

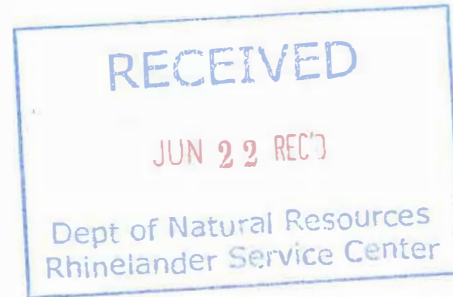


Meridian Environmental Consulting, LLC

June 16, 2017

Carrie Stoltz
107 Sutliff Ave
Rhineland, Wisconsin 54501

Subject: **Well Abandonment Forms**
Alter Metal Recycling
510 W Allman St.
Medford, WI 54451
BRRTS No. 02-61-000149
Meridian No. 05C800




Dear Carrie:

Enclosed please find the well abandonment forms for the above referenced site.

The wells were abandoned May 5 and 6, 2017 per NR141. All wells were abandoned with bentonite chips except wells MW-1D, MW-2D, MW-3D, MP-2D, and MP-9D were abandoned with bentonite sand slurry using conductor pipe and pumping to depth.

The well casings and bumper posts were removed except for the MP-2 and MP-9 nests. These are located in wetland and the heavy rain during the past month has prevented access due to flooding. We will remove these casings and bumper posts when the flooding recedes (late June or July). We will notify you when these last two nests have been finished.

Sincerely,
MERIDIAN ENVIRONMENTAL CONSULTING, LLC


Kenneth Shmko, PG
Project Manager

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Taylor		WI Unique Well # of Removed Well		Hicap #		Facility Name Alter Metal Recycling			
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 / 1/4 or Gov't Lot #		Section		Township N		Range <input type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring #	
Well Street Address 510 W. Allman Street						Original Well Owner			
Well City, Village or Town Medford						Present Well Owner			
Well ZIP Code 54451						Mailing Address of Present Owner 510 W. Allman Street			
Subdivision Name						City of Present Owner Medford		State WI	ZIP Code 54451

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

Reason for Removal from Service Project Closed		WI Unique Well # of Replacement Well		<input type="checkbox"/> Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 8/24/92		Required Method of Placing Sealing Material					
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>		<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped			
<input type="checkbox"/> Borehole / Drillhole				<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Other (Explain): _____			
Construction Type:				Sealing Materials					
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Concrete			
<input type="checkbox"/> Other (specify): _____				<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite Chips			
Formation Type:				For Monitoring Wells and Monitoring Well Boreholes Only:					
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		<input checked="" type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout			
Total Well Depth From Ground Surface (ft.) 12		Casing Diameter (in.) 2		<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry			
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 12 ✓		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips					
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips					
If yes, to what depth (feet)?		Depth to Water (feet)							

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
bentonite chips		Surface	12	~ 1/2 bag	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Meridian Env. Cstly, LLC		License # 1061	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/6/17	Date Received	Noted By
Street or Route 2711 N. Elco Rd		Telephone Number (715) 832-6608		Comments	
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work 	Date Signed 6-16-17	

WELL COMPLETION RECORD

USGS Rev 1-01

MW-1.5

Site: _____ County: _____ Well No.: AA 12 15
 Site Name: ATFUEPO (Kivua Process...) Grid Coordinates: Northing 979032934 Easting 187751827
 Drilling Contractor: U.S. To S. Wisconsin District Date Drilling Started: 2/29/92
 Driller: MAANON / MAANON Geologist: PILL MORROW Date Drilling Ended: 3/29/92
 Drilling Method: Water Casing Drilling Fluid (type): N/A

ANNULAR SPACE DETAILS:

Type of Surface Seal: Aggregate Concrete
 Type of Annular Sealant: Bentonite Slurry
 Amount of cement: # of bags 1/2 lbs. per bag 30
 Amount of bentonite: # of bags 2 lbs. per bag N/A
 Type of bentonite seal (granular, pellets): 1 50 lb bucket 1/4 in pellets
 Amount of bentonite: # of bags 2 lbs. per bag N/A
 Type of Sand Pack: Pea Gravel / Silica Sand
 Source of Sand: American / Marine

Amount of Sand: # of bags 2 1/3 lbs. per bag 100
 Amount of Pea Gravel 1 1/3 " 100

WELL CONSTRUCTION MATERIALS:

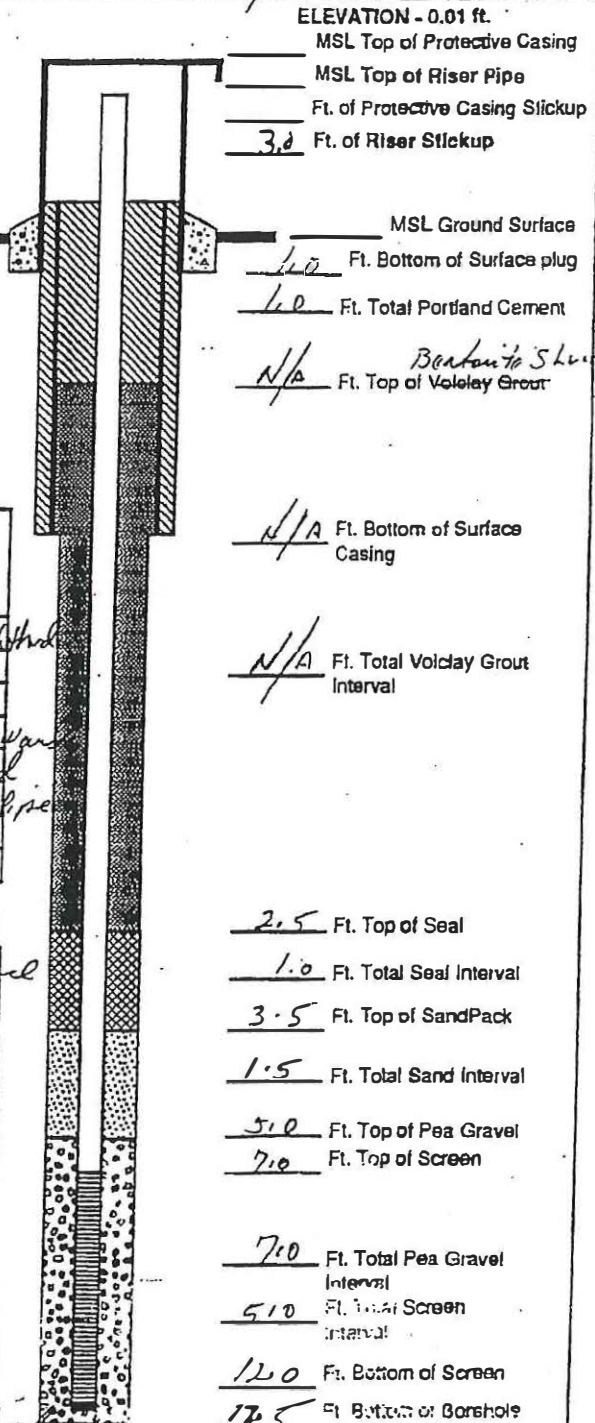
Date of Construction:	Stainless Steel Specify Type	Teflon Specify Type	PVC Specify Type	Other Specify Type
<u>2/29/92</u>				
Riser Coupling Joint			<u>sch 80</u>	<u>flushed</u>
Riser pipe above W.T.			"	"
Riser pipe below W.T.			"	"
Screen			"	<u>" Wire Mesh</u>
Coupling joint screen to riser			<u>sch 80</u>	<u>flushed</u>
Protective Casing				<u>Black Pipe</u>
Surface Casing				<u>N/A</u>

MEASUREMENTS

to 0.01 ft. (where applicable)

Riser pipe length	<u>7.5 ft from head survey</u>
Protective casing length	<u>5.0 ft</u>
Screen length	<u>5.0 ft</u>
Bottom of screen to end cap	<u>2.0 in</u>
Top of screen to first joint	<u>2.0 in</u>
Total length of casing	<u>N/A</u>
Screen slot size	<u>.010 in</u>
No. of opening in screen	<u>857</u>
I D of Riser Pipe	<u>2.0 in</u>
Diameter of bore hole	<u>8.0 in</u>

Well Constructed By: U.S.G.S. Wisconsin District
 Surveyed By: _____
 Form Completed By: Bart J. Manon



ELEVATION - 0.01 ft.
 _____ MSL Top of Protective Casing
 _____ MSL Top of Riser Pipe
 _____ Ft. of Protective Casing Slickup
3.0 Ft. of Riser Slickup
 _____ MSL Ground Surface
 _____ Ft. Bottom of Surface plug
 _____ Ft. Total Portland Cement
N/A Ft. Top of Voleley Grout
N/A Ft. Bottom of Surface Casing
N/A Ft. Total Void Clay Grout Interval
2.5 Ft. Top of Seal
1.0 Ft. Total Seal Interval
3.5 Ft. Top of SandPack
1.5 Ft. Total Sand Interval
5.0 Ft. Top of Pea Gravel
7.0 Ft. Top of Screen
7.0 Ft. Total Pea Gravel Interval
5.0 Ft. Total Screen Interval
12.0 Ft. Bottom of Screen
17.5 Ft. Bottom of Borehole

MW-1D

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Taylor		WI Unique Well # of Removed Well		Hicap #		Facility Name Alter Metal Recycling	
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS)	
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring #	
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		Original Well Owner	
_____ 1/4		Section		Range <input type="checkbox"/> E		Present Well Owner	
or Gov't Lot #		Township		Range <input type="checkbox"/> W		Mailing Address of Present Owner 510 W. Allman Street	
Well Street Address 510 W. Allman Street				City of Present Owner Medford			
Well City, Village or Town Medford				State WI			
Subdivision Name				ZIP Code 54451			
Reason for Removal from Service Project Closed				Lot #			

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Original Construction Date (mm/dd/yyyy) 8/23/92		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type:		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Drilled		Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Driven (Sandpoint)		Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Dug		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type:		Required Method of Placing Sealing Material			
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped			
<input type="checkbox"/> Bedrock		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Total Well Depth From Ground Surface (ft.) 72		Sealing Materials			
Casing Diameter (in.) 2		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
Lower Drillhole Diameter (in.) 8		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
Casing Depth (ft.) 72		For Monitoring Wells and Monitoring Well Boreholes Only:			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
If yes, to what depth (feet)? 53.7		<input type="checkbox"/> Granular Bentonite <input checked="" type="checkbox"/> Bentonite - Sand Slurry			
Depth to Water (feet) 0.79					

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	72	~1 sack	
Bentonite sand slurry Tremie grouted			

6. Comments
Returned and topped with bentonite chips

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Meridian Env. Svc., LLC	License # 1061	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/6/17	Date Received	Noted By
Street or Route 2711 N. Elcor Rd	Telephone Number (715) 832-6608	Comments		
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work 	Date Signed 6-16-17

WELL COMPLETION RECORD

USGS Rev 1-91

MW-1D

Site: _____ County: _____ Well No.: MW 1D
 Site Name: MEDFORD (Sewer Processing) Grid Coordinates: Northing 479036.4732 Easting 1877588.2447
 Drilling Contractor: U.S.G.S. Wisconsin District Date Drilling Started: 8/21/92
 Driller: ANNON / DAINMAN Geologist: Pill DAINMAN Date Drilling Ended: 8/23/92
 Drilling Method: Waller Core Auger Drilling Fluid (type): N/A

ANNULAR SPACE DETAILS:

Type of Surface Seal: Aggregate Concrete
 Type of Annular Sealant: Bentonite Slurry

Amount of cement: # of bags 1/2 lbs. per bag 47 --
 Amount of bentonite: # of bags 1/2 lbs. per bag 50
 Type of bentonite seal (granular, pellets): N/A

Amount of bentonite: # of bags 1/2 lbs. per bag 50
 Type of Sand Pack: PEA gravel / Silica Sand
 Source of Sand: American Materials

Amount of Sand: # of bags 1/2 lbs. per bag 100
 Amount of Pea gravel 1 " 100

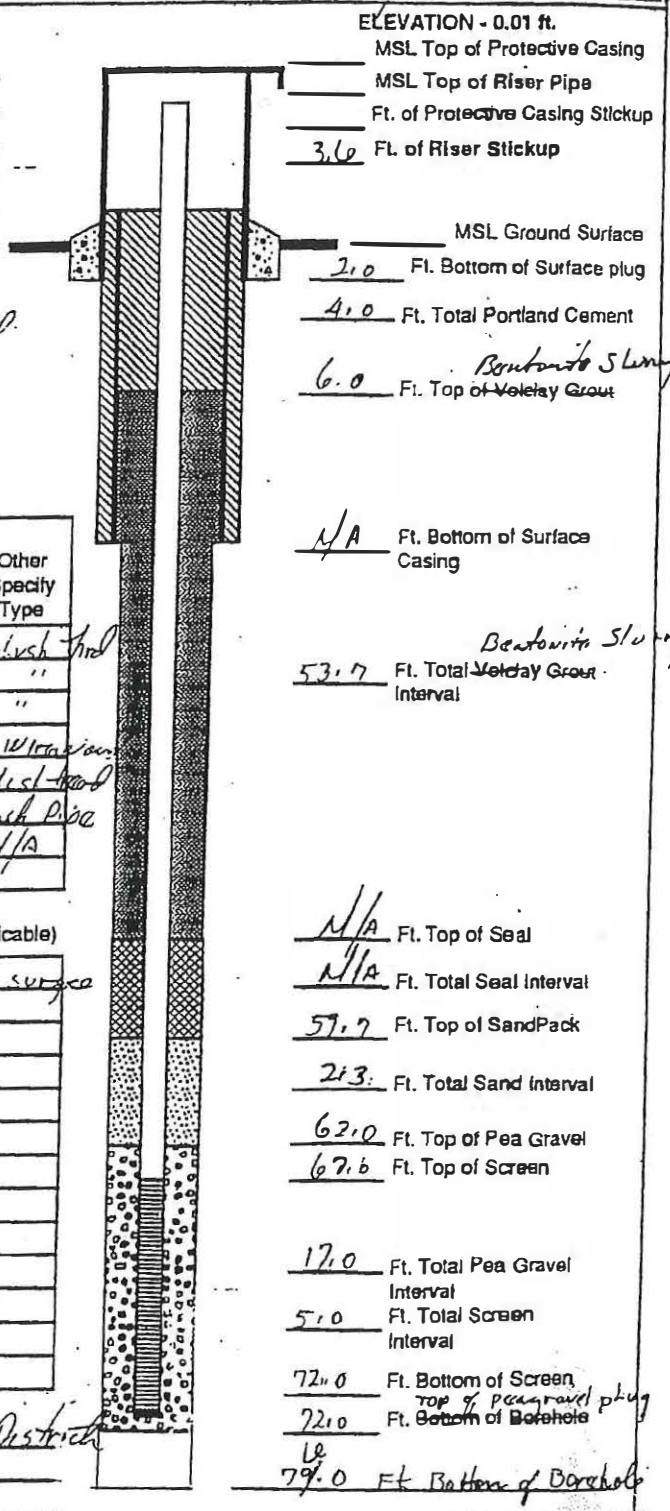
WELL CONSTRUCTION MATERIALS:

Date of Construction:	Stainless Steel Specify Type	Teflon Specify Type	PVC Specify Type	Other Specify Type
<u>8/23/92</u>				
Riser Coupling Joint			<u>Sch 40</u>	<u>Flush End</u>
Riser pipe above W.T.			"	"
Riser pipe below W.T.			"	"
Screen			"	<u>Ultra fine</u>
Coupling joint screen to riser			<u>Sch 40</u>	<u>Flush End</u>
Protective Casing				<u>Black PVC</u>
Surface Casing				<u>N/A</u>

MEASUREMENTS

to 0.01 ft. (where applicable)

Riser pipe length	<u>62.0 ft screen level surface</u>
Protective casing length	<u>5.0 ft</u>
Screen length	<u>5.0 ft</u>
Bottom of screen to end cap	<u>2.0 in</u>
Top of screen to first joint	<u>2.0 in</u>
Total length of casing	<u>N/A</u>
Screen slot size	<u>.010 in</u>
No. of opening in screen	<u>357</u>
I D of Riser Pipe	<u>2.0 in</u>
Diameter of bore hole	<u>8.0 in</u>



ELEVATION - 0.01 ft.
 _____ MSL Top of Protective Casing
 _____ MSL Top of Riser Pipe
 _____ Ft. of Protective Casing Stickup
3.6 Ft. of Riser Stickup
 _____ MSL Ground Surface
2.0 Ft. Bottom of Surface plug
4.0 Ft. Total Portland Cement
6.0 Ft. Top of Bentonite Slurry
N/A Ft. Bottom of Surface Casing
53.7 Ft. Total Void Interval
N/A Ft. Top of Seal
N/A Ft. Total Seal Interval
57.7 Ft. Top of SandPack
2.3 Ft. Total Sand Interval
62.0 Ft. Top of Pea Gravel
67.6 Ft. Top of Screen
17.0 Ft. Total Pea Gravel Interval
5.0 Ft. Total Screen Interval
72.0 Ft. Bottom of Screen
72.0 Ft. Bottom of Borehole
79.0 Ft. Bottom of Borehole

Well Constructed By: U.S.G.S. Wisconsin District
 Surveyed By: _____
 Form Completed By: Bruce J. MANNING

MW-2S

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

2. Facility / Owner Information

County: Taylor WI Unique Well # of Removed Well: _____ Hicap #: _____
 Latitude / Longitude (see instructions): _____ N DD GPS008
 _____ W DDM SCR002
 _____ OTH001
 1/4 or Gov't Lot #: _____ Section: _____ Township: _____ Range: E W
 Well Street Address: 510 W. Allman Street
 Well City, Village or Town: Medford Well ZIP Code: 54451
 Subdivision Name: _____ Lot #: _____

Facility Name: Alter Metal Recycling
 Facility ID (FID or PWS): _____
 License/Permit/Monitoring #: _____
 Original Well Owner: _____
 Present Well Owner: _____
 Mailing Address of Present Owner: 510 W. Allman Street
 City of Present Owner: Medford State: WI ZIP Code: 54451

Reason for Removal from Service: Project Closed WI Unique Well # of Replacement Well: _____

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 8/27/92
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

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

Construction Type:

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

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): _____

Formation Type:

Unconsolidated Formation Bedrock

Sealing Materials

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

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

Total Well Depth From Ground Surface (ft.): 18 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8" Casing Depth (ft.): 18 ✓

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? 4 Depth to Water (feet): 5.92

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>bentonite chips</u>	<u>Surface</u>	<u>18</u>	<u>~ 1/2 bag</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Meridian Env. Costly, LLC License #: 1061 Date of Filling & Sealing or Verification (mm/dd/yyyy): 5/6/17
 Street or Route: 2711 N. Elcor Rd Telephone Number: (715) 832-6608
 City: Fall Creek State: WI ZIP Code: 54742 Signature of Person Doing Work: [Signature] Date Signed: 6-16-17

DNR Use Only

Date Received: _____ Noted By: _____
 Comments: _____

WELL COMPLETION RECORD

MW-25

USGS Rev 1-91

Site: _____ County: _____ Well No.: 10025
 Site Name: Mason Pond (Spring Protection) Grid Coordinates: Northing 479017.2817 Easting 1877228.493
 Drilling Contractor: U.S. G.S. Wisconsin District Date Drilling Started: 8/27/92
 Driller: L. Bauer / Dawson Geologist: Paul M. Parker Date Drilling Ended: 8/29/92
 Drilling Method: Yellow Stone Auger Drilling Fluid (type): N/A

ANNULAR SPACE DETAILS:

Type of Surface Seal: Aggregate Concrete
 Type of Annular Sealant: Portland Cement
 Amount of cement: # of bags 1, lbs. per bag 80
 Amount of bentonite: # of bags N/A lbs. per bag N/A
 Type of bentonite seal (granular, pellets): 1/2 50 lb Bucket
 Amount of bentonite: # of bags N/A lbs. per bag N/A
 Type of Sand Pack: Pea gravel / silica sand
 Source of Sand: American material
 Amount of Sand: # of bags 1/2 lbs. per bag 100
 Amount of Pea gravel 13 " 100

ELEVATION - 0.01 ft

MSL Top of Protective Casing
 MSL Top of Riser Pipe
 Ft. of Protective Casing Stickup
24.16 Ft. of Riser Stickup
 MSL Ground Surface
2.0 Ft. Bottom of Surface plug
2.0 Ft. Total Portland Cement
N/A Ft. Top of Volclay Grout
N/A Ft. Bottom of Surface Casing

WELL CONSTRUCTION MATERIALS:

Date of Construction:	Stainless Steel Specify Type	Teflon Specify Type	PVC Specify Type	Other Specify Type
<u>8/27/92</u>				
Riser Coupling Joint			<u>Sch 80</u>	<u>TEFLON TA</u>
Riser pipe above W.T.			<u>"</u>	<u>"</u>
Riser pipe below W.T.			<u>"</u>	<u>"</u>
Screen			<u>"</u>	<u>" King 10"</u>
Coupling joint screen to riser			<u>Sch 80</u>	<u>thick thro</u>
Protective Casing				<u>Black Pipe</u>
Surface Casing				<u>N/A</u>

MEASUREMENTS

to 0.01 ft. (where applicable)

Riser pipe length	<u>13.0 ft above land surface</u>
Protective casing length	<u>5.0 ft</u>
Screen length	<u>10.0 ft</u>
Bottom of screen to end cap	<u>2.0 in</u>
Top of screen to first joint	<u>2.9 in</u>
Total length of casing	<u>N/A</u>
Screen slot size	<u>.610</u>
No. of opening in screen	<u>1714</u>
ID of Riser Pipe	<u>2.0 in</u>
Diameter of bore hole	<u>8.0 in</u>

N/A Ft. Total Volclay Grout Interval
4.0 Ft. Top of Seal
2.0 Ft. Total Seal Interval
6.0 Ft. Top of SandPack
1.0 Ft. Total Sand Interval
7.0 Ft. Top of Pea Gravel
8.0 Ft. Top of Screen
11.0 Ft. Total Pea Gravel Interval
10 Ft. Total Screen Interval
5.0 Ft. Total Screen Interval
13.0 Ft. Bottom of Screen
18.5 Ft. Bottom of Borehole

Well Constructed By: U.S. G.S. Wisconsin District
 Surveyed By: _____
 Form Completed By: Brent J. Morrison

MW-2D

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

2. Facility / Owner Information

County Taylor	WI Unique Well # of Removed Well	Hicap #	Facility Name Alter Metal Recycling
Latitude / Longitude (see instructions) N W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 510 W. Allman Street			License/Permit/Monitoring #
Well City, Village or Town Medford			Well ZIP Code 54451
Subdivision Name			Lot #
Reason for Removal from Service Project Closed			WI Unique Well # of Replacement Well
Original Construction Date (mm/dd/yyyy) 8-26-92			If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>

3. Filled & Sealed Well / Drillhole / Borehole Information

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 8-26-92	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 62	Casing Diameter (in.) 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 62 ✓	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, to what depth (feet)? 52	Depth to Water (feet) 1.10	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

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

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): _____

Sealing Materials

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

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
bentonite sand slurry	Surface	62	1 sack	

6. Comments
returned + topped w/ chips

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Meredean Eaw. Csly, LLC	License # 1061	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/6/17	Date Received	Noted By
Street or Route 2711 N. Elco Rd		Telephone Number (715) 832-6608	Comments	
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work 	Date Signed 6-16-17

WELL COMPLETION RECORD

USGS Rev. 1-91

Site: _____ County: _____ Well No.: mw-2D
 Site Name: MKOFORD (creek processing) Grid Coordinates: Northing 479046.1638 Easting 1877223.8838
 Drilling Contractor: U.S.G.S. Wisconsin District Date Drilling Started: 8/29/92
 Driller: MANSON / RANSON Geologist: Bill Morrison Date Drilling Ended: 9/26/92
 Drilling Method: Hollow Stem Auger Drilling Fluid (type): N/A

ANNULAR SPACE DETAILS:

Type of Surface Seal: Aggregate Concrete
 Type of Annular Sealant: Bentonite Slurry
 Amount of cement: # of bags 2 lbs. per bag 80
 Amount of bentonite: # of bags 3/4 lbs. per bag 50
 Type of bentonite seal (granular, pellets): N/A
 Amount of bentonite: # of bags 3/4 lbs. per bag 50
 Type of Sand Pack: PKA gravel / Silica sand
 Source of Sand: American Material
 Amount of Sand: # of bags 1/2 lbs. per bag 100
 Amount of Polyurethane: 3 " 100

ELEVATION - 0.01 ft.
 MSL Top of Protective Casing
 MSL Top of Riser Pipe
 Ft. of Protective Casing Stickup
≈ 3.2 Ft. of Riser Stickup
 MSL Ground Surface
2.0 Ft. Bottom of Surface plug
7.0 Ft. Total Portland Cement
9.0 Ft. Top of Velocity Grout
N/A Ft. Bottom of Surface Casing
91.3 Ft. Total Velocity Grout Interval

WELL CONSTRUCTION MATERIALS:

Date of Construction:	Stainless Steel Specify Type	Tellon Specify Type	PVC Specify Type	Other Specify Type
<u>8/26/92</u>				
Riser Coupling Joint			<u>Sch 80 Fluk Thick</u>	
Riser pipe above W.T.			<u>" "</u>	
Riser pipe below W.T.			<u>" "</u>	
Screen			<u>" " Wirewound</u>	
Coupling joint screen to riser			<u>Sch 80 Fluk Thick</u>	
Protective Casing				<u>Black Pip</u>
Surface Casing				<u>N/A</u>

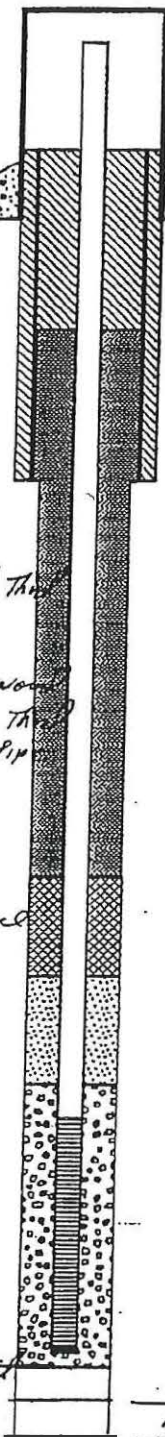
MEASUREMENTS

to 0.01 ft. (where applicable)

Riser pipe length	<u>57.0 ft from land surface</u>
Protective casing length	<u>5.0 ft</u>
Screen length	<u>5.0 ft</u>
Bottom of screen to end cap	<u>2.0 in</u>
Top of screen to first joint	<u>2.0 in</u>
Total length of casing	<u>N/A</u>
Screen slot size	<u>.010 in</u>
No. of opening in screen	<u>857</u>
I D of Riser Pipe	<u>2.0 in</u>
Diameter of bore hole	<u>8.0 in</u>

N/A Ft. Top of Seal
N/A Ft. Total Seal Interval
52.3 Ft. Top of SandPack
1.3 Ft. Total Sand Interval
53.7 Ft. Top of Pea Gravel
57 Ft. Top of Screen
9.4 Ft. Total Pea Gravel Interval
5.0 Ft. Total Screen Interval
62.0 Ft. Bottom of Screen
62.0 Ft. Bottom of Bentonite
63.0 Ft. Bottom of Polyurethane
79.0 Ft. Bottom of Bentonite Formed into borehole

Well Constructed By: U.S.G.S. Wisconsin District
 Surveyed By: _____
 Form Completed By: Brad J. Manson



MW-3D

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

County: Taylor WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): _____ N Format Code: DD Method Code: GPS008
 _____ W DDM SCR002
 _____ OTH001

1/4 / 1/4 _____ Section _____ Township _____ Range E Original Well Owner _____
 or Gov't Lot # _____ N W

Well Street Address: 510 W. Allman Street

Well City, Village or Town: Medford Well ZIP Code: 54451

Subdivision Name _____ Lot # _____

2. Facility / Owner Information

Facility Name: Alter Metal Recycling

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: 510 W. Allman Street

City of Present Owner: Medford State: WI ZIP Code: 54451

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): _____

Sealing Materials

Neat Cement Grout Concrete

Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout

Granular Bentonite Bentonite - Sand Slurry

3. Filled & Sealed Well / Drillhole / Borehole Information

Reason for Removal from Service: Project Closed WI Unique Well # of Replacement Well: _____

Monitoring Well Original Construction Date (mm/dd/yyyy): 8-3-99

Water Well

Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): _____

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 70 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8 Casing Depth (ft.): 70 ✓

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? 50 Depth to Water (feet): Flowing

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	70	1 sack	

6. Comments

7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing: <u>Meridian Env. Csty, LLC</u>	License #: <u>1061</u>	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>5/6/17</u>	Date Received	Noted By
Street or Route: <u>2711 N. Elco Rd</u>	Telephone Number: <u>(715) 832-6608</u>	Comments		
City: <u>Fall Creek</u>	State: <u>WI</u> ZIP Code: <u>54742</u>	Signature of Person Doing Work: <u>[Signature]</u>	Date Signed: <u>6-16-17</u>	

Route To: Watershed/Wastewater
 Remediation/Redevelopment
 Waste Management
 Other

Facility/Project Name

Local Grid Location of Well

Well Name

Scrap Site

ft. N. E.
 S. W.

MW-3D

Facility License, Permit or Monitoring No.

Grid Origin Location (Check if estimated:)

Wis. Unique Well No. DNR Well Number

Lat. " " Long. " " or

Facility ID

St. Plane ft. N. ft. E. S/C/N

Date Well Installed

34101632

Section Location of Waste/Source

08/03/1999

Type of Well

1/4 of 1/4 of Sec. T. N, R. E W

Well Installed By: (Person's Name and Address)

Well Code 12/pz

Location of Well Relative to Waste/Source

L. Erdman

Distance Well Is From Waste/Source Boundary

ft. u s d n Not Known

Boart Longyear

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation 1.50 ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or 5.0 ft.

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

13. Sieve analysis attached? Yes No

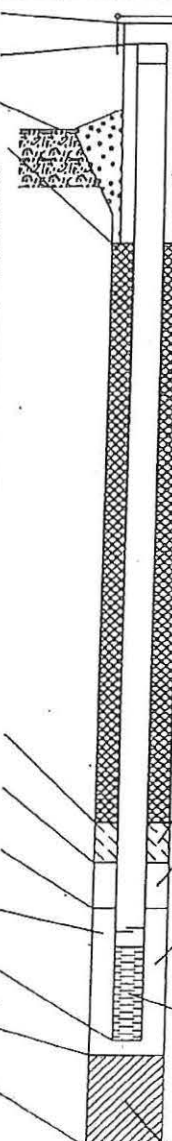
14. Drilling method used: Rotary 50
Hollow Stem Auger 41
Other

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

16. Drilling additives used? Yes No

Describe _____

17. Source of water (attach analysis): _____



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: 4.0
 - b. Length: 7.0
 - c. Material: Steel 0 Other
 - d. Additional protection? Yes No
If yes, describe: Bumper Post
- 3. Surface seal: Bentonite 3
Concrete 0
Other
- 4. Material between well casing and protective pipe: Grout Bentonite 3
Other
- 5. Annular space seal:
 - a. Granular Bentonite 3
 - b. _____ Lbs/gal mud weight . Bentonite-sand slurry 3
 - c. _____ Lbs/gal mud weight . . . Bentonite slurry 3
 - d. Y % Bentonite . . . Bentonite-cement grout 5
 - e. _____ Ft³ volume added for any of the above
 - f. How installed: Tremie 0
Tremie pumped 0
Gravity 0
- 6. Bentonite seal:
 - a. Bentonite granules 3
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite pellets 3
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name and mesh
a. #7 Badger
- b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name and mesh
a. #30 American Materials
- b. Volume added _____ ft³
- 9. Well casing: Flush threaded PVC schedule 40 2
Flush threaded PVC schedule 80 2
Other
- 10. Screen material: PVC
 - a. Screen Type: Factory cut 1
Continuous slot 0
Other
 - b. Manufacturer Boart Longyear
 - c. Slot size: 0.010
 - d. Slotted length: 10.0
- 11. Backfill material (below filter pack): None 1
Other

E. Bentonite seal, top _____ ft. MSL or 5.0 ft.

F. Fine sand, top _____ ft. MSL or 55.0 ft.

G. Filter pack, top _____ ft. MSL or 57.0 ft.

H. Screen joint, top _____ ft. MSL or 60.0 ft.

I. Well bottom _____ ft. MSL or 70.0 ft.

J. Filter pack, bottom _____ ft. MSL or 71.3 ft.

K. Borehole, bottom _____ ft. MSL or 71.3 ft.

L. Borehole, diameter 8.0 in.

M. O.D. well casing 2.37 in.

N. I.D. well casing 2.06 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature [Signature] Firm Boart Longyear 101 Alderson St. Schofield, WI 54476 Tel: (715)359-7070 Fax: (715)355-5757

Please complete both Forms 4400-113A and 4400-113B and return 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.

MW-4S

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water

Watershed/Wastewater

Remediation/Redevelopment

Waste Management

Other: _____

1. Well Location Information

2. Facility/Owner Information

County: Taylor WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): _____ N DD GPS008
 _____ W DDM SCR002
 OTH001

1/4 / 1/4 _____ Section: _____ Township: _____ Range: E W
 or Gov't Lot #: _____

Well Street Address: 510 W. Allman Street

Well City, Village or Town: Medford Well ZIP Code: 54451

Subdivision Name: _____ Lot #: _____

Facility Name: Alter Metal Recycling

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: 510 W. Allman Street

City of Present Owner: Medford State: WI ZIP Code: 54451

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): _____

Sealing Materials

Neat Cement Grout Concrete

Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout

Granular Bentonite Bentonite - Sand Slurry

3. Filled & Sealed Well / Drillhole / Borehole Information

Reason for Removal from Service: Project Closed WI Unique Well # of Replacement Well: _____

Monitoring Well Water Well Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 8/2/99

If a Well Construction Report is available, please attach:

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): _____

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 20 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8 Casing Depth (ft.): 20 ✓

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? 3 Depth to Water (feet): 3.04

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	~ 2/3 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Meridian Env. Cstg, LLC License #: 1061 Date of Filling & Sealing or Verification (mm/dd/yyyy): 5/6/17

Street or Route: 2711 N. Elco Rd Telephone Number: (715) 832-6608

City: Fall Creek State: WI ZIP Code: 54742 Signature of Person Doing Work: [Signature] Date Signed: 6-16-17

DNR Use Only

Date Received: _____ Noted By: _____

Comments: _____

Route To:

Watershed/Wastewater
Remediation/Redevelopment

Waste Management
Other

Facility/Project Name Scrap Site	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-4S
Facility License, Permit or Monitoring No.	Grid Origin Location (Check if estimated: <input type="checkbox"/>) Lat. _____ " Long. _____ " or St. Plane _____ ft. N. _____ ft. E. S/C/N	Wis. Unique Well No. _____ DNR Well Number: _____
Facility ID 34101632	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Date Well Installed 08/02/1999
Type of Well Well Code 11/mw	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Side gradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and F) L. Erdman
Distance Well Is From Waste/Source Boundary _____ ft.		Boart Longyear

A. Protective pipe, top elevation _____ ft. MSL
B. Well casing, top elevation **1.50** ft. MSL
C. Land surface elevation _____ ft. MSL
D. Surface seal, bottom _____ ft. MSL or **3.0** ft.

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

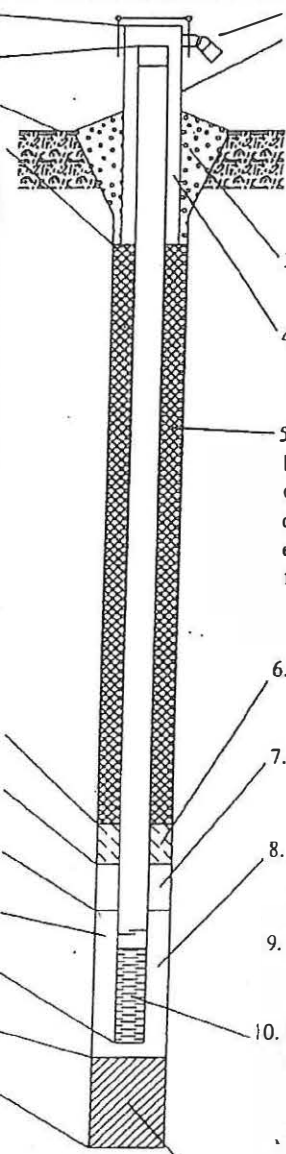
13. Sieve analysis attached? Yes No

14. Drilling method used: Rotary 50
Hollow Stem Auger 41
Other 32

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

16. Drilling additives used? Yes No
Describe _____

17. Source of water (attach analysis):



1. Cap and lock? Yes No

2. Protective cover pipe:
a. Inside diameter: **4.0**
b. Length: **7.0**
c. Material: Steel 0
Other
d. Additional protection? Yes No
If yes, describe: **Bumper Post**

3. Surface seal: Bentonite 3
Concrete 0
Other

4. Material between well casing and protective pipe:
Bentonite 3
#30 Sand Other

5. Annular space seal:
a. Granular Bentonite 3
b. _____ Lbs/gal mud weight Bentonite-sand slurry 3
c. _____ Lbs/gal mud weight Bentonite slurry 3
d. **Y** % Bentonite _____ Bentonite-cement grout 5
e. _____ Ft³ volume added for any of the above
f. How installed: Tremie 0
Tremie pumped 0
Gravity 0

6. Bentonite seal: a. Bentonite granules 3
b. 1/4 in. 3/8 in. 1/2 in. Bentonite pellets 3
c. _____ Other

7. Fine sand material: Manufacturer, product name and mesh
a. **#7 Badger**
b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name and mesh
a. **#30 American Materials**
b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 2
Flush threaded PVC schedule 80 2
Other

10. Screen material: **PVC**
a. Screen Type: Factory cut 1
Continuous slot 0
Other
b. Manufacturer **Boart Longyear**
c. Slot size: **0.010**
d. Slotted length: **10.0**

11. Backfill material (below filter pack): None 1
Other

E. Bentonite seal, top _____ ft. MSL or **3.0** ft.
F. Fine sand, top _____ ft. MSL or **5.0** ft.
G. Filter pack, top _____ ft. MSL or **7.0** ft.
H. Screen joint, top _____ ft. MSL or **10.0** ft.
I. Well bottom _____ ft. MSL or **20.0** ft.
J. Filter pack, bottom _____ ft. MSL or **22.0** ft.
K. Borehole, bottom _____ ft. MSL or **22.0** ft.
L. Borehole, diameter **8.0** in.
M. O.D. well casing **2.37** in.
N. I.D. well casing **2.06** in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature *[Signature]* Firm **Boart Longyear** 101 Alderson St. Schofield, WI 54476
Tel: (715)359-7090 Fax: (715)355-57

Please complete both Forms 4400-113A and 4400-113B and return 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.

MP-1

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

2. Facility / Owner Information

County: Taylor WI Unique Well # of Removed Well: _____ Hicap #: _____
 Latitude / Longitude (see instructions): _____ N Format Code: DD Method Code: GPS008
 _____ W DDM SCR002
 _____ OTH001
 1/4 / 1/4 1/4 Section Township Range E
 or Gov't Lot # N W
 Well Street Address: 510 W. Allman Street
 Well City, Village or Town: Medford Well ZIP Code: 54451
 Subdivision Name Lot #

Facility Name: Alter Metal Recycling
 Facility ID (FID or PWS): _____
 License/Permit/Monitoring #: _____
 Original Well Owner: _____
 Present Well Owner: _____
 Mailing Address of Present Owner: 510 W. Allman Street
 City of Present Owner: Medford State: WI ZIP Code: 54451

Reason for Removal from Service: Project Closed WI Unique Well # of Replacement Well: _____

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

3. Filled & Sealed Well / Drillhole / Borehole Information
 Monitoring Well Original Construction Date (mm/dd/yyyy): 8-23-92
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

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

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): hand auger

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

Formation Type:
 Unconsolidated Formation Bedrock

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips
 For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

Total Well Depth From Ground Surface (ft.): 7.5 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 2 Casing Depth (ft.): 7.5 ✓

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet): 1.68

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	7.5	~ 1/3 bag	

bentonite chips

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: <u>Meridian Env. Cslty, LLC</u>	License #: <u>1061</u>	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>5/6/17</u>	DNR Use Only	
Street or Route: <u>2711 N. Elco Rd</u>	Telephone Number: <u>(715) 832-6608</u>	Date Received:	Noted By:	
City: <u>Fall Creek</u>	State: <u>WI</u>	ZIP Code: <u>54742</u>	Signature of Person Doing Work: <u>[Signature]</u>	
			Date Signed: <u>6-16-17</u>	

WELL COMPLETION RECORD

USGS Rev 1-01

Site: Scrap Processing County: TAYLOR Well No.: MP1
 Site Name: Medford (Scrap Processing) Grid Coordinates: Northing 479684.0359 Easting 1876753.6423
 Drilling Contractor: USGS/EPA Date Drilling Started: 8-18-92
 Driller: W.S. MORROW Geologist: W.S. MORROW Date Drilling Ended: 8-23-92
 Drilling Method: Hand Auger Drilling Fluid (type): NONE

ANNULAR SPACE DETAILS:

Type of Surface Seal: _____
 Type of Annular Sealant: _____
 Amount of cement: # of bags _____ lbs. per bag _____
 Amount of bentonite: # of bags _____ lbs. per bag _____
 Type of bentonite seal (granular, pellets): _____
 Amount of bentonite: # of bags _____ lbs. per bag _____
 Type of Sand Pack: _____
 Source of Sand: _____
 Amount of Sand: # of bags _____ lbs. per bag _____

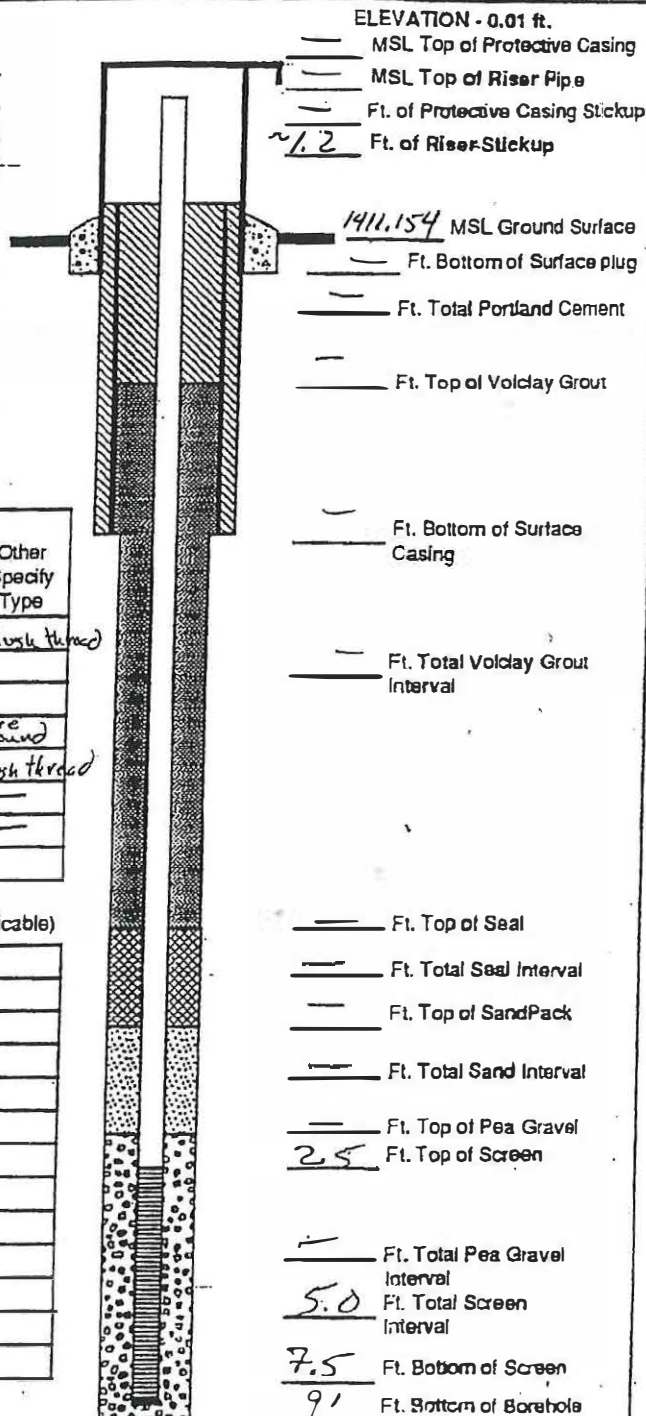
WELL CONSTRUCTION MATERIALS:

Date of Construction:	Stainless Steel Specify Type	Tellon Specify Type	PVC Specify Type	Other Specify Type
Riser Coupling Joint			sch 80	Flush thread
Riser pipe above W.T.				
Riser pipe below W.T.				
Screen			" "	wire wound
Coupling joint screen to riser			" "	Flush thread
Protective Casing				
Surface Casing				

MEASUREMENTS

to 0.01 ft. (where applicable)

Riser pipe length	3.7 Feet
Protective casing length	—
Screen length	5.0 Feet
Bottom of screen to end cap	2.0 inches
Top of screen to first joint	2.0 inches
Total length of casing	
Screen slot size	010
No. of opening in screen	
ID of Riser Pipe	2.0 inches
Diameter of bore hole	2.0 inches



Well Constructed By: W.S. Morrow
 Surveyed By: ACE
 Form Completed By: William Morrow

MP-25

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Taylor	WI Unique Well # of Removed Well	Hicap #	Facility Name Alter Metal Recycling
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 1/4 _____ or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 510 W. Allman Street			Original Well Owner
Well City, Village or Town Medford			Well ZIP Code 54451
Subdivision Name			Lot #
Reason for Removal from Service Project Closed			WI Unique Well # of Replacement Well
Well Street Address			Mailing Address of Present Owner 510 W. Allman Street
Well City, Village or Town			City of Present Owner Medford
Subdivision Name			State WI
			ZIP Code 54451

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/9/99	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Water Well		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 20 ✓	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? 6	Depth to Water (feet)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
benonite chips	Surface	20	12/3 bags	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Meridian Env. Csty, LLC	License # 1061	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/6/17	Date Received	Noted By
Street or Route 2711 N. Felcor Rd	Telephone Number (715) 832-6608	Comments		
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work 	Date Signed 6-16-17

Route To:

Watershed/Wastewater
Remediation/Redevelopment

Waste Management
Other

Facility/Project Name Scrap Site	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MP-25
Facility License, Permit or Monitoring No.	Grid Origin Location (Check if estimated: <input type="checkbox"/>) Lat. _____ " Long. _____ " or _____ " or _____ "	Wis. Unique Well No. _____ DNR Well Number _____
Facility ID 34101632	St. Plane _____ ft. N. _____ ft. E. S/C/N _____	Date Well Installed 12/09/1999
Type of Well Well Code 11/mw	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____, T. _____ N. R. _____ <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: (Person's Name and Firm) M. Mueller
Distance Well Is From Waste/Source Boundary _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Boart Longyear

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation <u>2.50</u> ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>4.0</u> in.
C. Land surface elevation _____ ft. MSL	b. Length: <u>7.0</u> ft.
D. Surface seal, bottom _____ ft. MSL or <u>6.0</u> ft.	c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USC classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MHC <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: <u>4" Bumper Post</u>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 <u>#30 Sand</u> Other <input checked="" type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
17. Source of water (attach analysis): _____	7. Fine sand material: Manufacturer, product name and mesh a. <u>#7 Badger</u> b. Volume added _____ ft ³
E. Bentonite seal, top _____ ft. MSL or <u>0.2</u> ft.	8. Filter pack material: Manufacturer, product name and mesh a. <u>#30 American Materials</u> b. Volume added _____ ft ³
F. Fine sand, top _____ ft. MSL or <u>6.0</u> ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or <u>8.0</u> ft.	10. Screen material: <u>PVC</u> a. Screen Type: Factory cut <input type="checkbox"/> 11 Continuous slot <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or <u>10.0</u> ft.	b. Manufacturer <u>Boart Longyear</u> c. Slot size: <u>0.010</u> in.
I. Well bottom _____ ft. MSL or <u>20.0</u> ft.	d. Slotted length: <u>10.0</u> ft.
J. Filter pack, bottom _____ ft. MSL or <u>22.0</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or <u>22.0</u> ft.	
L. Borehole, diameter <u>8.0</u> in.	
M. O.D. well casing <u>2.37</u> in.	
N. I.D. well casing <u>2.06</u> in.	

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

Signature M. Mueller Firm Boart Longyear Tel: (715)359-7096
101 Anderson St. Schofield, WI 54476 Fax: (715)355-5714

Please complete both Forms 4400-113A and 4400-113B and return 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.

MP-2D

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

2. Facility / Owner Information

County: Taylor WI Unique Well # of Removed Well: _____ Hicap #: _____
 Latitude / Longitude (see instructions): _____ N Format Code: DD Method Code: GPS008
 _____ W DDM SCR002
 _____ OTH001
 1/4 / 1/4: _____ Section: _____ Township: _____ Range: E
 or Gov't Lot #: _____ N W
 Well Street Address: 510 W. Allman Street
 Well City, Village or Town: Medford Well ZIP Code: 54451
 Subdivision Name: _____ Lot #: _____

Facility Name: Alter Metal Recycling
 Facility ID (FID or PWS): _____
 License/Permit/Monitoring #: _____
 Original Well Owner: _____
 Present Well Owner: _____
 Mailing Address of Present Owner: 510 W. Allman Street
 City of Present Owner: Medford State: WI ZIP Code: 54451

Reason for Removal from Service: Project Closed WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

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

Monitoring Well Original Construction Date (mm/dd/yyyy): 12/10/99
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach: _____

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

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

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

Formation Type:
 Unconsolidated Formation Bedrock

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips
 For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

Total Well Depth From Ground Surface (ft.): 55 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8 Casing Depth (ft.): 55 ✓

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? 40 Depth to Water (feet): 1.10

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	55	1 sack	

bentonite sand slurry return + top w/ chips

6. Comments

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By	
<u>Meridian Env. Svc., LLC</u>	<u>1061</u>	<u>5/16/17</u>			
Street or Route	Telephone Number	Comments			
<u>2711 N. Elco Rd.</u>	<u>(715) 832-6608</u>				
City	State	ZIP Code	Signature of Person Doing Work	Date Signed	
<u>Fall Creek</u>	<u>WI</u>	<u>54742</u>	<u>[Signature]</u>	<u>6-16-17</u>	

Route To:

Watershed/Wastewater
Remediation/Redevelopment

Waste Management
Other

Facility/Project Name Scrap Site	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MP-2D
Facility License, Permit or Monitoring No.	Grid Origin Location (Check if estimated: <input type="checkbox"/>) Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E. S/C/N	Wis. Unique Well No. _____ DNR Well Number _____
Facility ID 34101632	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E. <input type="checkbox"/> W.	Date Well Installed 12/10/1999
Type of Well Well Code 12/pz	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) M. Mueller Boart Longyear

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation 2.50 ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or 1.0 ft.

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

13. Sieve analysis attached? Yes No

14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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

16. Drilling additives used? Yes No

Describe _____

17. Source of water (attach analysis): _____

1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: 4.0 in
 b. Length: 7.0 ft
 c. Material: Steel 04
 Other

d. Additional protection? Yes No
 If yes, describe: 4" Bumper Post

3. Surface seal:
 Bentonite 30
 Concrete 01
 Other

4. Material between well casing and protective pipe:
 Bentonite 30
#30 Sand Other

5. Annular space seal:
 a. Granular Bentonite 33
 b. _____ Lbs/gal mud weight . Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight . . . Bentonite slurry 31
 d. _____ % Bentonite . . . Bentonite-cement grout 50
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08

6. Bentonite seal:
 a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite pellets 32
 c. _____ Other

7. Fine sand material: Manufacturer, product name and mesh si
 a. _____ NA
 b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name and mesh :
 a. _____ PrePack Screen & Native
 b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other

10. Screen material: PVC
 a. Screen Type: Factory cut 11
 Continuous slot 01
 Other

b. Manufacturer Boart Longyear
 c. Slot size: 0.012 in
 d. Slotted length: 10.0 ft

11. Backfill material (below filter pack): None 14
 Other

E. Bentonite seal, top _____ ft. MSL or 1.0 ft.

F. Fine sand, top _____ ft. MSL or NA ft.

G. Filter pack, top _____ ft. MSL or 40.0 ft.

H. Screen joint, top _____ ft. MSL or 45.0 ft.

I. Well bottom _____ ft. MSL or 55.0 ft.

J. Filter pack, bottom _____ ft. MSL or 55.0 ft.

K. Borehole, bottom _____ ft. MSL or 55.0 ft.

L. Borehole, diameter 8.0 in.

M. O.D. well casing 2.37 in.

N. I.D. well casing 2.06 in.

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

Signature [Signature] Firm Boart Longyear Tel: (715)359-709C
 101 Alderson St. Schofield, WI 54476 Fax: (715)355-5715

Please complete both Forms 4400-113A and 4400-113B and return 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.

MP3

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

2. Facility / Owner Information

County: Taylor WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): _____ N DD GPS008
 _____ W DDM SCR002 OTH001

1/4 / 1/4 _____ Section _____ Township _____ Range E W
 or Gov't Lot # _____

Well Street Address: 510 W. Allman Street

Well City, Village or Town: Medford Well ZIP Code: 54451

Subdivision Name _____ Lot # _____

Facility Name: Alter Metal Recycling

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: 510 W. Allman Street

City of Present Owner: Medford State: WI ZIP Code: 54451

Reason for Removal from Service: Project closed WI Unique Well # of Replacement Well: _____

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

Monitoring Well
 Water Well
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 11-3-92

If a Well Construction Report is available, please attach.

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): hand auger

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): _____

Formation Type:

Unconsolidated Formation Bedrock

Sealing Materials

Neat Cement Grout Concrete

Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout

Granular Bentonite Bentonite - Sand Slurry

Total Well Depth From Ground Surface (ft.): 7.5 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 2 Casing Depth (ft.): 7.5 ✓

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet): 5.05

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>bentonite chips</u>	<u>Surface</u>	<u>7.5</u>	<u>~1/3 bag</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Meridian Env. Costly, LLC License #: 1061 Date of Filling & Sealing or Verification (mm/dd/yyyy): 5/6/17

Street or Route: 2711 N. Elco Rd Telephone Number: (715) 832-6608

City: Fall Creek State: WI ZIP Code: 54742 Signature of Person Doing Work: _____ Date Signed: 6-16-17

DNR Use Only

Date Received: _____ Noted By: _____

Comments: _____

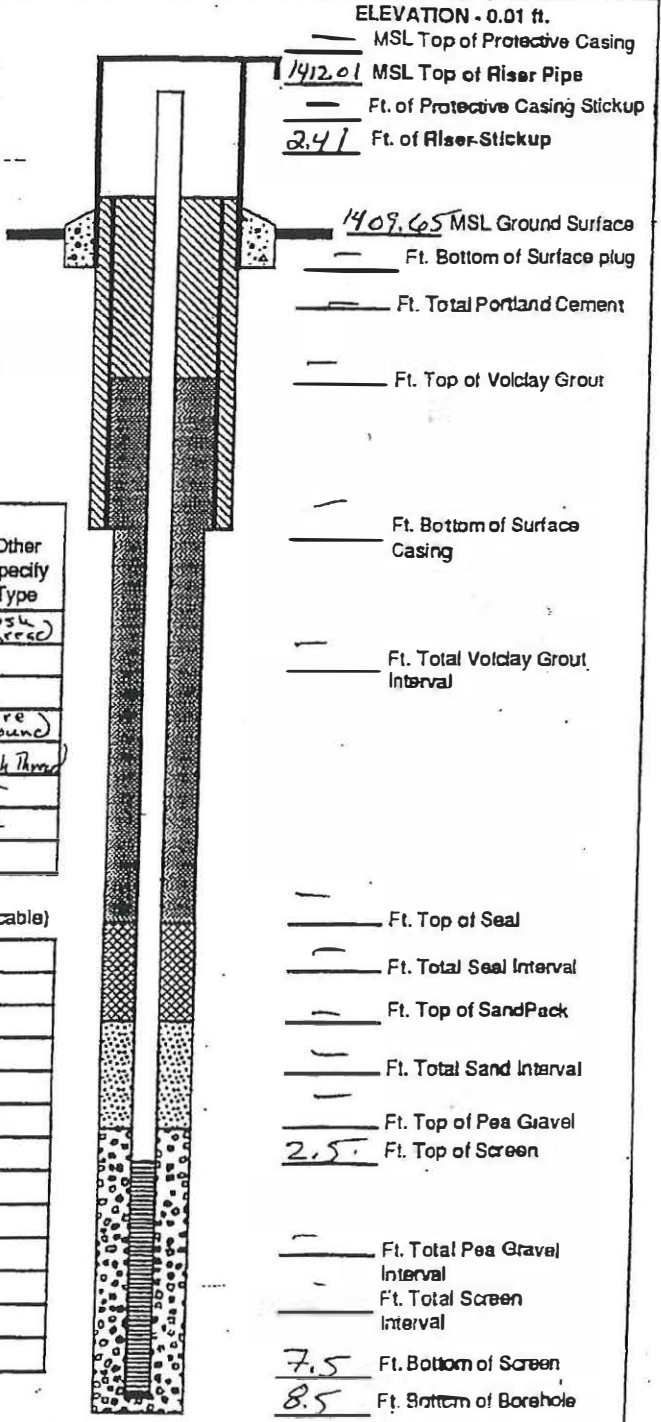
WELL COMPLETION RECORD

USGS Rev 1-01

Site: Scrap Processing County: Taylor Well No.: MP3
 Site Name: Medford (Scrap Processing) Grid Coordinates: Northing 479074.3188 Easting 876711.8327
 Drilling Contractor: # SP4 Date Drilling Started: 11-2-92
 Driller: W.S. Morrow/Thomas Geologist: MORROW/THOMAS Date Drilling Ended: 11-3-92
 Drilling Method: Hand Auger Drilling Fluid (type): None

ANNULAR SPACE DETAILS:

Type of Surface Seal: _____
 Type of Annular Sealant: _____
 Amount of cement: # of bags _____ lbs. per bag _____
 Amount of bentonite: # of bags _____ lbs. per bag _____
 Type of bentonite seal (granular, pellets): _____
 Amount of bentonite: # of bags _____ lbs. per bag _____
 Type of Sand Pack: _____
 Source of Sand: _____
 Amount of Sand: # of bags _____ lbs. per bag _____



WELL CONSTRUCTION MATERIALS:

Date of Construction: _____	Stainless Steel Specify Type	Tellon Specify Type	PVC Specify Type	Other Specify Type
Riser Coupling Joint			<u>sch 80</u>	<u>Flush Thread</u>
Riser pipe above W.T.				
Riser pipe below W.T.				
Screen			<u>11"</u>	<u>wire wound</u>
Coupling joint screen to riser			<u>11"</u>	<u>Flush Thread</u>
Protective Casing				
Surface Casing				

MEASUREMENTS

to 0.01 ft. (where applicable)

Riser pipe length	<u>4.9</u>
Protective casing length	_____
Screen length	<u>5.8</u>
Bottom of screen to end cap	<u>2.0 inch</u>
Top of screen to first joint	<u>2 inch</u>
Total length of casing	_____
Screen slot size	<u>1.01</u>
No. of opening in screen	_____
ID of Riser Pipe	<u>2 inch</u>
Diameter of bore hole	<u>2 inch</u>
_____	_____
_____	_____

Well Constructed By: Morrow/Thomas
 Surveyed By: W.S. Morrow/Thomas
 Form Completed By: William Morrow

MP4

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

County Taylor	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address 510 W. Allman Street		Range <input type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Medford		Well ZIP Code 54451
Subdivision Name		Lot #

2. Facility / Owner Information

Facility Name Alter Metal Recycling		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 510 W. Allman Street		
City of Present Owner Medford	State WI	ZIP Code 54451

Reason for Removal from Service
Project closed

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	WI Unique Well # of Replacement Well
Original Construction Date (mm/dd/yyyy) 11-3-92	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): hand auger	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 4	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 2	Casing Depth (ft.) 4 ✓
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) grade

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

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

Required Method of Placing Sealing Material

<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____

Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

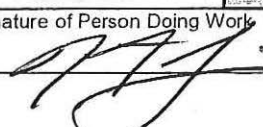
5. Material Used to Fill Well / Drillhole

bentonite chips	From (ft.) Surface	To (ft.) 4	No. Yards, Sacks Sealant or Volume (circle one) 1 bag	Mix Ratio or Mud Weight
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6. Comments

removed entire well

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Cstg, LLC	License # 1061	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/6/17	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 832-6608	Date Received	Noted By	
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work 	
			Date Signed 6-16-17	

WELL COMPLETION RECORD

USGS

Site: Scrap Processing County: TAYLOR Well No.: MP4
 Site Name: Medford (Scrap Processing) Grid Coordinates: Northing 978950.9424 Easting 1876837
 Drilling Contractor: EPA Date Drilling Started: 11-3-92
 Driller: W. Morrow / C. Thomas Geologist: C. Thomas / W. Morrow Date Drilling Ended: 11-3-92
 Drilling Method: Hand Auger Drilling Fluid (type): None

ANNULAR SPACE DETAILS:

Type of Surface Seal: Bentonite
 Type of Annular Sealant: _____

Amount of cement: # of bags _____ lbs. per bag _____
 Amount of bentonite: # of bags _____ lbs. per bag _____
 Type of bentonite seal (g nular, pellets): _____

Amount of bentonite: # of bags _____ lbs. per bag _____
 Type of Sand Pack: _____
 Source of Sand: _____

Amount of Sand: # of bags _____ lbs. per bag _____

WELL CONSTRUCTION MATERIALS:

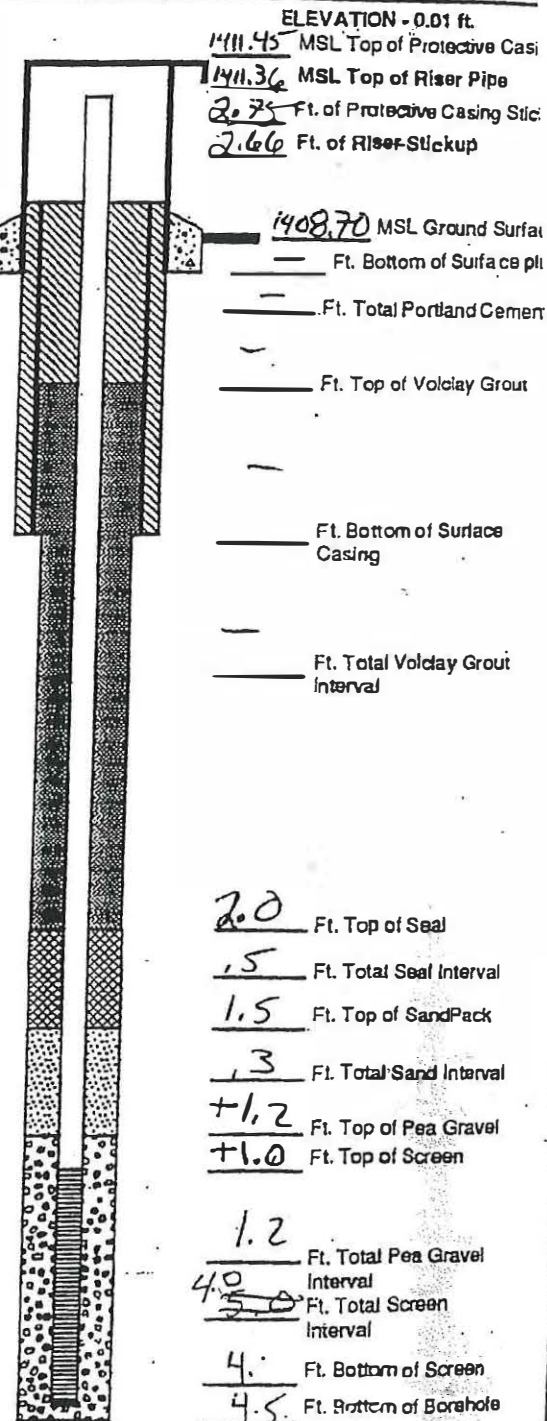
Date of Construction: _____	Stainless Steel Specify Type	Teflon Specify Type	PVC Specify Type	Other Specify Type
Riser Coupling Joint			Sch 80	Flush Thread
Riser pipe above W.T.				
Riser pipe below W.T.				
Screen			" "	wire wound
Coupling joint screen to riser			" "	Flush Thread
Protective Casing				Black Pipe
Surface Casing				

MEASUREMENTS

to 0.01 ft. (where applicable)

Riser pipe length	1.6 feet
Protective casing length	5.0 feet
Screen length	5.0 feet
Bottom of screen to end cap	2.0 inch
Top of screen to first joint	2.0 inch
Total length of casing	-
Screen slot size	.010
No. of opening in screen	
ID of Riser Pipe	2.0 inch
Diameter of bore hole	2.0 inch

Well Constructed By: W. Morrow / C. Thomas
 Surveyed By: Thomas / Morrow
 Form Completed By: William Morrow



2.0 Ft. Top of Seal
 1.5 Ft. Total Seal Interval
 1.5 Ft. Top of SandPack
 1.3 Ft. Total Sand Interval
 +1.2 Ft. Top of Pea Gravel
 +1.0 Ft. Top of Screen
 1.2 Ft. Total Pea Gravel Interval
 4.0 Ft. Total Screen Interval
 4. Ft. Bottom of Screen
 4.5 Ft. Bottom of Borehole

MPS

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.

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

2. Facility / Owner Information

County Taylor	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Alter Metal Recycling
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) _____
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 510 W. Allman Street			Original Well Owner _____
Well City, Village or Town Medford			Present Well Owner _____
Well ZIP Code 54451			Mailing Address of Present Owner 510 W. Allman Street
Subdivision Name			City of Present Owner Medford
Lot #			State WI
Lot #			ZIP Code 54451

Reason for Removal from Service
Project Closed

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)
10/2/93

If a Well Construction Report is available, please attach.

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.)
14

Casing Diameter (in.)
2

Lower Drillhole Diameter (in.)
8.25

Casing Depth (ft.)
14 ✓

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____

Depth to Water (feet)

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

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

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): _____

Sealing Materials

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

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
bentonite chips	Surface	14	~ 1/2 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Csly, LLC	License # 1061	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/6/17	DNR Use Only	
Street or Route 2711 N. Felco Rd	Telephone Number (715) 832-6608	Date Received	Noted By	
City Fell Creek	State WI	ZIP Code 54742	Comments	
Signature of Person Doing Work 			Date Signed 6-16-17	

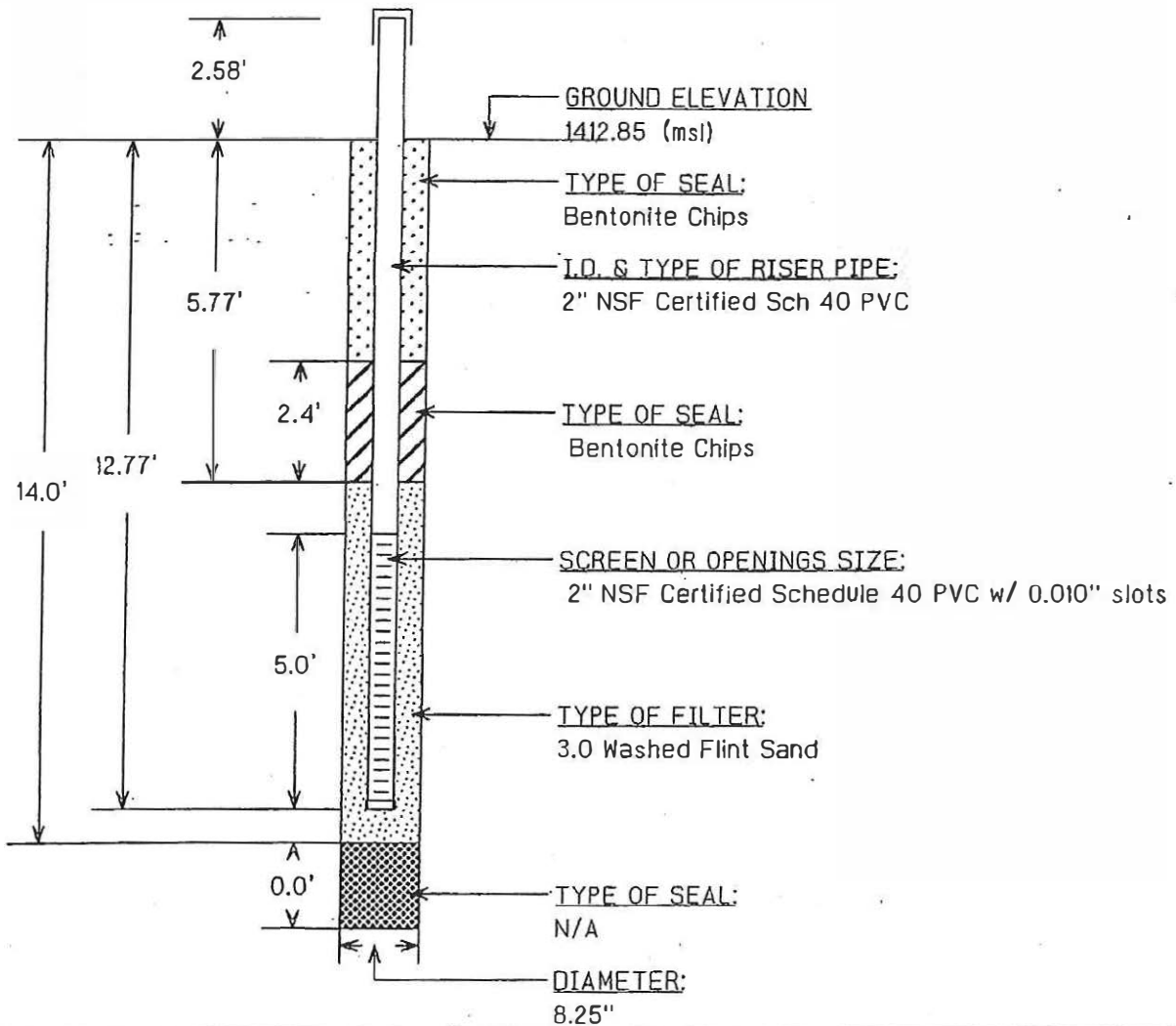


BLACK & VEATCH Waste Science, Inc.

WELL INSTALLATION LOG

NO. MP-5

CLIENT USEPA Region V		PROJECT Scrap Processing		PROJECT NO. 71280.120
PROJECT LOCATION Medford, Wisconsin	COORDINATES N 479765 E 1876695		TOP OF RISER ELEVATION (DATUM) 1415.43 (msl)	DATE 10/2/93
STRATUM MONITORED Sand and gravel			LOGGED BY F. Brinker	
CHECKED BY R. Sutera			APPROVED BY J. Chitwood	



METHOD OF INSTALLATION:

Boring drilled to completion; set riser pipe and screen; placed filter and seal. Grouted to 2' below ground surface. Set above-ground protective steel casing. Concrete surface seal placed 6" above ground surface.

REMARKS:

Well developed per WDNR requirements. Development information recorded on WDNR Form 4400-113A & 4400-113B.

MP-6

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

2. Facility / Owner Information

County: Taylor WI Unique Well # of Removed Well: _____ Hicap #: _____
 Latitude / Longitude (see instructions): _____ N Format Code: DD Method Code: GPS008
 _____ W DDM SCR002
 _____ OTH001
 1/4 / 1/4 Section Township Range E
 or Gov't Lot # N W
 Well Street Address: 510 W. Allman Street
 Well City, Village or Town: Medford Well ZIP Code: 54451
 Subdivision Name Lot #

Facility Name: Alter Metal Recycling
 Facility ID (FID or PWS): _____
 License/Permit/Monitoring #: _____
 Original Well Owner: _____
 Present Well Owner: _____
 Mailing Address of Present Owner: 510 W. Allman Street
 City of Present Owner: Medford State: WI ZIP Code: 54451

Reason for Removal from Service: Project Closed WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

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

Monitoring Well Original Construction Date (mm/dd/yyyy): 9/29/93
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

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

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

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

Formation Type:
 Unconsolidated Formation Bedrock

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips
 For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

Total Well Depth From Ground Surface (ft.): 22 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8.25 Casing Depth (ft.): 22

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? 8 Depth to Water (feet): 4.07 (grade)

5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>bentonite chips</u>	<u>Surface</u>	<u>22</u>	<u>~ 1 bag</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: <u>Meridian Env. Svc., LLC</u>	License #: <u>1061</u>	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>5/6/17</u>	DNR Use Only	
Street or Route: <u>2711 N. Elco Rd</u>	Telephone Number: <u>(715) 832-6608</u>	Date Received: _____	Noted By: _____	
City: <u>Fall Creek</u>	State: <u>WI</u>	ZIP Code: <u>54742</u>	Signature of Person Doing Work: <u>[Signature]</u>	
			Date Signed: <u>6-16-17</u>	

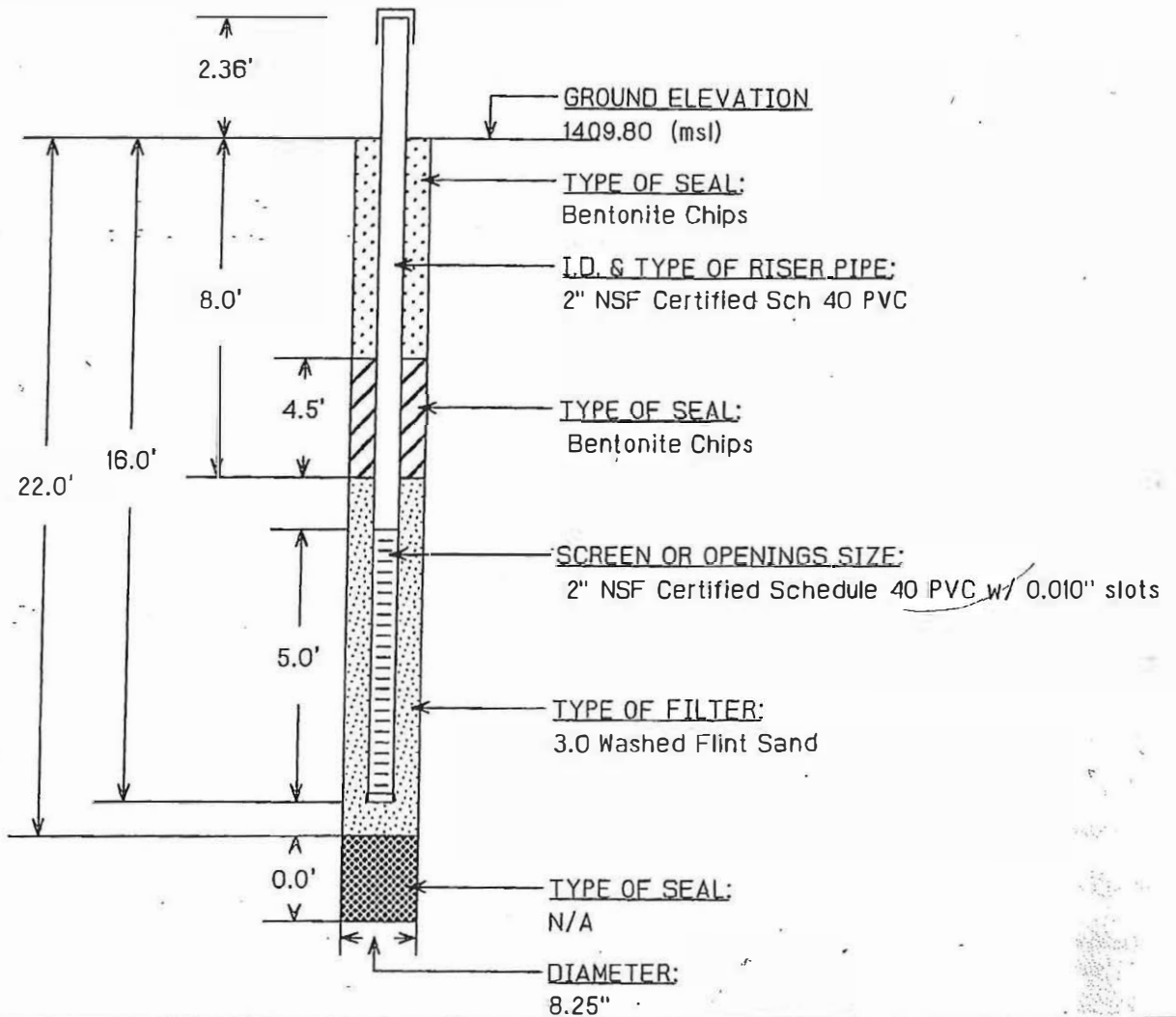


BLACK & VEATCH Waste Science, Inc.

WELL INSTALLATION LOG

NO. MP-6

CLIENT USEPA Region V		PROJECT Scrap Processing	PROJECT NO. 71260.120
PROJECT LOCATION Medford, Wisconsin	COORDINATES N 479285 E 1876745	TOP OF RISER ELEVATION (DATUM) 1412.16 (msl)	DATE 9/29/93
STRATUM MONITORED Sand and gravel		LOGGED BY F. Brinker	
CHECKED BY R. Sutera	APPROVED BY J. Chitwood		



METHOD OF INSTALLATION:

Boring drilled to completion; set riser pipe and screen; placed filter and seal. Grouted to 2' below ground surface. Set above-ground protective steel casing. Concrete surface seal placed 6" above ground surface.

REMARKS:

Well developed per WDNR requirements. Development information recorded on WDNR Form 4400-113A & 4400-113B.

MP-7

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

Verification Only of Fill and Seal

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

1. Well Location Information				2. Facility/Owner Information			
County Taylor		WI Unique Well # of Removed Well		Hicap #		Facility Name Alter Metal Recycling	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 1/4 or Gov't Lot #		Section		Township N		Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 510 W. Allman Street				Original Well Owner			
Well City, Village or Town Medford				Well ZIP Code 54451			
Subdivision Name				Lot #		Mailing Address of Present Owner 510 W. Allman Street	
Reason for Removal from Service Project Closed				WI Unique Well # of Replacement Well			
City of Present Owner Medford		State WI		ZIP Code 54451		Present Well Owner	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 12/15/99		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach. _____		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 20		Casing Diameter (in.) 2		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 20 ✓		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)? 6		Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Depth to Water (feet) 3.98		Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	~ 2/3 bag	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Meredian Env. Cstly, LLC		License # 1061	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/6/17	Date Received	Noted By
Street or Route 2711 N. Elco Rd			Telephone Number (715) 832-6608	Comments	
City Fall Creek		State WI	ZIP Code 54742	Signature of Person Doing Work 	Date Signed 6-16-17

Route To:

Watershed/Wastewater
Remediation/Redevelopment

Waste Management
Other

Facility/Project Name Scrap Site	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MP-7
Facility License, Permit or Monitoring No.	Grid Origin Location (Check if estimated: <input type="checkbox"/>) Lat. _____ " Long. _____ " or St. Plane _____ ft. N. _____ ft. E. S/C/N	Wis. Unique Well No. _____ DNR Well Number _____
Facility ID 34101632	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Date Well Installed 12/15/1999
Type of Well Well Code 12/pz	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) M. Mueller Boart Longyear

A. Protective pipe, top elevation _____ ft. MSL
B. Well casing, top elevation 1.50 ft. MSL
C. Land surface elevation _____ ft. MSL
D. Surface seal, bottom _____ ft. MSL or 1.0 ft.

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

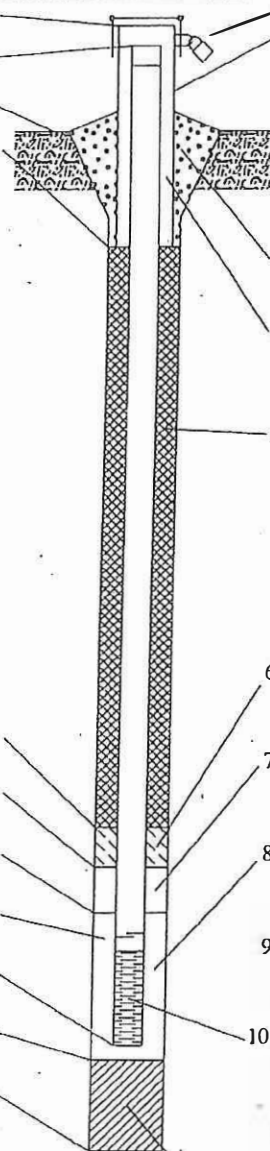
13. Sieve analysis attached? Yes No

14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis): _____



1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: 4.0 in
 b. Length: 7.0 ft
 c. Material: Steel 04
 Other

d. Additional protection? Yes No
 If yes, describe: 4" Bumper Post

3. Surface seal: Bentonite 30
 Concrete 01
 Other

4. Material between well casing and protective pipe:
 Bentonite 30
#30 Sand Other

5. Annular space seal:
 a. Granular Bentonite 33
 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight . . . Bentonite slurry 31
 d. _____ % Bentonite . . . Bentonite-cement grout 50
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08

6. Bentonite seal:
 a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite pellets 32
 c. _____ Other

7. Fine sand material: Manufacturer, product name and mesh:
 a. #7 Badger
 b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name and mesh:
 a. #30 American Materials
 b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other

10. Screen material: PVC
 a. Screen Type: Factory cut 11
 Continuous slot 01
 Other

b. Manufacturer Boart Longyear
 c. Slot size: 0.010 in
 d. Slotted length: 10.0 ft

11. Backfill material (below filter pack): None 14
 Other

E. Bentonite seal, top _____ ft. MSL or 1.0 ft.
 F. Fine sand, top _____ ft. MSL or 6.0 ft.
 G. Filter pack, top _____ ft. MSL or 8.0 ft.
 H. Screen joint, top _____ ft. MSL or 10.0 ft.
 I. Well bottom _____ ft. MSL or 20.0 ft.
 J. Filter pack, bottom _____ ft. MSL or 20.5 ft.
 K. Borehole, bottom _____ ft. MSL or 20.5 ft.
 L. Borehole, diameter 8.0 in.
 M. O.D. well casing 2.37 in.
 N. I.D. well casing 2.06 in.

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

Signature [Handwritten Signature]

Firm Boart Longyear
 101 Alderson St. Schofield, WI 54476

Tel: (715)359-7090
 Fax: (715)355-5715

MP-8

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

2. Facility / Owner Information

County: Taylor WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): _____ N DD GPS008
 _____ W DDM SCR002 OTH001

1/4 / 1/4: _____ Section: _____ Township: _____ Range: E W
 or Gov't Lot #: _____

Facility Name: Alter Metal Recycling

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Well Street Address: 510 W. Allman Street

Well City, Village or Town: Medford Well ZIP Code: 54451

Subdivision Name: _____ Lot #: _____

Mailing Address of Present Owner: 510 W. Allman Street

City of Present Owner: Medford State: WI ZIP Code: 54451

Reason for Removal from Service: Project Closed WI Unique Well # of Replacement Well: _____

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

Monitoring Well Original Construction Date (mm/dd/yyyy): 12/14/99

Water Well

Borehole / Drillhole

If a Well Construction Report is available, please attach.

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): _____

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): _____

Formation Type:

Unconsolidated Formation Bedrock

Sealing Materials

Neat Cement Grout Concrete

Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout

Granular Bentonite Bentonite - Sand Slurry

Total Well Depth From Ground Surface (ft.): 20 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8 Casing Depth (ft.): 20 ✓

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? 6 Depth to Water (feet): .37

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	~ 2/3 bag	

bentonite chips

6. Comments

7. Supervision of Work

DNR Use Only

Name of Person or Firm Doing Filling & Sealing: Meridian Env. Svc., LLC License #: 1061 Date of Filling & Sealing or Verification (mm/dd/yyyy): 5/6/17 Date Received: _____ Noted By: _____

Street or Route: 2711 N. Elcor Rd Telephone Number: (715) 832-6608 Comments: _____

City: Fall Creek State: WI ZIP Code: 54742 Signature of Person Doing Work: [Signature] Date Signed: 6-16-17

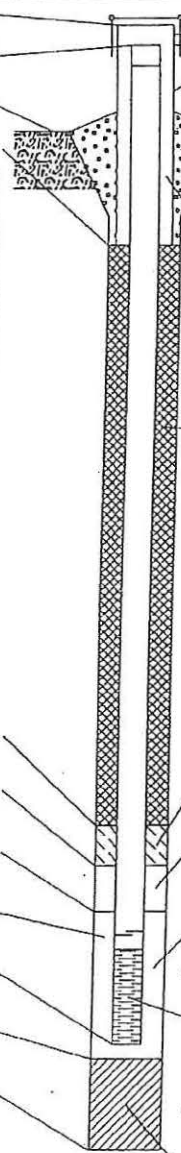
Route To:

Watershed/Wastewater
Remediation/Redevelopment

Waste Management
Other

Facility/Project Name Scrap Site	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MP-8
Facility License, Permit or Monitoring No.	Grid Origin Location (Check if estimated: <input type="checkbox"/>) Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E. S/C/N	Wis. Unique Well No. _____ DNR Well Number _____
Facility ID 34101632	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Date Well Installed 12/14/1999
Type of Well Well Code 12/pz	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) M. Mueller
Distance Well Is From Waste/Source Boundary ft. _____		Boart Longyear

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 1.50 ft. MSL	2. Protective cover pipe: a. Inside diameter: 4.0 in b. Length: 7.0 ft c. Material: Steel <input checked="" type="checkbox"/> 0.4 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: 4" Bumper Post
D. Surface seal, bottom _____ ft. MSL or 1.0 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 3.0 Concrete <input checked="" type="checkbox"/> 0.1 Other <input type="checkbox"/>
12. USC classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 3.0 #30 Sand <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 3.3 b. _____ Lbs/gal mud weight . Bentonite-sand slurry <input type="checkbox"/> 3.5 c. _____ Lbs/gal mud weight Bentonite slurry <input type="checkbox"/> 3.1 d. _____ % Bentonite Bentonite-cement grout <input type="checkbox"/> 5.0 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0.1 Tremie pumped <input type="checkbox"/> 0.2 Gravity <input checked="" type="checkbox"/> 0.8
14. Drilling method used: Rotary <input type="checkbox"/> 5.0 Hollow Stem Auger <input checked="" type="checkbox"/> 4.1 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 3.3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 3.2 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 0.2 Air <input type="checkbox"/> 0.1 Drilling Mud <input type="checkbox"/> 0.3 None <input type="checkbox"/> 9.9	7. Fine sand material: Manufacturer, product name and mesh size a. #7 Badger b. Volume added _____ ft ³
16. Drilling additives used?: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Filter pack material: Manufacturer, product name and mesh size a. #30 American Materials b. Volume added _____ ft ³
Describe _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2.3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2.4 Other <input type="checkbox"/>
17. Source of water (attach analysis): _____	10. Screen material: PVC a. Screen Type: Factory cut <input type="checkbox"/> 1.1 Continuous slot <input checked="" type="checkbox"/> 0.1 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 1.0 ft.	b. Manufacturer Boart Longyear c. Slot size: 0.010 in d. Slotted length: 10.0 ft
F. Fine sand, top _____ ft. MSL or 6.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1.4 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 8.0 ft.	
H. Screen joint, top _____ ft. MSL or 10.0 ft.	
I. Well bottom _____ ft. MSL or 20.0 ft.	
J. Filter pack, bottom _____ ft. MSL or 20.5 ft.	
K. Borehole, bottom _____ ft. MSL or 20.5 ft.	
L. Borehole, diameter 8.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	



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

Signature [Signature] Firm Boart Longyear Tel: (715)359-7090
101 Alderson St. Schofield, WI 54476 Fax: (715)355-5715

Please complete both Forms 4400-113A and 4400-113B and return 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.

MP-95

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Taylor		WI Unique Well # of Removed Well		Hicap #		Facility Name Alter Metal Recycling			
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 or Gov't Lot #		Section		Township N		Range <input type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring #	
Well Street Address 510 W. Allman Street						Original Well Owner			
Well City, Village or Town Medford						Present Well Owner			
Well ZIP Code 54451						Mailing Address of Present Owner 510 W. Allman Street			
Subdivision Name						City of Present Owner Medford		State WI	ZIP Code 54451

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

Reason for Removal from Service Project Closed		WI Unique Well # of Replacement Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 12/4/99		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 20		Casing Diameter (in.) 2		Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 20 ✓		Did material settle after 24 hours? If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If yes, to what depth (feet)? 6		Depth to Water (feet) 2.3		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	

Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	~2/3 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Cs/Hy, LLC		License # 1061		Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/6/17		DNR Use Only Date Received		Noted By	
Street or Route 2711 N. Elco Rd				Telephone Number (715) 832-6608		Comments			
City Fall Creek		State WI		ZIP Code 54742		Signature of Person Doing Work 		Date Signed 6-16-17	

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

Facility/Project Name <u>Scrap Site</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name <u>MP-9S</u>
Facility License, Permit or Monitoring No. <u>34101632</u>	Grid Origin Location (Check if estimated: <input type="checkbox"/>) Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E. S/C/N	Wis. Unique Well No. _____ DNR Well Number _____
Type of Well <u>Well Code 12/pz</u>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Date Well Installed <u>12/14/1999</u>
Distance Well Is From Waste/Source Boundary ft. _____	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) <u>M. Mueller</u> <u>Boart Longyear</u>

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation <u>1.50</u> ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or <u>2.0</u> ft.</p> <p>12. USC classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/></p> <p>15. Drilling fluid used; Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis): _____</p> <p>E. Bentonite seal, top _____ ft. MSL or <u>2.0</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or <u>6.0</u> ft.</p> <p>G. Filter pack, top _____ ft. MSL or <u>8.0</u> ft.</p> <p>H. Screen joint, top _____ ft. MSL or <u>10.0</u> ft.</p> <p>I. Well bottom _____ ft. MSL or <u>20.0</u> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or <u>20.5</u> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or <u>20.5</u> ft.</p> <p>L. Borehole, diameter <u>8.0</u> in.</p> <p>M. O.D. well casing <u>2.37</u> in.</p> <p>N. I.D. well casing <u>2.06</u> in.</p>		<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: <u>4.0</u> in. b. Length: <u>7.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/></p> <p>d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: <u>4" Bumper Post</u></p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: <u>#30 Sand</u> Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/></p> <p>5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08</p> <p>6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name and mesh size a. <u>#7 Badger</u> b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name and mesh size a. <u>#30 American Materials</u> b. Volume added _____ ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/></p> <p>10. Screen material: <u>PVC</u> a. Screen Type: Factory cut <input type="checkbox"/> 11 Continuous slot <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>b. Manufacturer <u>Boart Longyear</u> c. Slot size: <u>0.010</u> in. d. Slotted length: <u>10.0</u> ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/></p>
--	--	--

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

Signature: [Signature] Firm: Boart Longyear Tel: (715)359-7090
101 Alderson St. Schofield, WI 54476 Fax: (715)355-5715

Please complete both Forms 4400-113A and 4400-113B and return 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.

MP-9 D

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

County Taylor	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) N W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address 510 W. Allman Street		Range <input type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Medford		Well ZIP Code 54451
Subdivision Name		Lot #

2. Facility / Owner Information

Facility Name Alter Metal Recycling		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 510 W. Allman Street		
City of Present Owner Medford	State WI	ZIP Code 54451

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

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

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): _____

Sealing Materials

Neat Cement Grout Concrete

Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout

Granular Bentonite Bentonite - Sand Slurry

3. Filled & Sealed Well / Drillhole / Borehole Information

Reason for Removal from Service Project Closed	WI Unique Well # of Replacement Well
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/13/99
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
<input type="checkbox"/> Borehole / Drillhole	
Construction Type:	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug	
<input type="checkbox"/> Other (specify): _____	
Formation Type:	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 59	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 59 ✓
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 45 (prepack)	Depth to Water (feet) Flowing

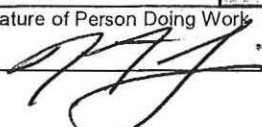
5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	59	1 sack	

6. Comments

return and top w/ chips

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Cslg, LLC	License # 1061	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/6/17	DNR-Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 832-6608	Date Received	Noted By	
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work 	
			Date Signed 6-16-17	

Route To:

Watershed/Wastewater
Remediation/Redevelopment

Waste Management
Other

Facility/Project Name Scrap Site	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MP-9D
Facility License, Permit or Monitoring No. 34101632	Grid Origin Location (Check if estimated: <input type="checkbox"/>) Lat. _____ " Long. _____ " or St. Plane _____ ft. N. _____ ft. E. S/C/N	Wis. Unique Well No. _____ DNR Well Number _____
Type of Well Well Code 12/pz	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Date Well Installed 12/13/1999
Distance Well Is From Waste/Source Bound ry _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) M. Mueller Boart Longyear

A. Protective pipe, top elevation _____ ft. MSL
B. Well casing, top elevation 1.50 ft. MSL
C. Land surface elevation _____ ft. MSL
D. Surface seal, bottom _____ ft. MSL or 1.0 ft.

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

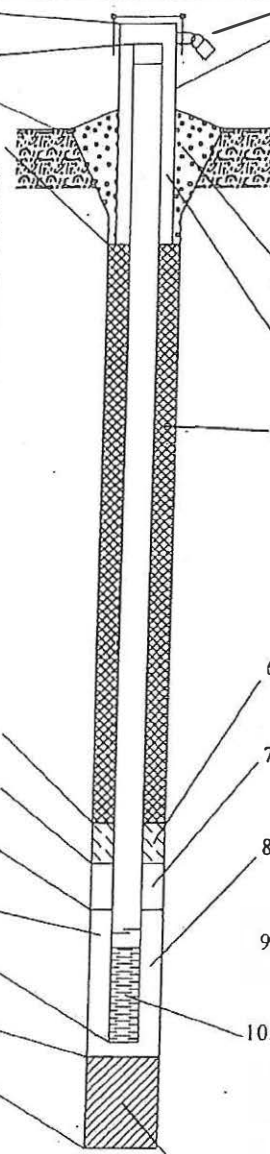
13. Sieve analysis attached? Yes No

14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis): _____



1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: 4.0 in.
 b. Length: 7.0 ft.
 c. Material: Steel 04
 Other

d. Additional protection? Yes No
 If yes, describe: 4" Bumper Post

3. Surface seal: Bentonite 30
 Concrete 01
 Other

4. Material between well casing and protective pipe:
 Bentonite 30
 #30 Sand Other

5. Annular space seal:
 a. Granular Bentonite 33
 b. _____ Lbs/gal mud weight . Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight . . . Bentonite slurry 31
 d. Y % Bentonite . . . Bentonite-cement grout 50
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08

6. Bentonite seal:
 a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite pellets 32
 c. _____ Other

7. Fine sand material: Manufacturer, product name and mesh size
 a. NA
 b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name and mesh size
 a. PrePack
 b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other

10. Screen material: PVC
 a. Screen Type: Factory cut 11
 Continuous slot 01
 Other

b. Manufacturer Boart Longyear
 c. Slot size: 0.012 in.
 d. Slotted length: 10.0 ft

11. Backfill material (below filter pack): None 14
 Other

E. Bentonite seal, top _____ ft. MSL or 1.0 ft.
 F. Fine sand, top _____ ft. MSL or NA ft.
 G. Filter pack, top _____ ft. MSL or Prepack ft.
 H. Screen joint, top _____ ft. MSL or 48.5 ft.
 I. Well bottom _____ ft. MSL or 58.8 ft.
 J. Filter pack, bottom _____ ft. MSL or 59.0 ft.
 K. Borehole, bottom _____ ft. MSL or 59.0 ft.
 L. Borehole, diameter 8.0 in.
 M. O.D. well casing 2.37 in.
 N. I.D. well casing 2.06 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature *[Signature]* Firm Boart Longyear Tel: (715)359-7090
 101 Alderson St. Schofield, WI 54476 Fax: (715)355-5715

Please complete both Forms 4400-113A and 4400-113B and return 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.

MW-105

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Taylor		WI Unique Well # of Removed Well		Hicap #		Facility Name Alter Metal Recycling	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section		Township N		Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 510 W. Allman Street				Original Well Owner			
Well City, Village or Town Medford				Well ZIP Code 54451			
Subdivision Name				Lot #			
Reason for Removal from Service Project Closed				WI Unique Well # of Replacement Well			
Present Well Owner				Mailing Address of Present Owner 510 W. Allman Street			
City of Present Owner Medford				State WI		ZIP Code 54451	

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

<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 3/4/99		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type:				Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____				Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type:		<input checked="" type="checkbox"/> Unconsolidated Formation		Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
		<input type="checkbox"/> Bedrock		Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 20		Casing Diameter (in.) 2		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 20 ✓		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Required Method of Placing Sealing Material	
If yes, to what depth (feet)? 5		Depth to Water (feet) 1.24		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
				<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
				Sealing Materials	
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
				For Monitoring Wells and Monitoring Well Boreholes Only:	
				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
bentonite chips		Surface	20	~ 2/3 bag	

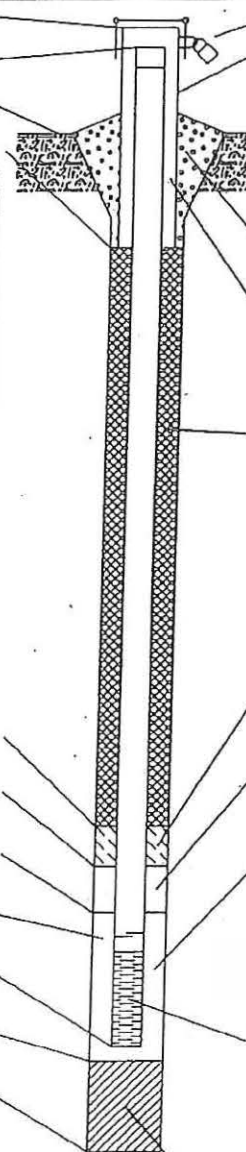
6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Cstg, LLC		License # 1061	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/6/17	DNR Use Only	
Street or Route 2711 N. Elco Rd		Telephone Number (715) 832-6608	Date Received	Noted By	
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work 		Date Signed 6-16-17

Facility/Project Name: Scrap Site
Local Grid Location of Well: _____ ft. N. _____ ft. E. _____ ft. S. _____ ft. W.
Facility License, Permit or Monitoring No.: 34101632
Grid Origin Location (Check if estimated:)
Lat. _____ " Long. _____ " or
Facility ID: 34101632
St. Plane _____ ft. N. _____ ft. E. S/C/N
Type of Well: Well Code 11/mw
Section Location of Waste/Source: 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____
Distance Well Is From Waste/Source Boundary: _____ ft.
Location of Well Relative to Waste/Source:
u Upgradient s Sidegradient
d Downgradient n Not Known
Well Name: MW-105
Wis. Unique Well No. _____ DNR Well Number _____
Date Well Installed: 08/04/1999
Well Installed By: (Person's Name and F) L. Erdman
Boart Longyear

A. Protective pipe, top elevation _____ ft. MSL
B. Well casing, top elevation 1.50 ft. MSL
C. Land surface elevation _____ ft. MSL
D. Surface seal, bottom _____ ft. MSL or 3.0 ft.
12. USC classification of soil near screen:
GP GM GC GW SW SP
SM SC ML MH CL CH
Bedrock
13. Sieve analysis attached? Yes No
14. Drilling method used: Rotary 50
Hollow Stem Auger 41
Other
15. Drilling fluid used: Water 02 Air 01
Drilling Mud 03 None 99
16. Drilling additives used? Yes No
Describe _____
17. Source of water (attach analysis): _____



1. Cap and lock? Yes No
2. Protective cover pipe:
a. Inside diameter: 4.0
b. Length: 7.0
c. Material: Steel 0
Other
d. Additional protection? Yes No
If yes, describe: Bumper Post
3. Surface seal: Bentonite 3
Concrete 0
Other
4. Material between well casing and protective pipe: Bentonite 3
Grout
5. Annular space seal: a. Granular Bentonite 3
b. _____ Lbs/gal mud weight . Bentonite-sand slurry 3
c. _____ Lbs/gal mud weight . . . Bentonite slurry 3
d. Y % Bentonite . . . Bentonite-cement grout 5
e. _____ Ft³ volume added for any of the above
f. How installed: Tremie 0
Tremie pumped 0
Gravity 0
6. Bentonite seal: a. Bentonite granules 3
b. 1/4 in. 3/8 in. 1/2 in. Bentonite pellets 3
c. _____ Other
7. Fine sand material: Manufacturer, product name and mesh
a. #7 Badger
b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name and mesh
a. #30 American Materials
b. Volume added _____ ft³
9. Well casing: Flush threaded PVC schedule 40 2
Flush threaded PVC schedule 80 2
Other
10. Screen material: PVC
a. Screen Type: Factory cut 1
Continuous slot 0
Other
b. Manufacturer Boart Longyear
c. Slot size: 0.010
d. Slotted length: 10.0
11. Backfill material (below filter pack): None 1
Other

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature: *L. Erdman* Firm: Boart Longyear
101 Alderson St. Schofield, WI 54476
Tel: (715)359-70 Fax: (715)355-57

Please complete both Forms 4400-113A and 4400-113B and return 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 conduit 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.