

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 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:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County GREEN		WI Unique Well # of Removed Well WA163	Parcel #	Facility Name River Bends Bar		Facility ID (FID or PWS) 123040280	
Latitude / Longitude (Degrees and Minutes) 42 ° 46.18 ' N 89 ° 28.85 ' W		Method Code (see instructions)		License/Permit/Monitoring #			
1/4 NE	1/4 NW	Section 6	Township 3 N	Range 9	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner Tina Klitzke
Well Street Address N7298 County Highway X				Present Well Owner Tina Klitzke			
Well City, Village or Town Albany			Well ZIP Code 53502-				Mailing Address of Present Owner N6302 Church Road
Subdivision Name			Lot #		City of Present Owner Monticello		State WI
					ZIP Code 53570-		

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material					
3. Well / Drillhole / Borehole Information		Pump and piping 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) 11/5/2018	Liner(s) 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.	Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
<input type="checkbox"/> Borehole / Drillhole		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)	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):		Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
Formation Type:		If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	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		
Total Well Depth From Ground Surface (ft.) 15	Casing Diameter (in.) 2	Required Method of Placing Sealing Material					
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 5	<input type="checkbox"/> Conductor Pipe-Gravity <input 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 checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>					
If yes, to what depth (feet)? 3	Depth to Water (feet) 6.07	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 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.)	lbs
Bentonite Chips	Surface	15	24

6. Comments
Monitoring Well MW-1R

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO	License #	Date of Filling & Sealing (mm/dd/yyyy) 5/21/2020	Date Received	Noted By	
Street or Route 709 Gillette St., Ste #3		Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 5/21/2020	

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 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.

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

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

County: GREEN WI Unique Well # of Removed Well: VN024 Hicap #: _____ Latitude / Longitude (Degrees and Minutes): 42 ° 46.18 ' N 89 ° 28.85 ' W Method Code (see instructions): _____ 1/4 NE 1/4 NW Section: 6 Township: 3 N Range: 9 <input checked="" type="checkbox"/> E <input type="checkbox"/> W Well Street Address: N7298 County Highway X Well City, Village or Town: Albany Well ZIP Code: 53502- Subdivision Name: _____ Lot #: _____	Facility Name: River Bends Bar Facility ID (FID or PWS): 123040280 License/Permit/Monitoring #: _____ Original Well Owner: Tina Klitzke Present Well Owner: Tina Klitzke Mailing Address of Present Owner: N6302 Church Road City of Present Owner: Monticello State: WI ZIP Code: 53570-
---	---

Reason For Removal From Service: Sampling Complete	WI Unique Well # 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): 6/11/2013 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 Ground Surface (ft.): 16 Casing Diameter (in.): 2 Lower Drillhole Diameter (in.): 8.25 Casing Depth (ft.): 6 Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, to what depth (feet)? 3 Depth to Water (feet): 6.36	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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity 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 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.)	lbs	
Bentonite Chips	Surface	16	25.6	

6. Comments
Monitoring Well MW-2

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing: Rob Wilmoth - METCO	License #: _____	Date of Filling & Sealing (mm/dd/yyyy): 5/21/2020	Date Received: _____	Noted By: _____	
Street or Route: 709 Gillette St., Ste #3	Telephone Number: (608) 781-8879	Comments: _____			
City: La Crosse	State: WI	ZIP Code: 54603-	Signature of Person Doing Work: <i>Rob Wilmoth</i>	Date Signed: 5/21/2020	

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 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.

<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"/> Other: _____	<input checked="" type="checkbox"/> Remediation/Redevelopment
--	---	---

1. Well Location Information				2. Facility / Owner Information			
County GREEN		WI Unique Well # of Removed Well _____ VN025 _____		Facility Name River Bends Bar		Facility ID (FID or PWS) 123040280	
Latitude / Longitude (Degrees and Minutes) 42 ° 46.18 ' N		Method Code (see instructions) _____		License/Permit/Monitoring # _____		Original Well Owner Tina Klitzke	
89 ° 28.85 ' W		Section 6		Township 3 N		Range 9 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address N7298 County Highway X		Well City, Village or Town Albany		Well ZIP Code 53502-		Mailing Address of Present Owner N6302 Church Road	
Subdivision Name _____		Lot # _____		City of Present Owner Monticello		State WI	
Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well _____		City of Present Owner Monticello		State WI	
Subdivision Name _____		Lot # _____		ZIP Code 53570-		ZIP Code 53570-	

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 6/11/2013		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 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 Ground Surface (ft.) 16		Casing Diameter (in.) 2		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	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 6		Required Method of Placing Sealing Material			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 4.39		<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
If yes, to what depth (feet)? 3				<input type="checkbox"/> Screened & Poured (Bentonite Chips)		<input checked="" type="checkbox"/> Other (Explain): Gravity	
				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 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			
Bentonite Chips	From (ft.) Surface	To (ft.) 16	lbs 25.6

6. Comments			
Monitoring Well MW-3			

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO		License # _____	Date of Filling & Sealing (mm/dd/yyyy) 5/21/2020	Date Received _____	Noted By _____
Street or Route 709 Gillette St., Ste #3			Telephone Number (608) 781-8879	Comments _____	
City La Crosse		State WI	ZIP Code 54603-	Signature of Person Doing Work <i>pet</i>	Date Signed 5/21/2020

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 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.

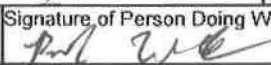
<input type="checkbox"/> Verification Only of Fill and Seal	Route to:	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
		<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information				2. Facility / Owner Information			
County GREEN		WI Unique Well # of Removed Well	Hicap #	Facility Name River Bends Bar		Facility ID (FID or PWS) 123040280	
Latitude / Longitude (Degrees and Minutes) 42 ° 46.18 ' N 89 ° 28.85 ' W		Method Code (see instructions)		License/Permit/Monitoring #			
¼ / ¼ NE	¼ NW	Section 6	Township 3 N	Range 9	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner Tina Klitzke	
Well Street Address N7298 County Highway X		Well ZIP Code 53502-		Present Well Owner Tina Klitzke		Mailing Address of Present Owner N6302 Church Road	
Well City, Village or Town Albany		Subdivision Name		City of Present Owner Monticello	State WI	ZIP Code 53570-	

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well		Pump and piping 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) 4/25/2017		Liner(s) 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.		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				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 Ground Surface (ft.) 15		Casing Diameter (in.) 2		Did material settle after 24 hours? If yes, was hole retopped? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 5		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	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 6.2		Required Method of Placing Sealing Material	
If yes, to what depth (feet)? 3				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity	

5. Material Used To Fill Well / Drillhole			Sealing Materials	
Bentonite Chips	From (ft.) Surface	To (ft.) 15	lbs 24	<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 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				

6. Comments				
Monitoring Well MW-4				

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO		License #	Date of Filling & Sealing (mm/dd/yyyy) 5/21/2020	Date Received	Noted By
Street or Route 709 Gillette St., Ste #3		Telephone Number (608) 781-8879		Comments	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work 	Date Signed 5/21/2020	

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 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.

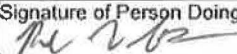
Verification Only of Fill and Seal

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

1. Well Location Information				2. Facility / Owner Information			
County GREEN		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name River Bends Bar	
Latitude / Longitude (Degrees and Minutes) 42 ° 46.18 ' N		Method Code (see instructions) _____		Facility ID (FID or PWS) 123040280		License/Permit/Monitoring # _____	
89 ° 28.85 ' W		_____		Original Well Owner Tina Klitzke		Present Well Owner Tina Klitzke	
Well Street Address N7298 County Highway X		Well ZIP Code 53502-		Mailing Address of Present Owner N6302 Church Road		City of Present Owner Monticello	
Well City, Village or Town Albany		Lot # _____		State WI		ZIP Code 53570-	
Subdivision Name _____		Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well _____		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) 4/25/2017		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed?	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach. _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Screen removed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place?	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) 14		<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?	
Casing Diameter (in.) 2		Lower Drillhole Diameter (in.) 8.25		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If yes, was hole retopped?	
Casing Depth (ft.) 5		Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<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?		Required Method of Placing Sealing Material	
If yes, to what depth (feet)? 2.5		Depth to Water (feet) 5.6		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity		Sealing Materials	

5. Material Used To Fill Well / Drillhole			From (ft.)	To (ft.)	lbs
Bentonite Chips			Surface	14	22.4

6. Comments
Monitoring Well MW-5

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth - METCO		License # _____	Date of Filling & Sealing (mm/dd/yyyy) _____	Date Received _____	Noted By _____
Street or Route 709 Gillette St., Ste #3		Telephone Number (608) 781-8879		Comments _____	
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work 	Date Signed 5/21/2020	