

Letter Of Transmittal

To: Program Assistant
Remediation & Redevelopment Program
Wisconsin Dept. of Natural Resources
2300 N. Dr. Martin Luther King Jr., Dr.
Milwaukee, WI 53212

RECEIVED

SEP 18 2013

BY: *[Signature]*

From: Company E2M Environmental and Engineering Mgt
Name Christian A Mielke
Address W223 N7343 Carole Court
Sussex, WI 53089
Phone (262) 820-3719
Date 9/14/13
Site Name Cermatics, Inc.
Address 10014 N. Wasaukee Rd.
Mequon, WI 53097
FID# 246046350 BRRTS# 02-46-529481

Please check the type(s) of documents you have enclosed. Submittals will be tracked and filed based on the information you provide. **Be sure to include the FID and BRRTS numbers, which have been assigned to this site, and identify the intent of the document(s) you are submitting in order to speed processing.** Please attach required fees to this form.

Type of Submittal:
 LUST ERP VPLE other _____

IS THIS RELEASE PECFA-ELIGIBLE?
 YES NO UNKNOWN AT THIS TIME

CHECK	TYPE OF DOCUMENT/REPORT	FEE	DNR ofc use only \$
<input checked="" type="checkbox"/>	Notification of Release	None	01
	Tank Closure/Site Assessment <i>where release(s) have been detected*</i>	None	33
	Site Investigation Workplan	\$500 if review is requested	35, 135~
	Site Investigation Report <u>Please Provide the Following Information</u> <input type="checkbox"/> petroleum constituents detected <input type="checkbox"/> non-petroleum constituents detected <input type="checkbox"/> groundwater impacts <input type="checkbox"/> above PAL <input type="checkbox"/> above ES <input type="checkbox"/> free product <input type="checkbox"/> contamination in fractured bedrock or within 1 meter of fractured bedrock <input type="checkbox"/> pal exceedance in potable well <input type="checkbox"/> groundwater impacts >ES, within <input type="checkbox"/> 100' of private well or <input type="checkbox"/> 1000' of public well	\$750 if review is requested	37~ 137~ 96~ (if SI is incomplete)
	Request to Transfer Case to Department of Commerce	None	76
	Off-Site Determination Request	\$500 mandatory	638~
	Request for No Further Action Letter, under ch. NR 708	\$250 if review is requested	68, 67~
	NR 718 Landspreading Request	\$250 mandatory	183~
	Copy of Notification to Treat / Dispose of Contaminated Soil / Water	None	99
	Injection/Infiltration Request	\$500 mandatory	63~
	Status Report	\$500 if review is requested	43
	O & M Form 4400-194	\$300 if review is requested	92, 192~
	Remedial Action Options Report	\$750 if review is requested	39, 143~
	Construction Documentation Reports	\$250 if review is requested	151, 152~
	Remedial Design Report	\$750 if review is requested	147, 148~
	Copy of Draft Deed Affidavit or Restriction required for close-out	None	99
<input checked="" type="checkbox"/>	Well Abandonment Form	None	99
	NR 720.19 Site Specific Clean-Up Goal Proposed	\$500 mandatory	61~
	Long Term Monitoring Plan	\$300 if review is requested	24, 25~
	Closure Review Request	\$750 mandatory	79~
	Voluntary Party Liability Exemption (VPLE) Application	\$250 mandatory	662
	VPLE Phase I /II Assessments or Additional Reports	fee for review computed hourly	As appropriate
	Tax Cancellation Agreement	\$500 mandatory	654~
	Negotiated Agreement	\$1000 mandatory	630~
	Lender Assessment	\$500 mandatory	686~
	General Liability Clarification Request	\$500 mandatory	683~
	Lease Letter Request - <input type="checkbox"/> Single Property (\$500) <input type="checkbox"/> Multiple Properties (\$1000)	\$500 - \$1000 mandatory	646~
	Request for Other Technical Assistance	\$500 mandatory	97~
	Other (please describe)		

Remarks: _____

*Tank closure reports for sites where no releases have been detected should be sent to "Clean Closures" c/o DNR Remediation & Redevelopment, Wisconsin DNR, P.O. Box 7921, Madison, WI 53707-7921

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

Verification Only of Fill and Seal

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

1. Well Location Information <i>MW1</i>			2. Facility / Owner Information		
County <i>Ozaukee</i>	WI Unique Well # of Removed Well <i>02711</i>	Hicap #	Facility Name <i>Cermatics</i>		
Latitude / Longitude (Degrees and Minutes) <i>43° 12' 0.0" N</i> <i>88° 03' 46.0" W</i>		Method Code (see instructions) <i>GPS 006</i>	Facility ID (FID or PWS) <i>FID 246046350</i>		
1/4 1/4 1/4		Section	Township	Range	Original Well Owner
or Gov't Lot #			N	<input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <i>10014 N. Wasaukee Rd</i>			Present Well Owner <i>James Luedtke</i>		
Well City, Village or Town <i>Mequon</i>		Well ZIP Code <i>53097</i>	Mailing Address of Present Owner <i>10532 North Council Hill Drive</i>		
Subdivision Name		Lot #	City of Present Owner <i>Mequon</i>	State <i>WI</i>	ZIP Code <i>53097</i>

Reason For Removal From Service *Remediation Complete* WI Unique Well # of Replacement Well _____

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material				
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <i>7/13/2004</i>	Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
Construction Type:		Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Formation Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <i>20</i>	Casing Diameter (in.) <i>2.0</i>	If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <i>8.25</i>	Casing Depth (ft.) <i>19</i>	Required Method of Placing Sealing Material				
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, to what depth (feet)? <i>8.00</i>	Depth to Water (feet) <i>4.07</i>	<input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
		<input 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
<i>Medium Bentonite Chips</i>		Surface	<i>19</i>	<i>0.5</i>	<i>NA</i>

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>EJM Env. & Engr. Mgt</i>	License #	Date of Filling & Sealing (mm/dd/yyyy) <i>7/9/13</i>	Date Received	Noted By	
Street or Route <i>W223N7343 Carole Ct</i>		Telephone Number <i>262 820-3719</i>	Comments		
City <i>Sussex</i>	State <i>WI</i>	ZIP Code <i>53089</i>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <i>7/11/13</i>	

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

Verification Only of Fill and Seal

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

1. Well Location Information MW2			2. Facility/Owner Information		
County Ozaukee	WI Unique Well # of Removed Well 027L2	Hicap #	Facility Name Cermatics		
Latitude / Longitude (Degrees and Minutes) 43.12 0.0 N 88.03 46.0 W		Method Code (see instructions) GPS 006	Facility ID (FID or PWS) FID 246646350		
1/4 1/4 1/4 Section Township Range <input type="checkbox"/> E or Gov't Lot # N <input type="checkbox"/> W			License/Permit/Monitoring #		
Well Street Address 10014 N. Wasaukee Rd			Original Well Owner		
Well City, Village or Town Mequon		Well ZIP Code 53097	Present Well Owner James Luedtke		
Subdivision Name		Lot #	Mailing Address of Present Owner 10532 North Council Hill Drive		
			City of Present Owner Mequon		State WI
					ZIP Code 53097

Reason For Removal From Service Remediation Complete	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material			
3. Well / Drillhole / Borehole Information		Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/13/2004	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<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"/> N/A
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Dug	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:		If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 18.5	Casing Diameter (in.) 2.0	Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 18.5	<input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, to what depth (feet)? 8.0	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Depth to Water (feet) 3.94		Sealing Materials			
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)			
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "			
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips			
		For Monitoring Wells and Monitoring Well Boreholes Only:			
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant Or Material (include units)	Mix Ratio or Other (include units)
Medium Bentonite Chips	Surface	18.5	0.5	NA

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing EM Env. & Engr. Mgt	License #	Date of Filling & Sealing (mm/dd/yyyy) 7/10/13	Date Received	Noted By
Street or Route W223N7343 Carole Ct	Telephone Number 262 820-3719	Comments		
City Wisconsin	State WI	ZIP Code 53089	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 7/11/13

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Verification Only of Fill and Seal

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

1. Well Identification **MW3**

County: **Ozaukee** WI Unique Well # of Removed Well: **02713** Hicap #

Latitude / Longitude (Degrees and Minutes): **43° 12' 0.0" N** Method Code (see instructions): **GPS006**
88° 03' 46.0" W

Facility Name: **Cermatics**
 Facility ID (FID or PWS): **FID 246646350**
 License/Permit/Monitoring #

Original Well Owner
 Present Well Owner: **James Luedtke**
 Mailing Address of Present Owner: **10532 North Council Hill Drive**
 City of Present Owner: **Mequon** State: **WI** ZIP Code: **53097**

Well Street Address: **10014 N. Wasaukee Rd**
 Well City, Village or Town: **Mequon** Well ZIP Code: **53097**
 Subdivision Name Lot #

Reason For Removal From Service: **Remediation Complete** WI Unique Well # of Replacement Well

3. Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **7/13/2004**
 Water Well If a Well Construction Report is available, please attach.
 Borehole / Drillhole

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

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

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): **19** Casing Diameter (in.): **2.0**
 Lower Drillhole Diameter (in.): **8.25** Casing Depth (ft.): **19.0**

Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? **8.0** Depth to Water (feet): **5.15**

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

Sealing Materials:
 Neat Cement Grout Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry " "
 Concrete Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards	Sacks Sealant	Mix Ratio or Mod Weight
Medium Bentonite Chips	Surface	19.0		0.5	NA

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: **EM Env. & Engr. Mgt** License # Date of Filling & Sealing (mm/dd/yyyy): **7/9/13** Date Received Noted By

Street or Route: **W223N7343 Carole Ct** Telephone Number: **262 820-3719** Comments

City: **Wissers** State: **WI** ZIP Code: **53089** Signature of Person Doing Work: *[Signature]* Date Signed: **7/11/13**

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Verification Only of Fill and Seal

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

1. Well Location Information			2. Facility / Owner Information		
County Ozaukee	WI Unique Well # of Removed Well 02714	Hicap #	Facility Name Cermatics		
Latitude / Longitude (Degrees and Minutes) 43.12 0.0 N 88.03 46.0 W		Method Code (see instructions) GPS 006	Facility ID (FID or PWS) FID 246646350		
1/4 1/4 Section Township Range <input type="checkbox"/> E <input type="checkbox"/> W N		Original Well Owner	License/Permit/Monitoring #		
or Gov't Lot #		Present Well Owner James Luedtke	Mailing Address of Present Owner 10532 North Council Hill Drive		
Well Street Address 10014 N. Wasaukee Rd		City of Present Owner Mequon		State WI	ZIP Code 53097
Well City, Village or Town Mequon		Well ZIP Code 53097		Subdivision Name	
Subdivision Name		Lot #			

Reason For Removal From Service Remediation Complete	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material			
3. Well / Drillhole / Borehole Information		Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/19/2004	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<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"/> N/A
<input type="checkbox"/> Other (specify): _____		Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:		If yes, was hole relogged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.0	Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 19.0	<input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 0.5	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
If yes, to what depth (feet)? 8.0		Sealing Materials			
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb /gal. wt.)			
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "			
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips			

5. Material Used To Fill Well / Drillhole				For Monitoring Wells and Monitoring Well Boreholes Only:			
Medium Bentonite Chips		From (ft.)	To (ft.)	No. Yards, Sacks Sealant	Mix Ratio or unit weight		
		Surface	19.0	0.5	N/A		
6. Comments							

7. Supervision of Work				DNR Use Only			
Name of Person or Firm Doing Filling & Sealing EM Env. & Engr. Mgt		License #	Date of Filling & Sealing (mm/dd/yyyy) 7/9/13	Date Received	Noted By		
Street or Route W223N7343 Carole Ct		Telephone Number 262 820-3719		Comments			
City Wissers	State WI	ZIP Code 53089	Signature of Person Doing Work <i>[Signature]</i>		Date Signed 7/11/13		

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

1. Well Location Information				2. Facility / Owner Information			
County Ozaukee		WI Unique Well # of Removed Well MW5		Hicap #		Facility Name Cermatics	
Latitude / Longitude (Degrees and Minutes) Method Code (see instructions) 43.12.0.0 N 88.03.46.0 W GPS 006				Facility ID (FID or PWS) FID 246646350			
1/4 1/4		Section		Township		Range <input type="checkbox"/> E <input type="checkbox"/> W	
or Gov't Lot #				Original Well Owner			
Well Street Address 10014 N. Wasaukee Rd				Present Well Owner James Luedtke			
Well City, Village or Town Mequon				Mailing Address of Present Owner 10532 North Council Hill Drive			
Subdivision Name				City of Present Owner Mequon		State WI	
Well ZIP Code 53097				ZIP Code 53097			

Reason For Removal From Service Remediation Complete		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction/Date (mm/dd/yyyy) 9/12/05		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
3. Well / Drillhole / Borehole Information				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type:				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Drilled				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Driven (Sandpoint)				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Dug				If yes, was hole relopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____				If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Formation Type:				Required Method of Placing Sealing Material			
<input checked="" type="checkbox"/> Unconsolidated Formation				<input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
<input type="checkbox"/> Bedrock				<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Total Well Depth From Ground Surface (ft.) 16.0		Casing Diameter (in.) 0.75		Sealing Materials			
Lower Drillhole Diameter (in.) 2.0		Casing Depth (ft.) 16.0		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "			
If yes, to what depth (feet)? 5.0				<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips			
Depth to Water (feet) 5.18				For Monitoring Wells and Monitoring Well Boreholes Only:			
				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used To Fill Well / Drillhole				From (ft.)		To (ft.)		No. Yards, Sacks Sealant		Mix Ratio or	
Medium Bentonite Chips				Surface		16.0		0.2		NA	
6. Comments											

7. Supervision of Work						DNR Use Only							
Name of Person or Firm Doing Filling & Sealing EM Env. & Engr. Mgt				License #		Date of Filling & Sealing (mm/dd/yyyy) 7/9/13				Date Received		Noted By	
Street or Route W223N7343 Carole Ct						Telephone Number 262 820-3719						Comments	
City Wisconsin				State WI		ZIP Code 53089				Signature of Person Doing Work <i>[Signature]</i>		Date Signed 7/11/13	

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

Verification Only of Fill and Seal

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

1. Well Location Information			2. Facility / Owner Information		
County Ozaukee	WI Unique Well # of Removed Well MW6	Hicap #	Facility Name Cermatics		

Latitude / Longitude (Degrees and Minutes) 43° 12' 0.0" N 88° 03' 46.0" W	Method Code (see instructions) GPS 006	Facility ID (FID or PWS) FID 246646350	License/Permit/Monitoring #
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1/4 1/4	1/4	Section	Township N	Range	<input type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner
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Well Street Address 10014 N. Wasaukee Rd	Well City, Village or Town Mequon	Well ZIP Code 53097	Present Well Owner James Luedtke
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Subdivision Name	Lot #	City of Present Owner Mequon	State WI	ZIP Code 53097
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Reason For Removal From Service Remediation Complete	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material		
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3. Well / Drillhole / Borehole Information		Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 2/5/09	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<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"/> N/A
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Dug	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
		If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Formation Type:	<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	Required Method of Placing Sealing Material
Total Well Depth From Ground Surface (ft.) 18.0	Casing Diameter (in.) 2.0	Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 18.0

Was well annular space grouted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	Sealing Materials
If yes, to what depth (feet)?	Depth to Water (feet) 5.5			<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

5. Material Used To Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards (Sacks Sealant or Volume (Cubic Yards))	Mix Ratio or Mud Weight
Medium Bentonite Chips		Surface	18.0	0.5	NA

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing E2M Env. & Engr. Mgt	License #	Date of Filling & Sealing (mm/dd/yyyy) 7/9/13	Date Received	Noted By	
Street or Route W223N7343 Carole Ct	Telephone Number 262 820-3719	Comments		Signature of Person Doing Work [Signature]	
City Wissers	State WI	ZIP Code 53089	Date Signed 7/11/13		

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Verification Only of Fill and Seal

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

1. Well Location Information			2. Facility / Owner Information		
County Ozaukee	WI Unique Well # of Removed Well MW 7	Hicap #	Facility Name Cermatics		

Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)	
43 ° 12 ' 0.0 " N	88 ° 03 ' 46.0 " W	GPS 006	

1/4	1/4	Section	Township	Range	<input type="checkbox"/> E <input type="checkbox"/> W
or Gov't Lot #					

Well Street Address
10014 N. Wasaukee Rd

Well City, Village or Town
Mequon

Well ZIP Code
53097

Subdivision Name

Lot #

Reason For Removal From Service
Remediation Complete

WI Unique Well # of Replacement Well

3. Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 2/5/09
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	

If a Well Construction Report is available, please attach.

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): _____

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) **19.0**

Casing Diameter (in.) **2.0**

Lower Drillhole Diameter (in.) **8.25**

Casing Depth (ft.) **19.0**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____

Depth to Water (feet) **10.85**

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Medium Bentonite Chips	Surface	19.0	0.65	

6. Comments
Casing was ~ 3-4' above grade => D.T.W. was measured from T.O.C.

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing EJM Env. & Engr. Mgt	License #	Date of Filling & Sealing (mm/dd/yyyy) 7/9/13	Date Received	Noted By
Street or Route W223N7343 Carole Ct		Telephone Number 262 820-3719	Comments	
City Sussex	State WI	ZIP Code 53089	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 7/11/13

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

Verification Only of Fill and Seal

Route to:

Drinking Water

Watershed/Wastewater

Remediation/Redevelopment

Waste Management

Other:

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

County: Ozaukee
WI Unique Well # of Removed Well: PZ 1
Hicap #:

Facility Name: Cermatics

Latitude / Longitude (Degrees and Minutes): 43° 12' 0.0" N, 88° 03' 46.0" W
Method Code (see instructions): GPS 006

Facility ID (FID or PWS): FID 246646350

License/Permit/Monitoring #:

Section: Township: Range: E, W
or Gov't Lot #:

Original Well Owner:

Well Street Address: 10014 N. Wasaukee Rd

Present Well Owner: James Luedtke

Well City, Village or Town: Mequon
Well ZIP Code: 53097

Mailing Address of Present Owner: 10532 North Council Hill Drive

Subdivision Name: Lot #:

City of Present Owner: Mequon
State: WI
ZIP Code: 53097

Reason For Removal From Service: Remediation Complete
WI Unique Well # of Replacement Well:

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

Monitoring Well
 Water Well
 Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): 9/12/05
if a Well Construction Report is available, please attach.

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

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

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

Formation Type:
 Unconsolidated Formation Bedrock

Sealing Materials:
 Neat Cement Grout Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry " "
 Concrete Bentonite Chips

Total Well Depth From Ground Surface (ft.): 20.0
Casing Diameter (in.): 0.75
Lower Drillhole Diameter (in.): 2.0
Casing Depth (ft.): 20.0

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

Was well annular space grouted? Yes No Unknown
If yes, to what depth (feet)? 17.0
Depth to Water (feet): 5.14

Material Used To Fill Well / Plug Hole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant (or equivalent amount)	Mix Ratio or Unit Weight
Medium Bentonite Chips	Surface	20.0	0.25	NA

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: E2M Env. & Engr. Mgt
License #:
Date of Filling & Sealing (mm/dd/yyyy): 7/9/13
Date Received:
Noted By:
Street or Route: W223N7343 Carole Ct
Signature Number: 262 8203719
Comments:
City: Sussex
State: WI
ZIP Code: 53089
Signature of Person Doing Work:
Date Signed: 7/11/13