

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

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

County: Grant WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): 42.9720427 N Format Code: DD Method Code: GPS008
-90.7604436 W DDM SCR002
 OTH001

1/4 1/4 NW Section: 29 Township: 6 N Range: 3 E Original Well Owner: Sharon Spraker
or Gov't Lot #: _____ W

Well Street Address: 6832 STH 18 Present Well Owner: Mike Skarfe

Well City, Village or Town: Town of Mt Ida Well ZIP Code: 53809 Mailing Address of Present Owner: 6832 STH 18

Subdivision Name: _____ Lot #: _____ City of Present Owner: Fennimore State: WI ZIP Code: 53809

Facility Name: Spraker Property

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: MW-1S

Original Well Owner: Sharon Spraker

Present Well Owner: Mike Skarfe

Mailing Address of Present Owner: 6832 STH 18

City of Present Owner: Fennimore State: WI ZIP Code: 53809

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 06/03/2011
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 31.7 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): _____ Casing Depth (ft.): 31.7

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet): 8-21

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

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

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>3/8" Bentonite chips</u>	<u>Surface</u>	<u>31.7</u>	<u>1.25 Bags</u>	

6. Comments

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By	
<u>Brian Youngwith</u>		<u>06/16/2020</u>			
Street or Route	Telephone Number	Comments			
<u>916 Silver Lake Drive</u>	<u>(608) 742 2169</u>				
City	State	ZIP Code	Signature of Person Doing Work	Date Signed	
<u>Portage</u>	<u>WI</u>	<u>53901</u>	<u>[Signature]</u>	<u>6/17/20</u>	

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Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

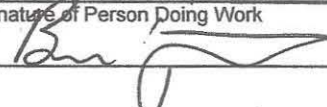
1. Well Location Information				2. Facility / Owner Information			
County <u>Grant</u>		WI Unique Well # of Removed Well		Hicap #		Facility Name <u>Spraker Property</u>	
Latitude / Longitude (see instructions) <u>42.9720427</u> N <u>-90.7604436</u> W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) _____	
1/4 1/4 <u>NW</u> 1/4 <u>NW</u> or Gov't Lot #		Section <u>29</u>		Township <u>6 N</u>		Range <u>3</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address <u>6832 STH 18</u>				Original Well Owner <u>Sharon Spraker</u>			
Well City, Village or Town <u>Town of Mt Ida</u>				Present Well Owner <u>Mike Skarfe</u>			
Subdivision Name				Well ZIP Code <u>53809</u>		Mailing Address of Present Owner <u>6832 STH 18</u>	
Reason for Removal from Service <u>Closure</u>				WI Unique Well # of Replacement Well		City of Present Owner <u>Fennimore</u> State <u>WI</u> ZIP Code <u>53809</u>	
3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction/Date (mm/dd/yyyy) <u>09/02/2011</u>		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock				Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
Total Well Depth From Ground Surface (ft.) <u>59</u>		Casing Diameter (in.) <u>2</u>		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			
Lower Drillhole Diameter (in.) <u>-</u>		Casing Depth (ft.) <u>58</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)? _____ Depth to Water (feet) <u>38-48</u>			
5. Material Used to Fill Well / Drillhole				6. Comments			
From (ft.) <u>Surface</u>		To (ft.) <u>59</u>		No. Yards, Sacks Sealant or Volume (circle one) <u>2 Bags</u>		Mix Ratio or Mud Weight	
3/8" Bentonite chips							
7. Supervision of Work				DNR Use Only			
Name of Person or Firm Doing Filling & Sealing <u>Brian Youngwith</u>		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>06/16/2020</u>		Date Received	
Street or Route <u>916 Silver Lake Drive</u>		Telephone Number <u>(608) 742 2169</u>		Noted By			
City <u>Portage</u>		State <u>WI</u>		ZIP Code <u>53901</u>		Signature of Person Doing Work <u>Brian Youngwith</u>	
				Date Signed <u>6/17/20</u>			

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Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Grant		WI Unique Well # of Removed Well		Hicap #		Facility Name Spraker Property	
Latitude / Longitude (see instructions) 42.9720427 N -90.7604436 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) _____	
¼ / ¼ NW ¼ NW or Gov't Lot #		Section 29		Township 6 N		Range 3 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address 6832 STH 18				Original Well Owner Sharon Spraker			
Well City, Village or Town Town of Mt Ida				Present Well Owner Mike Skafje			
Subdivision Name				Well ZIP Code 53809		Mailing Address of Present Owner 6832 STH 18	
Reason for Removal from Service Closure				WI Unique Well # of Replacement Well		City of Present Owner Fennimore State WI ZIP Code 53809	
3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 09/02/2011		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) 35		Casing Diameter (in.) 2		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) —		Casing Depth (ft.) 35		Did sealing material rise to surface? <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				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, to what depth (feet)? —		Depth to Water (feet) 10-27		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
				If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
				Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input 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"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <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							
3/8" Bentonite chips		From (ft.) Surface		To (ft.) 35		No. Yards, Sacks Sealant or Volume (circle one) 1.25 Bags	
						Mix Ratio or Mud Weight	
6. Comments							
7. Supervision of Work						DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Brian Youngwith		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 06/16/2020		Date Received	
Street or Route 916 Silver Lake Drive		Telephone Number (608) 742-2169		Comments		Noted By	
City Portage		State WI		ZIP Code 53901		Signature of Person Doing Work 	
						Date Signed 6/17/20	

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Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information 2. Facility / Owner Information

County: Grant WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): 42.9720427 N Format Code: DD Method Code: GPS008
-90.7604436 W DDM SCR002 OTH001

1/4 1/4 NW Section: 29 Township: 6 N Range: 3 E W

Well Street Address: 6832 STH 18

Well City, Village or Town: Town of Mt Ida Well ZIP Code: 53809

Subdivision Name: _____ Lot #: _____

Facility Name: Spraker Property

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: MW-4S

Original Well Owner: Sharon Spraker

Present Well Owner: Mike Skarfe

Mailing Address of Present Owner: 6832 STH 18

City of Present Owner: Fennimore State: WI ZIP Code: 53809

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 06/30/2016
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 45 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): _____ Casing Depth (ft.): 45

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet): 10-21

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

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

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>3/8" Bentonite chips</u>	<u>Surface</u>	<u>45</u>	<u>2 Bags</u>	

6. Comments

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By	
<u>Brian Youngwith</u>		<u>06/16/2020</u>			
Street or Route	Telephone Number	Comments			
<u>916 Silver Lake Drive</u>	<u>(608) 742 2169</u>				
City	State	ZIP Code	Signature of Person Doing Work	Date Signed	
<u>Portage</u>	<u>WI</u>	<u>53901</u>	<u>[Signature]</u>	<u>6/17/20</u>	

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Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information 2. Facility / Owner Information

County: Grant WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): 42.9720427 N Format Code: DD Method Code: GPS008
-90.7604436 W DDM SCR002 OTH001

1/4 1/4 NW 1/4 NW Section: 29 Township: 6 N Range: 3 E W

Well Street Address: 6832 STH 18

Well City, Village or Town: Town of Mt Ida Well ZIP Code: 53809

Subdivision Name: _____ Lot #: _____

Facility Name: Spraker Property

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: MW-55

Original Well Owner: Sharon Spraker

Present Well Owner: Mike Skarfe

Mailing Address of Present Owner: 6832 STH 18

City of Present Owner: Fennimore State: WI ZIP Code: 53809

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 10/11/2016
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 29 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): _____ Casing Depth (ft.): 29

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet): 8-19

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

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

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>3/8" Bentonite chips</u>	<u>Surface</u>	<u>29</u>	<u>1.25 Bags</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing			DNR Use Only	
Name	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
<u>Brian Youngwith</u>		<u>06/16/2020</u>		
Street or Route: <u>916 Silver Lake Drive</u>		Telephone Number: <u>(608) 242 2169</u>	Comments: _____	
City: <u>Portage</u>	State: <u>WI</u>	ZIP Code: <u>53901</u>	Signature of Person Doing Work: <u>[Signature]</u>	Date Signed: <u>6/17/20</u>

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Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

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

County: Grant WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): 42.9720427 N Format Code: DD Method Code: GPS008
-90.7604436 W DDM SCR002 OTH001

1/4 1/4 NW 1/4 NW Section: 29 Township: 6 N Range: 3 E W

Well Street Address: 6832 STH 18

Well City, Village or Town: Town of Mt Ida Well ZIP Code: 53809

Subdivision Name: _____ Lot #: _____

Facility Name: Spraker Property

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: MW-6S

Original Well Owner: Sharon Spraker

Present Well Owner: Mike Skafje

Mailing Address of Present Owner: 6832 STH 18

City of Present Owner: Fennimore State: WI ZIP Code: 53809

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 10/11/2016
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 22 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): - Casing Depth (ft.): 22

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet): 11-17

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

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

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	22	1 Bag	

6. Comments

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By	
<u>Brian Youngwith</u>		<u>06/16/2020</u>			
Street or Route	Telephone Number	Comments			
<u>916 Silver Lake Drive</u>	<u>(608) 742 2169</u>				
City	State	ZIP Code	Signature of Person Doing Work	Date Signed	
<u>Portage</u>	<u>WI</u>	<u>53901</u>	<u>[Signature]</u>	<u>6/17/20</u>	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

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

County: Grant WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): 42.9720427 N Format Code: DD Method Code: GPS008
-90.7604436 W DDM SCR002 OTH001

1/4 1/4 NW 1/4 NW Section: 29 Township: 6 N Range: 3 E W

Well Street Address: 6832 STH 18

Well City, Village or Town: Town of Mt Ida Well ZIP Code: 53809

Subdivision Name: _____ Lot #: _____

Facility Name: Spraker Property

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: MW-7S

Original Well Owner: Sharon Spraker

Present Well Owner: Mike Skarfe

Mailing Address of Present Owner: 6832 STH 18

City of Present Owner: Fennimore State: WI ZIP Code: 53809

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 06/07/18
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 33.5 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): — Casing Depth (ft.): 33.5

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? — Depth to Water (feet): 13-20

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

Pump and piping removed? Yes No N/A
Liner(s) removed? Yes No N/A
Liner(s) perforated? Yes No N/A
Screen removed? Yes No N/A
Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A
Did sealing material rise to surface? Yes No N/A
Did material settle after 24 hours? Yes No N/A
If yes, was hole retopped? Yes No N/A
If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

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

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	33.5	1.25 Bags	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: <u>Brian Youngwith</u>	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>06/16/2020</u>	Date Received: _____	Noted By: _____
Street or Route: <u>916 Silver Lake Drive</u>	Telephone Number: <u>(608) 742 2169</u>	Comments: _____		
City: <u>Portage</u>	State: <u>WI</u>	ZIP Code: <u>53901</u>	Signature of Person Doing Work: <u>[Signature]</u>	Date Signed: <u>6/17/20</u>

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information 2. Facility / Owner Information

County: Grant WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): 42.9720427 N Format Code: DD Method Code: GPS008
-90.7604436 W DDM SCR002 OTH001

1/4 1/4 NW Section: 29 Township: 6 N Range: 3 E Original Well Owner: Sharon Spraker
or Gov't Lot # W

Well Street Address: 6832 STH 18

Well City, Village or Town: Town of Mt Ida Well ZIP Code: 53809

Subdivision Name: _____ Lot #: _____

Facility Name: Spraker Property

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: MW-85

Original Well Owner: Sharon Spraker

Present Well Owner: Mike Skafje

Mailing Address of Present Owner: 6832 STH 18

City of Present Owner: Fennimore State: WI ZIP Code: 53809

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 06/07/2018
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 28.5 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): _____ Casing Depth (ft.): 28.5

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet): 10-20

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

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

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>3/8" Bentonite chips</u>	<u>Surface</u>	<u>28.5</u>	<u>1.25 Bags</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing			DNR Use Only	
Name	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
<u>Brian Youngwith</u>		<u>06/16/2020</u>		
Street or Route: <u>916 Silver Lake Drive</u>		Telephone Number: <u>(608) 742 2169</u>	Comments	
City: <u>Portage</u>	State: <u>WI</u>	ZIP Code: <u>53901</u>	Signature of Person Doing Work: <u>[Signature]</u>	Date Signed: <u>6/17/20</u>

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information 2. Facility / Owner Information

County Grant		WI Unique Well # of Removed Well		Hicap #		Facility Name Speaker Property			
Latitude / Longitude (see instructions) 42.9720427 N -90.7604436 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) _____			
1/4 1/4 NW 1/4 NW or Gov't Lot #		Section 29		Township 6 N		Range 3 <input type="checkbox"/> E <input checked="" type="checkbox"/> W		License/Permit/Monitoring # MW-95	
Well Street Address 6832 STH 18						Original Well Owner Sharon Speaker			
Well City, Village or Town Town of Mt Ida						Present Well Owner Mike Skarke			
Subdivision Name						Well ZIP Code 53809		Mailing Address of Present Owner 6832 STH 18	
Reason for Removal from Service Closure						WI Unique Well # of Replacement Well		City of Present Owner Fennimore	
3. Filled & Sealed Well / Drillhole / Borehole Information						4. Pump, Liner, Screen, Casing & Sealing Material			

Monitoring Well <input checked="" type="checkbox"/>		Original Construction Date (mm/dd/yyyy) 01/14/2020		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Water Well <input type="checkbox"/>		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	
Borehole / Drillhole <input type="checkbox"/>		Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) 30.5		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Casing Diameter (in.) 2		Lower Drillhole Diameter (in.) -		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Casing Depth (ft.) 30.5		Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)? -		Depth to Water (feet) 13.20		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Material Used to Fill Well / Drillhole		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
From (ft.)		To (ft.)		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight		Required Method of Placing Sealing Material	
Mix Ratio or Mud Weight		From (ft.)		<input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
From (ft.)		To (ft.)		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		Sealing Materials	
No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
Mix Ratio or Mud Weight		From (ft.)		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips	
From (ft.)		To (ft.)		For Monitoring Wells and Monitoring Well Boreholes Only:	
To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
Mix Ratio or Mud Weight		From (ft.)		6. Comments	
From (ft.)		To (ft.)		7. Supervision of Work	
To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		Name of Person or Firm Doing Filling & Sealing	
Mix Ratio or Mud Weight		From (ft.)		License #	
From (ft.)		To (ft.)		Date of Filling & Sealing or Verification (mm/dd/yyyy)	
To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		Date Received	
No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight		Noted By	
Mix Ratio or Mud Weight		From (ft.)		Street or Route	
From (ft.)		To (ft.)		Telephone Number	
To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		Comments	
No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight		City	
Mix Ratio or Mud Weight		From (ft.)		State	
From (ft.)		To (ft.)		ZIP Code	
To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		Signature of Person Doing Work	
No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight		Date Signed	
Mix Ratio or Mud Weight		From (ft.)		City	
From (ft.)		To (ft.)		State	
To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		ZIP Code	
No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight		Signature of Person Doing Work	
Mix Ratio or Mud Weight		From (ft.)		Date Signed	

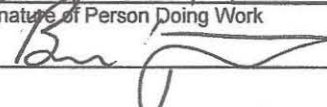
Name of Person or Firm Doing Filling & Sealing Brian Youngwith		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 06/16/2020		Date Received		Noted By	
Street or Route 916 Silver Lake Drive		Telephone Number (608) 742 2169		Comments					
City Portage		State WI		ZIP Code 53901		Signature of Person Doing Work 		Date Signed 6/17/20	

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Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information							
County Grant		WI Unique Well # of Removed Well		Hicap #		Facility Name Speaker Property					
Latitude / Longitude (see instructions) 42.9720427 N -90.7604436 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)					
¼ / ¼ NW ¼ NW or Gov't Lot #		Section 29		Township 6 N		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W					
Well Street Address 6832 STH 18				Original Well Owner Sharon Speaker							
Well City, Village or Town Town of Mt Ida				Well ZIP Code 53809							
Subdivision Name				Lot #		Present Well Owner Mike Skarfe					
Reason for Removal from Service Closure				WI Unique Well # of Replacement Well							
3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material							
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 01/14-15/2020		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				Screen removed?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock				Casing left in place?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) 36		Casing Diameter (in.) 2		Was casing cut off below surface?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) -		Casing Depth (ft.) 36		Did sealing material rise to surface?				<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				Did material settle after 24 hours?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, to what depth (feet)? -		Depth to Water (feet) 15-34		If yes, was hole retopped?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
				If bentonite chips were used, were they hydrated with water from a known safe source?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
				Required Method of Placing Sealing Material							
				<input checked="" type="checkbox"/> Conductor Pipe-Gravity <input 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"/> Concrete							
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <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	
3/8" Bentonite chips				Surface		36		1.25 Bags			
6. Comments											
7. Supervision of Work								DNR Use Only			
Name of Person or Firm Doing Filling & Sealing Brian Youngwith				License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 06/16/2020		Date Received		Noted By	
Street or Route 916 Silver Lake Drive				Telephone Number (608) 242 2169				Comments			
City Portage		State WI		ZIP Code 53901		Signature of Person Doing Work 				Date Signed 6/17/20	

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Verification Only of Fill and Seal

Route to DNR Bureau:

- Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

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

County: Grant WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): 42.9720427 N Format Code: DD Method Code: GPS008
-90.7604436 W DDM SCR002
 OTH001

1/4 1/4 NW Section: 29 Township: 6 N Range: 3 E W

Well Street Address: 6832 STH 18

Well City, Village or Town: Town of Mt Ida Well ZIP Code: 53809

Subdivision Name: _____ Lot #: _____

Facility Name: Spraker Property

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: MW-115

Original Well Owner: Sharon Spraker

Present Well Owner: Mike Skarfe

Mailing Address of Present Owner: 6832 STH 18

City of Present Owner: Fennimore State: WI ZIP Code: 53809

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 01/21/2020
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 32 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): - Casing Depth (ft.): 32

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? - Depth to Water (feet): 17-23

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

Pump and piping removed? Yes No N/A
Liner(s) removed? Yes No N/A
Liner(s) perforated? Yes No N/A
Screen removed? Yes No N/A
Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A
Did sealing material rise to surface? Yes No N/A
Did material settle after 24 hours? Yes No N/A
If yes, was hole retopped? Yes No N/A
If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

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

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>3/8" Bentonite chips</u>	<u>Surface</u>	<u>32</u>	<u>1.25 Bags</u>	

6. Comments

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By	
<u>Brian Yangwith</u>		<u>06/16/2020</u>			
Street or Route	Telephone Number	Comments			
<u>916 Silver Lake Drive</u>	<u>(608) 242 2169</u>				
City	State	ZIP Code	Signature of Person Doing Work	Date Signed	
<u>Portage</u>	<u>WI</u>	<u>53901</u>	<u>Brian Yangwith</u>	<u>6/17/20</u>	