

From: Dave Lennon <dmlennon@yahoo.com>
Sent: Tuesday, July 05, 2022 2:56 PM
To: Egan, Alice M - DNR; Dorman, Jennifer S - DNR
Subject: Bay Cleaners - SW Door; Well Abandonment Forms
Attachments: Bay Cleaners - SW Door; Well Abandonment Forms.pdf; MMSD Purge Water Discharge Approval.pdf

**CAUTION: This email originated from outside the organization.
Do not click links or open attachments unless you recognize the sender and know the content is safe.**

Alice,

The site monitoring wells at Bay Cleaners were abandoned on 6/30/22. The well abandonment forms are attached. Additionally, a drum of purge water was poured down the sanitary drain, as approved by MMSD (approval letter attached).

We look forward to receipt of the final closure letter.

Thank You,

Dave Lennon, P.E.
Senior Project Manager
Moraine Environmental
Cell: 262-844-5343
Office: 262-692-3345

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 Ozaukee		WI Unique Well # of Removed Well		Hicap #		Facility Name Bay Cleaners - SW Door	
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) 246042170	
1/4 NE 1/4 SE or Gov't Lot #		Section 22		Township 09 N		License/Permit/Monitoring # PZ-1	
Well Street Address 201 S. Main St.		Range 21		<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner	
Well City, Village or Town Thiensville		Well ZIP Code 53092		Present Well Owner		Mailing Address of Present Owner	
Subdivision Name		Lot #		City of Present Owner		State ZIP Code	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing, & Sealing Material			
Reason for Removal from Service		WI Unique Well # of Replacement Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 06/16/2021		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<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): _____		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 31		Casing Diameter (in.) 2		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 6		Casing Depth (ft.) 26		Did material settle after 24 hours? If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 9.94		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If yes, to what depth (feet)?		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	

5. Material Used to Fill Well / Drillhole				6. Comments	
From (ft.) Surface		To (ft.) 31		No. Yards, Sacks Sealant or Volume (circle one) 0.68 ft³	
Mixture Ratio or Mud Weight					

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dave Lennon - Moravia Env.		License #		Date Received	
Date of Filling & Sealing or Verification (mm/dd/yyyy) 06/30/2022		Noted By			
Street or Route 766 Tower Dr.		Telephone Number (262) 692-3345		Comments	
City Fredonia		State WI		Signature of Person Doing Work Dave Lennon	
ZIP Code 53021		Date Signed 7/5/22			

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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 Ozaukee	WI Unique Well # of Removed Well	Hicap #	Facility Name Bay Cleaners - SW Door		
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Facility ID (FID or PWS) 246042170		License/Permit/Monitoring # MW-1
Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	1/4 1/4 NE 1/4 SE	Section 22	Township 09 N	Range 21	Original Well Owner
or Gov't Lot #				<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner
Well Street Address 201 S. Main St.			Mailing Address of Present Owner		
Well City, Village or Town Thiensville		Well ZIP Code 53092			
Subdivision Name		Lot #		City of Present Owner	State ZIP Code

Reason for Removal from Service _____ WI Unique Well # of Replacement Well _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
06/16/2021

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.) **9** Casing Diameter (in.) **2**

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

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet)
5.75

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): **Gravity**

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Bentonite Chips	Surface	9	0.2 ft³	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dave Lemon - Monitors Env.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 06/30/2022	Date Received	Noted By
Street or Route 766 Tower Dr.		Telephone Number (262) 692-3345	Comments	
City Fredonia	State WI	ZIP Code 53021	Signature of Person Doing Work Dave Lemon	Date Signed 9/5/22

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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 Ozaukee		WI Unique Well # of Removed Well		Hicap #	
Latitude / Longitude (see instructions)		Format Code		Method Code	
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008	
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002	
1/4 1/4 NE 1/4 SE		Section		Township	
or Gov't Lot #		22		09 N	
Well Street Address		Range		<input checked="" type="checkbox"/> E	
201 S. Main St.		21		<input type="checkbox"/> W	
Well City, Village or Town		Well ZIP Code			
Thiensville		53092			
Subdivision Name		Lot #			
Reason for Removal from Service		WI Unique Well # of Replacement Well			

Facility Name Bay Cleaners - SW Door		
Facility ID (FID or PWS) 246042170		
License/Permit/Monitoring # MW-2		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner		
City of Present Owner	State	ZIP Code

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 06/16/2021
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type:	
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug
<input type="checkbox"/> Other (specify): _____	
Formation Type:	
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock
Total Well Depth From Ground Surface (ft.) 10	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 5
Was well annular space grouted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, to what depth (feet)?	Depth to Water (feet) 5.95

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

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

3/8" Bentonite Chips	From (ft.) Surface	To (ft.) 10	No. Yards, Sacks Sealant or Volume (circle one) 0.22 ft³	Mix Ratio of Mud Weight
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6. Comments

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

Name of Person or Firm Doing Filling & Sealing Dave Lennon - Marine Env.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 06/30/2022	Date Received	Noted By
Street or Route 766 Tower Dr.	Telephone Number (262) 692-3345	Comments		
City Fredonia	State WI	ZIP Code 53021	Signature of Person Doing Work Dave Lennon	Date Signed 7/5/22

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 Ozaukee	WI Unique Well # of Removed Well	Hicap #	Facility Name Bay Cleaners - SW Door
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) 246042170
1/4 1/4 NE 1/4 SE or Gov't Lot #	Section 22	Township 09 N	License/Permit/Monitoring # SD-4
Range 21	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner	Present Well Owner
Well Street Address 201 S. Main St.	Well City, Village or Town Thiensville	Well ZIP Code 53092	Mailing Address of Present Owner
Subdivision Name	Lot #	City of Present Owner	State ZIP Code

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 01/15/2021	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type:		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Other (specify): Direct Push		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 6.5	Casing Diameter (in.) 1	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 2.25	Casing Depth (ft.) 1.5	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 5.33	Required Method of Placing Sealing Material
If yes, to what depth (feet)?		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity

Sealing Materials	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> 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
3/8" Bentonite Chips	Surface	6.5	0.04 ft³	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Dave Lemmon - Marine Env.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 06/30/2022	Date Received	Noted By
Street or Route 706 Tower Dr.	Telephone Number (262) 692-3345	Comments		
City Fredonia	State WI	ZIP Code 53021	Signature of Person Doing Work Dave Lemmon	Date Signed 7/5/22

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.

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Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Ozaukee		WI Unique Well # of Removed Well		Hicap #		Facility Name Bay Cleaners - SW Door	
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) 246042170	
1/4 1/4 NE 1/4 SE		Section 22		Township 09 N		License/Permit/Monitoring # SD-6	
or Gov't Lot #		Range 21		<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner	
Well Street Address 201 S. Main St.				Present Well Owner			
Well City, Village or Town Thiensville				Well ZIP Code 53092			
Subdivision Name				Lot #		Mailing Address of Present Owner	
Reason for Removal from Service				WI Unique Well # of Replacement Well		City of Present Owner	
						State	
						ZIP Code	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 01/15/2021	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input type="checkbox"/> Borehole / Drillhole		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type:		Required Method of Placing Sealing Material	
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Other (specify): Direct Push		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity	
Formation Type:		Sealing Materials	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
Total Well Depth From Ground Surface (ft.) 10.5		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
Casing Diameter (in.) 1		For Monitoring Wells and Monitoring Well Boreholes Only:	
Lower Drillhole Diameter (in.) 2.25		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
Casing Depth (ft.) 5.5		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)?			
Depth to Water (feet) 6.90			

5. Material Used to Fill Well / Drillhole			
3/8" Bentonite Chips			
From (ft.) Surface	To (ft.) 10.5	No. Yards, Sacks Sealant or Volume (circle one) 0.06 ft³	Wt. Ratio of Mud Weight

6. Comments	

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dave Lemon - Marine Env.		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 06/30/2022	Date Received	Noted By
Street or Route 766 Tower Dr.		Telephone Number (262) 692-3345		Comments	
City Fredonia	State WI	ZIP Code 53021	Signature of Person Doing Work Dave Lemon	Date Signed 7/5/22	

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.

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Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Ozaukee	WI Unique Well # of Removed Well	Hicap #		Facility Name Bay Cleaners - SW Door			
Latitude / Longitude (see instructions)		Format Code	Method Code	Facility ID (FID or PWS) 246042170			
_____ N _____ W		<input type="checkbox"/> DD <input type="checkbox"/> DDM	<input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	License/Permit/Monitoring # SD-10			
1/4 1/4 NE 1/4 SE	Section 22	Township 09 N	Range 21	Original Well Owner			
or Gov't Lot #			<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner			
Well Street Address 201 S. Main St.				Mailing Address of Present Owner			
Well City, Village or Town Thiensville		Well ZIP Code 53092		City of Present Owner			
Subdivision Name		Lot #		State		ZIP Code	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 02/18/2021	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Construction Type:		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
<input checked="" type="checkbox"/> Other (specify): Direct Push		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type:		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) 8		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Casing Diameter (in.) 1		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) 2.25		Required Method of Placing Sealing Material			
Casing Depth (ft.) 3		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity			
If yes, to what depth (feet)?		Sealing Materials			
Depth to Water (feet) 7.23		<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			
3/8" Bentonite Chips			
From (ft.) Surface	To (ft.) 8	No. Yards, Sacks, Sealant or Volume (circle one) 0.04 ft³	Mix Ratio or Mud Weight

6. Comments:

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dave Lemon - Moravia Env.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 06/30/2022	Date Received	Noted By	
Street or Route 76b Tower Dr.		Telephone Number (262) 692-3345	Comments		
City Fredonia	State WI	ZIP Code 53021	Signature of Person Doing Work Dave Lemon	Date Signed 7/5/22	

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 Ozaukee	WI Unique Well # of Removed Well	Hicap #	Facility Name Bay Cleaners - SW Door
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) 246042170
1/4 NE 1/4 SE or Gov't Lot #	Section 22	Township 09 N	License/Permit/Monitoring # SD-11
Range 21	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner	Present Well Owner
Well Street Address 201 S. Main St.	Mailing Address of Present Owner		
Well City, Village or Town Thiensville	Well ZIP Code 53092	City of Present Owner	State ZIP Code
Subdivision Name	Lot #		

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

Reason for Removal from Service	WI Unique Well # of Replacement Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 02/18/2021	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Other (specify): Direct Push		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 8	Casing Diameter (in.) 1	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 2.25	Casing Depth (ft.) 3	Required Method of Placing Sealing Material
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
If yes, to what depth (feet)?	Depth to Water (feet) 7.23	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity
		Sealing Materials
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> 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			
3/8" Bentonite Chips	From (ft.) Surface	To (ft.) 8	No. Yards, Sacks Sealant or Volume (circle one) 0.04 lbs
			Mix Ratio or Mud Weight

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dave Lemon - Morrie Env.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 06/30/2022	Date Received	Noted By	
Street or Route 766 Tower Dr.	Telephone Number (262) 692-3345	Comments			
City Fredonia	State WI	ZIP Code 53021	Signature of Person Doing Work Dave Lemon	Date Signed 7/5/22	

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 Ozaukee		WI Unique Well # of Removed Well		Hicap #		Facility Name Bay Cleaners - SW Door	
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) 246042170	
1/4 NE 1/4 SE or Gov't Lot #		Section 22		Township 09 N		License/Permit/Monitoring # SD-12	
Well Street Address 201 S. Main St.		Range 21		<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner	
Well City, Village or Town Thiensville		Well ZIP Code 53092		Present Well Owner		Mailing Address of Present Owner	
Subdivision Name		Lot #		City of Present Owner		State ZIP Code	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason for Removal from Service		WI Unique Well # of Replacement Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 08/06/2021		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:				Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Other (specify): Direct Push				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:				Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 10		Casing Diameter (in.) 1		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 2.25		Casing Depth (ft.) 5		Required Method of Placing Sealing Material	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
If yes, to what depth (feet)?		Depth to Water (feet) 9.40		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity	

5. Material Used to Fill Well / Drillhole			
3/8" Bentonite Chips			
From (ft.) Surface	To (ft.) 10	No. Yards, Sacks Sealant or Volume (circle one) 0.06 ft³	Mix Ratio or Mud Weight

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dave Lemmon - Morris Env.		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 06/30/2022	Date Received	Noted By
Street or Route 766 Tower Dr.		Telephone Number (262) 692-3345		Comments	
City Fredonia	State WI	ZIP Code 53021	Signature of Person Doing Work Dave Lemmon	Date Signed 7/5/22	

RE: [EXT] Sanitary Sewer Discharge Request - 201 S Main St., Thiensville

From: Kulinski, Matt (mkulinski@mmsd.com)
To: dmlennon@yahoo.com
Date: Tuesday, December 28, 2021, 06:32 AM CST

Thanks Dave! Looks good. This has been approved. Let me know if you have any questions.

From: Dave Lennon <dmlennon@yahoo.com>
Sent: Friday, December 17, 2021 11:28 AM
To: Kulinski, Matt <MKulinski@mmsd.com>
Subject: [EXT] Sanitary Sewer Discharge Request - 201 S Main St., Thiensville

Matt,

As we discussed this morning, attached are a figure and two lab reports. I would like to place 30-35 gallons of purge groundwater in the trench drain. The purge water was collected from PZ-1, MW-1, and MW-2, installed and sampled after we removed the soil source of contamination.

Groundwater VOC analysis, attached, for samples collected in June and September 2021 resulted in very low level detections, and is representative of the water contained in the drum. Lab reports are attached for your review.

If you require any additional information necessary to approve this one-time discharge, please let me know.

Thank You,

Dave Lennon, P.E.
Senior Project Manager
Moraine Environmental
Cell: 262-844-5343
Office: 262-692-3345