

All abandonment work shall be performed in accordance with the provisions of Chapters NR 111, NR 112 or NR 141, Wis. Admin. Code, whichever is applicable. Also, see instructions on back.

<b>(1) GENERAL INFORMATION</b>		<b>(2) FACILITY NAME</b>	
Well/Drillhole/Borehole Location	County <u>Douglas</u>	Original Well Owner (If Known) <u>Fraser Shipyard</u>	
<u>1/4</u> of <u>1/4</u> of Sec. <u>11</u> ; T. <u>49</u> N.; R. <u>14</u> W	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Present Well Owner <u>Fraser Shipyard</u>	
Gov't Lot	Grid Number	Street or Route <u>Third Street and Clough Ave</u>	
Grid Location	ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ft. <input type="checkbox"/> E. <input type="checkbox"/> W.	City, State, Zip Code <u>Superior, WI 54880</u>	
Civil Town Name		Facility Well No. and/or Name (If Applicable)	WI Unique Well No.
Street Address of Well		<u>MW-1 AOC 1</u>	
City, Village <u>Superior</u>		Reason For Abandonment <u>Site Closure</u>	
		Date of Abandonment <u>7/11/01</u>	

**WELL/DRILLHOLE/BOREHOLE INFORMATION**

<b>(3) Original Well/Drillhole/Borehole Construction Completed On</b> (Date) <u>8/16/96</u>	<b>(4) Depth to Water (Feet)</b> <u>3.0'</u>
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Drillhole <input type="checkbox"/> Borehole  Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable Screen Removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Casing Left in Place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, Explain <u>Removed</u>
Construction Report Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock  Total Well Depth (ft.) <u>14.0'</u> Casing Diameter (ins.) <u>2.00</u> (From ground surface)  Casing Depth (ft.) <u>14.0'</u>  Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, To What Depth? _____ Feet	Was Casing Cut Off Below Surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	<b>(5) Required Method of Placing Sealing Material</b>
	<input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Dump Bailer <input type="checkbox"/> Other (Explain) _____
	<b>(6) Sealing Materials</b>
	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Clay-Sand Slurry <input type="checkbox"/> Bentonite-Sand Slurry <input checked="" type="checkbox"/> Chipped Bentonite
	For monitoring wells and monitoring well boreholes only <input type="checkbox"/> Bentonite Pellets <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Cement Grout

(7) Sealing Material Used	From (Ft.)	To (Ft.)	No. Yards, Sacks Sealant or Volume	Mix Ratio or Mud Weight
<u>3/8" Chipped Bentonite</u>	<u>Surface</u>	<u>14.0'</u>	<u>2/3 Sack</u>	

(8) Comments: \_\_\_\_\_

(9) Name of Person or Firm Doing Sealing Work  
SEH Inc

Signature of Person Doing Work <u>Dave East</u>	Date Signed <u>7/13/01</u>
Street or Route <u>421 Frenette Dr</u>	Telephone Number <u>(715) 720.6200</u>
City, State, Zip Code <u>Chippewa Falls, WI 54729</u>	

**(10) FOR DNR OR COUNTY USE ONLY**

Date Received/Inspected	District/County
Reviewer/Inspector	
Follow-up Necessary	