

Letter of Transmittal

RECEIVED

WI Dept of Natural Resources

MAR 21 2017

Wisconsin Rapids Service Center
Wisconsin Rapids, WI

Submitted to:

Dee Lance

WI Dept. of Natural Resources
473 Griffith Avenue
Wisconsin Rapids WI 54494

Date:

2/22/2017

Attached

Job:

Shari Sales & Service (Former)

Under Separate Cover

Contents:

Well Abandonment Forms.
BRRTS #: 03-01-561731

Remarks:

Attached are the well abandonment forms as requested in your "Remaining Actions Needed" letter dated 2/3/17. No investigative waste remains on-site. Once you have reviewed this information please forward the "Final Closure" letter to the RP and METCO.

If you have any questions please call or email.

Signed: Jason Powell

cc: Nicholas Buck - 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**

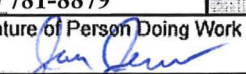
County ADAMS	WI Unique Well # of Removed Well VO494	Hicap #	Facility Name Shari Sales & Service
Latitude / Longitude (Degrees and Minutes) 43 ° 59.18 ' N 89 ° 48.73 ' W			Facility ID (FID or PWS)
Method Code (see instructions)			License/Permit/Monitoring #
1/4 NE	1/4 SW	Section 32	Township 18 N
or Gov't Lot #		Range 6	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 1866 State Hwy 13			Original Well Owner Nicholas Buck
Well City, Village or Town Friendship			Present Well Owner Nicholas Buck
Subdivision Name			Mailing Address of Present Owner 2146 West 10th Drive
Well ZIP Code 53934-			City of Present Owner Adams
Lot #			State WI
Reason For Removal From Service Sampling Complete			ZIP Code 53910-

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

WI Unique Well # of Replacement Well	Original Construction Date (mm/dd/yyyy) 3/23/2015	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	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
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 25	Casing Diameter (in.) 2	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 15	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input 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)? 11	Depth to Water (feet) 20.89	If yes, was hole relapped? <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Material Used To Fill Well / Drillhole		Required Method of Placing Sealing Material
Bentonite Chips	From (ft.) Surface	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
	To (ft.) 25	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity
	Lbs. 40	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	25	40

6. Comments
Monitoring Well MW-1

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Jon Jensen/METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 2/20/2017	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 54603-	Signature of Person Doing Work 	Date Signed 2/20/2017

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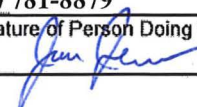
Verification Only of Fill and Seal

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

1. Well Location Information				2. Facility / Owner Information			
County ADAMS		WI Unique Well # of Removed Well _____ VO495 _____		Facility Name Shari Sales & Service		Facility ID (FID or PWS)	
Latitude / Longitude (Degrees and Minutes) 43 ° 59.18 ' N		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Nicholas Buck	
89 ° 48.73 ' W		Section 32		Township 18 N		Range 6 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 1866 State Hwy 13		Well ZIP Code 53934-		Present Well Owner Nicholas Buck		Mailing Address of Present Owner 2146 West 10th Drive	
Well City, Village or Town Friendship		Subdivision Name		City of Present Owner Adams		State WI	
or Gov't Lot #		Lot #		ZIP Code 53910-			

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) 3/23/2015		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.) 25		Casing Diameter (in.) 2		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	
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 15		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)? 11		Depth to Water (feet) 20.89		<input type="checkbox"/> Screened & Poured (Bentonite Chips)		<input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>	

5. Material Used To Fill Well / Drillhole				Sealing Materials	
Bentonite Chips		From (ft.) Surface		To (ft.) 25	
				Lbs. 40	
6. Comments				For Monitoring Wells and Monitoring Well Boreholes Only:	
Monitoring Well MW-2				<input checked="" type="checkbox"/> Bentonite Chips	
				<input type="checkbox"/> Bentonite - Cement Grout	
				<input type="checkbox"/> Granular Bentonite	
				<input type="checkbox"/> Bentonite - Sand Slurry	

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Jon Jensen/METCO		License #		Date Received	
Date of Filling & Sealing (mm/dd/yyyy) 2/20/2017		Street or Route 709 Gillette St, Ste. 3		Noted By	
Telephone Number (608) 781-8879		Signature of Person Doing Work 		Comments	
City La Crosse		State WI		Date Signed 2/20/2017	
ZIP Code 54603-					

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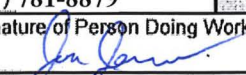
Route to:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County ADAMS		WI Unique Well # of Removed Well _____ VO496 _____		Facility Name Shari Sales & Service		Facility ID (FID or PWS)	
Latitude / Longitude (Degrees and Minutes) 43 ° 59.18 ' N 89 ° 48.73 ' W		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Nicholas Buck	
¼ / ¼ NE	¼ SW	Section 32	Township 18 N	Range 6	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner Nicholas Buck	
Well Street Address 1866 State Hwy 13				Mailing Address of Present Owner 2146 West 10th Drive			
Well City, Village or Town Friendship			Well ZIP Code 53934-		City of Present Owner Adams		State WI
Subdivision Name			Lot #		ZIP Code 53910-		

Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well _____		4. Pump, Liner, Screen, Casing & Sealing Material			
3. Well / Drillhole / Borehole Information				Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 3/23/2015		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type:				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____						Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		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			
Total Well Depth From Ground Surface (ft.) 25		Casing Diameter (in.) 2		Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) 15		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>			
If yes, to what depth (feet)? 11		Depth to Water (feet) 20.89		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	25	40

6. Comments
Monitoring Well MW-3

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Jon Jensen/METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 2/20/2017	Date Received	Noted By
Street or Route 709 Gillette St, Ste. 3			Telephone Number (608) 781-8879	Comments	
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