

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

Verification Only of Fill and Seal

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

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

County SHAWANO	WI Unique Well # of Removed Well VO529	Fiscap #	Facility Name Y Go By Tavern
Latitude / Longitude (Degrees and Minutes) 44 ° 42.28 ' N 88 ° 40.61 ' W			Facility ID (FID or PWS)
Method Code (see instructions)			License/Permit/Monitoring #
1/4 NE or Gov't Lot #	1/4 NW	Section 28	Original Well Owner Arland Dillenburg
		Township 26 N	Present Well Owner Arland Dillenburg
		Range 15	Mailing Address of Present Owner 142 S Franklin St. APT 3
		<input checked="" type="checkbox"/> E <input type="checkbox"/> W	City of Present Owner Shawano
Well Street Address N3215 CTH Y			State WI
Well City, Village or Town Belle Plaine			ZIP Code 54166-
Well ZIP Code 54929-			
Subdivision Name			Lot #
Reason For Removal From Service Sampling Complete			
WI Unique Well # of Replacement Well			

3. Well / Drillhole / Borehole Information **4. Pump, Liner, Screen, Casing & Sealing Material**

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 4/14/2014 If a Well Construction Report is available, please attach.	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
Total Well Depth From Ground Surface (ft.) Casing Diameter (in.) 20 2.4		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry
Lower Drillhole Diameter (in.) Casing Depth (ft.) 8.25 10		
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If yes, to what depth (feet)? Depth to Water (feet) 6 10.91		

5. Material Used To Fill Well / Drillhole

Material	From (ft.)	To (ft.)	Pounds
Bentonite Chips	Surface	20	32

6. Comments
Monitoring Well MW-4

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

Name of Person or Firm Doing Filling & Sealing Tyler Woodke (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 11/16/2018	Date Received	Noted By	
Street or Route 709 Gillette Street, Suite 3		Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Tyler Woodke</i>		
			Date Signed 11/19/2018		

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

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

County SHAWANO	WI Unique Well # of Removed Well VO528	Hicap #	Facility Name Y Go By Tavern
Latitude / Longitude (Degrees and Minutes) 44 ° 42.28 ' N 88 ° 40.61 ' W	Method Code (see instructions)		Facility ID (FID or PWS)
1/4 NE 1/4 NW or Gov't Lot #	Section 28	Township 26 N	Range 15 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address N3215 CTH Y			Original Well Owner Arland Dillenburg
Well City, Village or Town Belle Plaine			Present Well Owner Arland Dillenburg
Subdivision Name			Mailing Address of Present Owner 142 S Franklin St. APT 3
Well ZIP Code 54929-			City of Present Owner Shawano
Lot #			State WI
ZIP Code 54166-			

Reason For Removal From Service: **Sampling Complete**

WI Unique Well # of Replacement Well: _____

3. Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
4/14/2014

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.) 20	Casing Diameter (in.) 2.4
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 10

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet)
6 **11.41**

6. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Pounds
Bentonite Chips	Surface	20	32

6. Comments
Monitoring Well MW-3

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

Name of Person or Firm Doing Filling & Sealing Tyler Woodke (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 11/16/2018	Date Received	Noted By
Street or Route 709 Gillette Street, Suite 3	Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Tyler Woodke</i>	Date Signed 11/19/2018

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

Verification Only of Fill and Seal

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

1. Well Location Information				2. Facility / Owner Information			
County SHAWANO		WI Unique Well # of Removed Well VO527	Hicap #	Facility Name Y Go By Tavern		Facility ID (FID or PWS)	
Latitude / Longitude (Degrees and Minutes) 44 ° 42.28 ' N 88 ° 40.61 ' W		Method Code (see instructions)		License/Permit/Monitoring #			
1/4 NE	1/4 NW	Section 28	Township 26 N	Range 15	<input checked="" type="checkbox"/> E	Original Well Owner Arland Dillenburg	
or Gov'l Lot #				<input type="checkbox"/> W	Present Well Owner Arland Dillenburg		
Well Street Address N3215 CTH Y				Mailing Address of Present Owner 142 S Franklin St. APT 3			
Well City, Village or Town Belle Plaine		Well ZIP Code 54929-		City of Present Owner Shawano		State WI	ZIP Code 54166-
Subdivision Name		Lot #					

Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material			
3. Well / Drillhole / Borehole Information		Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 4/14/2014	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Dug	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:		If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.4	Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 10	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 11.56	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity			
If yes, to what depth (feet)? 6		Sealing Materials			
5. Material Used To Fill Well / Drillhole		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)			
From (ft.)	To (ft.)	Pounds			
Bentonite Chips	Surface	20	32		
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "	
				<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	
				For Monitoring Wells and Monitoring Well Boreholes Only:	
				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

6. Comments	
Monitoring Well MW-2	
7. Supervision of Work	
Name of Person or Firm Doing Filling & Sealing Tyler Woodke (METCO)	License #
Date of Filling & Sealing (mm/dd/yyyy) 11/16/2018	Date Received
Street or Route 709 Gillette Street, Suite 3	Noted By
City La Crosse	Telephone Number (608) 781-8879
State WI	Comments
ZIP Code 54603-	Signature of Person Doing Work <i>Tyler Woodke</i>
	Date Signed 11/19/2018

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Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County SHAWANO	WI Unique Well # of Removed Well VO526	File #	Facility Name Y Go By Tavern
Latitude / Longitude (Degrees and Minutes) 44 ° 42.28 ' N 88 ° 40.61 ' W		Method Code (see instructions)	Facility ID (FID or PWS)
1/4 NE 1/4 NW	Section 28	Township 26 N	Range 15 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
or Gov't Lot #	Well Street Address N3215 CTH Y		License/Permit/Monitoring #
Well City, Village or Town Belle Plaine	Well ZIP Code 54929-		Original Well Owner Arland Dillenburg
Subdivision Name	Well Street Address N3215 CTH Y		Present Well Owner Arland Dillenburg
Reason For Removal From Service Sampling Complete	WI Unique Well # of Replacement Well	Mailing Address of Present Owner 142 S Franklin St. APT 3	
3. Well / Drillhole / Borehole Information		City of Present Owner Shawano	State WI
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 4/14/2014	ZIP Code 54166-	
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	4. Pump, Liner, Screen, Casing & Sealing Material	
<input type="checkbox"/> Borehole / Drillhole		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type:		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation 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"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.4	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 10	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)? 6	Depth to Water (feet) 11.47	Required Method of Placing Sealing Material	
5. Material Used To Fill Well / Drillhole		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity	
		Sealing Materials	
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "	
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	
		For Monitoring Wells and Monitoring Well Boreholes Only:	
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
		From (ft.)	To (ft.)
		Surface	20
			Pounds
			32

6. Comments

Monitoring Well MW-1

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

Name of Person or Firm Doing Filling & Sealing Tyler Woodke (METCO)	License #	Date of Filling & Sealing (mm/dd/yyyy) 11/16/2018	Date Received	Noted By
Street or Route 709 Gillette Street, Suite 3	Telephone Number (608) 781-8879	Comments		
City La Crosse	State WI	ZIP Code 54603-	Signature of Person Doing Work <i>Tyler Woodke</i>	Date Signed 11/19/2018