

## Letter of Transmittal

***Submitted to:***

**Matthew Vitale**

WI Dept. of Natural Resources  
1300 W. Clairemont Ave  
Eau Claire WI 54601

Date:

5/28/2019

Attached

Job:

Hunter's Corner Store

Under Separate Cover

Contents:

Well Abandonment Forms  
BRRTS #: 03-27-000811  
PECFA #: 54635-9999-16-A

### Remarks:

Attached are the well abandonment forms as requested in your "Remaining Actions Needed" letter dated 3/19/19. No investigative waste remains on-site. Once this information has been reviewed, please forward the "Final Closure" letter to the Responsible Party and copy METCO.

If you have any questions please call or email.

Signed: Jason Powell

cc: Stephen Doerr - Client

**METCO**  
**709 Gillette St., Ste 3**  
**La Crosse, WI 54603-2382**  
**(608)781-8879 fax (608)781-8893**

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>JACKSON</b>		WI Unique Well # of Removed Well <b>VR681</b>		Facility Name <b>Hunters Corner Store</b>		Facility ID (FID or PWS) <b>627013750</b>	
Latitude / Longitude (Degrees and Minutes) <b>44 ° 22.8 ' N</b>		Method Code (see instructions)		License/Permit/Monitoring #			
<b>91 ° 1.85 ' W</b>				Original Well Owner <b>Stephen Doer</b>			
1/4 SW    1/4 SE		Section <b>18</b>	Township <b>22 N</b>	Range <b>8</b>	<input type="checkbox"/> E <input checked="" type="checkbox"/> W		
or Gov't Lot #				Present Well Owner <b>Stephen Doer</b>			
Well Street Address <b>108 S SECHLERVILLE RD</b>				Mailing Address of Present Owner <b>P.O. Box 339</b>			
Well City, Village or Town <b>HIXTON</b>				Well ZIP Code <b>54635-</b>			
Subdivision Name				City of Present Owner <b>Blair, WI</b>		State <b>WI</b>	ZIP Code <b>54616-</b>
Reason For Removal From Service <b>Sampling Complete</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) <b>8/30/2017</b>		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>13</b>		Casing Diameter (in.) <b>2</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.) <b>3</b>		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 checked="" type="checkbox"/> Yes <input 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)? <b>2.5</b>		Depth to Water (feet) <b>7.5</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	

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.)	lbs
Bentonite Chips	Surface	13	20.8

6. Comments  
Monitoring Well MW-1R

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Rob Wilmoth</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>5/2/2019</b>	Date Received	Noted By
Street or Route <b>709 Gillette St., ste. 3</b>			Telephone Number <b>( 608 ) 781-8879</b>	Comments	
City <b>La Crosse</b>	State <b>WI</b>	ZIP Code <b>54603-</b>	Signature of Person Doing Work <i>Rob Wilmoth</i>	Date Signed <b>5/23/2019</b>	

Facility/Project Name <b>F. Hunters Corner Store</b>		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name <b>MW-1R</b>	
Facility License, Permit or Monitoring No.		Local Grid Origin (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>		Wis. Unique Well No. <b>V5681</b> DNR Well ID No.	
Facility ID		St. Plane _____ ft. N, _____ ft. E, S/C/N		Date Well Installed <b>08/30/2017</b> m m d d y y	
Type of Well Well Code <b>11, MW</b>		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm <b>Darrin Prentice</b> <b>Geiss Soil &amp; Samples LLC</b>	
Distance from Waste/Source _____ ft.		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>					

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or <b>0</b> ft.</p>	<p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: <b>8</b> in. b. Length: _____ ft. c. Material: Steel <input checked="" type="checkbox"/> 0.4 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input checked="" type="checkbox"/> 3.0 Concrete <input checked="" type="checkbox"/> 0.1 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 3.0 Other <input type="checkbox"/></p> <p>5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 3.3 b. _____ Lbs/gal mud weight _____ Bentonite-sand slurry <input type="checkbox"/> 3.5 c. _____ Lbs/gal mud weight _____ Bentonite slurry <input type="checkbox"/> 3.1 d. _____ % Bentonite _____ Bentonite-cement grout <input type="checkbox"/> 5.0 e. _____ Ft<sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0.1 Tremie pumped <input type="checkbox"/> 0.2 Gravity <input checked="" type="checkbox"/> 0.8</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3.3 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 3.2 c. Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name &amp; mesh size a. <b>#15 Red Flint Sand</b> b. Volume added _____ ft<sup>3</sup></p> <p>8. Filter pack material: Manufacturer, product name &amp; mesh size a. <b>#40 Red Flint Sand</b> b. Volume added _____ ft<sup>3</sup></p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2.3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2.4 Other <input type="checkbox"/></p> <p>10. Screen material: <b>PVC</b> a. Screen type: Factory cut <input checked="" type="checkbox"/> 1.1 Continuous slot <input type="checkbox"/> 0.1 Other <input type="checkbox"/></p> <p>b. Manufacturer <b>Johnson</b> c. Slot size: <b>0.010</b> in. d. Slotted length: <b>10</b> ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 1.4 Other <input checked="" type="checkbox"/></p>
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<p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 5.0 Hollow Stem Auger <input checked="" type="checkbox"/> 4.1 Other <input type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 0.2 Air <input type="checkbox"/> 0.1 Drilling Mud <input type="checkbox"/> 0.3 None <input checked="" type="checkbox"/> 9.9</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p>	<p>E. Bentonite seal, top _____ ft. MSL or <b>.5</b> ft.</p> <p>F. Fine sand, top _____ ft. MSL or <b>2.5</b> ft.</p> <p>G. Filter pack, top _____ ft. MSL or <b>2.7</b> ft.</p> <p>H. Screen joint, top _____ ft. MSL or <b>3</b> ft.</p> <p>I. Well bottom _____ ft. MSL or <b>13</b> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or <b>14</b> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or <b>14</b> ft.</p> <p>L. Borehole, diameter <b>8.25</b> in.</p> <p>M. O.D. well casing <b>2.40</b> in.</p> <p>N. I.D. well casing <b>2.06</b> in.</p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature **Darrin Prentice** Firm **Geiss Soil & Samples LLC**

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

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: \_\_\_\_\_

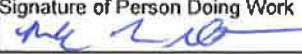
<b>1. Well Location Information</b>				<b>2. Facility / Owner Information</b>			
County <b>JACKSON</b>		WI Unique Well # of Removed Well _____ VN031_		Hicap #		Facility Name Hunters Corner Store	
Latitude / Longitude (Degrees and Minutes) 44 ° 22.8 ' N 91 ° 1.85 ' W				Facility ID (FID or PWS) 627013750			
Method Code (see instructions)				License/Permit/Monitoring #			
1/4 SW    1/4 SE		Section 18		Township 22 N		Range 8	
or Gov't Lot #						<input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address 108 S SECHLERVILLE RD				Original Well Owner Stephen Doer			
Well City, Village or Town HIXTON				Present Well Owner Stephen Doer			
Well ZIP Code 54635-				Mailing Address of Present Owner P.O. Box 339			
Subdivision Name				City of Present Owner Blair, WI		State WI	
Lot #				ZIP Code 54616-			

Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well		<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			
Monitoring Well <input checked="" type="checkbox"/>		Original Construction Date (mm/dd/yyyy) 8/1/2011		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Water Well <input type="checkbox"/>		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	
Borehole / Drillhole <input type="checkbox"/>				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:		<input type="checkbox"/> Bedrock		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				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.) 13		Casing Diameter (in.) 2		If bentonite chips were used, were they hydrated with water from a known safe source?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 3		Required Method of Placing Sealing Material			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 2.95		<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): Gravity			

Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
<input type="checkbox"/> Concrete		<input type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input checked="" type="checkbox"/> Bentonite Chips		<input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole			
From (ft.)	To (ft.)	lbs	
Bentonite Chips	Surface	13	20.8

**6. Comments**  
Monitoring Well MW-2

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing Rob Wilmoth		License #	Date of Filling & Sealing (mm/dd/yyyy) 5/2/2019	Date Received	Noted By
Street or Route 709 Gillette St., ste. 3			Telephone Number (608) 781-8879	Comments	
City La Crosse		State WI	ZIP Code 54603-	Signature of Person Doing Work 	Date Signed 5/23/2019

Facility/Project Name <u>Hunters Corners</u>	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name <u>MW-2</u>
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or _____	Wis. Unique Well Number <u>VN031</u> DNR Well Number _____
Type of Well Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	St. Plane _____ ft. N. _____ ft. E.	Date Well Installed <u>8/01/11</u> m m d d y y
Distance Well Is From Waste/Source Boundary _____ ft.	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: (Person's Name and Firm) <u>Cory Johnson</u> <u>Soil Essentials</u>
Is Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL <u>0.3</u>	2. Protective cover pipe: a. Inside diameter: <u>Flush</u> <u>9</u> in. b. Length: <u>1.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or <u>1.0</u> ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . . Bentonite slurry <input type="checkbox"/> 31 d. <u>2</u> % Bentonite . . . . . Bentonite-cement grout <input type="checkbox"/> 50 e. <u>3/4 Bag</u> Ft <sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft <sup>3</sup>
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name and mesh size a. <u>RWSidley</u> b. Volume added <u>5.5 Bags</u> ft <sup>3</sup>
17. Source of water (attach analysis): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or <u>1.0</u> ft.	10. Screen material: <u>PVC</u> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer <u>manother</u> c. Slot size: <u>0.010</u> in. d. Slotted length: <u>16.2</u> ft.
G. Filter pack, top _____ ft. MSL or <u>2.1</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or <u>3.0</u> ft.	
I. Well bottom _____ ft. MSL or <u>13.0</u> ft.	
J. Filter pack, bottom _____ ft. MSL or <u>13.5</u> ft.	
K. Borehole, bottom _____ ft. MSL or <u>13.5</u> ft.	
L. Borehole, diameter <u>8.25</u> in.	
M. O.D. well casing <u>2.225</u> in.	
N. I.D. well casing <u>1.725</u> in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.  
Signature: \_\_\_\_\_ Firm: Soil Essentials LP

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$500 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where the completed form should be sent.

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

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

1. Well Location Information	2. Facility / Owner Information
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3. Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	lbs	
Bentonite Chips	Surface	13	20.8	

**6. Comments**  
Monitoring Well MW-3

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Rob Wilmoth</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>5/2/2019</b>	Date Received	Noted By	
Street or Route <b>709 Gillette St., ste. 3</b>			Telephone Number <b>(608) 781-8879</b>		Comments
City <b>La Crosse</b>	State <b>WI</b>	ZIP Code <b>54603-</b>	Signature of Person Doing Work <i>Rob Wilmoth</i>		Date Signed <b>5/23/2019</b>

Facility/Project Name <u>Hunter Corner</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <u>MW-3</u>
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or	Wis. Unique Well Number <u>VN032</u> DNR Well Number
Type of Well Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	St. Plane _____ ft. N. _____ ft. E.	Date Well Installed <u>08/01/11</u> m m d d y y
Distance Well Is From Waste/Source Boundary ft.	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: (Person's Name and Firm) <u>Cory Johnson</u> <u>Soil Essentials Ltd</u>
Is Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>9.0</u> in. b. Length: <u>Flush</u> <u>1.0</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or <u>1.0</u> ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . . . Bentonite-cement grout <input type="checkbox"/> 50 e. <u>3/4 Bag</u> Ft <sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft <sup>3</sup>
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Filter pack material: Manufacturer, product name and mesh size a. <u>RW Sidley #5</u> b. Volume added <u>6 Bags</u> ft <sup>3</sup>
Describe _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
17. Source of water (attach analysis): _____	10. Screen material: <u>PVC</u> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or <u>1.0</u> ft.	b. Manufacturer <u>mono Alex</u>
F. Fine sand, top _____ ft. MSL or _____ ft.	c. Slot size: <u>0.01</u> in.
G. Filter pack, top _____ ft. MSL or <u>2.1</u> ft.	d. Slotted length: <u>10.0</u> ft.
H. Screen joint, top _____ ft. MSL or <u>3.0</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or <u>13.0</u> ft.	
J. Filter pack, bottom _____ ft. MSL or <u>13.5</u> ft.	
K. Borehole, bottom _____ ft. MSL or <u>13.5</u> ft.	
L. Borehole diameter <u>8.25</u> in.	
M. O.D. well casing <u>2.225</u> in.	
N. I.D. well casing <u>2.0</u> in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Firm: Soil Essentials Ltd

Complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5,000 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where the completed form should be sent.

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>JACKSON</b>		WI Unique Well # of Removed Well <b>VN033</b>		Hicap #		Facility Name <b>Hunters Corner Store</b>	
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Well Street Address <b>108 S SECHLERVILLE RD</b>				Original Well Owner <b>Stephen Doer</b>			
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Subdivision Name				City of Present Owner <b>Blair, WI</b>		State <b>WI</b>	
Lot #				ZIP Code <b>54616-</b>			

Reason For Removal From Service <b>Sampling Complete</b>		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			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>8/2/2011</b>		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			
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Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) <b>15</b>				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Casing Diameter (in.) <b>2</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>				Required Method of Placing Sealing Material			
Casing Depth (ft.) <b>5</b>				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>			
If yes, to what depth (feet)? <b>3.1</b>				Sealing Materials			
Depth to Water (feet) <b>8.5</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			

<b>5. Material Used To Fill Well / Drillhole</b>			<b>For Monitoring Wells and Monitoring Well Boreholes Only:</b>		
Bentonite Chips			<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout		
From (ft.)	To (ft.)	lbs	<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry		
Surface	15	24			

**6. Comments**  
Monitoring Well MW-4

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Rob Wilmoth</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>5/2/2019</b>	Date Received	Noted By
Street or Route <b>709 Gillette St., ste. 3</b>			Telephone Number <b>(608) 781-8879</b>		Comments
City <b>La Crosse</b>		State <b>WI</b>	ZIP Code <b>54603-</b>	Signature of Person Doing Work 	
				Date Signed <b>5/23/2019</b>	



Facility/Project Name <u>Hunter Corner</u>	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name <u>MW-4</u>
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or _____	Wis. Unique Well Number <u>VMO33</u> DNR Well Number
Type of Well Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	St. Plane _____ ft. N. _____ ft. E.	Date Well Installed <u>08/02/11</u> m m d d y y
Distance Well Is From Waste/Source Boundary _____ ft.	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: (Person's Name and Firm) <u>Cory Johnson</u> <u>Soil Essentials Ltd</u>
Is Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>9.0</u> in. b. Length: <u>Flush</u> ft. c. Material: Steel <input type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or <u>1.0</u> ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . . Bentonite-cement grout <input type="checkbox"/> 50 e. <u>3/4 Bags</u> Ft <sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. <u>RW Sidley 4000</u> b. Volume added <u>1/2 Bag</u> ft <sup>3</sup>
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Filter pack material: Manufacturer, product name and mesh size a. <u>RW Sidley #5</u> b. Volume added <u>4.5 Bags</u> ft <sup>3</sup>
Describe _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
17. Source of water (attach analysis): _____	10. Screen material: <u>PVC</u> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or <u>1.0</u> ft.	b. Manufacturer <u>Monotlex</u> c. Slot size: <u>0.010</u> in. d. Slotted length: <u>10.0</u> ft.
F. Fine sand, top _____ ft. MSL or <u>3.1</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or <u>3.9</u> ft.	
H. Screen joint, top _____ ft. MSL or <u>5.0</u> ft.	
I. Well bottom _____ ft. MSL or <u>15.0</u> ft.	
J. Filter pack, bottom _____ ft. MSL or <u>15.5</u> ft.	
K. Borehole, bottom _____ ft. MSL or <u>15.5</u> ft.	
L. Borehole, diameter <u>8.25</u> in.	
M. O.D. well casing <u>2.25</u> in.	
N. I.D. well casing <u>2.0</u> in.	


I hereby certify that the information on this form is true and correct to the best of my knowledge.  
Signature \_\_\_\_\_ Firm Soil Essentials Ltd

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where the completed form should be sent.

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>JACKSON</b>		WI Unique Well # of Removed Well _____ <b>VN034</b> _____		Hicap #		Facility Name <b>Hunters Corner Store</b>	
Latitude / Longitude (Degrees and Minutes) <b>44</b> ° <b>22.8</b> ' N		Method Code (see instructions)		Facility ID (FID or PWS) <b>627013750</b>		License/Permit/Monitoring #	
<b>91</b> ° <b>1.85</b> ' W				Original Well Owner <b>Stephen Doer</b>		Present Well Owner <b>Stephen Doer</b>	
1/4 SW	1/4 SE	Section <b>18</b>	Township <b>22 N</b>	Range <b>8</b>	<input type="checkbox"/> E	Mailing Address of Present Owner <b>P.O. Box 339</b>	
or Gov't Lot #				<input checked="" type="checkbox"/> W		City of Present Owner <b>Blair, WI</b>	
Well Street Address <b>108 S SECHLERVILLE RD</b>				State <b>WI</b>			
Well City, Village or Town <b>HIXTON</b>				ZIP Code <b>54616-</b>			
Subdivision Name				Lot #		ZIP Code <b>54616-</b>	
Reason For Removal From Service Sampling Complete		WI Unique Well # of Replacement Well		<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			
				Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
				Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
				If yes, was hole relropped? <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>3. Well / Drillhole / Borehole Information</b>		Original Construction Date (mm/dd/yyyy) <b>8/2/2011</b>		Required Method of Placing Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		If a Well Construction Report is available, please attach.		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
<input type="checkbox"/> Water Well				<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>			
<input type="checkbox"/> Borehole / Drillhole				Sealing Materials			
Construction Type:				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)			
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "			
<input type="checkbox"/> Other (specify): _____				<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips			
Formation Type:		<input type="checkbox"/> Bedrock		For Monitoring Wells and Monitoring Well Boreholes Only:			
<input checked="" type="checkbox"/> Unconsolidated Formation				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
Total Well Depth From Ground Surface (ft.) <b>15</b>		Casing Diameter (in.) <b>2</b>		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Lower Drillhole Diameter (in.) <b>8.25</b>		Casing Depth (ft.) <b>5</b>					
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
If yes, to what depth (feet)? <b>3.2</b>		Depth to Water (feet) <b>6.21</b>					
<b>5. Material Used To Fill Well / Drillhole</b>							
Bentonite Chips		From (ft.) <b>Surface</b>		To (ft.) <b>15</b>		lbs <b>24</b>	
<b>6. Comments</b>							
Monitoring Well MW-5							
<b>7. Supervision of Work</b>				<b>DNR Use Only</b>			
Name of Person or Firm Doing Filling & Sealing <b>Rob Wilmoth</b>		License #		Date of Filling & Sealing (mm/dd/yyyy) <b>5/2/2019</b>		Date Received	
Street or Route <b>709 Gillette St., ste. 3</b>		Telephone Number <b>(608) 781-8879</b>		Comments		Noted By	
City <b>La Crosse</b>		State <b>WI</b>		ZIP Code <b>54603-</b>		Signature of Person Doing Work 	
						Date Signed <b>5/23/2019</b>	

Facility/Project Name <u>Hunter's Corner</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <u>MW-5</u>
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or	Wis. Unique Well Number <u>VW034</u> DNR Well Number
Type of Well Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	St. Plane _____ ft. N. _____ ft. E.	Date Well Installed <u>08/02/11</u> m m d d y y
Distance Well Is From Waste/Source Boundary ft.	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: (Person's Name and Firm) <u>Cory Johnson</u> <u>Soil Essentials Ltd</u>
Is Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>9.0</u> in.
C. Land surface elevation _____ ft. MSL	b. Length: <u>1.0</u> ft.
D. Surface seal, bottom _____ ft. MSL or <u>1.0</u> ft.	c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . . . Bentonite-cement grout <input type="checkbox"/> 50 e. <u>1 Bag</u> Ft <sup>3</sup> volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
Describe _____	7. Fine sand material: Manufacturer, product name & mesh size a. <u>Rw Sidley 4000</u>
17. Source of water (attach analysis):	b. Volume added <u>1/2 Bag</u> ft <sup>3</sup>
E. Bentonite seal, top _____ ft. MSL or <u>10</u> ft.	8. Filter pack material: Manufacturer, product name and mesh size a. <u>Rw Sidley</u>
F. Fine sand, top _____ ft. MSL or <u>32</u> ft.	b. Volume added <u>3-5</u> ft <sup>3</sup>
G. Filter pack, top _____ ft. MSL or <u>42</u> ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or <u>50</u> ft.	10. Screen material: <u>monfley PVC</u>
I. Well bottom _____ ft. MSL or <u>150</u> ft.	a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or <u>155</u> ft.	b. Manufacturer <u>monfley</u>
K. Borehole, bottom _____ ft. MSL or <u>155</u> ft.	c. Slot size: <u>0.010</u> in.
L. Borehole diameter <u>8.25</u> in.	d. Slotted length: <u>10.0</u> ft.
M. O.D. well casing <u>22.5</u> in.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
N. I.D. well casing <u>20</u> in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Firm Soil Essentials Ltd

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Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and 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**

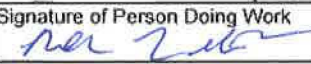
<p>County: <b>JACKSON</b>      WI Unique Well # of Removed Well: <b>VV656</b>      Hicap #</p> <p>Latitude / Longitude (Degrees and Minutes):  <b>44</b> ° <b>22.8</b> ' N  <b>91</b> ° <b>1.85</b> ' W</p> <p>Method Code (see instructions)</p> <p>Section: <b>18</b>      Township: <b>22</b> N      Range: <b>8</b>      <input type="checkbox"/> E      <input checked="" type="checkbox"/> W</p> <p>Well Street Address: <b>108 S SECHLERVILLE RD</b></p> <p>Well City, Village or Town: <b>HIXTON</b>      Well ZIP Code: <b>54635-</b></p> <p>Subdivision Name: _____      Lot #: _____</p>	<p>Facility Name: <b>Hunters Corner Store</b></p> <p>Facility ID (FID or PWS): <b>627013750</b></p> <p>License/Permit/Monitoring #</p> <p>Original Well Owner: <b>Stephen Doer</b></p> <p>Present Well Owner: <b>Stephen Doer</b></p> <p>Mailing Address of Present Owner: <b>P.O. Box 339</b></p> <p>City of Present Owner: <b>Blair, WI</b>      State: <b>WI</b>      ZIP Code: <b>54616-</b></p>
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**3. Well / Drillhole / Borehole Information**      **4. Pump, Liner, Screen, Casing & Sealing Material**

<p>Reason For Removal From Service: <b>Sampling Complete</b>      WI Unique Well # of Replacement Well</p> <p><input checked="" type="checkbox"/> Monitoring Well      Original Construction Date (mm/dd/yyyy): <b>4/12/2012</b>  <input type="checkbox"/> Water Well  <input type="checkbox"/> Borehole / Drillhole      If a Well Construction Report is available, please attach.</p> <p>Construction Type:  <input checked="" type="checkbox"/> Drilled      <input type="checkbox"/> Driven (Sandpoint)      <input type="checkbox"/> Dug  <input type="checkbox"/> Other (specify): _____</p> <p>Formation Type:  <input checked="" type="checkbox"/> Unconsolidated Formation      <input type="checkbox"/> Bedrock</p> <p>Total Well Depth From Ground Surface (ft.): <b>13</b>      Casing Diameter (in.): <b>2</b></p> <p>Lower Drillhole Diameter (in.): <b>8.25</b>      Casing Depth (ft.): <b>3</b></p> <p>Was well annular space grouted? <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Unknown</p> <p>If yes, to what depth (feet)? _____      Depth to Water (feet): <b>6.72</b></p>	<p><b>Pump and piping removed?</b>      <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input checked="" type="checkbox"/> N/A</p> <p><b>Liner(s) removed?</b>      <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input checked="" type="checkbox"/> N/A</p> <p><b>Screen removed?</b>      <input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No      <input type="checkbox"/> N/A</p> <p><b>Casing left in place?</b>      <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> N/A</p> <p><b>Was casing cut off below surface?</b>      <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> N/A</p> <p><b>Did sealing material rise to surface?</b>      <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> N/A</p> <p><b>Did material settle after 24 hours?</b>      <input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No      <input type="checkbox"/> N/A</p> <p><b>If yes, was hole retopped?</b>      <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input checked="" type="checkbox"/> N/A</p> <p><b>If bentonite chips were used, were they hydrated with water from a known safe source?</b>      <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input checked="" type="checkbox"/> N/A</p> <p><b>Required Method of Placing Sealing Material</b>  <input type="checkbox"/> Conductor Pipe-Gravity      <input type="checkbox"/> Conductor Pipe-Pumped  <input type="checkbox"/> Screened &amp; Poured (Bentonite Chips)      <input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u></p> <p><b>Sealing Materials</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</p> <p><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</p>
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5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	lbs	
Bentonite Chips	Surface	13	20.8	

**6. Comments**  
Monitoring Well MW-6

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Rob Wilmoth</b>	License #	Date of Filling & Sealing (mm/dd/yyyy) <b>5/2/2019</b>	Date Received	Noted By	
Street or Route <b>709 Gillette St., ste. 3</b>	Telephone Number <b>(608) 781-8879</b>		Comments		
City <b>La Crosse</b>	State <b>WI</b>	ZIP Code <b>54603-</b>	Signature of Person Doing Work 	Date Signed <b>5/23/2019</b>	

Facility/Project Name <i>Hunters Country Hixton</i>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <i>MW 6</i>
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E.	Wis. Unique Well Number DNR Well Number <i>VV650</i>
Type of Well Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. <input type="checkbox"/> E. <input type="checkbox"/> W.	Date Well Installed <i>4/12/12</i> m m d d y y
Distance Well Is From Waste/Source Boundary ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) <i>Soil Essentials</i>
Is Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No		<i>David Paulson</i>

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: <i>Flush</i> _____ in.
C. Land surface elevation _____ ft. MSL	b. Length: _____ ft.
D. Surface seal, bottom _____ ft. MSL or <i>1.0</i> ft.	c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft <sup>3</sup> volume added for any of the above
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
Describe _____	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. <i>3/4 Bag</i> Other <input type="checkbox"/>
17. Source of water (attach analysis): _____	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft <sup>3</sup>
E. Bentonite seal, top _____ ft. MSL or <i>1.0</i> ft.	8. Filter pack material: Manufacturer, product name and mesh size a. <i>Rw 5/16</i> b. Volume added <i>5 Bag</i> ft <sup>3</sup>
F. Fine sand, top _____ ft. MSL or _____ ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or <i>2.5</i> ft.	10. Screen material: <i>monoflex PVC</i> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or <i>3.0</i> ft.	b. Manufacturer: <i>monoflex</i>
I. Well bottom _____ ft. MSL or <i>13.0</i> ft.	c. Slot size: <i>0.010</i> in.
J. Filter pack, bottom _____ ft. MSL or <i>13.5</i> ft.	d. Slotted length: <i>10.0</i> ft.
K. Borehole, bottom _____ ft. MSL or <i>13.5</i> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
L. Borehole, diameter <i>8.25</i> in.	
M. O.D. well casing <i>2.22</i> in.	
N. I.D. well casing <i>2.0</i> in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature *[Signature]* Firm *Soil Essentials Ltd*

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$5000 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where the completed form should be sent.

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>JACKSON</b>				WI Unique Well # of Removed Well <b>VV657</b>		Hicap #	
Latitude / Longitude (Degrees and Minutes) <b>44 ° 22.8 ' N</b>				Method Code (see instructions)			
<b>91 ° 1.85 ' W</b>							
1/4 SW or Gov't Lot #		1/4 SE	Section <b>18</b>	Township <b>22 N</b>	Range <b>8</b>	<input type="checkbox"/> E	<input checked="" type="checkbox"/> W
Well Street Address <b>108 S SECHLERVILLE RD</b>							
Well City, Village or Town <b>HIXTON</b>				Well ZIP Code <b>54635-</b>			
Subdivision Name				Lot #			
Reason For Removal From Service <b>Sampling Complete</b>				WI Unique Well # of Replacement Well			

Facility Name <b>Hunters Corner Store</b>	
Facility ID (FID or PWS) <b>627013750</b>	
License/Permit/Monitoring #	
Original Well Owner <b>Stephen Doer</b>	
Present Well Owner <b>Stephen Doer</b>	
Mailing Address of Present Owner <b>P.O. Box 339</b>	
City of Present Owner <b>Blair, WI</b>	State <b>WI</b>
ZIP Code <b>54616-</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) <b>4/12/2012</b>	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input type="checkbox"/> Borehole / Drillhole			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) <b>13</b>		Casing Diameter (in.) <b>2</b>	
Lower Drillhole Diameter (in.) <b>8.25</b>		Casing Depth (ft.) <b>3</b>	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)?		Depth to Water (feet) <b>4.29</b>	

Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <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.)	lbs
Bentonite Chips	Surface	13		20.8	

**6. Comments**  
Monitoring Well MW-7

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Rob Wilmoth</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>5/2/2019</b>	Date Received	Noted By
Street or Route <b>709 Gillette St., ste. 3</b>			Telephone Number <b>(608) 781-8879</b>	Comments	
City <b>La Crosse</b>	State <b>WI</b>	ZIP Code <b>54603-</b>	Signature of Person Doing Work <i>Rob Wilmoth</i>	Date Signed <b>5/23/2019</b>	

Facility/Project Name <i>Hunters Country store Hixton</i>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <i>MW-7</i>
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or _____	Wis. Unique Well Number <i>WV657</i>
Type of Well Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	St. Plane _____ ft. N. _____ ft. E.	DNR Well Number
Distance Well Is From Waste/Source Boundary ft.	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E. <input type="checkbox"/> W.	Date Well Installed <i>4/12/12</i> m m d d y y
Is Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) <i>Soil Essentials</i> <i>David Paulson</i>

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: <i>Flush</i> _____ in.
C. Land surface elevation _____ ft. MSL	b. Length: _____ ft.
D. Surface seal, bottom _____ ft. MSL or <i>1.0</i> ft.	c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft <sup>3</sup> volume added for any of the above
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
Describe _____	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. <i>3 1/2 Bags</i> Other <input type="checkbox"/>
17. Source of water (attach analysis):	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft <sup>3</sup>
E. Bentonite seal, top _____ ft. MSL or <i>1.0</i> ft.	8. Filter pack material: Manufacturer, product name and mesh size a. <i>RW Sidley</i> b. Volume added <i>5 Bags</i> ft <sup>3</sup>
F. Fine sand, top _____ ft. MSL or _____ ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or <i>2.5</i> ft.	10. Screen material: <i>monoflex PVC</i> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or <i>3.0</i> ft.	b. Manufacturer <i>monoflex</i> c. Slot size: <i>0.010</i> in.
I. Well bottom _____ ft. MSL or <i>13.0</i> ft.	d. Slotted length: <i>10.0</i> ft.
J. Filter pack, bottom _____ ft. MSL or <i>13.5</i> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or <i>13.5</i> ft.	
L. Borehole, diameter <i>8.25</i> in.	
M. O.D. well casing <i>2.22</i> in.	
N. I.D. well casing <i>2.0</i> in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.  
Signature \_\_\_\_\_ Firm *Soil Essentials Ltd*

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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>JACKSON</b>		WI Unique Well # of Removed Well <b>VV658</b>		Facility Name <b>Hunters Corner Store</b>		Facility ID (FID or PWS) <b>627013750</b>	
Latitude / Longitude (Degrees and Minutes) <b>44 ° 22.8 ' N</b> <b>91 ° 1.85 ' W</b>		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner <b>Stephen Doer</b>	
1/4 SW or Gov't Lot #		Section <b>18</b>	Township <b>22 N</b>	Range <b>8</b>	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Present Well Owner <b>Stephen Doer</b>	
Well Street Address <b>108 S SECHLERVILLE RD</b>				Mailing Address of Present Owner <b>P.O. Box 339</b>			
Well City, Village or Town <b>HIXTON</b>				Well ZIP Code <b>54635-</b>		City of Present Owner <b>Blair, WI</b>	
Subdivision Name				Lot #		State <b>WI</b>	ZIP Code <b>54616-</b>
Reason For Removal From Service <b>Sampling Complete</b>		WI Unique Well # of Replacement Well		<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>4/12/2012</b>		Pump and piping removed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<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 type="checkbox"/> Borehole / Drillhole				Screen removed?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>3. Well / Drillhole / Borehole Information</b>				Casing left in place?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Construction Type:				Was casing cut off below surface?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<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"/> Other (specify): _____		<input type="checkbox"/> Dug		Did material settle after 24 hours?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Formation Type:				If yes, was hole retopped?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<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
Total Well Depth From Ground Surface (ft.) <b>13</b>		Casing Diameter (in.) <b>2</b>		Required Method of Placing Sealing Material		<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
Lower Drillhole Diameter (in.) <b>8.25</b>		Casing Depth (ft.) <b>3</b>		<input type="checkbox"/> Screened & Poured (Bentonite Chips)		<input checked="" type="checkbox"/> Other (Explain): <u>Gravity</u>	
Was well annular space grouted?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials		<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>3.48</b>		<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>				For Monitoring Wells and Monitoring Well Boreholes Only:		<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
Bentonite Chips		From (ft.) <b>Surface</b>	To (ft.) <b>13</b>	lbs <b>20.8</b>		<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry
<b>6. Comments</b> Monitoring Well MW-8							
<b>7. Supervision of Work</b>				<b>DNR Use Only</b>			
Name of Person or Firm Doing Filling & Sealing <b>Rob Wilmoth</b>		License #	Date of Filling & Sealing (mm/dd/yyyy) <b>5/2/2019</b>	Date Received		Noted By	
Street or Route <b>709 Gillette St., ste. 3</b>		Telephone Number <b>(608) 781-8879</b>		Comments			
City <b>La Crosse</b>		State <b>WI</b>	ZIP Code <b>54603-</b>	Signature of Person Doing Work <i>[Signature]</i>		Date Signed <b>5/23/2019</b>	



Facility/Project Name <i>Hunters Country Hixton</i>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <i>nw 8</i>
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E.	Wis. Unique Well Number <i>V1658</i> DNR Well Number
Type of Well Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E. <input type="checkbox"/> W.	Date Well Installed <i>4, 12, 12</i> m m d d y y
Distance Well Is From Waste/Source Boundary ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) <i>Soil Essentials</i> <i>David Paulson</i>

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: <i>Flush</i> _____ in.
C. Land surface elevation _____ ft. MSL	b. Length: _____ ft.
D. Surface seal, bottom _____ ft. MSL or <i>1.0</i> ft.	c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Annular space seal <input type="checkbox"/> Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft <sup>3</sup> volume added for any of the above
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
Describe _____	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input type="checkbox"/> 32 c. <i>3 1/2 Bag</i> Other <input type="checkbox"/>
17. Source of water (attach analysis):	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft <sup>3</sup>
E. Bentonite seal, top _____ ft. MSL or <i>1.0</i> ft.	8. Filter pack material: Manufacturer, product name and mesh size a. <i>Rw Siddle</i> b. Volume added <i>5 Bag</i> ft <sup>3</sup>
F. Fine sand, top _____ ft. MSL or _____ ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or <i>2.5</i> ft.	10. Screen material: <i>monoflex PVC</i> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 91 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or <i>3.0</i> ft.	b. Manufacturer: <i>monoflex</i>
I. Well bottom _____ ft. MSL or <i>13.0</i> ft.	c. Slot size: <i>0.010</i> in.
J. Filter pack, bottom _____ ft. MSL or <i>13.5</i> ft.	d. Slotted length: <i>10.0</i> ft.
K. Borehole, bottom _____ ft. MSL or <i>13.5</i> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
L. Borehole diameter <i>8.25</i> in.	
M. O.D. well casing <i>2.22</i> in.	
N. I.D. well casing <i>2.0</i> in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.  
Signature \_\_\_\_\_ Firm *Soil Essentials Ltd*

Please complete both sides of this form and return to the appropriate DNR office listed at the top of this form as required by chs. 144, 147 and 160, Wis. Stats., and ch. NR 141, Wis. Ad. Code. In accordance with ch. 144, Wis. Stats., failure to file this form may result in a forfeiture of not less than \$10, nor more than \$500 for each day of violation. In accordance with ch. 147, Wis. Stats., failure to file this form may result in a forfeiture of not more than \$10,000 for each day of violation. NOTE: Shaded areas are for DNR use only. See instructions for more information including where the completed form should be sent.