivision Name Lot # Subdivision Name Lot # Stilled & Sealed Well / Drillhole / Borehole Information Milwaukee Original Vell Original Construction Date (mm/ddyyy) Montoring Well Original Construction Report is available, please attach. Yes Ind Well Depth From Ground Surface (ft.) Casing Date Inplace? Yes No NA Yes Ind Well Depth From Ground Surface (ft.) Casing Diameter (in.) Staling Material Sealing Material Sealing Material Yes Index Code Milwaukee Well Construction Report is available, please attach. Sealing thin place? Yes No NA<	1. Well Location Information	on		-	2. Facility	/ Owner In	formation			
MILWAUKEE Removed Weil MILWAUKEE DIE CASTING COMPANY (MDCC) SITE Latitude / Longitude (see instructions) Format Code Facility ID (FID or PWS) 24128240 DD GPS000 2// X W Section Tormship 2// X W Section Tormship 2// X W Redevelopment Authority of the City of Milwaukee Weil Street Address 4 7 N 4132 N HOLTON ST. Redevelopment Authority of the City of Milwaukee Weil City, Village or Town Weil ZIP Code Mailing Address of Present Owner Milwaukee Sat12 809 N. BRADWAY Siste ZIP Code Subdivision Name Lot # City of Present Owner Siste ZIP Code State Sat12 809 N. BRADWAY Subdivision Name VII Size No No Construction Name Lot # City of Present Owner Siste ZIP Code Siste No No Stelled & Sealed Weil / Drillhole / Borehole Information Loef(s) removed? Yes No No No Stelled & Sealed Weil / Drillhole / Borehole Information Loef(s) removed?<	County WI U	nique Well # of	Hicap #		Facility Nam	10				
Latitude / Longitude (see instructions) Format Code Mathod Code Pacifity 10 (FID or PWS) 24128280 License/Femil/Monitoring # X / ½ N N Consult License/Femil/Monitoring # X / ½ N Y Section Township Range E Original Well Owner redevelopment Authority of the City of Milwaukee Present Well Owner Redevelopment Authority of the City of Milwaukee Well City, Village or Town Well ZIP Code Maling Address of Fresent Owner State ZIP Code Milwaukee S212 809 N. BROADWAY State ZIP Code Milwaukee Subdivision Name Lot # City of Present Owner State ZIP Code Aptimotic Removal from Service WI Unique Well # of Replacement Well Pump and piping removed? Yes No NA Setted Well / Original Construction Date (mm/ddyyyy) 11/17/2023 Screen removed? Yes No NA Setted (pencity): Geoptobe Formation Edecrock Casaing latetta after 24 hours? Yes No NA Water Weil f a Well Construction Report is available, Otiginal Construction Report is availabl	MILWAUKEE	oved Well			MILWAUK	EE DIE CAST	TING COMPANY (MD	CC) SITE	Ξ	
Laindde / Luingindde (see instructions) N Participation 241222240 Licenser/Permit/Monitoring # Licenser/Permit/Monitoring # ½ /½ N Z Veli Steel Well Street Address 4 7 N Z 4132 N HOLTON ST. Redevelopment Authority of the City of Milwaukee Present Well Owner 4132 N HOLTON ST. Well ZIP Code 809 N. BROADWAY Subdivision Name Lot # City of Present Owner State ZIP Code Milwaukee S3212 809 N. BROADWAY State ZIP Code Subdivision Name Lot # City of Present Owner State ZIP Code Milwaukee S3212 809 N. BROADWAY Via Size N/A Subdivision Name Lot # Veli ZIP Code Siate ZIP Code Milwaukee Size N/A N/A Liner(s) perforted? Yes N/A Yes N/A N/A Liner(s) perfortate? Yes N/A Screener Advelop Ha Well Construction Report is available, please attach. Did material sette atter 24 hours? Yes N/A Xi Droinel			t Codo	Mathed Code	Facility ID (F	ID or PWS)				
N UDU GCR002 License/Permit/Monitoring # ½ /½ N DDM Original Well Owner r Gov/Lot # 4 7 N 22 W Well Street Address 4 7 N 22 W Redevelopment Authority of the City of Milwaukee Well City, Village or Town Well ZIP Code Saling Address of Present Owner State ZIP Code Subdivision Name Lot # City of Present Owner Milwaukee Villog Present Owner Will Size X202 Reason for Removal from Service WI Unique Well # of Replacement Well Pump Ainor(X) Pump Ainor(X) Pump Ainor(X) No NA	Latitude / Longitude (see instruct	ions) Forma		GPS008	241228240)				
					License/Per	mit/Monitoring	g #			
% // % NW % SE Section Township Range E Coriginal Well Owner or Govi Lot # 4 7 N 22 W Redevelopment Authority of the City of Milwaukee Weil Street Address 4 7 N 22 W Redevelopment Authority of the City of Milwaukee 4132 N HOLTON ST. Weil ZIP Code Sale ZIP Code Mailing Address of Present Owner Weil Zity, Vilage or Town Weil ZitP Code Sale ZIP Code Mailing Address of Present Owner Subdivision Name Lot # City of Present Owner State ZIP Code Subdivision Name Lot # City of Present Owner State ZIP Code Subdivision Name Monitoring Section Gasing & Sealing Material Pump ad piping removed? Yes No NA Section Type: 11/17/2023 Construction Report is available, plase attach. Yes No NA Construction Type: Driven (Sandpoint) Dug If a Weil Construction Report is available, plase attach. Yes No NA Side attach. Doriginal Genstruction Report is available, plase attach. Did	W DDM OTH001									
or Gov/Lot # 4 7 N 22 W Redevelopment Authority of the City of Milwaukee Well Street Address 4132 N HOLTON ST. Redevelopment Authority of the City of Milwaukee Well City, Vilage or Town Well ZIP Code Salat Present Well Owner Subdivision Name Lot # City of Present Owner State ZIP Code Subdivision Name Lot # City of Present Owner State ZIP Code Subdivision Name Mol Unique Well # of Replacement Well Pump and piping removed? Yes No State State State ZIP Code Salat Xiva Side State City of Present Owner Ves No Xiva State State State NA Xiva Xiva Side State State State Xiva Xiva Side State State NA Xiva Xiva Monitoring Well 11/17/2023 Yes No <xiva< td=""> Xiva Construction Type: Driven (Sandpoint) Dug Yes No<xiva< td=""> Yores, was hole retopped?<</xiva<></xiva<>	¹ / ₄ / ¹ / ₄ NW ¹ / ₄ SE	Section To	wnship	Range X E	Original We	ll Owner				
Well Street Address Present Well Owner 4132 N HOLTON ST. Redevelopment Authority of the City of Milwaukee Well City, Village or Town Well ZIP Code Milwaukee 53212 Subdivision Name Lot # City of Present Owner State ZIP Code Will Unique Well # of Replacement Well Test boring Original Construction Date (mn/ddyyyy) Monitoring Well Original Construction Report is available, please attach. Construction Type: If a Well Construction Report is available, please attach. Construction Type: Yes Yuinconsolidated Formation Bedrock Formation Type: Centrom Aknow and every the set of th	or Gov't Lot #	4	⁷ N	22 🗌 W	Redevelo	pment Authori	ity of the City of Milwa	ukee		
4132 N HOLTON ST. Redevelopment Authority of the City of Milwaukee Well City, Village or Town Well ZIP Code Milwaukee S212 Subdivision Name Lot # Reason for Removal from Service WI Unique Well # of Replacement Well Test boring WI Unique Well # of Replacement Well Studdivision Name U Unique Well # of Replacement Well Test boring WI Unique Well # of Replacement Well Test boring Original Construction Date (mm/dd/yyyy) Monitoring Well Original Construction Report is available, please attach. So Borehole / Drillhole If a Well Construction Report is available, please attach. Yes No Monitoring Ype: Original Construction Report is available, please attach. Yes No Monitoring Ype: True (Sandpoint) Duther (specify): Geoprobe Formation Type: Yes You consolidated Form Ground Surface (ft.) Casing Daimeter (in.) Soreened & Poured Yes Mull Well Poth From Ground Surface (ft.) Casing Depth (ft.) Sereened & Poured Conductor Pipe-Gravity Conductor Pipe-Pumped Conteret (in.) <td>Well Street Address</td> <td></td> <td></td> <td></td> <td>Present We</td> <td>ll Owner</td> <td></td> <td></td> <td></td> <td></td>	Well Street Address				Present We	ll Owner				
Well City, Village or Town Milwaukee Well ZIP Code 53212 Mailing Address of Present Owner 809 N. BROADWAY Subdivision Name Lot # City of Present Owner Milwaukee XIP Code VI 53202 Reason for Removal from Service Test boring WI Unique Well # of Replacement Well State & Sealed Well / Drillhole / Borehole Information Yes No N/A S Filled & Sealed Well / Drillhole / Borehole Information Original Construction Date (mm/dd/yyy) 11/17/2023 Yes No N/A Water Well If a Well Construction Report is available, please attach. If a well Construction Report is available, please attach. Yes No N/A Construction Type: Did sealing material rise to surface? Yes No N/A Yunconsolidated Formation Bedrock Total Well of Driven (Sandpoint) Dug Did material settle after 24 hours? Yes No N/A Yunconsolidated Formation Bedrock Required Method of Placing Sealing Material Conductor Pipe-Pumped Screened & Poured Yes No N/A Is wail annular space grouted? Yes No Unknown Conductor Pipe-Gravity Conductor Pipe-Pumped Screened & Poured Screened & Poured Screened & Poured Screened	4132 N HOLTON ST.				Redevelo	pment Author	rity of the City of Milwa	aukee		
Milwaukee 53212 809 N BROADWAY Subdivision Name Lot # City of Present Owner State ZIP Code Reason for Removal from Service WI Unique Well # of Replacement Well City of Present Owner Wil \$3202 Reason for Removal from Service WI Unique Well # of Replacement Well Pump and piping removed? Yes No S. Filled & Sealed Well / Drillhole / Borehole Information Original Construction Date (mm/dd/yyyy) Liner(s) removed? Yes No NA Monitoring Well Original Construction Report is available, please attach. The Well construction Report is available, please attach. Screen removed? Yes No NA Construction Type: Thilled Driven (Sandpoint) Dug Did material iset to surface? Yes No NA Muconsolidated Formation Bedrock Required Method of Placing Sealing Material Conductor Pipe-Pumped Total Well annular space grouted? Yes No NA Mase well annular space grouted? Yes No MA Was well annular space grouted? Yes No XiA Required Method of Blacing Sealing Material Conductor Pipe-Pumped Scr	Well City, Village or Town		Well	ZIP Code	Mailing Add	ress of Preser	nt Owner			
Subdivision Name Lot # City of Present Owner State ZIP Code Milwaukee Wi 53202 Reason for Removal from Service WI Unique Well # of Replacement Well Pump and piping removed? Yes No NA 3. Filled & Sealed Well / Drillhole / Borehole Information Original Construction Date (mm/dd/yyyy) Yes No X NA Monitoring Well Original Construction Report is available, please attach. Yes No X NA X Borehole / Drillhole If a Well Construction Report is available, please attach. Yes No X NA Construction Type: If a Well Construction Report is available, please attach. Did sealing material rise to surface? Yes No X NA Midter (specify): Geoprobe Bedrock Required Method of Placing Sealing Material Yes No X NA It bentonite chips Generode / Placing Sealing Material Conductor Pipe-Pumped Screened & Poure? Yes No X NA It bentonite Chips Other (Explain): Conductor Pipe-Pumped Screened & Poure? Yes No X NA It bentonite Chips Other (Explain): Conductor Pipe-Gravity	Milwaukee		532	12	809 N. BF	ROADWAY				
Reason for Removal from Service WI Unique Well # of Replacement Well Milwaukee WI 53202 Reason for Removal from Service WI Unique Well # of Replacement Well 4. Pump, Liner, Screen, Casing & Sealing Material Test boring Original Construction Date (mm/dd/yyyy) Yes No NA Monitoring Well Original Construction Date (mm/dd/yyyy) 11/17/2023 Yes No NA X Borehole / Drillhole If a Well Construction Report is available, please attach. Yes No NA Construction Type: If a Well Construction Dug If sealing material rise to surface? Yes No NA Monitoring the (specify): Geoprobe Drilled Driven (Sandpoint) Dug If yes, was hole retopped? Yes No NA X Unconsolidated Formation Bedrock Required Method of Placing Sealing Material Yes No NA 13 Casing Depth (ft.) Sealing Materials Concrete Sealing Materials Sealing Material Seali	Subdivision Name		Lot #		City of Pres	ent Owner		State	ZIP Code	
Reason for Removal from Service Test boring WI Unique Well # of Replacement Well 					Milwauk	(ee		WI	53202	
Test boring Yes No N/A 3. Filled & Sealed Well / Drillhole / Borehole Information Original Construction Date (mm/dd/yyyy) Yes No N/A Monitoring Well Original Construction Date (mm/dd/yyyy) 11/17/2023 Yes No N/A Water Well If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. Yes No N/A Construction Type: Driled Driven (Sandpoint) Dug Did sealing material rise to surface? Yes No N/A Yes No N/A Did material site after 24 hours? Yes No N/A Other (specify): Geoprobe Formation Type: If sentonite chips were they hydrated with water from a known safe source? Yes No N/A X Unconsolidated Formation Bedrock Required Method of Placing Sealing Material Conductor Pipe-Gravity Conductor Pipe-Pumped 13 Casing Depth (ft.) Casing Depth (ft.) Sealing Materials Neat Cement Grout Concrete Na Was well annular space grouted? Yes No Unknown For Monitoring Wells and Monitoring Well Boreholes	Reason for Removal from Service WI Unique Well # of Replacement Well				4. Pump, Liner, Screen, Casing & Sealing Material					
3. Filled & Sealed Well / Drillhole / Borehole Information Yes No N/A Monitoring Well Original Construction Date (mm/dd/yyyy) Yes No N/A Water Well If a Well Construction Report is available, please attach. Yes No N/A Construction Type: If a Well Construction Report is available, please attach. Yes No N/A Construction Type: If a Well Construction Dug If yes, was casing cut off below surface? Yes No N/A Construction Type: Geoprobe Other (specify): Geoprobe Yes No N/A Yes Unconsolidated Formation Bedrock Required Method of Placing Sealing Material Yes No N/A Total Well Depth From Ground Surface (ft.) Casing Depth (ft.) Screened & Poured Other (Explain): Screened & Poured Screenet Grout Scre	Test boring					a piping remov	ved?		jYes ∐NO]Ves ∏Ne	
Monitoring Well Original Construction Date (mm/dd/yyyy) Lifte(s) periorated? Pres No N/A Water Well If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. Yes No N/A Construction Type: If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. Was casing cut off below surface? Yes No N/A Construction Type: Dilled Driven (Sandpoint) Dug If estimate atte after 24 hours? Yes No N/A Formation Type: K Unconsolidated Formation Bedrock Required Method of Placing Sealing Material Yes No N/A 13 Conductor Pipe-Gravity Conductor Pipe-Gravity Conductor Pipe-Pumped Screened & Poured Screened & Poured Screened & Concrete Sand-Cement (Concrete) Grout Bentonite Chips For Monitoring Wells and Monitoring Well Boreholes Only: For Monitoring Wells and Monitoring Well Boreholes Only: For Monitoring Wells and Monitoring Well Boreholes Only: Screenet Grout Sand-Cement Grout Sentonite Chips For Monitoring Wells and Monitoring Well Boreholes Only: For Monitoring Wells and Monitoring Wells Conductor Pipe-Sand Slurry Nix Ratio or	3. Filled & Sealed Well / D	illhole / Boreho	le Infori	mation	Liner(s) r	emoved?			jYes ∐NO]Vee ∏Ne	
11/17/2023 It a Well Construction Report is available, please attach. It a Well Construction Report is available, please attach. It a Well Construction Report is available, please attach. Casing left in place? Yes No XNA Construction Type: It a Well Construction Type: It a Well Construction I Dug It a Well Construction Report is available, please attach. Was casing cut off below surface? Yes No XNA Construction Type: It a Well Construction Type: It a well anaterial rise to surface? Yes No XNA Formation Type: It due to figure the thore of the	Monitoring Well	Monitoring Well Original Construction Date (mm/dd/yyyy) 11/17/2023				moved?				
Water Weil If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. If a Well Construction Report is available, please attach. If a Well construction Report is available, please attach. If a Well construction Report is available, please attach. If a well construction Report is available, please attach. If a well construction Report is available, please attach. If a well construction Report is available, please attach. If a well construction Report is available, please attach. If a well construction Report is available, please attach. If a well construction Report is available, please attach. If avail attach is a ttach is available, please attach. If avail attacons attaconsection Report is available, please attach						ft in place2				
X Bolefiole / Difinitiole please attach. Yes No N/A Construction Type: Did sealing material rise to surface? Yes No N/A Did sealing material rise to surface? Yes No N/A Did sealing material rise to surface? Yes No N/A Did sealing material rise to 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 Did material settle after 24 hours? Yes No N/A Formation Type: If bentonite chips were used, were they hydrated with water from a known safe source? Yes No X/A Total Well Depth From Ground Surface (ft.) Casing Diameter (in.) Screened & Poured (Bentonite Chips) Other (Explain): Screened & Poured (Bentonite Chips) Other (Explain): Screened & Poured (Bentonite Chips) No No N/A Lower Drillhole Diameter (in.) Casing Depth (ft.) Sealing Materials Neat Cement Grout Concrete Sand-Cement (Concrete) Grout Bentonite Chips Bentonite Chips Bentonite Chips Bentonite Chips <		If a Well Construction Report is available,								
Constituction Type: Driven (Sandpoint) Dug Other (specify): Geoprobe Geoprobe Formation Type: If yes, was hole retopped? Yes X Unconsolidated Formation Bedrock Total Well Depth From Ground Surface (ft.) Casing Diameter (in.) 13 Conductor Pipe-Gravity Conductor Pipe-Pumped Screened & Poured (Bentonite Chips) Other (Explain): Sealing Materials Was well annular space grouted? Yes No Unknown If yes, to what depth (feet)? Depth to Water (feet) Depth to Water (feet) Bentonite Chips Screened to prove (Grout Lange Conductor Pipe) Depth to Water (feet) Bentonite Chips Bentonite Chips For Monitoring Wells and Monitoring Well Boreholes Only: Bentonite Chips Bentonite - Cement Grout Streenet Grout Screeneit Chips Bentonite Chips Bentonite Chips Bentonite - Sand Slurry		please attach.			Did soalir	ng cut on beid	o to surface?]Yes ∐No]Yes ∏No	
X Drilled Driven (Sandpoint) Dug It was hole retopped? It is x It of a constraint of the ise is the ise ise ise ise is the ise ise ise is the ise ise ise is the ise ise ise ise		(2 1 1 1 1			Did seall	rial settle after	24 hours?			
Other (specify): Geoprobe In yes, to what depth (feet)? In yes, to what depth (f	X Drilled Driven	(Sandpoint)		9	If ves	was hole ret	opped?			
Formation Type: with water from a known safe source? Yes No X N/A X Unconsolidated Formation Bedrock Required Method of Placing Sealing Material Total Well Depth From Ground Surface (ft.) Casing Diameter (in.) Conductor Pipe-Gravity Conductor Pipe-Pumped 13 Screened & Poured Other (Explain): Other (Explain): Lower Drillhole Diameter (in.) Casing Depth (ft.) Sealing Materials Was well annular space grouted? Yes No Unknown If yes, to what depth (feet)? Depth to Water (feet) Bentonite Chips Bentonite - Cement Grout NA Granular Bentonite Bentonite - Sand Slurry 5. Material Used to Fill Well / Drillhole From (ft.) No. Yards, Sacks Sealant or Mix Ratio or	Other (specify): Geoprob	9			If bentoni	te chips were	used, were they hydra	ated		
X Unconsolidated Formation Bedrock Required Method of Placing Sealing Material Total Well Depth From Ground Surface (ft.) Casing Diameter (in.) Conductor Pipe-Gravity Conductor Pipe-Pumped 13 Screened & Poured (Bentonite Chips) Other (Explain):	Formation Type:				with wate	r from a know	n safe source?		Yes No	X N/A
Total Well Depth From Ground Surface (ft.) Casing Diameter (in.) Conductor Pipe-Gravity Conductor Pipe-Pumped 13 Screened & Poured (Bentonite Chips) Other (Explain): Lower Drillhole Diameter (in.) Casing Depth (ft.) Sealing Materials Was well annular space grouted? Yes No Unknown If yes, to what depth (feet)? Depth to Water (feet) NA Depth to Water (feet) NA Entonite Chips Bentonite - Cement Grout Bentonite - Cement Grout S. Material Used to Fill Well / Drillhole Erom (ft) To (ft) No. Yards, Sacks Sealant or	X Unconsolidated Formation	Bed	rock		Required M	ethod of Placin	ng Sealing Material			
13 Screened & Poured (Bentonite Chips) Other (Explain): Lower Drillhole Diameter (in.) Casing Depth (ft.) Sealing Materials Was well annular space grouted? Yes No Unknown If yes, to what depth (feet)? Depth to Water (feet) NA Depth to Water (feet) NA Bentonite Chips 5. Material Used to Fill Well / Drillhole Erom (ft) To (ft) No. Yards, Sacks Sealant or Mix Ratio or	Total Well Depth From Ground S	urface (ft.) Casing	Diamete	r (in.)	Conductor Pipe-Gravity Conductor Pipe-Pumped					
Lower Drillhole Diameter (in.) Casing Depth (ft.) Sealing Materials Was well annular space grouted? Yes No Unknown Was well annular space grouted? Yes No Unknown If yes, to what depth (feet)? Depth to Water (feet) Bentonite Chips Bentonite - Cement Grout Material Used to Fill Well / Drillhole Erom (ft.) To (ft.) No. Yards, Sacks Sealant or Mix Ratio or	13				Screened & Poured Other (Explain):					
Was well annular space grouted? Yes No Unknown If yes, to what depth (feet)? Depth to Water (feet) NA Depth to Water (feet) NA Depth to Water (feet) NA Bentonite Chips Bentonite - Cement Grout 5. Material Used to Fill Well / Drillhole Erom (ft) To (ft) No. Yards, Sacks Sealant or Mix Ratio or	Lower Drillhole Diameter (in.)	Casing	Depth (ft)	Sealing Mat	erials				
Was well annular space grouted? Yes No Unknown If yes, to what depth (feet)? Depth to Water (feet) NA Depth to Water (feet) NA Bentonite Chips Bentonite - Cement Grout 5. Material Used to Fill Well / Drillhole Erom (ft) To (ft) No. Yards, Sacks Sealant or Mix Ratio or					Neat C	Cement Grout		Concrete	;	
Was well annular space grouted? Yes No Unknown If yes, to what depth (feet)? Depth to Water (feet) Bentonite Chips Bentonite - Cement Grout NA Granular Bentonite Bentonite Sacks Sealant or Mix Ratio or					Sand-	Cement (Cond	crete) Grout	Bentonite	e Chips	
If yes, to what depth (feet)? Depth to Water (feet) Bentonite Chips Bentonite - Cement Grout NA Granular Bentonite Bentonite - Sand Slurry 5. Material Used to Fill Well / Drillhole From (ft.) To (ft.) No. Yards, Sacks Sealant or Mix Ratio or	Was well annular space grouted?	Yes	No	Unknown	For Monitor	ing Wells and	Monitoring Well Borel	holes Oni	ly:	
NA Granular Bentonite Bentonite - Sand Slurry 5. Material Used to Fill Well / Drillhole From (ft.) To (ft.) No. Yards, Sacks Sealant or Mix Ratio or	If yes, to what depth (feet)?	Depth to Wa	ter (feet)		Bento	nite Chips	Benton	ite - Cerr	ent Grout	
5. Material Used to Fill Well / Drillhole		NA			Granu	lar Bentonite	Benton	ite - San	d Slurry	
	5. Material Used to Fill We	ll / Drillhole			From (ft.)	To (ft.)	No. Yards, Sacks S	ealant or	Mix Ra	tio or
Bentonite Granules Surface 13 0.5 bag	Bentonite Granules				Surface	13	0.5 bad	one	IVIUG VV	reigni
						10				
6. Comments	6. Comments				1					

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License #		e #	Date of Filling & Sealing or Verification		Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/22/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092		1	2.2	/25/2024
				V	0	
Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:		
Verification Only of	Fill and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment
I-34		Waste Manageme	nt Other:	
1. Well Location Inform	ation		2. Facility / Owner Information	
County W	/I Unique Well # of	Hicap #	Facility Name	
MILWAUKEE	emoved Well		MILWAUKEE DIE CASTING COMPANY	Y (MDCC) SITE
Latituda / Langituda (coo inst		t Codo Mothod Codo	Facility ID (FID or PWS)	
Lallique / Longlique (see linsi			241228240	
	N [[] W [[]	DDM	License/Permit/Monitoring #	
¹ / ₄ / ¹ / ₄ NW ¹ / ₄ SE	Section To	wnship Range X E	Original Well Owner	
or Gov't Lot #	4	7 N 22 W	Redevelopment Authority of the City of	Milwaukee
Well Street Address			Present Well Owner	
4132 N HOLTON ST.			Redevelopment Authority of the City of	Milwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner	
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner	State ZIP Code
			Milwaukee	WI 53202
Reason for Removal from Se	rvice WI Unique W	ell # of Replacement Well	4. Pump, Liner, Screen, Casing &	Sealing Material
Test boring			Pump and piping removed?	Yes No X N/A
3. Filled & Sealed Well	/ Drillhole / Boreho	le Information	Liner(s) removed?	
Monitoring Well	Original Construct	tion Date (mm/dd/yyyy)	Liner(s) perforated?	
	11/20/2023		Screen removed?	
	If a Well Constru	ction Report is available,		
	please attach.		Was casing cut off below surface?	
			Did sealing material rise to surface?	
	ven (Sandpoint)	Dug	If yes was hole retorned?	
Other (specify): Geop	robe		If bentonite chips were used, were they	v hydrated
Formation Type:			with water from a known safe source?	Yes No X N/A
X Unconsolidated Formati	on 🗌 Bed	rock	Required Method of Placing Sealing Mate	rial
Total Well Depth From Groun	d Surface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Condu	ictor Pipe-Pumped
13			Screened & Poured Other Other	(Explain):
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials	
			Neat Cement Grout	Concrete
			Sand-Cement (Concrete) Grout	X Bentonite Chips
Was well annular space groute	ed? Yes	No Unknown	For Monitoring Wells and Monitoring Well	Boreholes Only:
If yes, to what depth (feet)?	Depth to Wa	iter (feet)	Bentonite Chips B	entonite - Cement Grout
	NA		Granular Bentonite	entonite - Sand Slurry
5. Material Used to Fill	Well / Drillhole		From (ft.) To (ft.) No. Yards, Sa	cks Sealant or Mix Ratio or Circle one) Mud Weight
Bentonite Granules			Surface 13 0.5 bag	
6. Comments				

7. Supervision of Work				DNR Use Only		
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/20/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092			2.2	/25/2024
				P	U	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:		
Verification Only of Fil	l and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment
I-35		Waste Manageme	nt Other:	—
1. Well Location Information	on		2. Facility / Owner Information	
County WI Ur	ique Well # of	Hicap #	Facility Name	
MILWAUKEE	ved Well		MILWAUKEE DIE CASTING COMPAN	Y (MDCC) SITE
Latitudo / Longitudo (soo instructi	one) Format	Codo Mothod Codo	Facility ID (FID or PWS)	
Latitude / Longitude (see instructi			241228240	
		DDM	License/Permit/Monitoring #	
1/4 / 1/4 NW 1/4 SE	Section Tow	nship Range X E	Original Well Owner	
or Gov't Lot #	4 7	N 22 W	Redevelopment Authority of the City of	Milwaukee
Well Street Address			Present Well Owner	
4132 N HOLTON ST.			Redevelopment Authority of the City of	f Milwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner	
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner	State ZIP Code
			Milwaukee	WI 53202
Reason for Removal from Service	e WI Unique Wel	I # of Replacement Well	4. Pump, Liner, Screen, Casing 8	Sealing Material
Test boring			Pump and piping removed?	
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?	
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?	
	11/20/2023		Casing left in place?	
	If a Well Construct	ion Report is available,	- Casing left in place?	
	please attach.		Did appling material rise to surface?	
		—	Did sealing material rise to surface?	
	(Sandpoint)	Dug	If yes was hole retonned?	
Other (specify): Geoprobe)		If bentonite chips were used, were the	y hydrated
Formation Type:			with water from a known safe source?	Yes No X N/A
X Unconsolidated Formation	Bedro	ock	Required Method of Placing Sealing Mate	erial
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Condu	uctor Pipe-Pumped
13			Screened & Poured Other Other	(Explain):
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials	
			Neat Cement Grout	Concrete
			Sand-Cement (Concrete) Grout	X Bentonite Chips
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring Wel	l Boreholes Only:
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout
	NA		Granular Bentonite	Bentonite - Sand Slurry
5. Material Used to Fill We	I / Drillhole		From (ft.) To (ft.) No. Yards, Sa	acks Sealant or Mix Ratio or circle one) Mud Weight
Bentonite Granules			Surface 13 0.5 bag	
6. Comments				

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dd	l/yyyy) 11/20/2023		
Street or Route				Telephone Number	Comments	·
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2.2	1/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:						
Verification Only of E	ill and Seal	Drinking Water		Watershed/V	Vastewater X	Remedia	ation/Redevelopme	ent
I-36		Waste Manageme	ent	Other:	_			
1. Well Location Informati	ion		2. Facility	/ Owner In	formation			
County WI U	Inique Well # of	Hicap #	Facility Nam	e				
MILWAUKEE	oved Well		MILWAUK	EE DIE CAST	TING COMPANY (MD	CC) SITE		
Latitude / Longitude (see instruc	tions) Forma	t Code Method Code	Facility ID (F	ID or PWS)				
Latitude / Longitude (see instruc			241228240					
	N w	DDM SCR002	License/Per	mit/Monitoring	j #			
1/4 / 1/4 NW 1/4 SE	Section To	wnship Range X F	Original We	l Owner				
or Gov't Lot #	4	7 N 22 W	Redevelo	pment Author	ity of the City of Milwa	ukee		
Well Street Address			Present We	l Owner				
4132 N HOLTON ST.			Redevelo	pment Author	rity of the City of Milwa	ukee		
Well City, Village or Town		Well ZIP Code	Mailing Add	ress of Presei	nt Owner			
Milwaukee		53212	809 N. BF	ROADWAY				
Subdivision Name		Lot #	City of Pres	ent Owner		State	ZIP Code	
			Milwauk	kee		WI	53202	
Reason for Removal from Service	ce WI Unique We	ell # of Replacement Well	4. Pump,	Liner, Scre	en, Casing & Sea	ling Mate	erial	
Test boring			Pump and	d piping remo	ved?			N/A
3. Filled & Sealed Well / D	rillhole / Boreho	le Information	Liner(s) re	emoved?				N/A
Monitoring Well	Original Construct	ion Date (mm/dd/yyyy)	Liner(s) p	errorated?		Ц Ц		N/A
	11/20/2023		Screen re	ft in place?		ים		N/A
	If a Well Construct	ction Report is available,						
	please attach.		Did coolir	ng cut on beit	o to surface?			
	<i></i>	— -	Did seall	rial sattla aftai	24 hours?			
	(Sandpoint)	Dug	lf ves	was hole ret	opped?			
Other (specify): Geoprob	0e		If bentoni	te chips were	used, were they hydra	ated		N/ A
Formation Type:			with wate	r from a know	n safe source?	\	′es ∐No XI	N/A
X Unconsolidated Formation	Bed	rock	Required Me	ethod of Placi	ng Sealing Material			
Total Well Depth From Ground S	Surface (ft.) Casing	Diameter (in.)	Condu	ctor Pipe-Gra	vity Conductor F	'ipe-Pumpe	əd	
14			X Screen (Bento	ned & Poured inite Chips)	Other (Expla	iin):		
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Mat	erials				
			Neat C	Cement Grout		Concrete		
			Sand-	Cement (Con	crete) Grout	Bentonite	Chips	
Was well annular space grouted?	Yes	No Unknown	For Monitori	ng Wells and	Monitoring Well Borel	noles Only.	-	
If yes, to what depth (feet)?	Depth to Wa	ter (feet)	Bentor	nite Chips	Benton	ite - Ceme	nt Grout	
	NA		Granu	lar Bentonite	Benton	ite - Sand	Slurry	
5. Material Used to Fill We	ell / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks So Volume (circle	ealant or one)	Mix Ratio or Mud Weight	
Bentonite Granules			Surface	14	0.5 bag			
6. Comments								

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dd	l/yyyy) 11/20/2023		
Street or Route				Telephone Number	Comments	·
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2.2	1/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:		
Verification Only of Fil	l and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment
I-37		Waste Manageme	nt Other:	—
1. Well Location Information	on		2. Facility / Owner Information	
County WI Ur	ique Well # of	Hicap #	Facility Name	
MILWAUKEE	ved Well		MILWAUKEE DIE CASTING COMPAN	Y (MDCC) SITE
Latitudo / Longitudo (soo instructi	one) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)	
Latitude / Longitude (see instructi			241228240	
		DDM	License/Permit/Monitoring #	
1/4 / 1/4 NW 1/4 SE	Section Tov	Inship Range X F	Original Well Owner	
or Gov't Lot #	4 7	22 W	Redevelopment Authority of the City of	Milwaukee
Well Street Address			Present Well Owner	
4132 N HOLTON ST.			Redevelopment Authority of the City of	f Milwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner	
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner	State ZIP Code
			Milwaukee	WI 53202
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casing &	& Sealing Material
Test boring		_ — — —	Pump and piping removed?	Yes No X N/A
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?	
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?	
	11/20/2023		Screen removed?	
	If a Well Construct	ion Report is available,		
X Borehole / Drillhole	please attach.		Was casing cut off below surface?	Yes No X N/A
Construction Type:		_	Did sealing material rise to surface?	
X Drilled Driven	(Sandpoint)	Dug	Did material settle after 24 hours?	
Other (specify): Geoprobe)		If bentonite chips were used, were the	v hydrated
Formation Type:			with water from a known safe source?	
X Unconsolidated Formation	Bedro	ock	Required Method of Placing Sealing Mate	erial
Total Well Depth From Ground Se	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Condu	uctor Pipe-Pumped
15			Screened & Poured Other Other	(Explain):
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials	
			Neat Cement Grout	Concrete
			Sand-Cement (Concrete) Grout	X Bentonite Chips
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring Wel	l Boreholes Only:
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout
	NA		Granular Bentonite	Bentonite - Sand Slurry
5. Material Used to Fill We	II / Drillhole		From (ft.) To (ft.) No. Yards, Sa	acks Sealant or Mix Ratio or circle one) Mud Weight
Bentonite Granules			Surface 15 0.5 bag	
6. Comments				

7. Supervision of Work				DNR Use Only		
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/20/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092			2.2	/25/2024
				P	U	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:		
Verification Only of Fi	ll and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment
I-38		Waste Manageme	nt Other:	
1. Well Location Information	on		2. Facility / Owner Information	
County WI Ur	nique Well # of	Hicap #	Facility Name	
MILWAUKEE	oved Well		MILWAUKEE DIE CASTING COMPAN	Y (MDCC) SITE
Latitudo / Longitudo (soo instruct	(onc) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)	
Latitude / Longitude (see instructi			241228240	
		DDM	License/Permit/Monitoring #	
1/4 / 1/4 NW 1/4 SE	Section Tov	Inship Range X F	Original Well Owner	
or Gov't Lot #	4 7		Redevelopment Authority of the City of	fMilwaukee
Well Street Address			Present Well Owner	
4132 N HOLTON ST.			Redevelopment Authority of the City o	f Milwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner	
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner	State ZIP Code
			Milwaukee	WI 53202
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casing &	& Sealing Material
Test boring		_ — — —	Pump and piping removed?	
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?	
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?	
	11/20/2023		Screen removed?	
	If a Well Construct	ion Report is available,		
X Borehole / Drillhole	please attach.		Was casing cut off below surface?	
Construction Type:		_	Did sealing material rise to surface?	
X Drilled Driven	(Sandpoint)	Dug	Did material settle after 24 hours?	
Other (specify): Geoprobe	9		If bentonite chips were used, were the	v bydrated
Formation Type:			with water from a known safe source?	
X Unconsolidated Formation	Bedr	ock	Required Method of Placing Sealing Mate	erial
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Cond	uctor Pipe-Pumped
15			Screened & Poured (Bentonite Chips)	(Explain):
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials	
			Neat Cement Grout	Concrete
			Sand-Cement (Concrete) Grout	X Bentonite Chips
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring We	ll Boreholes Only:
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout
	NA		Granular Bentonite	Bentonite - Sand Slurry
5. Material Used to Fill We	ll / Drillhole		From (ft.) To (ft.) No. Yards, Sa	acks Sealant or Mix Ratio or (circle one) Mud Weight
Bentonite Granules			Surface 15 0.5 bag	
6. Comments				

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dd	l/yyyy) 11/20/2023		
Street or Route				Telephone Number	Comments	·
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2.1	1/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:		
Verification Only of Fil	l and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment
I-39		Waste Manageme	nt Other:	
1. Well Location Informatio	on		2. Facility / Owner Information	
County WI Ur	nique Well # of	Hicap #	Facility Name	
MILWAUKEE	oved Well		MILWAUKEE DIE CASTING COMPAN	Y (MDCC) SITE
Latitudo / Longitudo (soo instruct	one) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)	
Latitude / Longitude (see instructi			241228240	
		DDM	License/Permit/Monitoring #	
1/4 / 1/4 NW 1/4 SE	Section Tov	Inship Range X F	Original Well Owner	
or Gov't Lot #	4 7		Redevelopment Authority of the City of	Milwaukee
Well Street Address			Present Well Owner	
4132 N HOLTON ST.			Redevelopment Authority of the City of	Milwaukee
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner	
Milwaukee		53212	809 N. BROADWAY	
Subdivision Name		Lot #	City of Present Owner	State ZIP Code
			Milwaukee	WI 53202
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casing &	Sealing Material
Test boring		_ — — —	Pump and piping removed?	Yes No X N/A
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?	Yes No XN/A
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?	Yes No AN/A
	11/20/2023		Screen removed?	
	If a Well Construct	ion Report is available,		
X Borehole / Drillhole	please attach.		Was casing cut off below surface?	Yes No X N/A
Construction Type:			Did sealing material rise to surface?	
X Drilled Driven	(Sandpoint)	Dug	Did material settle after 24 hours?	
Other (specify): Geoprobe	9		If bentonite chips were used were they	
Formation Type:			with water from a known safe source?	Yes No XN/A
X Unconsolidated Formation	Bedr	ock	Required Method of Placing Sealing Mate	erial
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Condu	uctor Pipe-Pumped
13			Screened & Poured Other Other	(Explain):
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials	
			Neat Cement Grout	
			Sand-Cement (Concrete) Grout	X Bentonite Chips
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring Well	l Boreholes Only:
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout
	NA		Granular Bentonite	Bentonite - Sand Slurry
5. Material Used to Fill We	ll / Drillhole		From (ft.) To (ft.) No. Yards, Sa	acks Sealant or Mix Ratio or circle one) Mud Weight
Bentonite Granules			Surface 13 0.5 bag	
6. Comments				

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dc	l/yyyy) 11/22/2023		
Street or Route				Telephone Number	Comments	·
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2.1	1/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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	•	Route to DNR Bureau:					
Verification Only of Fi	ll and Seal	Drinking Water	Watershed/Wastewater X Remediation/Redevelopment				
I-40		Waste Manageme	ent Other:				
1. Well Location Information	on		2. Facility / Owner Information				
County WI U	nique Well # of	Hicap #	Facility Name				
MILWAUKEE	oved Well		MILWAUKEE DIE CASTING COMPA	NY (MDCC) SITE			
Latitudo / Longitudo (soo instruct	ions) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)				
Latitude / Longitude (see instruct			241228240				
		DDM SCR002	License/Permit/Monitoring #				
1/4 / 1/4 NW 1/4 SE	Section Tov	vnship Range X E	Original Well Owner				
or Gov't Lot #	4 7	′ _N 22 ∏ W	Redevelopment Authority of the City	of Milwaukee			
Well Street Address			Present Well Owner				
4132 N HOLTON ST.			Redevelopment Authority of the City	of Milwaukee			
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner				
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner	State ZIP Code			
			Milwaukee	WI 53202			
Reason for Removal from Servic	e WI Unique We	II # of Replacement Well	4. Pump, Liner, Screen, Casing	& Sealing Material			
Test boring			Pump and piping removed?	Yes No XN/A			
3. Filled & Sealed Well / Di	illhole / Borehol	e Information	Liner(s) removed?	Yes No ANA			
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?				
	11/21/2023		Screen removed?				
	If a Well Construct	ion Report is available,	- Casing left in place ?				
	please attach.		Did soaling material rise to surface?				
	<i></i>	— -	Did material settle after 24 hours?				
X Drilled Driven	(Sandpoint)	Dug	If yes, was hole retopped?				
Other (specify): Geoprob	9		If bentonite chips were used, were the	ney hydrated			
Formation Type:			with water from a known safe source	,? ∐Yes ∐No X_N/A			
X Unconsolidated Formation	Bedr	ock	Required Method of Placing Sealing Ma	aterial			
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Cor	ductor Pipe-Pumped			
17			Screened & Poured Oth Oth	er (Explain):			
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials				
			Neat Cement Grout	Concrete			
	I		Sand-Cement (Concrete) Grout	X Bentonite Chips			
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring W	'ell Boreholes Only:			
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout			
	NA		Granular Bentonite	Bentonite - Sand Slurry			
5. Material Used to Fill We	ll / Drillhole		From (ft.) To (ft.) No. Yards, Volume	Sacks Sealant or Mix Ratio or e (circle one) Mud Weight			
Bentonite Granules			Surface 17 0.5 bag				
6. Comments							

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Date		Date of Filling & Sealing or Verification		Date Received	Noted By	
Geosyntec Consultants - Dave Zolp			(mm/dd	l/yyyy) 11/21/2023		
Street or Route			Telephone Number	Comments		
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2.2	1/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:					
Verification Only of Fi	ll and Soal	Drinking Water	Watershed/Wastewater X Remediation/Redevelopment				
I-41		Waste Manageme	nt Other:				
1. Well Location Information	on		2. Facility / Owner Information				
County WI Ur	nique Well # of	Hicap #	Facility Name				
MILWAUKEE	oved Well		MILWAUKEE DIE CASTING COMPAN	Y (MDCC) SITE			
Latitudo / Longitudo (soo instruct	(onc) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)				
Latitude / Longitude (see instructi			241228240				
	N	DDM	License/Permit/Monitoring #				
1/4 / 1/4 NW 1/4 SE	Section Tov	Inship Range X F	Original Well Owner				
or Gov't Lot #	4 7	22 W	Redevelopment Authority of the City of	Milwaukee			
Well Street Address			Present Well Owner				
4132 N HOLTON ST.			Redevelopment Authority of the City of	f Milwaukee			
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner				
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner	State ZIP Code			
			Milwaukee	WI 53202			
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casing &	Sealing Material			
Test boring		_ — — —	Pump and piping removed?	Yes No X N/A			
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?	Yes No XN/A			
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?				
	11/21/2023		Screen removed?				
	If a Well Construct	ion Report is available,					
X Borehole / Drillhole	please attach.		Was casing cut off below surface?	Yes No X N/A			
Construction Type:		_	Did sealing material rise to surface?				
X Drilled Driven	(Sandpoint)	Dug	Did material settle after 24 hours?				
Other (specify): Geoprobe	9		If bentonite chips were used, were they				
Formation Type:			with water from a known safe source?	Yes No XN/A			
X Unconsolidated Formation	Bedr	ock	Required Method of Placing Sealing Mate	erial			
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Condu	uctor Pipe-Pumped			
13			Screened & Poured Other Other	(Explain):			
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials				
			Neat Cement Grout				
			Sand-Cement (Concrete) Grout	X Bentonite Chips			
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring Wel	l Boreholes Only:			
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout			
	NA		Granular Bentonite	Bentonite - Sand Slurry			
5. Material Used to Fill We	II / Drillhole		From (ft.) To (ft.) No. Yards, Sa	acks Sealant or Mix Ratio or circle one) Mud Weight			
Bentonite Granules			Surface 13 0.5 bag				
6. Comments							

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Date of		Filling & Sealing or Verification	Date Received	Noted By		
Geosyntec Consultants - Dave Zolp			(mm/dd	l/yyyy) 11/21/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092		1	2.2	/25/2024
				P	U	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:					
Verification Only of Fil	l and Seal	Drinking Water	Watershed/Wastewater X Remediation/Redevelopment				
I-42		Waste Manageme	nt Other:				
1. Well Location Informatio	on		2. Facility / Owner Information				
County WI Ur	nique Well # of	Hicap #	Facility Name				
MILWAUKEE	oved Well		MILWAUKEE DIE CASTING COMPAN	Y (MDCC) SITE			
Latitudo / Longitudo (soo instruct	one) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)				
Latitude / Longitude (see instructi			241228240				
		DDM	License/Permit/Monitoring #				
1/4 / 1/4 NW 1/4 SE	Section Tov	Inship Range X F	Original Well Owner				
or Gov't Lot #	4 7		Redevelopment Authority of the City of	Milwaukee			
Well Street Address			Present Well Owner				
4132 N HOLTON ST.			Redevelopment Authority of the City of	f Milwaukee			
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner				
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner	State ZIP Code			
			Milwaukee	WI 53202			
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casing 8	& Sealing Material			
Test boring			Pump and piping removed?				
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?				
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?				
	11/21/2023		Casing left in place?				
	If a Well Construct	ion Report is available,	- Casing left in place?				
	please attach.		Vias casing cut on below surface?				
			Did sealing material rise to surface?				
	(Sandpoint)	Dug	If yes, was hole retonned?				
Other (specify): Geoprobe	9		If bentonite chips were used, were the	y hydrated			
Formation Type:			with water from a known safe source?	Yes No X N/A			
X Unconsolidated Formation	Bedro	ock	Required Method of Placing Sealing Mate	erial			
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Condu	uctor Pipe-Pumped			
15			Screened & Poured Other Other	(Explain):			
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials				
			Neat Cement Grout	Concrete			
	I		Sand-Cement (Concrete) Grout	X Bentonite Chips			
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring Wel	l Boreholes Only:			
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout			
	NA		Granular Bentonite	Bentonite - Sand Slurry			
5. Material Used to Fill We	II / Drillhole		From (ft.) To (ft.) No. Yards, Sa	acks Sealant or Mix Ratio or (circle one) Mud Weight			
Bentonite Granules			Surface 15 0.5 bag				
6. Comments							

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Date of the Date of t		Filling & Sealing or Verification	Date Received	Noted By		
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/22/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092		1	2.2	/25/2024
				P	U	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:					
Verification Only of Fi	ll and Seal	Drinking Water	Watershed/Wastewater X Remediation/Redevelopment				
I-43		Waste Manageme	nt Other:				
1. Well Location Information	on		2. Facility / Owner Information				
County WI U	nique Well # of	Hicap #	Facility Name				
MILWAUKEE	oved Well		MILWAUKEE DIE CASTING COMPAN	Y (MDCC) SITE			
Latitudo / Longitudo (soo instruct	(onc) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)				
Latitude / Longitude (see instruct			241228240				
		DDM	License/Permit/Monitoring #				
¹ / ₄ / ¹ / ₄ NW ¹ / ₄ SE	Section Tov	Inship Range X E	Original Well Owner				
or Gov't Lot #	4 7	22 W	Redevelopment Authority of the City of	Milwaukee			
Well Street Address			Present Well Owner				
4132 N HOLTON ST.			Redevelopment Authority of the City o	f Milwaukee			
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner				
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner	State ZIP Code			
			Milwaukee	WI 53202			
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casing 8	& Sealing Material			
Test boring			Pump and piping removed?				
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?				
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?				
	11/21/2023		Screen removed?				
	If a Well Construct	ion Report is available,	- Casing left in place?				
	please attach.		Was casing cut off below surface?				
		_	Did sealing material rise to surface?				
X Drilled Driven	(Sandpoint)	Dug	If yes, was hole retonned?				
Other (specify): <u>Geoprobe</u>	9		If bentonite chips were used, were the	y hydrated			
Formation Type:			with water from a known safe source?	Yes No X N/A			
X Unconsolidated Formation	Bedr	ock	Required Method of Placing Sealing Mate	erial			
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Cond	uctor Pipe-Pumped			
15			Screened & Poured Other (Bentonite Chips)	(Explain):			
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials				
			Neat Cement Grout				
			Sand-Cement (Concrete) Grout	X Bentonite Chips			
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring Well	ll Boreholes Only:			
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout			
	NA		Granular Bentonite	Bentonite - Sand Slurry			
5. Material Used to Fill We	II / Drillhole		From (ft.) To (ft.) No. Yards, Sa	acks Sealant or Mix Ratio or (circle one) Mud Weight			
Bentonite Granules			Surface 15 0.5 bag				
6. Comments							

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Date of		Filling & Sealing or Verification	Date Received	Noted By		
Geosyntec Consultants - Dave Zolp			(mm/dd	l/yyyy) 11/21/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092		1	2.2	/25/2024
				P	U	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:					
Verification Only of Fil	l and Seal	Drinking Water	Watershed/Wastewater X Remediation/Redevelopment				
I-44		Waste Manageme	nt Other:				
1. Well Location Informatio	on		2. Facility / Owner Information				
County WI Ur	nique Well # of	Hicap #	Facility Name				
MILWAUKEE	oved Well		MILWAUKEE DIE CASTING COMPAN	Y (MDCC) SITE			
Latitudo / Longitudo (soo instruct	one) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)				
Latitude / Longitude (see instructi			241228240				
		DDM	License/Permit/Monitoring #				
1/4 / 1/4 NW 1/4 SE	Section Tov	Inship Range X F	Original Well Owner				
or Gov't Lot #	4 7		Redevelopment Authority of the City of	Milwaukee			
Well Street Address			Present Well Owner				
4132 N HOLTON ST.			Redevelopment Authority of the City of	f Milwaukee			
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner				
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner	State ZIP Code			
			Milwaukee	WI 53202			
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casing 8	Sealing Material			
Test boring		_ — — —	Pump and piping removed?	Yes No X N/A			
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?	Yes No XN/A			
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?				
	11/21/2023		Screen removed?				
	If a Well Construct	ion Report is available,					
X Borehole / Drillhole	please attach.		Was casing cut off below surface?	Yes No X N/A			
Construction Type:			Did sealing material rise to surface?				
X Drilled Driven	(Sandpoint)	Dug	Did material settle after 24 hours?				
Other (specify): Geoprobe	9		If bentonite chips were used, were they				
Formation Type:			with water from a known safe source?	Yes No XN/A			
X Unconsolidated Formation	Bedr	ock	Required Method of Placing Sealing Mate	erial			
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Condu	uctor Pipe-Pumped			
13			Screened & Poured Other Other	(Explain):			
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials				
			Neat Cement Grout				
			Sand-Cement (Concrete) Grout	X Bentonite Chips			
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring Well	l Boreholes Only:			
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout			
	NA		Granular Bentonite	Bentonite - Sand Slurry			
5. Material Used to Fill We	II / Drillhole		From (ft.) To (ft.) No. Yards, Sa	acks Sealant or Mix Ratio or circle one) Mud Weight			
Bentonite Granules			Surface 13 0.5 bag				
6. Comments							

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Date of		Filling & Sealing or Verification	Date Received	Noted By		
Geosyntec Consultants - Dave Zolp			(mm/dd	l/yyyy) 11/21/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092		1	2.2	/25/2024
				P	U	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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		Route to DNR Bureau:					
Verification Only of Fi	l and Seal	Drinking Water	Watershed/Wastewater X Remediation/Redevelopment				
I-45		Waste Manageme	nt Other:				
1. Well Location Information	on		2. Facility / Owner Information				
County WI Ur	nique Well # of	Hicap #	Facility Name				
MILWAUKEE	ved Well		MILWAUKEE DIE CASTING COMP	ANY (MDCC) SITE			
Latitudo / Longitudo (soo instruct	one) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)				
Latitude / Longitude (see instructi			241228240				
		DDM	License/Permit/Monitoring #				
¹ / ₄ / ¹ / ₄ NW ¹ / ₄ SE	Section Tov	Inship Range X E	Original Well Owner				
or Gov't Lot #	4 7	22 W	Redevelopment Authority of the City	y of Milwaukee			
Well Street Address			Present Well Owner				
4132 N HOLTON ST.			Redevelopment Authority of the Cit	y of Milwaukee			
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner				
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner	State ZIP Code			
			Milwaukee	WI 53202			
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casing	g & Sealing Material			
Test boring			Pump and piping removed?	Yes No X N/A			
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?				
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?				
	11/22/2023		Screen removed?				
	If a Well Construct	ion Report is available,					
	please attach.		Nas casing cut on below surface?				
		_	Did sealing material rise to surface				
X Drilled Driven	(Sandpoint)	Dug	If yes, was hole retonned?				
Other (specify): Geoprobe)		If bentonite chips were used, were	they hydrated			
Formation Type:			with water from a known safe source	ce? Yes No X N/A			
X Unconsolidated Formation	Bedr	ock	Required Method of Placing Sealing N	<i>N</i> aterial			
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity	onductor Pipe-Pumped			
12			Screened & Poured Ot (Bentonite Chips)	her (Explain):			
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials				
			Neat Cement Grout	Concrete			
			Sand-Cement (Concrete) Grout	X Bentonite Chips			
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring V	Vell Boreholes Only:			
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout			
	NA		Granular Bentonite	Bentonite - Sand Slurry			
5. Material Used to Fill We	II / Drillhole		From (ft.) To (ft.) No. Yards	, Sacks Sealant or Mix Ratio or ne (circle one) Mud Weight			
Bentonite Granules			Surface 12 0.5 bag				
6. Comments							

7. Supervision of Work	DNR Use Only					
Name of Person or Firm Doing Filling & Sealing License # Date of the Date of t		Filling & Sealing or Verification	Date Received	Noted By		
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/22/2023		
Street or Route				Telephone Number	Comments	
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092		1	2.2	/25/2024
				P	U	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:					
Verification Only of Fi	ll and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment			
I-46		Waste Manageme	nt Other:				
1. Well Location Information	on		2. Facility / Owner Information				
County WI Ur	nique Well # of	Hicap #	Facility Name				
MILWAUKEE	oved Well		MILWAUKEE DIE CASTING COMPAN	Y (MDCC) SITE			
Latitudo / Longitudo (soo instruct	(onc) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)				
Latitude / Longitude (see instructi			241228240				
		DDM	License/Permit/Monitoring #				
1/4 / 1/4 NW 1/4 SE	Section Tov	Inship Range X F	Original Well Owner				
or Gov't Lot #	4 7		Redevelopment Authority of the City of	Milwaukee			
Well Street Address			Present Well Owner				
4132 N HOLTON ST.			Redevelopment Authority of the City of	f Milwaukee			
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner				
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner	State ZIP Code			
			Milwaukee	WI 53202			
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casing &	Sealing Material			
Test boring			Pump and piping removed?				
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?				
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?				
	11/22/2023		Casing left in place?				
	If a Well Construct	ion Report is available,					
	please attach.		Was casing cut on below surface?				
		_	Did sealing material rise to surface?				
X Drilled Driven	(Sandpoint)	Dug	If yes was hole retonned?				
Other (specify): Geoprobe	9		If bentonite chips were used, were the	v hydrated			
Formation Type:			with water from a known safe source?	Yes No X N/A			
X Unconsolidated Formation	Bedr	ock	Required Method of Placing Sealing Mate	erial			
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Conductor Pipe-Pumped				
13			Screened & Poured (Bentonite Chips)				
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials				
			Neat Cement Grout				
	I		Sand-Cement (Concrete) Grout	X Bentonite Chips			
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring Well	l Boreholes Only:			
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout			
	NA		Granular Bentonite	Bentonite - Sand Slurry			
5. Material Used to Fill We	II / Drillhole		From (ft.) To (ft.) No. Yards, Sa	acks Sealant or Mix Ratio or circle one) Mud Weight			
Bentonite Granules			Surface 13 0.5 bag				
6. Comments							

7. Supervision of Work			_		DNR Us	e Only
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dc	l/yyyy) 11/22/2023		
Street or Route			Telephone Number	Comments		
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2.2	1/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:					
Verification Only of Fil	l and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment			
I-47		Waste Manageme	nt Other:				
1. Well Location Information	on		2. Facility / Owner Information				
County WI Ur	ique Well # of	Hicap #	Facility Name				
MILWAUKEE	ved Well		MILWAUKEE DIE CASTING COMPAN	Y (MDCC) SITE			
Latitudo / Longitudo (soo instructi	one) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)				
Latitude / Longitude (see instructi			241228240				
		DDM	License/Permit/Monitoring #				
1/4 / 1/4 NW/ 1/4 SE	Section Tow	Inship Range X F	Original Well Owner				
or Gov't Lot #	4 7	N 22 W	Redevelopment Authority of the City of	Milwaukee			
Well Street Address			Present Well Owner				
4132 N HOLTON ST.			Redevelopment Authority of the City of	f Milwaukee			
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner				
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner	State ZIP Code			
			Milwaukee	WI 53202			
Reason for Removal from Service	e WI Unique We	I # of Replacement Well	4. Pump, Liner, Screen, Casing &	Sealing Material			
Test boring			Pump and piping removed?	Yes No X N/A			
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?				
Monitoring Well	Original Construction	on Date (mm/dd/yyyy)	Liner(s) perforated?				
	11/22/2023		Screen removed?				
	If a Well Construct	ion Report is available,					
	please attach.		Was casing cut on below surface?				
		_	Did sealing material rise to surface?				
X Drilled Driven	(Sandpoint)	Dug	If yes was hole retonned?				
Other (specify): Geoprobe)		If bentonite chips were used, were the	v hydrated			
Formation Type:			with water from a known safe source?	Yes No X N/A			
X Unconsolidated Formation	Bedro	ock	Required Method of Placing Sealing Mate	erial			
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Conductor Pipe-Pumped				
13			Screened & Poured Other (Explain):				
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials				
			Neat Cement Grout				
			Sand-Cement (Concrete) Grout	X Bentonite Chips			
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring Well	l Boreholes Only:			
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout			
	NA		Granular Bentonite	Bentonite - Sand Slurry			
5. Material Used to Fill We	II / Drillhole		From (ft.) To (ft.) No. Yards, Sa	acks Sealant or Mix Ratio or circle one) Mud Weight			
Bentonite Granules			Surface 13 0.5 bag				
6. Comments							

7. Supervision of Work					DNR Us	e Only
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/22/2023		
Street or Route			Telephone Number	Comments		
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092		1	2.2	/25/2024
				P	U	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:						
Verification Only of F	ill and Seal	Drinking Water		Watershed/W	Vastewater X	Remedi	ation/Redevel	lopment
I-48		Waste Manageme	nt 🗌	Other:				
1. Well Location Informati	ion		2. Facility	/ Owner In	formation			
County WI L	Inique Well # of	Hicap #	Facility Nam	ie				
MILWAUKEE	oved Well		MILWAUK	EE DIE CAST	ING COMPANY (MD	CC) SITE		
Latitude / Longitude (see instruc	tions) Forma	t Code Method Code	Facility ID (F	FID or PWS)				
Lande / Longitude (see instruc			241228240)				
	N w	DDM SCR002	License/Per	mit/Monitoring	j #			
1/4 / 1/4 NW 1/4 SE	Section To	wnship Range X F	Original Wel	ll Owner				
or Gov't Lot #	4	7 N 22 W	Redevelo	pment Authori	ity of the City of Milwa	ukee		
Well Street Address			Present Wel	ll Owner				
4132 N HOLTON ST.			Redevelo	pment Author	ity of the City of Milwa	aukee		
Well City, Village or Town		Well ZIP Code	Mailing Add	ress of Preser	nt Owner			
Milwaukee		53212	809 N. BF	ROADWAY				
Subdivision Name		Lot #	City of Prese	ent Owner		State	ZIP Code	
			Milwauk	kee		WI	53202	
Reason for Removal from Service	ce WI Unique We	ell # of Replacement Well	4. Pump,	Liner, Scre	en, Casing & Sea	ling Mat	erial	
Test boring			Pump and	d piping remov	ved?		Yes No	N/A
3. Filled & Sealed Well / D	rillhole / Boreho	le Information	Liner(s) re	emoved?			Yes No	
Monitoring Well	Original Construct	ion Date (mm/dd/yyyy)	Ener(s) p	enorated?				
	11/22/2023		Casing le	ft in place?				
X Borebole / Drillhole	If a Well Construct	ction Report is available,	Was casi	na cut off belo	w surface?	,		
	please allach.		Did sealir	ng out on bold	e to surface?			
	(Conduciat)		Did mater	rial settle after	24 hours?		Yes V No	
	i (Sanopoint)		If yes	, was hole ret	opped?	, E	Yes No	X N/A
Other (specify): Geoproc			If bentoni	te chips were	used, were they hydra	ated,		
Formation Type:	_		with wate	r from a know	n safe source?			X N/A
X Unconsolidated Formation	Bed	rock	Required Method of Placing Sealing Material					
Total Well Depth From Ground S	Surface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity					
15			Screened & Poured Other (Explain):					
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Mat	erials				
			Neat C	Cement Grout		Concrete		
Was well appular appage grouted?			Sand-	Cement (Cond	crete) Grout	Bentonite	Chips	
was well annular space grouted?	res		For Monitori	ing Wells and	Monitoring Well Borel	holes Only	<u>'</u> :	
If yes, to what depth (feet)?	Depth to Wa	iter (feet)	Bentor	nite Chips	Benton	ite - Ceme	ent Grout	
	NA		Granu	lar Bentonite	Benton	ite - Sand	Slurry	
5. Material Used to Fill We	ell / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks S Volume (circle	ealant or one)	Mix Rati Mud We	o or eight
Bentonite Granules			Surface	15	0.5 bag			
6. Comments								

7. Supervision of Work			_		DNR Us	e Only
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dc	l/yyyy) 11/22/2023		
Street or Route			Telephone Number	Comments		
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2.2	1/25/2024
				P	V	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

	•	Route to DNR Bureau:					
Verification Only of Fi	ll and Seal	Drinking Water	Watershed/Was	tewater X	Remediation/Redevelopment		
I-49		Waste Manageme	nt Other:		-		
1. Well Location Information	on		2. Facility / Owner Info	rmation			
County WI Ur	nique Well # of	Hicap #	Facility Name				
MILWAUKEE	oved Well		MILWAUKEE DIE CASTIN	G COMPANY (MDC	CC) SITE		
Latitudo / Longitudo (soo instruct	(onc) Eormat	Codo Mothod Codo	Facility ID (FID or PWS)				
Latitude / Longitude (see instructi			241228240				
	N	DDM	License/Permit/Monitoring #				
1/4 / 1/4 NW 1/4 SE	Section Tov	vnship Range X F	Original Well Owner				
or Gov't Lot #	4	7 N 22 W	Redevelopment Authority	of the City of Milwau	ıkee		
Well Street Address			Present Well Owner				
4132 N HOLTON ST.			Redevelopment Authority	of the City of Milwa	ukee		
Well City, Village or Town		Well ZIP Code	Mailing Address of Present C	Jwner			
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner		State ZIP Code		
			Milwaukee		WI 53202		
Reason for Removal from Service	e WI Unique We	II # of Replacement Well	4. Pump, Liner, Screen	, Casing & Seal	ing Material		
Test boring			Pump and piping removed	?			
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?				
Monitoring Well	Original Constructi	on Date (mm/dd/yyyy)	Liner(s) perforated?				
	11/22/2023		Casing left in place?				
	If a Well Construct	tion Report is available,					
	please attach.		Vias casing cut off below s				
			Did sealing material ise to	bours?			
	(Sandpoint)	Dug	If yes was hole retorn	nours:			
Other (specify): Geoprobe	9		If bentonite chips were use	ed, were they hydra			
Formation Type:			with water from a known s	afe source?	Yes No X N/A		
X Unconsolidated Formation	Bedr	ock	Required Method of Placing	Sealing Material			
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Conductor Pipe-Pumped				
17			Screened & Poured Other (Explain):				
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials				
			Neat Cement Grout		Concrete		
			Sand-Cement (Concret	e) Grout 🛛 🗶 E	Bentonite Chips		
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Mo	nitoring Well Boreh	oles Only:		
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentoni	te - Cement Grout		
	NA		Granular Bentonite	Bentoni	te - Sand Slurry		
5. Material Used to Fill We	ll / Drillhole		From (ft.) To (ft.)	lo. Yards, Sacks Se Volum <u>e (circle o</u>	ealant or Mix Ratio or Mud Weight		
Bentonite Granules			Surface 17	0.5 bag			
6. Comments							

7. Supervision of Work					DNR Us	e Only
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dd	/yyyy) 11/22/2023		
Street or Route			Telephone Number	Comments		
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork Da	ate Signed
Mequon	WI	53092		1	2.2	/25/2024
				P	U	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

		Route to DNR Bureau:					
Verification Only of Fi	ll and Seal	Drinking Water	Watershed/Wastewater	X Remediation/Redevelopment			
I-50		Waste Manageme	nt Other:				
1. Well Location Information	on		2. Facility / Owner Information				
County WI U	nique Well # of	Hicap #	Facility Name				
MILWAUKEE	oved Well		MILWAUKEE DIE CASTING COMPAN	IY (MDCC) SITE			
Latitudo / Longitudo (soo instruct	(onc) Eormat	Codo Mathad Codo	Facility ID (FID or PWS)				
Latitude / Longitude (see instruct			241228240				
		DD SCR002 DDM OTH001	License/Permit/Monitoring #				
1/4 / 1/4 NW 1/4 SE	Section Tov	vnship Range X F	Original Well Owner				
or Gov't Lot #	4 7	′ _N 22 □ W	Redevelopment Authority of the City or	f Milwaukee			
Well Street Address			Present Well Owner				
4132 N HOLTON ST.			Redevelopment Authority of the City of	f Milwaukee			
Well City, Village or Town		Well ZIP Code	Mailing Address of Present Owner				
Milwaukee		53212	809 N. BROADWAY				
Subdivision Name		Lot #	City of Present Owner	State ZIP Code			
			Milwaukee	WI 53202			
Reason for Removal from Service	e WI Unique We	II # of Replacement Well	4. Pump, Liner, Screen, Casing &	& Sealing Material			
Test boring			Pump and piping removed?	Yes No XN/A			
3. Filled & Sealed Well / Dr	illhole / Borehol	e Information	Liner(s) removed?	Yes No XN/A			
Monitoring Well	Original Constructi	on Date (mm/dd/yyyy)	Liner(s) perforated?				
	11/22/2023		Screen removed?				
	If a Well Construct	tion Report is available,					
X Borehole / Drillhole	please attach.	•	Was casing cut off below surface?	Yes No XN/A			
Construction Type:			Did sealing material rise to surface?	XYes No N/A			
X Drilled Driven	(Sandpoint)	Dug	Did material settle after 24 hours?	∐Yes XINo ∐N/A			
Other (specify): Geoprobe	9		If yes, was hole retopped?	V bydrated			
Formation Type:			with water from a known safe source?				
X Unconsolidated Formation	Bedr	ock	Required Method of Placing Sealing Mat	erial			
Total Well Depth From Ground S	urface (ft.) Casing	Diameter (in.)	Conductor Pipe-Gravity Conductor Pipe-Pumped				
13			Screened & Poured Other (Explain):				
Lower Drillhole Diameter (in.)	Casing	Depth (ft.)	Sealing Materials				
			Neat Cement Grout	Concrete			
			Sand-Cement (Concrete) Grout	X Bentonite Chips			
Was well annular space grouted?	Yes	No Unknown	For Monitoring Wells and Monitoring We	ll Boreholes Only:			
If yes, to what depth (feet)?	Depth to Wat	er (feet)	Bentonite Chips	Bentonite - Cement Grout			
	NA		Granular Bentonite	Bentonite - Sand Slurry			
5. Material Used to Fill We	ll / Drillhole		From (ft.) To (ft.) No. Yards, S	acks Sealant or Mix Ratio or (circle one) Mud Weight			
Bentonite Granules			Surface 13 0.5 bag				
6. Comments							

7. Supervision of Work			_		DNR Us	e Only
Name of Person or Firm Doing Filling & Sealing	Licens	se #	Date of	Filling & Sealing or Verification	Date Received	Noted By
Geosyntec Consultants - Dave Zolp			(mm/dc	l/yyyy) 11/22/2023		
Street or Route			Telephone Number	Comments		
10600 North Port Washington Road Suite 100				(262) 377-9828		
City	State	ZIP Code		Signature of Person Doing W	/ork D	ate Signed
Mequon	WI	53092			2.2	1/25/2024
				P	V	

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

MONITORING WELL CONSTRUCTION

Department of Natural Resources	F	-		_	Form 4400-113A Re	ev. 7-98	
Route to:	Watershed/Wastewater		Waste Manageme	ent			
	Remediation/Redevelopment	х	Other				
Facility/Project Name	Local Grid Location of Well	N.		E.	Well Name		
Milwaukee Die Casting Company Site	ft	s		ft	MW-1R		
Facility License, Permit or Monitoring No.	Local Grid Origin	(estimate	d:) o	r Well Location	Wis Unique Well No	DNR Well	ID No
Facility Elcense, Fernit of Monitoring No.		(estimate		wen Location	wis. Onique wen ivo.	DIVK Well	ID NO.
		_	Long.	or			
Facility ID	St. Plane 15654243.66	ft. N,	1398989.95	ft. E. S / C / N	Date Well Installed		
241228240	Section Location of Waste/Sou	irce		X E.	12	2/18/2023	
Type of Well	SW 1/4 of SW 1/4 of S	Sec. 04	T. 07 N	, R. 22 W.	Well Installed By: Name	e (first, last) and	d Firm
Well Code 11 / mw	Location of Well Relative to W	/ell/Source		Gov. Lot Number	Ben Graupera		
Distance from Waste/ Enf. Stds.	u Upgradient	s	Sidegradient		Cabeno		
Source ft Apply	d Downgradient	n	Not Known		-		
A Protective nine ton elevation	19.46 & MSI			1 Can and loak?		V Vac	No
A. Flotective pipe, top elevation	11. MSL	1	7	2 D i i i i i i i i i i i i i i i i i i		ATES	NO
		1	110	 2. Protective cover pip 	ie:		
B. Well casing, top elevation 6	48.23 ft. MSL			a. Inside diameter:		4	in.
				b. Length:		5	ft.
C. Land surface elevation 6	45.842 ft. MSL			c. Material:		Steel	X 04
		. 11	N/G			Other	
D. Surface seal, bottom 644.842 ft. M	ISL or 1 ft.		1.00	d. Additional prote	ection?	Yes	X No
12 USCS classification of soil near screen:		117	$ \mathbf{x}\rangle$	If yes desrcibe	0		
				2 Surface and	0	Dantan'ita	20
GP GM GC GW S				5. Surface seal:		Bentomte	30
SM X SC ML MH C						Concrete	X 01
Bedrock						Other	
13. Sieve analysis performed? Yes	X No			\			
14. Drilling method used: Rotary	y 50			4. Material between w	ell casing and protective	pipe:	
Hollow stem auge	r X 41					Bentonite	30
Othe	r			Filter cond		Other	x
Oule					G 1 (G1)		A 22
		88		5. Annular space seal:	a. Granular/Chipp	ed Bentonite	- 33
15. Drilling fluid used: Water 02 Ai	r01			b. Lbs/g	al mud weight Bentonit,	e sand-slurry	35
Drilling Mud 03 None	e X 99			c. Lbs/g	al mud weight Bei	atonite slurry	31
				d. % Be	ntonite Bentonite-	cement grout	50
16. Drilling additives used: Yes	X No			e. Fl	\int^{3} volume added for any o	of the above	
Describe				f How	installed:	Tremie	01
Describe				1110w	mstaneu.	·	01
					116	smie pumped	02
17. Source of water (attach analysis, if required):						Gravity	X 08
				6. Bentonite seal:	a. Bento	nite granules	33
				b. 1/4 in. X	3/8 in. 1/2 in. Be	ntonite chips	X 32
E. Bentonite seal, top 644.842 ft. M	íSL or 1 ft.			с.		Other	
			⊠ / /	7. Fine sand material:	Manufacturer, product na	ame & mesh siz	e
E Fine sand ton ft M	(SLor - ft		國//	9	,1	Other	
		Y RA	RY /	h. Valuura addad	£,3		
		13	12	b. volume added	II		
G. Filter pack, top 641.842 ft. M	SL or <u>4</u> ft.	H		 8. Filter pack material 	. Manufacturer, product n	ame & mesh si	ze
				a. R.W. Sidley		Other	#5
H. Screen joint, top 640.842 ft. M	ISL or <u>5</u> ft.			b. Volume added	ft ³		_
				9. Well casing:	Flush threaded PVC sch	edule 40	X 23
L Well bottom 630.842 ft M	(SL or 15 ft		1	6	Flush threaded PVC sch	edule 80	24
					Trush uncaded T VC Sen	Other	
					PELO	Other	
J. Filter pack, bottom <u>630.842</u> ft. M	SL or <u>15</u> ft.	-		10. Screen material:	PVC		
		V///		 a. Screen type: 		Factory cut	X 11
K. Borehole, bottom 630.842 ft. M	íSL or 15 ft.				Co	ntinuous slot	01
		. 111	×2			Other	
L. Borehole diameter 8.25 in		VIII		h Manufacturer	Campbell Monoflex	_	
					Campben Mononex	0.010	-
				c. Slot size:		0.010	in.
M. O.D. well casing 2.36 in.				d. Slotted length:		10.0	ft.
				11. Backfill material (below filter pack):	None	X 01
N. I.D. well casing 2.06 in.						Other	
Lhereby certify that the information on this form is to	rue and correct to the best of my	knowledge					
Signature	Firm	anomicuge	•				
	Geosyn	ntec Consul	tants				
i an for	200391						

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

MONITORING WELL CONSTRUCTION



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

MONITORING WELL CONSTRUCTION



Please complete both Forms 4400-113Å 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

Remediation/Redevelopment Image Other Image Facility/Project Name Milwaukee Die Casting Company Site County Name Milwaukee Well Name MW-1R Facility License, Permit or Monitoring Number BRRTS# 02-41-000023 County Code 4_1 Wis. Unique Well Number DNR Well ID Number 1. Can this well be purged dry? Image Yes Image Before Development After Development 2. Well development method surged with bailer and pumped Image 11. Depth to Water (from top of well casing) Image Image	Route to: Watersh	hed/Wastewater	Waste Management				
Facility/Project Name Milwaukee Die Casting Company Site County Name Milwaukee Well Name MW-1R Facility License, Permit or Monitoring Number BRRTS# 02-41-000023 County Code <u>4</u> 1 Wis. Unique Well Number DNR Well ID Number 1. Can this well be purged dry? Image: Yes Image: No 11. Depth to Water (from top of surged with bailer and pumped Image: Yes Image: No 1. Can this well be purged dry? Image: Image: After Development Image: After Development 2. Well development method surged with bailer and pumped Image: After Development Image: After Development a6 5 0 ft. Image: After Development	Remedi	ation/Redevelopment X	Other				
Facility License, Permit or Monitoring Number BRRTS# 02-41-000023 County Code <u>4</u> 1 Wis. Unique Well Number DNR Well ID Number 1. Can this well be purged dry? Image: Yes Image: No Image: Before Development After Development 2. Well development method surged with bailer and bailed surged with bailer and pumped Image: Height and the surged dry in the surged dry in the surged with bailer and pumped Image: Height and the surged dry in the su	Facility/Project Name Milwaukee Die Casting Compar	ny Site County Name Milwaukee		Well Name MW-1R			
1. Can this well be purged dry? Image: Yes Image: No No Before Development After Development 2. Well development method surged with bailer and bailed surged with bailer and pumped Image: Imam	Facility License, Permit or Monitoring Numb BRRTS# 02-41-000023	$\begin{array}{c} \text{County Code} \\ \underline{4 \ 1} \end{array}$	Wis. Unique Well Nu	mber DNR Well ID Number			
2. Well development method surged with bailer and bailed surged with bailer and pumped \Box 61 (from top of well casing) a6_5_0ft12_3_0 ft.	1. Can this well be purged dry?	🗆 Yes 🖾 No	11. Depth to Water	Before Development After Development			
	2. Well development method surged with bailer and bailed surged with bailer and pumped	□ 41 □ 61	(from top of a well casing)	$h = -\frac{6}{5} \cdot \frac{5}{0} ft \frac{1}{2} \cdot \frac{3}{5} \cdot \frac{0}{5} ft.$			
surged with block and bailed $\Box 42$ surged with block and pumped $\Box 62$ surged with block, bailed and pumped $\Box 70$ $\Box 62$ $\Box 70$ $\Box 62$ $\Box 62$ $\Box 70$ $\Box 62$ $\Box 70$ $\Box 62$ $\Box 70$ $\Box 62$ $\Box 72$ $\Box 72$	surged with block and bailed surged with block and pumped surged with block, bailed and pumped	□ 42 □ 62 Ⅰ □ 70		$\frac{1}{m} \frac{2}{m} \frac{2}{d} \frac{1}{d} \frac{2}{y} \frac{0}{y} \frac{2}{y} \frac{3}{y} \frac{1}{y} \frac{2}{m} \frac{1}{m} \frac{2}{d} \frac{2}{d} \frac{1}{y} \frac{2}{y} \frac{0}{y} \frac{2}{y} \frac{3}{y} \frac{3}{y} \frac{1}{y} \frac{2}{y} \frac{1}{z} \frac{1}{d} \frac{2}{z} \frac{0}{z} \frac{2}{z} \frac{3}{z} \frac{3}{z} \frac{3}{z} \frac{1}{z} \frac{1}$			
compressed air \Box 2.0 Time c. 0.8 : 1.5 p.m. 0.9 : 2.0 p.m. bailed only \Box 1.0 \Box 1.0 \Box <td>compressed air bailed only pumped only pumped slowly</td> <td>□ 20 □ 10 □ 51 □ 50</td> <td>Time of the formula o</td> <td>$\underline{0 \ 8} : \underline{1 \ 5} \square p.m. \underline{0 \ 9} : \underline{2 \ 0} \square p.m.$</td>	compressed air bailed only pumped only pumped slowly	□ 20 □ 10 □ 51 □ 50	Time of the formula o	$ \underline{0 \ 8} : \underline{1 \ 5} \square p.m. \underline{0 \ 9} : \underline{2 \ 0} \square p.m. $			
Other pumped and surged with pump Image: Construction of the second structure of	Other <u>pumped and surged with pump</u> 3. Time spent developing well		13. Water clarity	Clear10Clear20Turbid15Turbid25(Describe)(Describe)			
4. Depth of well (from top of well casisng) $-\frac{1}{2} \cdot \frac{7}{2} \cdot \frac{4}{2}$ ft. $\frac{\text{brown, turbid}}{$	4. Depth of well (from top of well casisng)	- 1 7 4 ft.		brown, turbid <u>clear</u>			
5. Inside diameter of well $-2 \cdot 0 \cdot 6$ in.	5. Inside diameter of well	$- \frac{2}{2} \cdot \frac{0}{6} \frac{6}{6}$ in.					
6. Volume of water in filter pack and well casing f gal. Fill in if drilling fluids were used and well is at solid waste facility:	6. Volume of water in filter pack and well casing	$- \frac{1}{2} \frac{0}{2} \frac{0}{2}$ gal.	Fill in if drilling fluids	s were used and well is at solid waste facility:			
7. Volume of water removed from well 5 5 0 gal. 8. Volume of water added (if any) gal. 14. Total suspended mg/l mg/l	7. Volume of water removed from well8. Volume of water added (if any)	<u>5</u> <u>5</u> <u>U</u> gal. gal.	14. Total suspended solids	mg/l mg/l			
9. Source of water added <u>N/A</u> 15. CODmg/lmg/l	9. Source of water added <u>N/A</u>		15. COD	mg/l mg/l			
10. Analysis performed on water added? Image: Yes Image: No First Name: David Last Name: Zolp (If yes, attach results) Image: No First Name: David Last Name: Zolp	10. Analysis performed on water added? (If yes, attach results)	Yes No	16. Well developed by First Name: David	/: Name (first, last) and Firm Last Name: Zolp			
Firm: Geosyntec Consultants	17 Additional comments on development	<u>.</u>	Firm: Geosyntee	c Consultants			

surged and purged at start

Name and Address of Facility Contact /Owner/Responsible Party First Name: Christopher Name: Clark	I hereby certify that the above information is true and correct to the best of my knowledge.
Facility/Firm: Pharmacia, LLC.	Signature:
Street: 235 East 42nd Street, 219/5/1	Print Name: David Zolp
City/State/Zip: New York, NY 10017	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

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MONITORING	WELL DEVELOPMENT
Form 4400-113B	Rev. 7-98

<u>Koute to:</u> Watershed/Wastew	ater	Waste Management			
Remediation/Redev	velopment X	Other 🔄			
Facility/Project Name Milwaukee Die Casting Company Site	County Name Milwaukee		Well Name	PMW-1	
Facility License, Permit or Monitoring Number BRRTS# 02-41-000023	$\frac{\text{County Code}}{4 \ 1}$	Wis. Unique Well N	umber	DNR Well ID	Number
1. Can this well be purged dry?	S 🗆 No	11. Depth to Water	Before Dev	elopment Af	ter Development
 2. Well development method surged with bailer and bailed 4 surged with bailer and pumped 6 surged with block and bailed 4 surged with block and pumped 6 surged with block, bailed and pumped 7 	1 1 2 2 0	(from top of well casing) Date	a 4. b . $\frac{1}{m} \frac{2}{m} / \frac{2}{d} \frac{1}{d}$	$ \underbrace{\begin{array}{c} 0 & 0 & \text{ft.} \\ \hline \\ 1 & 2 & 0 & 2 & 3 \\ \hline \\ y & y & y & y \\ \hline \\ y & z & z \\ \end{array} } $	$\underline{DRY}_{m} = \underline{ft}.$ $\frac{1}{m} \frac{2}{d} \frac{1}{d} \frac{2}{y} \frac{0}{y} \frac{2}{y} \frac{3}{y}$
compressed air 2 bailed only 1	0	Time	c. <u>0 9</u> : <u>4 5</u>	. ∐ a.m. 2 ⊠ p.m. <u>1</u>	$3: 0 0 \boxtimes p.m.$
pumped only5pumped slowly5Other pumped and surged with pumpX	1 0	12. Sediment in well bottom13. Water clarity	Clear [] 1	inches	inches
3. Time spent developing well18	3 <u>0</u> min.		(Describe)	> Turt (Des bid dry	bid⊔ 25 cribe)
4. Depth of well (from top of well casisng) $-\frac{17}{2}$	<u>8</u> ft.				
5. Inside diameter of well $-\frac{2}{2} \cdot \frac{0}{2}$	<u>6</u> in.				
6. Volume of water in filter pack and well casing10	<u>4</u> gal.	Fill in if drilling fluid	is were used ar	d well is at soli	d waste facility:
7. Volume of water removed from well 50	gal.	14. Total suspended		maЛ	mali
8. Volume of water added (if any)	gal.	solids		· _ '''6/' _ ·	mg/1
9. Source of water added <u>N/A</u>		15. COD		mg/l	mg/l
		16. Well developed b	y: Name (first, l	ast) and Firm	
10. Analysis performed on water added? (If yes, attach results)	s 🗆 No	First Name: David	d a l	Last Name: Z	olp
		Firm: Geosynte	c Consulta	nts	
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	I hereby certify that the above information is true and correct to the best of my knowledge.
Facility/Firm: Pharmacia, LLC.	Signature:
Street: 235 East 42nd Street, 219/5/1	Print Name: David Zolp
City/State/Zip: <u>New York, NY 10017</u>	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/Redevelop	ment X	Other 🔄			
Facility/Project NameCourMilwaukee Die Casting Company SiteMi	n ty Name lwaukee		Well Name	PMW-2	
Facility License, Permit or Monitoring NumberCourBRRTS# 02-41-0000234	$\frac{4 \ 1}{2}$	Wis. Unique Well N	umber 	DNR Wel	1 ID Number
1. Can this well be purged dry?	🛛 No	11. Depth to Water	Before Dev	elopment	After Development
2. Well development method surged with bailer and bailed surged with bailer and pumped 6 1		(from top of well casing)	a . <u>3</u> .	<u>4 5</u> ft.	<u>DRY</u> ft.
surged with block and bailedImage: 42surged with block and pumpedImage: 62surged with block, bailed and pumpedImage: 70		Date	b. $\frac{1}{m}\frac{2}{m}/\frac{2}{d}\frac{1}{d}$	$\frac{1}{y} \frac{2}{y} \frac{0}{y} \frac{2}{y}$	$\frac{3}{y} \frac{1}{m} \frac{2}{m} / \frac{2}{d} \frac{1}{d} / \frac{2}{y} \frac{0}{y} \frac{2}{y} \frac{3}{y}$
compressed air 20 bailed only 10 numbed only 51		Time	c. $1 1: 25$	p.m.	$\underline{1} \underline{3} : \underline{3} \underline{0} \underline{\Box} p.m.$
pumped slowly 50 Other pumped and surged with pump Image: Comparison of the pumped and surged with pump		bottom 13. Water clarity	— — · Clear □ 1 Turbid ⊠ 1	0 5	
3. Time spent developing well 120 m	ıin.		(Describe) light bro	own	(Describe) dry
4. Depth of well (from top of well casisng) $-\frac{1}{2} \cdot \frac{8}{2} \cdot \frac{0}{2}$	ft.				
5. Inside diameter of well $-\frac{2}{-}, \frac{0}{-}, \frac{6}{-}$	in.				
6. Volume of water in filter pack and well casing 1 0 . 3	gal.	Fill in if drilling fluid	is were used a	nd well is at	t solid waste facility:
 7. Volume of water removed from well3 5 0 8. Volume of water added (if any) 	gal. gal.	14. Total suspended solids		• ^{mg/l}	mg/i
9. Source of water added N/A	-	15. COD		mg/l	mg/l
	İ	16. Well developed b	y: Name (first, l	ast) and Firm	
10. Analysis performed on water added?	⊐ No	First Name: I	David	Last Name	_n Zolp
		Firm: Geosynte	c Consulta	nts	

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:	I hereby certify that the above information is true and correct to the best of my knowledge.
Facility/Firm:Pharmacia, LLC.	Signature:
Street: 235 East 42nd Street, 219/5/1	Print Name: David Zolp
City/State/Zip: New York, NY 10017	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

	n a								3	a	2012.0	
Please print or	type.	1. Generator ID Numb	ber		2. Page 1 of	3. Emergency Response	Phone	4. Manifest	For Tracking M	m Approved	OMB No.	. 2050-003
WASTE	E MANIFEST	WIDOO	61023	0 5	1	(877) 818-0087		00	222	544	9 V	ES
5. Generato	or's Name and Mailir	ig Address			1 1	Generator's Site Address	(if different t	han mailing addre	ss)			
FORME 4132 NO MILWA	ER MILWAUKI ORTH HOLTON	EE DIE CAST				SAME						
Generator's	s Phone:	262 292-6080			_							
6. Transpor	rter 1 Company Nam							U.S. EPA ID I	Number			
7 Transpor	ter 2 Company Nam	AL SULUTIONS	i						U 8	0 6 3	1 3	69
r. Hallspor	ner 2 company Main	6						U.S. EFAIDT	Number			
8. Designat	ted Facility Name an	d Site Address	IA ES TRCH	NICAT SOLUT	TONS			U.S. EPA ID 1	Number			
		W124	N9451 BOU	NDARY RD.	1							
Eacility's Ph	hone: 262 25	5-6655	UNDIVIS I A	14.0, 11 33031				₩1I	0 0 0	396	7 1	4 8
ga 9b.	. U.S. DOT Descripti	on (including Proper St	nipping Name, Haz	ard Class, ID Number	r.	10. Contair	ners	11 Total	12 Unit			
HM and	d Packing Group (if a	iny))				No.	Туре	Quantity	Wt./Vol.	13.	Waste Code	es
Δ X 1.	NA3077, HAZ	ARDOUS WAST	E, SOLID, n.C	1.8.,						F002	D040	
TATC	(ILINALILA	KUCIHI LENE)	, 9, 111, NQ (1)	(22)		2	DM	953	P	D039		
Y 2.	NA3082, HAZ	ARDOUS WAST	E. LIOUID, n	0.8.				1824		1000	7040	
8	(TRICHLORO	ETHENE, VINYI	CHLORIDE), 9, Ш		2.		1,021		FUUE	LANK	
							DM	27201	P	D039	D043	
3.	NON RCRA A NON-RC RAS	ND DOT NON B OIL IDW)	EGULATED	SOLID, (NON-1	TSCA					NONE		
						1	DM	561	P	1 M.		
4.												
										1		
15. GENE marke Export certif Generator's	RATOR'S/OFFERO ed and labeled/placar ter, I certify that the o fy that the waste mini s/Offeror's Printed/Ty	R'S CERTIFICATION: ded, and are in all resp contents of this consign mization statement ide ped Name	I hereby declare to bects in proper com- ment conform to the intified in 40 CFR 2	hat the contents of th dition for transport ac re terms of the attach 262.27(a) (if I am a lan N+FFCR	his consignment an coording to applica ned EPA Acknowle rge quantity gene Sign	e fully and accurately de- able international and nati- dgment of Consent. rator) or (b) (if I am a sma ature	scribed abov onal governr Il quantity ge	re by the proper sh nental regulations. enerator) is true.	lipping nam If export sl	e, and are clas hipment and I Mor	ssified, pack am the Prim	kaged, hary y Year
↓ X VV	ional Shipments	ANZIA	PHAR	MACIA	IC X	may	- W	hyie		0	1 22	2 24
Transporter	r signature (for expor	Import to U. ts only):	S.		Export from U.	S. Portof en Date leavi	ry/exit: ng U.S.:	-			_	
17. Transpo	orter Acknowledgment	of Receipt of Materials	1				0					
Transporter	1 Printed/Typed Nar	ne 7 - <i>0 -</i>			Signa	ature MA		n		Mon	th Day	Year
Transporter	2 Printed/Typed Nar	Leesmorr	~		Sign	ature	- /	Mer.	m	O	th Day	Year
TRA										1	1	
18. Discrepa	ancy		2	1/ 3								
18a. Discrep	pancy Indication Spa	ce 🗌 Quantity	l.	Туре		Residue		Partial Rej	ection	[Full Re	jection
							200 - 22					
≥ 18b. Aiterna	ate Facility (or Generation	ator)				Manifest Reference	Number:	U.S. EPA ID N	lumber		A. 5	F
CLL												
Facility's Ph	ione:											N
HIE 18c. Signatu	ure of Alternate Facil	ty (or Generator)								Mo	nth Da	y Year
19. Hazardo	ous Waste Report Ma	inagement Method Co	des (i.e., codes for	hazardous waste tre	atment disposal	and recycling systems)					- Sugar	1
Sad 1. 1		2.			3.		-	4.	·	-		
	1141		t	141		H141						
20. Designa	ated Facility Owner of	Operator: Certification	of receipt of haza	rdous materials cover	ered by the manife	st except as noted in Item	18a	1				
1 Inneur 14	Tennif	erR	Chint	Ner	GP	na los	Ri	& hus	10			
EPA Form 8700	0-22 (Rev. 12-17)	Previous editions a	re obsolete.	July	A	DES	GNATE	DEACILITY	TOF	A'S P.MAN	IFFST	SYSTEN
				-	V		STATE	- I HOILITI		mAi	in LOI	STOTEN

1	Plea	ease print or type.					Form	Approved	. OMB No.	2050-0039				
	1	UNIFORM HAZARDOUS WASTE MANIFEST	2. Page 1 of 3. Em	ergency Response 7-818-4	Phone	4. Manifest 1	227	1025	59 VI	ES				
		5. Generator's Name and Mailing Address 9 0 0 0 1 0 2 3 0 3 Generator's Offer Address (if different than mailing address)												
		FORMER MILWAUKEE DIE CAST 4132 NORTH HOLTON STREET NHA-MALWEE, WI 53212 262-292-6080												
		6. Transporter 1 Company Nation 292-6080 Ventia ES Technical Salutions	U.S. EPAID Number											
		V. Transporter 2 Company Warnel SOLUTIONS	U.S. EPA ID N	U.S. EPA ID Number										
		9. Designated Facility Name and Site Address			1									
		Besignated Facility's Phone: 262~255-6455	8. Designated Facility Name and Site Address VEOLIA ES TECHNICAL SOLUTIONS, W124 N9451 BOUNDARY MENOMONEB FALLS, WI 53051							WID003967148				
		9a. 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))	er,	10. Contai	ners Type	11. Total 12. Unit Quantity Wt Vol 13. Waste Codes				is				
366	ATOR	X NA3082, HAZARDOUS WASTE, LIQUID, n.o.s., (TRICHLOROETHENE, VINYL CHLORIDE), 9, 111		110.	Type	550		F002	D040	4				
1	NER/	2.		1	DM	550	Р	D039	D043					
	5	5												
		3.				-								
		4				31 X X								
		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 shippment 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.												
	ļ	Generator's/Offeror's Printed/Typed Name AS AGENT FOIC MARY JO ANZIA PHARMACIA LU	C	auch	an	7 lei		Mo		HZ4				
	1L	16. International Shipments Import to U.S.	Export from U.S.	Port of er	try/exit:	5								
	R I	Iransporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials		- ale teav	ing U.S.:									
1	ORTI	Transporter 1 Printed/Typed Name	Signature	in	In	N		Mo	nth Day	Year				
>	ANSF	Transporter 2 Pfinted/Typed Name	Signature	1.				Mo	inth Day	Year				
L	¥ H	18. Discrepancy				_								
>		18a. Discrepancy Indication Space Quantity Type		Residue		Partial Rej	ection		Full Rej	ection				
				Manifest Reference	e Number:		lumb or							
~	CILIT	180. Alternate Facility (or Generator)				U.S. EFAIDIN	umber							
0	D FA	Facility's Phone:						M	onth Da	v Year				
	NATE													
	ESIG	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste tr	eatment, disposal, and re	ecycling systems)		4								
		°[+141 [0.			4.								
		20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials cov	ered by the manifest exc	ept as noted in Iter	m 18a	1		Mi	onth Day	Year 4				
	ţ	Jennifer R. Schwager	the	nefe	R.X	1Chw	Dr-	- 10)1 <i>X</i>	124				
	EPA	PA Form 8700-22 (Rev. 12-17) Previous editions are obsolete.	0	DES	IGNATE	D FACILITY	TO PPA	's e-MA	NIFEST	SYSTEM				

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