

Letter of Transmittal

RECEIVED
WI Dept of Natural Resources

OCT 26 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: 10/3/2017	<input checked="" type="radio"/> Attached
Job: Boberg's Gas n Go	<input checked="" type="radio"/> Under Separate Cover

Contents: Well Abandonment Forms BRRTS #: 03-29-563792
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Remarks:

Attached are the well abandonment forms as requested in your "Remaining Actions Needed" letter dated 9/12/17. No investigative waste remains on-site. Following the review of this information please forward the "Final Closure" letter to our client and copy METCO.

If you have any questions please call or email.

Signed: Jason Powell

cc: Art Boberg - Client

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

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

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 JUNEAU		WI Unique Well # of Removed Well _____ VR616 _____	Hicap #	Facility Name Bobergs Gas N Go		Facility ID (FID or PWS) 729039740	
Latitude / Longitude (Degrees and Minutes) 43 ° 47.76 ' N 90 ° 4.45 ' W		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner Art Boberg	
¼ / ¼ NE	¼ SE	Section 12	Township 15 N	Range 3	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner Art Boberg	
Well Street Address 304 East State Street				Mailing Address of Present Owner 304 East State Street			
Well City, Village or Town Mauston			Well ZIP Code 53948-		City of Present Owner Mauston		State WI
Subdivision Name			Lot #		ZIP Code 53948-		

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) 7/7/2016	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)	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 type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Total Well Depth From Ground Surface (ft.) 13	Casing Diameter (in.) 2.4	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 3	<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): Gravity
If yes, to what depth (feet)? 2	Depth to Water (feet) 5.61	Sealing Materials	
5. Material Used To Fill Well / Drillhole		<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
Bentonite Chips	Surface 13 19.5	<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.)	Pounds
Surface	13	19.5

6. Comments
Monitoring Well MW-1

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Bryce Kujawa (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 9/27/2017	Date Received	Noted By
Street or Route 709 Gillette Street, Suite 3		Telephone Number (608) 781-8879	Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Bryce Kujawa</i>	Date Signed

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

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.

<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 type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Remediation/Redevelopment
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1. Well Location Information **2. Facility / Owner Information**

County JUNEAU	WI Unique Well # of Removed Well VR617	Hicap #	Facility Name Bobergs Gas N Go														
Latitude / Longitude (Degrees and Minutes) 43 ° 47.76 ' N 90 ° 4.45 ' W			Facility ID (FID or PWS) 729039740														
Method Code (see instructions)			License/Permit/Monitoring #														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>1/4 NE</td> <td>1/4 SE</td> <td>Section</td> <td>Township</td> <td>Range</td> <td><input checked="" type="checkbox"/> E</td> <td><input type="checkbox"/> W</td> </tr> <tr> <td></td> <td></td> <td>12</td> <td>15 N</td> <td>3</td> <td></td> <td></td> </tr> </table>			1/4 NE	1/4 SE	Section	Township	Range	<input checked="" type="checkbox"/> E	<input type="checkbox"/> W			12	15 N	3			Original Well Owner Art Boberg
1/4 NE	1/4 SE	Section	Township	Range	<input checked="" type="checkbox"/> E	<input type="checkbox"/> W											
		12	15 N	3													
Well Street Address 304 East State Street			Present Well Owner Art Boberg														
Well City, Village or Town Mauston			Mailing Address of Present Owner 304 East State Street														
Subdivision Name			City of Present Owner Mauston														
Well ZIP Code 53948-			State WI														
Lot #			ZIP Code 53948-														

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 <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 7/7/2016	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <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): _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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
Total Well Depth From Ground Surface (ft.) 13	Casing Diameter (in.) 2.4	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
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 3	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
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 4.54	

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Pounds	
Bentonite Chips	Surface	13	19.5	

6. Comments
Monitoring Well MW-2

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Bryce Kujawa (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 9/27/2017	Date Received	Noted By	
Street or Route 709 Gillette Street, Suite 3			Telephone Number (608) 781-8879	Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Bryce Kujawa</i>		Date Signed

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 JUNEAU	WI Unique Well # of Removed Well VR618	Hicap #	Facility Name Bobergs Gas N Go		
Latitude / Longitude (Degrees and Minutes) 43 ° 47.76 ' N 90 ° 4.45 ' W		Method Code (see instructions)	Facility ID (FID or PWS) 729039740		
1/4 NE	1/4 SE	Section 12	Township 15 N	Range 3	Original Well Owner Art Boberg
Well Street Address 304 East State Street		Present Well Owner Art Boberg			
Well City, Village or Town Mauston		Mailing Address of Present Owner 304 East State Street			
Subdivision Name		City of Present Owner Mauston		State WI	ZIP Code 53948-

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
Original Construction Date (mm/dd/yyyy) 7/7/2016		Liner(s) 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		Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If a Well Construction Report is available, please attach.		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 <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.) 15	Casing Diameter (in.) 2.4	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.) 5	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) 7.69	<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			

5. Material Used To Fill Well / Drillhole		From (ft.)	To (ft.)	Pounds
Bentonite Chips		Surface	13	19.5

6. Comments
Monitoring Well MW-3

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Bryce Kujawa (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 9/27/2017	Date Received	Noted By
Street or Route 709 Gillette Street, Suite 3		Telephone Number (608) 781-8879	Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Bryce Kujawa</i>	
			Date Signed	

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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 JUNEAU		WI Unique Well # of Removed Well VR619		Hicap #		Facility Name Bobergs Gas N Go	
Latitude / Longitude (Degrees and Minutes) 43 ° 47.76 ' N 90 ° 4.45 ' W				Facility ID (FID or PWS) 729039740			
Method Code (see instructions)				License/Permit/Monitoring #			
¼/¼ NE ¼ SE		Section 12		Township 15 N		Range 3 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Original Well Owner Art Boberg				Present Well Owner Art Boberg			
Well Street Address 304 East State Street				Mailing Address of Present Owner 304 East State Street			
Well City, Village or Town Mauston				Well ZIP Code 53948-			
Subdivision Name				City of Present Owner Mauston		State WI	
Reason For Removal From Service Sampling Complete				Lot #		ZIP Code 53948-	
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) 7/7/2016 If a Well Construction Report is available, please attach.		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 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	
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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): Gravity													
Total Well Depth From Ground Surface (ft.) 13 Casing Diameter (in.) 2.4		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													
Lower Drillhole Diameter (in.) 8.25 Casing Depth (ft.) 3		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													
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		5. Material Used To Fill Well / Drillhole													
If yes, to what depth (feet)? 2 Depth to Water (feet) 6.07		<table border="1"> <thead> <tr> <th>From (ft.)</th> <th>To (ft.)</th> <th>Pounds</th> </tr> </thead> <tbody> <tr> <td>Surface</td> <td>13</td> <td>19.5</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		From (ft.)	To (ft.)	Pounds	Surface	13	19.5						
From (ft.)	To (ft.)	Pounds													
Surface	13	19.5													

6. Comments
Monitoring Well MW-4

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Bryce Kujawa (METCO)		License #		Date Received	
Date of Filling & Sealing (mm/dd/yyyy) 9/27/2017		Noted By			
Street or Route 709 Gillette Street, Suite 3			Telephone Number (608) 781-8879		Comments
City La Crosse		State WI		ZIP Code 54603-	
Signature of Person Doing Work <i>Bryce Kujawa</i>				Date Signed	

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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 JUNEAU	WI Unique Well # of Removed Well VR644	Hicap #	Facility Name Bobergs Gas N Go
Latitude / Longitude (Degrees and Minutes) 43 ° 47.76 ' N 90 ° 4.45 ' W	Method Code (see instructions)	Facility ID (FID or PWS) 729039740	License/Permit/Monitoring #
1/4 NE 1/4 SE or Gov't Lot #	Section 12	Township 15 N	Range 3 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 304 East State Street	Well City, Village or Town Mauston	Well ZIP Code 53948-	Original Well Owner Art Boberg
Subdivision Name	Lot #	City of Present Owner Mauston	Present Well Owner Art Boberg
Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	State WI	ZIP Code 53948-

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) 7/7/2016	Pump and piping 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): _____	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
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 13	Casing Diameter (in.) 2.4	Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 3	Was casing cut off below 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 sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? 2	Depth to Water (feet) 4.64	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
		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.)	Pounds
Bentonite Chips	Surface	13	19.5

6. Comments
Monitoring Well MW-5

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Bryce Kujawa (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 9/27/2017	Date Received	Noted By
Street or Route 709 Gillette Street, Suite 3	Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Bryce Kujawa</i>	Date Signed