State of Wis., Dept. of Natural Resources
dnr.wi.gov

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	WI Unique Well # of Removed Well	Hicap #
Milwaukee	VD736	

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

¼ / ¼	¼	Section	Township	Range
NW	NE	14	7 N	21 ☒ E ☐ W

or Gov't Lot #

Well Street Address: 5000 West Chambers St.

Well City, Village or Town	Well ZIP Code
Milwaukee	53210

Subdivision Name	Lot #

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

2. Facility / Owner Information

Facility Name: St. Joseph's Hospital
Facility ID (FID or PWS): 241344840
License/Permit/Monitoring #: MW-1
Original Well Owner: St. Joseph Inc
Present Well Owner: Same
Mailing Address of Present Owner: 5000 West Chambers St

City of Present Owner	State	ZIP Code
Milwaukee	WI	53210

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well ☐ Water Well ☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 2-28-2017
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.)	Casing Diameter (in.)
18.72	2 in

Lower Drillhole Diameter (in.)	Casing Depth (ft.)
8.25	15ft

Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)?	Depth to Water (feet)
1ft	8.55

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
3/8" bentonite	Surface	15	~1/2 a bag	25lbs

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)
GILES ENGINEERING ASSOC.		12/13/17

Street or Route	Telephone Number
N8 W22350 JOHNSON DRIVE SUITE A1	(262) 544-0118

City	State	ZIP Code
WAUKESHA	WI	53186

Signature of Person Doing Work: Charles Ross
Date Signed: 12-15-17

DNR Use Only

Date Received	Noted By

Comments

State of Wis., Dept. of Natural Resources
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Well / Drillhole / Borehole Filling & Sealing Report

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

1. Well Location Information

County	WI Unique Well # of Removed Well	Hicap #
Milwaukee	VQ733 07	

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

¼ / ¼	¼	Section	Township	Range
NW	NE	14	7 N	21 ☒ E ☐ W

or Gov't Lot #

Well Street Address: 5000 West Chambers St.

Well City, Village or Town	Well ZIP Code
Milwaukee	53210

Subdivision Name	Lot #

Reason for Removal from Service	WI Unique Well # of Replacement Well
Sampling Completed	

2. Facility / Owner Information

Facility Name: St. Joseph's Hospital
Facility ID (FID or PWS): 241344840
License/Permit/Monitoring #: MW-2
Original Well Owner: St. Joseph Inc
Present Well Owner: Same
Mailing Address of Present Owner: 5000 West Chambers St.

City of Present Owner	State	ZIP Code
Milwaukee	WI	53210

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well ☐ Water Well ☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 2-28-2017

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.)	Casing Diameter (in.)
19.7	2 in

Lower Drillhole Diameter (in.)	Casing Depth (ft.)
8.25	15 ft

Was well annular space grouted? ☐ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)?	Depth to Water (feet)
1 ft	7.51

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
3/8" bentonite	Surface	15	~1/4 a bag	25lbs

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)
GILES ENGINEERING ASSOC.		12/13/17

Street or Route	Telephone Number
N8 W22350 JOHNSON DRIVE SUITE A1	(262) 544-0118

City	State	ZIP Code	Signature of Person Doing Work	Date Signed
WAUKESHA	WI	53186	Charles Rewa	12-15-17

DNR Use Only

Date Received	Noted By

Comments:

State of Wis., Dept. of Natural Resources
dnr.wi.gov

Well / Drillhole / Borehole Filling & Sealing Report

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

1. Well Location Information

County	WI Unique Well # of Removed Well	Hicap #
Milwaukee	V 0 7 3 8	

Latitude / Longitude (see instructions): _____ N _____ W

Format Code: ☐ DD ☐ DDM

Method Code: ☐ GPS008 ☐ SCR002 ☐ OTH001

¼ / ¼: NW ¼: NE or Gov't Lot #:

Section: 14 Township: 7 N Range: 21 ☒ E ☐ W

Well Street Address: 5000 West Chambers St.

Well City, Village or Town: Milwaukee Well ZIP Code: 53210

Subdivision Name: Lot #:

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

2. Facility / Owner Information

Facility Name: St. Joseph's Hospital

Facility ID (FID or PWS): 241344840

License/Permit/Monitoring #: MW-3

Original Well Owner: St. Joseph Inc

Present Well Owner: Same

Mailing Address of Present Owner: 5000 West Chambers St.

City of Present Owner: Milwaukee State: WI ZIP Code: 53210

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well ☐ Water Well ☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 2-28-2017

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.): 19.72 Casing Diameter (in.): 2 in

Lower Drillhole Diameter (in.): 8.25 Casing Depth (ft.): 15 ft

Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)? 1 ft Depth to Water (feet): 5.96

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

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

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
3/8" bentonite	Surface	15	~ 1/2 a bag	25 lbs

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: Date Received	Noted By
GILES ENGINEERING ASSOC.		12/13/17		

Street or Route	Telephone Number	Comments
N8 W22350 JOHNSON DRIVE SUITE A1	(262) 544-0118	

City	State	ZIP Code	Signature of Person Doing Work	Date Signed
WAUKESHA	WI	53186	Charles Rens so	12-15-17

State of Wis., Dept. of Natural Resources
dnr.wi.gov

Well / Drillhole / Borehole Filling & Sealing Report

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

1. Well Location Information

County	WI Unique Well # of Removed Well	Hicap #
Milwaukee	VQ739	

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

¼ / ¼	¼	Section	Township	Range
NW	NE	14	7 N	21 ☒ E ☐ W

or Gov't Lot #

Well Street Address: 5000 West Chambers St.

Well City, Village or Town	Well ZIP Code
Milwaukee	53210

Subdivision Name	Lot #

Reason for Removal from Service	WI Unique Well # of Replacement Well
Sampling Completed	_ _ _ _ _

2. Facility / Owner Information

Facility Name: St. Joseph's Hospital

Facility ID (FID or PWS): 241344840

License/Permit/Monitoring #: MW-4

Original Well Owner: St. Joseph Inc

Present Well Owner: Same

Mailing Address of Present Owner: 5000 West Chambers St.

City of Present Owner	State	ZIP Code
Milwaukee	WI	53210

3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well ☐ Water Well ☐ Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 2-28-2017

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.)	Casing Diameter (in.)
19.62	2

Lower Drillhole Diameter (in.)	Casing Depth (ft.)
8.25	15

Was well annular space grouted? ☒ Yes ☐ No ☐ Unknown

If yes, to what depth (feet)?	Depth to Water (feet)
1 ft	7.46

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

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

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
3/8" bentonite	Surface	15	~ 1/2 a bag	25 lbs

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: Date Received	Noted By
GILES ENGINEERING ASSOC.		12/13/17		

Street or Route	Telephone Number	Comments
N8 W22350 JOHNSON DRIVE SUITE A1	(262) 544-0118	

City	State	ZIP Code	Signature of Person Doing Work	Date Signed
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