




**From:** Dave Larsen <dlarsen@reiengineering.com>  
**Sent:** Monday, June 22, 2020 2:34 PM  
**To:** Stoltz, Carrie R - DNR  
**Subject:** Hedlund DX - Abandonment Forms  
**Attachments:** 7367 Completed Abandonment Forms.pdf

Carrie, attached are the abandonment forms for the Hedlund DX site. REI also abandoned the two (2) vapor pins installed in the bait shop. Please let me now if you have any questions or concerns.

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



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# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

**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.

<input type="checkbox"/> <b>Verification Only of Fill and Seal</b>	<b>Route to DNR Bureau:</b>		
	<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 Burnett		WI Unique Well # of Removed Well MW-1		Hicap #		Facility Name Hedlund DX - Falun	
Latitude / Longitude (see instructions) N W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 807049540	
1/4 NW 1/4 NW or Gov't Lot #		Section 19		Township 38 N		Range 17 E <input checked="" type="checkbox"/> W	
Well Street Address 10557 State Highway 70				Original Well Owner			
Well City, Village or Town Town of Daniels				Present Well Owner Burnett County			
Subdivision Name				Mailing Address of Present Owner 7410 County Highway K			
Lot #				City of Present Owner Siren		State WI	ZIP Code 54872

Reason for Removal from Service Investigation Closed		WI Unique Well # of Replacement Well	
3. Filled & Sealed 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)  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.) 14.5		Casing Diameter (in.) 2	
Lower Drillhole Diameter (in.)		Casing Depth (ft.)	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
If yes, to what depth (feet)?		Depth to Water (feet)	

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		
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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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?	<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 checked="" 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 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 Chip		Surface	14.5	23.5 Pounds	

## 6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing REI Engineering, Inc		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/11/2020	Date Received	Noted By
Street or Route 4080 N 20th Avenue,			Telephone Number ( 715 ) 675-9784	Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work David Larsen	Date Signed 06/11/2020	



# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

**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

County <b>Burnett</b>	WI Unique Well # of Removed Well <b>MW-2R</b>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 NW or Gov't Lot #	Section <b>19</b>	Township <b>38 N</b>
Range <b>17 W</b>	Well Street Address <b>10557 State Highway 70</b>	
Well City, Village or Town <b>Town of Daniels</b>		Well ZIP Code <b>54840</b>
Subdivision Name		Lot #

## 2. Facility / Owner Information

Facility Name <b>Hedlund DX - Falun</b>		
Facility ID (FID or PWS) <b>807049540</b>		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner <b>Burnett County</b>		
Mailing Address of Present Owner <b>7410 County Highway K</b>		
City of Present Owner <b>Siren</b>	State <b>WI</b>	ZIP Code <b>54872</b>

Reason for Removal from Service <b>Investigation Closed</b>	WI Unique Well # of Replacement Well
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## 3. Filled & Sealed 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)  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.) <b>15</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

## 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
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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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?	<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 checked="" 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 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
Surface	15	24.3 Pounds	

## 6. Comments

## 7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>6/11/2020</b>	DNR Use Only	
Street or Route <b>4080 N 20th Avenue,</b>			Date Received	Noted By
Telephone Number <b>( 715 ) 675-9784</b>			Comments	
City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>David Larsen</i>	Date Signed <b>06/11/2020</b>

# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

**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.

<input type="checkbox"/> <b>Verification Only of Fill and Seal</b>	<b>Route to DNR Bureau:</b>		
	<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: _____	

<b>1. Well Location Information</b>				<b>2. Facility / Owner Information</b>			
County Burnett		WI Unique Well # of Removed Well MW-3R		Hicap #		Facility Name Hedlund DX - Falun	
Latitude / Longitude (see instructions) N W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 807049540	
1/4 1/4 NW 1/4 NW or Gov't Lot #		Section 19		Township 38 N		Range 17 E <input checked="" type="checkbox"/> W	
Well Street Address 10557 State Highway 70				Original Well Owner			
Well City, Village or Town Town of Daniels				Present Well Owner Burnett County			
Subdivision Name				Mailing Address of Present Owner 7410 County Highway K			
Reason for Removal from Service Investigation Closed				WI Unique Well # of Replacement Well		City of Present Owner Siren	
<b>3. Filled &amp; Sealed Well / Drillhole / Borehole Information</b>				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			
<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	
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.		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	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				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	
Total Well Depth From Ground Surface (ft.) 15		Casing Diameter (in.) 2		Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		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	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		Depth to Water (feet)		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): _____			
If yes, to what depth (feet)?				Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <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			
<b>5. Material Used to Fill Well / Drillhole</b>							
Bentonite Chip		From (ft.) Surface		To (ft.) 15		No. Yards, Sacks Sealant or Volume (circle one) 24.3 Pounds	
						Mix Ratio or Mud Weight	

## 6. Comments

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing REI Engineering, Inc		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/11/2020	Date Received	Noted By
Street or Route 4080 N 20th Avenue,			Telephone Number ( 715 ) 675-9784	Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work David Larsen	Date Signed 06/11/2020	



# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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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

County <b>Burnett</b>	WI Unique Well # of Removed Well <b>MW-4R</b>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 NW 1/4 NW or Gov't Lot #	Section <b>19</b>	Township <b>38 N</b>
Well Street Address <b>10557 State Highway 70</b>	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well City, Village or Town <b>Town of Daniels</b>	Well ZIP Code <b>54840</b>	
Subdivision Name	Lot #	

## 2. Facility / Owner Information

Facility Name <b>Hedlund DX - Falun</b>		
Facility ID (FID or PWS) <b>807049540</b>		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner <b>Burnett County</b>		
Mailing Address of Present Owner <b>7410 County Highway K</b>		
City of Present Owner <b>Siren</b>	State <b>WI</b>	ZIP Code <b>54872</b>

Reason for Removal from Service <b>Investigation Closed</b>	WI Unique Well # of Replacement Well
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## 3. Filled & Sealed 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)  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.) <b>15</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

## 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
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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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?	<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 checked="" 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 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 Chip	Surface	15	24.3 Pounds	

## 6. Comments

## 7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>6/11/2020</b>	DNR Use Only	
Street or Route <b>4080 N 20th Avenue,</b>	City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <b>David Larsen</b>
Telephone Number <b>( 715 ) 675-9784</b>			Date Received	Noted By
Comments			Date Signed <b>06/11/2020</b>	

# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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<input type="checkbox"/> <b>Verification Only of Fill and Seal</b>	<b>Route to DNR Bureau:</b>		
	<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 Burnett		WI Unique Well # of Removed Well MW-5R		Hicap #		Facility Name Hedlund DX - Falun	
Latitude / Longitude (see instructions) N W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 807049540	
1/4 / 1/4 NW 1/4 NW or Gov't Lot #		Section 19		Township 38 N		License/Permit/Monitoring #	

Well Street Address 10557 State Highway 70		Original Well Owner	
Well City, Village or Town Town of Daniels		Present Well Owner Burnett County	
Well ZIP Code 54840		Mailing Address of Present Owner 7410 County Highway K	
Subdivision Name		City of Present Owner Siren	
Lot #		State WI	
		ZIP Code 54872	

Reason for Removal from Service Investigation Closed	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)	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
		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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<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 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.) 15		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
Casing Diameter (in.) 2		Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.)		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
Casing Depth (ft.)		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	

Was well annular space grouted?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
If yes, to what depth (feet)?		Depth to Water (feet)	

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chip		Surface	15	24.3 Pounds	

## 6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing REI Engineering, Inc		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/11/2020	Date Received	Noted By
Street or Route 4080 N 20th Avenue,		Telephone Number ( 715 ) 675-9784		Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work David Larsen	Date Signed 06/11/2020	



# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

**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

County **Burnett** WI Unique Well # of Removed Well **MW-6** Hicap # \_\_\_\_\_

Latitude / Longitude (see instructions) \_\_\_\_\_ N ☐ DD ☐ GPS008  
\_\_\_\_\_ W ☐ DDM ☐ SCR002  
☐ OTH001

1/4 1/4 NW 1/4 NW Section **19** Township **38** Range ☐ E ☒ W  
or Gov't Lot # \_\_\_\_\_

Well Street Address **10557 State Highway 70**

Well City, Village or Town **Town of Daniels** Well ZIP Code **54840**

Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_

Reason for Removal from Service **Investigation Closed** WI Unique Well # of Replacement Well \_\_\_\_\_

## 3. Filled & Sealed Well / Drillhole / Borehole Information

☒ Monitoring Well Original Construction Date (mm/dd/yyyy) \_\_\_\_\_  
☐ 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.) **13** 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) \_\_\_\_\_

## 5. Material Used to Fill Well / Drillhole

Bentonite Chip

## 2. Facility / Owner Information

Facility Name **Hedlund DX - Falun**

Facility ID (FID or PWS) **807049540**

License/Permit/Monitoring # \_\_\_\_\_

Original Well Owner \_\_\_\_\_

Present Well Owner **Burnett County**

Mailing Address of Present Owner **7410 County Highway K**

City of Present Owner **Siren** State **WI** ZIP Code **54872**

## 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

## 6. Comments

## 7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>6/11/2020</b>	Date Received	Noted By
Street or Route <b>4080 N 20th Avenue,</b>		Telephone Number <b>( 715 ) 675-9784</b>	Comments	
City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>David Larsen</i>	Date Signed <b>06/11/2020</b>

# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

**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

County <b>Burnett</b>	WI Unique Well # of Removed Well <b>MW-7</b>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 NW 1/4 NW or Gov't Lot #	Section <b>19</b>	Township <b>38 N</b>
Well Street Address <b>10557 State Highway 70</b>	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well City, Village or Town <b>Town of Daniels</b>	Well ZIP Code <b>54840</b>	
Subdivision Name	Lot #	

## 2. Facility / Owner Information

Facility Name <b>Hedlund DX - Falun</b>		
Facility ID (FID or PWS) <b>807049540</b>		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner <b>Burnett County</b>		
Mailing Address of Present Owner <b>7410 County Highway K</b>		
City of Present Owner <b>Siren</b>	State <b>WI</b>	ZIP Code <b>54872</b>

Reason for Removal from Service  
**Investigation Closed**

WI Unique Well # of Replacement Well  
\_\_\_\_\_

## 3. Filled & Sealed 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) _____ 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.) <b>15</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

## 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
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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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?	<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 checked="" 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 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 Chip	Surface	15	24.3 Pounds	

## 6. Comments

## 7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>6/11/2020</b>	DNR Use Only	
Street or Route <b>4080 N 20th Avenue,</b>	City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	
Telephone Number <b>( 715 ) 675-9784</b>	Signature of Person Doing Work <b>David Larsen</b>	Date Signed <b>06/11/2020</b>	Comments	



# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

**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

County <b>Burnett</b>	WI Unique Well # of Removed Well <b>MW-8</b>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 NW 1/4 NW or Gov't Lot #	Section <b>19</b>	Township <b>38 N</b>
Range <b>17 W</b>	Well Street Address <b>10557 State Highway 70</b>	
Well City, Village or Town <b>Town of Daniels</b>		Well ZIP Code <b>54840</b>
Subdivision Name		Lot #

## 2. Facility / Owner Information

Facility Name <b>Hedlund DX - Falun</b>		
Facility ID (FID or PWS) <b>807049540</b>		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner <b>Burnett County</b>		
Mailing Address of Present Owner <b>7410 County Highway K</b>		
City of Present Owner <b>Siren</b>	State <b>WI</b>	ZIP Code <b>54872</b>

Reason for Removal from Service <b>Investigation Closed</b>	WI Unique Well # of Replacement Well
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## 3. Filled & Sealed 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)  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.) <b>14</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

## 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
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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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?	<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 checked="" 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 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 Chip	Surface	14	22.7 Pounds	

## 6. Comments

## 7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>6/11/2020</b>	DNR Use Only Date Received Noted By	
Street or Route <b>4080 N 20th Avenue,</b>	Telephone Number <b>( 715 ) 675-9784</b>		Comments	
City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>David Larsen</i>	Date Signed <b>06/11/2020</b>



# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

**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

County <b>Burnett</b>	WI Unique Well # of Removed Well <b>MW-9</b>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 NW 1/4 NW or Gov't Lot #	Section <b>19</b>	Township <b>38 N</b>
Range <b>17 W</b>	Well Street Address <b>10557 State Highway 70</b>	
Well City, Village or Town <b>Town of Daniels</b>		Well ZIP Code <b>54840</b>
Subdivision Name		Lot #

### 2. Facility / Owner Information

Facility Name <b>Hedlund DX - Falun</b>		
Facility ID (FID or PWS) <b>807049540</b>		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner <b>Burnett County</b>		
Mailing Address of Present Owner <b>7410 County Highway K</b>		
City of Present Owner <b>Siren</b>	State <b>WI</b>	ZIP Code <b>54872</b>

Reason for Removal from Service <b>Investigation Closed</b>	WI Unique Well # of Replacement Well
--	--------------------------------------

### 3. Filled & Sealed 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)  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.) <b>15</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

### 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
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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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?	<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 checked="" 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 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
<b>Surface</b>	<b>15</b>	<b>24.3 Pounds</b>	

### 6. Comments

### 7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>6/11/2020</b>	DNR Use Only Date Received Noted By	
Street or Route <b>4080 N 20th Avenue,</b>	Telephone Number <b>( 715 ) 675-9784</b>		Comments	
City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>David Larsen</i>	Date Signed <b>06/11/2020</b>



# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

**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.

<input type="checkbox"/> <b>Verification Only of Fill and Seal</b>	<b>Route to DNR Bureau:</b>		
	<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: _____	

<b>1. Well Location Information</b>				<b>2. Facility / Owner Information</b>			
County Burnett		WI Unique Well # of Removed Well MW-10		Hicap #		Facility Name Hedlund DX - Falun	
Latitude / Longitude (see instructions) N W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 807049540	
1/4 NW or Gov't Lot #		Section 19		Township 38 N		Range 17 E <input checked="" type="checkbox"/> W	
Well Street Address 10557 State Highway 70				Original Well Owner			
Well City, Village or Town Town of Daniels				Present Well Owner Burnett County			
Well ZIP Code 54840				Mailing Address of Present Owner 7410 County Highway K			
Subdivision Name				City of Present Owner Siren		State WI	
						ZIP Code 54872	
Reason for Removal from Service Investigation Closed				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			
WI Unique Well # of Replacement Well				Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<b>3. Filled &amp; Sealed 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)		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole		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			
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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____				Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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.) 14.5		Casing Diameter (in.) 2		Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		Depth to Water (feet)		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
If yes, to what depth (feet)?				Sealing Materials			
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <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			
<b>5. Material Used to Fill Well / Drillhole</b>							
Bentonite Chip		From (ft.) Surface		To (ft.) 14.5		No. Yards, Sacks Sealant or Volume (circle one) 23.5 Pounds	
						Mix Ratio or Mud Weight	
<b>6. Comments</b>							
<b>7. Supervision of Work</b>							
Name of Person or Firm Doing Filling & Sealing REI Engineering, Inc		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/11/2020		DNR Use Only	
Street or Route 4080 N 20th Avenue,		Telephone Number ( 715 ) 675-9784		Date Received		Noted By	
City Wausau		State WI		ZIP Code 54401		Signature of Person Doing Work David Larsen	
				Date Signed 06/11/2020			

# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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

<input type="checkbox"/> <b>Verification Only of Fill and Seal</b>	<b>Route to DNR Bureau:</b>		
	<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: _____	

<b>1. Well Location Information</b>				<b>2. Facility / Owner Information</b>			
County Burnett		WI Unique Well # of Removed Well MW-11		Hicap #		Facility Name Hedlund DX - Falun	
Latitude / Longitude (see instructions) N W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 807049540	
1/4 / 1/4 NW or Gov't Lot #		Section 19		Township 38 N		Range 17 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address 10557 State Highway 70				Original Well Owner			
Well City, Village or Town Town of Daniels				Present Well Owner Burnett County			
Subdivision Name				Well ZIP Code 54840		Mailing Address of Present Owner 7410 County Highway K	
Reason for Removal from Service Investigation Closed				WI Unique Well # of Replacement Well		City of Present Owner Siren	
<b>3. Filled &amp; Sealed 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		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:				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?			
Formation Type:				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Was casing cut off below surface?			
Total Well Depth From Ground Surface (ft.) 20		Casing Diameter (in.) 2		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		Did sealing material rise to surface?			
Was well annular space grouted?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
If yes, to what depth (feet)?		Depth to Water (feet)		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?			
				<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			
<b>5. Material Used to Fill Well / Drillhole</b>				Required Method of Placing Sealing Material			
Bentonite Chip		From (ft.) Surface		To (ft.) 20		<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"/> Concrete	
						<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
<b>6. Comments</b>				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			
<b>7. Supervision of Work</b>				<b>DNR Use Only</b>			
Name of Person or Firm Doing Filling & Sealing REI Engineering, Inc		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/11/2020		Date Received	
Street or Route 4080 N 20th Avenue,		Telephone Number ( 715 ) 675-9784		Comments		Noted By	
City Wausau		State WI		ZIP Code 54401		Signature of Person Doing Work David Larsen	
						Date Signed 06/11/2020	