

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

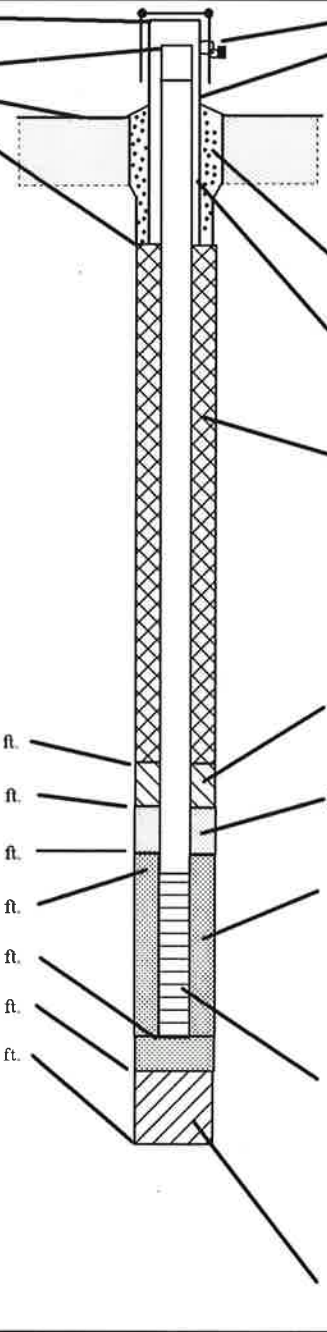
Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information				2. Facility / Owner Information				
County Dane		WI Unique Well # of Removed Well PP044		Hicap #		Facility Name Former Classic Cleaners		
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 113147980		
¼ / ¼ NW or Gov't Lot #		Section 9		Township 07 N		License/Permit/Monitoring #		
Well Street Address 3920 Monona Drive		Range 10		<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner Ralph Stinson		
Well City, Village or Town Madison		Well ZIP Code 53716		Present Well Owner The Estate of Ralph Stinson				
Subdivision Name		Lot #		City of Present Owner Nekoosa		State WI	ZIP Code 54457	
3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material				
Reason for Removal from Service Regulatory 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
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 07/27/2004		Liner(s) removed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Construction Type:		Screen removed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
		<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
		<input type="checkbox"/> Other (specify): _____		Was casing cut off below surface?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:		<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 25		Casing Diameter (in.) 2		Did material settle after 24 hours?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.5		Casing Depth (ft.)		If yes, was hole retopped?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was well annular space grouted?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If bentonite chips were used, were they hydrated with water from a known safe source?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, to what depth (feet)?		Depth to Water (feet)		Required Method of Placing Sealing Material				
5. Material Used to Fill Well / Drillhole				6. Comments				
From (ft.)		To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight		
Surface		25		37.5#				
3/8" Bentonite Chips								
7. Supervision of Work				DNR Use Only				
Name of Person or Firm Doing Filling & Sealing Gage Kapugi		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 05/19/2021		Date Received	Noted By	
Street or Route PO Box 280		Telephone Number (608) 837-8992		Comments				
City Sun Prairie		State WI		ZIP Code 53590		Signature of Person Doing Work <i>Gage Kapugi</i>	Date Signed 05/19/2021	

Facility/Project Name 3918 Monona Drive BT2 #2325		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name MW1	
Facility License, Permit or Monitoring Number		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well Number PP044 DNR Well ID No. _____	
Facility ID		Lat. _____ Long. _____ or _____		Date Well Installed 07 / 27 / 2004 m m d d y y y y	
Type of Well Well Code 11 / MW		St. Plane _____ ft. N. _____ ft. S.		Well Installed By: Name (first, last) and Firm /Tony Kapugi	
Distance From Waste/Source _____ ft.		Section Location of Waste/Source <input checked="" type="checkbox"/> B. NW 1/4 of SW 1/4 of Sec. 9, T. 7 N, R. 10 W.		On-Site Environmental On-Site Environmental	
Enf. Stds. Apply <input checked="" type="checkbox"/>		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input checked="" type="checkbox"/> Not Known		Gov. Lot Number _____	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or 1.0 ft.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>12. USCS classification of soil near screen:</p> <p>GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input checked="" type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 5 0 Hollow Stem Auger <input checked="" type="checkbox"/> 4 1 Other <input type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 0 2 Air <input type="checkbox"/> 0 1 Drilling Mud <input type="checkbox"/> 0 3 None <input checked="" type="checkbox"/> 0 9</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or _____ ft.</p> <p>F. Fine sand, top _____ ft. MSL or 11.0 ft.</p> <p>G. Filter pack, top _____ ft. MSL or 13.0 ft.</p> <p>H. Screen joint, top _____ ft. MSL or 15.0 ft.</p> <p>I. Well bottom _____ ft. MSL or 25.0 ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or 27.0 ft.</p> <p>K. Borehole, bottom _____ ft. MSL or 27.0 ft.</p> <p>L. Borehole, diameter 8.5 in.</p> <p>M. O.D. well casing 2.38 in.</p> <p>N. I.D. well casing 2.07 in.</p>	 <p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: 10.0 in. b. Length: 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface Seal: Bentonite <input type="checkbox"/> 3 0 Concrete <input checked="" type="checkbox"/> 0 1 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 3 0 Filter Sand Other <input checked="" type="checkbox"/></p> <p>5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 3 3 b. _____ Lbs/gal mud weight...Bentonite-sand slurry <input type="checkbox"/> 3 5 c. _____ Lbs/gal mud weight.....Bentonite slurry <input type="checkbox"/> 3 1 d. _____ % Bentonite.....Bentonite-cement grout <input type="checkbox"/> 5 0 e. 3.6 Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0 1 Tremie pumped <input type="checkbox"/> 0 2 Gravity <input checked="" type="checkbox"/> 0 8</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3 3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 3 2 c. none <input checked="" type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. RW Sidley #4000 b. Volume added 0.7 ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. RW Sidley #5 b. Volume added 5 ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2 3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2 4</p> <p>10. Screen material: same a. Screen type: Factory cut <input checked="" type="checkbox"/> 0 1 Continuous slot <input type="checkbox"/> 0 2 Other <input type="checkbox"/></p> <p>b. Manufacturer Monoflex c. Slot size: _____ 0.010 in. d. Slotted length: 10.0 ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1 4 Other <input type="checkbox"/></p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature *Steph Sillwood* Firm **BT², Inc., 2830 Dairy Drive, Madison, WI 53718-6751**

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. Ad. 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

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information				2. Facility / Owner Information				
County Dane		WI Unique Well # of Removed Well PP055		Hicap #		Facility Name Former Classic Cleaners		
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 113147980		
¼ / ¼ NW or Gov't Lot #		Section 9		Township 07 N		License/Permit/Monitoring #		
Well Street Address 3920 Monona Drive		Range 10		<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner Ralph Stinson		
Well City, Village or Town Madison		Well ZIP Code 53716		Present Well Owner The Estate of Ralph Stinson				
Subdivision Name		Lot #		City of Present Owner Nekoosa		State WI	ZIP Code 54457	
3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material				
Reason for Removal from Service Regulatory 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
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 03/21/2005		Liner(s) removed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Construction Type:		Screen removed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
		<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
		<input type="checkbox"/> Other (specify): _____		Was casing cut off below surface?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:		<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 45		Casing Diameter (in.) 2		Did material settle after 24 hours?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.5		Casing Depth (ft.)		If yes, was hole retopped?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was well annular space grouted?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If bentonite chips were used, were they hydrated with water from a known safe source?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, to what depth (feet)?		Depth to Water (feet)		Required Method of Placing Sealing Material				
5. Material Used to Fill Well / Drillhole				6. Comments				
From (ft.)		To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight		
Surface		45		67.5#				
6. Comments								
MW-1P								
7. Supervision of Work				DNR Use Only				
Name of Person or Firm Doing Filling & Sealing Gage Kapugi		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 05/19/2021		Date Received	Noted By	
Street or Route PO Box 280		Telephone Number (608) 837-8992		Comments				
City Sun Prairie		State WI		ZIP Code 53590		Signature of Person Doing Work <i>Gage Kapugi</i>	Date Signed 05/19/2021	

Facility/Project Name 3918 Monona Drive BT2 #2325		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name MW1P	
Facility License, Permit or Monitoring Number _____		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. S.		Wis. Unique Well Number PP055 DNR Well ID No. _____	
Facility ID _____		Section Location of Waste/Source <input checked="" type="checkbox"/> E. NW 1/4 of SW 1/4 of Sec. 9, T. 7 N.R. 10 W.		Date Well Installed 03 / 21 / 2005 m m d d y y y y	
Type of Well Well Code 12 / PZ		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input checked="" type="checkbox"/> Not Known		Well Installed By: Name (first, last) and Firm Tony Kapugi	
Distance From Waste/Source _____ ft.		Enf. Stds. Apply <input checked="" type="checkbox"/>		Gov. Lot Number _____	
				On-Site Environmental	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or 1.0 ft.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>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 checked="" type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 5 0 Hollow Stem Auger <input checked="" type="checkbox"/> 4 1 Other <input type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 0 2 Air <input type="checkbox"/> 0 1 Drilling Mud <input type="checkbox"/> 0 3 None <input checked="" type="checkbox"/> 9 9</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or _____ ft.</p> <p>F. Fine sand, top _____ ft. MSL or 36.0 ft.</p> <p>G. Filter pack, top _____ ft. MSL or 38.0 ft.</p> <p>H. Screen joint, top _____ ft. MSL or 40.0 ft.</p> <p>I. Well bottom _____ ft. MSL or 45.0 ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or 45.0 ft.</p> <p>K. Borehole, bottom _____ ft. MSL or 45.0 ft.</p> <p>L. Borehole, diameter 8.5 in.</p> <p>M. O.D. well casing 2.38 in.</p> <p>N. I.D. well casing 2.07 in.</p>		<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: 10.0 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: _____</p> <p>3. Surface Seal Bentonite <input type="checkbox"/> 3 0 Concrete <input checked="" type="checkbox"/> 0 1 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 3 0 Filter Sand <input checked="" type="checkbox"/> Other <input type="checkbox"/></p> <p>5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 3 3 b. _____ Lbs/gal mud weight... Bentonite-sand slurry <input type="checkbox"/> 3 5 c. _____ Lbs/gal mud weight... Bentonite slurry <input type="checkbox"/> 3 1 d. _____ % Bentonite... Bentonite-cement grout <input type="checkbox"/> 5 0 e. 12.7 Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0 1 Tremie pumped <input type="checkbox"/> 0 2 Gravity <input checked="" type="checkbox"/> 0 8</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3 3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 3 2 c. none <input checked="" type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. RW Sidley #4000 b. Volume added 0.7 ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. RW Sidley #5 b. Volume added 2.5 ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2 3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2 4</p> <p>10. Screen material same a. Screen type: Factory cut <input checked="" type="checkbox"/> 0 1 Continuous slot <input type="checkbox"/> 0 2 Other <input type="checkbox"/></p> <p>b. Manufacturer Monoflex c. Slot size: 0.010 in. d. Slotted length: 5.0 ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1 4 Other <input type="checkbox"/></p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature Steph Ellwood Firm **BT², Inc., 2830 Dairy Drive, Madison, WI 53718-6751**

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. Ad. 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

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County Dane		WI Unique Well # of Removed Well PP045	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW or Gov't Lot #	¼ SW	Section 9	Township 07 N
Well Street Address 3920 Monona Drive		Range 10	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Madison		Well ZIP Code 53716	
Subdivision Name		Lot #	

Facility Name Former Classic Cleaners		
Facility ID (FID or PWS) 113147980		
License/Permit/Monitoring #		
Original Well Owner Ralph Stinson		
Present Well Owner The Estate of Ralph Stinson		
Mailing Address of Present Owner 543 Feather Trail		
City of Present Owner Nekoosa	State WI	ZIP Code 54457

Reason for Removal from Service Regulatory closure	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 07/27/2004
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): _____

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) 26	Casing Diameter (in.) 2
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Lower Drillhole Diameter (in.) 8.5	Casing Depth (ft.)
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Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)?	Depth to Water (feet)
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4. Pump, Liner, Screen, Casing & Sealing Material

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

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

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

Sealing Materials

Neat Cement Grout Concrete

Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout

Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	26	39#	

6. Comments

MW-2

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gage Kapugi	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 05/19/2021	Date Received	Noted By
Street or Route PO Box 280		Telephone Number (608) 837-8992	Comments	
City Sun Prairie	State WI	ZIP Code 53590	Signature of Person Doing Work <i>Gage Kapugi</i>	Date Signed 05/19/2021

Facility/Project Name 3918 Monona Drive BT2 #2325		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name MW2	
Facility License, Permit or Monitoring Number		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well Number PP045 DNR Well ID No.	
Facility ID		Lat. _____ Long. _____ or		Date Well Installed 07 / 27 / 2004 m m d d y y y y	
Type of Well Well Code 11 / MW		Section Location of Waste/Source <input checked="" type="checkbox"/> E. <input type="checkbox"/> W.		Well Installed By: Name (first, last) 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 type="checkbox"/> Downgradient n <input checked="" type="checkbox"/> Not Known		Gov. Lot Number	
Enf. Stds. Apply <input checked="" type="checkbox"/>		NW 1/4 of SW 1/4 of Sec. 9 , T. 7 N.R. 10 <input type="checkbox"/> W.		On-Site Environmental On-Site Environmental	

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

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

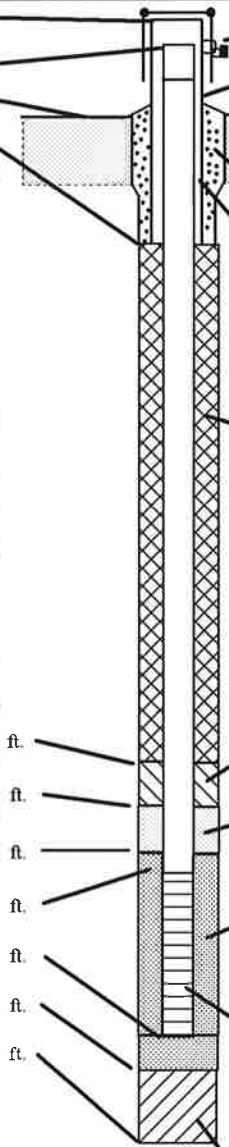
13. Sieve analysis attached? Yes No

14. Drilling method used: Rotary 5 0
 Hollow Stem Auger 4 1
 Other

15. Drilling fluid used: Water 0 2 Air 0 1
 Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No
 Describe _____

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



E. Bentonite seal, top _____ ft. MSL or _____ ft.
 F. Fine sand, top _____ ft. MSL or **12.5** ft.
 G. Filter pack, top _____ ft. MSL or **14.5** ft.
 H. Screen joint, top _____ ft. MSL or **16.5** ft.
 I. Well bottom _____ ft. MSL or **26.5** ft.
 J. Filter pack, bottom _____ ft. MSL or **27.0** ft.
 K. Borehole, bottom _____ ft. MSL or **27.0** ft.
 L. Borehole, diameter **8.5** in.
 M. O.D. well casing **2.38** in.
 N. I.D. well casing **2.07** in.

1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: **10** in.
 b. Length: **1.0** ft.
 c. Material: Steel 04
 Other
 d. Additional protection? Yes No
 If yes, describe: _____

3. Surface Seal: Bentonite 3 0
 Concrete 0 1
 Other

4. Material between well casing and protective pipe:
 Bentonite 3 0
Filter Sand Other

5. Annular space seal:
 a. Granular/Chipped Bentonite 3 3
 b. _____ Lbs/gal mud weight...Bentonite-sand slurry 3 5
 c. _____ Lbs/gal mud weight.....Bentonite slurry 3 1
 d. _____ % Bentonite.....Bentonite-cement grout 5 0
 e. **4** Ft³ volume added for any of the above
 f. How installed: Tremie 0 1
 Tremie pumped 0 2
 Gravity 0 8
 3 3
 3 2

6. Bentonite seal:
 a. Bentonite granules 3 3
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
 c. **none**

7. Fine sand material: Manufacturer, product name & mesh size
 a. **RW Sidley #4000**
 b. Volume added **0.7** ft³

8. Filter pack material: Manufacturer, product name & mesh size
 a. **RW Sidley #5**
 b. Volume added **4.5** ft³

9. Well casing: Flush threaded PVC schedule 40 2 3
 Flush threaded PVC schedule 80 2 4

10. Screen material: **same**
 a. Screen type: Factory cut 0 1
 Continuous slot 0 2
 Other

b. Manufacturer **Monoflex**
 c. Slot size: **0.010** in.
 d. Slotted length: **10.0** ft.

11. Backfill material (below filter pack): None 1 4
 Other

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

Signature *Steph Sullivan*

Firm **BT², Inc., 2830 Dairy Drive, Madison, WI 53718-6751**

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. Ad. 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

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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 Dane		WI Unique Well # of Removed Well PP046	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW or Gov't Lot #	¼ SW	Section 9	Township 07 N
Well Street Address 3920 Monona Drive		Range 10	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Madison		Well ZIP Code 53716	
Subdivision Name		Lot #	

Facility Name Former Classic Cleaners		
Facility ID (FID or PWS) 113147980		
License/Permit/Monitoring #		
Original Well Owner Ralph Stinson		
Present Well Owner The Estate of Ralph Stinson		
Mailing Address of Present Owner 543 Feather Trail		
City of Present Owner Nekoosa	State WI	ZIP Code 54457

Reason for Removal from Service Regulatory closure	WI Unique Well # of Replacement Well
--	--------------------------------------

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 07/27/2004
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): _____

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) 27	Casing Diameter (in.) 2
---	-----------------------------------

Lower Drillhole Diameter (in.) 8.5	Casing Depth (ft.)
--	--------------------

Was well annular space grouted? Yes No Unknown

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

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

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

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

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

Sealing Materials

Neat Cement Grout Concrete

Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout

Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	27	40.5#	

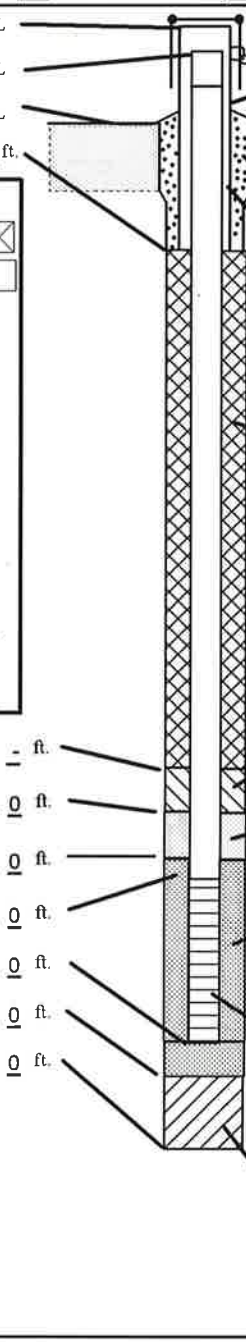
6. Comments

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

Name of Person or Firm Doing Filling & Sealing Gage Kapugi	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 05/19/2021	Date Received	Noted By
Street or Route PO Box 280	Telephone Number (608) 837-8992	Comments		
City Sun Prairie	State WI	ZIP Code 53590	Signature of Person Doing Work <i>Gage Kapugi</i>	Date Signed 05/19/2021

Facility/Project Name 3918 Monona Drive BT2 #2325		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name MW3	
Facility License, Permit or Monitoring Number		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well Number PP046 DNR Well ID No. _____	
Facility ID		Lat. _____ " Long. _____ " or St. Plane _____ ft. N. _____ ft. S.		Date Well Installed 07 / 27 / 2004 m m d d y y y y	
Type of Well Well Code 11 / MW		Section Location of Waste/Source <input checked="" type="checkbox"/> B. NW 1/4 of SW 1/4 of Sec. 9, T. 7 N, R. 10 W.		Well Installed By: Name (first, last) 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 type="checkbox"/> Downgradient n <input checked="" type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input checked="" type="checkbox"/>		Location of Well Relative to Waste/Source		On-Site Environmental <input checked="" type="checkbox"/>	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or 1.0 ft.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>12. USCS classification of soil near screen:</p> <p>GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input checked="" type="checkbox"/></p> <p>SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/></p> <p>Bedrock <input type="checkbox"/></p> </div> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 5 0 Hollow Stem Auger <input checked="" type="checkbox"/> 4 1 Other <input type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 0 2 Air <input type="checkbox"/> 0 1 Drilling Mud <input type="checkbox"/> 0 3 None <input checked="" type="checkbox"/> 9 9</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p>	 <p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: 10.0 in. b. Length: 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface Seal: Bentonite <input type="checkbox"/> 3 0 Concrete <input checked="" type="checkbox"/> 0 1 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 3 0 Filter Sand Other <input checked="" type="checkbox"/></p> <p>5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 3 3 b. _____ Lbs/gal mud weight...Bentonite-sand slurry _____ 3 5 c. _____ Lbs/gal mud weight.....Bentonite slurry _____ 3 1 d. _____ % Bentonite.....Bentonite-cement grout _____ 5 0 e. 4.4 Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0 1 Tremie pumped <input type="checkbox"/> 0 2 Gravity <input checked="" type="checkbox"/> 0 8</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3 3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 3 2 c. none <input checked="" type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. RW Sidley #4000 <input checked="" type="checkbox"/></p> <p>b. Volume added 0.7 ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. RW Sidley #5 <input checked="" type="checkbox"/></p> <p>b. Volume added 4.4 ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2 3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2 4</p> <p>10. Screen material: same <input checked="" type="checkbox"/></p> <p>a. Screen type: Factory cut <input checked="" type="checkbox"/> 0 1 Continuous slot <input type="checkbox"/> 0 2 Other <input type="checkbox"/></p> <p>b. Manufacturer Monoflex</p> <p>c. Slot size: 0.010 in.</p> <p>d. Slotted length: 10.0 ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1 4 Other <input type="checkbox"/></p>
<p>E. Bentonite seal, top _____ ft. MSL or _____ ft.</p> <p>F. Fine sand, top _____ ft. MSL or 13.0 ft.</p> <p>G. Filter pack, top _____ ft. MSL or 15.0 ft.</p> <p>H. Screen joint, top _____ ft. MSL or 17.0 ft.</p> <p>I. Well bottom _____ ft. MSL or 27.0 ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or 27.0 ft.</p> <p>K. Borehole, bottom _____ ft. MSL or 27.0 ft.</p> <p>L. Borehole, diameter 8.5 in.</p> <p>M. O.D. well casing 2.38 in.</p> <p>N. I.D. well casing 2.07 in.</p>	

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

Signature Stephen Bellwood Firm BT², Inc., 2830 Dairy Drive, Madison, WI 53718-6751

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. Ad. 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

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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 Dane	WI Unique Well # of Removed Well PP056	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW or Gov't Lot #	Section 9	Township 07 N
Well Street Address 3939 Monona Drive	Range 10	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Monona	Well ZIP Code 53716	
Subdivision Name	Lot #	

Facility Name Former Classic Cleaners		
Facility ID (FID or PWS) 113147980		
License/Permit/Monitoring #		
Original Well Owner Ralph Stinson		
Present Well Owner The Estate of Ralph Stinson		
Mailing Address of Present Owner 543 Feather Trail		
City of Present Owner Nekoosa	State WI	ZIP Code 54457

Reason for Removal from Service Regulatory closure	WI Unique Well # of Replacement Well
--	--------------------------------------

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 03/21/2005
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 29	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8.5	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet)
If yes, to what depth (feet)?	

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input 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 checked="" 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	29	44#	

6. Comments

MW-4

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gage Kapugi	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 05/19/2021	Date Received	Noted By
Street or Route PO Box 280	Telephone Number (608) 837-8992	Comments		
City Sun Prairie	State WI	ZIP Code 53590	Signature of Person Doing Work <i>Gage Kapugi</i>	Date Signed 05/19/2021

Facility/Project Name 3918 Monona Drive BT2 #2325		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name MW4	
Facility License, Permit or Monitoring Number		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well Number PP056	
Facility ID		Lat. _____ Long. _____ or		DNR Well ID No.	
Type of Well Well Code 11 / MW		St. Plane _____ ft. N. _____ ft. S.		Date Well Installed 03 / 21 / 2005 m m d d y y y y	
Distance From Waste/Source _____ ft.		Section Location of Waste/Source <input checked="" type="checkbox"/> E. NW 1/4 of SW 1/4 of Sec. 9, T. 7 N, R. 10 W.		Well Installed By: Name (first, last) and Firm Tony Kapugi	
Enf. Stds. Apply <input checked="" type="checkbox"/>		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	
				On-Site Environmental	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: 10.0 in.
C. Land surface elevation _____ ft. MSL	b. Length: 1.0 ft.
D. Surface seal, bottom _____ ft. MSL or 1.0 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 checked="" type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	
13. Sieve analysis attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 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	
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	
17. Source of water (attach analysis, if required): _____	
E. Bentonite seal, top _____ ft. MSL or _____ ft.	3. Surface Seal Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or 15.0 ft.	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Filter Sand <input checked="" type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 17.0 ft.	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. 5.1 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
H. Screen joint, top _____ ft. MSL or 19.0 ft.	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. none <input checked="" type="checkbox"/>
I. Well bottom _____ ft. MSL or 29.0 ft.	7. Fine sand material: Manufacturer, product name & mesh size a. RW Sidley #4000
J. Filter pack, bottom _____ ft. MSL or 29.0 ft.	b. Volume added 0.7 ft ³
K. Borehole, bottom _____ ft. MSL or 29.0 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. RW Sidley #5
L. Borehole, diameter 8.5 in.	b. Volume added 4.4 ft ³
M. O.D. well casing 2.38 in.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24
N. I.D. well casing 2.07 in.	10. Screen material same a. Screen type: Factory cut <input checked="" type="checkbox"/> 01 Continuous slot <input type="checkbox"/> 02 Other <input type="checkbox"/>
	b. Manufacturer Monoflex c. Slot size: 0.010 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 *Stephen Illwood*

Firm **BT², Inc., 2830 Dairy Drive, Madison, WI 53718-6751**

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. Ad. 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

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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 Dane		WI Unique Well # of Removed Well VT590		Hicap #		Facility Name Former Classic Cleaners	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 113147980	
¼ / ¼ NW or Gov't Lot #		Section 9		Township 07 N		License/Permit/Monitoring #	
Well Street Address 3939 Monona Drive		Well ZIP Code 53716		Original Well Owner Ralph Stinson		Present Well Owner The Estate of Ralph Stinson	
Well City, Village or Town Monona		Subdivision Name		Range 10 <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Mailing Address of Present Owner 543 Feather Trail	
Reason for Removal from Service Regulatory closure		WI Unique Well # of Replacement Well		City of Present Owner Nekoosa		State WI	
3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 06/07/2007		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	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) 45		Casing Diameter (in.) 2		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8.5		Casing Depth (ft.)		Did material settle after 24 hours? If yes, was hole retopped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet)		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 checked="" type="checkbox"/> Bentonite Chips	
5. Material Used to Fill Well / Drillhole				6. Comments			
From (ft.)		To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight	
3/8" Bentonite Chips		Surface		45		68#	
6. Comments							
MW-4P							
7. Supervision of Work				DNR Use Only			
Name of Person or Firm Doing Filling & Sealing Gage Kapugi		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 05/19/2021		Date Received	
Street or Route PO Box 280		Telephone Number (608) 837-8992		Comments		Noted By	
City Sun Prairie		State WI		ZIP Code 53590		Signature of Person Doing Work <i>Gage Kapugi</i>	
						Date Signed 05/19/2021	

Facility/Project Name 3918 Monona Drive BT2 #2325		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 MW4P	
Facility License, Permit or Monitoring No.		Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location Lat. _____ Long. _____		Wis. Unique Well No. DNR Well ID No. VT590	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 06 / 07 / 2007	
Type of Well Well Code 12 / PZ		Section Location of Waste/Source NW 1/4 of SW 1/4 of Sec. 9 T. 7 N. R. 10 <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm Soil Essentials Dave Paulson	
Distance from Waste/Source _____ ft.		Enf. Stds. Apply <input checked="" type="checkbox"/>		Gov. Lot Number	
		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			

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

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

13. Sieve analysis performed? Yes No

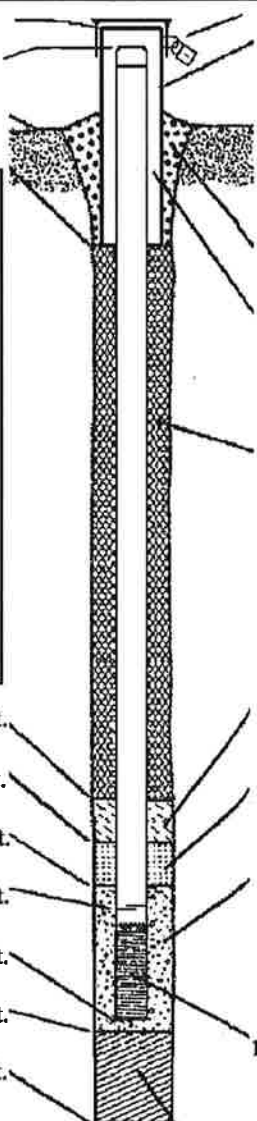
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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

16. Drilling additives used? Yes No

Describe _____

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



1. Cap and lock? Yes No
2. Protective cover pipe:
 a. Inside diameter: 10.0 in.
 b. Length: 1.0 ft.
 c. Material: Steel 04
 Other
 d. Additional protection? Yes No
 If yes, describe: _____
3. Surface seal:
 Bentonite 30
 Concrete 01
 Other
4. Material between well casing and protective pipe:
 Bentonite 30
 Filter Sand Other
5. Annular space seal:
 a. Granular/Chipped Bentonite 33
 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight Bentonite slurry 31
 d. _____ % Bentonite Bentonite-cement grout 50
 e. 8.4 Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08
6. Bentonite seal:
 a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 c. _____ none Other
7. Fine sand material: Manufacturer, product name & mesh size
 a. RW Sidley #4000
 b. Volume added 0.5 ft³
8. Filter pack material: Manufacturer, product name & mesh size
 a. RW Sidley #5
 b. Volume added 2.7 ft³
9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
10. Screen material: same
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
 b. Manufacturer Monoflex
 c. Slot size: 0.010 in.
 d. Slotted length: .5 ft.
11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top _____ ft. MSL or _____ ft.
- F. Fine sand, top _____ ft. MSL or 36.0 ft.
- G. Filter pack, top _____ ft. MSL or 38.0 ft.
- H. Screen joint, top _____ ft. MSL or 40.0 ft.
- I. Well bottom _____ ft. MSL or 45.0 ft.
- J. Filter pack, bottom _____ ft. MSL or 45.5 ft.
- K. Borehole, bottom _____ ft. MSL or 45.5 ft.
- L. Borehole, diameter 8.5 in.
- M. O.D. well casing 2.38 in.
- N. I.D. well casing 2.07 in.

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

Signature *Stephen Sellwood* Firm BT2, Inc. 2830 Dairy Drive, Madison, WI 53718-6751

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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 Dane		WI Unique Well # of Removed Well VT591	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW or Gov't Lot #	¼ SW	Section 9	Township 07 N
Well Street Address 3939 Monona Drive		Range 10	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Monona		Well ZIP Code 53716	
Subdivision Name		Lot #	

Facility Name Former Classic Cleaners		
Facility ID (FID or PWS) 113147980		
License/Permit/Monitoring #		
Original Well Owner Ralph Stinson		
Present Well Owner The Estate of Ralph Stinson		
Mailing Address of Present Owner 543 Feather Trail		
City of Present Owner Nekoosa	State WI	ZIP Code 54457

Reason for Removal from Service Regulatory closure	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 06/07/2007	
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	
<input type="checkbox"/> Borehole / Drillhole		
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		
Total Well Depth From Ground Surface (ft.) 26	Casing Diameter (in.) 2	
Lower Drillhole Diameter (in.) 8.5	Casing Depth (ft.)	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
If yes, to what depth (feet)?	Depth to Water (feet)	

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

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input 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 checked="" 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	26	40#	

6. Comments

MW-5

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gage Kapugi	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 05/19/2021	Date Received	Noted By
Street or Route PO Box 280		Telephone Number (608) 837-8992	Comments	
City Sun Prairie	State WI	ZIP Code 53590	Signature of Person Doing Work <i>Gage Kapugi</i>	Date Signed 05/19/2021

Facility/Project Name 3918 Monona Drive BT2 #2325		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name MW5	
Facility License, Permit or Monitoring No.		Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location Lat. _____ " Long. _____ "		Wis. Unique Well No. DNR Well ID No. VT591	
Facility ID		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed 06 / 07 / 2007	
Type of Well Well Code 11 / MW		Section Location of Waste/Source NW 1/4 of SW 1/4 of Sec. 9 T. 7 N. R. 10 <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm Soil Essentials Dave Paulson	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input checked="" type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number	

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

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

13. Sieve analysis performed? Yes No

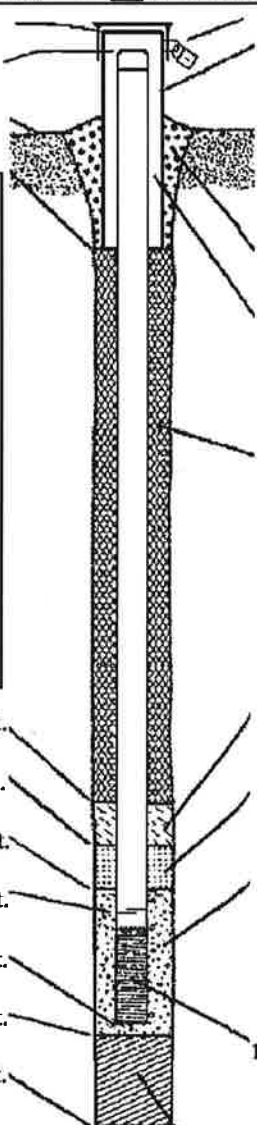
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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

16. Drilling additives used? Yes No

Describe _____

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



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: 10.0 in.
 - b. Length: 1.0 ft.
 - c. Material: Steel 04
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal:
 - Bentonite 30
 - Concrete 01
 - Other
- 4. Material between well casing and protective pipe:
 - Bentonite 30
 - Filter Sand Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 33
 - b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight Bentonite slurry 31
 - d. _____ % Bentonite Bentonite-cement grout 50
 - e. 4 Ft³ volume added for any of the above
 - f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
- 6. Bentonite seal:
 - a. Bentonite granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - c. _____ none Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 - a. RW Sidley #4000
 - b. Volume added 0.5 ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 - a. RW Sidley #5
 - b. Volume added 4.5 ft³
- 9. Well casing:
 - Flush threaded PVC schedule 40 23
 - Flush threaded PVC schedule 80 24
 - Other
- 10. Screen material: same
 - a. Screen type: Factory cut 11
Continuous slot 01
Other
 - b. Manufacturer Monoflex
 - c. Slot size: 0.010 in.
 - d. Slotted length: 10.0 ft.
- 11. Backfill material (below filter pack):
 - None 14
 - Other

- E. Bentonite seal, top _____ ft. MSL or _____ ft.
- F. Fine sand, top _____ ft. MSL or 12.0 ft.
- G. Filter pack, top _____ ft. MSL or 14.0 ft.
- H. Screen joint, top _____ ft. MSL or 16.0 ft.
- I. Well bottom _____ ft. MSL or 26.0 ft.
- J. Filter pack, bottom _____ ft. MSL or 26.5 ft.
- K. Borehole, bottom _____ ft. MSL or 26.5 ft.
- L. Borehole, diameter 8.5 in.
- M. O.D. well casing 2.38 in.
- N. I.D. well casing 2.07 in.

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

Signature Steph Sellwood Firm BT2, Inc. 2830 Dairy Drive, Madison, WI 53718-6751

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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 Dane		WI Unique Well # of Removed Well VT592		Hicap #		Facility Name Former Classic Cleaners					
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 113147980					
¼ / ¼ NW or Gov't Lot #		Section 9		Township 07 N		License/Permit/Monitoring #					
Well Street Address 3939 Monona Drive		Range 10		<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner Ralph Stinson					
Well City, Village or Town Monona		Well ZIP Code 53716		Present Well Owner The Estate of Ralph Stinson							
Subdivision Name		Lot #		Mailing Address of Present Owner 543 Feather Trail		City of Present Owner Nekoosa					
Reason for Removal from Service Regulatory closure		WI Unique Well # of Replacement Well		State WI		ZIP Code 54457					
3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material							
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 06/07/2007		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					
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
<input type="checkbox"/> Borehole / Drillhole				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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): _____				Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
Total Well Depth From Ground Surface (ft.) 25		Casing Diameter (in.) 2		Lower Drillhole Diameter (in.) 8.5		Casing Depth (ft.)		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				If yes, to what depth (feet)?				Depth to Water (feet)			
5. Material Used to Fill Well / Drillhole				6. Comments							
3/8" Bentonite Chips		From (ft.) Surface		To (ft.) 25		No. Yards, Sacks Sealant or Volume (circle one) 38#		Mix Ratio or Mud Weight			
MW-6				DNR Use Only							
				Name of Person or Firm Doing Filling & Sealing Gage Kapugi		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 05/19/2021		Date Received	
Street or Route PO Box 280				Telephone Number (608) 837-8992				Comments			
City Sun Prairie		State WI		ZIP Code 53590		Signature of Person Doing Work <i>Gage Kapugi</i>				Date Signed 05/19/2021	

Facility/Project Name 3918 Monona Drive BT2 #2325		Local Grid Location of Well ft. N. <input type="checkbox"/> ft. E. <input type="checkbox"/> ft. S. <input type="checkbox"/> ft. W. <input type="checkbox"/>		Well Name MW6	
Facility License, Permit or Monitoring No.		Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location Lat. _____ Long. _____		Wis. Unique Well No. DNR Well ID No. VT592	
Facility ID		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed 06 / 07 / 2007 m m d d y y y y	
Type of Well Well Code 11 / MW		Section Location of Waste/Source NW 1/4 of SW 1/4 of Sec. 9 T. 7 N. R. 10 <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm Soil Essentials Dave Paulson	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input checked="" type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number	

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

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

13. Sieve analysis performed? Yes No

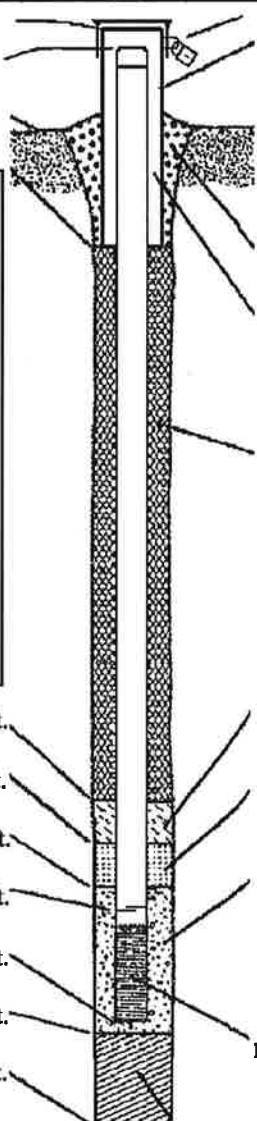
14. Drilling method used:
 Rotary 5 0
 Hollow Stem Auger 4 1
 Other

15. Drilling fluid used: Water 0 2 Air 0 1
 Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No

Describe _____

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



1. Cap and lock? Yes No
2. Protective cover pipe:
 a. Inside diameter: 10.0 in.
 b. Length: 1.0 ft.
 c. Material: Steel 0 4
 Other
 d. Additional protection? Yes No
 If yes, describe: _____
3. Surface seal:
 Bentonite 3 0
 Concrete 0 1
 Other
4. Material between well casing and protective pipe:
 Bentonite 3 0
 Filter Sand Other
5. Annular space seal:
 a. Granular/Chipped Bentonite 3 3
 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 3 5
 c. _____ Lbs/gal mud weight Bentonite slurry 3 1
 d. _____ % Bentonite Bentonite-cement grout 5 0
 e. 3.6 Ft³ volume added for any of the above
 f. How installed:
 Tremie 0 1
 Tremie pumped 0 2
 Gravity 0 8
6. Bentonite seal:
 a. Bentonite granules 3 3
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
 c. none Other
7. Fine sand material: Manufacturer, product name & mesh size
 a. RW Sidley #4000
 b. Volume added 0.5 ft³
8. Filter pack material: Manufacturer, product name & mesh size
 a. RW Sidley #5
 b. Volume added 3.5 ft³
9. Well casing: Flush threaded PVC schedule 40 2 3
 Flush threaded PVC schedule 80 2 4
 Other
10. Screen material: same
 a. Screen type: Factory cut 1 1
 Continuous slot 0 1
 Other
 b. Manufacturer Monoflex
 c. Slot size: 0.010 in.
 d. Slotted length: 10.0 ft.
11. Backfill material (below filter pack): None 1 4
 Other

- E. Bentonite seal, top _____ ft. MSL or _____ ft.
- F. Fine sand, top _____ ft. MSL or 11.0 ft.
- G. Filter pack, top _____ ft. MSL or 13.0 ft.
- H. Screen joint, top _____ ft. MSL or 15.0 ft.
- I. Well bottom _____ ft. MSL or 25.0 ft.
- J. Filter pack, bottom _____ ft. MSL or 25.5 ft.
- K. Borehole, bottom _____ ft. MSL or 25.5 ft.
- L. Borehole, diameter 8.5 in.
- M. O.D. well casing 2.38 in.
- N. I.D. well casing 2.07 in.

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

Signature Stephen Sellwood Firm BT2, Inc. 2830 Dairy Drive, Madison, WI 53718-6751

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.