

# Letter of Transmittal

**Submitted to:**

**John Hunt**

WI Dept. of Natural Resources  
1701 N 4Th St  
SuperiorWI5 4880

Date:

11/21/2017

Attached

Job:

Mags Auto Service

Under Separate Cover

Contents:

Well Abandonment Forms  
BRRTS #: 03-16-543960

**Remarks:**

Attached are the well abandonment forms as requested in your "Remaining Actions Needed" letter dated 10/12/17. No investigative waste remains on-site. Following the review of this information please forward the "Final Closure" letter to our client and copy METCO.

If you have any questions please call or email.

Signed: Jason Powell

cc: Mike Magdzas-Mags Auto Service

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

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

Verification Only of Fill and Seal

Route to:

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

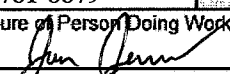
**1. Well Location Information**      **2. Facility / Owner Information**

County <b>DOUGLAS</b>	WI Unique Well # of Removed Well <b>VP382</b>	Hicap #	Facility Name <b>Mag's Auto Service</b>												
Latitude / Longitude (Degrees and Minutes) <b>46 ° 42.33 ' N</b> <b>92 ° 3.07 ' W</b>		Method Code (see instructions)	Facility ID (FID or PWS) <b>816077570</b>												
1/4 NE    1/4 NW	Section <b>30</b>	Township <b>49 N</b>	Range <b>13</b>												
or Gov't Lot #		<input type="checkbox"/> E <input checked="" type="checkbox"/> W	License/Permit/Monitoring #												
Well Street Address <b>2101 E. 5th St</b>		Original Well Owner <b>Mike Magdzas</b>													
Well City, Village or Town <b>Superior</b>		Present Well Owner <b>Mike Magdzas</b>													
Subdivision Name		Mailing Address of Present Owner <b>2101 E. 5th St.</b>													
Reason For Removal From Service <b>Sampling Complete</b>		Well ZIP Code <b>54880-</b>													
WI Unique Well # of Replacement Well		City of Present Owner <b>Superior</b>													
3. Well / Drillhole / Borehole Information		State <b>WI</b>													
Original Construction Date (mm/dd/yyyy) <b>8/16/2016</b>		ZIP Code <b>54880-</b>													
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		4. Pump, Liner, Screen, Casing & Sealing Material													
If a Well Construction Report is available, please attach.		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A													
Construction Type:		Required Method of Placing Sealing Material													
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		<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): <b>Gravity</b>													
Formation Type:		Sealing Materials													
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<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													
Total Well Depth From Ground Surface (ft.)    Casing Diameter (in.) <b>15</b> <b>2</b>		For Monitoring Wells and Monitoring Well Boreholes Only:													
Lower Drillhole Diameter (in.)    Casing Depth (ft.) <b>8</b> <b>5</b>		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry													
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		5. Material Used To Fill Well / Drillhole													
If yes, to what depth (feet)?    Depth to Water (feet) <b>3</b> <b>1.03</b>		<table border="1"> <thead> <tr> <th>From (ft.)</th> <th>To (ft.)</th> <th>Lbs.</th> </tr> </thead> <tbody> <tr> <td>Surface</td> <td>15</td> <td>24</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		From (ft.)	To (ft.)	Lbs.	Surface	15	24						
From (ft.)	To (ft.)	Lbs.													
Surface	15	24													

**6. Comments**

Monitoring Well MW-1R

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

Name of Person or Firm Doing Filling & Sealing <b>Jon Jensen/METCO</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>11/13/2017</b>	Date Received	Noted By
Street or Route <b>709 Gillette St, Ste. 3</b>		Telephone Number <b>( 608 ) 781-8879</b>	Comments	
City <b>La Crosse</b>	State <b>WI</b>	ZIP Code <b>54603-</b>	Signature of Person Doing Work 	Date Signed <b>11/14/2017</b>

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 <b>DOUGLAS</b>		WI Unique Well # of Removed Well <b>VP383</b>		Hicap #		Facility Name <b>Mag's Auto Service</b>	
Latitude / Longitude (Degrees and Minutes) <b>46 ° 42.33 ' N</b>		Method Code (see instructions)		Facility ID (FID or PWS) <b>816077570</b>		License/Permit/Monitoring #	
<b>92 ° 3.07 ' W</b>				Original Well Owner <b>Mike Magdzas</b>		Present Well Owner <b>Mike Magdzas</b>	
¼ / ¼ NE	¼ NW	Section <b>30</b>	Township <b>49 N</b>	Range <b>13</b>	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Mailing Address of Present Owner <b>2101 E. 5th St.</b>	
or Gov't Lot #		Well Street Address <b>2101 E. 5th St</b>		Well City, Village or Town <b>Superior</b>		City of Present Owner <b>Superior</b>	
Subdivision Name		Well ZIP Code <b>54880-</b>		State <b>WI</b>		ZIP Code <b>54880-</b>	
Reason For Removal From Service <b>Sampling Complete</b>		WI Unique Well # of Replacement Well		City of Present Owner <b>Superior</b>		State <b>WI</b>	
3. Well / Drillhole / Borehole Information		Lot #		ZIP Code <b>54880-</b>		4. Pump, Liner, Screen, Casing & Sealing Material	

Original Construction Date (mm/dd/yyyy) <b>8/16/2016</b>		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
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	
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) <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:		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.) <b>15</b>		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Casing Diameter (in.) <b>2</b>		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	
Lower Drillhole Diameter (in.) <b>8</b>		Required Method of Placing Sealing Material	
Casing Depth (ft.) <b>5</b>		<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): <b>Gravity</b>	
If yes, to what depth (feet)? <b>3</b>		Sealing Materials	
Depth to Water (feet) <b>2.36</b>		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
5. Material Used To Fill Well / Drillhole		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "	
From (ft.)	To (ft.)	Lbs.	
<b>Surface</b>	<b>15</b>	<b>24</b>	

6. Comments  
**Monitoring Well MW-2R**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Jon Jensen/METCO</b>		License #		Date Received	
Date of Filling & Sealing (mm/dd/yyyy) <b>11/13/2017</b>		Noted By			
Street or Route <b>709 Gillette St, Ste. 3</b>			Telephone Number <b>(608) 781-8879</b>		Comments
City <b>La Crosse</b>		State <b>WI</b>		ZIP Code <b>54603-</b>	
Signature of Person Doing Work <i>Jon Jensen</i>				Date Signed <b>11/14/2017</b>	

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 <b>DOUGLAS</b>		WI Unique Well # of Removed Well <b>VV686</b>		Hicap #		Facility Name <b>Mag's Auto Service</b>	
Latitude / Longitude (Degrees and Minutes) <b>46 ° 42.33 ' N</b> <b>92 ° 3.07 ' W</b>		Method Code (see instructions)		Facility ID (FID or PWS) <b>816077570</b>		License/Permit/Monitoring #	
¼/¼ NE    ¼ NW or Gov't Lot #		Section <b>30</b>	Township <b>49 N</b>	Range <b>13</b>	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner <b>Mike Magdzas</b>	
Well Street Address <b>2101 E. 5th St</b>				Present Well Owner <b>Mike Magdzas</b>			
Well City, Village or Town <b>Superior</b>				Mailing Address of Present Owner <b>2101 E. 5th St.</b>			
Subdivision Name				Well ZIP Code <b>54880-</b>		City of Present Owner <b>Superior</b>	
Reason For Removal From Service <b>Sampling Complete</b>				WI Unique Well # of Replacement Well		State <b>WI</b>	
Subdivision Name				Lot #		ZIP Code <b>54880-</b>	

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <b>5/29/2012</b>		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	
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.		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	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) <b>16</b>		Casing Diameter (in.) <b>2</b>		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <b>8</b>		Casing Depth (ft.) <b>6</b>		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	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)? <b>4</b>		Depth to Water (feet) <b>2.75</b>		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 <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): <b>Gravity</b>				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	16	26

6. Comments  
Monitoring Well MW-3

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Jon Jensen/METCO</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>11/13/2017</b>	Date Received	Noted By
Street or Route <b>709 Gillette St, Ste. 3</b>			Telephone Number <b>(608) 781-8879</b>	Comments	
City <b>La Crosse</b>	State <b>WI</b>	ZIP Code <b>54603-</b>	Signature of Person Doing Work <i>Jon Jensen</i>	Date Signed <b>11/14/2017</b>	

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

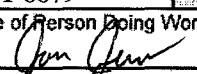
Route to:  
 Drinking Water     Watershed/Wastewater     Remediation/Redevelopment  
 Waste Management     Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County <b>DOUGLAS</b>		WI Unique Well # of Removed Well <b>VV685</b>		Hicap #		Facility Name <b>Mag's Auto Service</b>	
Latitude / Longitude (Degrees and Minutes) <b>46 ° 42.33 ' N</b> <b>92 ° 3.07 ' W</b>		Method Code (see instructions)		Facility ID (FID or PWS) <b>816077570</b>		License/Permit/Monitoring #	
¼/¼ NE    ¼ NW or Gov't Lot #		Section <b>30</b>	Township <b>49 N</b>	Range <b>13</b>	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner <b>Mike Magdzas</b>	
Well Street Address <b>2101 E. 5th St</b>				Present Well Owner <b>Mike Magdzas</b>			
Well City, Village or Town <b>Superior</b>				Mailing Address of Present Owner <b>2101 E. 5th St.</b>			
Subdivision Name				Lot #		City of Present Owner <b>Superior</b>	State <b>WI</b>
Reason For Removal From Service <b>Sampling Complete</b>				WI Unique Well # of Replacement Well		ZIP Code <b>54880-</b>	

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <b>5/29/2012</b>		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	
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.		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	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) <b>15</b>		Casing Diameter (in.) <b>2</b>		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <b>8</b>		Casing Depth (ft.) <b>5</b>		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	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)? <b>3</b>		Depth to Water (feet) <b>3.23</b>		If yes, was hole retopped? <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): <b>Gravity</b>		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		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.)	Lbs.
Bentonite chips			Surface	15	24

**6. Comments**  
Monitoring Well MW-4

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Jon Jensen/METCO</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>11/13/2017</b>	Date Received	Noted By
Street or Route <b>709 Gillette St, Ste. 3</b>			Telephone Number <b>(608) 781-8879</b>	Comments	
City <b>La Crosse</b>	State <b>WI</b>	ZIP Code <b>54603-</b>	Signature of Person Doing Work 	Date Signed <b>11/14/2017</b>	

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: **DOUGLAS**      WI Unique Well # of Removed Well: **VP384**      Hicap #: \_\_\_\_\_

Latitude / Longitude (Degrees and Minutes):  
**46** ° **42.33** ' N  
**92** ° **3.07** ' W

Method Code (see instructions): \_\_\_\_\_

1/4 NE    1/4 NW    Section: **30**    Township: **49 N**    Range: **13**     E     W

or Gov't Lot # \_\_\_\_\_

Well Street Address: **2101 E. 5th St**

Well City, Village or Town: **Superior**      Well ZIP Code: **54880-**

Subdivision Name: \_\_\_\_\_      Lot #: \_\_\_\_\_

Facility Name: **Mag's Auto Service**

Facility ID (FID or PWS): **816077570**

License/Permit/Monitoring #: \_\_\_\_\_

Original Well Owner: **Mike Magdzas**

Present Well Owner: **Mike Magdzas**

Mailing Address of Present Owner: **2101 E. 5th St.**

City of Present Owner: **Superior**      State: **WI**      ZIP Code: **54880-**

Reason For Removal From Service: **Sampling Complete**      WI Unique Well # of Replacement Well: \_\_\_\_\_

**3. Well / Drillhole / Borehole Information**

Monitoring Well      Original Construction Date (mm/dd/yyyy): **8/16/2016**

Water Well

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

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

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

Pump and piping removed?       Yes     No     N/A

Liner(s) removed?       Yes     No     N/A

Screen removed?       Yes     No     N/A

Casing left in place?       Yes     No     N/A

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

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

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

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

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

Formation Type:  
 Unconsolidated Formation       Bedrock

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

Total Well Depth From Ground Surface (ft.): **15**      Casing Diameter (in.): **2**

Lower Drillhole Diameter (in.): **8**      Casing Depth (ft.): **5**

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

Was well annular space grouted?       Yes     No     Unknown

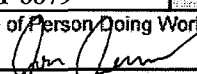
If yes, to what depth (feet)? **3**      Depth to Water (feet): **3.53**

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

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Lbs.
Bentonite chips	Surface	15	24

**6. Comments**  
Monitoring Well MW-5

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

Name of Person or Firm Doing Filling & Sealing: <b>Jon Jensen/METCO</b>	License #: _____	Date of Filling & Sealing (mm/dd/yyyy): <b>11/13/2017</b>	Date Received: _____	Noted By: _____
Street or Route: <b>709 Gillette St, Ste. 3</b>	Telephone Number: <b>(608) 781-8879</b>	Comments: _____		
City: <b>La Crosse</b>	State: <b>WI</b>	ZIP Code: <b>54603-</b>	Signature of Person Doing Work: 	Date Signed: <b>11/14/2017</b>