

From: O'Connell, Theodore <TOConnell@trccompanies.com>
Sent: Friday, September 13, 2019 12:47 PM
To: Stoltz, Carrie R - DNR
Cc: Haak, Daniel
Subject: Remaining Closure Action - Well Abandonment Documentation for BRRTS #02-44-000517, WisDOT ID #0656-50-31, Northwoods Laundry, Minocqua, Oneida County

Attachments: Northwoods Abandonment Forms.pdf

Follow Up Flag: Follow up
Due By: Monday, September 16, 2019 6:30 AM
Flag Status: Flagged

Carrie,

Attached are the monitoring well abandonment forms (and associated well construction forms) for the monitoring wells associated with the Northwood Laundry Site in Minocqua. All of the monitoring wells and all of the remaining sub-slab vapor ports were successfully abandoned on 8/29/19.

Please let me know if you have any questions.

Thanks

Ted

Ted O'Connell
Project Manager



708 Heartland Trail, Suite 3000, Madison, WI 53717
T 608.826.3648 | F 608.826.3941 | C 608.630.6710
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Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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 this 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 Oncida		WI Unique Well # of Removed Well (TRC-PZ-03)		Hicap #		Facility Name Former Northwoods Laundry			
Latitude / Longitude (see instructions) -89.70821 ° N 45.87140 ° W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 / 1/4 SE or Gov't Lot #		1/4 NW		Section 14		Township 39		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address						License/Permit/Monitoring # 02-44-000517			
Well City, Village or Town Minocqua						Original Well Owner			
Subdivision Name						Present Well Owner Sharlene Te Beest			
Reason For Removal From Service Site Closure						Mailing Address of Present Owner PO Box 7965			
WI Unique Well # of Replacement Well						City of Present Owner Madison		State WI	ZIP Code 53707

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) 05/25/2017		If a Well Construction Report is available, please attach.		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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (Specify) Geoprobe		Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft) 35.0		Casing Diameter (in.) 1.03		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? 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	
Lower Drillhole Diameter (in.) 2.0		Casing Depth (ft.) 30.0		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			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 28.0		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
3/8" Bentonite Chips	Surface	35.0	0.5 sacks	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing TRC Environmental Corporation		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 08/29/2019	Date Received	Noted By
Street or Route 708 Heartland Trail			Telephone Number 608-826-3600	Comments	
City Madison		State WI	ZIP Code 53717	Signature of Person Doing Work <i>Ted O'Connell</i>	Date Signed 9/10/19

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

Facility/Project Name Former Northwoods Laundry	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name TRC-PZ-03
Facility License, Permit or Monitoring No. 02-44-000517	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 89° 42' 29.6" Long. 45° 52' 17.0" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane 257,112 ft. N, 2,042,825 ft. E. S/C/N	Date Well Installed 05/25/2017
Type of Well Well Code /Temp Well	Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 14, T. 39 N, R. 6 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) Tony Kapugi
Distance from Waste/Source ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number
Enf. Stds. Apply <input checked="" type="checkbox"/>		On-Site Environmental

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. 4.0 b. Length: _____ ft. 1.0 c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation 1603.57 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom 1603.1 ft. MSL or 0.5 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS 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 checked="" 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 checked="" type="checkbox"/> 30 Sand <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped 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. 0.44 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
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Geoprobe <input type="checkbox"/> Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ None b. Volume added _____ Ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. _____ R.W. Sidley, Inc. #5 b. Volume added _____ Ft ³
17. Source of water (attach analysis, if required): _____	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"/>
E. Bentonite seal, top 1602.6 ft. MSL or 1.0 ft.	10. Screen material: Sch 40 PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer Monoflex c. Slot size: 0.010 in. d. Slotted length: 5.0 ft.
G. Filter pack, top 1575.6 ft. MSL or 28.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top 1573.6 ft. MSL or 30.0 ft.	
I. Well bottom 1568.6 ft. MSL or 35.0 ft.	
J. Filter pack, bottom 1568.6 ft. MSL or 35.0 ft.	
K. Borehole, bottom 1568.6 ft. MSL or 35.0 ft.	
L. Borehole, diameter 2.0 in.	
M. O.D. well casing 1.32 in.	
N. I.D. well casing 1.03 in.	

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

Signature Ted O'Connell Firm **TRC Environmental Corporation** Tel: **608-826-3600**
708 Heartland Trail Madison, WI 53717 Fax: _____

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

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Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County Oncida		WI Unique Well # of Removed Well (TRC-PZ-12)		Hicap #		Facility Name Former Northwoods Laundry			
Latitude / Longitude (see instructions) -89.71164 ° N 45.87118 ° W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 SE or Gov't Lot #		1/4 NW		Section 14	Township 39	Range 6	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		
Well Street Address						License/Permit/Monitoring # 02-44-000517			
Well City, Village or Town Minocqua						Original Well Owner			
Subdivision Name						Present Well Owner Sharlene Te Beest			
Reason For Removal From Service Site Closure						Mailing Address of Present Owner PO Box 7965			
WI Unique Well # of Replacement Well						City of Present Owner Madison		State WI	ZIP Code 53707

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) 05/25/2017		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A					
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (Specify) Geoprobe		If a Well Construction Report is available, please attach.		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 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 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					
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				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)					
Total Well Depth From Ground Surface (ft) 35.0		Casing Diameter (in.) 1.03		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips					
Lower Drillhole Diameter (in.) 2.0		Casing Depth (ft.) 30.0		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					
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 28.0							

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	35.0	1 sacks	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing TRC Environmental Corporation		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 08/29/2019	Date Received	Noted By
Street or Route 708 Heartland Trail		Telephone Number 608-826-3600		Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work <i>Ted O'Connell</i>	Date Signed 9/10/19	

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

Facility/Project Name Former Northwoods Laundry	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name TRC-PZ-12
Facility License, Permit or Monitoring No. 02-44-000517	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 89° 42' 41.9" Long. 45° 52' 16.3" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane 257,031 ft. N, 2,041,951 ft. E. S/C/N	Date Well Installed 05/25/2017
Type of Well Well Code /Temp Well	Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 14, T. 39 N, R. 6 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) Tony Kapugi
Distance from Waste/Source ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number
Enf. Stds. Apply <input checked="" type="checkbox"/>		On-Site Environmental

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. 4.0 b. Length: _____ ft. 1.0 c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation 1601.88 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom 1601.4 ft. MSL or 0.5 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS 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 checked="" 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: Sand <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped 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. 0.44 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
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Geoprobe <input type="checkbox"/> Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ None b. Volume added 0 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. R.W. Sidley, Inc. #5 b. Volume added 0.115 ft ³
17. Source of water (attach analysis, if required): _____	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"/>
E. Bentonite seal, top 1600.9 ft. MSL or 1.0 ft.	10. Screen material: Sch 40 PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer Monoflex c. Slot size: 0.010 in. d. Slotted length: 5.0 ft.
G. Filter pack, top 1573.9 ft. MSL or 28.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top 1571.9 ft. MSL or 30.0 ft.	
I. Well bottom 1566.9 ft. MSL or 35.0 ft.	
J. Filter pack, bottom 1566.9 ft. MSL or 35.0 ft.	
K. Borehole, bottom 1566.9 ft. MSL or 35.0 ft.	
L. Borehole, diameter 2.0 in.	
M. O.D. well casing 1.32 in.	
N. I.D. well casing 1.03 in.	

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

Signature Ted O'Connell Firm **TRC Environmental Corporation** Tel: **608-826-3600**
708 Heartland Trail Madison, WI 53717 Fax: _____

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

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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 this 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 Oncida		WI Unique Well # of Removed Well (TRC-TW-01)		Hicap #		Facility Name Former Northwoods Laundry			
Latitude / Longitude (see instructions) -89.70793 ° N 45.87131 ° W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 / 1/4 SE or Gov't Lot #		1/4 NW		Section 14		Township 39		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address						License/Permit/Monitoring # 02-44-000517			
Well City, Village or Town Minocqua						Original Well Owner			
Subdivision Name						Present Well Owner Sharlene Te Beest			
Reason For Removal From Service Site Closure						Mailing Address of Present Owner PO Box 7965			
WI Unique Well # of Replacement Well						City of Present Owner Madison		State WI	ZIP Code 53707

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) 05/25/2017		If a Well Construction Report is available, please attach.		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (Specify) Geoprobe		Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft) 25.0		Casing Diameter (in.) 1.03		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 2.0		Casing Depth (ft.) 15.0		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			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 13.0		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
3/8" Bentonite Chips	Surface	25.0	0.8 sacks	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing TRC Environmental Corporation		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 08/29/2019		Date Received	Noted By
Street or Route 708 Heartland Trail			Telephone Number 608-826-3600		Comments	
City Madison		State WI	ZIP Code 53717	Signature of Person Doing Work <i>Ted O'Connell</i>		Date Signed 9/10/19

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

Facility/Project Name Former Northwoods Laundry	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name TRC-TW-01
Facility License, Permit or Monitoring No. 02-44-000517	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 89° 42' 28.6" Long. 45° 52' 16.7" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane 257,081 ft. N, 2,042,896 ft. E. S/C/N	Date Well Installed 05/25/2017
Type of Well Well Code /Temp Well	Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 14, T. 39 N, R. 6 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) Tony Kapugi
Distance from Waste/Source ft.	Location of Well Relative to Waste/Source <input checked="" type="checkbox"/> u <input type="checkbox"/> s <input type="checkbox"/> Sidegradient <input type="checkbox"/> d <input type="checkbox"/> n <input type="checkbox"/> Not Known	Gov. Lot Number
Enf. Stds. Apply <input checked="" type="checkbox"/>		On-Site Environmental

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ 4.0 in. b. Length: _____ 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ 1603.80 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ 1603.3 ft. MSL or _____ 0.5 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS 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 checked="" 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 checked="" type="checkbox"/> 30 Sand <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped 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. 0.20 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
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Geoprobe <input type="checkbox"/> Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ None b. Volume added _____ 0 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Filter pack material: Manufacturer, product name & mesh size a. _____ R.W. Sidley, Inc. #5 b. Volume added _____ 0.196 ft ³
Describe _____	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"/>
17. Source of water (attach analysis, if required): _____	10. Screen material: Sch 40 PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
E. Bentonite seal, top _____ 1602.8 ft. MSL or _____ 1.0 ft.	b. Manufacturer Monoflex c. Slot size: _____ 0.010 in. d. Slotted length: _____ 10.0 ft.
F. Fine sand, top _____ ft. MSL or _____ ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
G. Filter pack, top _____ 1590.8 ft. MSL or _____ 13.0 ft.	
H. Screen joint, top _____ 1588.8 ft. MSL or _____ 15.0 ft.	
I. Well bottom _____ 1578.8 ft. MSL or _____ 25.0 ft.	
J. Filter pack, bottom _____ 1578.8 ft. MSL or _____ 25.0 ft.	
K. Borehole, bottom _____ 1578.8 ft. MSL or _____ 25.0 ft.	
L. Borehole, diameter _____ 2.0 in.	
M. O.D. well casing _____ 1.32 in.	
N. I.D. well casing _____ 1.03 in.	

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

Signature Ted O'Connell Firm **TRC Environmental Corporation** Tel: **608-826-3600**
708 Heartland Trail Madison, WI 53717 Fax:

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

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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 this 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 Oncida		WI Unique Well # of Removed Well (TRC-TW-02)		Hicap #		Facility Name Former Northwoods Laundry			
Latitude / Longitude (see instructions) -89.70785 ° N 45.87159 ° W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 / 1/4 SE 1/4 NW		Section 14		Township 39		Range 6		License/Permit/Monitoring # 02-44-000517	
or Gov't Lot #						<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner	
Well Street Address						Present Well Owner Sharlene Te Beest			
Well City, Village or Town Minocqua						Mailing Address of Present Owner PO Box 7965			
Subdivision Name						Well ZIP Code 54548		City of Present Owner Madison	
						State WI		ZIP Code 53707	

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

Reason For Removal From Service Site Closure		WI Unique Well # of Replacement Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A					
Original Construction Date (mm/dd/yyyy) 05/25/2017		If a Well Construction Report is available, please attach.		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (Specify) Geoprobe		Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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)					
Total Well Depth From Ground Surface (ft) 25.0		Casing Diameter (in.) 1.03		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips					
Lower Drillhole Diameter (in.) 2.0		Casing Depth (ft.) 15.0		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					
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 13.0							

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	25.0	0.8 sacks	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing TRC Environmental Corporation		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 08/29/2019	Date Received	Noted By
Street or Route 708 Heartland Trail		Telephone Number 608-826-3600		Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work <i>Ted O'Connell</i>	Date Signed 9/10/19	

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

Facility/Project Name Former Northwoods Laundry		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name TRC-TW-02	
Facility License, Permit or Monitoring No. 02-44-000517		Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 89° 42' 28.2" Long. 45° 52' 17.7" or		Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>	
Facility ID		St. Plane 257,181 ft. N, 2,042,918 ft. E. S/C/N		Date Well Installed 05/25/2017	
Type of Well		Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 14, T. 39 N, R. 6 W <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: (Person's Name and Firm) Tony Kapugi	
Distance from Waste/Source ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input checked="" type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number	
Enf. Stds. Apply <input checked="" type="checkbox"/>				On-Site Environmental	

A. Protective pipe, top elevation	_____ ft. MSL	1. Cap and lock?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation	_____ ft. MSL	2. Protective cover pipe:	
C. Land surface elevation	1602.59 ft. MSL	a. Inside diameter:	4.0 in.
D. Surface seal, bottom	1602.1 ft. MSL or 0.5 ft.	b. Length:	1.0 ft.
12. USCS classification of soil near screen:		c. Material:	Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/>		d. Additional protection?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SM <input checked="" type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/>		If yes, describe: _____	
Bedrock <input type="checkbox"/>		3. Surface seal:	Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
13. Sieve analysis attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Material between well casing and protective pipe:	Bentonite <input checked="" type="checkbox"/> 30 Sand <input type="checkbox"/>
14. Drilling method used:	Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Geoprobe <input type="checkbox"/> Other <input checked="" type="checkbox"/>	5. Annular space seal:	a. Granular/Chipped 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. 0.20 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
15. Drilling fluid used:	Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	6. Bentonite seal:	a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size	a. _____ None b. Volume added 0 ft ³
Describe _____		8. Filter pack material: Manufacturer, product name & mesh size	a. R.W. Sidley, Inc. #5 b. Volume added 0.196 ft ³
17. Source of water (attach analysis, if required):	_____	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"/>
E. Bentonite seal, top	1601.6 ft. MSL or 1.0 ft.	10. Screen material:	Sch 40 PVC
F. Fine sand, top	_____ ft. MSL or _____ ft.	a. Screen Type:	Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
G. Filter pack, top	1589.6 ft. MSL or 13.0 ft.	b. Manufacturer	Monoflex
H. Screen joint, top	1587.6 ft. MSL or 15.0 ft.	c. Slot size:	0.010 in.
I. Well bottom	1577.6 ft. MSL or 25.0 ft.	d. Slotted length:	10.0 ft.
J. Filter pack, bottom	1577.6 ft. MSL or 25.0 ft.	11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
K. Borehole, bottom	1577.6 ft. MSL or 25.0 ft.		
L. Borehole, diameter	2.0 in.		
M. O.D. well casing	1.32 in.		
N. I.D. well casing	1.03 in.		

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

Signature Ted O'Connell Firm **TRC Environmental Corporation** Tel: **608-826-3600**
708 Heartland Trail Madison, WI 53717 Fax: _____

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

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Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County Oncida		WI Unique Well # of Removed Well (TRC-TW-03)		Hicap #		Facility Name Former Northwoods Laundry			
Latitude / Longitude (see instructions) -89.70820 ° N 45.87141 ° W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 / 1/4 SE or Gov't Lot #		1/4 NW		Section 14		Township 39		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address						License/Permit/Monitoring # 02-44-000517			
Well City, Village or Town Minocqua						Original Well Owner			
Subdivision Name						Present Well Owner Sharlene Te Beest			
Reason For Removal From Service Site Closure						Mailing Address of Present Owner PO Box 7965			
WI Unique Well # of Replacement Well						City of Present Owner Madison		State WI	ZIP Code 53707

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) 05/25/2017		If a Well Construction Report is available, please attach.		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (Specify) Geoprobe		Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft) 25.0		Casing Diameter (in.) 1.03		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 2.0		Casing Depth (ft.) 15.0		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			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 13.0		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
3/8" Bentonite Chips	Surface	25.0	0.8 sacks	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing TRC Environmental Corporation		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 08/29/2019	Date Received	Noted By
Street or Route 708 Heartland Trail			Telephone Number 608-826-3600	Comments	
City Madison		State WI	ZIP Code 53717	Signature of Person Doing Work <i>Ted O'Connell</i>	Date Signed 9/10/19

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

Facility/Project Name Former Northwoods Laundry	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. ft. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name TRC-TW-03
Facility License, Permit or Monitoring No. 02-44-000517	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 89° 42' 29.5" Long. 45° 52' 17.1" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane 257,116 ft. N, 2,042,829 ft. E. S/C/N	Date Well Installed 05/25/2017
Type of Well Well Code /Temp Well	Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 14, T. 39 N, R. 6 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) Tony Kapugi
Distance from Waste/Source ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number
Enf. Stds. Apply <input checked="" type="checkbox"/>		On-Site Environmental

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL		2. Protective cover pipe: a. Inside diameter: _____ in. 4.0 b. Length: _____ ft. 1.0 c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ 1603.53 ft. MSL		d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ 1603.0 ft. MSL or _____ 0.5 ft.		3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS 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 checked="" 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 checked="" type="checkbox"/> 30 Sand <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Annular space seal: a. Granular/Chipped 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. 0.20 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
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Geoprobe <input type="checkbox"/> Other <input checked="" type="checkbox"/>		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99		7. Fine sand material: Manufacturer, product name & mesh size a. _____ None b. Volume added _____ 0 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____		8. Filter pack material: Manufacturer, product name & mesh size a. _____ R.W. Sidley, Inc. #5 b. Volume added _____ 0.196 ft ³
17. Source of water (attach analysis, if required): _____		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"/>
E. Bentonite seal, top _____ 1602.5 ft. MSL or _____ 1.0 ft.	10. Screen material: _____ Sch 40 PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>	
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer _____ Monoflex c. Slot size: _____ 0.010 in. d. Slotted length: _____ 10.0 ft.	
G. Filter pack, top _____ 1590.5 ft. MSL or _____ 13.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>	
H. Screen joint, top _____ 1588.5 ft. MSL or _____ 15.0 ft.		
I. Well bottom _____ 1578.5 ft. MSL or _____ 25.0 ft.		
J. Filter pack, bottom _____ 1578.5 ft. MSL or _____ 25.0 ft.		
K. Borehole, bottom _____ 1578.5 ft. MSL or _____ 25.0 ft.		
L. Borehole, diameter _____ 2.0 in.		
M. O.D. well casing _____ 1.32 in.		
N. I.D. well casing _____ 1.03 in.		

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

Signature Ted O'Connell Firm **TRC Environmental Corporation** Tel: 608-826-3600
708 Heartland Trail Madison, WI 53717 Fax:

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

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Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County Oncida		WI Unique Well # of Removed Well (TRC-TW-04)		Hicap #		Facility Name Former Northwoods Laundry			
Latitude / Longitude (see instructions) -89.70831 ° N 45.87123 ° W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 SE or Gov't Lot #		1/4 NW		Section 14		Township 39		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address						License/Permit/Monitoring # 02-44-000517			
Well City, Village or Town Minocqua						Original Well Owner			
Subdivision Name						Present Well Owner Sharlene Te Beest			
Reason For Removal From Service Site Closure						Mailing Address of Present Owner PO Box 7965			
WI Unique Well # of Replacement Well						City of Present Owner Madison		State WI	ZIP Code 53707

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) 05/25/2017		If a Well Construction Report is available, please attach.	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (Specify) Geoprobe					
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock					
Total Well Depth From Ground Surface (ft) 25.0		Casing Diameter (in.) 1.03			
Lower Drillhole Diameter (in.) 2.0		Casing Depth (ft.) 15.0			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, to what depth (feet)? 13.0		Depth to Water (feet)			

Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A					
Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)					
Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips					
For Monitoring Wells and Monitoring Well Boreholes Only: <input 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
3/8" Bentonite Chips	Surface	25.0	0.8 sacks	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing TRC Environmental Corporation		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 08/29/2019	Date Received	Noted By
Street or Route 708 Heartland Trail			Telephone Number 608-826-3600	Comments	
City Madison		State WI	ZIP Code 53717	Signature of Person Doing Work <i>Ted O'Connell</i>	Date Signed 9/10/19

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

Facility/Project Name Former Northwoods Laundry		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name TRC-TW-04	
Facility License, Permit or Monitoring No. 02-44-000517		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 89° 42' 29.9" Long. 45° 52' 16.4" or		Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>	
Facility ID		St. Plane 257,049 ft. N, 2,042,799 ft. E. S/C/N		Date Well Installed 05/25/2017	
Type of Well		Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 14, T. 39 N, R. 6 <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: (Person's Name and Firm) Tony Kapugi	
Well Code /Temp Well		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input checked="" type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number	
Distance from Waste/Source ft.		Enf. Stds. Apply <input checked="" type="checkbox"/>		On-Site Environmental	

A. Protective pipe, top elevation	_____ ft. MSL		1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation	_____ ft. MSL		2. Protective cover pipe: a. Inside diameter: _____ in. 4.0 b. Length: _____ ft. 1.0 c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> _____ d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
C. Land surface elevation	1603.60 ft. MSL		3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/> _____
D. Surface seal, bottom	1603.1 ft. MSL or 0.5 ft.		4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand <input type="checkbox"/> _____ Other <input type="checkbox"/> _____
12. USCS 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 checked="" 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"/>			5. Annular space seal: a. Granular/Chipped 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. 0.20 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
13. Sieve analysis attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/> _____
14. Drilling method used:	Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Geoprobe <input type="checkbox"/> Other <input checked="" type="checkbox"/> _____		7. Fine sand material: Manufacturer, product name & mesh size a. _____ None _____ b. Volume added 0 ft ³
15. Drilling fluid used:	Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99		8. Filter pack material: Manufacturer, product name & mesh size a. R.W. Sidley, Inc. #5 _____ b. Volume added 0.196 ft ³
16. Drilling additives used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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"/> _____
Describe _____			10. Screen material: Sch 40 PVC _____ a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/> _____ b. Manufacturer Monoflex _____ c. Slot size: 0.010 in. d. Slotted length: 10.0 ft.
17. Source of water (attach analysis, if required):	_____	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/> _____	
E. Bentonite seal, top	1602.6 ft. MSL or 1.0 ft.		
F. Fine sand, top	_____ ft. MSL or _____ ft.		
G. Filter pack, top	1590.6 ft. MSL or 13.0 ft.		
H. Screen joint, top	1588.6 ft. MSL or 15.0 ft.		
I. Well bottom	1578.6 ft. MSL or 25.0 ft.		
J. Filter pack, bottom	1578.6 ft. MSL or 25.0 ft.		
K. Borehole, bottom	1578.6 ft. MSL or 25.0 ft.		
L. Borehole, diameter	2.0 in.		
M. O.D. well casing	1.32 in.		
N. I.D. well casing	1.03 in.		

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

Signature Ted O'Connell Firm **TRC Environmental Corporation** Tel: 608-826-3600
708 Heartland Trail Madison, WI 53717 Fax: _____

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

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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 this 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 Oncida		WI Unique Well # of Removed Well (TRC-TW-05)		Hicap #		Facility Name Former Northwoods Laundry			
Latitude / Longitude (see instructions) -89.70838 ° N 45.87077 ° W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 / 1/4 SE or Gov't Lot #		1/4 NW		Section 14		Township 39		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address						License/Permit/Monitoring # 02-44-000517			
Well City, Village or Town Minocqua						Original Well Owner			
Subdivision Name						Present Well Owner Sharlene Te Beest			
Reason For Removal From Service Site Closure						Mailing Address of Present Owner PO Box 7965			
WI Unique Well # of Replacement Well						City of Present Owner Madison		State WI	ZIP Code 53707

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) 05/25/2017		If a Well Construction Report is available, please attach.		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (Specify) Geoprobe		Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft) 25.0		Casing Diameter (in.) 1.03		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 2.0		Casing Depth (ft.) 15.0		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			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 13.0		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
3/8" Bentonite Chips	Surface	25.0	0.8 sacks	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing TRC Environmental Corporation		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 08/29/2019	Date Received	Noted By
Street or Route 708 Heartland Trail			Telephone Number 608-826-3600	Comments	
City Madison		State WI	ZIP Code 53717	Signature of Person Doing Work <i>Ted O'Connell</i>	Date Signed 9/10/19

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

Facility/Project Name Former Northwoods Laundry	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name TRC-TW-05
Facility License, Permit or Monitoring No. 02-44-000517	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 89° 42' 30.2" Long. 45° 52' 14.8" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane 256,884 ft. N, 2,042,783 ft. E. S/C/N	Date Well Installed 05/25/2017
Type of Well Well Code /Temp Well	Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 14, T. 39 N, R. 6 E <input checked="" type="checkbox"/> W	Well Installed By: (Person's Name and Firm) Tony Kapugi
Distance from Waste/Source ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input checked="" type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number
Enf. Stds. Apply <input checked="" type="checkbox"/>		On-Site Environmental

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ 4.0 in. b. Length: _____ 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ 1603.09 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ 1602.6 ft. MSL or _____ 0.5 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS 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 checked="" 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 checked="" type="checkbox"/> 30 Sand <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped 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. 0.20 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
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Geoprobe <input type="checkbox"/> Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ None _____ b. Volume added _____ 0 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Filter pack material: Manufacturer, product name & mesh size a. _____ R.W. Sidley, Inc. #5 _____ b. Volume added _____ 0.196 ft ³
Describe _____	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"/>
17. Source of water (attach analysis, if required): _____	10. Screen material: Sch 40 PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
E. Bentonite seal, top _____ 1602.1 ft. MSL or _____ 1.0 ft.	b. Manufacturer Monoflex c. Slot size: _____ 0.010 in. d. Slotted length: _____ 10.0 ft.
F. Fine sand, top _____ ft. MSL or _____ ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
G. Filter pack, top _____ 1590.1 ft. MSL or _____ 13.0 ft.	
H. Screen joint, top _____ 1588.1 ft. MSL or _____ 15.0 ft.	
I. Well bottom _____ 1578.1 ft. MSL or _____ 25.0 ft.	
J. Filter pack, bottom _____ 1578.1 ft. MSL or _____ 25.0 ft.	
K. Borehole, bottom _____ 1578.1 ft. MSL or _____ 25.0 ft.	
L. Borehole, diameter _____ 2.0 in.	
M. O.D. well casing _____ 1.32 in.	
N. I.D. well casing _____ 1.03 in.	

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

Signature Ted O'Connell Firm **TRC Environmental Corporation** Tel: **608-826-3600**
708 Heartland Trail Madison, WI 53717 Fax: _____

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

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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 this 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 Oncida		WI Unique Well # of Removed Well (TRC-TW-06)		Hicap #		Facility Name Former Northwoods Laundry			
Latitude / Longitude (see instructions) -89.70873 ° N 45.87159 ° W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 / 1/4 SE or Gov't Lot #		1/4 NW		Section 14		Township 39		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address						License/Permit/Monitoring # 02-44-000517			
Well City, Village or Town Minocqua						Original Well Owner			
Subdivision Name						Present Well Owner Sharlene Te Beest			
Reason For Removal From Service Site Closure						Mailing Address of Present Owner PO Box 7965			
WI Unique Well # of Replacement Well						City of Present Owner Madison		State WI	ZIP Code 53707

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) 05/25/2017		If a Well Construction Report is available, please attach.		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (Specify) Geoprobe		Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft) 25.0		Casing Diameter (in.) 1.03		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 2.0		Casing Depth (ft.) 15.0		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			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 13.0		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
3/8" Bentonite Chips	Surface	25.0	0.8 sacks	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing TRC Environmental Corporation		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 08/29/2019	Date Received	Noted By
Street or Route 708 Heartland Trail		Telephone Number 608-826-3600		Comments	
City Madison		State WI	ZIP Code 53717	Signature of Person Doing Work <i>Ted O'Connell</i>	Date Signed 9/10/19

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

Facility/Project Name Former Northwoods Laundry	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name TRC-TW-06
Facility License, Permit or Monitoring No. 02-44-000517	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 89° 42' 31.4" Long. 45° 52' 17.7" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane 257,180 ft. N, 2,042,694 ft. E. S/C/N	Date Well Installed 05/25/2017
Type of Well Well Code /Temp Well	Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 14, T. 39 N, R. 6 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) Tony Kapugi
Distance from Waste/Source ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number
Enf. Stds. Apply <input checked="" type="checkbox"/>		On-Site Environmental

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL		2. Protective cover pipe: a. Inside diameter: _____ in. 4.0 b. Length: _____ ft. 1.0 c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> _____ d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
C. Land surface elevation _____ 1603.99 ft. MSL		3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/> _____
D. Surface seal, bottom _____ 1603.5 ft. MSL or _____ 0.5 ft.		4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand <input type="checkbox"/> _____ Other <input type="checkbox"/> _____
12. USCS 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 checked="" 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"/>		5. Annular space seal: a. Granular/Chipped 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. 0.20 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
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/> _____
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Geoprobe _____ Other <input checked="" type="checkbox"/> _____		7. Fine sand material: Manufacturer, product name & mesh size a. _____ None _____ b. Volume added _____ 0 _____ ft ³
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99		8. Filter pack material: Manufacturer, product name & mesh size a. R.W. Sidley, Inc. #5 _____ b. Volume added 0.196 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____		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"/> _____
17. Source of water (attach analysis, if required): _____		10. Screen material: Sch 40 PVC _____ a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/> _____ b. Manufacturer Monoflex _____ c. Slot size: _____ 0.010 in. d. Slotted length: _____ 10.0 ft.
E. Bentonite seal, top _____ 1603.0 ft. MSL or _____ 1.0 ft.		11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/> _____
F. Fine sand, top _____ ft. MSL or _____ ft.		
G. Filter pack, top _____ 1591.0 ft. MSL or _____ 13.0 ft.		
H. Screen joint, top _____ 1589.0 ft. MSL or _____ 15.0 ft.		
I. Well bottom _____ 1579.0 ft. MSL or _____ 25.0 ft.		
J. Filter pack, bottom _____ 1579.0 ft. MSL or _____ 25.0 ft.		
K. Borehole, bottom _____ 1579.0 ft. MSL or _____ 25.0 ft.		
L. Borehole, diameter _____ 2.0 in.		
M. O.D. well casing _____ 1.32 in.		
N. I.D. well casing _____ 1.03 in.		

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

Signature Ted O'Connell Firm **TRC Environmental Corporation** Tel: 608-826-3600
708 Heartland Trail Madison, WI 53717 Fax:

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

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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 this 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 Oncida		WI Unique Well # of Removed Well (TRC-TW-07)		Hicap #		Facility Name Former Northwoods Laundry			
Latitude / Longitude (see instructions) -89.70905 ° N 45.87144 ° W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 / 1/4 SE or Gov't Lot #		1/4 NW		Section 14		Township 39		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address						License/Permit/Monitoring # 02-44-000517			
Well City, Village or Town Minocqua						Original Well Owner			
Subdivision Name						Present Well Owner Sharlene Te Beest			
Reason For Removal From Service Site Closure						Mailing Address of Present Owner PO Box 7965			
WI Unique Well # of Replacement Well						City of Present Owner Madison		State WI	ZIP Code 53707

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) 05/25/2017		If a Well Construction Report is available, please attach.		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (Specify) Geoprobe						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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 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 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			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock						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)			
Total Well Depth From Ground Surface (ft) 25.0		Casing Diameter (in.) 1.03		Lower Drillhole Diameter (in.) 2.0		Casing Depth (ft.) 15.0		Sealing Materials <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to what depth (feet)? 13.0						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
3/8" Bentonite Chips	Surface	25.0	0.8 sacks	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing TRC Environmental Corporation		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 08/29/2019	Date Received	Noted By
Street or Route 708 Heartland Trail			Telephone Number 608-826-3600	Comments	
City Madison		State WI	ZIP Code 53717	Signature of Person Doing Work <i>Ted O'Connell</i>	Date Signed 9/10/19

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

Facility/Project Name Former Northwoods Laundry	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name TRC-TW-07
Facility License, Permit or Monitoring No. 02-44-000517	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 89° 42' 32.6" Long. 45° 52' 17.2" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane 257,128 ft. N, 2,042,610 ft. E. S/C/N	Date Well Installed 05/25/2017
Type of Well Well Code /Temp Well	Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 14, T. 39 N, R. 6 E W	Well Installed By: (Person's Name and Firm) Tony Kapugi
Distance from Waste/Source ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number
Enf. Stds. Apply <input checked="" type="checkbox"/>		On-Site Environmental

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ 4.0 in. b. Length: _____ 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ 1602.95 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ 1602.5 ft. MSL or _____ 0.5 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS 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 checked="" 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 checked="" type="checkbox"/> 30 Sand <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped 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. 0.20 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
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Geoprobe <input type="checkbox"/> Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ None _____ b. Volume added _____ 0 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Filter pack material: Manufacturer, product name & mesh size a. _____ R.W. Sidley, Inc. #5 _____ b. Volume added _____ 0.196 ft ³
Describe _____	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"/>
17. Source of water (attach analysis, if required): _____	10. Screen material: Sch 40 PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
E. Bentonite seal, top _____ 1602.0 ft. MSL or _____ 1.0 ft.	b. Manufacturer Monoflex c. Slot size: _____ 0.010 in. d. Slotted length: _____ 10.0 ft.
F. Fine sand, top _____ ft. MSL or _____ ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
G. Filter pack, top _____ 1590.0 ft. MSL or _____ 13.0 ft.	
H. Screen joint, top _____ 1588.0 ft. MSL or _____ 15.0 ft.	
I. Well bottom _____ 1578.0 ft. MSL or _____ 25.0 ft.	
J. Filter pack, bottom _____ 1578.0 ft. MSL or _____ 25.0 ft.	
K. Borehole, bottom _____ 1578.0 ft. MSL or _____ 25.0 ft.	
L. Borehole, diameter _____ 2.0 in.	
M. O.D. well casing _____ 1.32 in.	
N. I.D. well casing _____ 1.03 in.	

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

Signature Ted O'Connell Firm **TRC Environmental Corporation** Tel: **608-826-3600**
708 Heartland Trail Madison, WI 53717 Fax: _____

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

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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 this 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 Oncida		WI Unique Well # of Removed Well (TRC-TW-08)		Hicap #		Facility Name Former Northwoods Laundry			
Latitude / Longitude (see instructions) -89.70989 ° N 45.87151 ° W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 / 1/4 SE or Gov't Lot #		1/4 NW		Section 14		Township 39		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address						License/Permit/Monitoring # 02-44-000517			
Well City, Village or Town Minocqua						Original Well Owner			
Subdivision Name						Present Well Owner Sharlene Te Beest			
Reason For Removal From Service Site Closure						Mailing Address of Present Owner PO Box 7965			
WI Unique Well # of Replacement Well						City of Present Owner Madison		State WI	ZIP Code 53707

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) 05/25/2017		If a Well Construction Report is available, please attach.		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (Specify) Geoprobe		Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft) 25.0		Casing Diameter (in.) 1.03		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 2.0		Casing Depth (ft.) 15.0		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Liner(s) perforated? <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)? 13.0		Depth to Water (feet)		Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
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		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		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
3/8" Bentonite Chips	Surface	25.0	0.8 sacks	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing TRC Environmental Corporation		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 08/29/2019	Date Received	Noted By
Street or Route 708 Heartland Trail		Telephone Number 608-826-3600	Comments		
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work <i>Ted O'Connell</i>	Date Signed 9/10/19	

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

Facility/Project Name Former Northwoods Laundry	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name TRC-TW-08
Facility License, Permit or Monitoring No. 02-44-000517	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 89° 42' 35.6" Long. 45° 52' 17.4" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane 257,153 ft. N, 2,042,397 ft. E. S/C/N	Date Well Installed 05/25/2017
Type of Well Well Code /Temp Well	Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 14, T. 39 N, R. 6 E W	Well Installed By: (Person's Name and Firm) Tony Kapugi
Distance from Waste/Source ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number
Enf. Stds. Apply <input checked="" type="checkbox"/>		On-Site Environmental

A. Protective pipe, top elevation	_____ ft. MSL	1. Cap and lock?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation	_____ ft. MSL	2. Protective cover pipe:	
C. Land surface elevation	1602.75 ft. MSL	a. Inside diameter:	4.0 in.
D. Surface seal, bottom	1602.3 ft. MSL or 0.5 ft.	b. Length:	1.0 ft.
		c. Material:	Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen:		d. Additional protection?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/>		If yes, describe: _____	
SM <input checked="" type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/>		3. Surface seal:	Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
Bedrock <input type="checkbox"/>		4. Material between well casing and protective pipe:	Bentonite <input checked="" type="checkbox"/> 30 Sand <input type="checkbox"/>
13. Sieve analysis attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal:	a. Granular/Chipped 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. 0.20 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
14. Drilling method used:	Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Geoprobe <input type="checkbox"/> Other <input checked="" type="checkbox"/>	6. Bentonite seal:	a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used:	Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size	a. _____ None _____ b. Volume added 0 ft ³
16. Drilling additives used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Filter pack material: Manufacturer, product name & mesh size	a. R.W. Sidley, Inc. #5 b. Volume added 0.196 ft ³
Describe _____		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"/>
17. Source of water (attach analysis, if required):	_____	10. Screen material:	Sch 40 PVC
E. Bentonite seal, top	1601.8 ft. MSL or 1.0 ft.	a. Screen Type:	Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top	_____ ft. MSL or _____ ft.	b. Manufacturer	Monoflex
G. Filter pack, top	1589.8 ft. MSL or 13.0 ft.	c. Slot size:	0.010 in.
H. Screen joint, top	1587.8 ft. MSL or 15.0 ft.	d. Slotted length:	10.0 ft.
I. Well bottom	1577.8 ft. MSL or 25.0 ft.	11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom	1577.8 ft. MSL or 25.0 ft.		
K. Borehole, bottom	1577.8 ft. MSL or 25.0 ft.		
L. Borehole, diameter	2.0 in.		
M. O.D. well casing	1.32 in.		
N. I.D. well casing	1.03 in.		

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

Signature Ted O'Connell Firm **TRC Environmental Corporation** Tel: 608-826-3600
708 Heartland Trail Madison, WI 53717 Fax:

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

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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 this 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 Oncida		WI Unique Well # of Removed Well (TRC-TW-09)		Hicap #		Facility Name Former Northwoods Laundry			
Latitude / Longitude (see instructions) -89.70986 ° N 45.87184 ° W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 / 1/4 SE or Gov't Lot #		1/4 NW		Section 14		Township 39		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address						License/Permit/Monitoring # 02-44-000517			
Well City, Village or Town Minocqua						Original Well Owner			
Subdivision Name						Present Well Owner Sharlene Te Beest			
Reason For Removal From Service Site Closure						Mailing Address of Present Owner PO Box 7965			
WI Unique Well # of Replacement Well						City of Present Owner Madison		State WI	ZIP Code 53707

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) 05/25/2017		If a Well Construction Report is available, please attach.		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (Specify) Geoprobe		Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft) 25.0		Casing Diameter (in.) 1.03		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 2.0		Casing Depth (ft.) 15.0		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			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 13.0		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
3/8" Bentonite Chips	Surface	25.0	0.8 sacks	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing TRC Environmental Corporation		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 08/29/2019	Date Received	Noted By
Street or Route 708 Heartland Trail			Telephone Number 608-826-3600		Comments
City Madison		State WI	ZIP Code 53717	Signature of Person Doing Work <i>Ted O'Connell</i>	
				Date Signed 9/10/19	

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

Facility/Project Name Former Northwoods Laundry	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name TRC-TW-09
Facility License, Permit or Monitoring No. 02-44-000517	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 89° 42' 35.5" Long. 45° 52' 18.6" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane 257,272 ft. N, 2,042,405 ft. E. S/C/N	Date Well Installed 05/25/2017
Type of Well Well Code /Temp Well	Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 14, T. 39 N, R. 6 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) Tony Kapugi
Distance from Waste/Source ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number
Enf. Stds. Apply <input checked="" type="checkbox"/>		On-Site Environmental

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ 4.0 in. b. Length: _____ 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ 1601.86 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ 1601.4 ft. MSL or _____ 0.5 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS 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 checked="" 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 checked="" type="checkbox"/> 30 Sand <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped 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. _____ 0.20 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
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Geoprobe <input type="checkbox"/> Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ None b. Volume added _____ 0 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. _____ R.W. Sidley, Inc. #5 b. Volume added _____ 0.196 ft ³
17. Source of water (attach analysis, if required): _____	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"/>
E. Bentonite seal, top _____ 1600.9 ft. MSL or _____ 1.0 ft.	10. Screen material: Sch 40 PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer _____ Monoflex c. Slot size: _____ 0.010 in. d. Slotted length: _____ 10.0 ft.
G. Filter pack, top _____ 1588.9 ft. MSL or _____ 13.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ 1586.9 ft. MSL or _____ 15.0 ft.	
I. Well bottom _____ 1576.9 ft. MSL or _____ 25.0 ft.	
J. Filter pack, bottom _____ 1576.9 ft. MSL or _____ 25.0 ft.	
K. Borehole, bottom _____ 1576.9 ft. MSL or _____ 25.0 ft.	
L. Borehole, diameter _____ 2.0 in.	
M. O.D. well casing _____ 1.32 in.	
N. I.D. well casing _____ 1.03 in.	

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

Signature Ted O'Connell Firm TRC Environmental Corporation Tel: 608-826-3600
708 Heartland Trail Madison, WI 53717 Fax: _____

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

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Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County Oncida		WI Unique Well # of Removed Well (TRC-TW-10)		Hicap #		Facility Name Former Northwoods Laundry			
Latitude / Longitude (see instructions) -89.71006 ° N 45.87103 ° W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 SE or Gov't Lot #		1/4 NW		Section 14	Township 39	Range 6	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		
Well Street Address						License/Permit/Monitoring # 02-44-000517			
Well City, Village or Town Minocqua						Original Well Owner			
Subdivision Name						Present Well Owner Sharlene Te Beest			
Reason For Removal From Service Site Closure						Mailing Address of Present Owner PO Box 7965			
WI Unique Well # of Replacement Well						City of Present Owner Madison		State WI	ZIP Code 53707

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) 05/25/2017		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A					
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (Specify) Geoprobe		If a Well Construction Report is available, please attach.		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 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 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					
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				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)					
Total Well Depth From Ground Surface (ft) 25.0		Casing Diameter (in.) 1.03		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips					
Lower Drillhole Diameter (in.) 2.0		Casing Depth (ft.) 15.0		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					
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 13.0							

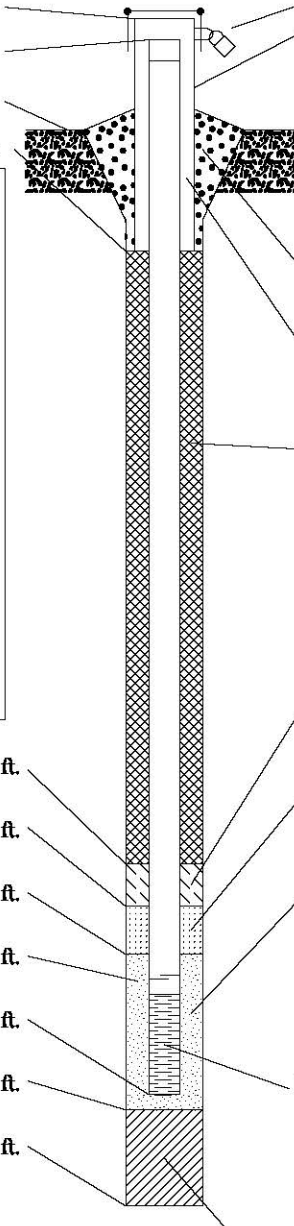
5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	25.0	0.8 sacks	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing TRC Environmental Corporation		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 08/29/2019	Date Received	Noted By
Street or Route 708 Heartland Trail		Telephone Number 608-826-3600		Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work <i>Ted O'Connell</i>	Date Signed 9/10/19	

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

Facility/Project Name Former Northwoods Laundry		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name TRC-TW-10	
Facility License, Permit or Monitoring No. 02-44-000517		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 89° 42' 36.2" Long. 45° 52' 15.7" or		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID _____		St. Plane 256,978 ft. N, 2,042,356 ft. E. S/C/N		Date Well Installed 05/25/2017	
Type of Well Well Code /Temp Well _____		Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 14, T. 39 N, R. 6 <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: (Person's Name and Firm) Tony Kapugi	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input checked="" type="checkbox"/>				On-Site Environmental	

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL		2. Protective cover pipe: a. Inside diameter: _____ 4.0 in. b. Length: _____ 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ 1602.35 ft. MSL		d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ 1601.9 ft. MSL or _____ 0.5 ft.		3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS 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 checked="" 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"/>		
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Geoprobe <input type="checkbox"/> Other <input checked="" type="checkbox"/>		5. Annular space seal: a. Granular/Chipped 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. 0.20 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
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____		7. Fine sand material: Manufacturer, product name & mesh size a. _____ None b. Volume added _____ 0 ft ³
17. Source of water (attach analysis, if required): _____		8. Filter pack material: Manufacturer, product name & mesh size a. _____ R.W. Sidley, Inc. #5 b. Volume added _____ 0.196 ft ³
E. Bentonite seal, top _____ 1601.4 ft. MSL or _____ 1.0 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"/>
F. Fine sand, top _____ ft. MSL or _____ ft.		10. Screen material: _____ Sch 40 PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
G. Filter pack, top _____ 1589.4 ft. MSL or _____ 13.0 ft.		b. Manufacturer _____ Monoflex c. Slot size: _____ 0.010 in. d. Slotted length: _____ 10.0 ft.
H. Screen joint, top _____ 1587.4 ft. MSL or _____ 15.0 ft.		11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
I. Well bottom _____ 1577.4 ft. MSL or _____ 25.0 ft.		
J. Filter pack, bottom _____ 1577.4 ft. MSL or _____ 25.0 ft.		
K. Borehole, bottom _____ 1577.4 ft. MSL or _____ 25.0 ft.		
L. Borehole, diameter _____ 2.0 in.		
M. O.D. well casing _____ 1.32 in.		
N. I.D. well casing _____ 1.03 in.		

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

Signature Ted O'Connell Firm TRC Environmental Corporation Tel: 608-826-3600
708 Heartland Trail Madison, WI 53717 Fax: _____

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

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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 this 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 Oncida		WI Unique Well # of Removed Well (TRC-TW-11)		Hicap #		Facility Name Former Northwoods Laundry			
Latitude / Longitude (see instructions) -89.71160 ° N 45.87200 ° W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 / 1/4 SE or Gov't Lot #		1/4 NW		Section 14		Township 39		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address						License/Permit/Monitoring # 02-44-000517			
Well City, Village or Town Minocqua						Original Well Owner			
Subdivision Name						Present Well Owner Sharlene Te Beest			
Reason For Removal From Service Site Closure						Mailing Address of Present Owner PO Box 7965			
WI Unique Well # of Replacement Well						City of Present Owner Madison		State WI	ZIP Code 53707

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) 05/25/2017		If a Well Construction Report is available, please attach.	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (Specify) Geoprobe					
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock					
Total Well Depth From Ground Surface (ft) 25.0		Casing Diameter (in.) 1.03			
Lower Drillhole Diameter (in.) 2.0		Casing Depth (ft.) 15.0			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, to what depth (feet)? 13.0		Depth to Water (feet)			

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

Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped		
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain)		

Sealing Materials			
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete		
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips		

For Monitoring Wells and Monitoring Well Boreholes Only:			
<input 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
3/8" Bentonite Chips	Surface	25.0	0.8 sacks	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing TRC Environmental Corporation		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 08/29/2019	Date Received	Noted By
Street or Route 708 Heartland Trail			Telephone Number 608-826-3600	Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work <i>Ted O'Connell</i>	Date Signed 9/10/19	

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

Facility/Project Name Former Northwoods Laundry	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name TRC-TW-11
Facility License, Permit or Monitoring No. 02-44-000517	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 89° 42' 41.8" Long. 45° 52' 19.2" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane 257,327 ft. N, 2,041,960 ft. E. S/C/N	Date Well Installed 05/25/2017
Type of Well Well Code /Temp Well	Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 14, T. 39 N, R. 6 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) Tony Kapugi
Distance from Waste/Source ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number
Enf. Stds. Apply <input checked="" type="checkbox"/>		On-Site Environmental

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. 4.0
C. Land surface elevation 1601.01 ft. MSL	b. Length: _____ ft. 1.0
D. Surface seal, bottom 1600.5 ft. MSL or 0.5 ft.	c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS 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 checked="" 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"/>	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Geoprobe <input type="checkbox"/> Other <input checked="" type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	5. Annular space seal: a. Granular/Chipped 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. 0.20 Ft ³ volume added for any of the above
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
17. Source of water (attach analysis, if required): _____	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
E. Bentonite seal, top 1600.0 ft. MSL or 1.0 ft.	7. Fine sand material: Manufacturer, product name & mesh size a. None _____
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Volume added 0 ft ³
G. Filter pack, top 1588.0 ft. MSL or 13.0 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. R.W. Sidley, Inc. #5 _____
H. Screen joint, top 1586.0 ft. MSL or 15.0 ft.	b. Volume added 0.196 ft ³
I. Well bottom 1576.0 ft. MSL or 25.0 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"/>
J. Filter pack, bottom 1576.0 ft. MSL or 25.0 ft.	10. Screen material: Sch 40 PVC _____
K. Borehole, bottom 1576.0 ft. MSL or 25.0 ft.	a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
L. Borehole, diameter 2.0 in.	b. Manufacturer Monoflex _____
M. O.D. well casing 1.32 in.	c. Slot size: 0.010 in.
N. I.D. well casing 1.03 in.	d. Slotted length: 10.0 ft.
	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>

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

Signature *Ted O'Connell* Firm **TRC Environmental Corporation** Tel: **608-826-3600**
708 Heartland Trail Madison, WI 53717 Fax: _____

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

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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 this 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 Oncida		WI Unique Well # of Removed Well (TRC-TW-12)		Hicap #		Facility Name Former Northwoods Laundry			
Latitude / Longitude (see instructions) -89.71163 ° N 45.87118 ° W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 SE or Gov't Lot #		1/4 NW		Section 14		Township 39		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address						License/Permit/Monitoring # 02-44-000517			
Well City, Village or Town Minocqua						Original Well Owner			
Subdivision Name						Present Well Owner Sharlene Te Beest			
Reason For Removal From Service Site Closure						Mailing Address of Present Owner PO Box 7965			
WI Unique Well # of Replacement Well						City of Present Owner Madison		State WI	ZIP Code 53707

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) 05/25/2017		If a Well Construction Report is available, please attach.	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (Specify) Geoprobe					
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock					
Total Well Depth From Ground Surface (ft) 25.0		Casing Diameter (in.) 1.03			
Lower Drillhole Diameter (in.) 2.0		Casing Depth (ft.) 15.0			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, to what depth (feet)? 13.0		Depth to Water (feet)			

Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A					
Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)					
Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips					
For Monitoring Wells and Monitoring Well Boreholes Only: <input 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
3/8" Bentonite Chips	Surface	25.0	0.8 sacks	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing TRC Environmental Corporation		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 08/29/2019	Date Received	Noted By
Street or Route 708 Heartland Trail			Telephone Number 608-826-3600		Comments
City Madison		State WI	ZIP Code 53717	Signature of Person Doing Work <i>Ted O'Connell</i>	
				Date Signed 9/10/19	

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

Facility/Project Name Former Northwoods Laundry	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. ft. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name TRC-TW-12
Facility License, Permit or Monitoring No. 02-44-000517	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 89° 42' 41.9" Long. 45° 52' 16.3" or	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane 257,031 ft. N, 2,041,955 ft. E. S/C/N	Date Well Installed 05/25/2017
Type of Well Well Code /Temp Well	Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 14, T. 39 N, R. 6 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) Tony Kapugi
Distance from Waste/Source ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number
Enf. Stds. Apply <input checked="" type="checkbox"/>		On-Site Environmental

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ 4.0 in. b. Length: _____ 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ 1601.91 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ 1601.4 ft. MSL or _____ 0.5 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS 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 checked="" 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 checked="" type="checkbox"/> 30 Sand <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped 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. 0.20 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
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Geoprobe <input type="checkbox"/> Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ None _____ b. Volume added _____ 0 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. _____ R.W. Sidley, Inc. #5 _____ b. Volume added _____ 0.196 ft ³
17. Source of water (attach analysis, if required): _____	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"/>
E. Bentonite seal, top _____ 1600.9 ft. MSL or _____ 1.0 ft.	10. Screen material: Sch 40 PVC _____ a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer Monoflex _____ c. Slot size: _____ 0.010 in. d. Slotted length: _____ 10.0 ft.
G. Filter pack, top _____ 1588.9 ft. MSL or _____ 13.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ 1586.9 ft. MSL or _____ 15.0 ft.	
I. Well bottom _____ 1576.9 ft. MSL or _____ 25.0 ft.	
J. Filter pack, bottom _____ 1576.9 ft. MSL or _____ 25.0 ft.	
K. Borehole, bottom _____ 1576.9 ft. MSL or _____ 25.0 ft.	
L. Borehole, diameter _____ 2.0 in.	
M. O.D. well casing _____ 1.32 in.	
N. I.D. well casing _____ 1.03 in.	

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

Signature Ted O'Connell Firm **TRC Environmental Corporation** Tel: **608-826-3600**
708 Heartland Trail Madison, WI 53717 Fax: _____

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

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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 this 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 Oncida		WI Unique Well # of Removed Well (TRC-TW-13)		Hicap #		Facility Name Former Northwoods Laundry			
Latitude / Longitude (see instructions) -89.71143 ° N 45.87066 ° W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 / 1/4 SE or Gov't Lot #		1/4 NW		Section 14		Township 39		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address						License/Permit/Monitoring # 02-44-000517			
Well City, Village or Town Minocqua						Original Well Owner			
Subdivision Name						Present Well Owner Sharlene Te Beest			
Reason For Removal From Service Site Closure						Mailing Address of Present Owner PO Box 7965			
WI Unique Well # of Replacement Well						City of Present Owner Madison		State WI	ZIP Code 53707

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) 05/25/2017		If a Well Construction Report is available, please attach.		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (Specify) Geoprobe		Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft) 25.0		Casing Diameter (in.) 1.03		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 2.0		Casing Depth (ft.) 15.0		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			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 13.0		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
3/8" Bentonite Chips	Surface	25.0	0.8 sacks	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing TRC Environmental Corporation		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 08/29/2019	Date Received	Noted By
Street or Route 708 Heartland Trail			Telephone Number 608-826-3600	Comments	
City Madison		State WI	ZIP Code 53717	Signature of Person Doing Work <i>Ted O'Connell</i>	Date Signed 9/10/19

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

Facility/Project Name Former Northwoods Laundry	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name TRC-TW-13
Facility License, Permit or Monitoring No. 02-44-000517	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 89° 42' 41.2" Long. 45° 52' 14.4" or	Wis. Unique Well No. _____ DNR Well Number _____
Facility ID _____	St. Plane 256,840 ft. N, 2,042,005 ft. E. S/C/N	Date Well Installed 05/25/2017
Type of Well Well Code /Temp Well _____	Section Location of Waste/Source SE 1/4 of NW 1/4 of Sec. 14, T. 39 N, R. 6 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) Tony Kapugi
Distance from Waste/Source ft. _____	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number _____
Enf. Stds. Apply <input checked="" type="checkbox"/>		On-Site Environmental

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ 4.0 in. b. Length: _____ 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> _____ d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
C. Land surface elevation _____ 1600.83 ft. MSL	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/> _____
D. Surface seal, bottom _____ 1600.3 ft. MSL or _____ 0.5 ft.	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Sand _____ Other <input type="checkbox"/> _____
12. USCS 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 checked="" 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"/>	5. Annular space seal: a. Granular/Chipped 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. _____ 0.20 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
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/> _____
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Geoprobe _____ Other <input checked="" type="checkbox"/> _____	7. Fine sand material: Manufacturer, product name & mesh size a. _____ None _____ b. Volume added _____ 0 ft ³
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	8. Filter pack material: Manufacturer, product name & mesh size a. _____ R.W. Sidley, Inc. #5 _____ b. Volume added _____ 0.196 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	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"/> _____
17. Source of water (attach analysis, if required): _____	10. Screen material: _____ Sch 40 PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/> _____ b. Manufacturer _____ Monoflex c. Slot size: _____ 0.010 in. d. Slotted length: _____ 10.0 ft.
E. Bentonite seal, top _____ 1599.8 ft. MSL or _____ 1.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/> _____
F. Fine sand, top _____ ft. MSL or _____ ft.	
G. Filter pack, top _____ 1587.8 ft. MSL or _____ 13.0 ft.	
H. Screen joint, top _____ 1585.8 ft. MSL or _____ 15.0 ft.	
I. Well bottom _____ 1575.8 ft. MSL or _____ 25.0 ft.	
J. Filter pack, bottom _____ 1575.8 ft. MSL or _____ 25.0 ft.	
K. Borehole, bottom _____ 1575.8 ft. MSL or _____ 25.0 ft.	
L. Borehole, diameter _____ 2.0 in.	
M. O.D. well casing _____ 1.32 in.	
N. I.D. well casing _____ 1.03 in.	

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

Signature Ted O'Connell Firm TRC Environmental Corporation Tel: 608-826-3600
708 Heartland Trail Madison, WI 53717 Fax: _____

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