

SCS ENGINEERS

November 13, 2015
File No. 25211265.12

Mr. Jeff Ackerman
Wisconsin Department of Natural Resources
3911 Fish Hatchery Road
Fitchburg, WI 53711

Subject: Summary of Monitoring Point and SVE System Decommissioning
Monroe One Hour Cleaners, 1629 9th Street, Monroe, Wisconsin
BRRTS #02-23-519641

Dear Mr. Ackerman:

SCS Engineers is providing the following summary of monitoring point and soil vapor extraction (SVE) system decommissioning for the Monroe One Hour Cleaners project. The work was performed consistent with the Wisconsin Department of Natural Resources' (WDNR's) August 6, 2015 "Conditional Closure" notification and the approved Change Order No. 6, dated October 12, 2015.

The decommissioning work was completed on November 9 and 10, 2015. A detailed site map is attached as **Figure B.1.b**. Photos are included in **Attachment A**, and decommissioning work is summarized below.

MONITORING WELLS

All 18 groundwater monitoring wells were abandoned in place consistent with NR 141 well abandonment requirements and WDNR's October 13, 2015 NR 141 variance approval, which allowed flush-mount protective casings and surface seals to remain in place as needed. Monitoring well abandonment forms are included in **Attachment B**.

VAPOR PROBES

Vapor probes at Century 21 and First National Bank were abandoned by removing the stainless steel Vapor PinTM and sealing the floor with concrete.

SVE SYSTEM

SVE system decommissioning included the following activities:

- Disconnecting power to the SVE blower (completed by Gentz Electric, Inc.).
- Removing the SVE blower, blower support, and control box from the west wall of the dry cleaner building.
- Removing aboveground SVE piping, brackets, exhaust line, and knock-out tank.



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- Patching holes in the building where SVE piping and exhaust lines entered.
- Cutting off sub-grade SVE piping, plugging with concrete and patching pavement and floor. This includes abandonment of indoor well SVE3, which was a shallow horizontal well installed in excavation backfill under the building foundation.
- Permanently abandoning outdoor SVE wells SVE1 and SVE2 consistent with NR 141. Abandonment forms are included in **Attachment B**.

Please contact me at (608) 216-7329 if you have any questions concerning this letter.

Sincerely,



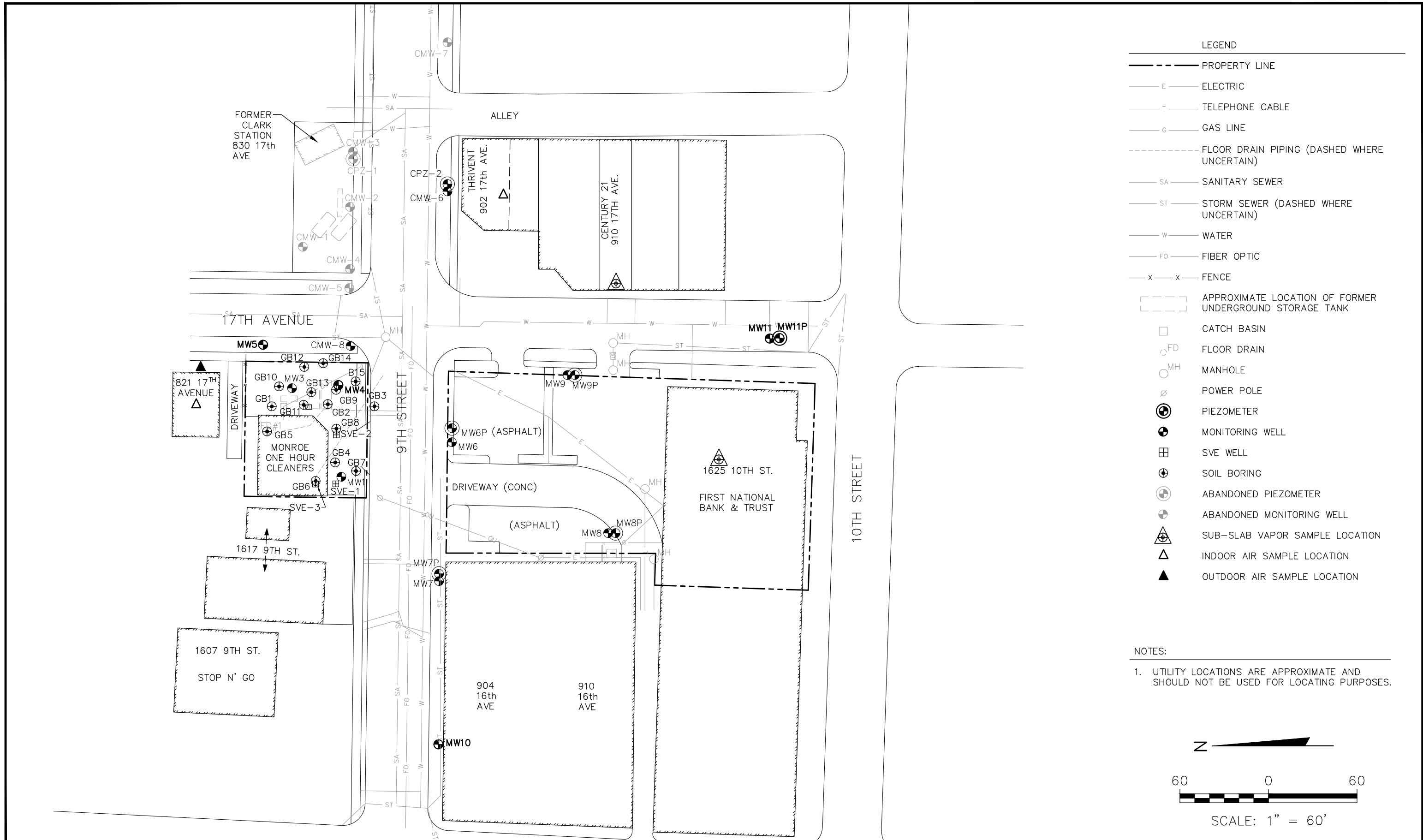
Robert Langdon
Senior Project Manager
SCS ENGINEERS

REL/TLC/TK

cc: Tim Koeller, Platteville Cleaners

Attachments: Figure B.1.b – Detailed Site Map
Attachment A – Photos
Attachment B – Well Abandonment Forms

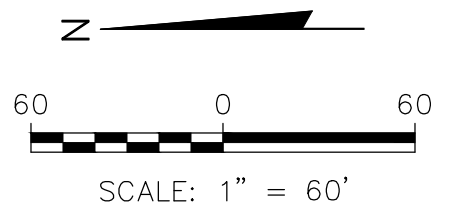
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- LEGEND**
- — — — — PROPERTY LINE
 - E — ELECTRIC
 - T — TELEPHONE CABLE
 - G — GAS LINE
 - - - - - FLOOR DRAIN PIPING (DASHED WHERE UNCERTAIN)
 - SA — SANITARY SEWER
 - ST — STORM SEWER (DASHED WHERE UNCERTAIN)
 - W — WATER
 - FO — FIBER OPTIC
 - x — x — FENCE
 - [- - -] APPROXIMATE LOCATION OF FORMER UNDERGROUND STORAGE TANK
 - CATCH BASIN
 - FD FLOOR DRAIN
 - MH MANHOLE
 - ∅ POWER POLE
 - ⊕ PIEZOMETER
 - ⊙ MONITORING WELL
 - ⊞ SVE WELL
 - ⊕ SOIL BORING
 - ⊕ ABANDONED PIEZOMETER
 - ⊕ ABANDONED MONITORING WELL
 - ⊕ SUB-SLAB VAPOR SAMPLE LOCATION
 - △ INDOOR AIR SAMPLE LOCATION
 - ▲ OUTDOOR AIR SAMPLE LOCATION

NOTES:

- UTILITY LOCATIONS ARE APPROXIMATE AND SHOULD NOT BE USED FOR LOCATING PURPOSES.



PROJECT NO. 25211265.12	DRAWN BY: KP	SCS ENGINEERS 2830 DAIRY DRIVE MADISON, WI 53718-6751 PHONE: (608) 224-2830	CLIENT THOMAS L. AND PATRICIA A. KOELLER LIVING TRUST 250 WEST MAIN ST. PLATTEVILLE, WI	SITE MONROE ONE HOUR CLEANERS 1629 9TH STREET MONROE, WISCONSIN	FIGURE B.1.b
DRAWN: 06/26/13	CHECKED BY: REL				
REVISED: 06/01/15	APPROVED BY: RBL 06/02/15				

ATTACHMENT A

Photos

**Monitoring Point and Soil Vapor Extraction (SVE) System
Decommissioning, November 9 - 10, 2015
Monroe One Hour Cleaners
SCS Engineers Project #25211265.12**



Photo 1: Abandoned monitoring well MW-1 and SVE well SVE-1



Photo 2: Abandoned monitoring well MW-3

**Monitoring Point and Soil Vapor Extraction (SVE) System
Decommissioning, November 9 - 10, 2015
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Photo 3: Abandoned monitoring well MW-4



Photo 4: Abandoned monitoring well MW-5

**Monitoring Point and Soil Vapor Extraction (SVE) System
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Photo 5: Abandoned monitoring wells MW-6 and MW-6P (under gravel in planter box)



Photo 6: Abandoned monitoring wells MW-7 and MW-7P

**Monitoring Point and Soil Vapor Extraction (SVE) System
Decommissioning, November 9 - 10, 2015
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Photo 7: Abandoned monitoring wells MW-8 and MW-8P



Photo 8: Abandoned monitoring wells MW-9 and MW-9P

**Monitoring Point and Soil Vapor Extraction (SVE) System
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Photo 9: Abandoned monitoring Well MW-10



Photo 10: Abandoned monitoring wells MW-11 and MW-11P (MW-11 in front of truck tire)

**Monitoring Point and Soil Vapor Extraction (SVE) System
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Photo 11: Abandoned monitoring wells CPZ2 and CMW6



Photo 12: Abandoned monitoring well CMW-8

**Monitoring Point and Soil Vapor Extraction (SVE) System
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Photo 13: Abandoned Century 21 sub-slab port



Photo 14: Abandoned First National Bank sub-slab port (right side of photo)

**Monitoring Point and Soil Vapor Extraction (SVE) System
Decommissioning, November 9 - 10, 2015
Monroe One Hour Cleaners
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Photo 15: Patch at southwest corner of dry cleaning building where SVE lines entered building



Photo 16: Patch in southwest corner of dry cleaner wall and pavement where SVE piping entered building

**Monitoring Point and Soil Vapor Extraction (SVE) System
Decommissioning, November 9 - 10, 2015
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Photo 17: Capped pipe where SVE exhaust line exited west wall of dry cleaning building



Photo 18: West wall of dry cleaning building and capped pipe where SVE exhaust line exited the building. Pipe was present prior to SVE system construction.

**Monitoring Point and Soil Vapor Extraction (SVE) System
Decommissioning, November 9 - 10, 2015
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Photo 19: West wall of dry cleaning building and former location of SVE exhaust stack



Photo 20: Abandoned SVE well SVE-2

**Monitoring Point and Soil Vapor Extraction (SVE) System
Decommissioning, November 9 - 10, 2015
Monroe One Hour Cleaners
SCS Engineers Project #25211265.12**



Photo 21: Southwest corner of dry cleaning building and former location of SVE knockout tank



Photo 22: West wall of dry cleaning building and former location of SVE-3 pipe.

ATTACHMENT B

Well Abandonment Forms

Notice: Please complete Form 3300-5P and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		GREEN	One Hour Cleaners
Common Well Name MW-1		Gov't Lot (If applicable)	Facility ID
1/4 of 1/4 of Sec. ; T. N; R.			License/Permit/Monitoring No.
Grid Location			Street Address of Well
ft. N. S., ft. E. W.			1629 9th St.
Local Grid Origin (estimated:) or Well Location			City, Village, or Town
Lat. Long. or			MONROE
St. Plane ft. N. ft. E. Zone			Present Well Owner
Reason For Abandonment		WI Unique Well No. of Replacement Well	Original Owner
End of Study			

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify)		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Well Depth (ft.) 41.6' Casing Diameter (in.) 2" (From ground surface) Casing Depth (ft.)		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Lower Drillhole Diameter (in.) Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If Yes, To What Depth? Feet		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Depth to Water (Feet) 34.3'		Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		If Yes, Was Hole Retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		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 For monitoring wells and monitoring well boreholes only <input type="checkbox"/> Neat Cement Grout <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Bentonite - Sand Slurry <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Bentonite - Sand Slurry <input type="checkbox"/> Bentonite Chips	

(5) Material Used To Fill Well/Drillhole	From (Ft.)	To (Ft.)	No. Yards, Sacks Sealant or Volume	Mix Ratio or Mud Weight
CONCRETE	Surface	6"	20 lbs.	
FILTER SAND	6"	5'	20 lbs.	
BENTONITE CHIPS	5'	41.6'	70 lbs.	

(6) Comments: REMOVED COVER ONLY

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Badger State Drilling Co., Inc.		11-9-15	
Signature of Person Doing Work		Date Signed	
<i>[Signature]</i>		11/10/15	
Street or Route		Telephone Number	
360 Business Park Cr.		(608) 877-9770	
City, State, Zip Code			
Stoughton, WI 53589			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5P and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		GREEN	One Hour Cleaners
Common Well Name <u>MW-3</u> Gov't Lot (If applicable)		Facility ID	License/Permit/Monitoring No.
_____ 1/4 of _____ 1/4 of Sec. _____; T. _____ N; R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Street Address of Well	
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		1629 9th St.	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		City, Village, or Town	
Lat. _____ Long _____ or _____		Monroe	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Present Well Owner	
Reason For Abandonment		Original Owner	
<u>End of Study</u>			
WI Unique Well No. of Replacement Well		Street Address or Route of Owner	
		City, State, Zip Code	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If a Well Construction Report is available, please attach.		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		If Yes, Was Hole Retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		Required Method of Placing Sealing Material	
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped	
Total Well Depth (ft.) <u>40.4</u> Casing Diameter (in.) <u>2"</u>		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	
(From ground surface) Casing Depth (ft.) _____		Sealing Materials	
Lower Drillhole Diameter (in.) _____		<input type="checkbox"/> Neat Cement Grout	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Sand-Cement (Concrete) Grout	
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Concrete	
Depth to Water (Feet) <u>33.1</u>		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
		<input type="checkbox"/> Bentonite-Sand Slurry " "	
		<input type="checkbox"/> Bentonite Chips	
		For monitoring wells and monitoring well boreholes only	
		<input checked="" type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Granular Bentonite	
		<input type="checkbox"/> Bentonite - Cement Grout	
		<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
CONCRETE	Surface	6"	60 lbs.		
FILTER SAND	6"	5'	30 lbs.		
BENTONITE CHIPS	5'	40.4'	70 lbs.		

(6) Comments: REMOVE FLUSH MOUNT

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Badger State Drilling Co., Inc.		11-9-15	
Signature of Person Doing Work		Date Signed	
<u>[Signature]</u>		11/10/15	
Street or Route		Telephone Number	
360 Business Park Cr.		(608) 877-9770	
City, State, Zip Code			
Stoughton, WI 53589			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		GREEN	ONE HOUR CLEANERS
Common Well Name	Gov't Lot (If applicable)	Facility ID	License/Permit/Monitoring No.
MW-4			
1/4 of 1/4 of Sec. ; T. N; R.	<input type="checkbox"/> E <input type="checkbox"/> W	Street Address of Well	
		1629 9th St.	
ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		City, Village, or Town	
		MONROE	
Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Present Well Owner	Original Owner
Lat. ' " Long ' " or			
St. Plane ft. N. ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Street Address or Route of Owner	
Reason For Abandonment	WI Unique Well No. of Replacement Well	City, State, Zip Code	
End of Study			

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring 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"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (Specify)		Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		If Yes, Was Hole Retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Required Method of Placing Sealing Material	
Total Well Depth (ft.) 39.7 Casing Diameter (in.) 2"		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
(From ground surface) Casing Depth (ft.)		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	
Lower Drillhole Diameter (in.)		Sealing Materials	For monitoring wells and monitoring well boreholes only
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Neat Cement Grout	<input checked="" type="checkbox"/> Bentonite Chips
If Yes, To What Depth? Feet		<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Granular Bentonite
Depth to Water (Feet) 32.8'		<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite - Cement Grout
		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	<input type="checkbox"/> Bentonite - Sand Slurry
		<input type="checkbox"/> Bentonite-Sand Slurry " "	
		<input type="checkbox"/> Bentonite Chips	

(5) Material Used To Fill Well/Drillhole	From (Ft.)	To (Ft.)	No. Yards, Sacks Sealant or Volume	(Circle One)	Mix Ratio or Mud Weight
CONCRETE	Surface	6"	60 lbs.		
FILTER SAND	6"	5'	46 lbs.		
BENTONITE CHIPS	5'	39.7	50 lbs.		

(6) Comments: REMOVED PLUSH MOUNT

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Badger State Drilling Co., Inc.		11-9-15	
Signature of Person Doing Work	Date Signed		
<i>[Signature]</i>	11/10/15		
Street or Route	Telephone Number		
360 Business Park Cr.	(608) 877-9770		
City, State, Zip Code			
Stoughton, WI 53589			

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		GREEN	ONE HOUR CLEANERS
Common Well Name	Govt Lot (If applicable)	Facility ID	License/Permit/Monitoring No.
MW-5			
1/4 of 1/4 of Sec. ; T. N; R.	<input type="checkbox"/> E <input type="checkbox"/> W	Street Address of Well	
		1629 9th St.	
ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		City, Village, or Town	
		MONROE	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Present Well Owner	Original Owner
Lat. " Long " or			
St. Plane ft. N. ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Street Address or Route of Owner	
Reason For Abandonment	WI Unique Well No. of Replacement Well	City, State, Zip Code	
End of Study			

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring 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"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		If Yes, Was Hole Retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Required Method of Placing Sealing Material	
Total Well Depth (ft.) 39.5' Casing Diameter (in.) 2"		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
(From ground surface) Casing Depth (ft.) _____		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	
Lower Drillhole Diameter (in.) _____		Sealing Materials	For monitoring wells and monitoring well boreholes only
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Neat Cement Grout	<input checked="" type="checkbox"/> Bentonite Chips
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Granular Bentonite
Depth to Water (Feet) 32.8'		<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite - Cement Grout
		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	<input type="checkbox"/> Bentonite - Sand Slurry
		<input type="checkbox"/> Bentonite-Sand Slurry " "	<input type="checkbox"/> Bentonite - Sand Slurry
		<input type="checkbox"/> Bentonite Chips	

(5) Material Used To Fill Well/Drillhole	From (Ft.)	To (Ft.)	No. Yards, Sacks Sealant or Volume	(Circle One)	Mix Ratio or Mud Weight
TOP SOIL	Surface	8"	50 lbs.		
FILTER SAND	8"	5'	30 lbs.		
BENTONITE CHIPS	5'	39.5'	50 lbs.		

(6) Comments: REMOVE FLUSH MOUNT - SURFACE MATERIAL TOP SOIL AND GRASS SEED.

(7) Name of Person or Firm Doing Sealing Work	Date of Abandonment
Badger State Drilling Co., Inc.	11-10-15
Signature of Person Doing Work	Date Signed
<i>[Signature]</i>	11/10/15
Street or Route	Telephone Number
360 Business Park Cr.	(608) 877-9770
City, State, Zip Code	
Stoughton, WI 53589	

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Green	One Hour Cleaners
Common Well Name <u>MW-6</u>		Gov't Lot (if applicable)	Facility ID
_____ 1/4 of _____ 1/4 of Sec. _____ ; T. _____ N; R. _____		<input type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring No.
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Street Address of Well	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		1629 9th St.	
Lat. _____ Long _____ or _____		City, Village, or Town	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Manroe	
Reason For Abandonment		Present Well Owner	
End of Study		Original Owner	
WI Unique Well No. of Replacement Well		Street Address or Route of Owner	
		City, State, Zip Code	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If a Well Construction Report is available, please attach.		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		If Yes, Was Hole Retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		Required Method of Placing Sealing Material	
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped	
Total Well Depth (ft.) <u>42.7</u> Casing Diameter (in.) <u>2"</u>		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	
(From ground surface) Casing Depth (ft.) _____		Sealing Materials	
Lower Drillhole Diameter (in.) _____		<input type="checkbox"/> Neat Cement Grout	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Sand-Cement (Concrete) Grout	
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Concrete	
Depth to Water (Feet) <u>33.9'</u>		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
		<input type="checkbox"/> Bentonite-Sand Slurry " "	
		<input type="checkbox"/> Bentonite Chips	
		For monitoring wells and monitoring well boreholes only	
		<input type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Granular Bentonite	
		<input checked="" type="checkbox"/> Bentonite - Cement Grout	
		<input type="checkbox"/> Bentonite - Sand Slurry	

(5) Material Used To Fill Well/Drillhole	From (Ft.)	To (Ft.)	No. Yards, Bags, Sealant or Volume	(Circle One)	Mix Ratio or Mud Weight
LANDSCAPING STONE	Surface	8"			
Filter Sand	8"	3'	1/2		
BPT CEMENT GROUT	3'	42.7	2 bags		188lb 20lbs 20ga Port. Bend. Water

(6) Comments: REMOVES FRESH MOUND - SURFACE MATERIAL EXISTING LANDSCAPING STONE

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Badger State Drilling Co., Inc.		11-10-15	
Signature of Person Doing Work		Date Signed	
<i>[Signature]</i>			
Street or Route		Telephone Number	
360 Business Park Cr.		(608) 877-9770	
City, State, Zip Code			
Stoughton, WI 53589			

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		GREEN	One Hour Cleaners
Common Well Name <u>MW-6P</u>		Gov't Lot (If applicable)	Facility ID
_____ 1/4 of _____ 1/4 of Sec. _____ ; T. _____ N; R. _____ <input type="checkbox"/> E <input type="checkbox"/> W			License/Permit/Monitoring No.
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			Street Address of Well
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>			1629 9th St.
Lat. _____ Long _____ or _____			City, Village, or Town
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N Zone			Monroe
Reason For Abandonment		WI Unique Well No.	Present Well Owner
<u>End of Study</u>		of Replacement Well	Original Owner
			Street Address or Route of Owner
			City, State, Zip Code

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		If Yes, Was Hole Retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Required Method of Placing Sealing Material	
Total Well Depth (ft.) <u>62.10</u> Casing Diameter (in.) <u>2"</u>		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped	
(From ground surface) Casing Depth (ft.) _____		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain) _____	
Lower Drillhole Diameter (in.) _____		Sealing Materials	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Neat Cement Grout	
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Sand-Cement (Concrete) Grout	
Depth to Water (Feet) <u>33.80'</u>		<input type="checkbox"/> Concrete	
		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
		<input type="checkbox"/> Bentonite-Sand Slurry " "	
		<input type="checkbox"/> Bentonite Chips	
		For monitoring wells and monitoring well boreholes only	
		<input type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Granular Bentonite	
		<input checked="" type="checkbox"/> Bentonite - Cement Grout	
		<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
	LANDSCAPING STONE	Surface	8"			
	Filter Sand	8"	3'	1/2		
	BENT-CEMENT GROUT	3'	62.10	2 bags		188lb 20lb 20gal Port. Bent. Water

(6) Comments: REMOVED FLUSH MOUNT - SURFACE MATERIAL EXISTING LANDSCAPING STONE

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Badger State Drilling Co., Inc.		11-10-15	
Signature of Person Doing Work		Date Signed	
<i>[Signature]</i>		11/10/15	
Street or Route		Telephone Number	
360 Business Park Cr.		(608) 877-9770	
City, State, Zip Code			
Stoughton, WI 53589			

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		GREEN	ONE HOUR CLEANERS
Common Well Name <u>MW-7</u>		Gov't Lot (If applicable)	Facility ID
_____ 1/4 of _____ 1/4 of Sec. _____ ; T. _____ N; R. _____		<input type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring No.
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Street Address of Well	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		1629 9th St.	
Lat. _____ Long _____ or _____		City, Village, or Town	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		MONROE	
Reason For Abandonment		Present Well Owner	
End of Study		Original Owner	
WI Unique Well No. of Replacement Well		Street Address or Route of Owner	
		City, State, Zip Code	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If a Well Construction Report is available, please attach.		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		If Yes, Was Hole Retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		Required Method of Placing Sealing Material	
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
Total Well Depth (ft.) <u>41.1</u> Casing Diameter (in.) <u>2"</u>		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	
(From ground surface) Casing Depth (ft.) _____		Sealing Materials	
Lower Drillhole Diameter (in.) _____		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Bentonite Chips	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		For monitoring wells and monitoring well boreholes only	
If Yes, To What Depth? _____ Feet		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Bentonite - Sand Slurry	
Depth to Water (Feet) <u>35.8'</u>			

(5) Material Used To Fill Well/Drillhole	From (Ft.)	To (Ft.)	No. Yards, Sacks Sealant or Volume	(Circle One)	Mix Ratio or Mud Weight
CONCRETE	Surface	6"	20 lbs.		
FILTER SAND	6"	5'	20 lbs.		
BENTONITE CHIPS	5'	41.1	60 lbs.		

(6) Comments: REMOVED COVER ONLY

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Badger State Drilling Co., Inc.		11-9-15	
Signature of Person Doing Work		Date Signed	
<u>[Signature]</u>		11/10/15	
Street or Route		Telephone Number	
360 Business Park Cr.		(608) 877-9770	
City, State, Zip Code			
Stoughton, WI 53589			

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		GREEN	One Hour Cleaners
Common Well Name <u>MW-7P</u>		Gov't Lot (If applicable)	Facility ID
_____ 1/4 of _____ 1/4 of Sec. _____ ; T. _____ N; R. _____ <input type="checkbox"/> E <input type="checkbox"/> W			License/Permit/Monitoring No.
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			Street Address of Well
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>			1629 9th St.
Lat. _____ Long _____ or _____ " _____ " _____			City, Village, or Town
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			MONROE
Reason For Abandonment	WI Unique Well No.	Present Well Owner	Original Owner
End of Study	_____		
	of Replacement Well	Street Address or Route of Owner	
		City, State, Zip Code	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Monitoring 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"/> Not Applicable
<input type="checkbox"/> Water Well		Screen Removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type:		Was Casing Cut Off Below Surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	Did Sealing Material Rise to Surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Dug	Did Material Settle After 24 Hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Formation Type:		If Yes, Was Hole Retopped?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Unconsolidated Formation	<input checked="" type="checkbox"/> Bedrock	Required Method of Placing Sealing Material	
Total Well Depth (ft.) <u>63.4'</u>	Casing Diameter (in.) <u>2"</u>	<input type="checkbox"/> Conductor Pipe-Gravity	<input checked="" type="checkbox"/> Conductor Pipe-Pumped
(From ground surface)	Casing Depth (ft.) _____	<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain)
Lower Drillhole Diameter (in.) _____		Sealing Materials	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Neat Cement Grout	For monitoring wells and monitoring well boreholes only
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips
Depth to Water (Feet) <u>35.7</u>		<input type="checkbox"/> Concrete	<input type="checkbox"/> Granular Bentonite
		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	<input checked="" type="checkbox"/> Bentonite - Cement Grout
		<input type="checkbox"/> Bentonite-Sand Slurry " "	<input type="checkbox"/> Bentonite - Sand Slurry
		<input type="checkbox"/> Bentonite Chips	

(5) Material Used To Fill Well/Drillhole	From (Ft.)	To (Fr.)	No. Yards, Sacks Sealant or Volume	(Circle One)	Mix Ratio or Mud Weight
CONCRETE	Surface	6"	20 bags		
FILTER SAND	6"	5'	1 1/2		
BENT CEMENT GROUT	5'	63.4'	2 bags		188lb 20lb 20ga Port. Bent. Water

(6) Comments: _____

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Badger State Drilling Co., Inc.		11-10-15	
Signature of Person Doing Work		Date Signed	
<i>[Signature]</i>		11/10/15	
Street or Route		Telephone Number	
360 Business Park Cr.		(608) 877-9770	
City, State, Zip Code			
Stoughton, WI 53589			

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Comments	

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No. _____	DNR Well ID No. _____	County GREEN	Facility Name ONE HOUR CLEANERS
Common Well Name MW-8 Gov't Lot (If applicable) _____		Facility ID _____	License/Permit/Monitoring No. _____
_____ 1/4 of _____ 1/4 of Sec. _____ ; T. _____ N; R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Street Address of Well 1629 9th St.	
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		City, Village, or Town MONROE	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Present Well Owner _____ Original Owner _____	
Lat. _____ Long _____ or _____		Street Address or Route of Owner _____	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N Zone		City, State, Zip Code _____	
Reason For Abandonment End of Study		WI Unique Well No. _____ of Replacement Well _____	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
If a Well Construction Report is available, please attach.		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
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 type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total Well Depth (ft.) 40' Casing Diameter (in.) 2"		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(From ground surface) Casing Depth (ft.) _____		Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Lower Drillhole Diameter (in.) _____		If Yes, Was Hole Retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		Required Method of Placing Sealing Material	
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
Depth to Water (Feet) 34'		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	

(5) Material Used To Fill Well/Drillhole	From (Ft.)	To (Ft.)	No. Yards, Sacks Sealed or Volume	(Circle One)	Mix Ratio or Mud Weight
ASPHALT PATCH	Surface	6"	20 lbs.		
FILTER SAND	6"	5'	20 lbs.		
BENTONITE CHIPS	5'	40'	60 lbs.		

(6) Comments: _____

(7) Name of Person or Firm Doing Sealing Work Badger State Drilling Co., Inc.		Date of Abandonment 11-9-15
Signature of Person Doing Work <i>[Signature]</i>		Date Signed 11/10/15
Street or Route 360 Business Park Cr.		Telephone Number (608) 877-9770
City, State, Zip Code Stoughton, WI 53589		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		GREEN	ONE HOUR CLEANERS
Common Well Name <u>MW-8P</u>		Gov't Lot (If applicable)	Facility ID
_____ 1/4 of _____ 1/4 of Sec. _____ ; T. _____ N; R. _____ <input type="checkbox"/> E <input type="checkbox"/> W			License/Permit/Monitoring No.
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S, _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			Street Address of Well
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>			1629 9th St.
Lat. _____ Long _____ or _____			City, Village, or Town
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N Zone			MONROE
Reason For Abandonment		WI Unique Well No. of Replacement Well	Present Well Owner
End of Study			Original Owner

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If a Well Construction Report is available, please attach.		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		If Yes, Was Hole Retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		Required Method of Placing Sealing Material	
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped	
Total Well Depth (ft.) <u>63'</u> Casing Diameter (in.) <u>2"</u>		<input type="checkbox"/> Screened & Poured (Bentonite Chlps) <input type="checkbox"/> Other (Explain)	
(From ground surface) Casing Depth (ft.) _____		Sealing Materials	
Lower Drillhole Diameter (in.) _____		<input type="checkbox"/> Neat Cement Grout	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Sand-Cement (Concrete) Grout	
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Concrete	
Depth to Water (Feet) <u>34.1'</u>		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
		<input type="checkbox"/> Bentonite-Sand Slurry " "	
		<input type="checkbox"/> Bentonite Chlps	
		For monitoring wells and monitoring well boreholes only	
		<input type="checkbox"/> Bentonite Chlps	
		<input type="checkbox"/> Granular Bentonite	
		<input checked="" type="checkbox"/> Bentonite - Cement Grout	
		<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
	ASPHALT PATCH	Surface	6"	20 lbs.		
	Filter Sand	6"	3'	1/2 bag		
	Best-Cement Grout	3'	63'	2 bags		188lb 20lb 20gal Port. Bent. Water

(6) Comments: Relocated cover only

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Badger State Drilling Co., Inc.		11-10-15	
Signature of Person Doing Work		Date Signed	
<i>[Signature]</i>		11/10/15	
Street or Route		Telephone Number	
360 Business Park Cr.		(608) 877-9770	
City, State, Zip Code			
Stoughton, WI 53589			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5P and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Green	One Hour Cleaners
Common Well Name <u>MW-9^{PH}</u>		Gov't Lot (If applicable)	Facility ID
_____ 1/4 of _____ 1/4 of Sec. _____ ; T. _____ N; R. _____ <input type="checkbox"/> E <input type="checkbox"/> W			License/Permit/Monitoring No.
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			Street Address of Well
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>			1629 9th St.
Lat. _____ Long _____ or _____			City, Village, or Town
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			Monroe
Reason For Abandonment		WI Unique Well No.	Present Well Owner
End of Study		of Replacement Well	Original Owner
			Street Address or Route of Owner
			City, State, Zip Code

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring 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"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		If Yes, Was Hole Retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Required Method of Placing Sealing Material	
Total Well Depth (ft.) <u>36.7</u>	Casing Diameter (in.) <u>2"</u>	<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped	
(From ground surface)	Casing Depth (ft.) _____	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	
Lower Drillhole Diameter (in.) _____		Sealing Materials	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		For monitoring wells and monitoring well boreholes only	
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Bentonite Chips	
Depth to Water (Feet) <u>30.8</u>		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Granular Bentonite	
		<input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Bentonite - Cement Grout	
		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Bentonite - Sand Slurry " "	
		<input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Bentonite - Sand Slurry	
		<input type="checkbox"/> Bentonite Chips	

(5) Material Used To Fill Well/Drillhole	From (Ft.)	To (Ft.)	No. Yards, Sacks Sealant or Volume	(Circle One)	Mix Ratio or Mud Weight
ASPHALT PATCH	Surface	6"	20 lbs.		
Filler Sand	6"	3'	1/2 bag		
BEST-CEMENT GROUT	3'	36.7	2 bags		188lb 20lb 20gal Part. Bent. Water

(6) Comments: REMOVE COVER ONLY

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Badger State Drilling Co., Inc.		11-10-15	
Signature of Person Doing Work		Date Signed	
<i>[Signature]</i>		11/10/15	
Street or Route		Telephone Number	
360 Business Park Cr.		(608) 877-9770	
City, State, Zip Code			
Stoughton, WI 53589			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Green	One Hour Cleaners
Common Well Name	Gov't Lot (if applicable)	Facility ID	License/Permit/Monitoring No.
MW-9P			
1/4 of 1/4 of Sec. ; T. N; R.	Grid Location	Street Address of Well	
		1639 9th St.	
ft. N. S. E. W.	Local Grid Origin (estimated) or Well Location	City, Village, or Town	
		Manroe	
Lat. Long.	St. Plane ft. N. ft. E. Zone	Present Well Owner	Original Owner
Reason For Abandonment	WI Unique Well No. of Replacement Well	Street Address or Route of Owner	
End of Study		City, State, Zip Code	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date	If a Well Construction Report is available, please attach.	Pump & Piping Removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Liner(s) Removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
Construction Type:		Screen Removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing Left in Place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formation Type:		Was Casing Cut Off Below Surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Did Sealing Material Rise to Surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Total Well Depth (ft.) 62.8' Casing Diameter (in.) 2"		Did Material Settle After 24 Hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(From ground surface) Casing Depth (ft.)		If Yes, Was Hole Retopped?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lower Drillhole Diameter (in.)		Required Method of Placing Sealing Material	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped	
If Yes, To What Depth? Feet		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	
Depth to Water (Feet) 31.1'		Sealing Materials	For monitoring wells and monitoring well boreholes only
		<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Bentonite Chips
		<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Granular Bentonite
		<input type="checkbox"/> Concrete	<input checked="" type="checkbox"/> Bentonite - Cement Grout
		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	<input type="checkbox"/> Bentonite - Sand Slurry
		<input type="checkbox"/> Bentonite-Sand Slurry " "	
		<input type="checkbox"/> Bentonite Chips	

(5) Material Used To Fill Well/Drillhole	From (Ft.)	To (Ft.)	No. Yards, Sacks Sealant or Volume	(Circle One)	Mix Ratio or Mud Weight
ASPHALT PATCH	Surface	6"	20 lbs		
	6"	3'	1/2 bag		
BENT-CEMENT Grout	3'	62.8'	2 bags		188lb 20lb 20gal Part. Bent. Water

(6) Comments: REMOVE COVER ONLY

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment
Badger State Drilling Co., Inc.		10-10-15
Signature of Person Doing Work	Date Signed	
	11/10/15	
Street or Route	Telephone Number	
360 Business Park Cr.	(608) 877-9770	
City, State, Zip Code		
Stoughton, WI 53589		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		GREEN	ONE HOUR CLEANERS
Common Well Name <u>MW-10</u>		Gov't Lot (If applicable)	Facility ID
_____ 1/4 of _____ 1/4 of Sec. _____ ; T. _____ N; R. _____		<input type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring No.
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Street Address of Well	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		1629 9th St.	
Lat. _____ Long _____ or _____		City, Village, or Town	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N Zone		MONROE	
Reason For Abandonment		Present Well Owner	
End of Study		Original Owner	
WI Unique Well No. of Replacement Well		Street Address or Route of Owner	
City, State, Zip Code			

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If a Well Construction Report is available, please attach.		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		If Yes, Was Hole Retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		Required Method of Placing Sealing Material	
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
Total Well Depth (ft.) <u>41.3'</u> Casing Diameter (in.) <u>2"</u>		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	
(From ground surface) Casing Depth (ft.) _____		Sealing Materials	
Lower Drillhole Diameter (in.) _____		<input type="checkbox"/> Neat Cement Grout	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Sand-Cement (Concrete) Grout	
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Concrete	
Depth to Water (Feet) <u>36'</u>		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
		<input type="checkbox"/> Bentonite-Sand Slurry " "	
		<input type="checkbox"/> Bentonite Chips	
		For monitoring wells and monitoring well boreholes only	
		<input checked="" type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Granular Bentonite	
		<input type="checkbox"/> Bentonite - Cement Grout	
		<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
CONCRETE	Surface	6"	20 lbs.		
FILTER SAND	6"	5'	20 lbs.		
BENTONITE CHIPS	5'	41.3'	45 lbs.		

(6) Comments: REMOVED COVER ONLY

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Badger State Drilling Co., Inc.		11-9-15	
Signature of Person Doing Work		Date Signed	
<i>[Signature]</i>		11/10/15	
Street or Route		Telephone Number	
360 Business Park Cr.		(608) 877-9770	
City, State, Zip Code			
Stoughton, WI 53589			

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Date Received	Noted By
Comments	

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		GREEN	One Hour Cleaners
Common Well Name <u>MW-11</u>		Gov't Lot (If applicable)	Facility ID
_____ 1/4 of _____ 1/4 of Sec. _____ ; T. _____ N; R. _____		<input type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring No.
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			Street Address of Well
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>			1629 9th St.
Lat. _____ Long _____ or _____			City, Village, or Town
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N Zone			MONROE
Reason For Abandonment		WI Unique Well No. of Replacement Well	Present Well Owner
End of Study			Original Owner
			Street Address or Route of Owner
			City, State, Zip Code

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If a Well Construction Report is available, please attach.		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		If Yes, Was Hole Retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		Required Method of Placing Sealing Material	
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped	
Total Well Depth (ft.) <u>35.6'</u> Casing Diameter (in.) <u>2"</u>		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	
(From ground surface) Casing Depth (ft.) _____		Sealing Materials	
Lower Drillhole Diameter (in.) _____		<input type="checkbox"/> Neat Cement Grout	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Sand-Cement (Concrete) Grout	
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Concrete	
Depth to Water (Feet) <u>29.2'</u>		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
		<input type="checkbox"/> Bentonite-Sand Slurry " "	
		<input type="checkbox"/> Bentonite Chips	
		For monitoring wells and monitoring well boreholes only	
		<input type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Granular Bentonite	
		<input checked="" type="checkbox"/> Bentonite - Cement Grout	
		<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
	ASPHALT PATCH	Surface	6"	20 lbs.		
	Filter Sand	6"	3'	1/2 bag		
	BENT-CEMENT GROUT	3'	35.6'	2 bags		188lb 20lb 20ga Port. Bent. Water

(6) Comments: REMOVE COVER ONLY

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Badger State Drilling Co., Inc.		11-10-15	
Signature of Person Doing Work		Date Signed	
<i>[Signature]</i>		11/10/15	
Street or Route		Telephone Number	
360 Business Park Cr.		(608) 877-9770	
City, State, Zip Code			
Stoughton, WI 53589			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		Green	One Hour Cleaners
Common Well Name <u>MW-11P</u> Gov't Lot (If applicable)		Facility ID	License/Permit/Monitoring No.
_____ 1/4 of _____ 1/4 of Sec. _____; T. _____ N; R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Street Address of Well	
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S, _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		1629 9th St.	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		City, Village, or Town	
Lat. _____ Long _____ or _____		Monroe	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> N Zone		Present Well Owner	
Reason For Abandonment		Original Owner	
End of Study			
WI Unique Well No. of Replacement Well		Street Address or Route of Owner	
City, State, Zip Code			

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If a Well Construction Report is available, please attach.		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		If Yes, Was Hole Retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		Required Method of Placing Sealing Material	
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped	
Total Well Depth (ft.) <u>64.4'</u> Casing Diameter (in.) <u>2"</u>		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	
(From ground surface) Casing Depth (ft.) _____		Sealing Materials	
Lower Drillhole Diameter (in.) _____		<input type="checkbox"/> Neat Cement Grout	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Sand-Cement (Concrete) Grout	
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Concrete	
Depth to Water (Feet) <u>29.5'</u>		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
		<input type="checkbox"/> Bentonite-Sand Slurry " "	
		<input type="checkbox"/> Bentonite Chips	
		For monitoring wells and monitoring well boreholes only	
		<input type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Granular Bentonite	
		<input checked="" type="checkbox"/> Bentonite - Cement Grout	
		<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
	ASPHALT PATCH	Surface	6"	20 lbs.		
	Filter Sand	6"	3'	1/2 bag		
	BENT-CEMENT GROUT	3'	64.4'	2 bags		188lb 20lb 20ga Port Bent Water

(6) Comments: REMOVED COVER ONLY

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Badger State Drilling Co., Inc.		11-10-15	
Signature of Person Doing Work		Date Signed	
		11/10/15	
Street or Route		Telephone Number	
360 Business Park Cr.		(608) 877-9770	
City, State, Zip Code			
Stoughton, WI 53589			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		GREEN	ONE HOUR CLEANERS
Common Well Name <u>CMW-6</u>		Gov't Lot (If applicable)	Facility ID
_____ 1/4 of _____ 1/4 of Sec. _____ ; T. _____ N; R. _____		<input type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring No.
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			Street Address of Well
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>			1629 9th St.
Lat. _____ Long _____ or _____			City, Village, or Town
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			MONROE
Reason For Abandonment		WI Unique Well No. of Replacement Well	Present Well Owner
End of Study			Original Owner
(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	

Original Construction Date _____

Monitoring Well
 Water Well
 Borehole / Drillhole

If a Well Construction Report is available, please attach.

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth (ft.) 34.3' Casing Diameter (in.) 2"
(From ground surface) Casing Depth (ft.) _____

Lower Drillhole Diameter (in.) _____

Was Well Annular Space Grouted? Yes No Unknown
If Yes, To What Depth? _____ Feet

Depth to Water (Feet) 27.7'

Pump & Piping Removed? Yes No Not Applicable
Liner(s) Removed? Yes No Not Applicable
Screen Removed? Yes No Not Applicable
Casing Left in Place? Yes No

Was Casing Cut Off Below Surface? Yes No
Did Sealing Material Rise to Surface? Yes No
Did Material Settle After 24 Hours? Yes No
If Yes, Was Hole Retopped? Yes No

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

Sealing Materials For monitoring wells and monitoring well boreholes only
 Neat Cement Grout Bentonite Chips
 Sand-Cement (Concrete) Grout Granular Bentonite
 Concrete Bentonite - Cement Grout
 Clay-Sand Slurry (11 lb./gal. wt.) Bentonite - Sand Slurry
 Bentonite-Sand Slurry " " Bentonite - Sand Slurry
 Bentonite Chips

(5)	Material Used To Fill Well/Drillhole	From (Ft.)	To (Ft.)	No. Yards, Sacks Sealant or Volume	(Circle One)	Mix Ratio or Mud Weight
	CONCRETE	Surface	6"	26 lbs.		
	FILTER SAND	6"	5'	26 lbs.		
	BENTONITE CHIPS	5'	34.3'	50 lbs.		

(6) Comments: REMOVED COVER ONLY

(7) Name of Person or Firm Doing Sealing Work: Badger State Drilling Co., Inc. Date of Abandonment: 11-9-15

Signature of Person Doing Work: [Signature] Date Signed: 11/10/15

Street or Route: 360 Business Park Cr. Telephone Number: (608) 877-9770

City, State, Zip Code: Stoughton, WI 53589

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Comments	

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

(1) GENERAL INFORMATION			(2) FACILITY/OWNER INFORMATION		
WI Unique Well No.	DNR Well ID No.	County	Facility Name		
		Green	One Hour Cleaners		
Common Well Name		Gov't Lot (If applicable)	Facility ID	License/Permit/Monitoring No.	
CMW-8					
Grid Location			Street Address of Well		
1/4 of 1/4 of Sec. : T. N; R. E W			1629 9th St.		
ft. N. S. ft. E. W.			City, Village, or Town		
Local Grid Origin (estimated;) or Well Location			Monroe		
Lat. Long. or			Present Well Owner		Original Owner
St. Plane ft. N. ft. E. Zone			Street Address or Route of Owner		
Reason For Abandonment			City, State, Zip Code		
End of Study					
WI Unique Well No. of Replacement Well					

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL			
Original Construction Date		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify)		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable			
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Well Depth (ft.) 36.6 Casing Diameter (in.) 2" (From ground surface) Casing Depth (ft.)		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Lower Drillhole Diameter (in.)		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If Yes, To What Depth? Feet		Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Depth to Water (Feet) 31.10		If Yes, Was Hole Retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		Required Method of Placing Sealing Material			
		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)			
		Sealing Materials		For monitoring wells and monitoring well boreholes only	
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Bentonite Chips		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Cement Grout <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
CONCRETE	Surface	6"	20 lbs.		
FILTER SAND	6"	5'	20 lbs.		
BENTONITE CHIPS	5'	36.6'	40 lbs.		

(6) Comments: REMOVED COVER ONLY

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Badger State Drilling Co., Inc.		11-9-15	
Signature of Person Doing Work		Date Signed	
<i>R. Wise</i>		11/10/15	
Street or Route		Telephone Number	
360 Business Park Cr.		(608) 877-9770	
City, State, Zip Code			
Stoughton, WI 53589			

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Date Received	Noted By
Comments	

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		GREEN	One Hour Cleaners
Common Well Name CPZ-2		Gov't Lot (If applicable)	Facility ID
1/4 of 1/4 of Sec. ; T. N; R. <input type="checkbox"/> E <input type="checkbox"/> W			License/Permit/Monitoring No.
Grid Location		Street Address of Well	
ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		1629 9th St.	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		City, Village, or Town	
Lat. ' " Long ' " or " "		MONROE	
St. Plane ft. N. ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Present Well Owner	Original Owner
Reason For Abandonment		Street Address or Route of Owner	
End of Study			
WI Unique Well No. of Replacement Well		City, State, Zip Code	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify)		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Well Depth (ft.) 41.5' Casing Diameter (in.) 2" (From ground surface) Casing Depth (ft.)		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Lower Drillhole Diameter (in.) Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If Yes, To What Depth? Feet		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Depth to Water (Feet) 27.4'		Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		If Yes, Was Hole Retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		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 For monitoring wells and monitoring well boreholes only <input type="checkbox"/> Neat Cement Grout <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Bentonite - Sand Slurry <input type="checkbox"/> Bentonite-Sand Slurry " " <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
CONCRETE	Surface	6"	20 lbs.		
FILTER SAND	6"	5'	20 lbs.		
BENTONITE CHIPS	5'	41.5'	60 lbs.		

(6) Comments: REMOVED CASE ONLY

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Badger State Drilling Co., Inc.		11-9-15	
Signature of Person Doing Work		Date Signed	
[Signature]		11/10/15	
Street or Route		Telephone Number	
360 Business Park Cr.		(608) 877-9770	
City, State, Zip Code			
Stoughton, WI 53589			

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Date Received	Noted By
Comments	

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No. _____	DNR Well ID No. _____	County GREEN	Facility Name One Hour Cleaners
Common Well Name SVE-1 Gov't Lot (If applicable) _____		Facility ID _____	License/Permit/Monitoring No. _____
____ 1/4 of ____ 1/4 of Sec. ____ ; T. ____ N; R. ____ <input type="checkbox"/> E <input type="checkbox"/> W		Street Address of Well 1629 9th St.	
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		City, Village, or Town MONROE	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Present Well Owner _____ Original Owner _____	
Lat. _____ Long _____ or _____		Street Address or Route of Owner _____	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		City, State, Zip Code _____	
Reason For Abandonment End of Study		WI Unique Well No. of Replacement Well _____	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Well Depth (ft.) 35.3 Casing Diameter (in.) 2"		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(From ground surface) Casing Depth (ft.) _____		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Lower Drillhole Diameter (in.) _____		Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		If Yes, Was Hole Retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, To What Depth? _____ Feet		Required Method of Placing Sealing Material	
Depth to Water (Feet) _____		<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) _____	

(5)	Material Used To Fill Well/Drillhole	From (Ft.)	To (Ft.)	No. Yards, Sacks Sealant or Volume	(Circle One)	Mix Ratio or Mud Weight
	CONCRETE	Surface	6"	20 lbs.		
	FILTER SAND	6"	5'	20 lbs.		
	BENTONITE CHIPS	5'	35.3	60 lbs.		

(6) Comments: RELINER COVER ONLY

(7) Name of Person or Firm Doing Sealing Work Badger State Drilling Co., Inc.		Date of Abandonment 11-9-15	
Signature of Person Doing Work <i>[Signature]</i>		Date Signed 11/10/15	
Street or Route 360 Business Park Cr.		Telephone Number (608) 877-9770	
City, State, Zip Code Stoughton, WI 53589			

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Date Received	Noted By
Comments	

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		GREEN	One Hour Cleaners
Common Well Name <u>SVE-2</u>		Gov't Lot (If applicable)	Facility ID
_____ 1/4 of _____ 1/4 of Sec. _____ ; T. _____ N; R. _____		<input type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring No.
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S, _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Street Address of Well	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		1629 9th St.	
Lat. _____ Long _____ or _____		City, Village, or Town	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		MONROE	
Reason For Abandonment		Present Well Owner	
End of Study		Original Owner	
WI Unique Well No. of Replacement Well		Street Address or Route of Owner	
		City, State, Zip Code	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date _____		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type:		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (Specify) _____		Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		If Yes, Was Hole Retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Required Method of Placing Sealing Material	
Total Well Depth (ft.) <u>29.7</u> Casing Diameter (in.) <u>2"</u>		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
(From ground surface) Casing Depth (ft.) _____		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	
Lower Drillhole Diameter (in.) _____		Sealing Materials	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Neat Cement Grout	
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Sand-Cement (Concrete) Grout	
Depth to Water (Feet) _____		<input type="checkbox"/> Concrete	
		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
		<input type="checkbox"/> Bentonite-Sand Slurry " "	
		<input type="checkbox"/> Bentonite Chips	
		For monitoring wells and monitoring well boreholes only	
		<input checked="" type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Granular Bentonite	
		<input type="checkbox"/> Bentonite - Cement Grout	
		<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
	CONCRETE	Surface	6"	20 lbs.		
	FILTER SAND	6"	5'	20 lbs.		
	BENTONITE CHIPS	5'	29.7	40 lbs.		

(6) Comments: REMOVE CORE ONLY

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Badger State Drilling Co., Inc.		11-9-15	
Signature of Person Doing Work		Date Signed	
<i>[Signature]</i>		11/10/15	
Street or Route		Telephone Number	
360 Business Park Cr.		(608) 877-9770	
City, State, Zip Code			
Stoughton, WI 53589			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	