

Letter of Transmittal

Submitted to:

Andy James

WI Dept. of Natural Resources
2984 Shawano Ave.
Green Bay WI 54313 6727

Date:
5/29/2019

Attached

Job:
Keller Property

Under Separate Cover

Contents:

Well Abandonment Forms
BRRTS #: 02-38-560993
PECFA #: 54143-9999-02-A

Remarks:

Attached are the well abandonment forms as requested in your "Remaining Actions Needed" letter dated 2/22/19. No investigative waste remains on-site. Please note that we contacted our client in late-February to schedule abandonment, however due to the amount of snow piled up it was determined to wait and schedule later in the spring. 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: Ken Keller - 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: **MARINETTE** WI Unique Well # of Removed Well: **VP328** Hicap #

Latitude / Longitude (Degrees and Minutes):
45 ° **5.5** ' N
87 ° **36.03** ' W

Method Code (see instructions)

1/4 NE 1/4 NE Section: **8** Township: **30 N** Range: **24** E W
or Gov't Lot #

Well Street Address: **102 Water St**

Well City, Village or Town: **Marinette** Well ZIP Code: **54143-**

Subdivision Name Lot #

Facility Name: **Keller Property**

Facility ID (FID or PWS)

License/Permit/Monitoring #

Original Well Owner: **Ken Keller**

Present Well Owner: **Ken Keller**

Mailing Address of Present Owner: **309 Odgen St**

City of Present Owner: **Marinette** State: **WI** ZIP Code: **54143-**

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

3. Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **11/23/2015**
 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.): **14** Casing Diameter (in.): **2**

Lower Drillhole Diameter (in.): **8.25** Casing Depth (ft.): **4**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet): **2.32**

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

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

Sealing Materials:
 Neat Cement Grout Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry " "
 Concrete 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.)	LBS
Bentonite Chips	Surface	14	22.4

6. Comments
 MW-1

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing			DNR Use Only	
Name	License #	Date of Filling & Sealing (mm/dd/yyyy)	Date Received	Noted By
Rob Wilmoth		5/20/2019		
Street or Route: 709 Gillette St., Ste. #3		Telephone Number: (608) 781-8879	Comments	
City: La Crosse	State: WI	ZIP Code: 54601-	Signature of Person Doing Work: <i>[Signature]</i>	Date Signed: 5/28/2019

Facility/Project Name Keller Property	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-1
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. " " " " Long. " " " "	Wis. Unique Well No. VP328 DNR Well ID No.
Facility ID	St. Planc ft. N. ft. E. S/C/N	Date Well Installed 11, 23, 2015 m m d d y y y y
Type of Well Well Code 11, MW	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Darrin Prentice Geiss Soil & Samples LLC
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation ----- ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation ----- ft. MSL	2. Protective cover pipe: a. Inside diameter: 8 in.
C. Land surface elevation ----- ft. MSL	b. Length: 1 ft.
D. Surface seal, bottom ----- ft. MSL or 0 ft.	c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
17. Source of water (attach analysis, if required): _____	7. Fine sand material: Manufacturer, product name & mesh size a. #15 Red Flint
E. Bentonite seal, top ----- ft. MSL or 6.5 ft.	b. Volume added _____ ft ³
F. Fine sand, top ----- ft. MSL or 2.3 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 Red Flint
G. Filter pack, top ----- ft. MSL or 2.5 ft.	b. Volume added _____ ft ³
H. Screen joint, top ----- ft. MSL or 3.4 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
I. Well bottom ----- ft. MSL or 13.14 ft.	10. Screen material: PVC
J. Filter pack, bottom ----- ft. MSL or 14 ft.	a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
K. Borehole, bottom ----- ft. MSL or 14 ft.	b. Manufacturer Johnson
L. Borehole, diameter 8.25 in.	c. Slot size: 0.010 in.
M. O.D. well casing 2.40 in.	d. Slotted length: 10 ft.
N. I.D. well casing 2.06 in.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/>

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature **Darrin Prentice** Firm **Geiss Soil & Samples LLC**

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

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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 MARINETTE	WI Unique Well # of Removed Well _____ VP329 _____	Hicap # _____	Facility Name Keller Property		
Latitude / Longitude (Degrees and Minutes) 45 ° 5.5 ' N 87 ° 36.03 ' W		Method Code (see instructions) _____			
1/4 NE or Gov't Lot # _____		Section 8	Township 30 N	Range 24	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 102 Water St			Original Well Owner Ken Keller		
Well City, Village or Town Marinette			Present Well Owner Ken Keller		
Subdivision Name _____			Mailing Address of Present Owner 309 Odgen St		
Well ZIP Code 54143-			City of Present Owner Marinette		
State WI			ZIP Code 54143-		

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well _____	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) 11/23/2015		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 checked="" 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	

3. Well / Drillhole / Borehole Information		Required Method of Placing Sealing Material			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<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			
Total Well Depth From Ground Surface (ft.) 14	Casing Diameter (in.) 2	Sealing Materials			
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 4	<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			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		For Monitoring Wells and Monitoring Well Boreholes Only:			
If yes, to what depth (feet)? 3	Depth to Water (feet) 2.27	<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used To Fill Well / Drillhole		
From (ft.)	To (ft.)	LBS
Bentonite Chips	Surface	14
		22.4

6. Comments	
MW-2	

7. Supervision of Work			DNR Use Only		
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth	License # _____	Date of Filling & Sealing (mm/dd/yyyy) 5/20/2019	Date Received _____	Noted By _____	
Street or Route 709 Gillette St., Ste. #3		Telephone Number (608) 781-8879	Comments _____		
City La Crosse	State WI	ZIP Code 54601-	Signature of Person Doing Work 		
			Date Signed 5/28/2019		

Facility/Project Name Keller Property	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-2
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or _____	Wis. Unique Well No. VP 329 DNR Well ID No.
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 11/23/2015 m m d d y y y y
Type of Well Well Code 11, MW	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. <input type="checkbox"/> <input type="checkbox"/>	Well Installed By: Name (first, last) and Firm Darrin Prentice Geiss Soil & Samples LLC
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: 8 in. b. Length: 1 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. #15 Red Flint b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 Red Flint b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 5 ft.	10. Screen material: PVC a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or 2 ft.	b. Manufacturer Johnson c. Slot size: 0.010 in. d. Slotted length: 10 ft.
G. Filter pack, top _____ ft. MSL or 2.5 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 3 ft.	
I. Well bottom _____ ft. MSL or 13 ft.	
J. Filter pack, bottom _____ ft. MSL or 14 ft.	
K. Borehole, bottom _____ ft. MSL or 14 ft.	
L. Borehole, diameter 8.25 in.	
M. O.D. well casing 2.40 in.	
N. I.D. well casing 2.06 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature **Darrin Prentice** Firm **Geiss Soil & Samples LLC**

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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 MARINETTE		WI Unique Well # of Removed Well _____ VP330 _____		Hicap #		Facility Name Keller Property	
Latitude / Longitude (Degrees and Minutes) 45 ° 5.5 ' N		Method Code (see instructions)		Facility ID (FID or PWS)		License/Permit/Monitoring #	
87 ° 36.03 ' W				Original Well Owner Ken Keller		Present Well Owner Ken Keller	
1/4 NE	1/4 NE	Section 8	Township 30 N	Range 24	<input checked="" type="checkbox"/> E	Mailing Address of Present Owner 309 Odgen St	
or Gov't Lot #				<input type="checkbox"/> W		City of Present Owner Marinette	
Well Street Address 102 Water St				State WI			
Well City, Village or Town Marinette				ZIP Code 54143-			
Subdivision Name				Lot #			

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well
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3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 11/23/2015	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:		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)	Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Dug	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 14	Casing Diameter (in.) 2	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
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 4	Required Method of Placing Sealing Material			
Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
If yes, to what depth (feet)? 3	Depth to Water (feet) 2.31	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity			
5. Material Used To Fill Well / Drillhole		Sealing Materials			
Bentonite Chips		<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			
		From (ft.)	To (ft.)	LBS	
		Surface	14	22.4	

6. Comments				
MW-3				
7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth	License #	Date of Filling & Sealing (mm/dd/yyyy) 5/20/2019	Date Received	Noted By
Street or Route 709 Gillette St., Ste. #3	Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54601-	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 5/28/2019

Facility/Project Name Keller Property	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-3
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or _____	Wis. Unique Well No. VP330 DNR Well ID No.
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 11, 23, 2015 m m d d y y y y
Type of Well Well Code 11, MW	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Darrin Prentice Geiss Soil & Samples LLC
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number
	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL
 B. Well casing, top elevation _____ ft. MSL
 C. Land surface elevation _____ ft. MSL
 D. Surface seal, bottom _____ ft. MSL or **0** ft.

12. USCS classification of soil near screen:
 OP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

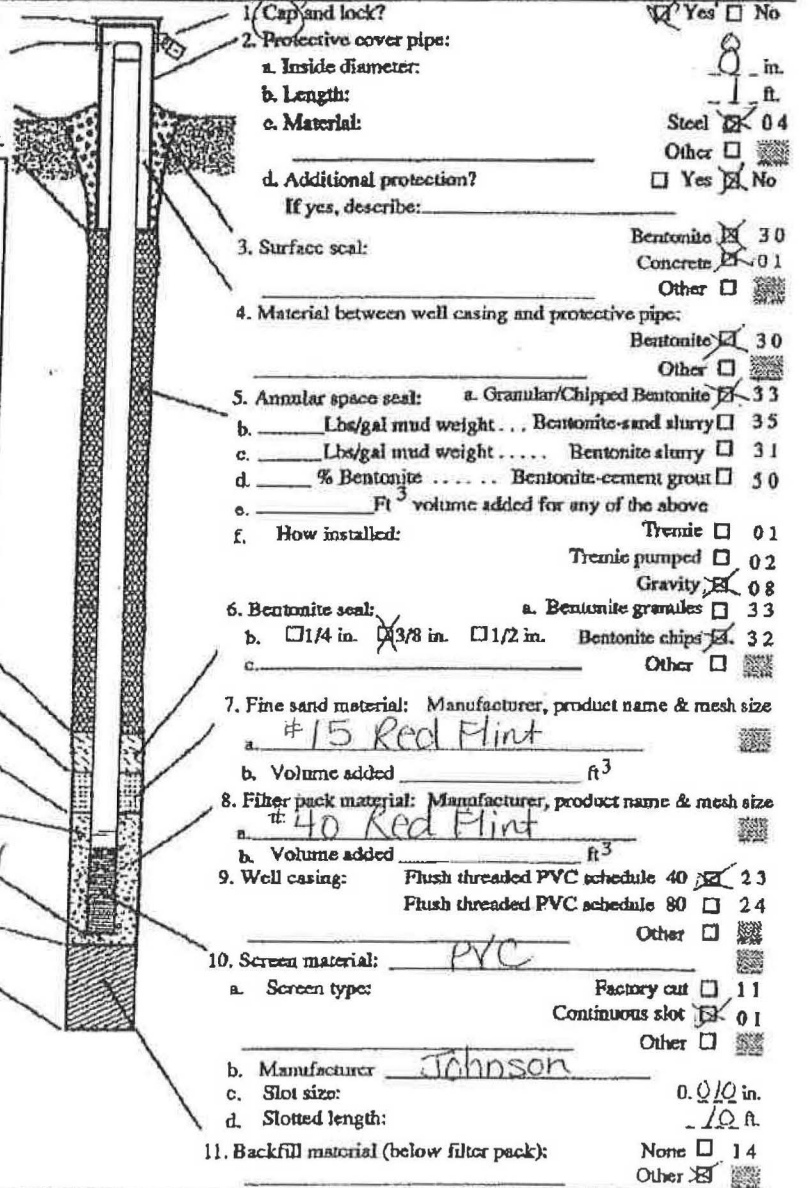
13. Sieve analysis performed? Yes No

14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis, if required):



E. Bentonite seal, top _____ ft. MSL or **5** ft.
 F. Fine sand, top _____ ft. MSL or **2** ft.
 G. Filter pack, top _____ ft. MSL or **2.5** ft.
 H. Screen joint, top _____ ft. MSL or **3** ft.
 I. Well bottom _____ ft. MSL or **13** ft.
 J. Filter pack, bottom _____ ft. MSL or **14** ft.
 K. Borehole, bottom _____ ft. MSL or **14** ft.
 L. Borehole, diameter **8.25** in.
 M. O.D. well casing **2.40** in.
 N. I.D. well casing **2.06** in.

1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: **8** in.
 b. Length: **1** ft.
 c. Material: Steel 04
 Other

d. Additional protection? Yes No
 If yes, describe: _____

3. Surface seal: Bentonite 30
 Concrete 01
 Other

4. Material between well casing and protective pipe:
 Bentonite 30
 Other

5. Annular space seal: a. Granular/Chipped Bentonite 33
 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight . . . Bentonite slurry 31
 d. _____ % Bentonite . . . Bentonite-cement grout 50
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08

6. Bentonite seal: a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 c. Other

7. Fine sand material: Manufacturer, product name & mesh size
 a. **#15 Red Flint**
 b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
 a. **#40 Red Flint**
 b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other

10. Screen material: **PVC**
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other

b. Manufacturer **Johnson**
 c. Slot size: **0.010** in.
 d. Slotted length: **10** ft.

11. Backfill material (below filter pack): None 14
 Other

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature: **Darrin Prentice** Firm: **Geiss Soil & Samples LLC**

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

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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 MARINETTE		WI Unique Well # of Removed Well VP331		Hicap #		Facility Name Keller Property	
Latitude / Longitude (Degrees and Minutes) 45 ° 5.5 ' N		Method Code (see instructions)		Facility ID (FID or PWS)		License/Permit/Monitoring #	
87 ° 36.03 ' W				Original Well Owner Ken Keller		Present Well Owner Ken Keller	
1/4 NE or Gov't Lot #		Section 8	Township 30 N	Range 24	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Mailing Address of Present Owner 309 Odgen St	
Well Street Address 102 Water St				City of Present Owner Marinette			
Well City, Village or Town Marinette				State WI			
Subdivision Name				ZIP Code 54143-			
Well ZIP Code 54143-							

Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well	
3. Well / Drillhole / Borehole Information		Original Construction Date (mm/dd/yyyy) 11/23/2015	
<input checked="" type="checkbox"/> Monitoring Well		If a Well Construction Report is available, please attach.	
<input type="checkbox"/> Water Well			
<input type="checkbox"/> Borehole / Drillhole			
Construction Type:			
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)	
<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Dug	

Formation Type:		Required Method of Placing Sealing Material	
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Conductor Pipe-Gravity	
<input type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe-Pumped	
Total Well Depth From Ground Surface (ft.) 14		<input type="checkbox"/> Screened & Poured (Bentonite Chips)	
Casing Diameter (in.) 2		<input checked="" type="checkbox"/> Other (Explain): Gravity	
Lower Drillhole Diameter (in.) 8.25		Sealing Materials	
Casing Depth (ft.) 4		<input type="checkbox"/> Neat Cement Grout	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Sand-Cement (Concrete) Grout	
If yes, to what depth (feet)? 3		<input type="checkbox"/> Concrete	
Depth to Water (feet) 2.6		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
		<input type="checkbox"/> Bentonite-Sand Slurry " "	
		<input type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input checked="" type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	LBS
Bentonite Chips	Surface	14	22.4

6. Comments
MW-4

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth		License #	Date of Filling & Sealing (mm/dd/yyyy) 5/20/2019	Date Received	Noted By
Street or Route 709 Gillette St., Ste. #3			Telephone Number (608) 781-8879	Comments	
City La Crosse	State WI	ZIP Code 54601-	Signature of Person Doing Work <i>Rob Wilmoth</i>	Date Signed 5/28/2019	

Facility/Project Name Keller Property	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-4
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. VP331 DNR Well ID No.
Facility ID	Lat. _____ Long. _____ or	Date Well Installed 11,23,2015
Type of Well Well Code 11, MW	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Darrin Prentice Geiss Soil & Samples LLC
Distance from Waste/Source _____ ft.	Location of Well Relative to Waste/Source <input type="checkbox"/> Upgradient <input type="checkbox"/> Sidegradient <input type="checkbox"/> Downgradient <input type="checkbox"/> Not Known	Gov. Lot Number
Enf. Stds. Apply <input type="checkbox"/>		

- A. Protective pipe, top elevation _____ ft. MSL
- B. Well casing, top elevation _____ ft. MSL
- C. Land surface elevation _____ ft. MSL
- D. Surface seal, bottom _____ ft. MSL or 0 ft.

12. USCS classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

13. Sieve analysis performed? Yes No

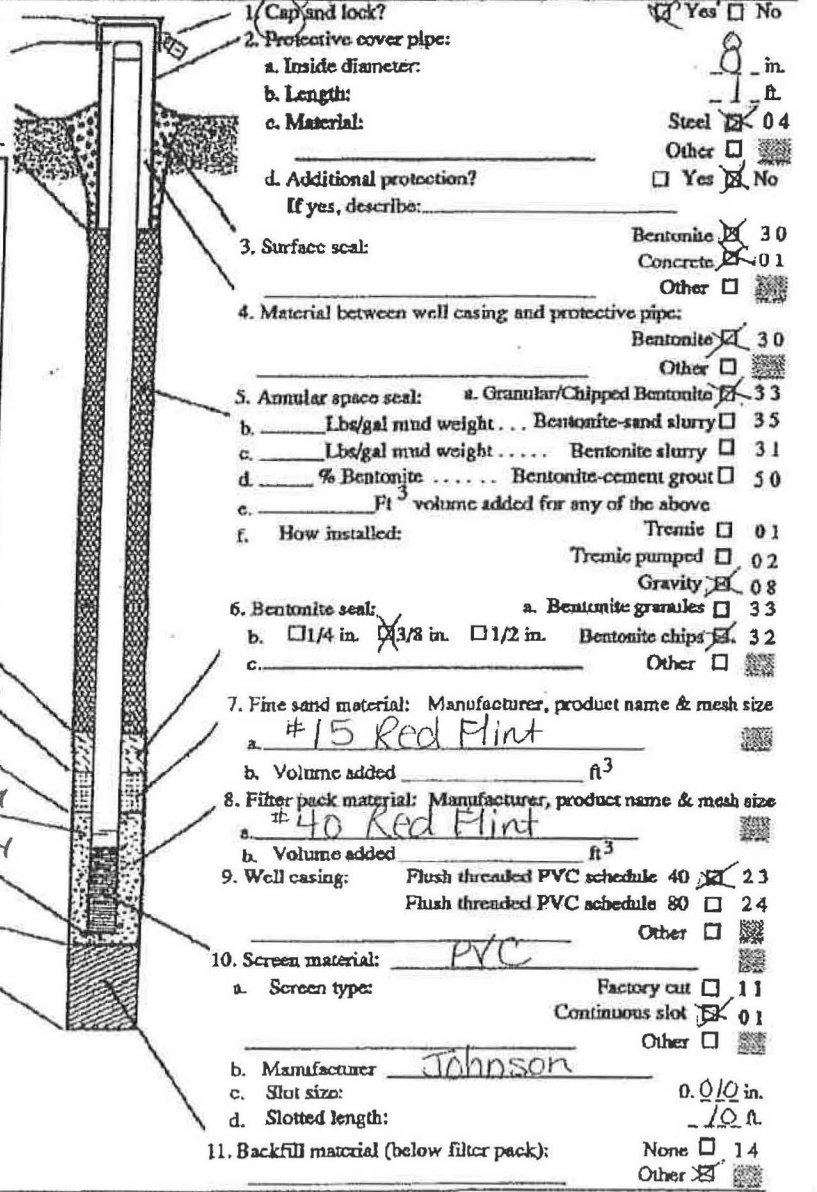
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99

16. Drilling additives used? Yes No

Describe _____

17. Source of water (strach analysis, if required): _____



- E. Bentonite seal, top _____ ft. MSL or 0.5 ft.
- F. Fine sand, top _____ ft. MSL or 2 ft.
- G. Filter pack, top _____ ft. MSL or 2.5 ft.
- H. Screen joint, top _____ ft. MSL or 3 ft.
- I. Well bottom _____ ft. MSL or 13 ft.
- J. Filter pack, bottom _____ ft. MSL or 14 ft.
- K. Borehole, bottom _____ ft. MSL or 14 ft.
- L. Borehole, diameter 8.25 in.
- M. O.D. well casing 2.40 in.
- N. I.D. well casing 2.06 in.

- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 a. Inside diameter: 8 in.
 b. Length: 1 ft.
 c. Material: Steel 04
 Other
- 3. Surface seal: Bentonite 30
 Concrete 01
 Other
- 4. Material between well casing and protective pipe:
 Bentonite 30
 Other
- 5. Annular space seal: a. Granular/Chipped Bentonite 33
 b. _____ Lbs/gal mud weight... Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight... Bentonite slurry 31
 d. _____ % Bentonite... Bentonite-cement grout 50
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08
- 6. Bentonite seal:
 a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. #15 Red Flint
 b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. #40 Red Flint
 b. Volume added _____ ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material: PVC
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
- b. Manufacturer Johnson
 c. Slot size: 0.010 in.
 d. Slotted length: 10 ft.
- 11. Backfill material (below filter pack): None 14
 Other

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

Signature Darrin Prentice Firm Geiss Soil & Samples LLC

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

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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 MARINETTE		WI Unique Well # of Removed Well VP332_	Hicap #	Facility Name Keller Property
Latitude / Longitude (Degrees and Minutes) 45 ° 5.5 ' N		Method Code (see instructions)		Facility ID (FID or PWS)
87 ° 36.03 ' W				License/Permit/Monitoring #
1/4 NE	1/4 NE	Section 8	Township 30 N	Original Well Owner Ken Keller
or Gov't Lot #			Range 24	Present Well Owner Ken Keller
			<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Mailing Address of Present Owner 309 Odgen St
Well Street Address 102 Water St				City of Present Owner Marinette
Well City, Village or Town Marinette		Well ZIP Code 54143-		State WI
Subdivision Name		Lot #		ZIP Code 54143-

Reason For Removal From Service: **Sampling Complete**

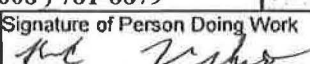
WI Unique Well # of Replacement Well: _____

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 11/23/2015	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:		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)	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 14	Casing Diameter (in.) 2	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
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 4	Required Method of Placing Sealing Material
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 2.2	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
If yes, to what depth (feet)? 3		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity
5. Material Used To Fill Well / Drillhole		Sealing Materials
From (ft.)	To (ft.)	LBS
Surface	14	22.4
Bentonite Chips		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only:
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole			From (ft.)	To (ft.)	LBS
Bentonite Chips			Surface	14	22.4

6. Comments
MW-5

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth	License #	Date of Filling & Sealing (mm/dd/yyyy) 5/20/2019	Date Received	Noted By
Street or Route 709 Gillette St., Ste. #3		Telephone Number (608) 781-8879	Comments	
City La Crosse	State WI	ZIP Code 54601-	Signature of Person Doing Work 	Date Signed 5/28/2019

Facility/Project Name Keller Property	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-5
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ "Long. _____ " or _____	Wis. Unique Well No. VP332 DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 11/23/2015 m m d d y y y y
Type of Well Well Code 11, MW	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Darrin Prentice Geiss Soil & Samples LLC
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in.
C. Land surface elevation _____ ft. MSL	b. Length: _____ ft.
D. Surface seal, bottom _____ ft. MSL or _____ ft.	c. Material: Steel <input checked="" type="checkbox"/> 0.4 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 3.0 Concrete <input checked="" type="checkbox"/> 0.1 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 5.0 Hollow Stem Auger <input checked="" type="checkbox"/> 4.1 Other <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 3.0 Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 0.2 Air <input type="checkbox"/> 0.1 Drilling Mud <input type="checkbox"/> 0.3 None <input checked="" type="checkbox"/> 9.9	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 3.3 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 3.5 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 3.1 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 5.0 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0.1 Tremie pumped <input type="checkbox"/> 0.2 Gravity <input checked="" type="checkbox"/> 0.8
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe: _____	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3.3 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 3.2 c. _____ Other <input type="checkbox"/>
17. Source of water (attach analysis, if required): _____	7. Fine sand material: Manufacturer, product name & mesh size a. #15 Red Flint
E. Bentonite seal, top _____ ft. MSL or 6.5 ft.	b. Volume added _____ ft ³
F. Fine sand, top _____ ft. MSL or 2.3 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 Red Flint
G. Filter pack, top _____ ft. MSL or 2.5 ft.	b. Volume added _____ ft ³
H. Screen joint, top _____ ft. MSL or 3.4 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2.3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2.4 Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or 13.14 ft.	10. Screen material: PVC
J. Filter pack, bottom _____ ft. MSL or 1.4 ft.	a. Screen type: Factory cut <input type="checkbox"/> 1.1 Continuous slot <input checked="" type="checkbox"/> 0.1 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 1.4 ft.	b. Manufacturer Johnson
L. Borehole, diameter 8.25 in.	c. Slot size: 0.010 in.
M. O.D. well casing 2.40 in.	d. Slotted length: 1.0 ft.
N. I.D. well casing 2.06 in.	11. Backfill material (below filter pack): None <input type="checkbox"/> 1.4 Other <input checked="" type="checkbox"/>

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature Darrin Prentice Firm Geiss Soil & Samples LLC

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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: **MARINETTE** WI Unique Well # of Removed Well: **VP333** Hicap #

Latitude / Longitude (Degrees and Minutes):
45 ° **5.5** ' N
87 ° **36.03** ' W

Method Code (see instructions)

1/4 NE 1/4 NE Section: **8** Township: **30 N** Range: **24** E W

or Gov't Lot #

Well Street Address: **102 Water St**

Well City, Village or Town: **Marinette** Well ZIP Code: **54143-**

Subdivision Name Lot #

Facility Name: **Keller Property**

Facility ID (FID or PWS)

License/Permit/Monitoring #

Original Well Owner: **Ken Keller**

Present Well Owner: **Ken Keller**

Mailing Address of Present Owner: **309 Odgen St**

City of Present Owner: **Marinette** State: **WI** ZIP Code: **54143-**

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

3. Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **11/23/2015**

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.): **14** Casing Diameter (in.): **2**

Lower Drillhole Diameter (in.): **8.25** Casing Depth (ft.): **4**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet): **2.7**

3

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): **Gravity**

Sealing Materials

Neat Cement Grout Clay-Sand Slurry (11 lb./gal. wt.)

Sand-Cement (Concrete) Grout Bentonite-Sand Slurry " "

Concrete 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.)	LBS
Bentonite Chips	Surface	14	22.4

6. Comments

MW-6

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

Name of Person or Firm Doing Filling & Sealing: **Rob Wilmoth** License # Date of Filling & Sealing (mm/dd/yyyy): **5/20/2019** Date Received Noted By

Street or Route: **709 Gillette St., Ste. #3** Telephone Number: **(608) 781-8879** Comments

City: **La Crosse** State: **WI** ZIP Code: **54601-** Signature of Person Doing Work: *Rob Wilmoth* Date Signed: **5/28/2019**

Facility/Project Name Keller Property	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-6
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. VP 333 DNR Well ID No.
Facility ID	St. Plane ft. N. <input type="checkbox"/> ft. E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Date Well Installed 11/23/2015 m m d d y y y y
Type of Well Well Code 11, MW	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N. R. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: Name (first, last) and Firm Darrin Prentice Geiss Soil & Samples LLC
Distance from Waste/Source ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient a <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation	ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation	ft. MSL	2. Protective cover pipe: a. Inside diameter: 8 in. b. Length: 1 ft. c. Material: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> 04 <input type="checkbox"/> Other <input type="checkbox"/>
C. Land surface elevation	ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom	ft. MSL or 0 ft.	3. Surface seal: <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> 30 <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> 01 <input type="checkbox"/> Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		4. Material between well casing and protective pipe: <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> 30 <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. Lbs/gal mud weight... Bentonite-sand slurry <input type="checkbox"/> 35 c. Lbs/gal mud weight... Bentonite slurry <input type="checkbox"/> 31 d. % Bentonite... Bentonite-cement grout <input type="checkbox"/> 50 e. Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99		7. Fine sand material: Manufacturer, product name & mesh size a. #15 Red Flint b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. Filter pack material: Manufacturer, product name & mesh size a. #40 Red Flint b. Volume added _____ ft ³
Describe _____		9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
17. Source of water (attach analysis, if required):		10. Screen material: PVC a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
E. Bentonite seal, top	ft. MSL or 5 ft.	b. Manufacturer Johnson c. Slot size: 0.010 in. d. Slotted length: 10 ft.
F. Fine sand, top	ft. MSL or 2 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/>
G. Filter pack, top	ft. MSL or 2.5 ft.	
H. Screen joint, top	ft. MSL or 3 ft.	
I. Well bottom	ft. MSL or 13 ft.	
J. Filter pack, bottom	ft. MSL or 14 ft.	
K. Borehole, bottom	ft. MSL or 14 ft.	
L. Borehole, diameter	8.25 in.	
M. O.D. well casing	2.40 in.	
N. I.D. well casing	2.06 in.	

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

Signature **Darrin Prentice** Firm **Geiss Soil & Samples LLC**

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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 MARINETTE		WI Unique Well # of Removed Well VR654		Facility Name Keller Property		Facility ID (FID or PWS)	
Latitude / Longitude (Degrees and Minutes) 45 ° 5.5 ' N 87 ° 36.03 ' W		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Ken Keller	
1/4 1/4 NE or Gov't Lot #		Section 8	Township 30 N	Range 24	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Present Well Owner Ken Keller
Well Street Address 102 Water St				Mailing Address of Present Owner 309 Odgen St			
Well City, Village or Town Marinette				Well ZIP Code 54143-			
Subdivision Name				City of Present Owner Marinette		State WI	ZIP Code 54143-

Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 4/11/2017		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				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 <input type="checkbox"/> Other (specify): _____				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.) 4				Casing Diameter (in.) 1		Did sealing material rise to surface?	
Lower Drillhole Diameter (in.) 2				Casing Depth (ft.) 3.5		<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				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)? 3.5				Depth to Water (feet) 0.62		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 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.)	LBS
Bentonite Chips			Surface	4	6.4

6. Comments
TW-24

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth		License #	Date of Filling & Sealing (mm/dd/yyyy) 5/20/2019	Date Received	Noted By
Street or Route 709 Gillette St., Ste. #3			Telephone Number (608) 781-8879	Comments	
City La Crosse	State WI	ZIP Code 54601-	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 5/28/2019	

Facility/Project Name Keller Property		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name TW-24	
Facility License, Permit or Monitoring No.		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. 45° 5' 30.08" Long. 87° 36' 2.23" or		Wis. Unique Well No. DNR Well ID No. VR654	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed <u>4/11/2017</u> m m d d y y v v v y	
Type of Well Well Code <u>99 / Ot</u>		Section Location of Waste/Source NE 1/4 of NE 1/4 of Sec. <u>8</u> , T. <u>30</u> N, R. <u>24</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm Darrin Prentice	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Geiss Soil & Samples, LLC	
Enf. Stds. Apply <input type="checkbox"/>		Gov. Lot Number _____			

- A. Protective pipe, top elevation _____ ft. MSL
- B. Well casing, top elevation 579 ft. MSL
- C. Land surface elevation 578 ft. MSL
- D. Surface seal, bottom _____ ft. MSL or _____ ft.

12. USCS classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

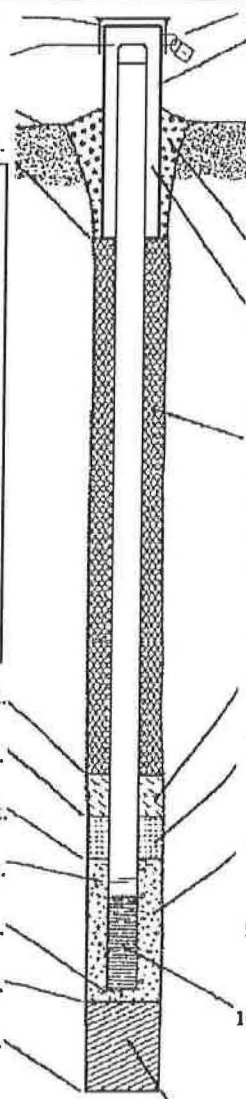
13. Sieve analysis performed? Yes No

14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Geoprobe _____ Other

15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis, if required):



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: _____ in.
 - b. Length: _____ ft.
 - c. Material: Steel 04
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal: Bentonite 30
Concrete 01
Other
- 4. Material between well casing and protective pipe: Bentonite 30
Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 33
 - b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight Bentonite slurry 31
 - d. _____ % Bentonite Bentonite-cement grout 50
 - e. _____ Ft³ volume added for any of the above
 - f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
- 6. Bentonite seal:
 - a. Bentonite granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - c. Granular Bentonite _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. Red Flint #40
 b. Volume added 0.5 ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material: PVC _____
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
 b. Manufacturer _____
 c. Slot size: 0.01 in.
 d. Slotted length: 3.5 ft.
- 11. Backfill material (below filter pack): None 14
 Other

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

Signature Matt C. Miller Firm METCO

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