

**Well / Drillhole / Borehole Filling & Sealing**  
Form 3300-005 (R 4/08)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending upon the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to:	<input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information			2. Facility / Owner Information		
County <b>Rusk</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Wild Card Bar (former)</b>		
Common Well Name <b>TMW-15</b>		Method Code (see instructions) _____	Facility ID (FID or PWS) _____		
1/4	1/4	Section	Township	Range	<input type="checkbox"/> E <input type="checkbox"/> W
or Gov't Lot #		N		Present Well Owner	
Well Street Address <b>Front Ave.</b>			Mailing Address of Present Owner		
Well City, Village or Town <b>Turtle Lake</b>		Well Zip Code <b>54889</b>		City of Present Owner	State
Subdivision Name		Lot #		Zip Code	
Reason For Removal From Service Site Closure		WI Unique Well No. of Replacement Well _____			

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) _____	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type:		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type:		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Total Well Depth From Groundsurface (ft.) <b>15</b>	Casing Diameter (in.) <b>2</b>	If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Required Method of Placing Sealing Material			
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, to what depth (feet)?	<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): _____			
Depth to Water (feet) <b>12</b>	Sealing Materials				
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb/gal wt) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input checked="" 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
Bentonite Chips	<b>Surface</b>	<b>15</b>	<b>3</b>	<b>3 bags</b>

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>P.S.I. - Intertek</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>3-18-2020</b>	Date Received	Noted By	
Street or Route <b>12839 30th Ave.</b>		Telephone Number <b>715-378-2770</b>	Comments		
City <b>Chippewa Falls</b>	State <b>WI</b>	Zip Code <b>54729</b>	Signature of Person Doing Work 	Date Signed <b>3-18-2020</b>	

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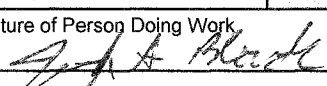
<input type="checkbox"/> Verification Only of Fill and Seal	Route to:	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input type="checkbox"/> Remediation/Redevelopment
		<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information				2. Facility / Owner Information			
County		WI Unique Well # of Removed Well		Hicap #		Facility Name	
Rusk						Wild Card Bar (former)	
Common Well Name				Method Code (see instructions)			
mw-2							
1/4	1/4	Section	Township	Range	<input type="checkbox"/> E		
or Gov't Lot #				N <input type="checkbox"/> W			
Well Street Address							
Front Ave.							
Well City, Village or Town				Well Zip Code			
Turtle Lake				54889			
Subdivision Name				Lot #			
Reason For Removal From Service				WI Unique Well No. of Replacement Well			
Site Closure							

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Original Construction Date (mm/dd/yyyy) 1-20-09 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		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): _____	
Total Well Depth From Groundsurface (ft.) 15		Casing Diameter (in.) 2	
Lower Drillhole Diameter (in.)		Casing Depth (ft.)	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb/gal wt) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Bentonite Chips	
If yes, to what depth (feet)?		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	
Depth to Water (feet) 7			

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			

6. Comments			

7. Supervision of Work			DNR Use Only		
Name of Person or Firm Doing Filling & Sealing		License #	Date of Filling & Sealing (mm/dd/yyyy)	Date Received	Noted By
P.S.I. - Intertek			3-2-2020		
Street or Route			Telephone Number	Comments	
12839 30th Ave.			715-378-2770		
City	State	Zip Code	Signature of Person Doing Work		Date Signed
Chippewa Falls	WI	54729			3-2-2020

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<input type="checkbox"/> Verification Only of Fill and Seal	Route to:		
<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input type="checkbox"/> Remediation/Redevelopment	
<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____		

1. Well Location Information				2. Facility / Owner Information			
County Rusk		WI Unique Well # of Removed Well		Hicap #		Facility Name Wild Card Bar (former)	
Common Well Name MW-3				Method Code (see instructions)		Facility ID (FID or PWS)	
1/4		1/4		Section		License/Permit/Monitoring #	
or Gov't Lot #		Township		Range		Original Well Owner	
Well Street Address Front Ave.		N		E		Present Well Owner	
Well City, Village or Town Turtle Lake				Well Zip Code 54889		Mailing Address of Present Owner	
Subdivision Name				Lot #		City of Present Owner	
Reason For Removal From Service Site Closure		WI Unique Well No. of Replacement Well		State		Zip Code	

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 1-20-09		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				Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:				Casing left in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug		Was casing cut off below surface?	
<input type="checkbox"/> Other (specify): _____						<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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Groundsurface (ft.) 15		Casing Diameter (in.) 2		If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		If bentonite chips were used, were they hydrated with water from a known safe source?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				Required Method of Placing Sealing Material			
If yes, to what depth (feet)?		Depth to Water (feet) 12		<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"/> Clay-Sand Slurry (11 lb/gal wt)	
				<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
				<input type="checkbox"/> Concrete		<input checked="" 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
Bentonite Chips	Surface	15	15	Range

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing P.S.I. - Intertek		License #	Date of Filling & Sealing (mm/dd/yyyy) 3-15-2020	Date Received	Noted By
Street or Route 12839 30th Ave.			Telephone Number 715-378-2770	Comments	
City Chippewa Falls	State WI	Zip Code 54729	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 3-15-2020	

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Route to:

Verification Only of Fill and Seal

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

1. Well Location Information					2. Facility / Owner Information		
County	WI Unique Well # of Removed Well	Hicap #			Facility Name		
Rusk					Wild Card Bar (former)		
Common Well Name		Method Code (see instructions)			Facility ID (FID or PWS)		
MWS					License/Permit/Monitoring #		
1/4	1/4	Section	Township	Range	Original Well Owner		
			N		Present Well Owner		
Well Street Address					Mailing Address of Present Owner		
Front Ave.							
Well City, Village or Town				Well Zip Code			
Turtle Lake				54889			
Subdivision Name				Lot #			

Reason For Removal From Service: Site Closure

WI Unique Well No. of Replacement Well: \_\_\_\_\_

**3. Well / Drillhole / Borehole Information**

Monitoring Well  
 Water Well  
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 3-8-10

If a Well Construction Report is available, please attach.

Construction Type:  
 Drilled       Driven (Sandpoint)       Dug  
 Other (specify): \_\_\_\_\_

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

Pump and piping removed?  Yes  No  N/A

Liner(s) removed?  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

Formation Type:  
 Unconsolidated Formation       Bedrock

Total Well Depth From Groundsurface (ft.): 20

Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): \_\_\_\_\_

Casing Depth (ft.): \_\_\_\_\_

Was well annular space grouted?  Yes  No  Unknown

If yes, to what depth (feet)? \_\_\_\_\_

Depth to Water (feet): 12

Required Method of Placing Sealing Material

Conductor Pipe-Gravity       Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips)       Other (Explain): \_\_\_\_\_

Sealing Materials

Neat Cement Grout       Clay-Sand Slurry (11 lb/gal wt)

Sand-Cement (Concrete) Grout       Bentonite-Sand Slurry " "

Concrete       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	Top of	20	1.6	1 bag

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing (mm/dd/yyyy)	Date Received	Noted By	
P.S.I. - Intertek		3-8-2020			
Street or Route	Telephone Number		Comments		
12839 30th Ave.	715-378-2770				
City	State	Zip Code	Signature of Person Doing Work		Date Signed
Chippewa Falls	WI	54729	[Signature]		3/8-2020

**Well / Drillhole / Borehole Filling & Sealing**  
Form 3300-005 (R 4/08)

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Verification Only of Fill and Seal

Route to:  
 Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other: \_\_\_\_\_

1. Well Location Information			2. Facility / Owner Information		
County Rusk	WI Unique Well # of Removed Well	Hicap #	Facility Name Wild Card Bar (former)		
Common Well Name NW-2		Method Code (see instructions)	Facility ID (FID or PWS)		

1/4	1/4	Section	Township	Range	<input type="checkbox"/> E <input type="checkbox"/> W
or Gov't Lot #		N			
Well Street Address Front Ave.			Mailing Address of Present Owner		
Well City, Village or Town Turtle Lake		Well Zip Code 54889		City of Present Owner	
Subdivision Name		Lot #		State      Zip Code	

Reason For Removal From Service Site Closure	WI Unique Well No. of Replacement Well
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**3. Well / Drillhole / Borehole Information**

Monitoring Well  
 Water Well  
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)  
5-11-11

If a Well Construction Report is available, please attach.

Construction Type:  
 Drilled       Driven (Sandpoint)       Dug  
 Other (specify): \_\_\_\_\_

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

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

Formation Type:  
 Unconsolidated Formation       Bedrock

Total Well Depth From Groundsurface (ft.)      Casing Diameter (in.)  
15      2

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

Was well annular space grouted?  Yes  No  Unknown

If yes, to what depth (feet)?      Depth to Water (feet)  
      15

Required Method of Placing Sealing Material  
 Conductor Pipe-Gravity       Conductor Pipe-Pumped  
 Screened & Poured (Bentonite Chips)       Other (Explain): \_\_\_\_\_

Sealing Materials  
 Neat Cement Grout       Clay-Sand Slurry (11 lb/gal wt)  
 Sand-Cement (Concrete) Grout       Bentonite-Sand Slurry " "  
 Concrete       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	0	15	5      319	

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing P.S.I. - Intertek	License #	Date of Filling & Sealing (mm/dd/yyyy) 3-17-2020	Date Received	Noted By	
Street or Route 12839 30th Ave.		Telephone Number 715-378-2770	Comments		
City Chippewa Falls	State WI	Zip Code 54729	Signature of Person Doing Work <i>[Signature]</i>		Date Signed 3-17-2020

**Well / Drillhole / Borehole Filling & Sealing**  
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Verification Only of Fill and Seal

Route to:  
 Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County	WI Unique Well # of Removed Well	Hicap #		Facility Name			
Rusk				Wild Card Bar (former)			
Common Well Name		Method Code (see instructions)		Facility ID (FID or PWS)			
MW-7				License/Permit/Monitoring #			
1/4	1/4	Section	Township	Range	Original Well Owner		
			N	E	Present Well Owner		
Well Street Address				Mailing Address of Present Owner			
Front Ave.							
Well City, Village or Town			Well Zip Code		City of Present Owner		
Turtle Lake			54889		State		Zip Code
Subdivision Name			Lot #				
Reason For Removal From Service		WI Unique Well No. of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			
Site Closure				Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
3. Well / Drillhole / Borehole Information				Liner(s) 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)		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		6-6-11		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole		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			
Construction 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"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Formation Type:				If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Required Method of Placing Sealing Material			
Total Well Depth From Groundsurface (ft.)		Casing Diameter (in.)		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
5		2		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		Sealing Materials			
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb/gal wt)			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "			
If yes, to what depth (feet)?		Depth to Water (feet)		<input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Bentonite Chips			
		14		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
Bentonite Chips				12.5	5	25	R 1/2

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing (mm/dd/yyyy)		Date Received	Noted By
P.S.I. - Intertek		3-11-2020			
Street or Route	Telephone Number		Comments		
12839 30th Ave.	715-378-2770				
City	State	Zip Code	Signature of Person Doing Work		Date Signed
Chippewa Falls	WI	54729	[Signature]		3-11-2020

**Well / Drillhole / Borehole Filling & Sealing**  
Form 3300-005 (R 4/08)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending upon the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to:  
 Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other: \_\_\_\_\_

1. Well Location Information					2. Facility / Owner Information		
County Rusk	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Wild Card Bar (former)		Facility ID (FID or PWS) _____		
Common Well Name PZ-1		Method Code (see instructions) _____			License/Permit/Monitoring # _____		
1/4 1/4	1/4	Section	Township N	Range E	Original Well Owner _____		
or Gov't Lot # _____		Well Street Address Front Ave.			Present Well Owner _____		
Well City, Village or Town Turtle Lake		Well Zip Code 54889			Mailing Address of Present Owner _____		
Subdivision Name _____		Lot # _____			City of Present Owner _____		State _____
Reason For Removal From Service Site Closure		WI Unique Well No. of Replacement Well _____			City of Present Owner _____		

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 6-10-09	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		Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If yes, was hole retopped?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.) 70	Casing Diameter (in.) 2	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Required Method of Placing Sealing Material			
Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped			
If yes, to what depth (feet)?	Depth to Water (feet) 50	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
		Sealing Materials			
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb/gal wt)			
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite-Sand Slurry " "			
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips			
		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 checked="" 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
Grout		Surface	70	11.9 gal	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing P.S.I. - Intertek	License # _____	Date of Filling & Sealing (mm/dd/yyyy) 3-18-2020	Date Received	Noted By
Street or Route 12839 30th Ave.	Telephone Number 715-378-2770		Comments	
City Chippewa Falls	State WI	Zip Code 54729	Signature of Person Doing Work <i>Jeff A. M... 2</i>	Date Signed 3-18-2020

**Well / Drillhole / Borehole Filling & Sealing**  
Form 3300-005 (R 4/08)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending upon the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to:  
 Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other: \_\_\_\_\_

1. Well Location Information					2. Facility / Owner Information		
County	WI Unique Well # of Removed Well	Hicap #			Facility Name		
Rusk					Wild Card Bar (former)		
Common Well Name		Method Code (see instructions)			Facility ID (FID or PWS)		
PZ-2					License/Permit/Monitoring #		
1/4	1/4	Section	Township	Range	Original Well Owner		
				<input type="checkbox"/> E			
or Gov't Lot #			N	<input type="checkbox"/> W	Present Well Owner		
Well Street Address					Mailing Address of Present Owner		
Front Ave.							
Well City, Village or Town				Well Zip Code			
Turtle Lake				54889			
Subdivision Name			Lot #		City of Present Owner		State
							Zip Code

Reason For Removal From Service: Site Closure

WI Unique Well No. of Replacement Well: \_\_\_\_\_

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)	Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	3-4-10	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.	Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If yes, was hole retopped?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
68	2	Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<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): _____			
Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Sealing Materials			
If yes, to what depth (feet)?	Depth to Water (feet)	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb/gal wt)			
	46	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite-Sand Slurry " "			
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips			
		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 checked="" 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
Grout		Surface	68	11.5 gal	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing (mm/dd/yyyy)	Date Received	Noted By
P.S.I. - Intertek		3-18-2020		
Street or Route	Telephone Number		Comments	
12839 30th Ave.	715-378-2770			
City	State	Zip Code	Signature of Person Doing Work	Date Signed
Chippewa Falls	WI	54729	<i>Josh H. Meador</i>	3-18-2020



**Well / Drillhole / Borehole Filling & Sealing**

Form 3300-005 (R 4/08)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending upon the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to:

Drinking Water

Watershed/Wastewater

Remediation/Redevelopment

Waste Management

Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County Rusk	WI Unique Well # of Removed Well _____	Hicap # _____		Facility Name Wild Card Bar (former)			
Common Well Name P2-3		Method Code (see instructions) _____		Facility ID (FID or PWS) _____			
1/4 1/4	1/4	Section	Township N	Range	License/Permit/Monitoring # _____		
or Gov't Lot #						Original Well Owner _____	
Well Street Address Front Ave.				Mailing Address of Present Owner _____			
Well City, Village or Town Turtle Lake		Well Zip Code 54889		City of Present Owner		State	Zip Code
Subdivision Name		Lot #					

Reason For Removal From Service Site Closure	WI Unique Well No. of Replacement Well _____
---	---

3. Well / Drillhole / Borehole Information	
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 3-5-10
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<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): _____	

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
Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input checked="" 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Formation Type:	
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock
Total Well Depth From Groundsurface (ft.) 80	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, to what depth (feet)?	Depth to Water (feet) 53

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"/> Clay-Sand Slurry (11 lb/gal wt)
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input checked="" type="checkbox"/> Bentonite-Sand Slurry " "
<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite Chips
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 checked="" 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
Grout	Surface	80	126	gal

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing P.S.I. - Intertek	License #	Date of Filling & Sealing (mm/dd/yyyy) 3-18-2020	Date Received	Noted By	
Street or Route 12839 30th Ave.	Telephone Number 715-378-2770		Comments		
City Chippewa Falls	State WI	Zip Code 54729	Signature of Person Doing Work <i>[Signature]</i>		Date Signed 3-18-2020

**Well / Drillhole / Borehole Filling & Sealing**  
Form 3300-005 (R 4/08)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending upon the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to:		
<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input type="checkbox"/> Remediation/Redevelopment	
<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____		

<b>1. Well Location Information</b>			<b>2. Facility / Owner Information</b>		
County	WI Unique Well # of Removed Well	Hicap #	Facility Name		
Rusk			Wild Card Bar (former)		
Common Well Name		Method Code (see instructions)	Facility ID (FID or PWS)		
P2-4			License/Permit/Monitoring #		

1/4	1/4	Section	Township	Range	<input type="checkbox"/> E	Original Well Owner
or Gov't Lot #			N		<input type="checkbox"/> W	Present Well Owner
Well Street Address						Mailing Address of Present Owner
Front Ave.						
Well City, Village or Town				Well Zip Code		
Turtle Lake				54889		
Subdivision Name				Lot #		
Reason For Removal From Service			WI Unique Well No. of Replacement Well			
Site Closure						

<b>3. Well / Drillhole / Borehole Information</b>						<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>					
<input checked="" type="checkbox"/> Monitoring Well			Original Construction Date (mm/dd/yyyy)			Pump and piping removed?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
<input type="checkbox"/> Water Well			5-11-11			Liner(s) removed?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
<input type="checkbox"/> Borehole / Drillhole			If a Well Construction Report is available, please attach.			Screen removed?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		
Construction Type:						Casing left in place?					
<input checked="" 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		Did sealing material rise to surface?	
<input type="checkbox"/> Other (specify): _____						Did material settle after 24 hours?		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		If yes, was hole retopped?	
						If bentonite chips were used, were they hydrated with water from a known safe source?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type:						Required Method of Placing Sealing Material					
<input checked="" type="checkbox"/> Unconsolidated Formation			<input type="checkbox"/> Bedrock			<input type="checkbox"/> Conductor Pipe-Gravity			<input checked="" type="checkbox"/> Conductor Pipe-Pumped		
Total Well Depth From Groundsurface (ft.)			Casing Diameter (in.)			<input type="checkbox"/> Screened & Poured (Bentonite Chips)			<input type="checkbox"/> Other (Explain): _____		
70			2			Sealing Materials					
Lower Drillhole Diameter (in.)			Casing Depth (ft.)			<input type="checkbox"/> Neat Cement Grout			<input type="checkbox"/> Clay-Sand Slurry (11 lb/gal wt)		
Was well annular space grouted?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			<input type="checkbox"/> Sand-Cement (Concrete) Grout			<input checked="" type="checkbox"/> Bentonite-Sand Slurry " "		
If yes, to what depth (feet)?			Depth to Water (feet)			<input type="checkbox"/> Concrete			<input type="checkbox"/> Bentonite Chips		
			53			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 checked="" type="checkbox"/> Bentonite - Sand Slurry		

<b>5. Material Used To Fill Well / Drillhole</b>				From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Grout				Surface	70	7.9 gal	

<b>6. Comments</b>			

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing		License #	Date of Filling & Sealing (mm/dd/yyyy)	Date Received	Noted By
P.S.I. - Intertek			3-7-2020		
Street or Route			Telephone Number	Comments	
12839 30th Ave.			715-378-2770		
City	State	Zip Code	Signature of Person Doing Work		Date Signed
Chippewa Falls	WI	54729	[Signature]		3-17-2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending upon the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to:  
 Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other: \_\_\_\_\_

1. Well Location Information					2. Facility / Owner Information		
County	WI Unique Well # of Removed Well	Hicap #			Facility Name		
Rusk					Wild Card Bar (former)		
Common Well Name		Method Code (see instructions)			Facility ID (FID or PWS)		
PZ-5					License/Permit/Monitoring #		
1/4	1/4	Section	Township	Range	Original Well Owner		
			N	E	Present Well Owner		
Well Street Address					Mailing Address of Present Owner		
Front Ave.							
Well City, Village or Town				Well Zip Code			
Turtle Lake				54889			
Subdivision Name				Lot #			

Reason For Removal From Service:  Site Closure      WI Unique Well No. of Replacement Well: \_\_\_\_\_

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)	Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	5-12-11	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.	Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If yes, was hole retopped?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
65	2	Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<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): _____		
Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Sealing Materials			
If yes, to what depth (feet)?	Depth to Water (feet)	<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb/gal wt)		
	45	<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input checked="" type="checkbox"/> Bentonite-Sand Slurry " "		
		<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite Chips		
		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 checked="" 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
Grout		Surface	65	11 gal	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing (mm/dd/yyyy)	Date Received	Noted By	
P.S.I. - Intertek		3-18-2020			
Street or Route	Telephone Number		Comments		
12839 30th Ave.	715-378-2770				
City	State	Zip Code	Signature of Person Doing Work		Date Signed
Chippewa Falls	WI	54729	<i>[Signature]</i>		3-18-2020

**Well / Drillhole / Borehole Filling & Sealing**  
Form 3300-005 (R 4/08)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending upon the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to:  
 Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other: \_\_\_\_\_

<b>1. Well Location Information</b>					<b>2. Facility / Owner Information</b>		
County	WI Unique Well # of Removed Well	Hicap #			Facility Name		
Rusk					Wild Card Bar (former)		
Common Well Name		Method Code (see instructions)			Facility ID (FID or PWS)		
P2-G					License/Permit/Monitoring #		
1/4	1/4	Section	Township	Range	Original Well Owner		
			N	E	Present Well Owner		
Well Street Address					Mailing Address of Present Owner		
Front Ave.							
Well City, Village or Town				Well Zip Code			
Turtle Lake				54889			
Subdivision Name				Lot #			
Reason For Removal From Service		WI Unique Well No. of Replacement Well		<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			
Site Closure				Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
				Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
				Did material settle after 24 hours? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
				If yes, was hole retopped? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

<b>3. Well / Drillhole / Borehole Information</b>		Original Construction Date (mm/dd/yyyy)	
<input checked="" type="checkbox"/> Monitoring Well	6-6-11		
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.		
<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 Groundsurface (ft.)	Casing Diameter (in.)		
65	2		
Lower Drillhole Diameter (in.)	Casing Depth (ft.)		
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)?		Depth to Water (feet)	
		50	

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Grout	Surface	65	11	epal

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing (mm/dd/yyyy)		Date Received	Noted By
P.S.I. - Intertek		3-17-2020			
Street or Route		Telephone Number		Comments	
12839 30th Ave.		715-378-2770			
City	State	Zip Code	Signature of Person Doing Work		Date Signed
Chippewa Falls	WI	54729	[Signature]		3-17-2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending upon the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to:  
 Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information				
County	WI Unique Well # of Removed Well	Hicap #		Facility Name				
Rusk				Wild Card Bar (former)				
Common Well Name		Method Code (see instructions)		Facility ID (FID or PWS)				
PZ-7				License/Permit/Monitoring #				
1/4	1/4	Section	Township	Range	Original Well Owner			
or Gov't Lot #		N		<input type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner			
Well Street Address				Mailing Address of Present Owner				
Front Ave.								
Well City, Village or Town			Well Zip Code					
Turtle Lake			54889					
Subdivision Name			Lot #		City of Present Owner		State	Zip Code

Reason For Removal From Service Site Closure

WI Unique Well No. of Replacement Well

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Original Construction Date (mm/dd/yyyy)		Pump and piping removed?			
6-14-12		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
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			
Construction Type:		Screen removed?			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____		Casing left in place?			
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type:		Was casing cut off below surface?			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Groundsurface (ft.)		Did sealing material rise to surface?			
66		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Casing Diameter (in.)		Did material settle after 24 hours?			
2		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Lower Drillhole Diameter (in.)		If yes, was hole retopped?			
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Was well annular space grouted?		If bentonite chips were used, were they hydrated with water from a known safe source?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, to what depth (feet)?		Required Method of Placing Sealing Material			
Depth to Water (feet)		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped			
48		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			

5. Material Used To Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Grout		Surface	66	11.2 gal	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing (mm/dd/yyyy)		Date Received	Noted By
P.S.I. - Intertek		3-17-2020			
Street or Route		Telephone Number		Comments	
12839 30th Ave.		715-378-2770			
City	State	Zip Code	Signature of Person Doing Work		Date Signed
Chippewa Falls	WI	54729	Josh A Black		3-17-2020

**Well / Drillhole / Borehole Filling & Sealing**  
Form 3300-005 (R 4/08)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending upon the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

<input type="checkbox"/> Verification Only of Fill and Seal		Route to:		<input type="checkbox"/> Drinking Water		<input type="checkbox"/> Watershed/Wastewater		<input type="checkbox"/> Remediation/Redevelopment		
		<input type="checkbox"/> Waste Management		<input type="checkbox"/> Other: _____						
<b>1. Well Location Information</b>					<b>2. Facility / Owner Information</b>					
County		WI Unique Well # of Removed Well		Hicap #		Facility Name			Wild Card Bar (former)	
Rusk		_____		_____		Facility ID (FID or PWS)			_____	
Common Well Name					Method Code (see instructions)					
1/4					1/4					
Section		Township		Range		Original Well Owner		_____		
or Gov't Lot #		N		E		Present Well Owner		_____		
Well Street Address					Mailing Address of Present Owner					
Front Ave.					_____					
Well City, Village or Town				Well Zip Code		City of Present Owner		State		Zip Code
Turtle Lake				54889		_____		_____		_____
Subdivision Name				Lot #		_____		_____		_____
Reason For Removal From Service			WI Unique Well No. of Replacement Well			<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>				
Site Closure			_____			Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
<b>3. Well / Drillhole / Borehole Information</b>					Liner(s) 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)		6-14-12		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		_____		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
<input type="checkbox"/> Borehole / Drillhole		Construction Type:		_____		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
<input type="checkbox"/> Other (specify): _____		Formation Type:		_____		Did material settle after 24 hours? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		_____		If yes, was hole retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Total Well Depth From Groundsurface (ft.)		Casing Diameter (in.)		70		2		Required Method of Placing Sealing Material		
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		_____		_____		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped		
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)?		Depth to Water (feet)		53		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		
5. Material Used To Fill Well / Drillhole		From (ft.)		To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight		
Grout		Surface		70		11.9 gal		_____		
<b>6. Comments</b>										
<b>7. Supervision of Work</b>										
Name of Person or Firm Doing Filling & Sealing				License #		Date of Filling & Sealing (mm/dd/yyyy)		Date Received		Noted By
P.S.I. - Intertek				_____		3-17-2020		_____		_____
Street or Route				Telephone Number		Comments		_____		
12839 30th Ave.				715-378-2770		_____		_____		
City		State		Zip Code		Signature of Person Doing Work		Date Signed		_____
Chippewa Falls		WI		54729		Joseph A. M... [Signature]		3-17-2020		_____

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Verification Only of Fill and Seal

Route to:  
 Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County <b>Rusk</b>	WI Unique Well # of Removed Well	Hicap #		Facility Name <b>Wild Card Bar (former)</b>			
Common Well Name <b>PZ-9A</b>		Method Code (see instructions)		Facility ID (FID or PWS)			
1/4	1/4	Section	Township <b>N</b>	Range	Original Well Owner		License/Permit/Monitoring #
or Gov't Lot #				<input type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner		
Well Street Address <b>Front Ave.</b>				Mailing Address of Present Owner			
Well City, Village or Town <b>Turtle Lake</b>		Well Zip Code <b>54889</b>		City of Present Owner		State	Zip Code
Subdivision Name		Lot #					

Reason For Removal From Service  
 Site Closure

WI Unique Well No. of Replacement Well

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material				
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>6-3-13</b>	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		Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
Construction Type:		Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Formation Type:		Did material settle after 24 hours?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If yes, was hole retopped?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
Total Well Depth From Groundsurface (ft.) <b>69</b>	Casing Diameter (in.) <b>2</b>	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Required Method of Placing Sealing Material				
Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped				
If yes, to what depth (feet)?	Depth to Water (feet) <b>55</b>	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____				

5. Material Used To Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Grout		Surface	<b>69</b>	<b>11.7</b> gal	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>P.S.I. - Intertek</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>3-17-2020</b>	Date Received	Noted By	
Street or Route <b>12839 30th Ave.</b>		Telephone Number <b>715-378-2770</b>	Comments		
City <b>Chippewa Falls</b>	State <b>WI</b>	Zip Code <b>54729</b>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>3-17-2020</b>	

**Well / Drillhole / Borehole Filling & Sealing**  
Form 3300-005 (R 4/08)

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Verification Only of Fill and Seal

Route to:  
 Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County Rusk	WI Unique Well # of Removed Well	Hicap #		Facility Name Wild Card Bar (former)		Facility ID (FID or PWS)	
Common Well Name P2-9B		Method Code (see instructions)		License/Permit/Monitoring #			
1/4 1/4	1/4	Section	Township N	Range	Original Well Owner		
or Gov't Lot #						Present Well Owner	
Well Street Address Front Ave.				Mailing Address of Present Owner			
Well City, Village or Town Turtle Lake		Well Zip Code 54889		City of Present Owner		State	Zip Code
Subdivision Name		Lot #					

Reason For Removal From Service  
Site Closure

WI Unique Well No. of Replacement Well

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material	
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 6-4-13	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		Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Dug	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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If yes, was hole retopped?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.) 85	Casing Diameter (in.) 2	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Required Method of Placing Sealing Material	
Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped	
If yes, to what depth (feet)?	Depth to Water (feet) 55	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain):	

5. Material Used To Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Grout		Surface	85	14.4	spcl

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing P.S.I. - Intertek	License #	Date of Filling & Sealing (mm/dd/yyyy) 3-17-2020	Date Received	Noted By	
Street or Route 12839 30th Ave.		Telephone Number 715-378-2770	Comments		
City Chippewa Falls	State WI	Zip Code 54729	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 3-17-2020	



**Well / Drillhole / Borehole Filling & Sealing**  
Form 3300-005 (R 4/08)

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Verification Only of Fill and Seal

Route to:  
 Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other: \_\_\_\_\_

<b>1. Well Location Information</b>					<b>2. Facility / Owner Information</b>			
County	WI Unique Well # of Removed Well	Hicap #			Facility Name			
Rusk					Wild Card Bar (former)			
Common Well Name		Method Code (see instructions)			Facility ID (FID or PWS)			
P2-10					License/Permit/Monitoring #			
1/4	1/4	Section	Township	Range	Original Well Owner			
				<input type="checkbox"/> E				
or Gov't Lot #			N	<input type="checkbox"/> W	Present Well Owner			
Well Street Address					Mailing Address of Present Owner			
Front Ave.								
Well City, Village or Town				Well Zip Code				
Turtle Lake				54889				
Subdivision Name			Lot #		City of Present Owner		State	Zip Code

Reason For Removal From Service: Site Closure

WI Unique Well No. of Replacement Well: \_\_\_\_\_

**3. Well / Drillhole / Borehole Information**

Monitoring Well  
 Water Well  
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 6-5-13

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 Groundsurface (ft.): 70      Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): \_\_\_\_\_      Casing Depth (ft.): \_\_\_\_\_

Was well annular space grouted?  Yes       No       Unknown

If yes, to what depth (feet)? \_\_\_\_\_      Depth to Water (feet): 55

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

Pump and piping removed?  Yes  No  N/A  
Liner(s) removed?  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       Clay-Sand Slurry (11 lb/gal wt)  
 Sand-Cement (Concrete) Grout       Bentonite-Sand Slurry " "  
 Concrete       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
	Grout	Surface	70	11.7	gal

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing (mm/dd/yyyy)		Date Received	Noted By
P.S.I. - Intertek		3-8-2020			
Street or Route		Telephone Number		Comments	
12839 30th Ave.		715-378-2770			
City	State	Zip Code	Signature of Person Doing Work		Date Signed
Chippewa Falls	WI	54729	<i>[Signature]</i>		3-8-2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending upon the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

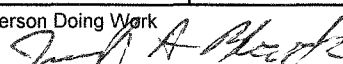
<input type="checkbox"/> Verification Only of Fill and Seal	Route to:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

<b>1. Well Location Information</b>					<b>2. Facility / Owner Information</b>		
County <b>Rusk</b>	WI Unique Well # of Removed Well	Hicap #			Facility Name <b>Wild Card Bar (former)</b>		
Common Well Name <b>P2-11</b>		Method Code (see instructions)			Facility ID (FID or PWS)		
1/4 <b>1/4</b>	1/4 <b>1/4</b>	Section	Township <b>N</b>	Range <b>E</b>	License/Permit/Monitoring #		
or Gov't Lot #					Original Well Owner		
Well Street Address <b>Front Ave.</b>					Mailing Address of Present Owner		
Well City, Village or Town <b>Turtle Lake</b>				Well Zip Code <b>54889</b>		City of Present Owner	
Subdivision Name				Lot #		State	
Reason For Removal From Service <b>Site Closure</b>		WI Unique Well No. of Replacement Well			Zip Code		

<b>3. Well / Drillhole / Borehole Information</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>6-6-13</b>		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				Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:				Casing left in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug		Was casing cut off below surface?	
<input type="checkbox"/> Other (specify): _____						<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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Groundsurface (ft.) <b>67</b>		Casing Diameter (in.) <b>2</b>		If yes, was hole retopped?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.)		Casing Depth (ft.) <b>49</b>		If bentonite chips were used, were they hydrated with water from a known safe source?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Required Method of Placing Sealing Material			
If yes, to what depth (feet)?		Depth to Water (feet)		<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): _____	

<b>5. Material Used To Fill Well / Drillhole</b>				From (ft.)		To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight	
Grout				Surface		<b>67</b>		<b>11.4 gal</b>			

<b>6. Comments</b>			

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>					
Name of Person or Firm Doing Filling & Sealing <b>P.S.I. - Intertek</b>		License #		Date of Filling & Sealing (mm/dd/yyyy) <b>3-17-2020</b>		Date Received		Noted By	
Street or Route <b>12839 30th Ave.</b>			Telephone Number <b>715-378-2770</b>			Comments			
City <b>Chippewa Falls</b>		State <b>WI</b>		Zip Code <b>54729</b>		Signature of Person Doing Work 		Date Signed <b>3-17-2020</b>	

**Well / Drillhole / Borehole Filling & Sealing**  
Form 3300-005 (R 4/08)

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending upon the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to:	
<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input type="checkbox"/> Remediation/Redevelopment
<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information				2. Facility / Owner Information			
County Rusk		WI Unique Well # of Removed Well		Hicap #		Facility Name Wild Card Bar (former)	
Common Well Name <i>P2-12</i>				Facility ID (FID or PWS)			
Method Code (see instructions)				License/Permit/Monitoring #			
1/4	1/4	Section	Township	Range	Original Well Owner		
or Gov't Lot #				N	<input type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner	
Well Street Address Front Ave.				Mailing Address of Present Owner			
Well City, Village or Town Turtle Lake				Well Zip Code 54889			
Subdivision Name				City of Present Owner		State	Zip Code

Reason For Removal From Service Site Closure	WI Unique Well No. of Replacement Well
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3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Original Construction Date (mm/dd/yyyy) <i>7-9-14</i>		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
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			
Construction Type:		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____		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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Groundsurface (ft.) <i>69</i>		If yes, was hole retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Casing Diameter (in.) 2		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Lower Drillhole Diameter (in.)		Required Method of Placing Sealing Material			
Casing Depth (ft.)		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
If yes, to what depth (feet)?		Sealing Materials			
Depth to Water (feet) <i>56</i>		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb/gal wt)			
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite-Sand Slurry " "			
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips			
		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 checked="" 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
Grout				Surface	<i>69</i>	<i>11.7 gal</i>	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing P.S.I. - Intertek		License #	Date of Filling & Sealing (mm/dd/yyyy) 3-11-2020	Date Received	Noted By
Street or Route 12839 30th Ave.			Telephone Number 715-378-2770	Comments	
City Chippewa Falls	State WI	Zip Code 54729	Signature of Person Doing Work <i>John A. Alac</i>	Date Signed 3-11-2020	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending upon the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input type="checkbox"/> Waste Management <input type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Other: _____
---	---

1. Well Location Information				2. Facility / Owner Information			
County		WI Unique Well # of Removed Well		Hicap #		Facility Name	
Rusk		_____		_____		Wild Card Bar (former)	
Common Well Name				Method Code (see instructions)			
P2-13				_____			
1/4	1/4	Section	Township	Range	Original Well Owner		
			N		_____		
or Gov't Lot #				Present Well Owner			
Well Street Address				Mailing Address of Present Owner			
Front Ave.				_____			
Well City, Village or Town				Well Zip Code			
Turtle Lake				54889			
Subdivision Name				City of Present Owner		State	Zip Code
_____				_____		_____	_____

Reason For Removal From Service	WI Unique Well No. of Replacement Well
Site Closure	_____

3. 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) 7-10-14 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): _____	

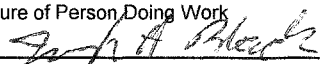
Formation Type:	
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)
62	2
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
_____	_____
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)
_____	47

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
Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input checked="" 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 checked="" 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"/> Clay-Sand Slurry (11 lb/gal wt)
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input checked="" type="checkbox"/> Bentonite-Sand Slurry " "
<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite Chips
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 checked="" 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
Grout	Surface	62	10.5	gal			

6. Comments			

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing		License #	Date of Filling & Sealing (mm/dd/yyyy)	Date Received	Noted By
P.S.I. - Intertek		_____	3-17-2020	_____	_____
Street or Route			Telephone Number	Comments	
12839 30th Ave.			715-378-2770	_____	
City	State	Zip Code	Signature of Person Doing Work		Date Signed
Chippewa Falls	WI	54729			3-17-2020



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Verification Only of Fill and Seal

Route to:  
 Drinking Water       Watershed/Wastewater       Remediation/Redevelopment  
 Waste Management       Other: \_\_\_\_\_

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

County <b>Rusk</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Wild Card Bar (former)</b>
Common Well Name <b>PZ-15</b>		Method Code (see instructions) _____	Facility ID (FID or PWS) _____
1/4 <b>1/4</b>	1/4 <b>1/4</b>	Section _____	License/Permit/Monitoring # _____
or Gov't Lot # _____	Township <b>N</b>	Range <b>E</b>	Original Well Owner _____
Well Street Address <b>Front Ave.</b>		Mailing Address of Present Owner _____	
Well City, Village or Town <b>Turtle Lake</b>		Well Zip Code <b>54889</b>	City of Present Owner _____
Subdivision Name _____		Lot # _____	State _____
Reason For Removal From Service <b>Site Closure</b>		WI Unique Well No. of Replacement Well _____	Zip Code _____

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>7-14-14</b>	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		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.) <b>70</b>	Casing Diameter (in.) <b>2</b>	Did material settle after 24 hours? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) _____	Casing Depth (ft.) _____	If yes, was hole retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, to what depth (feet)? _____	If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Depth to Water (feet) <b>57</b>		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped
5. Material Used To Fill Well / Drillhole		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
Grout	From (ft.) <b>Surface</b>	To (ft.) <b>70</b>
	No. Yards <b>11.9</b>	Sacks Sealant or Volume (circle one) <b>gal</b>
	Mix Ratio or Mud Weight _____	

**6. Comments**  
\_\_\_\_\_

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

Name of Person or Firm Doing Filling & Sealing <b>P.S.I. - Intertek</b>	License # _____	Date of Filling & Sealing (mm/dd/yyyy) <b>3-17-2020</b>	Date Received _____	Noted By _____
Street or Route <b>12839 30th Ave.</b>	Telephone Number <b>715-378-2770</b>	Comments _____		
City <b>Chippewa Falls</b>	State <b>WI</b>	Zip Code <b>54729</b>	Signature of Person Doing Work <i>John A. Blawie</i>	Date Signed <b>3-17-2020</b>