



# GILES ENGINEERING ASSOCIATES, INC.

N8 W22350 Johnson Road, Suite A1  
Waukesha, Wisconsin 53186  
Phone: (262) 544-0118  
Fax: (262) 549-5868

# LETTER OF TRANSMITTAL

TO: Wisconsin Department of Natural Resources  
2300 North Dr. Martin Luther King Drive  
Milwaukee, WI 53212

PROJECT NUMBER: 1E-0909013

DATE: 4/27/10

ATTENTION: Victoria Stovall

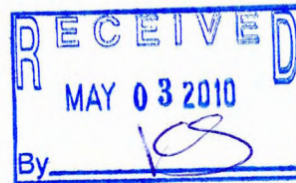
RE: 02-52-549890

WE ARE SENDING YOU the following items:  Attached  Under separate cover via \_\_\_\_\_

Prints  Plans  Specifications  Samples  Copy  Change Order

Other:

COPIES	DATE	NUMBER	DESCRIPTION
1		4	Well construction forms



THESE ARE TRANSMITTED as checked below:

For approval  For your use  As requested  For review and comment  
 Approved as submitted  Approved as noted  Returned for corrections  Return  
 Other

### REMARKS:

Attached, please find the well construction forms for four groundwater monitoring wells installed on the Martinizing property at 1730 State Street in Racine. This is for BRRTS No. 02-52-549890.

COPY TO:

SIGNED \_\_\_\_\_

*If enclosures are not as noted, please notify us at once.*

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

Facility/Project Name 1730 State Street, Racine, Wiscon	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-1
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ or _____	Wis. Unique Well No. <u>VW300</u> DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed <u>1/23/2010</u> m m d d y y y y
Type of Well Well Code <u>11 / mw</u>	Section Location of Waste/Source <u>NE 1/4 of SE 1/4 of Sec. 8, T. 3 N, R. 23</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Kieth Flowers</u> Giles Engineering Associates, Inc.
Distance from Waste/Source _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Gov. Lot Number _____

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL		2. Protective cover pipe: a. Inside diameter: <u>3</u> in. b. Length: <u>0.7</u> ft. c. Material: <u>Steel</u> <input checked="" type="checkbox"/> 04 <u>Other</u> <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL		d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.		3. Surface seal: <u>Bentonite</u> <input type="checkbox"/> 30 <u>Concrete</u> <input checked="" type="checkbox"/> 01 <u>Other</u> <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		4. Material between well casing and protective pipe: <u>Bentonite</u> <input checked="" type="checkbox"/> 30 <u>Other</u> <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14. Drilling method used: <u>Rotary</u> <input type="checkbox"/> 50 <u>Hollow Stem Auger</u> <input type="checkbox"/> 41 <u>Hand Probe</u> <input checked="" type="checkbox"/> Other	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft <sup>3</sup> volume added for any of the above f. How installed: <u>Tremie</u> <input type="checkbox"/> 01 <u>Tremie pumped</u> <input type="checkbox"/> 02 <u>Gravity</u> <input checked="" type="checkbox"/> 08
15. Drilling fluid used: <u>Water</u> <input type="checkbox"/> 02 <u>Air</u> <input type="checkbox"/> 01 <u>Drilling Mud</u> <input type="checkbox"/> 03 <u>None</u> <input checked="" type="checkbox"/> 99	16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. <u>5</u> _____ Other <input type="checkbox"/>
17. Source of water (attach analysis, if required): _____	E. Bentonite seal, top _____ ft. MSL or <u>1</u> ft.	7. Fine sand material: Manufacturer, product name & mesh size a. <u>Red Flint # 15</u> b. Volume added <u>0.25</u> ft <sup>3</sup>
F. Fine sand, top _____ ft. MSL or <u>4</u> ft.	G. Filter pack, top _____ ft. MSL or <u>5</u> ft.	8. Filter pack material: Manufacturer, product name & mesh size a. <u>Red Flint # 40</u> b. Volume added <u>2</u> ft <sup>3</sup>
H. Screen joint, top _____ ft. MSL or <u>6</u> ft.	I. Well bottom _____ ft. MSL or <u>16</u> ft.	9. Well casing: <u>Flush threaded PVC schedule 40</u> <input checked="" type="checkbox"/> 23 <u>Flush threaded PVC schedule 80</u> <input type="checkbox"/> 24 <u>Other</u> <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or <u>16</u> ft.	K. Borehole, bottom _____ ft. MSL or <u>16</u> ft.	10. Screen material: <u>PVC</u> a. Screen type: <u>Factory cut</u> <input checked="" type="checkbox"/> 11 <u>Continuous slot</u> <input type="checkbox"/> 01 <u>Other</u> <input type="checkbox"/>
L. Borehole, diameter <u>2</u> in.	M. O.D. well casing <u>0.75</u> in.	b. Manufacturer <u>Timco</u> c. Slot size: <u>0.01</u> in. d. Slotted length: <u>10</u> ft.
N. I.D. well casing <u>0.55</u> in.		11. Backfill material (below filter pack): <u>None</u> <input checked="" type="checkbox"/> 14 <u>Other</u> <input type="checkbox"/>

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

Signature [Signature] Firm Giles Engineering Associates, Inc.

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

Facility/Project Name 1730 State Street, Racine, Wiscon	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-2
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or _____ " or _____ "	Wis. Unique Well No. <u>VW301</u> DNR Well ID No. _____
Facility ID _____	St. Plane _____ ft. N. _____ ft. E. S/C/N _____	Date Well Installed <u>1/2/010</u> m m d d y y y y
Type of Well Well Code <u>11 / mw</u>	Section Location of Waste/Source <u>NE 1/4 of SE 1/4 of Sec. 8 T. 3 N. R. 23</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Kieth Flowers</u>
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Giles Engineering Associates, Inc.

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL		2. Protective cover pipe: a. Inside diameter: <u>8</u> in. b. Length: <u>1</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL		d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.		3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft <sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. <u>3</u> Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99		7. Fine sand material: Manufacturer, product name & mesh size a. <u>Red Flint #15</u> b. Volume added <u>1</u> ft <sup>3</sup>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____		8. Filter pack material: Manufacturer, product name & mesh size a. <u>Red Flint #40</u> b. Volume added <u>7</u> ft <sup>3</sup>
17. Source of water (attach analysis, if required): _____		9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or <u>1</u> ft.		10. Screen material: PVC _____ a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or <u>4</u> ft.		b. Manufacturer <u>Timco</u> c. Slot size: <u>0.01</u> in. d. Slotted length: <u>10</u> ft.
G. Filter pack, top _____ ft. MSL or <u>5</u> ft.		11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or <u>6</u> ft.		
I. Well bottom _____ ft. MSL or <u>16</u> ft.		
J. Filter pack, bottom _____ ft. MSL or <u>16</u> ft.		
K. Borehole, bottom _____ ft. MSL or <u>16</u> ft.		
L. Borehole, diameter <u>8</u> in.		
M. O.D. well casing <u>2.38</u> in.		
N. I.D. well casing <u>2</u> in.		

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

Signature [Signature] Firm Giles Engineering Associates, Inc.

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

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

Facility/Project Name 1730 State Street, Racine, Wiscon	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-3
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or _____ " or _____ "	Wis. Unique Well No. <u>VW302</u> DNR Well ID No. _____
Facility ID _____	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed <u>1/2/010</u> m m d d y y v v v v
Type of Well Well Code <u>11 / mw</u>	Section Location of Waste/Source <u>NE 1/4 of SE 1/4 of Sec. 8, T. 3 N, R. 23</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Kieth Flowers</u> Giles Engineering Associates, Inc.
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL		2. Protective cover pipe: a. Inside diameter: <u>8</u> in. b. Length: <u>1</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL		d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.		3. Surface seal: Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>		5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft <sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99 16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____ 17. Source of water (attach analysis, if required): _____		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 1.5 _____ Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or <u>1</u> ft.	7. Fine sand material: Manufacturer, product name & mesh size a. <u>Red Flint # 15</u> b. Volume added <u>1</u> ft <sup>3</sup>	8. Filter pack material: Manufacturer, product name & mesh size a. <u>Red Flint # 40</u> b. Volume added <u>7</u> ft <sup>3</sup>
F. Fine sand, top _____ ft. MSL or <u>4</u> ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>	10. Screen material: PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or <u>5</u> ft.	b. Manufacturer <u>Timco</u> c. Slot size: <u>0.01</u> in. d. Slotted length: <u>10</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or <u>6</u> ft.		
I. Well bottom _____ ft. MSL or <u>13</u> ft.		
J. Filter pack, bottom _____ ft. MSL or <u>13</u> ft.		
K. Borehole, bottom _____ ft. MSL or <u>13</u> ft.		
L. Borehole, diameter <u>8</u> in.		
M. O.D. well casing <u>2.38</u> in.		
N. I.D. well casing <u>2</u> in.		

I hereby certify that the information on this form is true and correct to the best of my knowledge.  
 Signature \_\_\_\_\_ Firm Giles Engineering Associates, Inc.

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

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

Facility/Project Name 1730 State Street, Racine, Wiscon	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-4
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or _____	Wis. Unique Well No. <u>VW303</u> DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed <u>1/2/010</u> m m d d y y v v
Type of Well Well Code <u>11 / mw</u>	Section Location of Waste/Source <u>NE 1/4 of SE 1/4 of Sec. 8 T. 3 N. R. 23</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Kieth Flowers</u> Giles Engineering Associates, Inc.
Distance from Waste/Source _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____	

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL		2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL		d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.		3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input checked="" type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft <sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 2.5 _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99		7. Fine sand material: Manufacturer, product name & mesh size a. Red Flint # 15 b. Volume added <u>1</u> ft <sup>3</sup>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____		8. Filter pack material: Manufacturer, product name & mesh size a. Red Flint # 40 b. Volume added <u>7</u> ft <sup>3</sup>
17. Source of water (attach analysis, if required): _____		9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or <u>1</u> ft.		10. Screen material: PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or <u>4</u> ft.		b. Manufacturer <u>Timco</u> c. Slot size: <u>0.01</u> in. d. Slotted length: <u>10</u> ft.
G. Filter pack, top _____ ft. MSL or <u>5</u> ft.		11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or <u>6</u> ft.		
I. Well bottom _____ ft. MSL or <u>16</u> ft.		
J. Filter pack, bottom _____ ft. MSL or <u>16</u> ft.		
K. Borehole, bottom _____ ft. MSL or <u>16</u> ft.		
L. Borehole, diameter <u>8</u> in.		
M. O.D. well casing <u>2.38</u> in.		
N. I.D. well casing <u>2</u> in.		

I hereby certify that the information on this form is true and correct to the best of my knowledge.  
Signature \_\_\_\_\_ Firm Giles Engineering Associates, Inc.

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