

## Smith, Ralph N - DNR

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**From:** Dave Larsen <dlarsen@reiengineering.com>  
**Sent:** Thursday, August 02, 2018 10:01 AM  
**To:** Smith, Ralph N - DNR  
**Cc:** Saari, Christopher A - DNR  
**Subject:** Four Corners Final Well Abandonment Form  
**Attachments:** MW1R abandonment form.pdf

Ralph, attached is the final well abandonment form for Four Corners. REI abandoned all wells with the exception of MW1R on February 1, 2018. MW1R was not accessible on that date and was finally abandoned on 7-18-18. REI also abandoned the 3 vapor points in the basement of the building. This should address the remaining actions required and the site should be eligible for final closure approval. Please let me know if you have any questions.

Thank you,  
*David N. Larsen P.G*  
*Senior Hydrogeologist / Professional Geologist*



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Icons: Head, Tripod, Leaf, Water Tap

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**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 Bayfield		WI Unique Well # of Removed Well MW1R		Hicap #		Facility Name Four Corners Tavern	
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)	
¼ / ¼ NW      ¼ NE		Section		Township 45 N		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
or Gov't Lot # 01		Well Street Address 30015 County Road E		Well ZIP Code 54856		License/Permit/Monitoring #	
Well City, Village or Town Mason		Subdivision Name		Lot #		Original Well Owner	
Reason for Removal from Service Completed Investigation		WI Unique Well # of Replacement Well		Present Well Owner		Mailing Address of Present Owner 30015 County Road E	
City of Present Owner Mason		State WI		ZIP Code 54856			

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 9/22/2011		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 checked="" 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): _____		If a Well Construction Report is available, please attach.		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material		Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Total Well Depth From Ground Surface (ft.) 13		Casing Diameter (in.) 2.25"		Sealing Materials	
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)?		For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
Depth to Water (feet)					

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	13'	1/2 bag	

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing REI Engineering		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/18/18	Date Received	Noted By
Street or Route 4080 N. 20th Avenue		Telephone Number ( 715 ) 675-9784		Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 8-2-18	