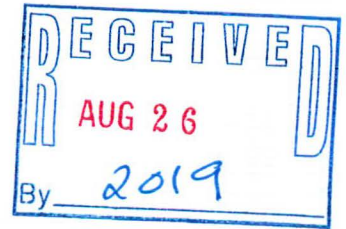


Letter of Transmittal

Submitted to:



Date: 8/21/2019	<input checked="" type="radio"/> Attached
Job: Town of Jackson Garage	<input checked="" type="radio"/> Under Separate Cover

Contents: Well Abandonment Forms BRRTS #: 03-67-533502 <i>FID#: 267111350</i> PECFA #: 53037-9705-85-A

Remarks:
Attached are the well abandonment forms as requested in your email correspondence dated 6/12/19. No investigative waste remains on-site. Once this information has been reviewed, please forward the "Final Closure" letter to the Responsible Party and copy METCO.

If you have any questions please call or email.

Signed: Jason Powell

cc: Julia Oliver - Town of Jackson

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

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

Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

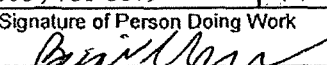
County Washington	WI Unique Well # of Removed Well PP561	Hicap #	Facility Name Town of Jackson Garage
Latitude / Longitude (Degrees and Minutes) 43 ° 19.36 ' N			Facility ID (FID or PWS) 267111350
88 ° 7.4 ' W			License/Permit/Monitoring #
Method Code (see instructions)	Original Well Owner Julia Oliver	Present Well Owner Julia Oliver	
1/4 NE 1/4 NE Section or Gov't Lot # 21	Township 10 N	Range 20	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 3685 Division Road	Mailing Address of Present Owner 3146 Division Road		
Well City, Village or Town Jackson	Well ZIP Code 53037-		
Subdivision Name	Lot #	City of Present Owner Jackson	State WI
Reason For Removal From Service Sampling complete		WI Unique Well # of Replacement Well	ZIP Code 53037-

3. Well / Drillhole / Borehole Information **4. Pump, Liner, Screen, Casing & Sealing Material**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/29/2004	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 35	Casing Diameter (in.) 2	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 14	Casing Depth (ft.) 20	Required Method of Placing Sealing Material
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
If yes, to what depth (feet)? 16	Depth to Water (feet) 12.71	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>
Sealing Materials		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
5. Material Used To Fill Well / Drillhole		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only:
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

From (ft.)	To (ft.)	Lbs
Surface	35	56

6. Comments
Monitoring Well MW- 1

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ben Nelson/ METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 8/6/2019	Date Received	Noted By	
Street or Route 709 Gillette St., Ste. 3			Telephone Number (608) 781-8879	Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work 	Date Signed 8/19/2019	

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

Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County: Washington WI Unique Well # of Removed Well: VZ888 Hicap #: _____

Latitude / Longitude (Degrees and Minutes):
43 ° 19.36 ' N
88 ° 7.4 ' W

Method Code (see instructions): _____

Section: 21 Township: 10 N Range: 20 E W

Well Street Address: 3685 Division Road

Well City, Village or Town: Jackson Well ZIP Code: 53037-

Subdivision Name: _____ Lot #: _____

Facility Name: Town of Jackson Garage

Facility ID (FID or PWS): 267111350

License/Permit/Monitoring #: _____

Original Well Owner: Julia Oliver

Present Well Owner: Julia Oliver

Mailing Address of Present Owner: 3146 Division Road

City of Present Owner: Jackson State: WI ZIP Code: 53037-

Reason For Removal From Service: Sampling complete WI Unique Well # of Replacement Well: _____

3. Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 9/13/2011

Water Well If a Well Construction Report is available, please attach.

Borehole / Drillhole

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

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 22 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 14 Casing Depth (ft.): 12

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? 8 Depth to Water (feet): 13.1

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

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

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

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Lbs
Bentonite Chips	Surface	22	35.2

6. Comments
Monitoring Well MW- 1A

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: <u>Ben Nelson/ METCO</u>	License #: _____	Date of Filling & Sealing (mm/dd/yyyy): <u>8/6/2019</u>	DNR Use Only	
Street or Route: <u>709 Gillette St., Ste. 3</u>	Telephone Number: <u>(608) 781-8879</u>	Comments: _____	Date Received: _____	Noted By: _____
City: <u>La Crosse</u>	State: <u>WI</u>	ZIP Code: <u>54603-</u>	Signature of Person Doing Work: <u>Benjamin Nelson</u>	Date Signed: <u>8/19/2019</u>

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Verification Only of Fill and Seal

Route to:

Drinking Water

Watershed/Wastewater

Remediation/Redevelopment

Waste Management

Other: _____

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

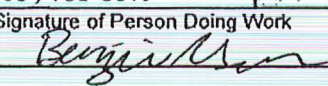
County Washington		WI Unique Well # of Removed Well PH494	Hicap #	Facility Name Town of Jackson Garage	
Latitude / Longitude (Degrees and Minutes) 43 . 19.36 'N		Method Code (see instructions)		Facility ID (FID or PWS) 267111350	
88 . 7.4 'W				License/Permit/Monitoring #	
1/4 NE	1/4 NE	Section 21	Township 10 N	Range 20	Original Well Owner Julia Oliver
or Gov't Lot #				<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner Julia Oliver
Well Street Address 3685 Division Road					
Well City, Village or Town Jackson			Well ZIP Code 53037-		
Subdivision Name			Lot #		Mailing Address of Present Owner 3146 Division Road
					City of Present Owner Jackson
					State WI
					ZIP Code 53037-

3. Well / Drillhole / Borehole Information **4. Pump, Liner, Screen, Casing & Sealing Material**

Reason For Removal From Service Sampling complete		WI Unique Well # of Replacement Well	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 4/4/2005		
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		
<input type="checkbox"/> Borehole / Drillhole				
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock				
Total Well Depth From Ground Surface (ft.) 30		Casing Diameter (in.) 2		
Lower Drillhole Diameter (in.) 14		Casing Depth (ft.) 17		
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
If yes, to what depth (feet)? 13		Depth to Water (feet) 15.8		
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity				
Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips				
For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry				

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Lbs
Bentonite Chips	Surface	30	48

6. Comments
Monitoring Well MW- 2

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ben Nelson/ METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 8/6/2019	Date Received	Noted By	
Street or Route 709 Gillette St., Ste. 3			Telephone Number (608) 781-8879	Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work 	Date Signed 8/19/2019	

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Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Washington	WI Unique Well # of Removed Well PH493	Hicap #	Facility Name Town of Jackson Garage
Latitude / Longitude (Degrees and Minutes) 43 ° 19.36 ' N		Method Code (see instructions)	Facility ID (FID or PWS) 267111350
88 ° 7.4 ' W			License/Permit/Monitoring #
¼/¼ NE ¼ NE	Section 21	Township 10 N	Range 20 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
or Gov't Lot #	Original Well Owner Julia Oliver		
Well Street Address 3685 Division Road	Present Well Owner Julia Oliver		
Well City, Village or Town Jackson	Mailing Address of Present Owner 3146 Division Road		
Subdivision Name	Well ZIP Code 53037-	City of Present Owner Jackson	State WI
	Lot #	ZIP Code 53037-	

3. Well / Drillhole / Borehole Information **4. Pump, Liner, Screen, Casing & Sealing Material**

Reason For Removal From Service Sampling complete	WI Unique Well # of Replacement Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 4/4/2005	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Formation Type:	<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock	Required Method of Placing Sealing Material
Total Well Depth From Ground Surface (ft.) 27	Casing Diameter (in.) 2	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
Lower Drillhole Diameter (in.) 14	Casing Depth (ft.) 17	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials
If yes, to what depth (feet)? 13	Depth to Water (feet) 17.35	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only:
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Lbs
Bentonite Chips	Surface	27	43.2

6. Comments
Monitoring Well MW- 3

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ben Nelson/ METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 8/6/2019	Date Received	Noted By
Street or Route 709 Gillette St., Ste. 3	Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Benjamin Nelson</i>	Date Signed 8/19/2019

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Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Washington	WI Unique Well # of Removed Well VX648	Hicap #	Facility Name Town of Jackson Garage
Latitude / Longitude (Degrees and Minutes) 43 ° 19.36 ' N	Method Code (see instructions) 88 ° 7.4 ' W		Facility ID (FID or PWS) 267111350
License/Permit/Monitoring #			
Original Well Owner Julia Oliver			
Present Well Owner Julia Oliver			
Mailing Address of Present Owner 3146 Division Road			
City of Present Owner Jackson	State WI	ZIP Code 53037-	

3. Well / Drillhole / Borehole Information **4. Pump, Liner, Screen, Casing & Sealing Material**

Reason For Removal From Service Sampling complete	WI Unique Well # of Replacement Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 9/13/2011	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Did material settle after 24 hours? If yes, was hole retopped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity
Total Well Depth From Ground Surface (ft.) 23	Casing Diameter (in.) 2	Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
Lower Drillhole Diameter (in.) 14	Casing Depth (ft.) 13	For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 17.79	
If yes, to what depth (feet)? 9		

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Lbs
Bentonite Chips	Surface	23	36.8

6. Comments
Monitoring Well MW- 3A

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ben Nelson/ METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 8/6/2019	Date Received	Noted By
Street or Route 709 Gillette St., Ste. 3	Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Ben Nelson</i>	Date Signed 8/19/2019

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Verification Only of Fill and Seal

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

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

County Washington	WI Unique Well # of Removed Well PH492	Hicap #	Facility Name Town of Jackson Garage
Latitude / Longitude (Degrees and Minutes) 43 ° 19.36 ' N	Method Code (see instructions)	Facility ID (FID or PWS) 267111350	License/Permit/Monitoring #
88 ° 7.4 ' W		Original Well Owner Julia Oliver	
1/4 NE 1/4 NE or Gov't Lot #	Section 21	Township 10 N	Range 20 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 3685 Division Road	Present Well Owner Julia Oliver		
Well City, Village or Town Jackson	Mailing Address of Present Owner 3146 Division Road		
Well ZIP Code 53037-	City of Present Owner Jackson		
Subdivision Name	Lot #	State WI	ZIP Code 53037-

Reason For Removal From Service: **Sampling complete** WI Unique Well # of Replacement Well: _____

3. Well / Drillhole / Borehole Information **4. Pump, Liner, Screen, Casing & Sealing Material**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 4/4/2005	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 28	Casing Diameter (in.) 2	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 14	Casing Depth (ft.) 17	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, to what depth (feet)? 13	Depth to Water (feet) 14.2	Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity

Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
--

For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Lbs
Bentonite Chips	Surface	28	44.8

6. Comments
Monitoring Well MW- 4

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ben Nelson/ METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 8/6/2019	Date Received	Noted By
Street or Route 709 Gillette St., Ste. 3	Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Benjamin Nelson</i>	Date Signed 8/19/2019

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

Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Washington		WI Unique Well # of Removed Well VX649		Hicap #		Facility Name Town of Jackson Garage	
Latitude / Longitude (Degrees and Minutes) 43 ° 19.36 ' N 88 ° 7.4 ' W				Method Code (see instructions)			
1/4 NE 1/4 NE		Section 21		Township 10 N		Range 20 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
or Gov't Lot #				Original Well Owner Julia Oliver			
Well Street Address 3685 Division Road				Present Well Owner Julia Oliver			
Well City, Village or Town Jackson				Mailing Address of Present Owner 3146 Division Road			
Subdivision Name				City of Present Owner Jackson		State WI	
				ZIP Code 53037-			

Reason For Removal From Service Sampling complete		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 9/13/2011		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type:				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type:				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock				If yes, was hole relapped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) 22		Casing Diameter (in.) 2		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) 14		Casing Depth (ft.) 12		Required Method of Placing Sealing Material			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
If yes, to what depth (feet)? 8		Depth to Water (feet) 13.9		<input type="checkbox"/> Screened & Poured (Bentonite Chlps) <input checked="" type="checkbox"/> Other (Explain): Gravity			

5. Material Used To Fill Well / Drillhole			Sealing Materials	
Bentonite Chips			<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
			<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "	
			<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	
			For Monitoring Wells and Monitoring Well Boreholes Only:	
			<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
			<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

6. Comments					
Monitoring Well MW- 4A					
7. Supervision of Work					
Name of Person or Firm Doing Filling & Sealing Ben Nelson/ METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 8/6/2019	Date Received	Noted By
Street or Route 709 Gillette St., Ste. 3			Telephone Number (608) 781-8879	Comments	
City La Crosse		State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Ben Nelson</i>	Date Signed 8/19/2019

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

Verification Only of Fill and Seal

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

1. Well Location Information				2. Facility / Owner Information			
County Washington		WI Unique Well # of Removed Well PH491		Hicap #		Facility Name Town of Jackson Garage	
Latitude / Longitude (Degrees and Minutes) 43 ° 19.36 ' N 88 ° 7.4 ' W				Facility ID (FID or PWS) 267111350			
Method Code (see instructions)				License/Permit/Monitoring #			
1/4 NE		1/4 NE		Section 21		Township 10 N	
or Gov't Lot #				Range 20		<input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 3685 Division Road				Original Well Owner Julia Oliver			
Well City, Village or Town Jackson				Present Well Owner Julia Oliver			
Subdivision Name				Mailing Address of Present Owner 3146 Division Road			
Well ZIP Code 53037-				City of Present Owner Jackson		State WI	ZIP Code 53037-
Reason For Removal From Service Sampling complete				WI Unique Well # of Replacement Well			

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material					
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 4/4/2005		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole				Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				Casing left in place?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock				Was casing cut off below surface?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 28		Casing Diameter (in.) 2		Did sealing material rise to surface?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 14		Casing Depth (ft.) 17		Did material settle after 24 hours?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				If yes, was hole retopped?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If yes, to what depth (feet)? 13		Depth to Water (feet) 8.94		If bentonite chips were used, were they hydrated with water from a known safe source?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Required Method of Placing Sealing Material				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped					
				<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity					
Sealing Materials				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)					
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry					
				<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips					
For Monitoring Wells and Monitoring Well Boreholes Only:				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout					
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry					

5. Material Used To Fill Well / Drillhole			From (ft.)	To (ft.)	Lbs
Bentonite Chips			Surface	28	44.8

6. Comments
Monitoring Well MW- 5

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ben Nelson/ METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 8/6/2019	Date Received	Noted By
Street or Route 709 Gillette St., Ste. 3			Telephone Number (608) 781-8879	Comments	
City La Crosse		State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Benjamin Nelson</i>	Date Signed 8/19/2019

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

Verification Only of Fill and Seal

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

1. Well Location Information			2. Facility / Owner Information		
County Washington	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Town of Jackson Garage		
Latitude / Longitude (Degrees and Minutes) 43 ° 19.36 ' N		Method Code (see instructions) _____	Facility ID (FID or PWS) 267111350		
88 ° 7.4 ' W		_____	License/Permit/Monitoring # _____		
1/4 NE	1/4 NE	Section 21	Township 10 N	Range 20	Original Well Owner Julia Oliver
or Gov't Lot #				<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner Julia Oliver
Well Street Address 3685 Division Road			Mailing Address of Present Owner 3146 Division Road		
Well City, Village or Town Jackson			Well ZIP Code 53037-		
Subdivision Name			City of Present Owner Jackson	State WI	ZIP Code 53037-

Reason For Removal From Service Sampling complete	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material			
3. Well / Drillhole / Borehole Information		Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 9/12/2005	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Dug	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:		If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Unconsolidated Formation	<input checked="" type="checkbox"/> Bedrock	If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Total Well Depth From Ground Surface (ft.) 23	Casing Diameter (in.) 2	Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.) 14	Casing Depth (ft.) 13	<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 type="checkbox"/> Screened & Poured (Bentonite Chips)	<input checked="" type="checkbox"/> Other (Explain): Gravity		
If yes, to what depth (feet)? 9	Depth to Water (feet) 20.15	Sealing Materials			
		<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)		
		<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry " "		
		<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite Chips		
		For Monitoring Wells and Monitoring Well Boreholes Only:			
		<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout		
		<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry		

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Lbs
Bentonite Chips	Surface	23	36.8

6. Comments
Monitoring Well MW- 6

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ben Nelson/ METCO	License # _____	Date of Filling & Sealing (mm/dd/yyyy) 8/6/2019	Date Received _____	Noted By _____	
Street or Route 709 Gillette St., Ste. 3		Telephone Number (608) 781-8879	Comments _____		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Ben Nelson</i>		Date Signed 8/19/2019

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

Verification Only of Fill and Seal

Route to:

Drinking Water

Watershed/Wastewater

Remediation/Redevelopment

Waste Management

Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Washington		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name Town of Jackson Garage	
Latitude / Longitude (Degrees and Minutes) 43 ° 19.36 ' N				Facility ID (FID or PWS) 267111350			
88 ° 7.4 ' W				License/Permit/Monitoring # _____			
Method Code (see instructions)		Section 21		Township 10 N		Range 20 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 3685 Division Road				Original Well Owner Julia Oliver			
Well City, Village or Town Jackson				Present Well Owner Julia Oliver			
Subdivision Name				Mailing Address of Present Owner 3146 Division Road			
Well ZIP Code 53037-				City of Present Owner Jackson		State WI	
Reason For Removal From Service Sampling complete				Lot #		ZIP Code 53037-	
WI Unique Well # of Replacement Well				4. Pump, Liner, Screen, Casing & Sealing Material			
3. Well / Drillhole / Borehole Information				Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 9/12/2005		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type:				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type:				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock				If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) 23		Casing Diameter (in.) 2		Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.) 14		Casing Depth (ft.) 13		<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 type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>			
If yes, to what depth (feet)? 9		Depth to Water (feet) 19.32		Sealing Materials			
5. Material Used To Fill Well / Drillhole				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)			
From (ft.)		To (ft.)		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "			
Bentonite Chips		Surface		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips			
23		23		For Monitoring Wells and Monitoring Well Boreholes Only:			
36.8				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
6. Comments Monitoring Well MW- 7							

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ben Nelson/ METCO		License # _____		Date Received	
Date of Filling & Sealing (mm/dd/yyyy) 8/6/2019		Street or Route 709 Gillette St., Ste. 3		Noted By	
Telephone Number (608) 781-8879		City La Crosse		Comments	
Signature of Person Doing Work <i>Ben Nelson</i>		State WI		Date Signed 8/19/2019	
ZIP Code 54603-					

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

Route to DNR Bureau:

Verification Only of Fill and Seal

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County: Washington WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (Degrees and Minutes):
43 . 19.36 'N
88 . 7.4 'W

Method Code (see instructions): _____

1/4 NE 1/4 NE Section: 21 Township: 10 N Range: 20 E W

Well Street Address: 3685 Division Road

Well City, Village or Town: Jackson Well ZIP Code: 53037-

Subdivision Name: _____ Lot #: _____

Reason For Removal From Service: Sampling complete WI Unique Well # of Replacement Well: _____

Facility Name: Town of Jackson Garage

Facility ID (FID or PWS): 267111350

License/Permit/Monitoring #: _____

Original Well Owner: Julia Oliver

Present Well Owner: Julia Oliver

Mailing Address of Present Owner: 3146 Division Road

City of Present Owner: Jackson State: WI ZIP Code: 53037-

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 1/16/2008

Water Well If a Well Construction Report is available, please attach.

Borehole / Drillhole

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 85 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 14 Casing Depth (ft.): 80

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? 76 Depth to Water (feet): 19.77

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

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

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

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

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite-Cement Grout	Surface	85	15.1 gallons	

6. Comments

PZ-1

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

Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
On-site Environmental Services, Inc.		(mm/dd/yyyy) 8/6/2019		
Street or Route	Telephone Number		Comments	
PO Box 280	(608) 837-8992			
City	State	ZIP Code	Signature of Person Doing Work	Date Signed
Sun Prairie	WI	53590	Anthony R. Kapugi	8/20/2019

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

Verification Only of Fill and Seal

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

1. Well Location Information				2. Facility / Owner Information			
County Washington		WI Unique Well # of Removed Well		Facility Name Town of Jackson Garage		Facility ID (FID or PWS) 267111350	
Latitude / Longitude (Degrees and Minutes) 43 ° 19.36 ' N 88 ° 7.4 ' W		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Julia Oliver	
1/4 1/4 NE or Gov't Lot #		Section 21	Township 10 N	Range 20	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Present Well Owner Julia Oliver
Well Street Address 3685 Division Road				Mailing Address of Present Owner 3146 Division Road			
Well City, Village or Town Jackson				Well ZIP Code 53037-		City of Present Owner Jackson	
Subdivision Name				Lot #		State WI	ZIP Code 53037-
Reason For Removal From Service Sampling complete		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			

3. Filled & Sealed Well / Drillhole / Borehole Information	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 1/16/2008 <small>If a Well Construction Report is available, please attach.</small>
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 50	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 14	Casing Depth (ft.) 45
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 41	Depth to Water (feet) 17.94

5. Material Used to Fill Well / Drillhole			
Bentonite-Cement Grout	From (ft.) Surface	To (ft.) 50	No. Yards, Sacks Sealant or Volume (circle one) 8.2 gallons
			Mix Ratio or Mud Weight

6. Comments
PZ-2

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing On-site Environmental Services, Inc.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 8/6/2019	Date Received	Noted By
Street or Route PO Box 280		Telephone Number (608) 837-8992	Comments	
City Sun Prairie	State WI	ZIP Code 53590	Signature of Person Doing Work <i>Anthony R. Kapugi</i>	Date Signed 8/20/2019