



October 10, 2014

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**DNR R & R
SOUTH CENTRAL REGION**

Denise Nettesheim
Wisconsin Department of Natural Resources
3911 Fish Hatchery Road
Fitchburg, WI 53711-5397

**Re: Final Closure Documents
Klinke Cleaners
2875 University Avenue
Madison, Wisconsin
BRRTS#: 02-13-551964**

Dear Ms. Nettesheim:

On October 9, 2014 the one (1) monitoring well (MW-1) at the above-referenced site was abandoned in accordance with Chapter NR 141 of the Wisconsin Administration Code. The well abandonment form (Form 3300-005) is attached. All investigation-derived waste (i.e., soil, purge water, etc.) was previously removed from the site and disposal documentation was included in the closure request. Submittal of this form satisfies the conditions for case closure described in the *Conditional Closure Decision* letter dated September 4, 2014.

Sincerely,
Environmental Forensic Investigations, Inc.

A handwritten signature in blue ink, appearing to read "Brian Kappen".

Brian Kappen, PG
Project Manager

cc: Richard Klinke, Klinke Clothing Care, Inc.

Attachments

Well Abandonment Form 3300-005

Document: 6272-0184
Environmental Forensic Investigations, Inc.
N16 W23390 Stone Ridge Drive, Suite G, Waukesha, WI 53188
Phone: 262-290-4001 • Fax 317-972-7875

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State of Wis., Dept. of Natural Resources
dnr.wis.gov

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

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SOUTH CENTRAL REGION

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

Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Madison	WI Unique Well # of Removed Well _____	Hicap # _____		Facility Name Klinke Cleaners			
Latitude / Longitude (Degrees and Minutes) 43° 04' _____ 'N 89° 26' _____ 'W		Method Code (see instructions) _____		Facility ID (FID or PWS) 113224540			
License/Permit/Monitoring # _____		Original Well Owner Richard Klinke		Present Well Owner Richard Klinke			
1/4 NE 1/4 NW or Gov't Lot #	Section 21	Township 07' N	Range 09	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Mailing Address of Present Owner 4518 Monoa Drive	
Well Street Address 2875 University Ave				City of Present Owner Madison			
Well City, Village or Town Madison				State WI		ZIP Code 53716-	
Subdivision Name				Lot #		Well ZIP Code 53705-	

Reason For Removal From Service Site Closure	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material						
3. Well / Drillhole / Borehole Information		Original Construction Date (mm/dd/yyyy) 05/06/2013		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		
<input checked="" type="checkbox"/> Monitoring Well	If a Well Construction Report is available, please attach.		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		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	
<input type="checkbox"/> Water Well	Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole	Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		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): _____			
Total Well Depth From Ground Surface (ft.) 41.8		Casing Diameter (in.) 2.1		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips				
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) _____		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				
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)? 29		Depth to Water (feet) 28.7				

5. Material Used To Fill Well / Drillhole			From (ft.)	To (ft.)	Cubic Feet
Concrete	Surface	0.5	0.15		
Bentonite-Cement Grout	0.5	41.8	2.4		

6. Comments
MW-1

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing EnviroForensics	License # _____	Date of Filling & Sealing (mm/dd/yyyy) 10/9/2014	Date Received	Noted By	
Street or Route N16 W23390 Stone Ridge Dr.		Telephone Number (317) 972-7870	Comments		
City Waukesha	State WI	ZIP Code 53188-	Signature of Person Doing Work 	Date Signed 10/10/14	