



December 30, 2012

Mr. John Sager  
Wisconsin Department of Natural Resources  
107 Sutliff Avenue  
Rhineland, WI 54501-3349



**RE: Well Abandonment Documentation  
Tackle Box & Home Oil Co. (Former)  
724-728 Lincoln Street  
Rhineland, WI  
Endeavor Project No. P07753.45**

**BRRTS No. 03-44-000463  
PECFA No. 54501-3540-28**

Dear Mr. Sager:

Wisconsin Department of Natural Resources (WDNR) issued a conditional case closure decision dated October 31, 2012, for the above referenced site. As a result, Endeavor Environmental Services, Inc. (Endeavor) completed required abandonment of all site monitoring and remedial wells. The completed Form 3300-005 for each monitoring and remedial well can be found in Attachment A.

Endeavor also completed disposal of monitoring well purgewater generated during site monitoring activities. A copy of the disposal manifest can be found in Attachment B.

If you have any questions or require additional information, please feel free to contact me at (920) 437-2997 at your convenience.

Thank you for your assistance with this project.

Sincerely,

A handwritten signature in black ink, appearing to read "J. M. Ramcheck".

Joseph M. Ramcheck, P.H.  
Senior Project Manager

cc: Krist Atanasoff, Krist Oil Co.  
File



## **ATTACHMENT A**

### **Well Abandonment Forms**

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 <b>ONEIDA</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Tackle Box &amp; Home Oil</b>
Latitude / Longitude (Degrees and Minutes) ____' ____' N ____' ____' W	Method Code (see instructions) _____		Facility ID (FID or PWS) _____
License/Permit/Monitoring # <b>MW-1</b>	Original Well Owner _____		
Present Well Owner <b>Krist Oil</b>	Mailing Address of Present Owner <b>303 Selden Road</b>		
City of Present Owner <b>Iron River</b>	State <b>MI</b>	ZIP Code <b>49935-</b>	
Well Street Address <b>728 East Lincoln Street</b>	Well ZIP Code <b>54501-</b>		
Well City, Village or Town <b>Rhineland</b>	Well ZIP Code <b>54501-</b>		
Subdivision Name _____	Lot # _____		

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

Reason For Removal From Service Site Closure	WI Unique Well # of Replacement Well _____	<input checked="" type="checkbox"/> Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 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 <input type="checkbox"/> 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
Original Construction Date (mm/dd/yyyy) _____	If a Well Construction Report is available, please attach. _____	<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): <b>Gravity</b>
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	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.) <b>24</b>	Casing Diameter (in.) <b>2.06</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
Lower Drillhole Diameter (in.) <b>6.25</b>	Casing Depth (ft.) _____	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>18.05</b>	

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Top Soil	Surface	0.5	0.01	100%
3/8 inch chipped bentonite	0.5	24	0.72	100%

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License # _____	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received _____	Noted By _____
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>(920) 437-2997</b>	Comments _____	
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>12/28/2012</b>

Notice: Completion of this report is required by chs. 160, 231, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 231, 259, 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 <b>ONEIDA</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Tackle Box &amp; Home Oil</b>
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' N ____ ° ____ ' W	Method Code (see instructions) _____		Facility ID (FID or PWS) _____
1/4 SW 1/4 SE Section or Gov't Lot # <b>21</b>	Township <b>20 N</b>	Range [X] E <b>17</b> [ ] W	License/Permit/Monitoring # <b>MW-2</b>
Well Street Address <b>728 East Lincoln Street</b>			Original Well Owner _____
Well City, Village or Town <b>Rhineland</b>			Present Well Owner <b>Krist Oil</b>
Subdivision Name _____			Mailing Address of Present Owner <b>303 Selden Road</b>
Well ZIP Code <b>54501-</b>			City of Present Owner <b>Iron River</b>
Lot # _____			State <b>MI</b>
Reason For Removal From Service Site Closure _____			ZIP Code <b>49935-</b>
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) _____	<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. _____	<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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <b>21.89</b>	Casing Diameter (in.) <b>2.06</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>6.25</b>	Casing Depth (ft.) _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, to what depth (feet)? _____	Depth to Water (feet) <b>16.55</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.01	100%
3/8 inch chipped bentonite	0.5	21.89	0.65	100%

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License # _____	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received _____	Noted By _____
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>(920) 437-2997</b>	Comments _____	
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>12/28/2012</b>

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Route to:

Drinking Water

Watershed/Wastewater

Remediation/Redevelopment

Waste Management

Other: \_\_\_\_\_

<b>1. Well Location Information</b>			<b>2. Facility / Owner Information</b>		
County <b>ONEIDA</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Tackle Box &amp; Home Oil</b>		
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' N ____ ° ____ ' W		Method Code (see instructions) _____	Facility ID (FID or PWS) _____		
License/Permit/Monitoring # <b>MW-3</b>		Original Well Owner _____			

1/4 SW or Gov't Lot #	1/4 SE	Section <b>21</b>	Township <b>20 N</b>	Range <b>17</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner <b>Krist Oil</b>	
Well Street Address <b>728 East Lincoln Street</b>						Mailing Address of Present Owner <b>303 Selden Road</b>	
Well City, Village or Town <b>Rhineland</b>			Well ZIP Code <b>54501-</b>			City of Present Owner <b>Iron River</b>	
Subdivision Name _____			Lot # _____			State ZIP Code <b>MI 49935-</b>	

Reason For Removal From Service Site Closure		WI Unique Well # of Replacement Well _____	<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>				
<b>3. Well / Drillhole / Borehole Information</b>			Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Original Construction Date (mm/dd/yyyy) _____			Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole			Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A				
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: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Total Well Depth From Ground Surface (ft.) <b>22</b>			Did material settle after 24 hours? If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Casing Diameter (in.) <b>2.06</b>			If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
Lower Drillhole Diameter (in.) <b>6.25</b>			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): <b>Gravity</b>				
Casing Depth (ft.) _____			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				
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			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				
If yes, to what depth (feet)? _____			Depth to Water (feet) <b>16.13</b>				

<b>5. Material Used To Fill Well / Drillhole</b>			
From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.01 100%
3/8 inch chipped bentonite	0.5	22	0.66 100%

**6. Comments**  
\_\_\_\_\_

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License # _____	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received _____	Noted By _____
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>(920) 437-2997</b>	Comments _____	
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>12/28/2012</b>

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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 <b>ONEIDA</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Tackle Box &amp; Home Oil</b>
Latitude / Longitude (Degrees and Minutes) ____' ____' N ____' ____' W		Method Code (see instructions) _____	Facility ID (FID or PWS) _____
1/4 SW or Gov't Lot #	1/4 SE	Section <b>21</b>	Township <b>20 N</b>
		Range <b>17</b>	Original Well Owner _____
		<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner <b>Krist Oil</b>
Well Street Address <b>728 East Lincoln Street</b>		Well ZIP Code <b>54501-</b>	Mailing Address of Present Owner <b>303 Selden Road</b>
Well City, Village or Town <b>Rhineland</b>		City of Present Owner <b>Iron River</b>	State <b>MI</b>
Subdivision Name _____		Lot # _____	ZIP Code <b>49935-</b>

Reason For Removal From Service: **Site Closure**

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

**3. 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		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <b>22.84</b>	Casing Diameter (in.) <b>2.06</b>	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>6.25</b>	Casing Depth (ft.) _____	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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>16.81</b>	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

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.01	100%
3/8 inch chipped bentonite	0.5	22.84	0.68	100%

**6. Comments**

\_\_\_\_\_

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License # _____	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received _____	Noted By _____
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>(920) 437-2997</b>	Comments _____	
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>12/28/2012</b>

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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 <b>ONEIDA</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Tackle Box &amp; Home Oil</b>	Facility ID (FID or PWS) _____	
Latitude / Longitude (Degrees and Minutes) _____'N _____'W		Method Code (see instructions) _____	License/Permit/Monitoring # <b>Mw-5</b>	Original Well Owner _____	
1/4 SW or Gov't Lot #	1/4 SE	Section <b>21</b>	Township <b>20 N</b>	Range <b>17</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address <b>728 East Lincoln Street</b>			Present Well Owner <b>Krist Oil</b>		
Well City, Village or Town <b>Rhineland</b>		Well ZIP Code <b>54501-</b>		Mailing Address of Present Owner <b>303 Selden Road</b>	
Subdivision Name _____		Lot # _____		City of Present Owner <b>Iron River</b>	State <b>MI</b>
				ZIP Code <b>49935-</b>	

Reason For Removal From Service: \_\_\_\_\_ WI Unique Well # of Replacement Well: \_\_\_\_\_  
Site Closure: \_\_\_\_\_

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) _____	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): _____		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
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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
Total Well Depth From Ground Surface (ft.) <b>25.39</b>	Casing Diameter (in.) <b>2.06</b>	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
Lower Drillhole Diameter (in.) <b>6.25</b>	Casing Depth (ft.) _____	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 type="checkbox"/> Unknown	Depth to Water (feet) <b>14.46</b>	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): <b>Gravity</b>	
		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	
		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.01	100%
3/8 inch chipped bentonite	0.5	25.39	0.76	100%

6. Comments  
\_\_\_\_\_

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License # _____	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received _____	Noted By _____
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>( 920 ) 437-2997</b>	Comments _____	
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>12/28/2012</b>

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 <b>ONEIDA</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Tackle Box &amp; Home Oil</b>
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' N ____ ° ____ ' W		Method Code (see instructions) _____	Facility ID (FID or PWS) _____
1/4 SW    1/4 SE	Section <b>21</b>	Township <b>20 N</b>	Range <b>17</b>
or Gov't Lot #		<input checked="" type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # <b>MW-6</b>
Well Street Address <b>728 East Lincoln Street</b>			Original Well Owner _____
Well City, Village or Town <b>Rhineland</b>			Present Well Owner <b>Krist Oil</b>
Subdivision Name _____			Mailing Address of Present Owner <b>303 Selden Road</b>
Well ZIP Code <b>54501-</b>			City of Present Owner <b>Iron River</b>
Lot # _____			State <b>MI</b>
			ZIP Code <b>49935-</b>

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

Reason For Removal From Service Site Closure	WI Unique Well # of Replacement Well _____	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) _____	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach. _____	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <b>22</b>	Casing Diameter (in.) <b>2</b>	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>8.25</b>	Casing Depth (ft.) _____	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>7.77</b>	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
If yes, to what depth (feet)? _____		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 type="checkbox"/> Other (Explain): <u>Gravity</u>
Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.01	100%
3/8" bentonite chips	0.5	22	0.67	100%

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License # _____	Date of Filling & Sealing (mm/dd/yyyy) <b>12/26/2012</b>	Date Received _____	Noted By _____
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>(920) 437-2997</b>	Comments _____	
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>Craig Eckstein</i>	Date Signed <b>12/28/2012</b>



**Well / Drillhole / Borehole Filling & Sealing**

Form 3300-005 (R 4/08)

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 <b>ONEIDA</b>	MI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Tackle Box &amp; Home Oil</b>		
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' N ____ ° ____ ' W		Method Code (see instructions) _____	Facility ID (FID or PWS) _____		
License/Permit/Monitoring # <b>MW-7</b>		Original Well Owner _____			

1/4 SW or Gov't Lot #	1/4 SE	Section <b>21</b>	Township <b>20 N</b>	Range <b>17</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner <b>Krist Oil</b>
Well Street Address <b>728 East Lincoln Street</b>			Mailing Address of Present Owner <b>303 Selden Road</b>			
Well City, Village or Town <b>Rhineland</b>			Well ZIP Code <b>54501-</b>			
Subdivision Name _____			City of Present Owner <b>Iron River</b>		State <b>MI</b>	ZIP Code <b>49935-</b>

Reason For Removal From Service: \_\_\_\_\_ MI Unique Well # of Replacement Well: \_\_\_\_\_  
 Site Closure: \_\_\_\_\_

**3. 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): \_\_\_\_\_

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

Pump and piping removed?  Yes  No  N/A  
 Liner(s) removed?  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

Formation Type:  
 Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.) **20**      Casing Diameter (in.) **2**  
 Lower Drillhole Diameter (in.) **8.25**      Casing Depth (ft.) \_\_\_\_\_

Was well annular space grouted?  Yes  No  Unknown  
 If yes, to what depth (feet)? \_\_\_\_\_      Depth to Water (feet) **19.50**

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

Sealing Materials  
 Neat Cement Grout       Clay-Sand Slurry (11 lb./gal. wt.)  
 Sand-Cement (Concrete) Grout       Bentonite-Sand Slurry " "  
 Concrete       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.)	Cubic Feet	Mix Ratio
Topsoil	Surface	0.5	0.01	100%
3/8" bentonite chips	0.5	20	0.61	100%

**6. Comments**  
 \_\_\_\_\_

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License # _____	Date of Filling & Sealing (mm/dd/yyyy) <b>12/26/2012</b>	Date Received _____	Noted By _____	
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>(920) 437-2997</b>	Comments _____		
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>Carly E. Johnston</i>	Date Signed <b>12/28/2012</b>	

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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**

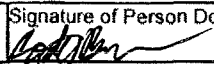
County <b>ONEIDA</b>	WI Unique Well # of Removed Well	Hicap #	Facility Name <b>Tackle Box &amp; Home Oil</b>
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' N ____ ° ____ ' W			Facility ID (FID or PWS)
Method Code (see instructions)			License/Permit/Monitoring # <b>MW-9</b>
1/4 SW	1/4 SE	Section <b>21</b>	Original Well Owner
or Gov't Lot #		Township <b>20 N</b>	Present Well Owner <b>Krist Oil</b>
Well Street Address <b>728 East Lincoln Street</b>		Range <b>17</b>	Mailing Address of Present Owner <b>303 Selden Road</b>
Well City, Village or Town <b>Rhineland</b>		Range [X] E <input type="checkbox"/> W	City of Present Owner <b>Iron River</b>
Subdivision Name		Well ZIP Code <b>54501-</b>	State <b>MI</b>
Reason For Removal From Service		Lot #	ZIP Code <b>49935-</b>
Site Closure		WI Unique Well # of Replacement Well	

**3. 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		Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Dug	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <b>19.45</b>	Casing Diameter (in.) <b>2.06</b>	If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>6.25</b>	Casing Depth (ft.)	Required Method of Placing Sealing Material	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>15.04</b>	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
If yes, to what depth (feet)?		<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input checked="" type="checkbox"/> Other (Explain): <b>Gravity</b>
		Sealing Materials	
		<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
		<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry " "
		<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only:	
		<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
		<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.01	100%
3/8 inch chipped bentonite	0.5	19.45	0.58	100%

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received	Noted By
Street or Route <b>2280-B Salscheider Court</b>	Telephone Number <b>( 920 ) 437-2997</b>	Comments		
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work 	Date Signed <b>12/28/2012</b>

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Verification Only of Fill and Seal

Route to:

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

<b>1. Well Location Information</b>			<b>2. Facility / Owner Information</b>		
County <b>ONEIDA</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Tackle Box &amp; Home Oil</b>		
Latitude / Longitude (Degrees and Minutes) ____' ____' ____" N ____' ____' ____" W		Method Code (see instructions) _____	Facility ID (FID or PWS) _____		
License/Permit/Monitoring # <b>PZ-1</b>		Original Well Owner _____			

1/4 SW or Gov't Lot #	1/4 SE	Section <b>21</b>	Township <b>20 N</b>	Range <b>17</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner <b>Krist Oil</b>	
Well Street Address <b>728 East Lincoln Street</b>						Mailing Address of Present Owner <b>303 Selden Road</b>	
Well City, Village or Town <b>Rhineland</b>			Well ZIP Code <b>54501-</b>			City of Present Owner <b>Iron River</b>	
Subdivision Name			Lot #			State ZIP Code <b>MI 49935-</b>	

Reason For Removal From Service Site Closure		WI Unique Well # of Replacement Well _____	<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 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		
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.		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		

Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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): <b>Gravity</b>				
Total Well Depth From Ground Surface (ft.) <b>30.56</b>	Casing Diameter (in.) <b>2.06</b>	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				
Lower Drillhole Diameter (in.) <b>6.25</b>	Casing Depth (ft.) _____	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				
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) <b>15.91</b>				

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.01	100%
3/8 inch chipped bentonite	0.5	30.56	0.92	100%

**6. Comments**  
\_\_\_\_\_

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License # _____	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received _____	Noted By _____
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>(920) 437-2997</b>	Comments _____	
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>12/28/2012</b>

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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: ONEIDA  
MI Unique Well # of Removed Well: \_\_\_\_\_  
Hicap #: \_\_\_\_\_

Facility Name: Tackle Box & Home Oil  
Facility ID (FID or PWS): \_\_\_\_\_

Latitude / Longitude (Degrees and Minutes): \_\_\_\_\_ 'N  
\_\_\_\_\_ 'W  
Method Code (see instructions): \_\_\_\_\_

License/Permit/Monitoring #: BPZ-1

1/4 SW or Govt Lot #: \_\_\_\_\_  
1/4 SE: \_\_\_\_\_  
Section: 21  
Township: 20 N  
Range: 17  
 E  
 W

Original Well Owner: \_\_\_\_\_  
Present Well Owner: Krist Oil

Well Street Address: 728 East Lincoln Street

Mailing Address of Present Owner: 303 Selden Road

Well City, Village or Town: Rhinelander  
Well ZIP Code: 54501-

City of Present Owner: Iron River  
State: MI  
ZIP Code: 49935-

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

Reason For Removal From Service: \_\_\_\_\_  
MI Unique Well # of Replacement Well: \_\_\_\_\_  
Site Closure: \_\_\_\_\_

**3. Well / Drillhole / Borehole Information**  
 Monitoring Well  
 Water Well  
 Borehole / Drillhole  
Original Construction Date (mm/dd/yyyy): \_\_\_\_\_  
if a Well Construction Report is available, please attach.

**4. Pump, Liner, Screen, Casing & Sealing Material**  
Pump and piping removed?  Yes  No  N/A  
Liner(s) removed?  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

Construction Type:  
 Drilled  
 Driven (Sandpoint)  
 Dug  
 Other (specify): \_\_\_\_\_

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

Formation Type:  
 Unconsolidated Formation  
 Bedrock

Total Well Depth From Ground Surface (ft.): 56.92  
Casing Diameter (in.): 2

Sealing Materials:  
 Neat Cement Grout  
 Sand-Cement (Concrete) Grout  
 Concrete  
 Clay-Sand Slurry (11 lb./gal. wt.)  
 Bentonite-Sand Slurry " "  
 Bentonite Chips

Lower Drillhole Diameter (in.): 8.25  
Casing Depth (ft.): \_\_\_\_\_

Was well annular space grouted?  Yes  No  Unknown  
If yes, to what depth (feet)? \_\_\_\_\_  
Depth to Water (feet): 19.31

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

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Topsoil	Surface	0.5	0.01	100%
3/8" bentonite chips	0.5	56.92	1.74	100%

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing (mm/dd/yyyy)	Date Received	Noted By	
Endeavor Environmental Services, Inc.		12/26/2012			
Street or Route	Telephone Number		Comments		
2280-B Salscheider Court	(920) 437-2997				
City	State	ZIP Code	Signature of Person Doing Work	Date Signed	
Green Bay	WI	54313-	<i>Craig E. ...</i>	12/28/2012	

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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: **ONEIDA**

MI Unique Well # of Removed Well: \_\_\_\_\_

Hicap #: \_\_\_\_\_

Latitude / Longitude (Degrees and Minutes): \_\_\_\_\_ 'N

Method Code (see instructions): \_\_\_\_\_

\_\_\_\_\_ 'W

1/4 SW    1/4 SE    Section: **21**    Township: **20 N**    Range: **17**     E     W

Well Street Address: **728 East Lincoln Street**

Well City, Village or Town: **Rhineland**    Well ZIP Code: **54501-**

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

Facility Name: **Tackle Box & Home Oil**

Facility ID (FID or PWS): \_\_\_\_\_

License/Permit/Monitoring #: **SW1**

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

Present Well Owner: **Krist Oil**

Mailing Address of Present Owner: **303 Selden Road**

City of Present Owner: **Iron River**    State: **MI**    ZIP Code: **49935-**

Reason For Removal From Service: \_\_\_\_\_

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

Site Closure: \_\_\_\_\_

**3. 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.): **28.32**    Casing Diameter (in.): **2.06**

Lower Drillhole Diameter (in.): **6.25**    Casing Depth (ft.): \_\_\_\_\_

Was well annular space grouted?     Yes     No     Unknown

If yes, to what depth (feet)?    Depth to Water (feet): **16.1**

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

Pump and piping removed?     Yes     No     N/A

Liner(s) removed?     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): **Gravity**

Sealing Materials

Neat Cement Grout     Clay-Sand Slurry (11 lb./gal. wt.)

Sand-Cement (Concrete) Grout     Bentonite-Sand Slurry " "

Concrete     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.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.01	100%
3/8 inch chipped bentonite	0.5	28.32	0.85	100%

**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing: **Endeavor Environmental Services, Inc.**    License #: \_\_\_\_\_    Date of Filling & Sealing (mm/dd/yyyy): **12/27/2012**    Date Received: \_\_\_\_\_    Noted By: \_\_\_\_\_

Street or Route: **2280-B Salscheider Court**    Telephone Number: **(920) 437-2997**    Comments: \_\_\_\_\_

City: **Green Bay**    State: **WI**    ZIP Code: **54313-**    Signature of Person Doing Work: *[Signature]*    Date Signed: **12/28/2012**

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: **ONEIDA**  
 MI Unique Well # of Removed Well: \_\_\_\_\_  
 Hicap #: \_\_\_\_\_

Facility Name: **Tackle Box & Home Oil**  
 Facility ID (FID or PWS): \_\_\_\_\_

Latitude / Longitude (Degrees and Minutes): \_\_\_\_\_ 'N  
 \_\_\_\_\_ 'W  
 Method Code (see instructions): \_\_\_\_\_

License/Permit/Monitoring #: **SW-2**

1/4 SW 1/4 SE Section: **21** Township: **20 N** Range: **17**  E  W

Original Well Owner: \_\_\_\_\_  
 Present Well Owner: **Krist Oil**

Well Street Address: **728 East Lincoln Street**

Mailing Address of Present Owner: **303 Selden Road**

Well City, Village or Town: **Rhinelander** Well ZIP Code: **54501-**

City of Present Owner: **Iron River** State: **MI** ZIP Code: **49935-**

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

Reason For Removal From Service: **Site Closure** MI Unique Well # of Replacement Well: \_\_\_\_\_

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

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

Pump and piping removed?  Yes  No  N/A  
 Liner(s) removed?  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

Construction Type:  
 Drilled  Driven (Sandpoint)  Dug  
 Other (specify): \_\_\_\_\_

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

Formation Type:  
 Unconsolidated Formation  Bedrock

Sealing Materials  
 Neat Cement Grout  Clay-Sand Slurry (11 lb./gal. wt.)  
 Sand-Cement (Concrete) Grout  Bentonite-Sand Slurry " "  
 Concrete  Bentonite Chips

Total Well Depth From Ground Surface (ft.): **19.03** Casing Diameter (in.): **2**

Lower Drillhole Diameter (in.): **8.25** Casing Depth (ft.): \_\_\_\_\_

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

Was well annular space grouted?  Yes  No  Unknown

If yes, to what depth (feet)? \_\_\_\_\_ Depth to Water (feet): **15.72**

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.01	100%
3/8" bentonite chips	0.5	19.03	0.58	100%

**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing: **Endeavor Environmental Services, Inc.** License #: \_\_\_\_\_ Date of Filling & Sealing (mm/dd/yyyy): **12/26/2012** Date Received: \_\_\_\_\_ Noted By: \_\_\_\_\_  
 Street or Route: **2280-B Salscheider Court** Telephone Number: **(920) 437-2997** Comments: \_\_\_\_\_  
 City: **Green Bay** State: **WI** ZIP Code: **54313-** Signature of Person Doing Work: \_\_\_\_\_ Date Signed: **12/28/2012**

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Route to:

Verification Only of Fill and Seal

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

1. Well Location Information			2. Facility / Owner Information		
County <b>ONEIDA</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Tackle Box &amp; Home Oil</b>		

Latitude / Longitude (Degrees and Minutes) _____' N _____' W	Method Code (see instructions) _____	Facility ID (FID or PWS) _____
License/Permit/Monitoring # <b>SW3</b>		Original Well Owner _____

1/4 SW    1/4 SE	Section <b>21</b>	Township <b>20 N</b>	Range <b>17</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner <b>Krist Oil</b>
Well Street Address <b>728 East Lincoln Street</b>		Mailing Address of Present Owner <b>303 Selden Road</b>			

Well City, Village or Town <b>Rhinclander</b>	Well ZIP Code <b>54501-</b>	City of Present Owner <b>Iron River</b>	State <b>MI</b>	ZIP Code <b>49935-</b>
Subdivision Name _____	Lot # _____	4. Pump, Liner, Screen, Casing & Sealing Material		

Reason For Removal From Service Site Closure	WI Unique Well # of Replacement Well _____	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
3. Well / Drillhole / Borehole Information		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) _____	Screen 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.	Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Total Well Depth From Ground Surface (ft.) <b>38.6</b>	Casing Diameter (in.) <b>2.06</b>	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): <b>Gravity</b>
Lower Drillhole Diameter (in.) <b>6.25</b>	Casing Depth (ft.) _____	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

Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	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
If yes, to what depth (feet)? _____	Depth to Water (feet) <b>16.7</b>

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.01	100%
3/8 inch chipped bentonite	0.5	38.6	1.16	100%

6. Comments  
\_\_\_\_\_

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License # _____	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received _____	Noted By _____	
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>( 920 ) 437-2997</b>	Comments _____		
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work _____	Date Signed <b>12/28/2012</b>	

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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 <b>ONEIDA</b>		WI Unique Well # of Removed Well	Hicap #	Facility Name <b>Tackle Box &amp; Home Oil</b>			
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)		Facility ID (FID or PWS)			
_____ ' N		_____		License/Permit/Monitoring # <b>SW4</b>			
_____ ' W		_____		Original Well Owner			
1/4 SW	1/4 SE	Section <b>21</b>	Township <b>20 N</b>	Range <b>17</b>	<input checked="" type="checkbox"/> E	<input type="checkbox"/> W	Present Well Owner <b>Krist Oil</b>
Well Street Address <b>728 East Lincoln Street</b>				Mailing Address of Present Owner <b>303 Selden Road</b>			
Well City, Village or Town <b>Rhinclander</b>				City of Present Owner <b>Iron River</b>			
Subdivision Name				State <b>MI</b>		ZIP Code <b>49935-</b>	
Reason For Removal From Service				WI Unique Well # of Replacement Well			
Site Closure				Lot #			

3. 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				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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type:				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) <b>42.5</b>		Casing Diameter (in.) <b>2.06</b>		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) <b>6.25</b>		Casing Depth (ft.)		Required Method of Placing Sealing Material			
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
If yes, to what depth (feet)?		Depth to Water (feet) <b>16.85</b>		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>			
5. Material Used To Fill Well / Drillhole				Sealing Materials			
Concrete		3/8 inch chipped bentonite		<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
From (ft.)	To (ft.)	Cubic Feet	Mix Ratio	<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
Surface	0.5	0.01	100%	<input type="checkbox"/> Concrete		<input type="checkbox"/> Bentonite Chips	
0.5	42.5	1.26	100%	For Monitoring Wells and Monitoring Well Boreholes Only:			
6. Comments				<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.)	Cubic Feet	Mix Ratio
Surface	0.5	0.01	100%
0.5	42.5	1.26	100%

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing				DNR Use Only	
Endeavor Environmental Services, Inc.		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received	Noted By
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>(920) 437-2997</b>		Comments	
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>12/28/2012</b>	



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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 <b>ONEIDA</b>		WI Unique Well # of Removed Well	Hicap #	Facility Name <b>Tackle Box &amp; Home Oil</b>			
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)		Facility ID (FID or PWS)			
_____ ° _____ ' N		_____		License/Permit/Monitoring # <b>SW5</b>			
_____ ° _____ ' W		_____		Original Well Owner			
1/4 SW	1/4 SE	Section <b>21</b>	Township <b>20 N</b>	Range <b>17</b>	<input checked="" type="checkbox"/> E	Present Well Owner <b>Krist Oil</b>	
or Gov't Lot #		Mailing Address of Present Owner <b>303 Selden Road</b>					
Well Street Address <b>728 East Lincoln Street</b>				City of Present Owner <b>Iron River</b>			
Well City, Village or Town <b>Rhineland</b>				Well ZIP Code <b>54501-</b>		State <b>MI</b>	
Subdivision Name				Lot #		ZIP Code <b>49935-</b>	

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason For Removal From Service Site Closure		WI Unique Well # of Replacement Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy)		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
				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	
Formation Type:		Required Method of Placing Sealing Material			
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe-Gravity	
Total Well Depth From Ground Surface (ft.) <b>39.19</b>		Casing Diameter (in.) <b>2.06</b>		<input type="checkbox"/> Conductor Pipe-Pumped	
Lower Drillhole Diameter (in.) <b>6.25</b>		Casing Depth (ft.)		<input type="checkbox"/> Screened & Poured (Bentonite Chips)	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input checked="" type="checkbox"/> Other (Explain): <b>Gravity</b>	
If yes, to what depth (feet)?		Depth to Water (feet) <b>16.23</b>		Sealing Materials	
				<input type="checkbox"/> Neat Cement Grout	
				<input type="checkbox"/> Sand-Cement (Concrete) Grout	
				<input type="checkbox"/> Concrete	
				<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
				<input type="checkbox"/> Bentonite-Sand Slurry " "	
				<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.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.01	100%
3/8 inch chipped bentonite	0.5	39.19	1.18	100%

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received	Noted By
Street or Route <b>2280-B Salscheider Court</b>			Telephone Number <b>( 920 ) 437-2997</b>	Comments	
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work	Date Signed <b>12/28/2012</b>	

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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 <b>ONEIDA</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Tackle Box &amp; Home Oil</b>
Latitude / Longitude (Degrees and Minutes) _____' N _____' W		Method Code (see instructions) _____	Facility ID (FID or PWS) _____
License/Permit/Monitoring # <b>SW6</b>	Original Well Owner _____		Present Well Owner <b>Krist Oil</b>
Well Street Address <b>728 East Lincoln Street</b>	Well ZIP Code <b>54501-</b>		Mailing Address of Present Owner <b>303 Selden Road</b>
Well City, Village or Town <b>Rhineland</b>	Subdivision Name _____	Lot # _____	City of Present Owner <b>Iron River</b>
Reason For Removal From Service Site Closure		WI Unique Well # of Replacement Well _____	State <b>MI</b>
ZIP Code <b>49935-</b>		City of Present Owner <b>Iron River</b>	

**3. 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		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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.) <b>40.48</b>	Casing Diameter (in.) <b>2.06</b>	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>6.25</b>	Casing Depth (ft.) _____	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>16.39</b>	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, to what depth (feet)? _____		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

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.01	100%
3/8 inch chipped bentonite	0.5	40.48	1.22	100%

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License # _____	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received _____	Noted By _____
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>(920) 437-2997</b>	Comments _____	
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work 	Date Signed <b>12/28/2012</b>

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: **ONEIDA**      WI Unique Well # of Removed Well: \_\_\_\_\_      Hicap #: \_\_\_\_\_

Latitude / Longitude (Degrees and Minutes): \_\_\_\_\_ 'N  
 \_\_\_\_\_ 'W

Method Code (see instructions): \_\_\_\_\_

1/4 SW    1/4 SE    Section: **21**    Township: **20 N**    Range: **17**     E     W

Well Street Address: **728 East Lincoln Street**

Well City, Village or Town: **Rhineland**      Well ZIP Code: **54501-**

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

Facility Name: **Tackle Box & Home Oil**

Facility ID (FID or PWS): \_\_\_\_\_

License/Permit/Monitoring #: **VW-2**

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

Present Well Owner: **Krist Oil**

Mailing Address of Present Owner: **303 Selden Road**

City of Present Owner: **Iron River**    State: **MI**    ZIP Code: **49935-**

Reason For Removal From Service: **Site Closure**      WI Unique Well # of Replacement Well: \_\_\_\_\_

**3. Well / Drillhole / Borehole Information**

Monitoring Well     Water Well     Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): \_\_\_\_\_

If a Well Construction Report is available, please attach: \_\_\_\_\_

Construction Type:  
 Drilled     Driven (Sandpoint)     Dug  
 Other (specify): \_\_\_\_\_

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

Pump and piping removed?     Yes     No     N/A

Liner(s) removed?     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

Formation Type:  
 Unconsolidated Formation     Bedrock

Total Well Depth From Ground Surface (ft.): **16.94**      Casing Diameter (in.): **4**

Lower Drillhole Diameter (in.): **8.25**      Casing Depth (ft.): \_\_\_\_\_

Was well annular space grouted?     Yes     No     Unknown

If yes, to what depth (feet)?      Depth to Water (feet): **16.20**

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

Sealing Materials:  
 Neat Cement Grout     Clay-Sand Slurry (11 lb./gal. wt.)  
 Sand-Cement (Concrete) Grout     Bentonite-Sand Slurry " "  
 Concrete     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.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.04	100%
3/8" bentonite chips	0.5	16.94	1.47	100%

**6. Comments**

**7. Supervision of Work**

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received	Noted By	
Street or Route <b>2280-B Salscheider Court</b>	Telephone Number <b>(920) 437-2997</b>	Comments		Signature of Person Doing Work <i>[Signature]</i>	
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Date Signed <b>12/28/2012</b>		

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 <b>ONEIDA</b>	WI Unique Well # of Removed Well	Hicap #	Facility Name <b>Tackle Box &amp; Home Oil</b>
Latitude / Longitude (Degrees and Minutes)	Method Code (see instructions)		Facility ID (FID or PWS)
_____ 'N _____ 'W	_____		License/Permit/Monitoring # <b>VW-3</b>
1/4 SW    1/4 SE    Section    Township    Range <input checked="" type="checkbox"/> E or Gov't Lot #                      21                      20    N    17 <input type="checkbox"/> W	Original Well Owner		
Well Street Address <b>728 East Lincoln Street</b>	Present Well Owner <b>Krist Oil</b>		
Well City, Village or Town <b>Rhineland</b>	Well ZIP Code <b>54501-</b>	Mailing Address of Present Owner <b>303 Selden Road</b>	
Subdivision Name	Lot #	City of Present Owner <b>Iron River</b>	State    ZIP Code <b>MI    49935-</b>

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

Reason For Removal From Service <b>Site Closure</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
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <b>17.2</b>	Casing Diameter (in.) <b>4</b>	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>8.25</b>	Casing Depth (ft.)	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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
If yes, to what depth (feet)?	Depth to Water (feet) <b>16.65</b>	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 type="checkbox"/> Other (Explain): <b>Gravity</b>

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.04	100%
3/8" bentonite chips	0.5	17.2	1.5	100%

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received	Noted By	
Street or Route <b>2280-B Salscheider Court</b>	Telephone Number <b>(920) 437-2997</b>		Comments		
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>Cecilia...</i>	Date Signed <b>12/28/2012</b>	

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Verification Only of Fill and Seal

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

<b>1. Well Location Information</b>			<b>2. Facility / Owner Information</b>		
County <b>ONEIDA</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Tackle Box &amp; Home Oil</b>		
Latitude / Longitude (Degrees and Minutes) _____' N _____' W		Method Code (see instructions) _____	Facility ID (FID or PWS) _____		
License/Permit/Monitoring # <b>VW-4</b>		Original Well Owner _____			

1/4 SW	1/4 SE	Section <b>21</b>	Township <b>20 N</b>	Range <b>17</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner <b>Krist Oil</b>
Well Street Address <b>728 East Lincoln Street</b>						Mailing Address of Present Owner <b>303 Selden Road</b>
Well City, Village or Town <b>Rhineland</b>			Well ZIP Code <b>54501-</b>			City of Present Owner <b>Iron River</b>
Subdivision Name _____			Lot # _____		State <b>MI</b>	ZIP Code <b>49935-</b>

Reason For Removal From Service: **Site Closure**

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

<b>3. 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		Screen removed?	<input type="checkbox"/> Yes <input checked="" 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): _____		Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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.) <b>16.04</b>		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing Diameter (in.) <b>4</b>		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>8.25</b>		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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
If yes, to what depth (feet)? _____		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 type="checkbox"/> Other (Explain): <b>Gravity</b>	
Depth to Water (feet) <b>16.04</b>		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	

<b>5. Material Used To Fill Well / Drillhole</b>			
From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.04
3/8" bentonite chips	0.5	16.04	1.4

**6. Comments**  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License # _____	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received _____	Noted By _____	
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>(920) 437-2997</b>	Comments _____		
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>Wendy Eckstein</i>		Date Signed <b>12/28/2012</b>

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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 <b>ONEIDA</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Tackle Box &amp; Home Oil</b>		
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' ____ " N ____ ° ____ ' ____ " W		Method Code (see instructions) _____	Facility ID (FID or PWS) _____		
License/Permit/Monitoring # <b>VW-5</b>		Original Well Owner _____			

1/4 SW or Gov't Lot #	1/4 SE	Section <b>21</b>	Township <b>20 N</b>	Range <b>17</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner <b>Krist Oil</b>
Well Street Address <b>728 East Lincoln Street</b>			Well ZIP Code <b>54501-</b>			Mailing Address of Present Owner <b>303 Selden Road</b>
Well City, Village or Town <b>Rhineland</b>			City of Present Owner <b>Iron River</b>		State <b>MI</b>	ZIP Code <b>49935-</b>
Subdivision Name _____			Lot # _____		_____	

Reason For Removal From Service: **Site Closure**      WI Unique Well # of Replacement Well: \_\_\_\_\_

3. 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		Screen removed?	<input type="checkbox"/> Yes <input checked="" 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): _____		Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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.) <b>17.49</b>	Casing Diameter (in.) <b>4</b>	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>8.25</b>	Casing Depth (ft.) _____	Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>16.72</b>	If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, to what depth (feet)? _____		If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): <u>Gravity</u>
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry " "
<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.04	100%
3/8" bentonite chips	0.5	17.49	1.52	100%

6. Comments  
\_\_\_\_\_

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License # _____	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received _____	Noted By _____	
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>(920) 437-2997</b>	Comments _____		
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>12/28/2012</b>	

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Verification Only of Fill and Seal

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

<b>1. Well Location Information</b>			<b>2. Facility / Owner Information</b>		
County <b>ONEIDA</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Tackle Box &amp; Home Oil</b>		
Latitude / Longitude (Degrees and Minutes) _____' N _____' W		Method Code (see instructions) _____	Facility ID (FID or PWS) _____		
License/Permit/Monitoring # <b>VW-6</b>		Original Well Owner _____			

1/4 SW	1/4 SE	Section <b>21</b>	Township <b>20 N</b>	Range <b>17</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
or Gov't Lot # _____					
Well Street Address <b>728 East Lincoln Street</b>			Well ZIP Code <b>54501-</b>		
Well City, Village or Town <b>Rhineland</b>			City of Present Owner <b>Iron River</b>		
Subdivision Name _____			State <b>MI</b>		ZIP Code <b>49935-</b>

Reason For Removal From Service: **Site Closure**

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

<b>3. 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		Screen removed?	<input type="checkbox"/> Yes <input checked="" 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): _____		Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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.) <b>16.7</b>		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing Diameter (in.) <b>4</b>		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>8.25</b>		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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
If yes, to what depth (feet)? _____		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 type="checkbox"/> Other (Explain): <u>Gravity</u>	
Depth to Water (feet) <b>16.20</b>		Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gat. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	

<b>5. Material Used To Fill Well / Drillhole</b>			
	From (ft.)	To (ft.)	Cubic Feet
Concrete	Surface	0.5	0.04
3/8" bentonite chips	0.5	16.7	1.45
			Mix Ratio
			100%
			100%

**6. Comments**  
\_\_\_\_\_

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License # _____	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received _____	Noted By _____	
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>(920) 437-2997</b>	Comments _____		
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>Gregory...</i>	Date Signed <b>12/28/2012</b>	

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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 <b>ONEIDA</b>	WI Unique Well # of Removed Well	Parcel #	Facility Name <b>Tackle Box &amp; Home Oil</b>
Latitude / Longitude (Degrees and Minutes)	Method Code (see instructions)		Facility ID (FID or PWS)
_____ 'N	_____		License/Permit/Monitoring # <b>VW-7</b>
_____ 'W	_____		Original Well Owner
1/4 SW    1/4 SE    Section    Township    Range [X] E	Present Well Owner		
or Gov't Lot #    21    20 N    17    [ ] W	<b>Krist Oil</b>		
Well Street Address <b>728 East Lincoln Street</b>	Mailing Address of Present Owner <b>303 Selden Road</b>		
Well City, Village or Town <b>Rhineland</b>	Well ZIP Code <b>54501-</b>		City of Present Owner    State    ZIP Code
Subdivision Name	Lot #		<b>Iron River    MI    49935-</b>

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

Reason For Removal From Service	WI Unique Well # of Replacement Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No    [X] N/A
Site Closure	Original Construction Date (mm/dd/yyyy)	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No    [X] N/A
<input checked="" type="checkbox"/> Monitoring Well	If a Well Construction Report is available, please attach.	Screen removed? <input type="checkbox"/> Yes    [X] No <input type="checkbox"/> N/A
<input type="checkbox"/> Water Well		Casing left in place?    [X] Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Was casing cut off below surface?    [X] Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Did sealing material rise to surface?    [X] 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 material settle after 24 hours? <input type="checkbox"/> Yes    [X] No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No    [X] N/A
Formation Type:		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No    [X] N/A
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material
Total Well Depth From Ground Surface (ft.)    18.25	Casing Diameter (in.)    4	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
Lower Drillhole Diameter (in.)    8.25	Casing Depth (ft.)	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): <u>Gravity</u>
Was well annular space grouted? <input type="checkbox"/> Yes    [X] No <input type="checkbox"/> Unknown		Sealing Materials
If yes, to what depth (feet)?	Depth to Water (feet)    16.35	<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:
		[X] 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.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.04	100%
3/8" bentonite chips	0.5	18.25	1.59	100%

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received	Noted By	
Street or Route <b>2280-B Salscheider Court</b>	Telephone Number <b>(920) 437-2997</b>	Comments			
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>Craig Eckstein</i>	Date Signed <b>12/28/2012</b>	



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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 <b>ONEIDA</b>		WI Unique Well # of Removed Well	Parcel #	Facility Name <b>Tackle Box &amp; Home Oil</b>			
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)		Facility ID (FID or PWS)			
_____ 'N		_____		License/Permit/Monitoring # <b>VW-4</b>			
_____ 'W		_____		Original Well Owner			
1/4 SW	1/4 SE	Section <b>21</b>	Township <b>20 N</b>	Range <b>17</b>	<input checked="" type="checkbox"/> E	Present Well Owner <b>Krist Oil</b>	
or Gov't Lot #				<input type="checkbox"/> W		Mailing Address of Present Owner <b>303 Selden Road</b>	
Well Street Address <b>728 East Lincoln Street</b>				City of Present Owner <b>Iron River</b>			
Well City, Village or Town <b>Rhineland</b>				Well ZIP Code <b>54501-</b>		State <b>MI</b>	ZIP Code <b>49935-</b>
Subdivision Name				Lot #			

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason For Removal From Service <b>Site Closure</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			
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)	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) <input type="checkbox"/> Dug		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type:		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			

Total Well Depth From Ground Surface (ft.) <b>18.65</b>		Casing Diameter (in.) <b>4</b>		Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.) <b>8.25</b>		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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)?		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): <u>Gravity</u>	
Depth to Water (feet) <b>16.56</b>				Sealing Materials	
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "	
				<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	
				For Monitoring Wells and Monitoring Well Boreholes Only:	
				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.04	100%
3/8" bentonite chips	0.5	18.65	1.52	100%

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received	Noted By
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>(920) 437-2997</b>		Comments	
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>Craig Constan</i>	Date Signed <b>12/28/2012</b>	

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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 <b>ONEIDA</b>	WI Unique Well # of Removed Well	Hicap #	Facility Name <b>Tackle Box &amp; Home Oil</b>
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' ____ " N ____ ° ____ ' ____ " W	Method Code (see instructions)		Facility ID (FID or PWS)
1/4 SW    1/4 SE	Section <b>21</b>	Township <b>20 N</b>	Range <b>17</b> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address <b>728 East Lincoln Street</b>	Original Well Owner		
Well City, Village or Town <b>Rhineland</b>	Present Well Owner <b>Krist Oil</b>		
Well ZIP Code <b>54501-</b>	Mailing Address of Present Owner <b>303 Selden Road</b>		
Subdivision Name	City of Present Owner <b>Iron River</b>	State <b>MI</b>	ZIP Code <b>49935-</b>

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

Reason For Removal From Service <b>Site Closure</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
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material
Total Well Depth From Ground Surface (ft.) <b>17.54</b>	Casing Diameter (in.) <b>4</b>	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
Lower Drillhole Diameter (in.) <b>8.25</b>	Casing Depth (ft.)	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): <u>Gravity</u>
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials
If yes, to what depth (feet)?	Depth to Water (feet) <b>17.06</b>	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only:
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.04	100%
3/8" bentonite chips	0.5	17.54	1.53	100%

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received	Noted By	
Street or Route <b>2280-B Salscheider Court</b>	Telephone Number <b>(920) 437-2997</b>		Comments		
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>12/28/2012</b>	

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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 <b>ONEIDA</b>		WI Unique Well # of Removed Well	Hicap #	Facility Name <b>Tackle Box &amp; Home Oil</b>			
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)		Facility ID (FID or PWS)			
_____ 'N		_____		License/Permit/Monitoring # <b>VW-10</b>			
_____ 'W		_____		Original Well Owner			
1/4 SW	1/4 SE	Section	Township	Range	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		
or Gov't Lot #		<b>21</b>	<b>20 N</b>	<b>17</b>	Present Well Owner <b>Krist Oil</b>		
Well Street Address <b>728 East Lincoln Street</b>				Mailing Address of Present Owner <b>303 Selden Road</b>			
Well City, Village or Town <b>Rhineland</b>			Well ZIP Code <b>54501-</b>		City of Present Owner <b>Iron River</b>		
Subdivision Name			Lot #		State <b>MI</b>	ZIP Code <b>49935-</b>	

Reason For Removal From Service		WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material					
Site Closure		_____	Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A		
3. Well / Drillhole / Borehole Information		Original Construction Date (mm/dd/yyyy)	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		
<input checked="" type="checkbox"/> Monitoring Well		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		
<input type="checkbox"/> Water Well			Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
<input type="checkbox"/> Borehole / Drillhole			Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Construction Type:			Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A		
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)	If yes, was hole retopped?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____			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	
Formation Type:			Required Method of Placing Sealing Material					
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped					
Total Well Depth From Ground Surface (ft.) <b>18.15</b>		Casing Diameter (in.) <b>4</b>	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): <u>Gravity</u>					
Lower Drillhole Diameter (in.) <b>8.25</b>		Casing Depth (ft.)	Sealing Materials					
Was well annular space grouted?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)					
If yes, to what depth (feet)?		Depth to Water (feet) <b>17.03</b>	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "					
			<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips					
			For Monitoring Wells and Monitoring Well Boreholes Only:					
			<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout					
			<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry					

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.04	100%
3/8" bentonite chips	0.5	18.15	1.58	100%

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received	Noted By
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>(920) 437-2997</b>		Comments	
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>12/28/2012</b>	

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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 <b>ONEIDA</b>	WI Unique Well # of Removed Well	Hicap #	Facility Name <b>Tackle Box &amp; Home Oil</b>
Latitude / Longitude (Degrees and Minutes)	Method Code (see instructions)		Facility ID (FID or PWS)
_____ 'N	_____		License/Permit/Monitoring # <b>VW-11</b>
_____ 'W	_____		Original Well Owner
1/4 SW    1/4 SE	Section <b>21</b>	Township <b>20 N</b>	Range <b>17</b> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address <b>728 East Lincoln Street</b>	Present Well Owner <b>Krist Oil</b>		
Well City, Village or Town <b>Rhineland</b>	Mailing Address of Present Owner <b>303 Selden Road</b>		
Well ZIP Code <b>54501-</b>	City of Present Owner <b>Iron River</b>		
Subdivision Name	Lot #	State <b>MI</b>	ZIP Code <b>49935-</b>

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

Reason For Removal From Service	WI Unique Well # of Replacement Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Site Closure	Original Construction Date (mm/dd/yyyy)	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring 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"/> Water Well		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Was casing cut off below surface? <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	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:	<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.) <b>16.65</b>	Casing Diameter (in.) <b>4</b>	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>8.25</b>	Casing Depth (ft.)	Required Method of Placing Sealing Material
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>16.65</b>	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
If yes, to what depth (feet)?		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): <b>Gravity</b>
		Sealing Materials
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only:
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.04	100%
3/8" bentonite chips	0.5	16.65	1.45	100%

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received	Noted By	
Street or Route <b>2280-B Salscheider Court</b>	Telephone Number <b>(920) 437-2997</b>	Comments			
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>12/28/2012</b>	

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 <b>ONEIDA</b>	WI Unique Well # of Removed Well	Hicap #	Facility Name <b>Tackle Box &amp; Home Oil</b>
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)	Facility ID (FID or PWS)
_____ ' N			License/Permit/Monitoring # <b>VW-12</b>
_____ ' W			Original Well Owner
1/4 SW	1/4 SE	Section <b>21</b>	Present Well Owner <b>Krist Oil</b>
or Gov't Lot #		Township <b>20 N</b>	Mailing Address of Present Owner <b>303 Selden Road</b>
Well Street Address <b>728 East Lincoln Street</b>		Range <b>17</b>	City of Present Owner <b>Iron River</b>
Well City, Village or Town <b>Rhineland</b>		Range [X] E [ ] W	State <b>MI</b>
Well ZIP Code <b>54501-</b>		Lot #	ZIP Code <b>49935-</b>
Subdivision Name			

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

Reason For Removal From Service	WI Unique Well # of Replacement Well	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Site Closure		Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>3. Well / Drillhole / Borehole Information</b>		Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)	Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Dug	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
Formation Type:		<b>Required Method of Placing Sealing Material</b>	
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
Total Well Depth From Ground Surface (ft.) <b>17.43</b>	Casing Diameter (in.) <b>4</b>	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): <u>Gravity</u>	
Lower Drillhole Diameter (in.) <b>8.25</b>	Casing Depth (ft.)	<b>Sealing Materials</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
If yes, to what depth (feet)?	Depth to Water (feet) <b>16.78</b>	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "	
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	
		<b>For Monitoring Wells and Monitoring Well Boreholes Only:</b>	
		<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.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.04	100%
3/8" bentonite chips	0.5	17.43	1.52	100%

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received	Noted By	
Street or Route <b>2280-B Salscheider Court</b>	Telephone Number <b>(920) 437-2997</b>	Comments			
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>12/28/2012</b>	

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 <b>ONEIDA</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Tackle Box & Home Oil
Latitude / Longitude (Degrees and Minutes) ____ ° ____ ' N ____ ° ____ ' W	Method Code (see instructions) _____		Facility ID (FID or PWS) _____
1/4 SW    1/4 SE    Section or Gov't Lot #      21	Township 20 N	Range 17	License/Permit/Monitoring # ✓ W-13
Well Street Address 728 East Lincoln Street	Original Well Owner _____		Present Well Owner Krist Oil
Well City, Village or Town Rhinelanders	Well ZIP Code 54501-		Mailing Address of Present Owner 303 Selden Road
Subdivision Name _____	Lot # _____	City of Present Owner Iron River	State MI
Reason For Removal From Service Site Closure		WI Unique Well # of Replacement Well _____	ZIP Code 49935-

**3. 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		Screen removed? <input type="checkbox"/> Yes <input checked="" 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): _____		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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.) 16.2	Casing Diameter (in.) 4	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) _____	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, to what depth (feet)? _____	Depth to Water (feet) 15.51	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

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.04	100%
3/8" bentonite chips	0.5	16.2	1.41	100%

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing Endeavor Environmental Services, Inc.	License # _____	Date of Filling & Sealing (mm/dd/yyyy) 12/26/2012	Date Received _____	Noted By _____
Street or Route 2280-B Salscheider Court	Telephone Number (920) 437-2997	Comments _____		
City Green Bay	State WI	ZIP Code 54313-	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 12/28/2012

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: \_\_\_\_\_

<b>1. Well Location Information</b>			<b>2. Facility / Owner Information</b>		
County <b>ONEIDA</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Tackle Box &amp; Home Oil</b>		

Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)		Facility ID (FID or PWS)	
____ ° ____ ' N		_____		_____	
____ ° ____ ' W		_____		License/Permit/Monitoring # <b>VW-14</b>	

1/4 SW	1/4 SE	Section <b>21</b>	Township <b>20 N</b>	Range <b>17</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner _____
Well Street Address <b>728 East Lincoln Street</b>						Present Well Owner <b>Krist Oil</b>

Well City, Village or Town <b>Rhineland</b>		Well ZIP Code <b>54501-</b>		Mailing Address of Present Owner <b>303 Selden Road</b>	
Subdivision Name _____		Lot # _____		City of Present Owner <b>Iron River</b>	State <b>MI</b>
				ZIP Code <b>49935-</b>	

Reason For Removal From Service Site Closure	WI Unique Well # of Replacement Well _____	<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			
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<b>3. Well / Drillhole / Borehole Information</b>		<input checked="" type="checkbox"/> Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 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 <input type="checkbox"/> 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			
<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): _____		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 type="checkbox"/> Other (Explain): <b>Gravity</b>			

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.) <b>17.28</b>	Casing Diameter (in.) <b>4</b>				

Lower Drillhole Diameter (in.) <b>8.25</b>	Casing Depth (ft.) _____	Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? _____		Depth to Water (feet) <b>15.53</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	
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5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.04	100%
3/8" bentonite chips	0.5	17.28	1.5	100%

**6. Comments**  
\_\_\_\_\_

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License # _____	Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>	Date Received _____	Noted By _____
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>( 920 ) 437-2997</b>	Comments _____	
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>Craig Eckstein</i>	Date Signed <b>12/28/2012</b>

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: \_\_\_\_\_

<b>1. Well Location Information</b>				<b>2. Facility / Owner Information</b>			
County <b>ONEIDA</b>		WI Unique Well # of Removed Well		Facility Name <b>Tackle Box &amp; Home Oil</b>		Facility ID (FID or PWS)	
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)		License/Permit/Monitoring # <b>VW-15</b>		Original Well Owner	
_____ 'N _____ 'W		_____ _____		Present Well Owner <b>Krist Oil</b>		Mailing Address of Present Owner <b>303 Selden Road</b>	
1/4 SW	1/4 SE	Section <b>21</b>	Township <b>20 N</b>	Range <b>17</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	City of Present Owner <b>Iron River</b>	State <b>MI</b>
Well Street Address <b>728 East Lincoln Street</b>		Well ZIP Code <b>54501-</b>		ZIP Code <b>49935-</b>		City of Present Owner <b>Iron River</b>	
Well City, Village or Town <b>Rhineland</b>		Lot #		MI		49935-	
Subdivision Name		Reason For Removal From Service		WI Unique Well # of Replacement Well		Site Closure	

<b>3. 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	
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) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type:		<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <b>16.76</b>		Casing Diameter (in.) <b>4</b>		Casing left in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <b>8.25</b>		Casing Depth (ft.)		Was casing cut off below surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)?		Depth to Water (feet) <b>15.83</b>		Did material settle after 24 hours?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
				If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
				If bentonite chips were used, were they hydrated with water from a known safe source?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

<b>5. Material Used To Fill Well / Drillhole</b>				<b>Required Method of Placing Sealing Material</b>			
Concrete		From (ft.) Surface		To (ft.) 0.5		Cubic Feet 0.04	
3/8" bentonite chips		0.5		16.76		1.46	
						Mix Ratio 100%	
						100%	
<b>6. Comments</b>				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): <u>Gravity</u>			
				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.)	Cubic Feet	Mix Ratio
Surface	0.5	0.04	100%
0.5	16.76	1.46	100%

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>		License #		Date Received	
Date of Filling & Sealing (mm/dd/yyyy) <b>12/27/2012</b>		Date Received		Noted By	
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>(920) 437-2997</b>		Comments	
City <b>Green Bay</b>		State <b>WI</b>		ZIP Code <b>54313-</b>	
Signature of Person Doing Work <i>[Signature]</i>		Date Signed <b>12/28/2012</b>			



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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 <b>ONEIDA</b>	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name <b>Tackle Box &amp; Home Oil</b>
Latitude / Longitude (Degrees and Minutes) ____' ____' N ____' ____' W	Method Code (see instructions) _____		Facility ID (FID or PWS) _____
License/Permit/Monitoring # <b>Vhr-16</b>	Original Well Owner _____	Present Well Owner <b>Krist Oil</b>	
Well Street Address <b>728 East Lincoln Street</b>	Mailing Address of Present Owner <b>303 Selden Road</b>		City of Present Owner <b>Iron River</b>
Well City, Village or Town <b>Rhineland</b>	Well ZIP Code <b>54501-</b>	State <b>MI</b>	ZIP Code <b>49935-</b>
Subdivision Name _____	Lot # _____	City of Present Owner <b>Iron River</b>	

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

Reason For Removal From Service Site Closure	WI Unique Well # of Replacement Well _____	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) _____	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. _____	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.) <b>17</b>	Casing Diameter (in.) <b>4</b>	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>8.25</b>	Casing Depth (ft.) _____	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>14.90</b>	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? _____		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

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.04	100%
3/8" bentonite chips	0.5	17	1.48	100%

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License # _____	Date of Filling & Sealing (mm/dd/yyyy) <b>12/26/2012</b>	Date Received _____	Noted By _____
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>( 920 ) 437-2997</b>	Comments _____	
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>Creighton</i>	Date Signed <b>12/28/2012</b>

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 <b>ONEIDA</b>	WI Unique Well # of Removed Well	Hicap #	Facility Name <b>Tackle Box &amp; Home Oil</b>
Latitude / Longitude (Degrees and Minutes)	Method Code (see instructions)		Facility ID (FID or PWS)
_____ ° _____ ' N	_____		License/Permit/Monitoring # <b>RW1 / VW1</b>
_____ ° _____ ' W	_____		Original Well Owner
1/4 SW    1/4 SE	Section <b>21</b>	Township <b>20 N</b>	Range <b>17</b> <input checked="" type="checkbox"/> E <input type="checkbox"/> W
or Gov't Lot #	Present Well Owner <b>Krist Oil</b>		
Well Street Address <b>728 East Lincoln Street</b>	Mailing Address of Present Owner <b>303 Selden Road</b>		
Well City, Village or Town <b>Rhineland</b>	Well ZIP Code <b>54501-</b>		City of Present Owner <b>Iron River</b>
Subdivision Name	Lot #	State <b>MI</b>	ZIP Code <b>49935-</b>

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

Reason For Removal From Service Site Closure	WI Unique Well # of Replacement Well	Pump and piping removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<b>3. 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)	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Water Well	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	
<input type="checkbox"/> Borehole / Drillhole		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:		Did sealing material rise to 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 material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Dug	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type:		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	
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	<b>Required Method of Placing Sealing Material</b>	
Total Well Depth From Ground Surface (ft.) <b>32.5</b>	Casing Diameter (in.) <b>6</b>	<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
Lower Drillhole Diameter (in.) <b>8.25</b>	Casing Depth (ft.)	<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input checked="" type="checkbox"/> Other (Explain): <b>Gravity</b>
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>16.8</b>	<b>Sealing Materials</b>	
If yes, to what depth (feet)?		<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
		<b>For Monitoring Wells and Monitoring Well Boreholes Only:</b>	
		<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.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.1	100%
3/8 inch chipped bentonite	0.5	32.5	6.37	100%

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Endeavor Environmental Services, Inc.</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>12/26/2012</b>	Date Received	Noted By	
Street or Route <b>2280-B Salscheider Court</b>		Telephone Number <b>( 920 ) 437-2997</b>	Comments		
City <b>Green Bay</b>	State <b>WI</b>	ZIP Code <b>54313-</b>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>12/28/2012</b>	

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: **ONEIDA**  
 MI Unique Well # of Removed Well: \_\_\_\_\_  
 Hicap #: \_\_\_\_\_

Facility Name: **Tackle Box & Home Oil**

Latitude / Longitude (Degrees and Minutes): \_\_\_\_\_ 'N  
 \_\_\_\_\_ 'W  
 Method Code (see instructions): \_\_\_\_\_

Facility ID (FID or PWS): \_\_\_\_\_

License/Permit/Monitoring #: **RW2/VW17**

1/4 SW 1/4 SE Section: **21** Township: **20 N** Range: **17**  E  W

Original Well Owner: \_\_\_\_\_  
 Present Well Owner: \_\_\_\_\_

Well Street Address: **728 East Lincoln Street**

Present Well Owner: **Krist Oil**

Well City, Village or Town: **Rhineland** Well ZIP Code: **54501-**

Mailing Address of Present Owner: **303 Selden Road**

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

City of Present Owner: **Iron River** State: **MI** ZIP Code: **49935-**

Reason For Removal From Service: \_\_\_\_\_ WI Unique Well # of Replacement Well: \_\_\_\_\_

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

Site Closure: \_\_\_\_\_

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

Pump and piping removed?  Yes  No  N/A  
 Liner(s) removed?  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

Construction Type:  
 Drilled  Driven (Sandpoint)  Dug  
 Other (specify): \_\_\_\_\_

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

Formation Type:  
 Unconsolidated Formation  Bedrock

Total Well Depth From Ground Surface (ft.): **33** Casing Diameter (in.): **6**

Sealing Materials  
 Neat Cement Grout  Clay-Sand Slurry (11 lb./gal. wt.)  
 Sand-Cement (Concrete) Grout  Bentonite-Sand Slurry " "  
 Concrete  Bentonite Chips

Lower Drillhole Diameter (in.): **8.25** Casing Depth (ft.): \_\_\_\_\_

Was well annular space grouted?  Yes  No  Unknown

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

If yes, to what depth (feet)? \_\_\_\_\_ Depth to Water (feet): **14**

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet	Mix Ratio
Concrete	Surface	0.5	0.1	100%
3/8 inch chipped bentonite	0.5	33	6.47	100%

**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing: **Endeavor Environmental Services, Inc.** License #: \_\_\_\_\_ Date of Filling & Sealing (mm/dd/yyyy): **12/26/2012** Date Received: \_\_\_\_\_ Noted By: \_\_\_\_\_

Street or Route: **2280-B Salscheider Court** Telephone Number: **(920) 437-2997** Comments: \_\_\_\_\_

City: **Green Bay** State: **WI** ZIP Code: **54313-** Signature of Person Doing Work: \_\_\_\_\_ Date Signed: **12/28/2012**



**ATTACHMENT B**

**Purgewater Disposal Manifest**



WID088878871

# LIQUID WASTE, INC.

17633

210 Tower Road • Winneconne, WI 54986

Phone: 920-582-7596 • Fax: 920-582-3989

## NON HAZARDOUS WASTE CERTIFICATION MANIFEST

*Multiple LUST/ERP sites see Attached Copy of*

SHIPPER ENDEAVOR ENV. SERVICES, INC. DESCRIPTION CUNTAM. WATER  
 ADDRESS 2280 SAUSCHIEDER <sup>CT</sup> ~~CT~~ VOLUME 659 ~~800~~ Gallons LIQUID  SOLID   
 CITY GREEN BAY STATE WI PHONE (920) 437-2117

RECEIVING FACILITY CHIEF WASTE TREATMENT PROFILE # \_\_\_\_\_  
 ADDRESS ~~552 PAPER~~ 210 TOWER RD DATE 12.10.12  
 CITY, STATE, ZIP ~~GREEN BAY~~ WINNECONNE WI 54986 WIR000131656

I **SHIPPER** UNDER PENALTY OF LAW CERTIFIES THAT THIS WASTE IS NON HAZARDOUS PER 40 CFR PART 261. THIS WASTE DOES NOT CONTAIN PCB'S IN CONCENTRATIONS ABOVE LIMITS FOR SUBTITLED FACILITIES. I AM AWARE OF PENALTIES FOR FALSE CERTIFICATIONS.

SHIPPER <sup>C/O</sup> Endeavor Env. Services, Inc. SIGNATURE [Signature]  
 DRIVER Derek Koenig SIGNATURE Derek Koenig  
 RECEIVED BY Andrew M. [Signature] SIGNATURE [Signature]

**WHITE & YELLOW - CLW / PINK - RECEIVING FACILITY / GOLD - GENERATOR**

Site Purge Water Volumes (12-10-2012)

Project No.:	Site Name	Site Address	Total Purge Water (Gallons)	Percent of Total	Cost of Disposal
P091151.41	C & D Mobil	2429 University Avenue Green Bay, WI 54302	10	1.52%	\$8.51
P101346.45	Former Schroeder Oil Bulk Plant	615 Holbeck Street Waupaca, WI	55	8.35%	\$46.81
P101397.40	Wegner Property (former)	301 S. Zachow Street Cecil, WI	26	3.95%	\$22.13
P111457.40	PMN Associates	264 Main Street Neenah, WI 54956	20	3.03%	\$17.02
P101429.41	Gabes Construction	4804 North 40th Street Sheboygan, WI	26	3.95%	\$22.13
P111607.95	James Sreet Inn	201 James Street De Pere, WI 54115	4	0.61%	\$3.40
P111623.41	Country Express	2601 Monroe Street DePere, WI	15	2.28%	\$12.77
P101415.40	Meatskis Meat and Seafood	245 Erie Avenue Oconto, WI	43	6.53%	\$36.60
P101439.45	D&V Enterprises	8897 Old 41 Road Oconto, WI	81	12.29%	\$68.94
P07775.45	Shawano Truck Stop	1206 East Green Bay St Shawano, WI	28	4.25%	\$23.83
P07770.45	Appleby's Auto Salvage	W2578 Holland-lima Road Oostberg, WI	21	3.19%	\$17.87
P05601.45	Citgo Quick Food Mart	Hwy 51 & 3rd Avenue Woodruff, WI	72	10.93%	\$61.28
P05544.41	Krakow Citgo	N4795 STH 32 Krakow, WI	23	3.49%	\$19.58
P07753.45	Tackle Box and Home Oil	724 - 728 Lincoln Street Rhineland, WI	200	30.35%	\$170.22
P121692.41	Waters Edge BP	127 Broadway Avenue Medford, WI	35	5.31%	\$29.79
Totals:			659		\$560.88