

Letter of Transmittal

Submitted to:

Carrie Stoltz

WI Dept. of Natural Resources
107 Sutliff Avenue
Rhinelanders WI 54501

Date:

7/15/2019

Attached

Job:

Osceola Oil Bulk Plant (Former)

Under Separate Cover

Contents:

Well Abandonment Forms
BRRTS #: 02-49-483615
PECFA #: 54858-9022-13-A

Remarks:

Attached are the well abandonment forms as requested in your email dated 6/6/19. No investigative waste remains on-site. Once this information has been reviewed, please forward the "Final Closure" letter to the Responsible Party and copy METCO.

If you have any questions please call or email.

Signed: Jason Powell

cc: Mike Montgomery - Client

METCO
709 Gillette St., Ste 3
La Crosse, WI 54603-2382
(608)781-8879 fax (608)781-8893

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 form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

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

1. Well Location Information				2. Facility / Owner Information			
County POLK		WI Unique Well # of Removed Well _____ VP170_		Facility Name <i>Bulk Plant</i> Osceola Oil Dr. (Former)		Facility ID (FID or PWS) 649101530	
Latitude / Longitude (Degrees and Minutes) 45 ° 31.17 ' N		Method Code (see instructions) _____ 92 ° 30.52 ' W		License/Permit/Monitoring # _____ 649101530		Original Well Owner Mike Montgomery	
1/4 1/4 NW 1/4 SW		Section 17		Township 35 N		Range 17 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address 431 2nd Ave SW				Present Well Owner Mike Montgomery			
Well City, Village or Town Milltown				Mailing Address of Present Owner 945 187th St.			
Well ZIP Code 54858-				City of Present Owner Dresser		State WI	ZIP Code 54009-
Subdivision Name _____				Lot # _____			

Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well _____		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) 2/8/2018		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 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 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach. _____		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) 36		Casing Diameter (in.) 2			
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 26		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <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)? 22		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			
Depth to Water (feet) 28.65							

5. Material Used To Fill Well / Drillhole			From (ft.)	To (ft.)	LBS
Bentonite Chips	Surface	36		57.5	

6. Comments
Monitoring Well MW-1

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO		License # _____	Date of Filling & Sealing (mm/dd/yyyy) 7/9/2019	Date Received	Noted By
Street or Route 709 Gillette St., Ste. #3			Telephone Number (608) 781-8879	Comments	
City La Crosse		State WI	ZIP Code 54603-	Signature of Person Doing Work <i>[Signature]</i>	
				Date Signed 7/12/2019	

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 form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County POLK	WI Unique Well # of Removed Well _____ VP159	Hicap #	Facility Name Bulk Plant Osceola Oil PL (Former)
Latitude / Longitude (Degrees and Minutes) 45 ° 31.17 ' N 92 ° 30.52 ' W	Method Code (see instructions)	Facility ID (FID or PWS) 649101530	License/Permit/Monitoring #
1/4 NW 1/4 SW Section or Gov't Lot # 17	Township 35 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W 17	Original Well Owner Mike Montgomery
Well Street Address 431 2nd Ave SW	Well ZIP Code 54858-	Present Well Owner Mike Montgomery	Mailing Address of Present Owner 945 187th St.
Well City, Village or Town Milltown	Subdivision Name	City of Present Owner Dresser	State ZIP Code WI 54009-

Reason For Removal From Service WI Unique Well # of Replacement Well

Sampling Complete _____

3. 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) 2/7/2018	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) Casing Diameter (in.) 36 2		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) Casing Depth (ft.) 8 26		Was casing cut off below surface? <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		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? Depth to Water (feet) 22 28.7		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

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	LBS
Bentonite Chips	Surface	36	57.5

6. Comments

Monitoring Well MW-2

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 7/9/2019	Date Received	Noted By
Street or Route 709 Gillette St., Ste. #3	Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 7/12/2019

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Verification Only of Fill and Seal

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

1. Well Location Information				2. Facility / Owner Information			
County POLK		WI Unique Well # of Removed Well VP199		Hicap #		Facility Name Bulle Plant Osceola Oil Bd. (Former)	
Latitude / Longitude (Degrees and Minutes) 45 ° 31.17 ' N 92 ° 30.52 ' W				Facility ID (FID or PWS) 649101530			
Method Code (see instructions)				License/Permit/Monitoring #			
1/4 NW or Gov't Lot #		1/4 SW		Section 17		Township 35 N	
				Range 17		<input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address 431 2nd Ave SW				Original Well Owner Mike Montgomery			
Well City, Village or Town Milltown				Present Well Owner Mike Montgomery			
Subdivision Name				Mailing Address of Present Owner 945 187th St.			
Well ZIP Code 54858-				City of Present Owner Dresser		State WI	ZIP Code 54009-
Reason For Removal From Service Sampling Complete				WI Unique Well # of Replacement Well			

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material					
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 2/7/2018		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole				Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Casing left in place?				<input 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.) 36		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		Casing Depth (ft.) 26		If yes, was hole retopped?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				If bentonite chips were used, were they hydrated with water from a known safe source?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If yes, to what depth (feet)? 22		Depth to Water (feet) 28.35		Required Method of Placing Sealing Material					
5. Material Used To Fill Well / Drillhole				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped					
Bentonite Chips		From (ft.) Surface		To (ft.) 36		LBS 57.5		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity	
				Sealing Materials					
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)					
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "					
				<input type="checkbox"/> Concrete <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					

6. Comments			
Monitoring Well MW-3			
7. Supervision of Work			
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 7/9/2019
Street or Route 709 Gillette St., Ste. #3		Telephone Number (608) 781-8879	DNR Use Only Date Received Noted By
City La Crosse		State WI	ZIP Code 54603-
Signature of Person Doing Work 		Date Signed 7/12/2019	

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<input type="checkbox"/> Verification Only of Fill and Seal	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Waste Management	<input type="checkbox"/> Watershed/Wastewater <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Remediation/Redevelopment
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1. Well Location Information	2. Facility / Owner Information
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County: POLK MI Unique Well # of Removed Well: VP198 Hicap #: _____ Latitude / Longitude (Degrees and Minutes): 45 ° 31.17 ' N 92 ° 30.52 ' W Method Code (see instructions): _____ 1/4 1/4 NW 1/4 SW Section: 17 Township: 35 N Range: 17 <input type="checkbox"/> E <input checked="" type="checkbox"/> W Well Street Address: 431 2nd Ave SW Well City, Village or Town: Milltown Well ZIP Code: 54858 Subdivision Name: _____ Lot #: _____	Facility Name: Bulk Plant Osceola Oil Co. (Former) Facility ID (FID or PWS): 649101530 License/Permit/Monitoring #: _____ Original Well Owner: Mike Montgomery Present Well Owner: Mike Montgomery Mailing Address of Present Owner: 945 187th St. City of Present Owner: Dresser State: WI ZIP Code: 54009
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Reason For Removal From Service: Sampling Complete WI Unique Well # of Replacement Well: _____	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 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 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 relapped? <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
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3. Well / Drillhole / Borehole Information <input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole Original Construction Date (mm/dd/yyyy): 2/6/2018 If a Well Construction Report is available, please attach.	Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity
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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.): 36 Casing Diameter (in.): 2 Lower Drillhole Diameter (in.): 8 Casing Depth (ft.): 26 Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to what depth (feet)? 22 Depth to Water (feet): 27.01	Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <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
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5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	LBS	
Bentonite Chips	Surface	36	57.5	

6. Comments
Monitoring Well MW-4

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 7/9/2019	Date Received	Noted By	
Street or Route 709 Gillette St., Ste. #3	Telephone Number (608) 781-8879	Comments			
City La Crosse	State WI	ZIP Code 54603	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 7/12/2019	

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Verification Only of Fill and Seal

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

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

County POLK	WI Unique Well # of Removed Well VP197	Hicap #	Facility Name Bulk Plant Osceola Oil DB (Former)
Latitude / Longitude (Degrees and Minutes) 45 ° 31.17 ' N 92 ° 30.52 ' W	Method Code (see instructions)	Facility ID (FID or PWS) 649101530	License/Permit/Monitoring #
1/4 NW 1/4 SW or Gov't Lot #	Section 17	Township 35 N	Range 17
		<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Mike Montgomery
Well Street Address 431 2nd Ave SW	Well City, Village or Town Milltown	Well ZIP Code 54858-	Present Well Owner Mike Montgomery
Subdivision Name	Lot #	City of Present Owner Dresser	State WI
		ZIP Code 54009-	

Reason For Removal From Service: **Sampling Complete**

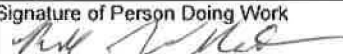
WI Unique Well # of Replacement Well: _____

3. 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) 2/5/2018	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 36	Casing Diameter (in.) 2	Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 26	Was casing cut off below surface? <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		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? 22	Depth to Water (feet) 28.83	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

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	LBS
Bentonite Chips	Surface	36	57.5

6. Comments
Monitoring Well MW-5

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 7/9/2019	Date Received	Noted By
Street or Route 709 Gillette St., Ste. #3	Telephone Number (608) 781-8879	Signature of Person Doing Work 	Comments	Date Signed 7/12/2019
City La Crosse	State WI	ZIP Code 54603-		

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Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County POLK	WI Unique Well # of Removed Well _____ VP196_	Hicap #	Facility Name Osceola Oil B.E. (Former) <i>Bulk Plant</i>														
Latitude / Longitude (Degrees and Minutes) 45 ° 31.17 ' N 92 ° 30.52 ' W			Facility ID (FID or PWS) 649101530														
Method Code (see instructions)			License/Permit/Monitoring #														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1/4 NW</td> <td style="width: 10%;">1/4 SW</td> <td style="width: 10%;">Section</td> <td style="width: 10%;">Township</td> <td style="width: 10%;">Range</td> <td style="width: 10%;">E</td> <td style="width: 10%;">W</td> </tr> <tr> <td></td> <td></td> <td>17</td> <td>35 N</td> <td>17</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			1/4 NW	1/4 SW	Section	Township	Range	E	W			17	35 N	17	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Original Well Owner Mike Montgomery
1/4 NW	1/4 SW	Section	Township	Range	E	W											
		17	35 N	17	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
Well Street Address 431 2nd Ave SW			Present Well Owner Mike Montgomery														
Well City, Village or Town Milltown			Mailing Address of Present Owner 945 187th St.														
Well ZIP Code 54858-			City of Present Owner Dresser														
Subdivision Name			State WI														
Lot #			ZIP Code 54009-														

Reason For Removal From Service: **Sampling Complete**

WI Unique Well # of Replacement Well: _____

3. 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) 2/5/2018	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 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 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
Total Well Depth From Ground Surface (ft.) 35 Casing Diameter (in.) 2			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
Lower Drillhole Diameter (in.) 8 Casing Depth (ft.) 25			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? 21 Depth to Water (feet) 29.28			

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	LBS	
Bentonite Chips	Surface	35	56	

6. Comments
Monitoring Well MW-6

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 7/9/2019	Date Received	Noted By	
Street or Route 709 Gillette St., Ste. #3	Telephone Number (608) 781-8879	Comments			
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 7/12/2019	