



Weston Solutions, Inc.  
Suite 500  
750 East Bunker Court  
Vernon Hills, IL 60061-1865  
847-918-4000 • Fax 847-918-4055  
www.westonsolutions.com

29 March 2007

Mr. Russell D. Hart  
Remedial Project Manager (SR-6J)  
U.S. Environmental Protection Agency  
Region V  
77 West Jackson Boulevard  
Chicago, IL 60604

RFW Work Order No. 13471.003.001  
TRONOX Work Order No. 40-50-01-AKW-AE

Re: November 2006/March 2007 Monitoring Well Installation and Abandonment  
Moss-American Site, Milwaukee, WI

Dear Mr. Hart:

This letter serves to inform the United States Environmental Protection Agency (U.S. EPA) of the monitoring well installation and abandonment activities that occurred from 20 to 22 November 2006 and 19 March 2007. A total of two monitoring wells were installed, and 22 monitoring wells were abandoned. Work was conducted as specified in WESTON's 5 November 2004 *Request for Modifications to Groundwater Monitoring Program*, subsequent to U.S. EPA comments to this request dated 10 July 2006, and WESTON's response to comments letter dated 19 September 2006. Monitoring wells were installed and abandoned in accordance with Wisconsin Department of Natural Resources (WDNR) *Groundwater Monitoring Well Requirements* – Chapter NR 141.

Attachment A contains the soil boring logs and well installation logs of the two wells installed within the funnel and gate area of the site. The two wells, MW-38S and MW-39S were installed in the locations shown on Figure 1 within the stagnant groundwater plume. This is the area where phytoremediation will be implemented in spring 2007 and these monitoring wells will be used, in part, to monitor contaminant concentrations and groundwater elevations.

Attachment B contains well development forms for monitoring wells MW-38S and MW-39S.

Attachment C contains the well abandonment logs for the 22 monitoring wells that are no longer in service at the site. Monitoring well MW-2S could not be field located and is believed to have been destroyed in the past. Monitoring wells MW-15S, MW-21S, and MW-22S were also found to be destroyed prior to WESTON's arrival on site in November 2006. The protective casing from MW-21S and MW-22S were found strewn on the ground. Monitoring well MW-15S was never found and is believed to have been destroyed as well.





Monitoring well MW-11I could not be abandoned during the November 2006 mobilization. Attempts were made to pull the casing; however, the drill rig was unable to do so. The MW-11S casing was removed to below 30 inches below ground on 19 March 2007 with an acetylene torch to properly finalize this abandonment in accordance with WDNR requirements.

The boring logs, and monitoring well installation and abandonment logs have been submitted to the WDNR Bureau of Drinking Water and Groundwater Section under separate cover, as called for in NR 141. Figure 1 presents the locations of the new and remaining monitoring wells and piezometers, and identifies each of the monitoring wells that have been abandoned at the site.

The groundwater sampling program will continue to be implemented with the changes that are noted in WESTON's response to comment letter of 19 September 2006. Specifically, monitoring wells located within the stagnant groundwater plume area will be sampled on a semi-annual basis, in March and September. This will coincide with the beginning and end of the growing season of the saplings to be planted as part of the phytoremediation to occur in this area. The monitoring wells located along the river channel, MW-A through MW-K, will be sampled on an annual basis, in September. This sampling will coincide with the annual sampling of the on-site treatment and performance monitoring wells. Table 1 summarizes the completed November 2006 and March 2007 well installation and abandonment activities, and the future sampling program.

Should you have any questions or comments, please contact me at (847) 918-4142 or Keith Watson at (405) 775-5475.

Very truly yours,

WESTON SOLUTIONS, INC.

A handwritten signature in blue ink that reads "Thomas P. Graan".

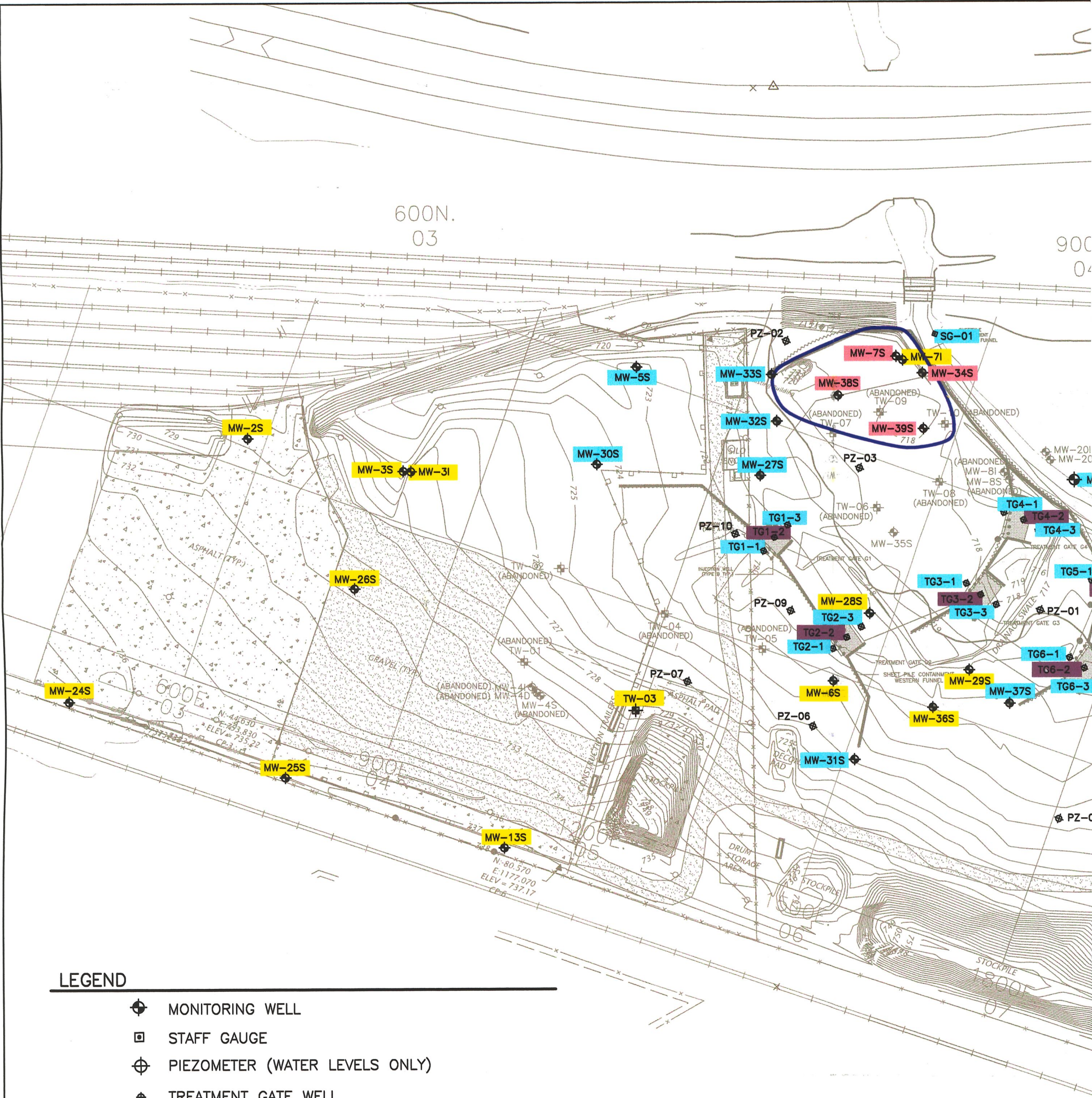
Thomas P. Graan, Ph.D.  
Principal Project Manager

TPG\tg










cc: T. Wentland, WDNR  
K. Watson, KMC

**Table 1**  
**Summary of LTM Program Modifications**  
**Moss-American Site**  
**Milwaukee, Wisconsin**

Item	Description/Rationale	Proposed Optimization Action
<b>Monitoring Points</b>		
MW-3i, MW-7i, MW-9i, MW-11i, MW-11s	Screened below confining layer, no historical impact, not currently used, potential conduit	Abandoned
MW-14s, MW-15s, MW-21s, MW-22s, MW-23s	Northeast Landfill wells, not currently used	Abandoned
MW-3s, MW-26s, MW-10s, MW-13s, MW-25s	Upgradient or sidegradient locations used for water levels only, flow direction established	Abandoned
MW-29s, MW-36s	Redundant locations, upgradient with respect to gates, COCs consistently below PALs	Abandoned
MW-6s, MW-28s	Redundant sample points, COCs consistently below PALs	Abandoned
MW-2s, MW-11s, MW-12s, MW-24s, TW-03	Upgradient or sidegradient locations, not currently used	Abandoned
<b>Sampling Program</b>		
TG1-2, TG2-2, TG3-2, TG4-2, TG5-2, TG6-2	COC concentrations show consistent downward trend or not detected, treatment gates documented as effective	Discontinue sampling of middle gate wells, wells to be maintained
Current Quarterly Sampling	Concentrations stabilized, trends established, low velocity system, COCs below PALs most wells	<u>Four Phytoremediation Wells:</u> Semi-annual sampling to be conducted in March & September. <u>All Remaining Wells:</u> Reduce to annual sampling to be conducted in Q3 (September)
<b>O &amp; M</b>		
Inspection and Maintenance	Routine activities for LTM program	Annual well integrity survey, annual performance evaluation for groundwater treatment remedy(s), provide necessary O & M, revise LTM Sampling Plan



**LEGEND**

-  MONITORING WELL
-  STAFF GAUGE
-  PIEZOMETER (WATER LEVELS ONLY)
-  TREATMENT GATE WELL
-  ESTIMATED BOUNDARY OF STAGNANT GROUNDWATER PLUME
-  TREATMENT GATE WELL. DISCONTINUE SAMPLING.
-  MONITORING WELL ABANDONED
-  MONITORING WELLS TO BE SAMPLED ANUALLY TO OCCUR DURING Q3 (SEPTEMBER).
-  MONITORING WELLS TO BE SAMPLED SEMI-ANUALLY DURING MARCH AND SEPTEMBER

PREVIOUSLY ABANDONED MONITORING POINTS SHOWN IN LIGHT SHADING.

TOPOGRAPHIC MAP  
OF  
MOSS-AMERICAN SUPERFUND SITE  
MILWAUKEE COUNTY, WISCONSIN  
PREPARED FOR  
KAPUR AND ASSOCIATES, INC.  
MILWAUKEE, WISCONSIN



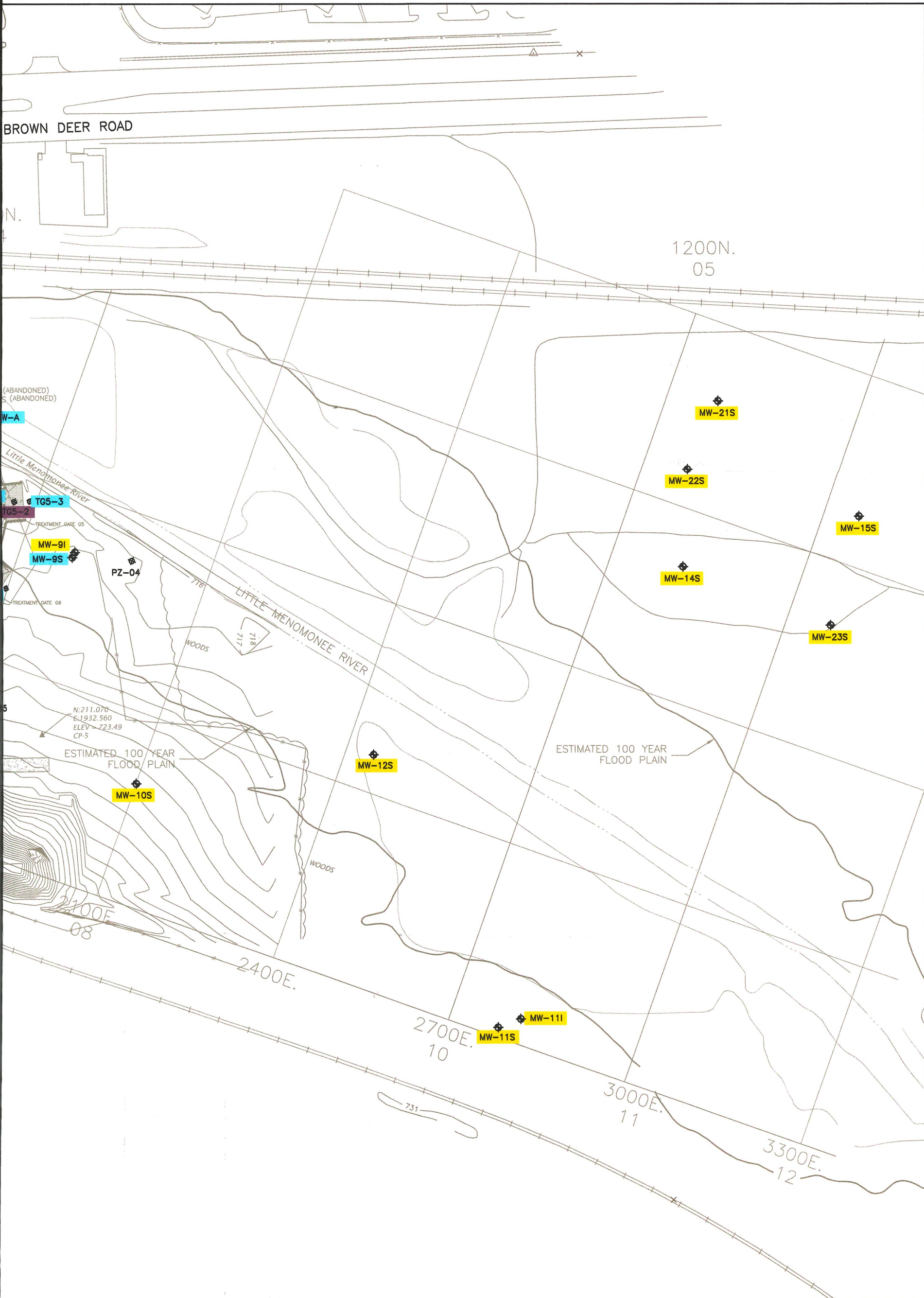


FIGURE 1



750 E. Bunker Ct.  
Suite 500  
Vernon Hills, Illinois  
60061

LONG TERM MONITORING PROGRAM MODIFICATIONS

MOSS-AMERICAN SITE  
Milwaukee, Wisconsin

**Attachment A**  
**Monitoring Well Construction Logs**  
**And**  
**Soil Boring Logs**

Route To: Watershed/Wastewater  Waste Management   
Remediation/Revelopment [x] Other

Page 1 of 1

Facility/Project Name Moss-American		License/Permit/Monitoring Number		Boring Number MW-39S	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Saul Last Name: Firm: Transhield Underground Services, Inc.		Date Drilling Started 11 / 22 / 2006 m m d d y y y y	Date Drilling Completed 11 / 22 / 2006 m m d d y y y y	Drilling Method hollow stem auger	
WI Unique Well No.	DNR Well ID No.	Well Name MW-39S	Final Static Water Level 5.5 Feet MSL	Surface Elevation Feet MSL	Borehole Diameter 6 inches
Local Grid Origin <input type="checkbox"/> (estimated: [X]) or Boring Location <input type="checkbox"/>			Local Grid Location		
State Plane _____ N, _____ E			Lat 43° 10 ' 35.27"	<input type="checkbox"/> N <input type="checkbox"/> E	
1/4 of _____ 1/4 of Section _____, T _____ N, R _____			Long 88° 2 ' 8.63"	<input type="checkbox"/> S <input type="checkbox"/> W	
Facility ID		County MILWAUKEE	County Code 41	Civil Town/City/ or Village Milwaukee	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
24/60			0.0 - 4.8	SILTY CLAY - light brown, stiff, dry, trace fine-grained sand, trace medium-grained gravel, trace organic material, low plasticity.	CL									
60/60			4.8 - 11.5	SAND - light brown, loose, wet, little silt, fine to coarse-grained sand, non plastic, slight odor, well-sorted.	SW									Wet at 5.5 ft bgs.
52/60			11.5 - 15.0	GRAVELLY CLAY - light gray, wet, some fine-grained gravel, trace coarse-grained sand, medium plasticity, slight odor.	CL									
			15.0	End of Boring at 4.6 m (15 ft) bgs.										

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

Signature Timothy Wall Firm Weston Solutions Inc.

This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in 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 instructions for more information, including where the completed form should be sent.

Facility/Project Name Moss-American		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name MW-38S	
Facility License, Permit or Monitoring No.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/> Lat. 43° 10' 35.749" Long. 88° 2' 10.214" or		Wis. Unique Well No. _____ DNR Well ID No. _____	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed <u>11</u> / <u>22</u> / <u>2006</u> m m d d y y	
Type of Well		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____, T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm	
Well Code _____ / _____		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Distance from Waste/Source _____ ft.		Enf. Stds. Apply <input type="checkbox"/>		Transhield Underground Services, Inc.	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or <u>0.2</u> ft.</p>	<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: <u>4.2</u> in. b. Length: <u>4.9</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> _____ d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/> _____</p> <p>4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Sand <input checked="" type="checkbox"/> _____ Other <input checked="" type="checkbox"/> _____</p> <p>5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . . . Bentonite-cement grout <input type="checkbox"/> 50 e. <u>4.7</u> Ft<sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/> _____</p> <p>7. Fine sand material: Manufacturer, product name &amp; mesh size a. RW Sidley Inc., Silica Sand b. Volume added <u>1.2</u> ft<sup>3</sup></p> <p>8. Filter pack material: Manufacturer, product name &amp; mesh size a. RW Sidley Inc., Silica Sand b. Volume added <u>24.7</u> ft<sup>3</sup></p> <p>9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Stainless Steel _____ Other <input checked="" type="checkbox"/> _____</p> <p>10. Screen material: Stainless Steel a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/> _____ b. Manufacturer _____ c. Slot size: <u>0.01</u> in. d. Slotted length: <u>10</u> ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/> _____</p>
---	---

<p>E. Bentonite seal, top _____ ft. MSL or <u>2</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or <u>4</u> ft.</p> <p>G. Filter pack, top _____ ft. MSL or <u>4.5</u> ft.</p> <p>H. Screen joint, top _____ ft. MSL or <u>5</u> ft.</p> <p>I. Well bottom _____ ft. MSL or <u>15</u> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or <u>15</u> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or <u>15</u> ft.</p> <p>L. Borehole, diameter <u>6</u> in.</p> <p>M. O.D. well casing <u>2.06</u> in.</p> <p>N. I.D. well casing <u>2</u> in.</p>
--

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

Signature Timothy Walsh Firm Weston Solutions Inc.

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



Route To: Watershed/Wastewater  Waste Management   
Remediation/Revelopment [x] Other

Facility/Project Name Moss-American		License/Permit/Monitoring Number		Boring Number MW-38S	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Saul Last Name:		Date Drilling Started 11 / 22 / 2006 m m / d d / y y y y	Date Drilling Completed 11 / 22 / 2006 m m / d d / y y y y	Drilling Method hollow stem auger	
Firm: Transhield Underground Services, Inc.		Final Static Water Level 5 Feet MSL		Surface Elevation Feet MSL	
WI Unique Well No.	DNR Well ID No. MW-38S	Well Name		Borehole Diameter 6 inches	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Boring Location <input type="checkbox"/>		State Plane _____ N, _____ E		Local Grid Location	
1/4 of _____ 1/4 of Section _____, T _____ N, R _____		Lat 43° 10' 35.75"		_____ Feet <input type="checkbox"/> N _____ Feet <input type="checkbox"/> E	
		Long 88° 2' 10.21"		_____ Feet <input type="checkbox"/> S _____ Feet <input type="checkbox"/> W	
Facility ID		County MILWAUKEE	County Code 41	Civil Town/City/ or Village Milwaukee	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
	24/60		0.0 - 2.0	SILTY CLAY - brown, moist, slightly stiff some silt, medium plasticity. Wood debris - 1 to 2 ft bgs, moist petroleum odor.	CL									Wet at 5.0 ft bgs.
			2.0 - 4.0	SILT - black, moist, trace medium-grained gravel, low plasticity.	ML									
			4.0 - 5.0	CLAY - light gray, very soft, high plasticity, trace silt.	CL									
	60/60		5.0 - 6.0	SILT - black, wet, trace clay, highly organic, low plasticity.	PT									
	60/60		6.0 - 8.0	CLAYEY GRAVEL - light gray, wet, fine to medium-grained gravel, slight odor.	GC									
			8.0 - 15.0	CLAY - light gray, moist, trace silt, trace medium-grained gravel, high plasticity, petroleum odor.	CH									
			15.0	End of Boring at 4.6 m (15 ft) bgs.										

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

Signature <i>Timothy Walsh</i>	Firm Weston Solutions Inc.
-----------------------------------	-------------------------------

This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in 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 instructions for more information, including where the completed form should be sent.

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

Facility/Project Name Moss-American	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-39S
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/> Lat. 43° 10' 35.265" Long. 88° 2' 8.632" or	Wis. Unique Well No. <u>MX</u> DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N, _____ ft. E. <input checked="" type="checkbox"/> N <input type="checkbox"/> E	Date Well Installed <u>11/22/2006</u> m m d d y y y y
Type of Well Well Code _____ / _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Transshield Underground Services, Inc.
Distance from Waste/Source _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number _____

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

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

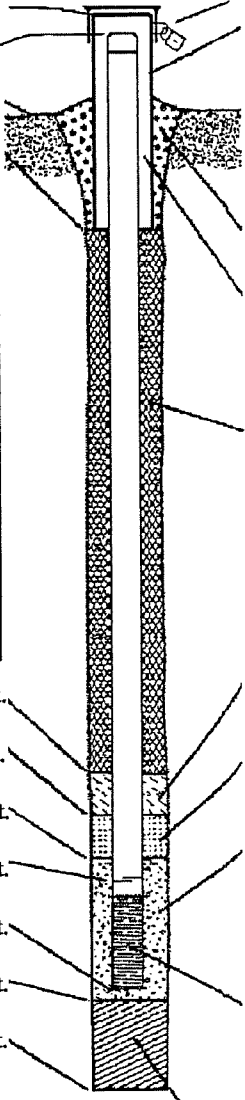
13. Sieve analysis performed?  Yes  No

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

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

16. Drilling additives used?  Yes  No  
 Describe \_\_\_\_\_

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



- 1. Cap and lock?  Yes  No
- 2. Protective cover pipe:
  - a. Inside diameter: 4.2 in.
  - b. Length: 4.9 ft.
  - c. Material: Steel  0 4  
Other
  - d. Additional protection?  Yes  No  
If yes, describe: \_\_\_\_\_
- 3. Surface seal: Bentonite  3 0  
Concrete  0 1  
Other
- 4. Material between well casing and protective pipe: Bentonite  3 0  
Other
- 5. Annular space seal:
  - a. Granular/Chipped Bentonite  3 3
  - b. \_\_\_\_\_ Lbs/gal mud weight . . . Bentonite-sand slurry  3 5
  - c. \_\_\_\_\_ Lbs/gal mud weight . . . . . Bentonite slurry  3 1
  - d. \_\_\_\_\_ % Bentonite . . . . . Bentonite-cement grout  5 0
  - e. 1.2 Ft<sup>3</sup> volume added for any of the above
  - f. How installed: Tremie  0 1  
Tremie pumped  0 2  
Gravity  0 8
- 6. Bentonite seal:
  - a. Bentonite granules  3 3
  - b.  1/4 in.  3/8 in.  1/2 in. Bentonite chips  3 2
  - c. \_\_\_\_\_ Other
- 7. Fine sand material: Manufacturer, product name & mesh size  
 a. RW Sidley Inc., Silica Sand  
 b. Volume added \_\_\_\_\_ ft<sup>3</sup>
- 8. Filter pack material: Manufacturer, product name & mesh size  
 a. RW Sidley Inc., Silica Sand  
 b. Volume added \_\_\_\_\_ ft<sup>3</sup>
- 9. Well casing: Flush threaded PVC schedule 40  2 3  
 Flush threaded PVC schedule 80  2 4  
 Other
- 10. Screen material: Stainless Steel  
 a. Screen type: Factory cut  1 1  
 Continuous slot  0 1  
 Other   
 b. Manufacturer \_\_\_\_\_  
 c. Slot size: 0.01 in.  
 d. Slotted length: 10 ft.
- 11. Backfill material (below filter pack): None  1 4  
 Other

- E. Bentonite seal, top \_\_\_\_\_ ft. MSL or 0.6 ft.
- F. Fine sand, top \_\_\_\_\_ ft. MSL or 3.2 ft.
- G. Filter pack, top \_\_\_\_\_ ft. MSL or 3.8 ft.
- H. Screen joint, top \_\_\_\_\_ ft. MSL or 5 ft.
- I. Well bottom \_\_\_\_\_ ft. MSL or 15 ft.
- J. Filter pack, bottom \_\_\_\_\_ ft. MSL or 15 ft.
- K. Borehole, bottom \_\_\_\_\_ ft. MSL or 15 ft.
- L. Borehole, diameter 0.6 in.
- M. O.D. well casing 2.06 in.
- N. I.D. well casing 2 in.

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

Signature: Timothy O'Neil Firm: Weston Solutions Inc.

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

**Attachment B**  
**Monitoring Well Development Logs**

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

Facility/Project Name <u>Moss American</u>	County Name <u>Milwaukee</u>	Well Name <u>MW-38 S</u>	
Facility License, Permit or Monitoring Number	County Code <u>41</u>	Wis. Unique Well Number _____	DNR Well ID Number _____

1. Can this well be purged dry?  Yes  No
2. Well development method
- surged with bailer and bailed  41
  - surged with bailer and pumped  61
  - surged with block and bailed  42
  - surged with block and pumped  62
  - surged with block, bailed and pumped  70
  - compressed air  20
  - bailed only  10
  - pumped only  51
  - pumped slowly  50
  - Other \_\_\_\_\_
3. Time spent developing well 30 min.
4. Depth of well (from top of well casing) 18.2 ft.
5. Inside diameter of well 2.0 in.
6. Volume of water in filter pack and well casing \_\_\_\_\_ gal.
7. Volume of water removed from well 50.0 gal.
8. Volume of water added (if any) \_\_\_\_\_ gal.
9. Source of water added \_\_\_\_\_
10. Analysis performed on water added?  Yes  No  
(If yes, attach results)

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. <u>3.64</u> ft.	<u>3.81</u> ft.
Date	b. <u>03/19/2007</u> m m d d y y y y	<u>03/19/2007</u> m m d d y y y y
Time	c. <u>1:35</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.	<u>2:05</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
12. Sediment in well bottom	<u>13.0</u> inches	<u>0.0</u> inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) <u>Dark brown</u>	Clear <input type="checkbox"/> 20 Turbid <input checked="" type="checkbox"/> 25 (Describe) <u>Dark brown</u>
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l
16. Well developed by: Name (first, last) and Firm		
First Name:	<u>Barry</u>	Last Name: <u>Crawford</u>
Firm: <u>Weston Solutions, Inc.</u>		

17. Additional comments on development:

Name and Address of Facility Contact /Owner/Responsible Party

First Name: Keith Last Name: Watson

Facility/Firm: Tronox, LLC

Street: P.O. Box 268859

City/State/Zip: Oklahoma City, OK  
73126

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

Signature: Barry Crawford

Print Name: Barry Crawford

Firm: Weston Solutions, Inc.

NOTE: See instructions for more information including a list of county codes and well type codes.

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

Facility/Project Name <b>Moss American</b>	County Name <b>Milwaukee</b>	Well Name <b>MW-395</b>
Facility License, Permit or Monitoring Number	County Code <b>41</b>	Wis. Unique Well Number
		DNR Well ID Number

1. Can this well be purged dry?  Yes  No
2. Well development method
- surged with bailer and bailed  41
  - surged with bailer and pumped  61
  - surged with block and bailed  42
  - surged with block and pumped  62
  - surged with block, bailed and pumped  70
  - compressed air  20
  - bailed only  10
  - pumped only  51
  - pumped slowly  50
  - Other
3. Time spent developing well 50 min.
4. Depth of well (from top of well casing) 18.3 ft.
5. Inside diameter of well 2.00 in.
6. Volume of water in filter pack and well casing \_\_\_\_\_ gal.
7. Volume of water removed from well 28.0 gal.
8. Volume of water added (if any) \_\_\_\_\_ gal.
9. Source of water added \_\_\_\_\_
10. Analysis performed on water added?  Yes  No  
(If yes, attach results)

11. Depth to Water
- |                              |   |   |
|------------------------------|---|---|
|                              | <u>Before Development</u>                     | <u>After Development</u>                      |
| a. (from top of well casing) | 2.91 ft.                                      | 18.07 ft.                                     |
| Date                         | 03/19/2007                                    | 03/19/2007                                    |
|                              | m m d d y y y y                               | m m d d y y y y                               |
| c. Time                      | 2:20 <input checked="" type="checkbox"/> p.m. | 3:10 <input checked="" type="checkbox"/> p.m. |
|                              | <input type="checkbox"/> a.m.                 | <input type="checkbox"/> a.m.                 |
12. Sediment in well bottom 1.3 inches 0.0 inches
13. Water clarity
- |   |  |
|---|--|
| Clear <input type="checkbox"/> 10             | Clear <input checked="" type="checkbox"/> 20 |
| Turbid <input checked="" type="checkbox"/> 15 | Turbid <input type="checkbox"/> 25           |
| (Describe)<br><u>Dark brown,</u>              | (Describe)<br><u>clear</u>                   |
| <u>Very silty</u>                             |  |
- Fill in if drilling fluids were used and well is at solid waste facility:
14. Total suspended solids \_\_\_\_\_ mg/l \_\_\_\_\_ mg/l
15. COD \_\_\_\_\_ mg/l \_\_\_\_\_ mg/l

16. Well developed by: Name (first, last) and Firm

First Name: Barry Last Name: Crawford

Firm: Weston Solutions, Inc.

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party

First Name: Keith Last Name: Watson

Facility/Firm: Troxox, LLC

Street: P.O. Box 268859

City/State/Zip: Oklahoma City, OK  
73126

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

Signature: Barry Crawford

Print Name: Barry Crawford

Firm: Weston Solutions, Inc.

NOTE: See instructions for more information including a list of county codes and well type codes.

**Attachment C**  
**Monitoring Well Abandonment Logs**

Notice: Please complete Form 3300-5 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 \_\_\_\_\_

<b>(1) GENERAL INFORMATION</b>		<b>(2) FACILITY/OWNER INFORMATION</b>	
WI Unique Well No. _____	DNR Well ID No. _____	County <b>MILWAUKEE</b>	Facility Name Moss-American Superfund Site
Common Well Name <b>MW-31</b>	Gov't Lot (If applicable) _____	Facility ID _____	License/Permit/Monitoring No. _____
Grid Location ____ 1/4 of ____ 1/4 of Sec. ____ ; T. ____ N; R. ____ ____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>	Street Address of Well <b>9633 W. Brown Deer Rd.</b>	City, Village, or Town <b>Milwaukee, WI</b>
Lat. <b>43° 10' 34.8703"</b> Long <b>88° 2' 18.2437"</b> or _____	St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone	Present Well Owner Milwaukee County	Original Owner Tronox, LLC
Reason For Abandonment _____	WI Unique Well No. _____ of Replacement Well _____	Street Address or Route of Owner <b>901 N. 9th St.</b>	City, State, Zip Code <b>Milwaukee WI 53233-</b>

<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>		<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>	
Original Construction Date <b>0/0/0</b>	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	Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____	Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total Well Depth (ft.) _____ Casing Diameter (in.) _____ (From ground surface) Casing Depth (ft.) _____	Lower Drillhole Diameter (in.) _____	If Yes, Was Hole Retopped? <input 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)
Was Well Annular Space Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If Yes, To What Depth? _____ Feet	Depth to Water (Feet) _____	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 checked="" 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
<b>Bentonite Chips</b>	Surface		<b>1.5</b>	

(6) Comments: \_\_\_\_\_

<b>(7) Name of Person or Firm Doing Sealing Work</b> Transshield Underground Services		Date of Abandonment <b>0/0/0 11-22-06</b>
Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>11-22-06</b>	
Street or Route PO Box 405	Telephone Number (630) 231-6996	
City, State, Zip Code West Chicago IL 60186-		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 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 \_\_\_\_\_

<b>(1) GENERAL INFORMATION</b>		<b>(2) FACILITY/ OWNER INFORMATION</b>	
WI Unique Well No.	DNR Well ID No.	Facility Name	
	MILWAUKEE	Moss-American Superfund Site	
Common Well Name MW-3S 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	
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		9633 W. Brown Deer Rd.	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>		City, Village, or Town	
Lat. 43° 10' 34.8788" Long 88° 2' 18.3863" or		Milwaukee, WI	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Present Well Owner	Original Owner
Reason For Abandonment		Milwaukee County Tronox, LLC	
WI Unique Well No. of Replacement Well _____		Street Address or Route of Owner	
		901 N. 9th St.	
		City, State, Zip Code	
		Milwaukee WI 53233-	

<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>	<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>
Original Construction Date 0/0/0	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 type="checkbox"/> Not Applicable
<input type="checkbox"/> Water Well	Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Borehole / Drillhole	Casing Left in Place? <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No
Formation Type:	If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Required Method of Placing Sealing Material
Total Well Depth (ft.) _____ Casing Diameter (in.) _____	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 checked="" 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 Sealed) or Volume	(Circle One)	Mix Ratio or Mud Weight
Bentonite Chips	Surface		1		

(6) Comments: \_\_\_\_\_

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Transhield Underground Services		0/0/0 11-22-06	
Signature of Person Doing Work		Date Signed	
<i>[Signature]</i>		11-22-06	
Street or Route		Telephone Number	
PO Box 405		(630) 231-6996	
City, State, Zip Code			
West Chicago IL 60186-			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	



Notice: Please complete Form 3300-5 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 \_\_\_\_\_

<b>(1) GENERAL INFORMATION</b>		<b>(2) FACILITY/ OWNER INFORMATION</b>	
WI Unique Well No. _____	DNR Well ID No. _____	County <b>MILWAUKEE</b>	
Common Well Name <u>MW-10S</u> Gov't Lot (If applicable) _____		Facility Name Moss-American Superfund Site	Facility ID _____
Grid Location ____ 1/4 of ____ 1/4 of Sec. ____ ; T. ____ N; R. ____ <input type="checkbox"/> E <input type="checkbox"/> W ____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		License/Permit/Monitoring No. _____	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>		Street Address of Well 9633 W. Brown Deer Rd.	
Lat. <u>43° 10' 28.6439"</u> Long <u>88° 2' 2.7426"</u> or _____		City, Village, or Town Milwaukee, WI	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Present Well Owner Milwaukee County	
Reason For Abandonment _____		Original Owner Tronox, LLC	
WI Unique Well No. _____ of Replacement Well _____		Street Address or Route of Owner 901 N. 9th St.	
City, State, Zip Code Milwaukee WI 53233-		City, State, Zip Code Milwaukee WI 53233-	

<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>		<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>	
Original Construction Date <u>0/0/0</u>		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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing Left in Place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total Well Depth (ft.) _____ Casing Diameter (in.) <u>2</u> (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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, To What Depth? _____ Feet		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Depth to Water (Feet) _____		Required Method of Placing Sealing Material	
		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	
		Sealing Materials	
		<input type="checkbox"/> Neat Cement Grout	
		<input type="checkbox"/> 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 checked="" 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
	Bentonite chips	Surface		1	

(6) Comments: \_\_\_\_\_

<b>(7) Name of Person or Firm Doing Sealing Work</b>		Date of Abandonment	
Transfield Underground Services		0/0/0 11/20/06	
Signature of Person Doing Work <i>Mando Soko</i>		Date Signed 11-20-06	
Street or Route PO Box 405		Telephone Number (630) 231-6996	
City, State, Zip Code West Chicago IL 60186-			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 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 \_\_\_\_\_

<b>(1) GENERAL INFORMATION</b>			<b>(2) FACILITY/ OWNER INFORMATION</b>	
WI Unique Well No.	DNR Well ID No.	County <b>MILWAUKEE</b>	Facility Name Moss-American Superfund Site	
Common Well Name <b>MW-91</b>		Gov't Lot (If applicable)	Facility ID	License/Permit/Monitoring No.
Grid Location ____ 1/4 of ____ 1/4 of Sec. ____ ; T. ____ N; R. ____ <input type="checkbox"/> E <input type="checkbox"/> W ____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>	Street Address of Well <b>9633 W. Brown Deer Rd.</b>	
Lat. <b>43° 10' 32.3263"</b> Long <b>88° 2' 3.9502"</b> or		St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone	City, Village, or Town <b>Milwaukee, WI</b>	
Reason For Abandonment		WI Unique Well No. of Replacement Well _____	Present Well Owner <b>Milwaukee County</b>	Original Owner <b>Tronox, LLC</b>
			Street Address or Route of Owner <b>901 N. 9th St.</b>	
			City, State, Zip Code <b>Milwaukee WI 53233-</b>	

<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>		<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>	
Original Construction Date <b>0/0/0</b>		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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total Well Depth (ft.) _____ Casing Diameter (in.) _____ (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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, To What Depth? _____ Feet		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Depth to Water (Feet) _____		Required Method of Placing Sealing Material	
		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	
		Sealing Materials	
		<input type="checkbox"/> Neat Cement Grout	
		<input type="checkbox"/> 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 checked="" 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 (Circle One)		Mix Ratio or Mud Weight
			Sacks Sealant or Volume		
Bentonite Chips	Surface		2		

(6) Comments: \_\_\_\_\_

<b>(7) Name of Person or Firm Doing Sealing Work</b>		<b>Date of Abandonment</b>	
Transhield Underground Services		0/0/0 11-22-06	
Signature of Person Doing Work		Date Signed	
<i>[Signature]</i>		11-22-06	
Street or Route		Telephone Number	
PO Box 405		(630) 231-6996	
City, State, Zip Code			
West Chicago IL 60186-			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 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 \_\_\_\_\_

<b>(1) GENERAL INFORMATION</b>		<b>(2) FACILITY / OWNER INFORMATION</b>	
WI Unique Well No. _____	DNR Well ID No. _____	County <b>MILWAUKEE</b>	
Common Well Name <u>MW-6S</u> Gov't Lot (If applicable) _____		Facility Name Moss-American Superfund Site	Facility ID _____
Grid Location ____ 1/4 of ____ 1/4 of Sec. ____ ; T. ____ N; R. ____ <input type="checkbox"/> E <input type="checkbox"/> W ____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		License/Permit/Monitoring No. _____	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>		Street Address of Well 9633 W. Brown Deer Rd.	
Lat. <u>43° 10' 31.8553"</u> Long <u>88° 2' 10.4487"</u> or _____		City, Village, or Town Milwaukee, WI	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Present Well Owner Milwaukee County	Original Owner Tronox, LLC
Reason For Abandonment _____		Street Address or Route of Owner 901 N. 9th St.	
WI Unique Well No. of Replacement Well _____		City, State, Zip Code Milwaukee WI 53233-	

<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>		<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>	
Original Construction Date <u>0/0/0</u>		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____ Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Well Depth (ft.) _____ Casing Diameter (in.) _____ (From ground surface) Casing Depth (ft.) _____ Lower Drillhole Diameter (in.) _____ Was Well Annular Space Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, To What Depth? _____ Feet Depth to Water (Feet) _____		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain) _____ Sealing Materials 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 checked="" 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
Bentonite Chips	Surface		2	

(6) Comments: \_\_\_\_\_

<b>(7) Name of Person or Firm Doing Sealing Work</b>		Date of Abandonment	
Transshield Underground Services		0/0/0 11-27-06	
Signature of Person Doing Work		Date Signed	
<i>[Signature]</i>		11-27-06	
Street or Route		Telephone Number	
PO Box 405		( 630 ) 231-6996	
City, State, Zip Code			
West Chicago IL		60186-	

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 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 \_\_\_\_\_

<b>(1) GENERAL INFORMATION</b>			<b>(2) FACILITY / OWNER INFORMATION</b>	
WI Unique Well No.	DNR Well ID No.	County <b>MILWAUKEE</b>	Facility Name Moss-American Superfund Site	
Common Well Name <b>MW-11S</b> Gov't Lot (If applicable)			Facility ID	License/Permit/Monitoring No.
Grid Location ____ 1/4 of ____ 1/4 of Sec. ____ ; T. ____ N; R. ____ <input type="checkbox"/> E <input type="checkbox"/> W ____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			Street Address of Well 9633 W. Brown Deer Rd.	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>			City, Village, or Town Milwaukee, WI	
Lat. <b>43° 10' 29.65"</b> Long <b>88° 1' 55.0068"</b> or			Present Well Owner Milwaukee County	Original Owner Tronox, LLC
St. Plane ____ ft. N. ____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			Street Address or Route of Owner 901 N. 9th St.	
Reason For Abandonment		WI Unique Well No. of Replacement Well	City, State, Zip Code Milwaukee WI 53233-	

<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>		<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>	
Original Construction Date <b>0/0/0</b>		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock Total Well Depth (ft.) _____ Casing Diameter (in.) _____ (From ground surface) Casing Depth (ft.) _____ Lower Drillhole Diameter (in.) _____ Was Well Annular Space Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, To What Depth? _____ Feet Depth to Water (Feet) _____		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain) _____	
Sealing Materials <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 checked="" 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
	Bentonite Chips	Surface		1.5		

(6) Comments: \_\_\_\_\_

<b>(7) Name of Person or Firm Doing Sealing Work</b>		Date of Abandonment	
Transhield Underground Services		0/0/0 11-22-06	
Signature of Person Doing Work <i>S. A. ...</i>		Date Signed 11-22-06	
Street or Route PO Box 405		Telephone Number (630) 231-6996	
City, State, Zip Code West Chicago IL 60186-			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 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 \_\_\_\_\_

<b>(1) GENERAL INFORMATION</b>			<b>(2) FACILITY/ OWNER INFORMATION</b>	
WI Unique Well No.	DNR Well ID No.	County <b>MILWAUKEE</b>	Facility Name Moss-American Superfund Site	
Common Well Name <b>MW-14S</b> Gov't Lot (If applicable) _____			Facility ID	License/Permit/Monitoring No.
Grid Location ____ 1/4 of ____ 1/4 of Sec. ____ ; T. ____ N; R. ____ <input type="checkbox"/> E <input type="checkbox"/> W ____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			Street Address of Well <b>9633 W. Brown Deer Rd.</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>			City, Village, or Town <b>Milwaukee, WI</b>	
Lat. <b>43° 10' 31.8689"</b> Long <b>88° 1' 50.7575"</b> or _____			Present Well Owner <b>Milwaukee County</b>	Original Owner <b>Tronox, LLC</b>
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			Street Address or Route of Owner <b>901 N. 9th St.</b>	
Reason For Abandonment _____			City, State, Zip Code <b>Milwaukee WI 53233-</b>	
WI Unique Well No. of Replacement Well _____				

<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>		<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>	
Original Construction Date <b>0/0/0</b>		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 Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____ Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total Well Depth (ft.) _____ Casing Diameter (in.) _____ (From ground surface) Casing Depth (ft.) _____ Lower Drillhole Diameter (in.) _____ Was Well Annular Space Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, To What Depth? _____ Feet Depth to Water (Feet) _____		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did Material Settle After 24 Hours? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If a Well Construction Report is available, please attach.		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain) _____	
Sealing Materials <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 checked="" 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
	<b>Bentonite chips</b>	Surface		<b>1.5</b>	

(6) Comments: \_\_\_\_\_

<b>(7) Name of Person or Firm Doing Sealing Work</b>		<b>Date of Abandonment</b>	
Transshield Underground Services		0/0/0 <b>11-22-06</b>	
Signature of Person Doing Work <i>[Signature]</i>		Date Signed <b>11-22-06</b>	
Street or Route PO Box 405		Telephone Number (630) 231-6996	
City, State, Zip Code West Chicago IL 60186-			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 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 \_\_\_\_\_

<b>(1) GENERAL INFORMATION</b>		<b>(2) FACILITY / OWNER INFORMATION</b>	
WI Unique Well No. _____	DNR Well ID No. _____	County <b>MILWAUKEE</b>	
Common Well Name <u>MW-24S</u> Gov't Lot (If applicable) _____		Facility Name Moss-American Superfund Site	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 9633 W. Brown Deer Rd.	
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		City, Village, or Town Milwaukee, WI	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>		Present Well Owner Milwaukee County	
Lat. <u>43° 10' 31.7812"</u> Long <u>88° 2' 21.3876"</u> or _____		Original Owner Tronox, LLC	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Street Address or Route of Owner 901 N. 9th St.	
Reason For Abandonment _____		City, State, Zip Code Milwaukee WI 53233-	
WI Unique Well No. _____ of Replacement Well _____			

<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>		<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>	
Original Construction Date <u>0/0/0</u>		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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total Well Depth (ft.) _____ Casing Diameter (in.) _____ (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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, To What Depth? _____ Feet		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Depth to Water (Feet) _____		Required Method of Placing Sealing Material	
		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	
		Sealing Materials	
		<input type="checkbox"/> Neat Cement Grout	
		<input type="checkbox"/> 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 checked="" 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 Sealed or Volume (Circle One)	Mix Ratio or Mud Weight
	Bentonite Chips	Surface		1	

(6) Comments: \_\_\_\_\_

<b>(7) Name of Person or Firm Doing Sealing Work</b>		Date of Abandonment	
Transhield Underground Services		0/0/0 11-20-06	
Signature of Person Doing Work <i>Orlando Sotelo</i>		Date Signed 11-20-06	
Street or Route PO Box 405		Telephone Number (630) 231-6996	
City, State, Zip Code West Chicago IL 60186-			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 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 \_\_\_\_\_

<b>(1) GENERAL INFORMATION</b>			<b>(2) FACILITY/ OWNER INFORMATION</b>	
WI Unique Well No.	DNR Well ID No.	County MILWAUKEE	Facility Name Moss-American Superfund Site	
Common Well Name MW-25S		Gov't Lot (if applicable)	Facility ID	License/Permit/Monitoring No.
Grid Location _____ 1/4 of _____ 1/4 of Sec. _____ ; T. _____ N; R. _____		<input type="checkbox"/> E <input type="checkbox"/> W	Street Address of Well 9633 W. Brown Deer Rd.	
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>	City, Village, or Town Milwaukee, WI	
Lat. 43° 10' 30.733" Long 88° 2' 20.7355" or		Present Well Owner Milwaukee County	Original Owner Tronox, LLC	
St. Plane _____ ft. N. _____ ft. E. [ ] <input type="checkbox"/> <input type="checkbox"/> Zone		Street Address or Route of Owner 901 N. 9th St.		
Reason For Abandonment		WI Unique Well No. of Replacement Well _____	City, State, Zip Code Milwaukee WI 53233-	

<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>		<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>	
Original Construction Date 0/0/0		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 type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type: <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"/> Other (Specify) _____		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total Well Depth (ft.) _____ Casing Diameter (in.) _____		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(From ground surface) Casing Depth (ft.) _____		Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.) _____		<input 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		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	
If Yes, To What Depth? _____ Feet		Sealing Materials	
Depth to Water (Feet) _____		<input type="checkbox"/> Neat Cement Grout	
		For monitoring wells and monitoring well boreholes only	
		<input type="checkbox"/> Sand-Cement (Concrete) Grout	
		<input checked="" type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Concrete	
		<input type="checkbox"/> Granular Bentonite	
		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
		<input type="checkbox"/> Bentonite - Cement Grout	
		<input type="checkbox"/> Bentonite-Sand Slurry " "	
		<input type="checkbox"/> Bentonite - Sand Slurry	
		<input checked="" 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
	Bentonite Chips	Surface		1.5		

(6) Comments: \_\_\_\_\_

<b>(7) Name of Person or Firm Doing Sealing Work</b>		<b>Date of Abandonment</b>	
Transhield Underground Services		0/0/0 11-20-06	
Signature of Person Doing Work <i>Orlando Sotelo</i>		Date Signed 11-20-06	
Street or Route PO Box 405		Telephone Number (630) 231-6996	
City, State, Zip Code West Chicago IL 60186-			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 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 \_\_\_\_\_

<b>(1) GENERAL INFORMATION</b>			<b>(2) FACILITY / OWNER INFORMATION</b>	
WI Unique Well No.	DNR Well ID No.	County <b>MILWAUKEE</b>	Facility Name Moss-American Superfund Site	
Common Well Name <b>MW-13S</b> 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 9633 W. Brown Deer Rd.	
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			City, Village, or Town Milwaukee, WI	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>			Present Well Owner Milwaukee County	
Lat. <b>43° 10' 29.6999"</b> Long <b>88° 2' 16.6908"</b> or _____			Original Owner Tronox, LLC	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			Street Address or Route of Owner 901 N. 9th St.	
Reason For Abandonment		WI Unique Well No. of Replacement Well _____	City, State, Zip Code Milwaukee WI 53233-	

<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>		<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>	
Original Construction Date <b>0/0/0</b>		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 type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Construction Type: <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"/> Other (Specify) _____		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total Well Depth (ft.) _____ Casing Diameter (in.) _____		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(From ground surface) Casing Depth (ft.) _____		Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.) _____		<input 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		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	
If Yes, To What Depth? _____ Feet		Sealing Materials	
Depth to Water (Feet) _____		<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 checked="" 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
	Bentonite Chips	Surface		1	

(6) Comments: \_\_\_\_\_

<b>(7) Name of Person or Firm Doing Sealing Work</b>		Date of Abandonment	
Transhield Underground Services		0/0/0 11-20-06	
Signature of Person Doing Work <i>[Signature]</i>		Date Signed 11-20-06	
Street or Route PO Box 405		Telephone Number (630) 231-6996	
City, State, Zip Code West Chicago IL 60186-			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	



Notice: Please complete Form 3300-5 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
		MILWAUKEE	Moss-American Superfund Site
Common Well Name	Gov't Lot (If applicable)	Facility ID	License/Permit/Monitoring No.
TW-03S			
Grid Location	Street Address of Well	City, Village, or Town	
1/4 of 1/4 of Sec. ; T. N; R. <input type="checkbox"/> E <input type="checkbox"/> W	9633 W. Brown Deer Rd.	Milwaukee, WI	
ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ft. <input type="checkbox"/> E. <input type="checkbox"/> W.	Present Well Owner	Original Owner	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>	Milwaukee County	Tronox, LLC	
Lat. 43° 10' 31.5221" Long 88° 2' 14.1748" or	Street Address or Route of Owner		
St. Plane ft. N. ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone	901 N. 9th St.		
Reason For Abandonment	WI Unique Well No. of Replacement Well	City, State, Zip Code	
		Milwaukee WI 53233-	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION	(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL
Original Construction Date 0/0/0	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 type="checkbox"/> Not Applicable
<input type="checkbox"/> Water Well	Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Borehole / Drillhole	Casing Left in Place? <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Formation Type:	If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Required Method of Placing Sealing Material
Total Well Depth (ft.) Casing Diameter (in.)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 checked="" 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	Mix Ratio or Mud Weight
Bentonite chips	Surface		1	

(6) Comments:

(7) Name of Person or Firm Doing Sealing Work	Date of Abandonment
Transhield Underground Services	0/0/0 11-20-06
Signature of Person Doing Work	Date Signed
<i>Orlando Saleto</i>	11-20-06
Street or Route	Telephone Number
PO Box 405	(630) 231-6996
City, State, Zip Code	
West Chicago IL 60186-	

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 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

<b>(1) GENERAL INFORMATION</b>			<b>(2) FACILITY/ OWNER INFORMATION</b>		
WI Unique Well No.	DNR Well ID No.	County	Facility Name		
		MILWAUKEE	Moss-American Superfund Site		
Common Well Name MW-28S		Gov't Lot (If applicable)	Facility ID	License/Permit/Monitoring No.	
Grid Location			Street Address of Well		
1/4 of 1/4 of Sec. ; T. N; R. E W			9633 W. Brown Deer Rd.		
ft. N. S., ft. E. W.			City, Village, or Town		
Local Grid Origin (estimated: ) or Well Location [X]			Milwaukee, WI		
Lat. 43° 10' 32.761" Long 88° 2' 9.7397" or			Present Well Owner		Original Owner
			Milwaukee County		Tronox, LLC
St. Plane ft. N. ft. E. Zone			Street Address or Route of Owner		
			901 N. 9th St.		
Reason For Abandonment		WI Unique Well No. of Replacement Well	City, State, Zip Code		
			Milwaukee WI 53233-		

<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>		<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>			
Original Construction Date 0/0/0		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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Total Well Depth (ft.) Casing Diameter (in.) (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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, To What Depth? Feet		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Depth to Water (Feet)		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)			
		Sealing Materials 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 checked="" type="checkbox"/> Bentonite Chips <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
Bentonite chips	Surface		1		

(6) Comments:

<b>(7) Name of Person or Firm Doing Sealing Work</b>		<b>Date of Abandonment</b>	
Transshield Underground Services		0/0/0 11-20-06	
Signature of Person Doing Work		Date Signed	
<i>Orlando Soto</i>		11-20-06	
Street or Route		Telephone Number	
PO Box 405		( 630 ) 231-6996	
City, State, Zip Code			
West Chicago IL		60186-	

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 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 \_\_\_\_\_

<b>(1) GENERAL INFORMATION</b>			<b>(2) FACILITY/ OWNER INFORMATION</b>	
WI Unique Well No.	DNR Well ID No.	County <b>MILWAUKEE</b>	Facility Name Moss-American Superfund Site	
Common Well Name <b>MW-36S</b> 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 9633 W. Brown Deer Rd.	
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			City, Village, or Town Milwaukee, WI	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>			Present Well Owner Milwaukee County	Original Owner Tronox, LLC
Lat. <b>43° 10' 31.4583"</b> Long <b>88° 2' 8.6081"</b> or			Street Address or Route of Owner 901 N. 9th St.	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			City, State, Zip Code Milwaukee WI 53233-	
Reason For Abandonment			WI Unique Well No. of Replacement Well _____	

<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>		<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>		
Original Construction Date <b>0/0/0</b>		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 type="checkbox"/> Not Applicable		
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable		
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Other (Specify) _____		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Formation Type:		Required Method of Placing Sealing Material		
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		
Total Well Depth (ft.) _____ Casing Diameter (in.) _____		<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Sand-Cement (Concrete) Grout		
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Concrete		
Depth to Water (Feet) _____		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)		
		<input type="checkbox"/> Bentonite-Sand Slurry " "		
		<input checked="" 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 Sealing or Volume (Circle One)	Mix Ratio or Mud Weight
Bentonite Chips	Surface		1	

(6) Comments: \_\_\_\_\_

(7) Name of Person or Firm Doing Sealing Work Transshield Underground Services		Date of Abandonment 0/0/0 11-20-06
Signature of Person Doing Work <i>Orlando Sotelo</i>		Date Signed 11-20-06
Street or Route PO Box 405		Telephone Number (630) 231-6996
City, State, Zip Code West Chicago IL 60186-		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 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 \_\_\_\_\_

<b>(1) GENERAL INFORMATION</b>		<b>(2) FACILITY/ OWNER INFORMATION</b>	
WI Unique Well No. _____	DNR Well ID No. _____	County <b>MILWAUKEE</b>	
Common Well Name <b>MW-29S</b> Gov't Lot (If applicable) _____		Facility Name <b>Moss-American Superfund Site</b>	License/Permit/Monitoring No. _____
Grid Location ____ 1/4 of ____ 1/4 of Sec. ____ ; T. ____ N; R. ____ ____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Facility ID _____	Street Address of Well <b>9633 W. Brown Deer Rd.</b>
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>		City, Village, or Town <b>Milwaukee, WI</b>	
Lat. <b>43° 10' 31.955"</b> Long <b>88° 2' 7.9038"</b> or _____		Present Well Owner <b>Milwaukee County</b>	Original Owner <b>Tronox, LLC</b>
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Street Address or Route of Owner <b>901 N. 9th St.</b>	
Reason For Abandonment _____		City, State, Zip Code <b>Milwaukee WI 53233-</b>	
WI Unique Well No. _____ of Replacement Well _____			

<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>		<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>	
Original Construction Date <b>0/0/0</b>		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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total Well Depth (ft.) _____ Casing Diameter (in.) _____ (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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, To What Depth? _____ Feet		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Depth to Water (Feet) _____		Required Method of Placing Sealing Material	
		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain)	
		Sealing Materials	
		<input type="checkbox"/> Neat Cement Grout	
		<input type="checkbox"/> 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 checked="" 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
<b>Bentonite Chips</b>	Surface		1	

(6) Comments: \_\_\_\_\_

<b>(7) Name of Person or Firm Doing Sealing Work</b>		<b>Date of Abandonment</b>	
Transhield Underground Services		0/0/0 11-20-06	
Signature of Person Doing Work <i>Orlando Sotelo</i>		Date Signed 11-20-06	
Street or Route PO Box 405		Telephone Number (630) 231-6996	
City, State, Zip Code West Chicago IL 60186-			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 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 \_\_\_\_\_

<b>(1) GENERAL INFORMATION</b>		<b>(2) FACILITY / OWNER INFORMATION</b>	
WI Unique Well No. _____	DNR Well ID No. _____	County <b>MILWAUKEE</b>	
Common Well Name <u>MW-71</u> Gov't Lot (If applicable) _____		Facility Name Moss-American Superfund Site	Facility ID _____
Grid Location ____ 1/4 of ____ 1/4 of Sec. ____ ; T. ____ N; R. ____ <input type="checkbox"/> E <input type="checkbox"/> W ____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		License/Permit/Monitoring No. _____	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>		Street Address of Well 9633 W. Brown Deer Rd.	
Lat. <u>43° 10' 36.2092"</u> Long <u>88° 2' 8.9784"</u> or _____		City, Village, or Town Milwaukee, WI	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Present Well Owner Milwaukee County	
Reason For Abandonment _____		Original Owner Tronox, LLC	
WI Unique Well No. of Replacement Well _____		Street Address or Route of Owner 901 N. 9th St.	
City, State, Zip Code Milwaukee WI 53233-		City, State, Zip Code Milwaukee WI 53233-	

<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>		<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>	
Original Construction Date <u>0/0/0</u>		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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Total Well Depth (ft.) _____ Casing Diameter (in.) _____ (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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, To What Depth? _____ Feet		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Depth to Water (Feet) _____		Required Method of Placing Sealing Material	
		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain) _____	
		Sealing Materials	
		<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 checked="" 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
Bentonite Chips	Surface		1.5	

(6) Comments: \_\_\_\_\_

(7) Name of Person or Firm Doing Sealing Work Transshield Underground Services		Date of Abandonment 0/0/0 11-20-06
Signature of Person Doing Work <i>Orlando Solis</i>		Date Signed 11-20-06
Street or Route PO Box 405		Telephone Number (630) 231-6996
City, State, Zip Code West Chicago IL 60186-		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 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 \_\_\_\_\_

<b>(1) GENERAL INFORMATION</b>			<b>(2) FACILITY / OWNER INFORMATION</b>	
WI Unique Well No.	DNR Well ID No.	County <b>MILWAUKEE</b>	Facility Name Moss-American Superfund Site	
Common Well Name <b>MW-12S</b> 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 9633 W. Brown Deer Rd.	
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.			City, Village, or Town Milwaukee, WI	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>			Present Well Owner Milwaukee County	
Lat. <b>43° 10' 29.0103"</b> Long <b>88° 1' 57.5812"</b> or			Original Owner Tronox, LLC	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone			Street Address or Route of Owner 901 N. 9th St.	
Reason For Abandonment			City, State, Zip Code Milwaukee WI 53233-	
WI Unique Well No. of Replacement Well _____				

<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>		<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>			
Original Construction Date <b>0/0/0</b>		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 type="checkbox"/> Not Applicable			
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable			
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Formation Type:		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material			
Total Well Depth (ft.) _____ Casing Diameter (in.) _____		<input type="checkbox"/> Conductor Pipe-Gravity <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 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 Sealed or Volume	(Circle One)	Mix Ratio or Mud Weight
Bentonite Chips	Surface		1		

(6) Comments: \_\_\_\_\_

(7) Name of Person or Firm Doing Sealing Work Transshield Underground Services		Date of Abandonment 0/0/0 11-20-06
Signature of Person Doing Work <i>Orlando Sotelo</i>		Date Signed 11-20-06
Street or Route PO Box 405		Telephone Number (630) 231-6996
City, State, Zip Code West Chicago IL 60186-		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 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
		MILWAUKEE	Moss-American Superfund Site
Common Well Name <u>MW-23S</u>		Gov't Lot (If applicable)	
_____ 1/4 of _____ 1/4 of Sec. _____ ; T. _____ N; R. _____			
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Facility ID _____ License/Permit/Monitoring No. _____	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>		Street Address of Well	
Lat. <u>43° 10' 30.8826"</u> Long <u>88° 1' 47.588"</u> or _____		9633 W. Brown Deer Rd.	
St. Plane _____ ft. N. _____ ft. E. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone _____		City, Village, or Town	
Reason For Abandonment _____		Milwaukee, WI	
WI Unique Well No. _____ of Replacement Well _____		Present Well Owner	
		Milwaukee County	
		Original Owner	
		Tronox, LLC	
		Street Address or Route of Owner	
		901 N. 9th St.	
		City, State, Zip Code	
		Milwaukee WI 53233-	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION	(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL
Original Construction Date <u>0/0/0</u>	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 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 checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Total Well Depth (ft.) _____ Casing Diameter (in.) _____ (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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, To What Depth? _____ Feet	If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
Depth to Water (Feet) _____	Required Method of Placing Sealing Material
	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain) _____
	Sealing Materials
	<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 checked="" 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
Bentonite Chips	Surface		2		

(6) Comments: \_\_\_\_\_

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment	
Transhield Underground Services		0/0/0 11-20-06	
Signature of Person Doing Work		Date Signed	
<i>Orlando Saldan</i>		11-20-06	
Street or Route		Telephone Number	
PO Box 405		( 630 ) 231-6996	
City, State, Zip Code			
West Chicago IL 60186-			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 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 \_\_\_\_\_

<b>(1) GENERAL INFORMATION</b>			<b>(2) FACILITY/OWNER INFORMATION</b>	
WI Unique Well No.	DNR Well ID No.	County MILWAUKEE	Facility Name Moss-American Superfund Site	
Common Well Name MW-26S		Gov't Lot (If applicable)	Facility ID	License/Permit/Monitoring No.
Grid Location ____ 1/4 of ____ 1/4 of Sec. ____ ; T. ____ N; R. ____ ____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>	Street Address of Well 9633 W. Brown Deer Rd.	
Lat. 43° 10' 33.281" Long 88° 2' 19.3537" or		St. Plane ____ ft. N. ____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone	City, Village, or Town Milwaukee, WI	
Reason For Abandonment		WI Unique Well No. of Replacement Well	Present Well Owner Milwaukee County	
			Original Owner Tronox, LLC	
			Street Address or Route of Owner 901 N. 9th St.	
			City, State, Zip Code Milwaukee WI 53233-	

<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>		<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>		
Original Construction Date 0/0/0		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 type="checkbox"/> Not Applicable		
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Screen Removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable		
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Total Well Depth (ft.) _____ Casing Diameter (in.) _____ (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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, To What Depth? _____ Feet		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Depth to Water (Feet) _____		Required Method of Placing Sealing Material		
		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		
		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input 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 checked="" 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
Bentonite Chips	Surface		1.5	

(6) Comments: \_\_\_\_\_

(7) Name of Person or Firm Doing Sealing Work Transjield Underground Services		Date of Abandonment 0/0/0 11-20-06
Signature of Person Doing Work <i>[Signature]</i>		Date Signed 11-20-06
Street or Route PO Box 405		Telephone Number (630) 231-6996
City, State, Zip Code West Chicago IL 60186-		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	



Notice: Please complete Form 3300-5 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

<b>(1) GENERAL INFORMATION</b>		<b>(2) FACILITY/OWNER INFORMATION</b>	
WI Unique Well No.	DNR Well ID No.	County <b>MILWAUKEE</b>	
Common Well Name <b>MW-111</b>		Gov't Lot (if applicable)	
1/4 of 1/4 of Sec. <b>8</b> ; T. <b>8</b> N; R. <b>21</b>		<input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Grid Location		Street Address of Well <b>9633 W. Brown Deer Rd</b>	
ft. <input type="checkbox"/> N. <input type="checkbox"/> S. ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		City, Village, or Town <b>Milwaukee</b>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input checked="" type="checkbox"/>		Present Well Owner <b>Milwaukee County</b>	
Lat. <b>43° 10' 24.7757"</b> Long. <b>88° 1' 54.5086"</b> or		Original Owner <b>Tronox, LLC</b>	
St. Plane ft. N. ft. E. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Street Address or Route of Owner <b>901 N. 9th St</b>	
Reason For Abandonment		City, State, Zip Code <b>Milwaukee WI 53233-</b>	
WI Unique Well No. of Replacement Well			

<b>(3) WELL/DRILLHOLE/BOREHOLE INFORMATION</b>		<b>(4) PUMP, LINER, SCREEN, CASING, &amp; SEALING MATERIAL</b>	
Original Construction Date <b>0/0/0</b>		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 checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Formation Type:		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material	
Total Well Depth (ft.) <b>40</b> Casing Diameter (in.) <b>6</b>		<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.) <b>2</b>		Sealing Materials	
Was Well Annular Space Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		For monitoring wells and monitoring well boreholes only	
If Yes, To What Depth? <b>40</b> Feet		<input type="checkbox"/> Neat Cement Grout	
Depth to Water (Feet) _____		<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 checked="" type="checkbox"/> Bentonite Chips	
		<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
Bentonite	Surface	40			

(6) Comments: Work supervised by Weston Solutions, Inc of Vernon Hills, IL

<b>(7) Name of Person or Firm Doing Sealing Work</b>		<b>Date of Abandonment</b>	
<b>Transhield Underground Services, Inc.</b>		<b>3/19/2007</b>	
Signature of Person Doing Work		Date Signed	
		<b>3/24/07</b>	
Street or Route		Telephone Number	
<b>PO Box 405</b>		<b>(630) 231-6996</b>	
City, State, Zip Code			
<b>West Chicago IL 60186-0405</b>			

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	