




From: Dave Larsen <dlarsen@reiengineering.com>
Sent: Tuesday, June 23, 2020 11:13 AM
To: Stoltz, Carrie R - DNR
Subject: Moose Junction Abandonment Forms
Attachments: 6510 Completed Abandonment Forms.pdf

Carrie, attached are the completed abandonment forms for the Moose Junction Lounge site. Please let me know if you have any questions or concerns.

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



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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.

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 Douglas	WI Unique Well # of Removed Well MW1	Hicap #	Facility Name Moose Junction Lounge
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) 816025430
1/4 SE 1/4 SE or Gov't Lot #	Section 18	Township 44 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address 13195 South State Highway 35			Original Well Owner Moose Junction Lounge
Well City, Village or Town Dairyland			Present Well Owner Moose Junction Lounge
Well ZIP Code 54830			Mailing Address of Present Owner 13195 South State Highway 35
Subdivision Name		Lot #	City of Present Owner Dairyland
			State WI
			ZIP Code 54830

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.) Casing Diameter (in.)

10.5 **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)

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
Bentonite Chip	Surface	10.5	17.0 Pounds	

6. Comments

7. Supervision of Work

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,	City Wausau	State WI	Date Received	Noted By
Telephone Number (715) 675-9784	Signature of Person Doing Work <i>David Larsen</i>	ZIP Code 54401	Comments	
	Date Signed 06/11/2020			

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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: **Douglas**

WI Unique Well # of Removed Well: **MW2**

Hicap #: _____

Latitude / Longitude (see instructions): _____ N DD GPS008
 _____ W DDM SCR002 OTH001

1/4 SE 1/4 SE Section: **18** Township: **44 N** Range: **14** E W

or Gov't Lot #: _____

Well Street Address: **13195 South State Highway 35**

Well City, Village or Town: **Dairyland** Well ZIP Code: **54830**

Subdivision Name: _____ Lot #: _____

Reason for Removal from Service: **Investigation Closed** WI Unique Well # of Replacement Well: _____

2. Facility / Owner Information

Facility Name: **Moose Junction Lounge**

Facility ID (FID or PWS): **816025430**

License/Permit/Monitoring #: _____

Original Well Owner: **Moose Junction Lounge**

Present Well Owner: **Moose Junction Lounge**

Mailing Address of Present Owner: **13195 South State Highway 35**

City of Present Owner: **Dairyland** State: **WI** ZIP Code: **54830**

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): _____

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
Bentonite Chip	Surface	13	21.1 Pounds	

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	
REI Engineering, Inc		6/11/2020			
Street or Route	Telephone Number		Comments		
4080 N 20th Avenue,	(715) 675-9784				
City	State	ZIP Code	Signature of Person Doing Work	Date Signed	
Wausau	WI	54401	David Larsen	06/11/2020	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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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 Douglas	WI Unique Well # of Removed Well MW3	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 SE 1/4 SE or Gov't Lot #	Section 18	Township 44 N
Well Street Address 13195 South State Highway 35	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Dairyland	Well ZIP Code 54830	
Subdivision Name	Lot #	

Facility Name Moose Junction Lounge		
Facility ID (FID or PWS) 816025430		
License/Permit/Monitoring #		
Original Well Owner Moose Junction Lounge		
Present Well Owner Moose Junction Lounge		
Mailing Address of Present Owner 13195 South State Highway 35		
City of Present Owner Dairyland	State WI	ZIP Code 54830

Reason for Removal from Service Investigation Closed	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	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.) 12	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	12	19.5 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 <i>David Larsen</i>	Date Signed 06/11/2020

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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 Douglas	WI Unique Well # of Removed Well MW4	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 SE 1/4 SE or Gov't Lot #	Section 18	Township 44 N
Well Street Address 13195 South State Highway 35	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Dairyland	Well ZIP Code 54830	
Subdivision Name	Lot #	

Facility Name Moose Junction Lounge		
Facility ID (FID or PWS) 816025430		
License/Permit/Monitoring #		
Original Well Owner Moose Junction Lounge		
Present Well Owner Moose Junction Lounge		
Mailing Address of Present Owner 13195 South State Highway 35		
City of Present Owner Dairyland	State WI	ZIP Code 54830

Reason for Removal from Service Investigation Closed	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	
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.) 12.5	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	12.5	20.3 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,	City Wausau	State WI	ZIP Code 54401	Telephone Number (715) 675-9784
Signature of Person Doing Work <i>David Larsen</i>			Date Signed 06/11/2020	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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: **Douglas**

WI Unique Well # of Removed Well: **MW5R**

Hicap #: _____

Latitude / Longitude (see instructions): _____ N _____ W

Format Code: DD DDM

Method Code: GPS008 SCR002 OTH001

1/4 SE or Gov't Lot #: _____

Section: **18** Township: **44 N** Range: **14 W**

Well Street Address: **13195 South State Highway 35**

Well City, Village or Town: **Dairyland** Well ZIP Code: **54830**

Subdivision Name: _____ Lot #: _____

Reason for Removal from Service: **Investigation Closed**

WI Unique Well # of Replacement Well: _____

2. Facility / Owner Information

Facility Name: **Moose Junction Lounge**

Facility ID (FID or PWS): **816025430**

License/Permit/Monitoring #: _____

Original Well Owner: **Moose Junction Lounge**

Present Well Owner: **Moose Junction Lounge**

Mailing Address of Present Owner: **13195 South State Highway 35**

City of Present Owner: **Dairyland** State: **WI** ZIP Code: **54830**

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.): **14** 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): _____

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
Bentonite Chip	Surface	14	22.7 Pounds	

6. Comments

7. Supervision of Work

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 <i>David Larsen</i>	Date Signed 06/11/2020	

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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 Douglas	WI Unique Well # of Removed Well MW6	Hicap #	Facility Name Moose Junction Lounge		
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) 816025430
1/4 SE or Gov't Lot #	1/4 SE	Section 18	Township 44 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	License/Permit/Monitoring #
Well Street Address 13195 South State Highway 35			Original Well Owner Moose Junction Lounge		
Well City, Village or Town Dairyland			Present Well Owner Moose Junction Lounge		
Subdivision Name			Well ZIP Code 54830		Mailing Address of Present Owner 13195 South State Highway 35
Reason for Removal from Service Investigation Closed			City of Present Owner Dairyland		
WI Unique Well # of Replacement Well			State WI	ZIP Code 54830	

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			
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 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			
Total Well Depth From Ground Surface (ft.) 13	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.)	Did sealing material rise to surface? <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)	Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
If yes, to what depth (feet)?		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	13	21.1 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 <i>David Larsen</i>		Date Signed 06/11/2020

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 Douglas	WI Unique Well # of Removed Well MW7	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 SE 1/4 SE or Gov't Lot #	Section 18	Township 44 N
Well Street Address 13195 South State Highway 35	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Dairyland	Well ZIP Code 54830	
Subdivision Name	Lot #	

Facility Name Moose Junction Lounge		
Facility ID (FID or PWS) 816025430		
License/Permit/Monitoring #		
Original Well Owner Moose Junction Lounge		
Present Well Owner Moose Junction Lounge		
Mailing Address of Present Owner 13195 South State Highway 35		
City of Present Owner Dairyland	State WI	ZIP Code 54830

Reason for Removal from Service Investigation Closed	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	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.) 9.5	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	9.5	15.4 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 <i>David Larsen</i>	Date Signed 06/11/2020

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 Douglas	WI Unique Well # of Removed Well MW8	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 SE 1/4 SE or Gov't Lot #	Section 18	Township 44 N
Well Street Address 13195 South State Highway 35	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Dairyland	Well ZIP Code 54830	
Subdivision Name	Lot #	

Facility Name Moose Junction Lounge		
Facility ID (FID or PWS) 816025430		
License/Permit/Monitoring #		
Original Well Owner Moose Junction Lounge		
Present Well Owner Moose Junction Lounge		
Mailing Address of Present Owner 13195 South State Highway 35		
City of Present Owner Dairyland	State WI	ZIP Code 54830

Reason for Removal from Service Investigation Closed	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	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.) 12	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	12	19.5 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 <i>David Larsen</i>	Date Signed 06/11/2020

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 Douglas	WI Unique Well # of Removed Well MW9	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 SE 1/4 SE or Gov't Lot #	Section 18	Township 44 N
Well Street Address 13195 South State Highway 35	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Dairyland	Well ZIP Code 54830	
Subdivision Name	Lot #	

Facility Name Moose Junction Lounge		
Facility ID (FID or PWS) 816025430		
License/Permit/Monitoring #		
Original Well Owner Moose Junction Lounge		
Present Well Owner Moose Junction Lounge		
Mailing Address of Present Owner 13195 South State Highway 35		
City of Present Owner Dairyland	State WI	ZIP Code 54830

Reason for Removal from Service Investigation Closed	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	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	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	22.7 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 <i>David Larsen</i>	Date Signed 06/11/2020

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Route to DNR Bureau:

Verification Only of Fill and Seal

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

1. Well Location Information

County Douglas	WI Unique Well # of Removed Well MW10	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 SE 1/4 SE or Gov't Lot #	Section 18	Township 44 N
Well Street Address 13195 South State Highway 35	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Well ZIP Code 54830
Well City, Village or Town Dairyland	Subdivision Name	Lot #

2. Facility / Owner Information

Facility Name Moose Junction Lounge		
Facility ID (FID or PWS) 816025430		
License/Permit/Monitoring #		
Original Well Owner Moose Junction Lounge		
Present Well Owner Moose Junction Lounge		
Mailing Address of Present Owner 13195 South State Highway 35		
City of Present Owner Dairyland	State WI	ZIP Code 54830

3. Filled & Sealed Well / Drillhole / Borehole Information

Reason for Removal from Service Investigation Closed	WI Unique Well # of Replacement Well
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy)
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.
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 11	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	11	17.8 Pounds	

6. Comments

7. Supervision of Work

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,	City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work <i>David Larsen</i>
Telephone Number (715) 675-9784	Date Received	Noted By	Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work <i>David Larsen</i>	Date Signed 06/11/2020