



Meridian Environmental Consulting, LLC

June 3, 2020

Grant Neitzel
Wisconsin Department of Natural Resources
1701 North 4th St
Superior, Wisconsin 54880

Subject: **Well Abandonment Forms**
Olson & Goodman, Inc
328 S. Hwy 13
Stetsonville, Wisconsin 54480
PECFA No. 54480-9742-28
DNR BRRTS No. 03-61-563926
Meridian No. 05F807

Dear Grant:

Enclosed please find the well abandonment forms for the above referenced site.

All monitoring wells were abandoned May 29, 2020.

Sincerely,
MERIDIAN ENVIRONMENTAL CONSULTING, LLC


Kenneth Shmko, PG
Project Manager

MW-1R

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, 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 DNR Bureau:

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

1. Well Location Information

County: **Taylor** WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): _____ N DD GPS008
 _____ W DDM SCR002 OTH001

1/4 / 1/4 _____ Section _____ Township _____ Range E W
 or Gov't Lot # _____

Well Street Address: **328 S. Hwy. 13**

Well City, Village or Town: **Stetsonville** Well ZIP Code: **54480**

Subdivision Name _____ Lot # _____

2. Facility / Owner Information

Facility Name: **Olson Goodman**

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: **328 S. Hwy 13**

City of Present Owner: **Stetsonville** State: **WI** ZIP Code: **54480**

Reason for Removal from Service: **Project Closed** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): **4-26-2017**

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

Lower Drillhole Diameter (in.): **8** Casing Depth (ft.): **15**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? **3** Depth to Water (feet): **1**

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? 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): _____

Sealing Materials: Neat Cement Grout Concrete Sand-Cement (Concrete) Grout 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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	1/2 bag	

6. Comments

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing: Meridian Env. Co Inc, LLC	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): 5/29/20	Date Received: _____	Noted By: _____	
Street or Route: 2711 N. Elco Rd	Telephone Number: (715) 832-6608	Comments: _____			
City: Fall Creek	State: WI	ZIP Code: 54742	Signature of Person Doing Work: [Signature]	Date Signed: 6-3-2020	

Facility/Project Name <u>Olson Goodman</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <u>MW-1R</u>
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.: <u>DNR Well ID No.</u>
Facility ID	Lat. _____ " Long. _____ " or _____	Date Well Installed <u>4/26/2018</u> m m d d y y y y
Type of Well Well Code <u>/</u>	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: Name (first, last) and Firm <u>Joe Black</u> <u>PSI</u>
Distance from Waste/Source _____ ft.	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. <input type="checkbox"/> E <input type="checkbox"/> W	
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	
	Gov. Lot Number _____	

- A. Protective pipe, top elevation ----- 0 ft. MSL
- B. Well casing, top elevation ----- 5 ft. MSL
- C. Land surface elevation ----- 0 ft. MSL
- D. Surface seal, bottom ----- 1 ft. MSL or ----- ft.

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

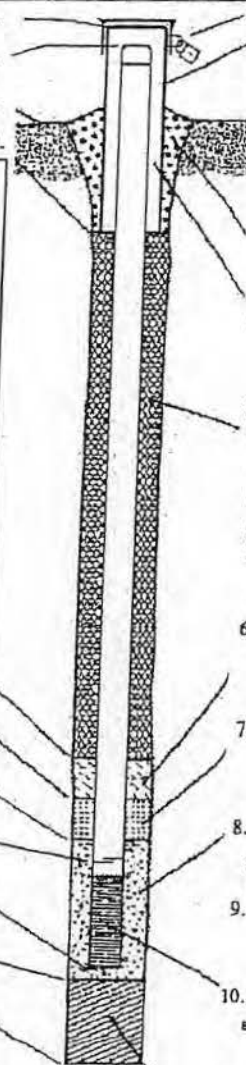
13. Sieve analysis performed? Yes No

14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 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: 12 in.
 - b. Length: 7 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. _____
 b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. _____
 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 _____
 c. Slot size: 0.1 in.
 d. Slotted length: 10 ft.
- 11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top ----- ft. MSL or 3 ft.
- F. Fine sand, top ----- ft. MSL or 3 ft.
- G. Filter pack, top ----- ft. MSL or 4 ft.
- H. Screen joint, top ----- ft. MSL or 5 ft.
- I. Well bottom ----- ft. MSL or 15 ft.
- J. Filter pack, bottom ----- ft. MSL or 15 ft.
- K. Borehole, bottom ----- ft. MSL or 15 ft.
- L. Borehole, diameter 8 in.
- M. O.D. well casing 2 in.
- N. I.D. well casing 2 in.

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

Signature [Signature] Firm Meridian Environmental Cstg, 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.

MW-2A

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, 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 DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information			2. Facility / Owner Information		
County Taylor	WI Unique Well # of Removed Well	Hicap #	Facility Name Olson Goodman		
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)		
1/4 / 1/4 _____ or Gov't Lot # _____	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring #	
Well Street Address 328 S. Hwy. 13			Original Well Owner		
Well City, Village or Town Stetsonville			Present Well Owner		
Well ZIP Code 54480			Mailing Address of Present Owner 328 S. Hwy 13		
Subdivision Name			City of Present Owner Stetsonville	State WI	ZIP Code 54480

Reason for Removal from Service Project closed	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material			
3. Filled & Sealed Well / Drillhole / Borehole Information <input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole Original Construction Date (mm/dd/yyyy) 4-24-2017 If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input 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): _____		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <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			

Total Well Depth From Ground Surface (ft.) 15	Casing Diameter (in.) 2	Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 15	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) 2	Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
If yes, to what depth (feet)? 3		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			

5. Material Used to Fill Well / Drillhole			
bentonite chips			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	1/2 bag	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Meridian Env. Co Inc, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/29/20	Date Received	Noted By
Street or Route 2711 N. Elco Rd	City Fall Creek	State WI	ZIP Code 54742	Telephone Number (715) 8326608
Signature of Person Doing Work [Signature]			Date Signed 6-3-2020	

Facility/Project Name <u>Olsen Goodman</u>	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name <u>MW3-2A</u>
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. _____ DNR Well ID No. _____
Facility ID	Lat. _____ " Long. _____ " or _____	Date Well Installed <u>4, 24, 17</u> m m d d y y y y
Type of Well Well Code <u>1</u>	St. Plane _____ ft. N, _____ ft. E. S/C/W	Well Installed By: Name (first, last) and Firm <u>Joe Black</u> <u>PSI</u>
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E. <input type="checkbox"/> W.
	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	Gov. Lot Number _____

- 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 _____ ft.

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

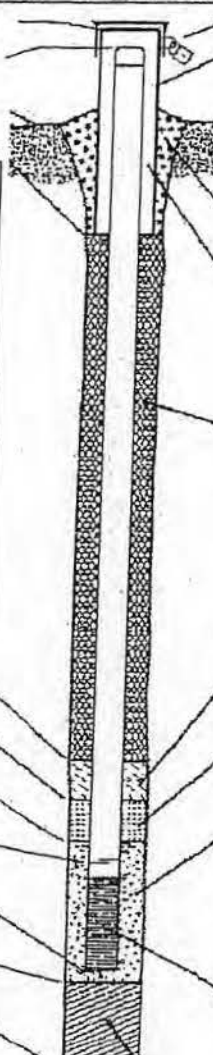
13. Sieve analysis performed? Yes No

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 (attach analysis, if required):



1. Cap and lock? Yes No
2. Protective cover pipe:
 a. Inside diameter: _____ in. 12
 b. Length: _____ ft. 6
 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. _____
 b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
 a. _____
 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 _____
 c. Slot size: _____ in. 0.1
 d. Slotted length: _____ ft. 10
11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top _____ ft. MSL or 3 ft.
- F. Fine sand, top _____ ft. MSL or 3 ft.
- G. Filter pack, top _____ ft. MSL or 4 ft.
- H. Screen joint, top _____ ft. MSL or 5 ft.
- I. Well bottom _____ ft. MSL or 12 ft.
- J. Filter pack, bottom _____ ft. MSL or 15 ft.
- K. Borehole, bottom _____ ft. MSL or 15 ft.
- L. Borehole, diameter 8 in.
- M. O.D. well casing 2 in.
- N. I.D. well casing 2 in.

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

Signature [Signature] Firm Meridian Environmental Cs Itg, 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.

MW-2B

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Verification Only of Fill and Seal

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

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

County Taylor	WI Unique Well # of Removed Well	Hicap #	Facility Name Olson Goodman
Latitude / Longitude (see instructions) N W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 328 S. Hwy. 13			License/Permit/Monitoring #
Well City, Village or Town Stetsonville			Well ZIP Code 54480
Subdivision Name			Lot #
Reason for Removal from Service Project Closed			WI Unique Well # of Replacement Well

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

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 4-24-2017
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 35	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 35
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 25	Depth to Water (feet) 3

Required Method of Placing Sealing Material

<input type="checkbox"/> Conductor Pipe-Gravity	<input checked="" type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____

Sealing Materials

<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input type="checkbox"/> Bentonite Chips	<input checked="" type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	35		

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Co LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/29/20	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 832-6608	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 6-3-2020

Facility/Project Name Olson Goodman	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-2B
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 St. Plane _____ ft. N, _____ ft. E. S/C/N	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E. <input type="checkbox"/> W.	Date Well Installed 4, 24, 2017 m m d d y y y y
Type of Well Well Code _____ /	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	Well Installed By: Name (first, last) and Firm Joe Black PSI
Distance from Waste/Source _____ ft.	Gov. Lot Number _____	

- 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 _____ 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

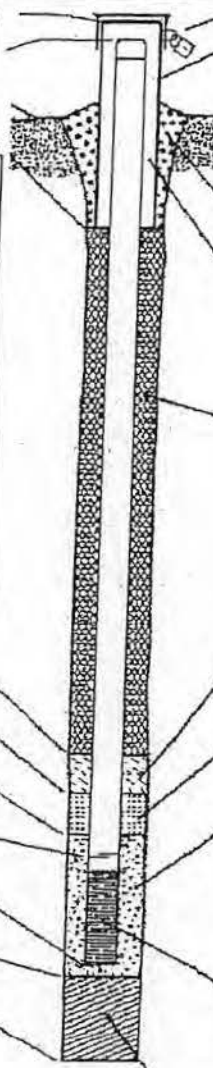
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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

16. Drilling additives used? Yes No

Describe _____

17. Source of water (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. _____ 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. _____
- 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 _____
 - c. Slot size: _____ in.
 - d. Slotted length: _____ ft.
- 11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top _____ ft. MSL or **25** ft.
- F. Fine sand, top _____ ft. MSL or **26** ft.
- G. Filter pack, top _____ ft. MSL or **28** ft.
- H. Screen joint, top _____ ft. MSL or **30** ft.
- I. Well bottom _____ ft. MSL or **35** ft.
- J. Filter pack, bottom _____ ft. MSL or **35** ft.
- K. Borehole, bottom _____ ft. MSL or **35** ft.
- L. Borehole, diameter **8** in.
- M. O.D. well casing **2** in.
- N. I.D. well casing **2** in.

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

Signature **[Signature]** Firm **Meridian Environmental Cstg, 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. 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.

MW-3A

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, 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 DNR Bureau:

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

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

County: **Taylor** WI Unique Well # of Removed Well: _____ Hicap #: _____
 Latitude / Longitude (see instructions): _____ N DD GPS008
 _____ W DDM SCR002
 _____ OTH001
 1/4 / 1/4 _____ Section _____ Township _____ Range E W
 or Gov't Lot # _____
 Well Street Address: **328 S. Hwy. 13**
 Well City, Village or Town: **Stetsonville** Well ZIP Code: **54480**
 Subdivision Name _____ Lot # _____

Facility Name: **Olson Goodman**
 Facility ID (FID or PWS): _____
 License/Permit/Monitoring #: _____
 Original Well Owner: _____
 Present Well Owner: _____
 Mailing Address of Present Owner: **328 S. Hwy 13**
 City of Present Owner: **Stetsonville** State: **WI** ZIP Code: **54480**

Reason for Removal from Service: **Project Closed** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date (mm/dd/yyyy): **4-25-2017**
 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.): **15** Casing Diameter (in.): **2**
 Lower Drillhole Diameter (in.): **8** Casing Depth (ft.): **15**
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? **3** Depth to Water (feet): **3**

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? 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-Gravimetric Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): _____
 Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout 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

bentonite chips

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	42 bag	

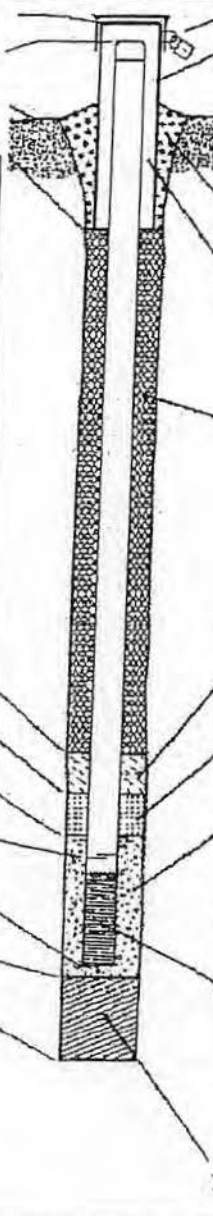
6. Comments

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

Name of Person or Firm Doing Filling & Sealing: **Meridian Env. Co Inc, LLC** License #: _____ Date of Filling & Sealing or Verification (mm/dd/yyyy): **5/29/20**
 Street or Route: **2711 N. Elm Rd** Telephone Number: **(715) 8326608**
 City: **Fall Creek** State: **WI** ZIP Code: **54742** Signature of Person Doing Work: **[Signature]** Date Signed: **6-3-2020**

Facility/Project Name Olson Goodman	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-3A
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. _____ DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 4, 25, 2017 m m d d y y y y
Type of Well Well Code _____ /	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 Joe Black PSI
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. b. Length: _____ ft. c. Material: Steel <input checked="" type="checkbox"/> 0.4 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: Bentonite <input type="checkbox"/> 3.0 Concrete <input checked="" type="checkbox"/> 0.1 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 checked="" 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"/> 3.0 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	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
14. Drilling method used: Rotary <input type="checkbox"/> 5.0 Hollow Stem Auger <input type="checkbox"/> 4.1 Other <input type="checkbox"/>	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 checked="" type="checkbox"/> 3.2 c. _____ 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	7. Fine sand material: Manufacturer, product name & mesh size a. _____ 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. _____ 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"/> 2.3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2.4 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or <u>3</u> ft.	10. Screen material: <u>PVC</u> a. Screen type: Factory cut <input checked="" type="checkbox"/> 1.1 Continuous slot <input type="checkbox"/> 0.1 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or <u>3</u> ft.	b. Manufacturer _____ c. Slot size: <u>0.1</u> in. d. Slotted length: <u>10</u> ft.
G. Filter pack, top _____ ft. MSL or <u>4</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1.4 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or <u>5</u> ft.	
I. Well bottom _____ ft. MSL or <u>15</u> ft.	
J. Filter pack, bottom _____ ft. MSL or <u>15</u> ft.	
K. Borehole, bottom _____ ft. MSL or <u>15</u> ft.	
L. Borehole, diameter <u>8</u> in.	
M. O.D. well casing <u>2</u> in.	
N. I.D. well casing <u>2</u> in.	



I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature [Signature] Firm Meridian Environmental Cs Htg, 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.

MW-3B

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, 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 DNR Bureau:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information			2. Facility / Owner Information		
County Taylor	WI Unique Well # of Removed Well	Hicap #	Facility Name Olson Goodman		
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Facility ID (FID or PWS)		
Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		License/Permit/Monitoring #		Original Well Owner	
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner	
Well Street Address 328 S. Hwy. 13			Mailing Address of Present Owner 328 S. Hwy 13		
Well City, Village or Town Stetsonville			Well ZIP Code 54480		
Subdivision Name			City of Present Owner Stetsonville		State WI
			ZIP Code 54480		

Reason for Removal from Service Project Closed	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material			
3. Filled & Sealed Well / Drillhole / Borehole Information <input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole Original Construction Date (mm/dd/yyyy) 4-25-2017 If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input 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): _____		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input checked="" type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Total Well Depth From Ground Surface (ft.) 35	Casing Diameter (in.) 2				
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 35				
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, to what depth (feet)? 25	Depth to Water (feet) 3				

5. Material Used to Fill Well / Drillhole			
bentonite grout	From (ft.) Surface	To (ft.) 35	No. Yards, Sacks Sealant or Volume (circle one)
			Mix Ratio or Mud Weight

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Meridian Env. Co Inc, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/29/20	Date Received	Noted By	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 8326608	Comments			
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 6-3-2020	

Facility/Project Name Olson Goodman	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-3B
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. _____ DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 4, 25, 2017 m m d d y y y y
Type of Well Well Code _____ /	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 Joe Black PSI
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 _____ ft.

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

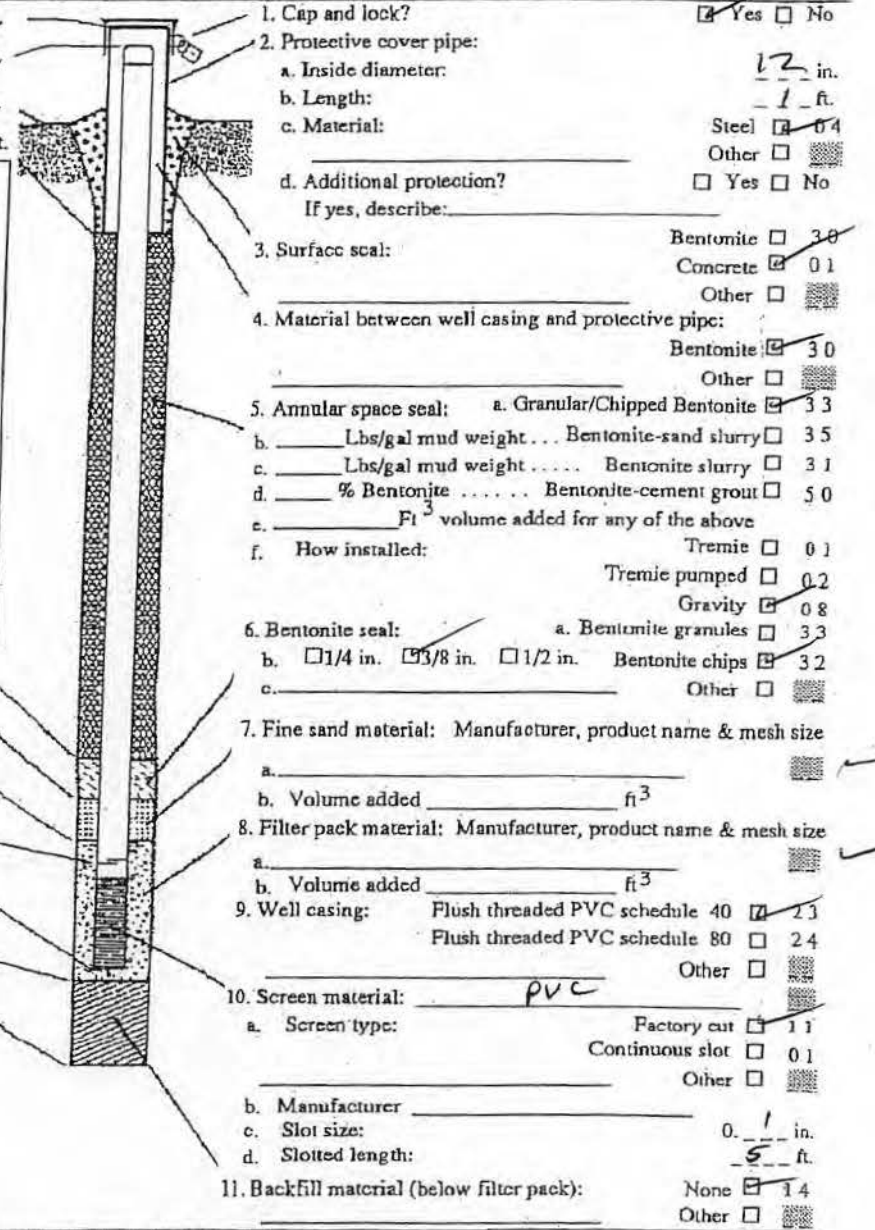
13. Sieve analysis performed? Yes No

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 (attach analysis, if required): _____



- E. Bentonite seal, top _____ ft. MSL or **25** ft.
- F. Fine sand, top _____ ft. MSL or **26** ft.
- G. Filter pack, top _____ ft. MSL or **28** ft.
- H. Screen joint, top _____ ft. MSL or **30** ft.
- I. Well bottom _____ ft. MSL or **35** ft.
- J. Filter pack, bottom _____ ft. MSL or **35** ft.
- K. Borehole, bottom _____ ft. MSL or **35** ft.
- L. Borehole, diameter **6** in.
- M. O.D. well casing **2** in.
- N. I.D. well casing **1.2** in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature **[Signature]** Firm **Meridian Environmental Cslty, 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.

MW-4

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, 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.

Route to DNR Bureau:

Verification Only of Fill and Seal

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Taylor	WI Unique Well # of Removed Well	Hicap #	Facility Name Olson Goodman
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4 _____ or Gov't Lot # _____	Section	Township	License/Permit/Monitoring #
Well Street Address 328 S. Hwy. 13	Range <input type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner	Present Well Owner
Well City, Village or Town Stetsonville	Well ZIP Code 54480	Mailing Address of Present Owner 328 S. Hwy 13	
Subdivision Name	Lot #	City of Present Owner Stetsonville	State WI ZIP Code 54480

Reason for Removal from Service
Project closed

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
4-25-2017

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.) Casing Diameter (in.)

15 **2**

Lower Drillhole Diameter (in.) Casing Depth (ft.)

8 **15**

Was well annular space grouted? Yes No Unknown

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

3 **3**

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? 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): _____

Sealing Materials

Neat Cement Grout Concrete

Sand-Cement (Concrete) Grout 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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	42 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Co Inc, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/29/20	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 8326608	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	Date Signed 6-3-2020

Facility/Project Name Olson Goodman	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-4
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: _____ DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 4, 25, 2017 m m d d y y y y
Type of Well Well Code _____ /	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 Joe Black PSI
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	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number	

- 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

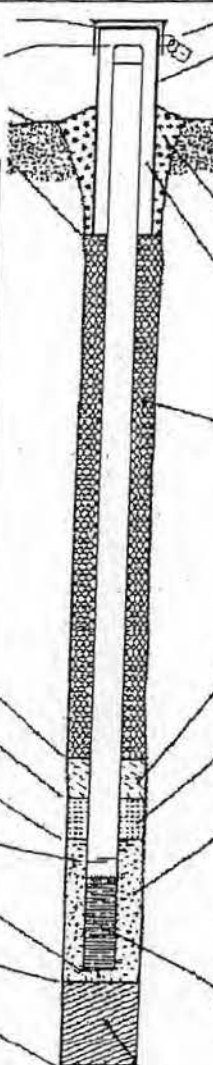
14. Drilling method used: Rotary 5.0
 Hollow Stem Auger 4.1
 Other

15. Drilling fluid used: Water 0.2 Air 0.1
 Drilling Mud 0.3 None 9.9

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: 12 in.
 b. Length: 1 ft.
 c. Material: Steel 0.4
 Other
- d. Additional protection? Yes No
 If yes, describe: _____
3. Surface seal: Bentonite 3.0
 Concrete 0.1
 Other
4. Material between well casing and protective pipe:
 Bentonite 3.0
 Other
5. Annular space seal: a. Granular/Chipped Bentonite 3.3
 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 3.5
 c. _____ Lbs/gal mud weight ... Bentonite slurry 3.1
 d. _____ % Bentonite ... Bentonite-cement grout 5.0
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 0.1
 Tremie pumped 0.2
 Gravity 0.8
6. Bentonite seal: a. Bentonite granules 3.3
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3.2
 c. _____ 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. _____
 b. Volume added _____ ft³
9. Well casing: Flush threaded PVC schedule 40 2.3
 Flush threaded PVC schedule 80 2.4
 Other
10. Screen material: PVC
 a. Screen type: Factory cut 1.1
 Continuous slot 0.1
 Other
- b. Manufacturer _____
 c. Slot size: 0.1 in.
 d. Slotted length: 10 ft.
11. Backfill material (below filter pack): None 1.4
 Other

- E. Bentonite seal, top ----- ft. MSL or 3 ft.
- F. Fine sand, top ----- ft. MSL or 3 ft.
- G. Filter pack, top ----- ft. MSL or 4 ft.
- H. Screen joint, top ----- ft. MSL or 5 ft.
- I. Well bottom ----- ft. MSL or 15 ft.
- J. Filter pack, bottom ----- ft. MSL or 15 ft.
- K. Borehole, bottom ----- ft. MSL or 15 ft.
- L. Borehole, diameter 8 in.
- M. O.D. well casing 2 in.
- N. I.D. well casing 2 in.

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

Signature [Signature] Firm Meridian Environmental Consulting, 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.

MW-5

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, 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 DNR Bureau:

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

1. Well Location Information

County: **Taylor** WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): _____ N Format Code: DD Method Code: GPS008
 _____ W DDM SCR002
 _____ OTH001

1/4 / 1/4 1/4 Section Township Range E
 or Gov't Lot # N W

Well Street Address: **328 S. Hwy. 13**

2. Facility / Owner Information

Facility Name: **Olson Goodman**

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: **328 S. Hwy 13**

Well City, Village or Town: **Stetsonville** Well ZIP Code: **54480**

Subdivision Name: _____ Lot #: _____

City of Present Owner: **Stetsonville** State: **WI** ZIP Code: **54480**

Reason for Removal from Service: **Project closed** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **4-26-2017**
 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.): **15** Casing Diameter (in.): **2**

Lower Drillhole Diameter (in.): **8** Casing Depth (ft.): **15**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? **3** Depth to Water (feet): **1**

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? 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): _____

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout 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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	1/2 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Meridian Env. Co Inc, LLC	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): 5/29/20	DNR Use Only	
Street or Route: 2711 N. Elco Rd	Telephone Number: (715) 8326608	Comments: _____	Date Received: _____	Noted By: _____
City: Fall Creek	State: WI	ZIP Code: 54742	Signature of Person Doing Work: [Signature]	Date Signed: 6-3-2020

Facility/Project Name Olsen Goodman	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <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. _____ DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 4, 26, 2017 m m d d y y y y
Type of Well Well Code _____ / _____	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 Joe Black PSI
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 --- 0 ft. MSL
- B. Well casing, top elevation --- 0 ft. MSL
- C. Land surface elevation --- 0 ft. MSL
- D. Surface seal, bottom --- 1 ft. MSL or 1 ft.

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

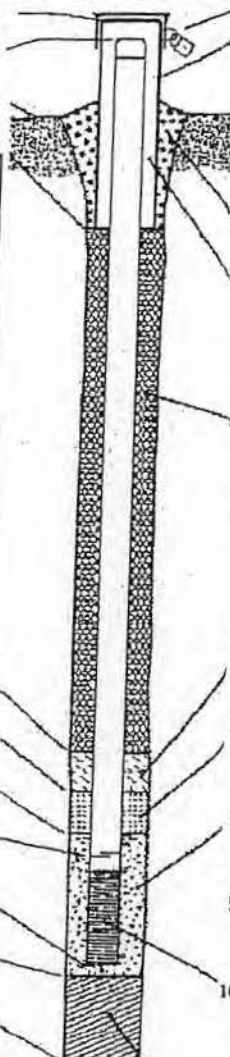
13. Sieve analysis performed? Yes No

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 (attach analysis, if required): _____



- 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. _____
b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
a. _____
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 _____
 - c. Slot size: 0.1 in.
 - d. Slotted length: 10 ft.
- 11. Backfill material (below filter pack): None 14
Other

- E. Bentonite seal, top --- ft. MSL or 3 ft.
- F. Fine sand, top --- ft. MSL or 3 ft.
- G. Filter pack, top --- ft. MSL or 4 ft.
- H. Screen joint, top --- ft. MSL or 5 ft.
- I. Well bottom --- ft. MSL or 15 ft.
- J. Filter pack, bottom --- ft. MSL or 15 ft.
- K. Borehole, bottom --- ft. MSL or 15 ft.
- L. Borehole, diameter --- 8 in.
- M. O.D. well casing --- 2 in.
- N. I.D. well casing --- 2 in.

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

Signature [Signature] Firm Meridian Environmental Cs Itg, 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.

MW-7

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, 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 DNR Bureau:

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

1. Well Location Information

County Taylor	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address 328 S. Hwy. 13	Well ZIP Code 54480	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Stetsonville	Subdivision Name	Lot #
Reason for Removal from Service Project Closed	WI Unique Well # of Replacement Well	

2. Facility / Owner Information

Facility Name Olson Goodman		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 328 S. Hwy 13		
City of Present Owner Stetsonville	State WI	ZIP Code 54480

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 2-20-2008
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 20
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 3	Depth to Water (feet) 2

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

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		
Sealing Materials	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	2/3 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Co LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/29/20	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 8326608	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 6-3-2020

Facility/Project Name Ed's Service	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-7
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location Lat. " Long. " or	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed 02/20/2008 m m d d y y y y
Type of Well Well Code /	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 Mike McCordle M&K
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
		Gov. Lot Number

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:	
C. Land surface elevation	ft. MSL	a. Inside diameter:	12 in.
D. Surface seal, bottom	ft. MSL or ft.	b. Length:	1 ft.
		c. Material:	Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen:		d. Additional protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:
GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/>		3. Surface seal:	Bentonite <input checked="" type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/>		4. Material between well casing and protective pipe:	Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
Bedrock <input type="checkbox"/>		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
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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 checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input 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	
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No		a. _____	
Describe _____		b. Volume added _____ ft ³	
17. Source of water (attach analysis, if required):		8. Filter pack material: Manufacturer, product name & mesh size	
		a. _____	
		b. Volume added _____ ft ³	
E. Bentonite seal, top	ft. MSL or 1 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"/>
F. Fine sand, top	ft. MSL or 3 ft.	10. Screen material: PVC	
G. Filter pack, top	ft. MSL or 4 ft.	a. Screen type:	Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
H. Screen joint, top	ft. MSL or 5 ft.	b. Manufacturer _____	
I. Well bottom	ft. MSL or 20 ft.	c. Slot size: 0.1 in.	
J. Filter pack, bottom	ft. MSL or 20 ft.	d. Slotted length: 15 ft.	
K. Borehole, bottom	ft. MSL or 20 ft.	11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
L. Borehole, diameter	8 in.		
M. O.D. well casing	2 in.		
N. I.D. well casing	2 in.		

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

Signature *[Signature]* Firm Meridian Environmental Cstg.

Please complete both Form 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.

MW-7P

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, 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 DNR Bureau:

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

1. Well Location Information

County Taylor	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 or Gov't Lot #	Section	Township N
Well Street Address 328 S. Hwy. 13	Well ZIP Code 54480	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Stetsonville	Subdivision Name	Lot #
Reason for Removal from Service Project closed	WI Unique Well # of Replacement Well	

2. Facility / Owner Information

Facility Name Olson Goodman		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner 328 S. Hwy 13		
City of Present Owner Stetsonville	State WI	ZIP Code 54480

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 1-22-2010
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. <input checked="" type="checkbox"/>
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 35	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.) 35
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 24	Depth to Water (feet) 1

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

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

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	35		
bentonite grout			

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Meridian Env. Co LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/29/20	DNR Use Only	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 8326608	Comments	Date Received	Noted By
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 6-3-2020

Facility/Project Name: Eds Service Local Grid Location of Well: _____ ft. N. S. _____ ft. E. W. Well Name: MW-7P

Facility License, Permit or Monitoring No. _____ Local Grid Origin (estimated:) or Well Location Wis. Unique Well No. _____ DNR Well ID No. _____

Facility ID _____ St. Plane _____ ft. N. _____ ft. E. S/C/N _____ Date Well Installed: 01/22/2010
m m d d y y v v v v

Type of Well _____ Section Location of Waste/Source _____ E. W. Well Installed By: Name (first, last) and Firm
Well Code: 12, PZ 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ Landon Matzahn

Distance from Waste/Source _____ ft. Inf. Stds. Apply Location of Well Relative to Waste/Source: u Upgradient s Sidegradient d Downgradient n Not Known Gov. Lot Number _____ Geiss Soil + Samples LLC

- 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 _____ ft.

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

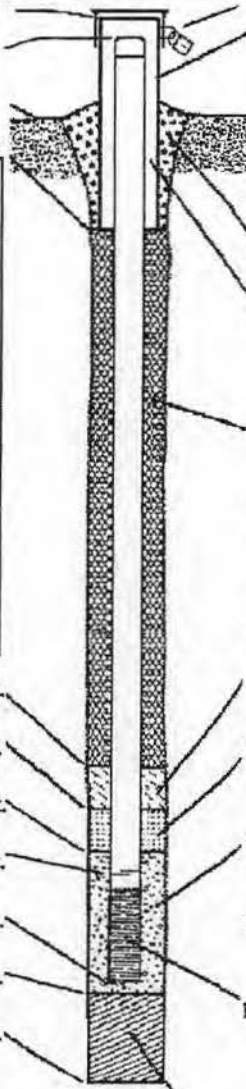
13. Sieve analysis performed? Yes No

14. Drilling method used: Rotary 5 0
Hollow Stem Auger 4 1
Other

15. Drilling fluid used: Water 0 2 Air 0 1
Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No
Describe _____

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



- E. Bentonite seal, top _____ ft. MSL or 1 ft.
F. Fine sand, top _____ ft. MSL or 24 ft.
G. Filter pack, top _____ ft. MSL or 25 ft.
H. Screen joint, top _____ ft. MSL or 30 ft.
I. Well bottom _____ ft. MSL or 35 ft.
J. Filter pack, bottom _____ ft. MSL or 35 ft.
K. Borehole, bottom _____ ft. MSL or 35 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: _____ ft.
c. Material: Steel 0 4
Other
- d. Additional protection? Yes No
If yes, describe: _____
3. Surface seal: Bentonite 3 0
Concrete 0 1
Other
4. Material between well casing and protective pipe:
Bentonite 3 0
Other
5. Annular space seal: a. Granular/Chipped Bentonite 3 3
b. _____ Lbs/gal mud weight... Bentonite-sand slurry 3 5
c. _____ Lbs/gal mud weight... Bentonite slurry 3 1
d. _____ % Bentonite... Bentonite-cement grout 5 0
e. _____ Ft³ volume added for any of the above
f. How installed: Tremie 0 1
Tremie pumped 0 2
Gravity 0 8
6. Bentonite seal: a. Bentonite granules 3 3
b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
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 2 3
Flush threaded PVC schedule 80 2 4
Other
10. Screen material: PVC
a. Screen type: Factory cut 1 1
Continuous slot 0 1
Other
- b. Manufacturer Boart
c. Slot size: _____ 0.010 in.
d. Slotted length: 5 ft.
11. Backfill material (below filter pack): None 1 4
Other

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

MW-9

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, 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 DNR Bureau:

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

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

County: **Taylor**
 WI Unique Well # of Removed Well: _____
 Hicap #: _____
 Latitude / Longitude (see instructions): _____ N _____ W
 Format Code: DD DDM
 Method Code: GPS008 SCR002 OTH001
 1/4 1/4 or Gov't Lot #: _____
 Section: _____ Township: _____ Range: E W
 Well Street Address: **328 S. Hwy. 13**
 Well City, Village or Town: **Stetsonville** Well ZIP Code: **54480**
 Subdivision Name: _____ Lot #: _____

Facility Name: **Olson Goodman**
 Facility ID (FID or PWS): _____
 License/Permit/Monitoring #: _____
 Original Well Owner: _____
 Present Well Owner: _____
 Mailing Address of Present Owner: **328 S. Hwy 13**
 City of Present Owner: **Stetsonville** State: **WI** ZIP Code: **54480**

Reason for Removal from Service: **Project Closed**
 WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **1-22-2010**
 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.): **20** Casing Diameter (in.): **2**
 Lower Drillhole Diameter (in.): **8** Casing Depth (ft.): **20**

Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? **4** Depth to Water (feet): **3**

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? 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): _____

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout 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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	2 1/3 bag	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	DNR Use Only	
Meridian Env. Co LLC		5/29/20	Date Received	Noted By
Street or Route	Telephone Number	Comments		
2711 N. Elco Rd	(715) 832-6608			
City	State	ZIP Code	Signature of Person Doing Work	Date Signed
Fall Creek	WI	54742	<i>[Signature]</i>	6-3-2020

Facility/Project Name <u>Eds Service</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <u>MW-9</u>
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. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed <u>01/22/2010</u> m m d d y y y y
Type of Well Well Code <u>11, MW</u>	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 <u>Geiss Soil & Samples LLC</u> <u>Landon Malzahn</u>
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation ----- ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>8</u> in.
C. Land surface elevation ----- ft. MSL	b. Length: <u>1</u> ft.
D. Surface seal, bottom ----- ft. MSL or ----- 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 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 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. <u>#15 Red Flint</u>
E. Bentonite seal, top ----- ft. MSL or <u>0</u> ft.	b. Volume added _____ ft ³
F. Fine sand, top ----- ft. MSL or <u>4</u> ft.	8. Filter pack material: Manufacturer, product name & mesh size a. <u>#40 Red Flint</u>
G. Filter pack, top ----- ft. MSL or <u>5</u> ft.	b. Volume added _____ ft ³
H. Screen joint, top ----- ft. MSL or <u>5</u> 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 <u>20</u> ft.	10. Screen material: <u>PVC</u>
J. Filter pack, bottom ----- ft. MSL or <u>21</u> ft.	a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
K. Borehole, bottom ----- ft. MSL or <u>21</u> ft.	b. Manufacturer <u>Boart</u>
L. Borehole, diameter <u>8.25</u> in.	c. Slot size: <u>0.010</u> in.
M. O.D. well casing <u>2.40</u> in.	d. Slotted length: <u>15</u> ft.
N. I.D. well casing <u>2.06</u> 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 Landon Malzahn 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.

MW-9P

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, 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 DNR Bureau:

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

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

County: **Taylor** WI Unique Well # of Removed Well: _____ Hicap #: _____
 Latitude / Longitude (see instructions): _____ N Format Code: DD Method Code: GPS008
 _____ W DDM SCR002
 _____ OTH001
 1/4 / 1/4 1/4 Section Township Range E
 or Gov't Lot # N W
 Well Street Address: **328 S. Hwy. 13**
 Well City, Village or Town: **Stetsonville** Well ZIP Code: **54480**
 Subdivision Name Lot #: _____

Facility Name: **Olson Goodman**
 Facility ID (FID or PWS): _____
 License/Permit/Monitoring #: _____
 Original Well Owner: _____
 Present Well Owner: _____
 Mailing Address of Present Owner: **328 S. Hwy 13**
 City of Present Owner: **Stetsonville** State: **WI** ZIP Code: **54480**

Reason for Removal from Service: **Project closed** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **1-22-2010**
 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.): **35** Casing Diameter (in.): **2**
 Lower Drillhole Diameter (in.): **8** Casing Depth (ft.): **35**

Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? **26** Depth to Water (feet): **4**

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? 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): _____

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout 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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	35		

6. Comments

bentonite grout

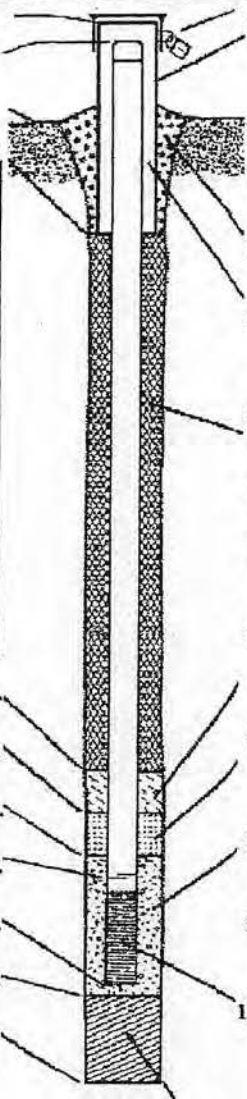
7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Meridian Env. Co Inc, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/29/20	Date Received	Noted By	
Street or Route 2711 N. Elco Rd	Telephone Number (715) 8326608	Comments			
City Fall Creek	State WI	ZIP Code 54742	Signature of Person Doing Work [Signature]	Date Signed 6-3-2020	

Route to: Watershed/Wastewater Waste Management
 Remediation/Redevelopment Other

Facility/Project Name Eas Service	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-9P
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location Lat. " Long. " or	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed 01/22/2010 m m d d y y v v v y
Type of Well Well Code 12, PZ	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 Landon Maltzahn Geiss Soil + Samples
Distance from Waste/Source ft.	Enf. Stds. Apply <input type="checkbox"/>	
	Location of Well Relative to Waste/Source <input type="checkbox"/> u <input type="checkbox"/> s <input type="checkbox"/> d <input type="checkbox"/> n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation	ft. MSL	1. Cap and lock?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation	ft. MSL	2. Protective cover pipe:	
C. Land surface elevation	ft. MSL	a. Inside diameter:	8 in.
D. Surface seal, bottom	ft. MSL or ft.	b. Length:	1 ft.
		c. Material:	Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen:		d. Additional protection?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/>		If yes, describe:	
SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/>		3. Surface seal:	Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <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
14. Drilling method used:	Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	f. How installed:	Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
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	6. Bentonite seal:	a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. Other <input type="checkbox"/>
16. Drilling additives used?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size	a. #15 Red Flint
Describe:		b. Volume added	ft ³
17. Source of water (attach analysis, if required):		8. Filter pack material: Manufacturer, product name & mesh size	a. #40 Red Flint
		b. Volume added	ft ³
E. Bentonite seal, top	ft. MSL or 0 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"/>
F. Fine sand, top	ft. MSL or 26 ft.	10. Screen material: PVC	a. Screen type:
G. Filter pack, top	ft. MSL or 27 ft.		Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
H. Screen joint, top	ft. MSL or 30 ft.	b. Manufacturer Boart	
I. Well bottom	ft. MSL or 35 ft.	c. Slot size:	0.010 in.
J. Filter pack, bottom	ft. MSL or 36 ft.	d. Slotted length:	5 ft.
K. Borehole, bottom	ft. MSL or 36 ft.	11. Backfill material (below filter pack):	None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/>
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 Landon Maltzahn 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.

MW-10A

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, 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 DNR Bureau:

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

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

County: **Taylor** WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): _____ N DD GPS008
 _____ W DDM SCR002 OTH001

1/4 / 1/4 _____ Section _____ Township _____ Range E W
 or Gov't Lot # _____

Well Street Address: **328 S. Hwy. 13**

Well City, Village or Town: **Stetsonville** Well ZIP Code: **54480**

Subdivision Name _____ Lot # _____

Facility Name: **Olson Goodman**

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: **328 S. Hwy 13**

City of Present Owner: **Stetsonville** State: **WI** ZIP Code: **54480**

Reason for Removal from Service: **Project Closed** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): **10-8-2018**

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

Lower Drillhole Diameter (in.): **8** Casing Depth (ft.): **15**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet): **3** Depth to Water (feet): **2**

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? 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): _____

Sealing Materials: Neat Cement Grout Concrete Sand-Cement (Concrete) Grout 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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
bentonite chips		Surface	15	1/2 bag	

6. Comments

7. Supervision of Work DNR Use Only

Name of Person or Firm Doing Filling & Sealing: Meridian Env. Co LLC	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): 5/29/20	Date Received: _____	Noted By: _____
Street or Route: 2711 N. Elco Rd	Telephone Number: (715) 8326608	Comments: _____		
City: Fall Creek	State: WI	ZIP Code: 54742	Signature of Person Doing Work: [Signature]	Date Signed: 6-3-2020

Facility/Project Name Olson Goodman	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-10A
Facility License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or St. Plane _____ ft. N. _____ ft. E. S/C/N	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Date Well Installed 10 / 8 / 2018 m m d d y y y y
Type of Well Well Code _____ / _____	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	Well Installed By: Name (first, last) and Firm Joe Black PSI
Distance from Waste/Source _____ ft.	Gov. Lot Number _____	

- 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 _____ ft.

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

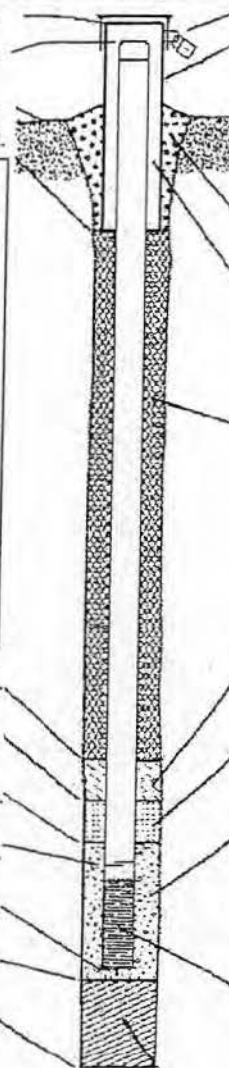
13. Sieve analysis performed? Yes No

14. Drilling method used: Rotary 5.0
 Hollow Stem Auger 4.1
 Other

15. Drilling fluid used: Water 0.2 Air 0.1
 Drilling Mud 0.3 None 9.9

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 0.4
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal:
 - Bentonite 3.0
 - Concrete 0.1
 - Other
- 4. Material between well casing and protective pipe:
 - Bentonite 3.0
 - Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 3.3
 - b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 3.5
 - c. _____ Lbs/gal mud weight . . . Bentonite slurry 3.1
 - d. _____ % Bentonite Bentonite-cement grout 5.0
 - e. _____ Ft³ volume added for any of the above
 - f. How installed: Tremie 0.1
Tremie pumped 0.2
Gravity 0.8
- 6. Bentonite seal:
 - a. Bentonite granules 3.3
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3.2
 - c. _____ 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. _____
 b. Volume added _____ ft³
- 9. Well casing: Flush threaded PVC schedule 40 2.3
 Flush threaded PVC schedule 80 2.4
 Other
- 10. Screen material:
 - a. Screen type: Factory cut 1.1
Continuous slot 0.1
Other
 - b. Manufacturer _____
 - c. Slot size: _____ in.
 - d. Slotted length: _____ ft.
- 11. Backfill material (below filter pack): None 1.4
 Other

- E. Bentonite seal, top _____ ft. MSL or **3** ft.
- F. Fine sand, top _____ ft. MSL or **3** ft.
- G. Filter pack, top _____ ft. MSL or **4** ft.
- H. Screen joint, top _____ ft. MSL or **5** ft.
- I. Well bottom _____ ft. MSL or **15** ft.
- J. Filter pack, bottom _____ ft. MSL or **15** ft.
- K. Borehole, bottom _____ ft. MSL or **15** ft.
- L. Borehole, diameter **8** in.
- M. O.D. well casing **2** in.
- N. I.D. well casing **2** in.

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

Signature *[Signature]* Firm Menden Environmental Consulting, 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.

MW-10B

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, 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 DNR Bureau:

- Drinking Water
- Waste Management
- Watershed/Wastewater
- Other:
- Remediation/Redevelopment

1. Well Location Information

County: **Taylor**

WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): _____ N DD GPS008
 _____ W DDM SCR002 OTH001

1/4 / 1/4 _____ Section _____ Township _____ Range E W
 or Gov't Lot # _____

Well Street Address: **328 S. Hwy. 13**

Well City, Village or Town: **Stetsonville** Well ZIP Code: **54480**

Subdivision Name _____ Lot # _____

2. Facility / Owner Information

Facility Name: **Olson Goodman**

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: _____

Mailing Address of Present Owner: **328 S. Hwy 13**

City of Present Owner: **Stetsonville** State: **WI** ZIP Code: **54480**

Reason for Removal from Service: **Project closed**

WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): **10-8-2018**

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

Lower Drillhole Diameter (in.): **8** Casing Depth (ft.): **34**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? **26** Depth to Water (feet): **3**

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? 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): _____

Sealing Materials: Neat Cement Grout Concrete Sand-Cement (Concrete) Grout 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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	34		
bentonite grout			

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Meridian Env. Co LLC	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): 5/29/20	DNR Use Only	
Street or Route: 2711 N. Elco Rd	Telephone Number: (715) 8326608	Date Received: _____	Noted By: _____	
City: Fall Creek	State: WI	ZIP Code: 54742	Comments: _____	
Signature of Person Doing Work: [Signature]			Date Signed: 6-3-2020	

Facility/Project Name: Olson Goodman Local Grid Location of Well: _____ ft. N. _____ ft. E. _____ ft. S. _____ ft. W. Well Name: MW-10B

Facility License, Permit or Monitoring No.: _____ Local Grid Origin (estimated:) or Well Location Wis. Unique Well No. _____ DNR Well ID No. _____

Facility ID: _____ St. Plane _____ ft. N. _____ ft. E. S/C/N _____ Date Well Installed: 10/8/2015
m m d d y y y y

Type of Well: _____ Section Location of Waste/Source: _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ E W

Distance from Waste/Source _____ ft. Well Code _____ / _____ Enf. Stds. Apply Location of Well Relative to Waste/Source: u Upgradient s Sidegradient d Downgradient n Not Known Gov. Lot Number _____

Well Installed By: Name (first, last) and Firm
Joe Black
PSI

A. Protective pipe, top elevation _____ ft. MSL Yes No

B. Well casing, top elevation _____ ft. MSL

C. Land surface elevation _____ 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 5.8
Hollow Stem Auger 4.1
Other

15. Drilling fluid used: Water 0.2 Air 0.4
Drilling Mud 0.3 None 9.9

16. Drilling additives used? Yes No
Describe _____

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

E. Bentonite seal, top _____ ft. MSL or 26 ft.

F. Fine sand, top _____ ft. MSL or 26 ft.

G. Filter pack, top _____ ft. MSL or 27 ft.

H. Screen joint, top _____ ft. MSL or 29 ft.

I. Well bottom _____ ft. MSL or 34 ft.

J. Filter pack, bottom _____ ft. MSL or 34 ft.

K. Borehole, bottom _____ ft. MSL or 34 ft.

L. Borehole, diameter 8 in.

M. O.D. well casing 2 in.

N. I.D. well casing 2.8 in.

1. Cap and lock? Yes No

2. Protective cover pipe:
a. Inside diameter: 8 in.
b. Length: 1 ft.
c. Material: Steel 0.4
Other

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

3. Surface seal:
Bentonite 3.0
Concrete 0.1
Other

4. Material between well casing and protective pipe:
Bentonite 3.0
Other

5. Annular space seal:
a. Granular/Chipped Bentonite 3.3
b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 3.5
c. _____ Lbs/gal mud weight ... Bentonite slurry 3.1
d. _____ % Bentonite ... Bentonite-cement grout 5.0
e. _____ Ft³ volume added for any of the above
f. How installed: Tremie 0.1
Tremie pumped 0.2
Gravity 0.8

6. Bentonite seal:
a. Bentonite granules 3.3
b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3.2
c. slurry Other

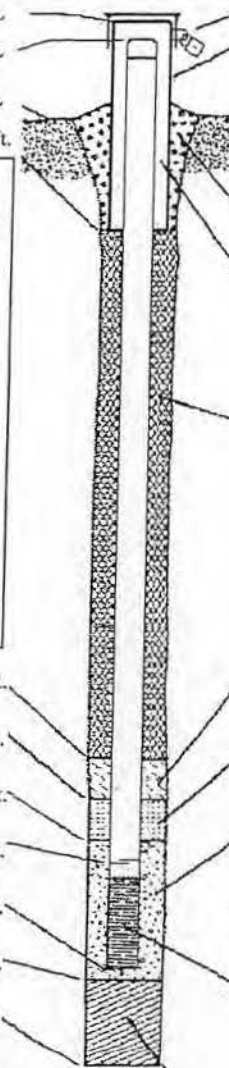
7. Fine sand material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 2.3
Flush threaded PVC schedule 80 2.4
Other

10. Screen material:
a. Screen type: Factory cut 1.1
Continuous slot 0.1
Other
b. Manufacturer _____
c. Slot size: 1 in.
d. Slotted length: 5 ft.

11. Backfill material (below filter pack): None 1.4
Other



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

Signature: [Signature] Firm: Menden Environmental Consulting, 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.

MW-11A

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Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County: **Taylor**
 WI Unique Well # of Removed Well: _____
 Hicap #: _____
 Latitude / Longitude (see instructions): _____ N _____ W
 Format Code: DD DDM
 Method Code: GPS008 SCR002 OTH001
 1/4 / 1/4: _____ / _____
 or Gov't Lot #: _____
 Section: _____ Township: **N** Range: E W
 Well Street Address: **328 S. Hwy. 13**
 Well City, Village or Town: **Stetsonville** Well ZIP Code: **54480**
 Subdivision Name: _____ Lot #: _____

Facility Name: **Olson Goodman**
 Facility ID (FID or PWS): _____
 License/Permit/Monitoring #: _____
 Original Well Owner: _____
 Present Well Owner: _____
 Mailing Address of Present Owner: **328 S. Hwy 13**
 City of Present Owner: **Stetsonville** State: **WI** ZIP Code: **54480**

Reason for Removal from Service: **Project Closed**
 WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **10-9-2018**
 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.): **15** Casing Diameter (in.): **2**
 Lower Drillhole Diameter (in.): **8** Casing Depth (ft.): **15**
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? **3** Depth to Water (feet): **2**

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? 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): _____

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout 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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	15	4 1/2 bags	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: **Meridian Env. Co Inc, LLC** License #: _____ Date of Filling & Sealing or Verification (mm/dd/yyyy): **5/29/20**
 Street or Route: **2711 N. Elco Rd** Telephone Number: **(715) 832-6608**
 City: **Fall Creek** State: **WI** ZIP Code: **54742** Signature of Person Doing Work: *[Signature]* Date Signed: **6-3-2020**

Facility/Project Name Olson Goodman	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-11A
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. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed 10/9/2018 m m d d y y y y
Type of Well Well Code /	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 Joe Black PSI
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:	
C. Land surface elevation	ft. MSL	a. Inside diameter:	3 in.
D. Surface seal, bottom	ft. MSL or 1 ft.	b. Length:	1 ft.
		c. Material:	Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
		d. Additional protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:
		3. Surface seal:	Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
		4. Material between well casing and protective pipe:	Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
		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
		6. Bentonite seal:	
		a. Bentonite granules	<input type="checkbox"/> 33
		b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips	<input checked="" type="checkbox"/> 32
		c. Other	<input type="checkbox"/>
		7. Fine sand material: Manufacturer, product name & mesh size	
		a. _____	
		b. Volume added _____ ft ³	
		8. Filter pack material: Manufacturer, product name & mesh size	
		a. _____	
		b. Volume added _____ ft ³	
		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"/>
		10. Screen material:	
		a. Screen type:	Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
		b. Manufacturer _____	
		c. Slot size:	1 in.
		d. Slotted length:	10 ft.
		11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>

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 (attach analysis, if required): _____

E. Bentonite seal, top ft. MSL or **3** ft.

F. Fine sand, top ft. MSL or **3** ft.

G. Filter pack, top ft. MSL or **4** ft.

H. Screen joint, top ft. MSL or **5** ft.

I. Well bottom ft. MSL or **15** ft.

J. Filter pack, bottom ft. MSL or **15** ft.

K. Borehole, bottom ft. MSL or **15** ft.

L. Borehole, diameter **8** in.

M. O.D. well casing **2** in.

N. I.D. well casing **2** in.

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

Signature *J. J.* Firm *Mendota Environmental Consulting, 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.

MW-11B

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, 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 DNR Bureau:

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

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

County: **Taylor** WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): _____ N Format Code: DD Method Code: GPS008
 _____ W DDM SCR002
 _____ OTH001

1/4 / 1/4: _____ Section: _____ Township: _____ Range: E Original Well Owner: _____
 or Gov't Lot #: _____ N W Present Well Owner: _____

Well Street Address: **328 S. Hwy. 13**

Well City, Village or Town: **Stetsonville** Well ZIP Code: **54480**

Subdivision Name: _____ Lot #: _____

Facility Name: **Olson Goodman**

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: _____

Mailing Address of Present Owner: **328 S. Hwy 13**

City of Present Owner: **Stetsonville** State: **WI** ZIP Code: **54480**

Reason for Removal from Service: **Project Closed** WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **10-9-2018**
 Water Well If a Well Construction Report is available, please attach:

Borehole / Drillhole

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): **35** Casing Diameter (in.): **2**

Lower Drillhole Diameter (in.): **8** Casing Depth (ft.): **35**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? **27** Depth to Water (feet): **3**

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? 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): _____

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout 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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
bentonite grout	Surface	35		

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: **Meridian Env. Co LLC** License #: _____ Date of Filling & Sealing or Verification (mm/dd/yyyy): **5/29/20** Date Received: _____ Noted By: _____

Street or Route: **2711 N. Elco Rd** Telephone Number: **(715) 832-6608** Comments: _____

City: **Fall Creek** State: **WI** ZIP Code: **54742** Signature of Person Doing Work: *[Signature]* Date Signed: **6-3-2020**

Facility/Project Name Bison Goodman	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-11B
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. _____ DNR Well ID No. _____
Facility ID _____	St. Plane _____ ft. N. _____ ft. E. S/C/N _____	Date Well Installed 10/9/2018 m m d d y y v v y
Type of Well Well Code _____ / _____	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 Joe Black PSI
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. b. Length: _____ 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 type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.		3. Surface seal: Bentonite <input 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 checked="" type="checkbox"/> CL <input checked="" 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 type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight Bentonite slurry <input checked="" type="checkbox"/> 31 d. _____ % Bentonite Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>		f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 04 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. slurry Other <input checked="" type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____		7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____		8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
E. Bentonite seal, top _____ ft. MSL or 27 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"/>
F. Fine sand, top _____ ft. MSL or 27 ft.		10. Screen material: a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 28 ft.		b. Manufacturer _____
H. Screen joint, top _____ ft. MSL or 30 ft.		c. Slot size: _____ in.
I. Well bottom _____ ft. MSL or 35 ft.		d. Slotted length: _____ ft.
J. Filter pack, bottom _____ ft. MSL or 35 ft.		11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 35 ft.		
L. Borehole, diameter 8 in.		
M. O.D. well casing 2 in.		
N. I.D. well casing 2 in.		

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

Signature *J. J.* Firm *Mendota Environmental Consulting, 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.