

Letter of Transmittal

Submitted to:

Andy James

WI Dept. of Natural Resources
2984 Shawano Ave.
Green Bay WI 54313 6727

Date:

7/2/2019

Attached

Job:

Adell Auto Body Shop

Under Separate Cover

Contents:

Well Abandonment Forms
BRRTS #: 03-60-537761
PECFA #: 53001-1186-10-A

Remarks:

Attached are the well abandonment forms as requested in your "Remaining Actions Needed...." letter dated 5/14/19. 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: Roderick Deckert - Client

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

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

<input type="checkbox"/> Verification Only of Fill and Seal	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
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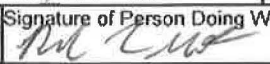
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3. Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	lbs
Bentonite Chips	Surface	13	20.8

6. Comments
MW-1R

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing (mm/dd/yyyy)	Date Received	Noted By	
Rob Wilmoth/METCO		6/24/2019			
Street or Route		Telephone Number	Comments		
709 Gillette St., Ste. #3		(608) 781-2889			
City	State	ZIP Code	Signature of Person Doing Work		Date Signed
La Crosse	WI	54603-			6/26/2019

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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 SHEBOYGAN		WI Unique Well # of Removed Well VO593		Hicap #		Facility Name Adell Auto Body	
Latitude / Longitude (Degrees and Minutes) 43 ° 37.2 ' N 87 ° 57.06 ' W				Facility ID (FID or PWS) 460008560			
Method Code (see instructions)				License/Permit/Monitoring #			
1/4 NE or Gov't Lot #		Section 2	Township 13 N	Range 21	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner Rod Deckert	
Well Street Address 610 Wisconsin Street				Present Well Owner Rod Deckert			
Well City, Village or Town Adell				Mailing Address of Present Owner 610 Wisconsin Street			
Subdivision Name				Well ZIP Code 53001-	City of Present Owner Adell	State WI	ZIP Code 53001-

Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well	
3. Well / Drillhole / Borehole Information			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 3/26/2015	
If a Well Construction Report is available, please attach.			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) 13		Casing Diameter (in.) 2	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 3	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? 2		Depth to Water (feet) 3.7	

4. Pump, Liner, Screen, Casing & Sealing Material			
Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
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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
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Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
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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		
Bentonite Chips	From (ft.) Surface	To (ft.) 13
		lbs 20.8

6. Comments
MW-2R

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth/METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 6/24/2019	Date Received	Noted By
Street or Route 709 Gillette St., Ste. #3			Telephone Number (608) 781-2889	Comments	
City La Crosse		State WI	ZIP Code 54603-	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 6/26/2019

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1. Well Location Information	2. Facility / Owner Information
County: SHEBOYGAN MI Unique Well # of Removed Well: VN040 Hicap #: _____ Latitude / Longitude (Degrees and Minutes): 43 ° 37.2 ' N 87 ° 57.06 ' W Method Code (see instructions): _____ Section: 2 Township: 13 N Range: 21 <input checked="" type="checkbox"/> E <input type="checkbox"/> W Well Street Address: 610 Wisconsin Street Well City, Village or Town: Adell Well ZIP Code: 53001- Subdivision Name: _____ Lot #: _____	Facility Name: Adell Auto Body Facility ID (FID or PWS): 460008560 License/Permit/Monitoring #: _____ Original Well Owner: Rod Deckert Present Well Owner: Rod Deckert Mailing Address of Present Owner: 610 Wisconsin Street City of Present Owner: Adell State: WI ZIP Code: 53001-

Reason For Removal From Service: Sampling Complete WI Unique Well # of Replacement Well: _____ 3. Well / Drillhole / Borehole Information <input checked="" type="checkbox"/> Monitoring Well Original Construction Date (mm/dd/yyyy): 7/31/2013 <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole If a Well Construction Report is available, please attach. _____ Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	4. Pump, Liner, Screen, Casing & Sealing Material Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole relapped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
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Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock Total Well Depth From Ground Surface (ft.): 13 Casing Diameter (in.): 2 Lower Drillhole Diameter (in.): 8.25 Casing Depth (ft.): 3 Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to what depth (feet)? 2 Depth to Water (feet): 3.34	Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u> Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry
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5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	lbs	
Bentonite Chips	Surface	13	20.8	

6. Comments
MW-3

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth/METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 6/24/2019	Date Received	Noted By	
Street or Route 709 Gillette St., Ste. #3	Telephone Number (608) 781-2889	Comments			
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work 	Date Signed 6/26/2019	

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 SHEBOYGAN		WI Unique Well # of Removed Well VN041	Hicap #	Facility Name Adell Auto Body		Facility ID (FID or PWS) 460008560	
Latitude / Longitude (Degrees and Minutes) 43 ° 37.2 ' N 87 ° 57.06 ' W		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Rod Deckert	
1/4 NE	1/4 SW	Section 2	Township 13 N	Range 21	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner Rod Deckert	
Well Street Address 610 Wisconsin Street				Mailing Address of Present Owner 610 Wisconsin Street			
Well City, Village or Town Adell			Well ZIP Code 53001-		City of Present Owner Adell		State WI
Subdivision Name			Lot #		ZIP Code 53001-		

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) 7/31/2013	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 relapped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Total Well Depth From Ground Surface (ft.) 13	Casing Diameter (in.) 2	Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 3	<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)? 2	Depth to Water (feet) 3.89	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.)		
Bentonite Chips	From (ft.) Surface	To (ft.) 13	Ibs 20.8	<input type="checkbox"/> Sand-Cement (Concrete) Grout	
				<input type="checkbox"/> Concrete	
				<input type="checkbox"/> Bentonite-Sand Slurry " "	
				<input type="checkbox"/> Bentonite Chips	
				For Monitoring Wells and Monitoring Well Boreholes Only:	
				<input checked="" type="checkbox"/> Bentonite Chips	
				<input type="checkbox"/> Bentonite - Cement Grout	
				<input type="checkbox"/> Granular Bentonite	
				<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole			
Bentonite Chips	From (ft.) Surface	To (ft.) 13	Ibs 20.8

6. Comments
MW-4

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth/METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 6/24/2019	Date Received	Noted By	
Street or Route 709 Gillette St., Ste. #3	Telephone Number (608) 781-2889	Comments		Signature of Person Doing Work <i>[Signature]</i>	
City La Crosse	State WI	ZIP Code 54603-	Date Signed 6/26/2019		

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 SHEBOYGAN		WI Unique Well # of Removed Well VN042	Hicap #	Facility Name Adell Auto Body		Facility ID (FID or PWS) 460008560	
Latitude / Longitude (Degrees and Minutes) 43 ° 37.2 ' N 87 ° 57.06 ' W		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Rod Deckert	
1/4 NE	1/4 SW	Section 2	Township 13 N	Range 21	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner Rod Deckert	
Well Street Address 610 Wisconsin Street				Mailing Address of Present Owner 610 Wisconsin Street			
Well City, Village or Town Adell			Well ZIP Code 53001-		City of Present Owner Adell		State WI
Subdivision Name			Lot #		ZIP Code 53001-		
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 Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole relapped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 8/1/2013		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		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			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) 13		Casing Diameter (in.) 2		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 3		Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? 2		Depth to Water (feet) 4.27		5. Material Used To Fill Well / Drillhole			
				From (ft.)	To (ft.)	Ibs	
				Surface	13	20.8	
6. Comments MW-5							
7. Supervision of Work						DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth/METCO			License #	Date of Filling & Sealing (mm/dd/yyyy) 6/24/2019		Date Received	Noted By
Street or Route 709 Gillette St., Ste. #3			Telephone Number (608) 781-2889		Comments		
City La Crosse		State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Rob Wilmoth</i>		Date Signed 6/26/2019	

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
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County SHEBOYGAN	WI Unique Well # of Removed Well VN043	Hicap #	Facility Name Adell Auto Body
Latitude / Longitude (Degrees and Minutes) 43 ° 37.2 ' N 87 ° 57.06 ' W		Method Code (see instructions)	Facility ID (FID or PWS) 460008560
¼ / ¼ NE ¼ SW	Section 2	Township 13 N	Range 21
or Gov't Lot #			<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 610 Wisconsin Street		Original Well Owner Rod Deckert	
Well City, Village or Town Adell		Present Well Owner Rod Deckert	
Subdivision Name		Mailing Address of Present Owner 610 Wisconsin Street	
Well ZIP Code 53001-		City of Present Owner Adell	State WI
Lot #		ZIP Code 53001-	

3. Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well
<input checked="" type="checkbox"/> Monitoring Well Original Construction Date (mm/dd/yyyy) <input type="checkbox"/> Water Well 8/1/2013 <input type="checkbox"/> Borehole / Drillhole If a Well Construction Report is available, please attach.	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 13	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 3
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 2	Depth to Water (feet) 4

Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Required Method of Placing Sealing Material
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>
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	13	20.8	

6. Comments
MW-6

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth/METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 6/24/2019	Date Received	Noted By	
Street or Route 709 Gillette St., Ste. #3			Telephone Number (608) 781-2889		Comments
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Rob Wilmoth</i>		Date Signed 6/26/2019

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<input type="checkbox"/> Verification Only of Fill and Seal	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">County SHEBOYGAN</td> <td style="width:20%;">WI Unique Well # of Removed Well _____VN044_____</td> <td style="width:50%;">Hicap # _____</td> </tr> <tr> <td colspan="2">Latitude / Longitude (Degrees and Minutes) 43 ° 37.2 ' N</td> <td rowspan="2">Method Code (see instructions) _____</td> </tr> <tr> <td colspan="2">87 ° 57.06 ' W</td> </tr> <tr> <td>¼/¼ NE ¼ SW</td> <td>Section 2</td> <td>Township 13 N</td> </tr> <tr> <td>or Gov't Lot #</td> <td>Range 21</td> <td><input checked="" type="checkbox"/> E <input type="checkbox"/> W</td> </tr> <tr> <td colspan="3">Well Street Address 610 Wisconsin Street</td> </tr> <tr> <td colspan="2">Well City, Village or Town Adell</td> <td>Well ZIP Code 53001-</td> </tr> <tr> <td colspan="2">Subdivision Name</td> <td>Lot #</td> </tr> </table>	County SHEBOYGAN	WI Unique Well # of Removed Well _____ VN044 _____	Hicap # _____	Latitude / Longitude (Degrees and Minutes) 43 ° 37.2 ' N		Method Code (see instructions) _____	87 ° 57.06 ' W		¼/¼ NE ¼ SW	Section 2	Township 13 N	or Gov't Lot #	Range 21	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Street Address 610 Wisconsin Street			Well City, Village or Town Adell		Well ZIP Code 53001-	Subdivision Name		Lot #	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Facility Name Adell Auto Body</td> </tr> <tr> <td colspan="2">Facility ID (FID or PWS) 460008560</td> </tr> <tr> <td colspan="2">License/Permit/Monitoring # _____</td> </tr> <tr> <td colspan="2">Original Well Owner Rod Deckert</td> </tr> <tr> <td colspan="2">Present Well Owner Rod Deckert</td> </tr> <tr> <td colspan="2">Mailing Address of Present Owner 610 Wisconsin Street</td> </tr> <tr> <td>City of Present Owner Adell</td> <td>State WI</td> </tr> <tr> <td colspan="2">ZIP Code 53001-</td> </tr> </table>	Facility Name Adell Auto Body		Facility ID (FID or PWS) 460008560		License/Permit/Monitoring # _____		Original Well Owner Rod Deckert		Present Well Owner Rod Deckert		Mailing Address of Present Owner 610 Wisconsin Street		City of Present Owner Adell	State WI	ZIP Code 53001-	
County SHEBOYGAN	WI Unique Well # of Removed Well _____ VN044 _____	Hicap # _____																																						
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Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well _____
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3. Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"><input checked="" type="checkbox"/> Monitoring Well</td> <td rowspan="2">Original Construction Date (mm/dd/yyyy) 7/31/2013</td> </tr> <tr> <td><input type="checkbox"/> Water Well</td> </tr> <tr> <td><input type="checkbox"/> Borehole / Drillhole</td> <td>If a Well Construction Report is available, please attach.</td> </tr> </table> <p>Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____</p> <p>Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Total Well Depth From Ground Surface (ft.) 14</td> <td>Casing Diameter (in.) 2</td> </tr> <tr> <td>Lower Drillhole Diameter (in.) 8.25</td> <td>Casing Depth (ft.) 4</td> </tr> </table> <p>Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, to what depth (feet)? Depth to Water (feet) 2 4</p>	<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/31/2013	<input type="checkbox"/> Water Well	<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.	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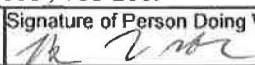
5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	lbs	
Bentonite Chips	Surface	14	22.4	

6. Comments
MW-7

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth/METCO	License # _____	Date of Filling & Sealing (mm/dd/yyyy) 6/24/2019	Date Received	Noted By	
Street or Route 709 Gillette St., Ste. #3		Telephone Number (608) 781-2889		Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Rob Wilmoth</i>		Date Signed 6/26/2019

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.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information County: <u>SHEBOYGAN</u> WI Unique Well # of Removed Well: <u>VO591</u> Hicap #: _____ Latitude / Longitude (Degrees and Minutes): <u>43</u> ° <u>37.2</u> ' N <u>87</u> ° <u>57.06</u> ' W Method Code (see instructions): _____ Section: <u>2</u> Township: <u>13</u> Range: <u>21</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W Well Street Address: <u>610 Wisconsin Street</u> Well City, Village or Town: <u>Adell</u> Well ZIP Code: <u>53001-</u> Subdivision Name: _____ Lot #: _____ Reason For Removal From Service: <u>Sampling Complete</u> WI Unique Well # of Replacement Well: _____	2. Facility / Owner Information Facility Name: <u>Adell Auto Body</u> Facility ID (FID or PWS): <u>460008560</u> License/Permit/Monitoring #: _____ Original Well Owner: <u>Rod Deckert</u> Present Well Owner: <u>Rod Deckert</u> Mailing Address of Present Owner: <u>610 Wisconsin Street</u> City of Present Owner: <u>Adell</u> State: <u>WI</u> ZIP Code: <u>53001-</u>																
3. Well / Drillhole / Borehole Information <input checked="" type="checkbox"/> Monitoring Well Original Construction Date (mm/dd/yyyy): <u>3/26/2015</u> <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole If a Well Construction Report is available, please attach. Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____ Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock Total Well Depth From Ground Surface (ft.): <u>13</u> Casing Diameter (in.): <u>2</u> Lower Drillhole Diameter (in.): <u>8.25</u> Casing Depth (ft.): <u>3</u> Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to what depth (feet)? <u>2</u> Depth to Water (feet): <u>1.69</u>	4. Pump, Liner, Screen, Casing & Sealing Material Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole 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 Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u> 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Material</th> <th style="width: 10%;">From (ft.)</th> <th style="width: 10%;">To (ft.)</th> <th style="width: 30%;">lbs</th> </tr> </thead> <tbody> <tr> <td>Bentonite Chips</td> <td>Surface</td> <td>13</td> <td>20.8</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Material	From (ft.)	To (ft.)	lbs	Bentonite Chips	Surface	13	20.8									6. Comments <u>MW-8</u>
Material	From (ft.)	To (ft.)	lbs														
Bentonite Chips	Surface	13	20.8														
7. Supervision of Work Name of Person or Firm Doing Filling & Sealing: <u>Rob Wilmoth/METCO</u> License #: _____ Date of Filling & Sealing (mm/dd/yyyy): <u>6/24/2019</u> Street or Route: <u>709 Gillette St., Ste. #3</u> Telephone Number: <u>(608) 781-2889</u> City: <u>La Crosse</u> State: <u>WI</u> ZIP Code: <u>54603-</u> Signature of Person Doing Work:  Date Signed: <u>6/26/2019</u>	DNR Use Only Date Received: _____ Noted By: _____ Comments: _____																

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[x] 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 SHEBOYGAN	WI Unique Well # of Removed Well VO590	Hicap #	Facility Name Adell Auto Body
Latitude / Longitude (Degrees and Minutes) 43 ° 37.2 ' N 87 ° 57.06 ' W		Method Code (see instructions)	Facility ID (FID or PWS) 460008560
1/4 NE or Gov't Lot #	1/4 SW	Section 2	License/Permit/Monitoring #
Well Street Address 610 Wisconsin Street		Township 13 N	Original Well Owner Rod Deckert
Well City, Village or Town Adell		Range 21	Present Well Owner Rod Deckert
Subdivision Name		Lot #	Mailing Address of Present Owner 610 Wisconsin Street
Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well	City of Present Owner Adell
Well ZIP Code 53001-			State WI
			ZIP Code 53001-

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 3/26/2015	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.) 33	Casing Diameter (in.) 2	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 28	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)? 24	Depth to Water (feet) 1.69	Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	lbs
Bentonite Chips	Surface	33	52.8

6. Comments
PZ-8

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth/METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 6/24/2019	Date Received	Noted By
Street or Route 709 Gillette St., Ste. #3		Telephone Number (608) 781-2889	Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 6/26/2019