

Letter of Transmittal

Submitted to:

John Hunt

WI Dept. of Natural Resources
1701 N 4Th St
Superior WI 54880

Date:

4/30/2019

Attached

Job:

LeMay Property

Under Separate Cover

Contents:

Well Abandonment Forms
BRRTS #: 03-16-560360

Remarks:

Attached are the well abandonment forms as requested in your "Remaining Actions Needed" letter dated 4/9/19. No investigative waste remains on-site. Once this information has been reviewed, please forward the "Final Closure" letter to the Responsible Party and copy METCO.

If you have any questions please call or email.

Signed: Jason Powell

cc: Mike LeMay - Client

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

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

Verification Only of Fill and Seal

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

1. Well Location Information				2. Facility / Owner Information			
County DOUGLAS		WI Unique Well # of Removed Well _____ VR670 _____		Hicap #		Facility Name LeMay Property	
Latitude / Longitude (Degrees and Minutes) 46 ° 43.25 ' N		Method Code (see instructions)		Facility ID (FID or PWS) 816102980		License/Permit/Monitoring #	
92 ° 5.316 ' W				Original Well Owner Mike LeMay		Present Well Owner Mike LeMay	
Well Street Address 721 Belknap Street		Well City, Village or Town Superior		Well ZIP Code 54880-		Mailing Address of Present Owner 721 Belknap Street	
Subdivision Name		Lot #		City of Present Owner Superior		State WI	
Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well		City of Present Owner Superior		ZIP Code 54880-	

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 8/14/2017		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
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.		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	
Total Well Depth From Ground Surface (ft.) 14		Casing Diameter (in.) 2		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	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 4			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 2.4			
If yes, to what depth (feet)? 1					

5. Material Used To Fill Well / Drillhole		From (ft.)	To (ft.)	Sacks Sealant
Bentonite Chips		Surface	14	0.5

6. Comments
Monitoring Well MW-2R

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Jason Powell/METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 4/25/2019	Date Received	Noted By
Street or Route 709 Gillette Street		Telephone Number (608) 781-8879		Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work 	Date Signed 4/30/2019	

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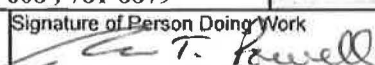
<input type="checkbox"/> Verification Only of Fill and Seal	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input type="checkbox"/> Waste Management <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
County: DOUGLAS WI Unique Well # of Removed Well: VR670 Hicap #: _____	Facility Name: LeMay Property Facility ID (FID or PWS): 816102980 License/Permit/Monitoring #: _____
Latitude / Longitude (Degrees and Minutes): 46 ° 43.25 ' N 92 ° 5.316 ' W	Original Well Owner: Mike LeMay Present Well Owner: Mike LeMay Mailing Address of Present Owner: 721 Belknap Street
Method Code (see instructions): _____ 1/4 SE or Gov't Lot #: _____ Section: 14 Township: 49 N Range: 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	City of Present Owner: Superior State: WI ZIP Code: 54880
Well Street Address: 721 Belknap Street Well City, Village or Town: Superior Subdivision Name: _____	Well ZIP Code: 54880 Lot #: _____
Reason For Removal From Service: Sampling Complete WI Unique Well # of Replacement Well: _____	

3. Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole Original Construction Date (mm/dd/yyyy): 4/21/2015 If a Well Construction Report is available, please attach. _____ Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____ Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock Total Well Depth From Ground Surface (ft.): 14 Casing Diameter (in.): 2 Lower Drillhole Diameter (in.): 8.25 Casing Depth (ft.): 4 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): 2.4	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u> Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Sacks Sealant
Bentonite Chips	Surface	14	0.5

6. Comments
Monitoring Well MW-3

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Jason Powell/METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 4/25/2019	Date Received	Noted By	
Street or Route 709 Gillette Street	Telephone Number (608) 781-8879	Comments			
City La Crosse	State WI	ZIP Code 54603	Signature of Person Doing Work 	Date Signed 4/30/2019	

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<input type="checkbox"/> Verification Only of Fill and Seal	Route to:	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
		<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other:	

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

County DOUGLAS	WI Unique Well # of Removed Well VR670	Hicap #	Facility Name LeMay Property		
Latitude / Longitude (Degrees and Minutes) 46 ° 43.25 ' N 92 ° 5.316 ' W		Method Code (see instructions)			Facility ID (FID or PWS) 816102980
Well Street Address 721 Belknap Street		Original Well Owner Mike LeMay			License/Permit/Monitoring #
Well City, Village or Town Superior		Present Well Owner Mike LeMay			Mailing Address of Present Owner 721 Belknap Street
Subdivision Name		City of Present Owner Superior			State WI
Reason For Removal From Service Sampling Complete		Well ZIP Code 54880-			ZIP Code 54880-

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 4/21/2015	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		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.) 14		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		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Casing Diameter (in.) 2		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Casing Depth (ft.) 4		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 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		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		
Depth to Water (feet) 2.4		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity		

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Sacks Sealant
Bentonite Chips	Surface	14	0.5

6. Comments
Monitoring Well MW-4

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City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Jason T. Powell</i>		Date Signed 4/30/2019

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1. Well Location Information	2. Facility / Owner Information
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If a Well Construction Report is available, please attach.																																																																																																	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____																																																																																																	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock																																																																																																	
Total Well Depth From Ground Surface (ft.) 14	Casing Diameter (in.) 2																																																																																																
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 4																																																																																																
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) 2.4																																																																																																
Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A																																																																																														
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A																																																																																														
Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A																																																																																														
Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A																																																																																														
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A																																																																																														
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A																																																																																														
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A																																																																																														
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input 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 type="checkbox"/> Screened & Poured (Bentonite Chips)	<input checked="" type="checkbox"/> Other (Explain): Gravity																																																																																																
Sealing Materials																																																																																																	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)																																																																																																
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry " "																																																																																																
<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite Chips																																																																																																
For Monitoring Wells and Monitoring Well Boreholes Only:																																																																																																	
<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout																																																																																																
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry																																																																																																

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Sacks Sealant
Bentonite Chips	Surface	14	0.5

6. Comments
Monitoring Well MW-5

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Jason Powell/METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 4/25/2019	Date Received	Noted By	
Street or Route 709 Gillette Street		Telephone Number (608) 781-8879		Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Jason T. Powell</i>		Date Signed 4/30/2019

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

Verification Only of Fill and Seal

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


1. Well Location Information				2. Facility / Owner Information			
County DOUGLAS		WI Unique Well # of Removed Well VR670		Facility Name LeMay Property		Facility ID (FID or PWS) 816102980	
Latitude / Longitude (Degrees and Minutes) 46 ° 43.25 ' N 92 ° 5.316 ' W		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Mike LeMay	
1/4 SE or Gov't Lot #		Section 14	Township 49 N	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W		Present Well Owner Mike LeMay
Well Street Address 721 Belknap Street				Mailing Address of Present Owner 721 Belknap Street			
Well City, Village or Town Superior				Well ZIP Code 54880-		City of Present Owner Superior	
Subdivision Name				Lot #		State WI	ZIP Code 54880-

Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well	
3. Well / Drillhole / Borehole Information			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 4/21/2015 If a Well Construction Report is available, please attach.	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) 14		Casing Diameter (in.) 2	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 4	
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) 2.4	

4. Pump, Liner, Screen, Casing & Sealing Material			
Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input type="checkbox"/> Screened & Poured (Bentonite Chips)		<input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>	
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input checked="" type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole			
Bentonite Chips	From (ft.) Surface	To (ft.) 14	Sacks Sealant 0.5

6. Comments
Monitoring Well MW-6

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Jason Powell/METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 4/25/2019	Date Received	Noted By
Street or Route 709 Gillette Street			Telephone Number (608) 781-8879	Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work 	Date Signed 4/30/2019	