

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: Milwaukee WI Unique Well # of Removed Well: _____ Hicap #: _____
 Latitude / Longitude (see instructions): 43.103795 N Format Code: DD Method Code: GPS008
-87.9073992 W DDM SCR002
 OTH001
 1/4 1/4 NE 1/4 NE Section: 05 Township: 07 N Range: 22 E W
 or Gov't Lot #: _____
 Well Street Address: 285 East Hampton Avenue
 Well City, Village or Town: Milwaukee Well ZIP Code: 53217
 Subdivision Name: _____ Lot #: _____

Facility Name: One Hour Martinizing
 Facility ID (FID or PWS): 241176650
 License/Permit/Monitoring #: 02-41-543260
 Original Well Owner: _____
 Present Well Owner: _____
 Mailing Address of Present Owner: _____
 City of Present Owner: _____ State: _____ ZIP Code: _____

Reason for Removal from Service: Site Closure WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): _____
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach: _____
 Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____
 Formation Type:
 Unconsolidated Formation Bedrock
 Total Well Depth From Ground Surface (ft.): 14.0 Casing Diameter (in.): 2
 Lower Drillhole Diameter (in.): _____ Casing Depth (ft.): 14.0
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? _____ Depth to Water (feet): _____

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
Surface	1	1 gallon	
1	14.0	2.5 gallons	

6. Comments
MW-2

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

Name of Person or Firm Doing Filling & Sealing: EnviroFormers License #: _____ Date of Filling & Sealing or Verification (mm/dd/yyyy): 8-15-2022
 Street or Route: N16 W23390 Stone Ridge Pr. Suite G Telephone Number: (262) 290-4001
 City: Waukesha State: WI ZIP Code: 53188 Signature of Person Doing Work: [Signature] Date Signed: 8-5-22

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

County: Milwaukee WI Unique Well # of Removed Well: _____ Hicap #: _____
 Latitude / Longitude (see instructions): 43.103795 N Format Code: DD Method Code: GPS008
-87.9073992 W DDM SCR002
 OTH001
 1/4 1/4 NE 1/4 NE Section: 05 Township: 07 N Range: 22 E W
 or Gov't Lot # _____
 Well Street Address: 285 East Hampton Avenue
 Well City, Village or Town: Milwaukee Well ZIP Code: 53217
 Subdivision Name: _____ Lot #: _____

2. Facility / Owner Information

Facility Name: One Hour Martinizing
 Facility ID (FID or PWS): 241176650
 License/Permit/Monitoring #: 02-41-543260
 Original Well Owner: _____
 Present Well Owner: _____
 Mailing Address of Present Owner: _____
 City of Present Owner: _____ State: _____ ZIP Code: _____

Reason for Removal from Service: Site Closure WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): _____
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach: _____
 Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____
 Formation Type:
 Unconsolidated Formation Bedrock
 Total Well Depth From Ground Surface (ft.): 13.5 Casing Diameter (in.): 2
 Lower Drillhole Diameter (in.): _____ Casing Depth (ft.): 13.5
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? _____ Depth to Water (feet): _____

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Concrete</u>	<u>Surface</u>	<u>1</u>	<u>1gallon</u>	
<u>Bentonite</u>	<u>1</u>	<u>13.5</u>	<u>2.5gallons</u>	

6. Comments

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7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: <u>EnviroForensics</u>	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>8/15/2022</u>	DNR Use Only	
Street or Route: <u>N16 W23390</u>		Telephone Number: <u>(262)290-4001</u>	Date Received: _____	Noted By: _____
City: <u>Waukesha</u>		State: <u>WI</u>	Comments: _____	
ZIP Code: <u>53188</u>	Signature of Person Doing Work: <u>[Signature]</u>	Date Signed: <u>8-5-22</u>		

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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 Milwaukee		WI Unique Well # of Removed Well	Hicap #	Facility Name One Hour Martinizing	
Latitude / Longitude (see instructions) 43.103795 N		Format Code <input checked="" type="checkbox"/> DD	Method Code <input type="checkbox"/> GPS008	Facility ID (FID or PWS) 241176650	
-87.9073992 W		<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002	License/Permit/Monitoring # 02-41-543260	
1/4 1/4 NE NE		Section 05	Township 07 N	Range 22	Original Well Owner
or Gov't Lot #				<input checked="" type="checkbox"/> E	<input type="checkbox"/> W
Well Street Address 285 East Hampton Avenue			Present Well Owner		
Well City, Village or Town Milwaukee			Mailing Address of Present Owner		
Subdivision Name			Well ZIP Code 53217		City of Present Owner
			Lot #		State
					ZIP Code

Reason for Removal from Service Site Closure	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	
If a Well Construction Report is available, please attach.	

Construction Type:

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

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) 28.2	Casing Diameter (in.) 2
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Lower Drillhole Diameter (in.)	Casing Depth (ft.) 28.2
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Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)?	Depth to Water (feet)
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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
Liner(s) perforated?	<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 type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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
Surface	1	1 gallon	
1	28.2	5 gallons	

6. Comments

MW-3D

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing EnviroForensics	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 8/15/2022	DNR Use Only	
Street or Route N16 W23390	City Waukesha	State WI	ZIP Code 53188	Date Received
Telephone Number (262) 290-4001	Signature of Person Doing Work [Signature]	Date Signed 8-5-22	Noted By	
Comments				

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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 Milwaukee		WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name One Hour Martinring	
Latitude / Longitude (see instructions) 43.103795 N		Format Code <input checked="" type="checkbox"/> DD	Method Code <input type="checkbox"/> GPS008	Facility ID (FID or PWS) 241176650	
-87.9073992 W		<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002	License/Permit/Monitoring # 02-41-543260	
<input type="checkbox"/> OTH001		Original Well Owner _____	Present Well Owner _____		
1/4 1/4 NE 1/4 NE	Section 05	Township 07 N	Range 22	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 285 East Hampton Avenue		Well City, Village or Town Milwaukee		Mailing Address of Present Owner _____	
Well ZIP Code 53217		City of Present Owner _____		State _____	ZIP Code _____
Subdivision Name _____		Lot # _____		_____	

Reason for Removal from Service
Site Closure

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
5/16/2019

Water Well

Borehole / Drillhole

If a Well Construction Report is available, please attach.

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): _____

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) 16.60	Casing Diameter (in.) 2	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 16.60	<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, to what depth (feet)? 8.55	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____
Sealing Materials		For Monitoring Wells and Monitoring Well Boreholes Only:	
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Asphalt		Surface	1	5 gallons	
Bentonite		1	16.60	2.5 gallons	

6. Comments

MW-7R

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

Name of Person or Firm Doing Filling & Sealing EnviroForensics	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/17/2022	Date Received _____	Noted By _____
Street or Route N16 W23390 Stone Ridge Pr. Suite G		Telephone Number (262) 290-4001	Comments _____	
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work RL RL	Date Signed 7-8-22

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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 Milwaukee	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name One Hour Martinizing
Latitude / Longitude (see instructions) 43.103795 N -87.9073992 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 241176650
1/4 1/4 NE 1/4 NE or Gov't Lot #	Section 05	Township 07 N	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W 22
Well Street Address 285 East Hampton Avenue			License/Permit/Monitoring # 02-41-543260
Well City, Village or Town Milwaukee			Original Well Owner
Subdivision Name			Present Well Owner
Well ZIP Code 53217			Mailing Address of Present Owner
Lot #			City of Present Owner State ZIP Code

Reason for Removal from Service: **Site Closure**

WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
5/16/2019

Water Well

Borehole / Drillhole

If a Well Construction Report is available, please attach.

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): _____

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) 17.55	Casing Diameter (in.) 2	4. Pump, Liner, Screen, Casing & Sealing Material	
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 17.55	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
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 9.33	Liner(s) perforated? <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
If yes, to what depth (feet)?		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 type="checkbox"/> N/A	If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Asphalt	Surface	1	5 gallons	
Bentonite	1	17.55	2.5 gallons	

6. Comments

MW-8R

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing EnviroForensics	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/17/2022	Date Received	Noted By
Street or Route N16 W23390 Stone Ridge Pr. Suite G	City Waukesha	State WI	ZIP Code 53188	Telephone Number (262) 290-4001
Signature of Person Doing Work TL TL			Date Signed 7-8-22	

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 Milwaukee	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name One Hour Martinizing
Latitude / Longitude (see instructions) 43.103795 N -87.9073992 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 241176650
1/4 1/4 NE 1/4 NE or Gov't Lot #	Section 05	Township 07 N	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 285 East Hampton Avenue			License/Permit/Monitoring # 02-41-543260
Well City, Village or Town Milwaukee			Original Well Owner
Subdivision Name			Present Well Owner
Well ZIP Code 53217			Mailing Address of Present Owner
Lot #			City of Present Owner State ZIP Code

Reason for Removal from Service
Site Closure

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)
5/30/2013

If a Well Construction Report is available, please attach.

Construction Type:

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

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) 15.93	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 15.93
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) 7.95

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
Asphalt	Surface	1	5 gallons	
Bentonite	1	15.93	2.5 gallons	

6. Comments

MW-9

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing EnviroForensics	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/17/2022	Date Received	Noted By
Street or Route Stone Ridge Dr. Suite G		Telephone Number (262) 290-4001	Comments	
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work RL RL	Date Signed 7-8-22

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 Milwaukee		WI Unique Well # of Removed Well		Hicap #		Facility Name One Hour Martinizing					
Latitude / Longitude (see instructions) 43.103795 N		Format Code <input checked="" type="checkbox"/> DD		Method Code <input type="checkbox"/> GPS008		Facility ID (FID or PWS) 241176650					
-87.9073992 W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		License/Permit/Monitoring # 02-41-543260					
1/4 1/4 NE 1/4 NE		Section 05		Township 07 N		Range 22		<input checked="" type="checkbox"/> E			
or Gov't Lot #								<input type="checkbox"/> W			
Well Street Address 285 East Hampton Avenue											
Well City, Village or Town Milwaukee						Well ZIP Code 53217					
Subdivision Name						Lot #					
Reason for Removal from Service Site Closure						WI Unique Well # of Replacement Well					

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

<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 11/3/2014		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				Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type:				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		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:				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 15.22		Casing Diameter (in.) 2		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 15.22		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 8.88		Required Method of Placing Sealing Material	
If yes, to what depth (feet)?				<input type="checkbox"/> Conductor Pipe-Gravity	
				<input type="checkbox"/> Conductor Pipe-Pumped	
				<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	
				<input type="checkbox"/> Other (Explain): _____	
				Sealing Materials	
				<input type="checkbox"/> Neat Cement Grout	
				<input type="checkbox"/> Concrete	
				<input type="checkbox"/> Sand-Cement (Concrete) Grout	
				<input checked="" type="checkbox"/> Bentonite Chips	
				For Monitoring Wells and Monitoring Well Boreholes Only:	
				<input checked="" type="checkbox"/> Bentonite Chips	
				<input type="checkbox"/> Bentonite - Cement Grout	
				<input type="checkbox"/> Granular Bentonite	
				<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Asphalt		Surface	1	5 gallons	
Bentonite		1	15.22	2.5 gallons	

6. Comments

MW-13

7. Supervision of Work			DNR Use Only		
Name of Person or Firm Doing Filling & Sealing EnviroForensics		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/17/2022	Date Received	Noted By
Street or Route Stone Ridge Pr. Suite G		Telephone Number (262) 290-4001		Comments	
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work [Signature]	Date Signed 7-8-22	

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 Milwaukee		WI Unique Well # of Removed Well		Hicap #		Facility Name One Hour Martinizing	
Latitude / Longitude (see instructions) 43.103795 N		Format Code <input checked="" type="checkbox"/> DD		Method Code <input type="checkbox"/> GPS008		Facility ID (FID or PWS) 241176650	
-87.9073992 W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		License/Permit/Monitoring # 02-41-543260	
<input type="checkbox"/> OTH001		Section 05		Township 07 N		Original Well Owner	
Well Street Address 285 East Hampton Avenue		Range 22		<input checked="" type="checkbox"/> E		Present Well Owner	
Well City, Village or Town Milwaukee		Well ZIP Code 53217		<input type="checkbox"/> W		Mailing Address of Present Owner	
Subdivision Name		Lot #		City of Present Owner		State ZIP Code	

Reason for Removal from Service: **Site Closure**

WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)

Water Well

Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): _____

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): **13.0**

Casing Diameter (in.): **2**

Lower Drillhole Diameter (in.): _____

Casing Depth (ft.): **13.0**

Was well annular space grouted? Yes No Unknown

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

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Concrete	Surface	1	1 gallon	
Bentonite	1	13	2.5 gallons	

6. Comments

W13A From BRRTS 2/1/2025

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing EnviroForensics	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 8/5/2022	DNR Use Only	
Street or Route Stone Ridge Pr. Suite G	Telephone Number (262) 290-4001	Date Received	Noted By	
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work TL TL	
Date Signed 8-5-22				

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 Milwaukee		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name One Hour Martinizing	
Latitude / Longitude (see instructions) 43.103795 N		Format Code <input checked="" type="checkbox"/> DD		Method Code <input type="checkbox"/> GPS008		Facility ID (FID or PWS) 241176650	
-87.9073992 W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		License/Permit/Monitoring # 02-41-543260	
<input type="checkbox"/> OTH001		Section 05		Township 07 N		Original Well Owner _____	
1/4 1/4 NE 1/4 NE		Range <input checked="" type="checkbox"/> E		Present Well Owner _____		Mailing Address of Present Owner _____	
or Gov't Lot #		<input type="checkbox"/> W		Well Street Address 285 East Hampton Avenue		City of Present Owner State ZIP Code	
Well City, Village or Town Milwaukee		Well ZIP Code 53217		Subdivision Name _____		Lot # _____	
Reason for Removal from Service Site Closure		WI Unique Well # of Replacement Well _____		City of Present Owner _____		State _____	
Subdivision Name		Lot #		City of Present Owner		State	

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

<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 5/16/2019		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		Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 16.66		Casing Diameter (in.) 2		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 16.66		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 8.09		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)?		Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
5. Material Used to Fill Well / Drillhole		From (ft.)		To (ft.)	
Asphalt		Surface		1	
Bentonite		1		16.66	
				No. Yards, Sacks Sealant or Volume (circle one) 5 gallons	
				Mix Ratio or Mud Weight	
				2.5 gallons	

6. Comments

MW-14

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

Name of Person or Firm Doing Filling & Sealing EnviroForensics		License # _____		Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/17/2022		Date Received _____		Noted By _____	
Street or Route N16 W233rd				Telephone Number (262) 790-4001		Comments _____			
City Waukesha		State WI		ZIP Code 53188		Signature of Person Doing Work RL RL		Date Signed 7-8-22	

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 Milwaukee	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name One Hour Martinizing
Latitude / Longitude (see instructions) 43.103795 N -87.9073992 W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 241176650
1/4 1/4 NE 1/4 NE or Gov't Lot #	Section 05	Township 07 N	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 285 East Hampton Avenue			License/Permit/Monitoring # 02-41-543260
Well City, Village or Town Milwaukee			Well ZIP Code 53217
Subdivision Name _____			Lot # _____
Reason for Removal from Service Site Closure			WI Unique Well # of Replacement Well _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)
1/23/2020

If a Well Construction Report is available, please attach.

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) Casing Diameter (in.)
16.89 **2**

Lower Drillhole Diameter (in.) Casing Depth (ft.)
8 **16.89**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet)
_____ **8.19**

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Asphalt	Surface	1	5gallons	
Bentonite	1	16.89	2.5gallons	

6. Comments

MW-15

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

Name of Person or Firm Doing Filling & Sealing EnviroForensics	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/17/2022	Date Received	Noted By
Street or Route N16 W23390	Telephone Number (262) 290-4001	Comments		
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work RLR	Date Signed 7-8-22

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 Milwaukee		WI Unique Well # of Removed Well	Hicap #	Facility Name One Hour Martinizing	
Latitude / Longitude (see instructions) 43.103795 N		Format Code <input checked="" type="checkbox"/> DD	Method Code <input type="checkbox"/> GPS008	Facility ID (FID or PWS) 241176650	
-87.9073992 W		<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002	License/Permit/Monitoring # 02-41-543260	
<input type="checkbox"/> OTH001		Original Well Owner			
1/4 1/4 NE 1/4 NE	Section 05	Township 07 N	Range 22	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 285 East Hampton Avenue					
Well City, Village or Town Milwaukee			Well ZIP Code 53217		
Subdivision Name			City of Present Owner		State ZIP Code

Reason for Removal from Service: **Site Closure** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **5/16/2019**

Water Well

Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): _____

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): **29.80** Casing Diameter (in.): **2**

Lower Drillhole Diameter (in.): **8** Casing Depth (ft.): **29.80**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet): **9.18**

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
Asphalt	Surface	1	5 gallons	
Bentonite	1	29.80	5 gallons	

6. Comments

P 7-2R

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing EnviroForensics	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/17/2022	DNR Use Only	
Street or Route N16 W23390 Stone Ridge Pr. Suite G	City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work RL RL
Date Received			Noted By	
Telephone Number (262) 790-4001			Comments	
Date Signed 7-8-22				

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: Milwaukee WI Unique Well # of Removed Well: Hicap #: Latitude / Longitude (see instructions): 43.103795 N -87.9073992 W Format Code: DD DDM Method Code: GPS008 SCR002 OTH001 1/4 NE 1/4 NE Section: 05 Township: 07 N Range: 22 E W Well Street Address: 285 East Hampton Avenue Well City, Village or Town: Milwaukee Well ZIP Code: 53217 Subdivision Name: Lot #:

Facility Name: One Hour Martinizing Facility ID (FID or PWS): 241176650 License/Permit/Monitoring #: 02-41-543260 Original Well Owner: Present Well Owner: Mailing Address of Present Owner: City of Present Owner: State: ZIP Code:

Reason for Removal from Service: Site Closure WI Unique Well # of Replacement Well:

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole Original Construction Date (mm/dd/yyyy): If a Well Construction Report is available, please attach. Construction Type: Drilled Driven (Sandpoint) Dug Other (specify): Formation Type: Unconsolidated Formation Bedrock Total Well Depth From Ground Surface (ft.): 20 Casing Diameter (in.): 6 Lower Drillhole Diameter (in.): Casing Depth (ft.): Was well annular space grouted? Yes No Unknown If yes, to what depth (feet)? Depth to Water (feet):

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
Concrete		Surface	0.5	1 gallon	
Bentonite		0.5	20	30 gallons	

6. Comments: GWE-1 From BRRTS: 03-41-002225

7. Supervision of Work Name of Person or Firm Doing Filling & Sealing: EnviroForensics License #: Date of Filling & Sealing or Verification (mm/dd/yyyy): 8/15/2022 DNR Use Only: Date Received: Noted By: Street or Route: N16 W23390 Telephone Number: (262) 290-4001 Comments: Stone Ridge Pr. Suite G City: Waukesha State: WI ZIP Code: 53188 Signature of Person Doing Work: Date Signed: 8-15-22

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: Milwaukee WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): 43.103795 N Format Code: DD Method Code: GPS008
-87.9073992 W DDM SCR002 OTH001

1/4 1/4 NE 1/4 NE Section: 05 Township: 07 N Range: 22 E W
or Gov't Lot #

Well Street Address: 285 East Hampton Avenue

Well City, Village or Town: Milwaukee Well ZIP Code: 53217

Subdivision Name: _____ Lot #: _____

Facility Name: One Hour Martinizing

Facility ID (FID or PWS): 241176650

License/Permit/Monitoring #: 02-41-543260

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: _____

City of Present Owner: _____ State: _____ ZIP Code: _____

Reason for Removal from Service: Site Closure WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

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

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 19 Casing Diameter (in.): 24

Lower Drillhole Diameter (in.): _____ Casing Depth (ft.): 19

Was well annular space grouted? Yes No Unknown

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

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Concrete</u>	<u>Surface</u>	<u>1</u>	<u>1 gallon</u>	
<u>Bentonite</u>	<u>1</u>	<u>19</u>	<u>12 gallons</u>	

6. Comments

SVE-1 From BRRTS: 03-41-002225

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: <u>EnviroForensics</u>	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>8/15/2022</u>	DNR Use Only	
Street or Route: <u>N16 W23390 Stone Ridge Pr. Suite G</u>			Date Received: _____	Noted By: _____
City: <u>Waukesha</u> State: <u>WI</u> ZIP Code: <u>53188</u>			Comments: _____	
Telephone Number: <u>(262) 290-4001</u>			Signature of Person Doing Work: <u>[Signature]</u>	
Date Signed: <u>8-5-22</u>				