

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 Waukesha		WI Unique Well # of Removed Well		Hicap #		Facility Name OHM-Oconomowoc	
Latitude / Longitude (see instructions) 43.1057835 N		Format Code <input checked="" type="checkbox"/> DD		Method Code <input type="checkbox"/> GPS008		Facility ID (FID or PWS) 268087380	
-88.4787003 W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		License/Permit/Monitoring # 02-68-551911	
<input type="checkbox"/> OTH001		Original Well Owner OHM Holdings		Present Well Owner		Mailing Address of Present Owner W229W2494 County Rd F	
1/4 1/4 NW 1/4 NW		Section 03		Township 07 N		Range <input checked="" type="checkbox"/> E	
or Gov't Lot #		Lot #		City of Present Owner Waukesha		State WI	
Well Street Address 36929 Plank Rd		Well ZIP Code 53066		ZIP Code 53186			
Well City, Village or Town Oconomowoc							
Subdivision Name							

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)
4/28/09

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.)
35.5

Casing Diameter (in.)
2

Lower Drillhole Diameter (in.)
8.25

Casing Depth (ft.)
35.5

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)?

Depth to Water (feet)
28.04

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	1.0	7 gallons	
1.0	35.5	5 gallons	

6. Comments

MW-1

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing EnviroForensics	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 4/26/2022	Date Received	Noted By
Street or Route 21625390 Stone Ridge Dr, Suite G	Telephone Number (262) 290-4001	Comments	Signature of Person Doing Work RL TL	
City Waukesha	State WI	ZIP Code 53188	Date Signed 4/27/22	

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Waste Management Other: _____

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

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Latitude / Longitude (see instructions) 43.1057835 N -88.4787003 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) 268087380	
1/4 1/4 NW 1/4 NW or Gov't Lot #		Section 03		Township 07 N		Range 17 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 36929 Plank Road				Original Well Owner OHM Holdings			
Well City, Village or Town Oconomowoc				Present Well Owner			
Well ZIP Code 53066				Mailing Address of Present Owner W229 N2494 County Rd F			
Subdivision Name				City of Present Owner Waukesha		State WI	
Lot #				ZIP Code 53186			

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

Reason for Removal from Service		WI Unique Well # of Replacement Well		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			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 8/18/2009		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 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): _____				Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
Total Well Depth From Ground Surface (ft.) 50.0		Casing Diameter (in.) 2		For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input checked="" type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 50.0					
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
If yes, to what depth (feet)? 1		Depth to Water (feet) 28.4					

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	1	6 gallons	
Cement Grout		1	50	8.5 gallons	

6. Comments

MW-ID

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing On Site Environmental	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 3/23/22	Date Received	Noted By
Street or Route PO Box 280		Telephone Number (608) 837-8992	Comments	
City Sun Prairie	State WI	ZIP Code 53590	Signature of Person Doing Work [Signature]	Date Signed 5/6/2022

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Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Waukesha	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name OHM - Oconomowoc
Latitude / Longitude (see instructions) 43.1057835 N -88.4787003 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) 26808 7380
1/4 1/4 NW or Gov't Lot #	Section 03	Township 07 N	License/Permit/Monitoring # 02-68-551911
Well Street Address 36929 Plank Rd	Range 17	Original Well Owner OHM Holdings	Present Well Owner _____
Well City, Village or Town Oconomowoc	Well ZIP Code 53066	Mailing Address of Present Owner W229 N2494	City of Present Owner Waukesha
Subdivision Name _____	Lot # _____	State WI	ZIP Code 53186

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

Reason for Removal from Service Site Closure	WI Unique Well # of Replacement Well _____	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 8/4/2009	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole	_____	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 35.5	Casing Diameter (in.) 2	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 35.5	If yes, was hole retopped? <input type="checkbox"/> Yes <input 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	Depth to Water (feet) 26.80	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
Surface	1.0	7 gallons	
1.0	35.5	5 gallons	

6. Comments

MW-2

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Enviro Forensics	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 4/25/2022	Date Received	Noted By
Street or Route 216 W 23390 Stone Ridge Dr, Suite G	Telephone Number (262) 290-4001	Comments		
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work [Signature]	Date Signed 4/27/2022

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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 Waukesha		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name OHM - Oconomowoc	
Latitude / Longitude (see instructions) 43.1057835 N		Format Code <input checked="" type="checkbox"/> DD		Method Code <input type="checkbox"/> GPS008		Facility ID (FID or PWS) 26808 7380	
-88.4787003 W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		License/Permit/Monitoring # 02-68-551911	
1/4 1/4 NW 1/4 NW or Gov't Lot #		Section 03		Township 07 N		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 36929 Plank Rd				Present Well Owner OHM Holdings			
Well City, Village or Town Oconomowoc				Mailing Address of Present Owner W229 N2494			
Subdivision Name _____				Well ZIP Code 53066		City of Present Owner Waukesha	
Lot # _____				State WI		ZIP Code 53186	

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

Reason for Removal from Service Site Closure		WI Unique Well # of Replacement Well _____		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 8/4/2009		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <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		Screen removed? <input type="checkbox"/> Yes <input checked="" 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.) 36.0		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Casing Diameter (in.) 2		Lower Drillhole Diameter (in.) 8.25		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Casing Depth (ft.) 36.0		Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Depth to Water (feet) 28.51		If yes, to what depth (feet)? _____		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	
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
<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		From (ft.) To (ft.) No. Yards, Sacks Sealant or Volume (circle one) Mix Ratio or Mud Weight	
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry		Surface 1 7 gallons		1 36.0 7 gallons	

5. Material Used to Fill Well / Drillhole

Asphalt		Bentonite	
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6. Comments

MW-3

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

Name of Person or Firm Doing Filling & Sealing Enviro Forensics		License # _____		Date of Filling & Sealing or Verification (mm/dd/yyyy) 4/26/22		Date Received		Noted By			
Street or Route 216 W 23390 Stone Ridge Dr, Suite G				Telephone Number (262) 290-4001				Comments			
City Waukesha		State WI		ZIP Code 53188		Signature of Person Doing Work [Signature]		Date Signed 4/27/2022			

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Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Waukesha		WI Unique Well # of Removed Well		Hicap #		Facility Name OHM - Oconomowoc	
Latitude / Longitude (see instructions) 43.1057835 N		Format Code <input checked="" type="checkbox"/> DD		Method Code <input type="checkbox"/> GPS008		Facility ID (FID or PWS) 26808 7380	
-88.4787003 W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		License/Permit/Monitoring # 02-68-551911	
<input type="checkbox"/> OTH001		Township 07 N		Range <input checked="" type="checkbox"/> E		Original Well Owner OHM Holdings	
1/4 1/4 NW or Gov't Lot #		Section 03		Range <input type="checkbox"/> W		Present Well Owner	
Well Street Address 36929 Plank Rd				Mailing Address of Present Owner W229 N2494			
Well City, Village or Town Oconomowoc				Well ZIP Code 53066			
Subdivision Name				City of Present Owner Waukesha		State WI	ZIP Code 53186

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

Reason for Removal from Service Site Closure		WI Unique Well # of Replacement Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 1/15/2011		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <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		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A					
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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					
Total Well Depth From Ground Surface (ft.) 34.7		Casing Diameter (in.) 2		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 34.7		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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)? 27.08		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
Depth to Water (feet) 27.08		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					
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		7 gallons			
Bentonite		1		34.7		5 gallons			

6. Comments
MW-4

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

Name of Person or Firm Doing Filling & Sealing Enviro Forensics			License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 4/15/2022		Date Received		Noted By	
Street or Route N16W23390 Stone Ridge Dr, Suite G				Telephone Number (262) 290-4001		Comments			
City Waukesha		State WI	ZIP Code 53188		Signature of Person Doing Work [Signature]			Date Signed 4/27/2022	

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Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Waukesha		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name OHM - Oconomowoc	
Latitude / Longitude (see instructions) 43.1057835 N		Format Code <input checked="" type="checkbox"/> DD		Method Code <input type="checkbox"/> GPS008		Facility ID (FID or PWS) 26808 7380	
-88.4787003 W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		License/Permit/Monitoring # 02-68-551911	
<input type="checkbox"/> OTH001		Township 07 N		Range <input checked="" type="checkbox"/> E		Original Well Owner OHM Holdings	
1/4 1/4 NW or Gov't Lot #		Section 03		Range <input type="checkbox"/> W		Present Well Owner _____	
Well Street Address 36929 Plank Rd				Mailing Address of Present Owner W229 N2494			
Well City, Village or Town Oconomowoc				Well ZIP Code 53066			
Subdivision Name _____				City of Present Owner Waukesha		State WI	ZIP Code 53186

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

Reason for Removal from Service Site Closure		WI Unique Well # of Replacement Well _____		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 1/5/2011		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <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		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Other (specify): _____		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 34.6		Casing Diameter (in.) 2		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 34.6		Did sealing material rise to 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) 29.76		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)?		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: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips		For Monitoring Wells and Monitoring Well Boreholes Only: <input 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.)	
Asphalt		Bentonite		To (ft.)	
Surface		1.0		No. Yards, Sacks Sealant or Volume (circle one)	
1.0		34.6		3 gallons	
				5.5 gallons	
				Mix Ratio or Mud Weight	

6. Comments

MW-5

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

Name of Person or Firm Doing Filling & Sealing Enviro Forensics		License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/4/2022		Date Received	Noted By
Street or Route 216 W 23390 Stone Ridge Dr, Suite G			Telephone Number (262) 290-4001		Comments	
City Waukesha		State WI	ZIP Code 53188	Signature of Person Doing Work TL TL		Date Signed 5/6/2022

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 Waukesha		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name OHM - Oconomowoc	
Latitude / Longitude (see instructions) 43.1057835 N		Format Code <input checked="" type="checkbox"/> DD		Method Code <input type="checkbox"/> GPS008		Facility ID (FID or PWS) 26808 7380	
-88.4787003 W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		License/Permit/Monitoring # 02-68-551911	
¼ / ¼ NW ¼ NW		Section 03		Township 07 N		Range <input checked="" type="checkbox"/> E	
or Gov't Lot #		_____		_____		Original Well Owner OHM Holdings	
Well Street Address 36929 Plank Rd		Well ZIP Code 53066		Mailing Address of Present Owner W229 N2494			
Well City, Village or Town Oconomowoc		Lot # _____		City of Present Owner Waukesha		State WI	ZIP Code 53186
Subdivision Name _____		_____		Present Well Owner _____			

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

Reason for Removal from Service Site Closure		WI Unique Well # of Replacement Well _____		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 1/6/2011		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		_____		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:		_____		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug	
<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.) 34.9		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.) 8.25		Casing Depth (ft.) 34.9		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) 29.84		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 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	1.0	5 gallons	
Bentonite		1.0	34.9	6 gallons	

6. Comments

MW-6

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) 5/4/2022	Date Received	Noted By
Street or Route N16W23390 Store Ridge Dr, Suite G		Telephone Number (262) 290-4001	Comments	
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work [Signature]	Date Signed 5/6/2022

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 Waukesha		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name OHM - Oconomowoc	
Latitude / Longitude (see instructions) 43.1057835 N		Format Code <input checked="" type="checkbox"/> DD		Method Code <input type="checkbox"/> GPS008		Facility ID (FID or PWS) 26808 7380	
-88.4787003 W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		License/Permit/Monitoring # 02-68-551911	
1/4 1/4 NW 1/4 NW		Section 03		Township 07 N		Original Well Owner OHM Holdings	
or Gov't Lot #		Range 17		<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Present Well Owner _____	
Well Street Address 36929 Plank Rd				Mailing Address of Present Owner W229 N2494			
Well City, Village or Town Oconomowoc				Well ZIP Code 53066			
Subdivision Name _____				City of Present Owner Waukesha		State WI	ZIP Code 53186

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

Reason for Removal from Service Site Closure		WI Unique Well # of Replacement Well _____		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 1/5/2011		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <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		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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	
Total Well Depth From Ground Surface (ft.) 35.2		Casing Diameter (in.) 2		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 35.2		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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)?		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Depth to Water (feet) 27.12		Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		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		Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete		From (ft.)	
Asphalt		Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips		To (ft.)	
Bentonite		For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout		No. Yards, Sacks Sealant or Volume (circle one)	
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry		Mix Ratio or Mud Weight	
				Surface 1.0 7 gallons	
				1.0 35.2 69 gallons	

6. Comments

MW-7

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

Name of Person or Firm Doing Filling & Sealing Enviro Forensics		License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/4/2022		Date Received	Noted By
Street or Route N16W23390 Stone Ridge Dr, Suite G			Telephone Number (262) 290-4001		Comments	
City Waukesha		State WI	ZIP Code 53188	Signature of Person Doing Work [Signature]		Date Signed 5/4/2022

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

Latitude / Longitude (see instructions): 43.1057835 N Format Code: DD Method Code: GPS008
-88.4787003 W DDM SCR002
 OTH001

1/4 1/4 NW Section: 03 Township: 07 N Range: 17 E W

Well Street Address: 36929 Plank Rd

Well City, Village or Town: Oconomowoc Well ZIP Code: 53066

Subdivision Name: _____ Lot #: _____

Facility Name: OHM - Oconomowoc

Facility ID (FID or PWS): 26808 7380

License/Permit/Monitoring #: 02-68-551911

Original Well Owner: OHM Holdings

Present Well Owner: _____

Mailing Address of Present Owner: W229 N244

City of Present Owner: Waukesha State: WI ZIP Code: 53186

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): 5/17/2013
 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.): 29.5 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 8.25 Casing Depth (ft.): 29.5

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet): 23.32

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>Asphalt</u>	<u>Surface</u>	<u>1</u>	<u>7 gallons</u>	
<u>Bentonite</u>	<u>1</u>	<u>29.5</u>	<u>5 gallons</u>	

6. Comments

MW-8

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

Name of Person or Firm Doing Filling & Sealing: Enviro Forensics License #: _____ Date of Filling & Sealing or Verification (mm/dd/yyyy): 4/25/2022

Street or Route: 2160 W 23390 Stone Ridge Dr, Suite G Telephone Number: (262) 290-4001

City: Waukesha State: WI ZIP Code: 53188 Signature of Person Doing Work: [Signature] Date Signed: 4/27/2022

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 Waukesha	WI Unique Well # of Removed Well	Hicap #	Facility Name OHM - Oconomowoc
Latitude / Longitude (see instructions) 43.1057835 N -88.4787003 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) 26808 7380
1/4 1/4 NW 1/4 NW or Gov't Lot #	Section 03	Township 07 N	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 36929 Plank Rd		Original Well Owner OHM Holdings	
Well City, Village or Town Oconomowoc		Present Well Owner	
Subdivision Name		Mailing Address of Present Owner W229 N2494	
Lot #		City of Present Owner Waukesha	State WI ZIP Code 53186

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

Reason for Removal from Service Site Closure	WI Unique Well # of Replacement Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 5/14/2013	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 29.4	Casing Diameter (in.) 2	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 29.4	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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 25.17	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)?		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 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
Topsoil		Surface	1.0	7 gallons	
Bentonite		1.0	29.4	5 gallons	

6. Comments
MW-9

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Enviro Forensics	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 4/25/2022	Date Received	Noted By
Street or Route 216 W 23390 Stone Ridge Dr, Suite G		Telephone Number (262) 290-4001	Comments	
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work [Signature]	Date Signed 4/27/2022

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 Waukesha	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name OHM - Oconomowoc
Latitude / Longitude (see instructions) 43.1057835 N -88.4787003 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) 26808 7380
1/4 1/4 NW or Gov't Lot #	Section 03	Township 07 N	License/Permit/Monitoring # 02-08-551911
Well Street Address 36929 Plank Rd	Well City, Village or Town Oconomowoc	Well ZIP Code 53066	Original Well Owner OHM Holdings
Subdivision Name _____	Lot # _____	City of Present Owner Waukesha	Present Well Owner _____
Reason for Removal from Service Site Closure	WI Unique Well # of Replacement Well _____	City of Present Owner Waukesha	State WI
		ZIP Code 53186	

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) 5/14/2013	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.	Liner(s) perforated? <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		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 33.7	Casing Diameter (in.) 2	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 33.7	Did sealing material rise to 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		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)?	Depth to Water (feet) 31.14	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
Surface	1.0	7 gallons	
1.0	33.7	6 gallons	

6. Comments

MW-10

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Enviro Forensics	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/14/2012	Date Received	Noted By
Street or Route 116 W 23390 Stone Ridge Dr, Suite G	Telephone Number (262) 290-4001	Comments		
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work TL TL	Date Signed 5/16/2012

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 Waukesha	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name OHM - Oconomowoc
Latitude / Longitude (see instructions) 43.1057835 N -88.4787003 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) 26808 7380
1/4 1/4 NW NW or Gov't Lot #	Section 03	Township 07 N	License/Permit/Monitoring # 02-68-551911
Well Street Address 36929 Plank Rd	Well City, Village or Town Oconomowoc	Well ZIP Code 53066	Original Well Owner OHM Holdings
Subdivision Name _____	Lot # _____	City of Present Owner Waukesha	Present Well Owner _____
Reason for Removal from Service Site Closure		WI Unique Well # of Replacement Well _____	Mailing Address of Present Owner W229 N2494
State WI		ZIP Code 53186	

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) 5/20/2013	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.	<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"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 34.3	Casing Diameter (in.) 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 34.3	<input type="checkbox"/> Yes <input checked="" 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) 29.98	<input 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
Surface	1.0	7 gallons	
1.0	34.3	6 gallons	

6. Comments

MW-11

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Enviro Forensics	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/4/2022	Date Received	Noted By
Street or Route 216 W 23390 Stone Ridge Dr, Suite G	Telephone Number (262) 290-4001	Comments		
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work [Signature]	Date Signed 5/6/2022

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 Waukesha		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name OHM - Oconomowoc	
Latitude / Longitude (see instructions) 43.1057835 N		Format Code <input checked="" type="checkbox"/> DD		Method Code <input type="checkbox"/> GPS008		Facility ID (FID or PWS) 26808 7380	
-88.4787003 W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		License/Permit/Monitoring # 02-68-551911	
<input type="checkbox"/> OTH001		Township 07 N		Range <input checked="" type="checkbox"/> E		Original Well Owner OHM Holdings	
1/4 1/4 NW or Gov't Lot #		Section 03		Range <input type="checkbox"/> W		Present Well Owner _____	
Well Street Address 36929 Plank Rd				Mailing Address of Present Owner W229 N2494			
Well City, Village or Town Oconomowoc				Well ZIP Code 53066			
Subdivision Name _____				City of Present Owner Waukesha		State WI	ZIP Code 53186

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

Reason for Removal from Service Site Closure		WI Unique Well # of Replacement Well _____		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 5/16/2013		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <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		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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	
Total Well Depth From Ground Surface (ft.) 33.5		Casing Diameter (in.) 2		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 33.5		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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)? 29.50		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)?		Depth to Water (feet)		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				Required Method of Placing Sealing Material	
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight	<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
Surface	1.0	7 gallons		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____
1.0	33.5	5 gallons			

6. Comments

MW-12

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Enviro Forensics	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 4/26/2022	Date Received	Noted By
Street or Route 216 W 23390 Stone Ridge Dr, Suite G		Telephone Number (262) 290-4001	Comments	
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work TLT	Date Signed 4/27/2022

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 Waukesha		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name OHM - Oconomowoc	
Latitude / Longitude (see instructions) 43.1057835 N -88.4787003 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) 268087380	
1/4 1/4 NW 1/4 NW or Gov't Lot #		Section 03		Township 07 N		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 36929 Plank Rd		Well City, Village or Town Oconomowoc		Well ZIP Code 53066		Original Well Owner OHM Holdings	
Subdivision Name _____		Lot # _____		Mailing Address of Present Owner W229N2494		Present Well Owner _____	
Reason for Removal from Service Site Closure		WI Unique Well # of Replacement Well _____		City of Present Owner Waukesha		State WI ZIP Code 53186	

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) 12/15/2013		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 <input type="checkbox"/> Other (specify): _____		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		Casing Diameter (in.) 2		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 35.0		Casing Depth (ft.) 35.0		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8.25		Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)?		Depth to Water (feet) 29.37		Did sealing material rise to surface? <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.)	
Topsoil		Surface		1	
Bentonite		1		35.0	
				No. Yards, Sacks Sealant or Volume (circle one)	
				7 gallons	
				3 gallons	
				Mix Ratio or Mud Weight	

6. Comments

MW-13

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

Name of Person or Firm Doing Filling & Sealing Enviro Forensics		License # _____		Date of Filling & Sealing or Verification (mm/dd/yyyy) 4/26/22		Date Received		Noted By	
Street or Route 216 W 23390 Stone Ridge Dr, Suite G				Telephone Number (262) 290-4001		Comments			
City Waukesha		State WI		ZIP Code 53188		Signature of Person Doing Work TJR		Date Signed 4/27/2022	

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 Waukesha		WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name OHM - Oconomowoc	
Latitude / Longitude (see instructions) 43.1057835 N -88.4787003 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) 26808 7380	
¼/¼ NW ¼ NW or Gov't Lot #	Section 03	Township 07 N	Range 17 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # 02-08-551911	
Well Street Address 36929 Plank Rd			Original Well Owner OHM Holdings		
Well City, Village or Town Oconomowoc			Present Well Owner _____		
Subdivision Name _____			Mailing Address of Present Owner W229 N2494		
Well ZIP Code 53066			City of Present Owner Waukesha		State WI
Lot # _____			ZIP Code 53186		

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

Reason for Removal from Service Site Closure		WI Unique Well # of Replacement Well _____	<input checked="" type="checkbox"/> Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 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 <input checked="" type="checkbox"/> If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 4/6/2015	Required Method of Placing Sealing Material <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): _____		
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach. _____	Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips		
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) 36.0	For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry		
Lower Drillhole Diameter (in.) 8.25		Casing Diameter (in.) 2	From (ft.) To (ft.) No. Yards, Sacks Sealant or Volume (circle one) Mix Ratio or Mud Weight Surface 1.0 7 gallons 1.0 36.0 5 gallons		
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Casing Depth (ft.) 36.0			
If yes, to what depth (feet)?		Depth to Water (feet) 30.96			

5. Material Used to Fill Well / Drillhole			
Topsoil	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)
Bentonite	Surface	1.0	7 gallons
	1.0	36.0	5 gallons

6. Comments
MW-14

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Enviro Forensics		License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 4/26/2022	Date Received	Noted By
Street or Route 216 W 23390 Stone Ridge Dr, Suite G			Telephone Number (262) 290-4001	Comments	
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work [Signature]	Date Signed 4/27/2022	

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 Waukesha		WI Unique Well # of Removed Well		Hicap #		Facility Name OHM - Oconomowoc	
Latitude / Longitude (see instructions) 43.1057835 N		Format Code <input checked="" type="checkbox"/> DD		Method Code <input type="checkbox"/> GPS008		Facility ID (FID or PWS) 26808 7380	
-88.4787003 W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		License/Permit/Monitoring # 02-08-551911	
<input type="checkbox"/> OTH001		Section 03		Township 07 N		Original Well Owner OHM Holdings	
Well Street Address 36929 Plank Rd		Well ZIP Code 53066		Present Well Owner		Mailing Address of Present Owner W229 N2494	
Well City, Village or Town Oconomowoc		Lot #		City of Present Owner Waukesha		State ZIP Code WI 53186	

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

Reason for Removal from Service Site Closure		WI Unique Well # of Replacement Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 4/6/2015		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <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		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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	
Total Well Depth From Ground Surface (ft.) 37.5		Casing Diameter (in.) 2		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 37.5		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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)?		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Depth to Water (feet) 30.77		Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		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	
Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete		Sealing Materials: <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	
For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry		From (ft.)		To (ft.)	

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	1.0	7 gallons	
1.0	37.5	60 gallons	

6. Comments

MW-15

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Enviro Forensics	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 4/26/2022	Date Received	Noted By
Street or Route 216 W 23390 Stone Ridge Dr, Suite G		Telephone Number (262) 290-4001	Comments	
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work [Signature]	Date Signed 4/27/2022

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 Waukesha		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name OHM - Oconomowoc	
Latitude / Longitude (see instructions) 43.1057835 N		Format Code <input checked="" type="checkbox"/> DD		Method Code <input type="checkbox"/> GPS008		Facility ID (FID or PWS) 26808 7380	
-88.4787003 W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		License/Permit/Monitoring # 02-68-551911	
<input type="checkbox"/> OTH001		Section 03		Township 07 N		Original Well Owner OHM Holdings	
Well Street Address 36929 Plank Rd		Well ZIP Code 53066		Mailing Address of Present Owner W229 N2494		Present Well Owner OHM Holdings	
Well City, Village or Town Oconomowoc		Lot # _____		City of Present Owner Waukesha		State ZIP Code WI 53186	

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

Reason for Removal from Service Site Closure		WI Unique Well # of Replacement Well _____		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 7/27/2015		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <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		Screen removed? <input type="checkbox"/> Yes <input checked="" 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.) 36.0		Casing Diameter (in.) 2	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 36.2		Casing left in place? <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) 28.20		Was casing cut off below 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 sealing material rise to surface? <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.)	
Topsoil		Surface		1.0	
Bentonite		1.0		36.2	
				No. Yards, Sacks Sealant or Volume (circle one)	
				7 gallons	
				7 gallons	
				Mix Ratio or Mud Weight	

6. Comments

MW-16

7. Supervision of Work			DNR Use Only		
Name of Person or Firm Doing Filling & Sealing Enviro Forensics		License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/4/2022	Date Received	Noted By
Street or Route 916 W 23390 Stone Ridge Dr, Suite G		Telephone Number (262) 290-4001		Comments	
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work [Signature]	Date Signed 5/6/2022	

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 Waukesha		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name OHM - Oconomowoc			
Latitude / Longitude (see instructions) 43.1057835 N		Format Code <input checked="" type="checkbox"/> DD		Method Code <input type="checkbox"/> GPS008		Facility ID (FID or PWS) 26808 7380			
-88.4787003 W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		License/Permit/Monitoring # 02-68-551911			
1/4 1/4 NW 1/4 NW		Section 03		Township 07 N		Range 17		Original Well Owner OHM Holdings	
or Gov't Lot #								Present Well Owner _____	
Well Street Address 36929 Plank Rd						Mailing Address of Present Owner W229 N2494			
Well City, Village or Town Oconomowoc						City of Present Owner Waukesha			
Subdivision Name _____						Lot # _____		State WI	
						ZIP Code 53186			

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

Reason for Removal from Service Site Closure		WI Unique Well # of Replacement Well _____		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 7/27/2015		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well				Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		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	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 37.5		Casing Diameter (in.) 2		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 37.5		If yes, was hole retopped? <input 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				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	
If yes, to what depth (feet)?		Depth to Water (feet) 32.13		Required Method of Placing Sealing Material	
				<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				Sealing Materials	
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:				For Monitoring Wells and Monitoring Well Boreholes Only:	
<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout				<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry				<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
Surface	1.0	7 gallons	
1.0	37.5	7.5 gallons	

6. Comments
MW-17

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Enviro Forensics	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/4/2022	Date Received	Noted By
Street or Route W16W23390 Stone Ridge Dr, Suite G		Telephone Number (262) 290-4001	Comments	
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work [Signature]	Date Signed 5/6/2022

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 Waukesha	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name OHM - Oconomowoc
Latitude / Longitude (see instructions) 43.1057835 N -88.4787003 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) 26808 7380
1/4 1/4 NW NW or Gov't Lot #	Section 03	Township 07 N	License/Permit/Monitoring # 02-68-551911
Well Street Address 36929 Plank Rd	Well City, Village or Town Oconomowoc	Well ZIP Code 53066	Original Well Owner OHM Holdings
Subdivision Name _____	Lot # _____	City of Present Owner Waukesha	Present Well Owner _____
Reason for Removal from Service Site Closure		WI Unique Well # of Replacement Well _____	Mailing Address of Present Owner W229 N2494
State WI		ZIP Code 53186	

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) 8/22/2017	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: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 25.9	Casing Diameter (in.) 2	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 25.9	Did sealing material rise to 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		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)?	Depth to Water (feet) 19.86	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		Required Method of Placing Sealing Material
Topsoil	From (ft.)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
Bentonite	To (ft.)	<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
		No. Yards, Sacks Sealant or Volume (circle one):
		Mix Ratio or Mud Weight

	Surface	1.0	7 gallons	
	1.0	25.9	4.5 gallons	

6. Comments

MW-18

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) 4/26/2022	Date Received	Noted By
Street or Route 216 W 23390 Stone Ridge Dr, Suite G	Telephone Number (262) 290-4001	Comments		
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work TLZ	Date Signed 4/27/2022

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 Waukesha		WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name OHM - Oconomowoc	
Latitude / Longitude (see instructions) 43.1057835 N		Format Code <input checked="" type="checkbox"/> DD	Method Code <input type="checkbox"/> GPS008	Facility ID (FID or PWS) 26808 7380	
-88.4787003 W		<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002	License/Permit/Monitoring # 02-68-551911	
1/4 1/4 NW NW		Section 03	Township 07 N	Range <input checked="" type="checkbox"/> E	Original Well Owner OHM Holdings
or Gov't Lot #				<input type="checkbox"/> W	Present Well Owner _____
Well Street Address 36929 Plank Rd			Mailing Address of Present Owner W229 N2494		
Well City, Village or Town Oconomowoc			Well ZIP Code 53066		City of Present Owner Waukesha
Subdivision Name _____			Lot # _____	State WI	ZIP Code 53186

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

Reason for Removal from Service Site Closure		WI Unique Well # of Replacement Well _____	<input type="checkbox"/> Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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		
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 8/22/2017	Required Method of Placing Sealing Material <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): _____		
If a Well Construction Report is available, please attach. _____		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			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		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			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) Casing Diameter (in.) 27.2 2			
Lower Drillhole Diameter (in.) Casing Depth (ft.) 8.25 27.2		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) _____ 20.82			

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Topsoil		Surface	1.0	7 gallons	
Bentonite		1.0	27.2	5 gallons	

6. Comments

MW-19

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Enviro Forensics	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 4/25/2022	Date Received	Noted By
Street or Route 016 W 23390 Stone Ridge Dr, Suite 6		Telephone Number (262) 290-4001	Comments	
City Waukesha	State WI	ZIP Code 53188	Signature of Person Doing Work [Signature]	Date Signed 4/27/2022

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 Waukesha	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name OHM - Oconomowoc
Latitude / Longitude (see instructions) 43.1057835 N -88.4787003 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) 26808 7380
1/4 1/4 NW 1/4 NW or Gov't Lot #	Section 03	Township 07 N	Range 17 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 36929 Plank Rd	Well City, Village or Town Oconomowoc	Well ZIP Code 53066	Original Well Owner OHM Holdings
Subdivision Name _____	Lot # _____	Mailing Address of Present Owner W229 N2494	Present Well Owner _____
Reason for Removal from Service Site Closure	WI Unique Well # of Replacement Well _____	City of Present Owner Waukesha	State WI
		ZIP Code 53186	

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) 8/22/2017	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: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 30.3	Casing Diameter (in.) 2	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 30.3	Did sealing material rise to 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) 23.81	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)?		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
		<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
Surface	1.0	7 gallons	
1.0	30.3	5 gallons	

6. Comments

MW-20

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

Name of Person or Firm Doing Filling & Sealing Enviro Forensics	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 4/25/2022	Date Received	Noted By
Street or Route 216 W 23390 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 4/27/2022

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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 Waukesha		WI Unique Well # of Removed Well		Hicap #		Facility Name OHM-OCOMAWOC	
Latitude / Longitude (see instructions) 43.1057835 N -88.4787003 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) 268087380	
1/4 1/4 NW NW or Gov't Lot #		Section 03		Township 07 N		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 36929 Plank Road				Original Well Owner OHM Holdings			
Well City, Village or Town Oconomowoc				Well ZIP Code 53066			
Subdivision Name				Lot #		Mailing Address of Present Owner W229 N2494 County Rd F	
Reason for Removal from Service				WI Unique Well # of Replacement Well		City of Present Owner Waukesha	
						State WI	
						ZIP Code 53186	

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) 12/5/2013		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) <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.) 55.0		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.) 55.0		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Required Method of Placing Sealing Material	
If yes, to what depth (feet)? 1		Depth to Water (feet) 30.92		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped	
				<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	

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	6 gallons	
1	55.0	9.5 gallons	

6. Comments
PZ-1

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing on site environmental	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 3/23/22	Date Received	Noted By
Street or Route PO Box 280	Telephone Number (608) 837-8992	Comments		
City Sun Prairie	State WI	ZIP Code 53590	Signature of Person Doing Work Bj Zyr - Enviroforensics	Date Signed 5/6/2022

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 Waukesha	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name OHM Oconomowoc
Latitude / Longitude (see instructions) 43.1057835 N -88.4787003 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) 268087380
1/4 1/4 NE 1/4 NE or Gov't Lot #	Section 03	Township 07 N	License/Permit/Monitoring # 02-68-551911
Well Street Address 36929 Plank Road	Range 17	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner OHM Holdings
Well City, Village or Town Oconomowoc	Well ZIP Code 53066		Present Well Owner _____
Subdivision Name _____	Lot # _____		Mailing Address of Present Owner 36929 N2494 County Rd F
			City of Present Owner Waukesha
			State WI
			ZIP Code 53186

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

Reason for Removal from Service _____	WI Unique Well # of Replacement Well _____		
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 4/6/2015		
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. _____		
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) 61.0	Casing Diameter (in.) 2		
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 61.0		
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? 1	Depth to Water (feet) 30.29		

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 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 checked="" type="checkbox"/> Conductor Pipe-Pumped
<input 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 type="checkbox"/> Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:	
<input type="checkbox"/> Bentonite Chips	<input checked="" 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
concrete		Surface	1	6 gallons	
cement grout		1	61.0	10.5 gallons	

6. Comments
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7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing On Site Environmental	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 3/23/22	Date Received _____	Noted By _____
Street or Route PO Box 280	Telephone Number (608) 837-8992	Comments _____		
City Sun Prairie	State WI	ZIP Code 53590	Signature of Person Doing Work [Signature]	Date Signed 5/6/2022