

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

**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

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

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

County Washburn	WI Unique Well # of Removed Well PZ100	Hicap #	Facility Name Mack Lake Tavern
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4 NW or Gov't Lot #	Section 29	Township T41 N	Range 12 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address N10202 County Highway K	Well ZIP Code 54888	City of Present Owner Trego	State WI
Well City, Village or Town Village of Brooklyn	Subdivision Name	Lot #	ZIP Code 54888
Reason for Removal from Service Investigation Completed	WI Unique Well # of Replacement Well	<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>	

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 09/21/2004	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	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.) 27	Casing Diameter (in.) 2"	Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 22	Was casing cut off below surface? <input checked="" 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)	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)?		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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
		<b>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.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" bentonite Chips	Surface	27	3/4 bag	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing REI Engineering, Inc.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 09/18/2019	<b>DNR Use Only</b>	
Street or Route 4080 N. 20th Avenue	Telephone Number ( 715 ) 675-9784	Comments	Date Received	Noted By
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 11-7-19

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

**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

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

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

County Washburn	WI Unique Well # of Removed Well MW500	Hicap #	Facility Name Mack Lake Tavern
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4 NW or Gov't Lot #	1/4 SW	Section 29	License/Permit/Monitoring #
Township T41 N		Range 12 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Mack Lake Tavern
Well Street Address N10202 County Highway K		Well ZIP Code 54888	Present Well Owner Mack Lake Tavern
Well City, Village or Town Village of Brooklyn		City of Present Owner Trego	Mailing Address of Present Owner N10202 County Highway K
Subdivision Name		Lot #	State WI
Reason for Removal from Service Investigation Completed		WI Unique Well # of Replacement Well	ZIP Code 54888

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 09/21/2004	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 27	Casing Diameter (in.) 2"	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 17	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)	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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" bentonite Chips	Surface	27	3/4 bag	

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing REI Engineering, Inc.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 09/18/2019	Date Received	Noted By
Street or Route 4080 N. 20th Avenue		Telephone Number ( 715 ) 675-9784	Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 11-7-19

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**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

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

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

County Washburn	WI Unique Well # of Removed Well MW600	Hicap #	Facility Name Mack Lake Tavern
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4 NW or Gov't Lot #	Section 29	Township T41 N	License/Permit/Monitoring #
Well Street Address N10202 County Highway K	Well ZIP Code 54888	Range 12 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Mack Lake Tavern
Well City, Village or Town Village of Brooklyn	Well ZIP Code 54888		Present Well Owner Mack Lake Tavern
Subdivision Name	Lot #		Mailing Address of Present Owner N10202 County Highway K
			City of Present Owner Trego
			State WI
			ZIP Code 54888

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

Reason for Removal from Service Investigation Completed	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) 09/21/2004	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.	Liner(s) perforated? <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 checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 24	Casing Diameter (in.) 2"	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 14	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)	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" bentonite Chips	Surface	27	3/4 bag	

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing REI Engineering, Inc.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 09/18/2019	Date Received	Noted By
Street or Route 4080 N. 20th Avenue	Telephone Number ( 715 ) 675-9784	Comments		
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 11-7-19

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**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

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

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

County Washburn	WI Unique Well # of Removed Well MW700	Hicap #	Facility Name Mack Lake Tavern
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 1/4 NW      1/4 SW or Gov't Lot #	Section 29	Township T41 N	License/Permit/Monitoring #
Well Street Address N10202 County Highway K	Well ZIP Code 54888	Range 12 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Mack Lake Tavern
Well City, Village or Town Village of Brooklyn	Well ZIP Code 54888		Present Well Owner Mack Lake Tavern
Subdivision Name	Lot #		Mailing Address of Present Owner N10202 County Highway K
			City of Present Owner Trego
			State WI
			ZIP Code 54888

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

Reason for Removal from Service Investigation Completed	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) 09/21/2004	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.	Liner(s) perforated? <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 checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 24	Casing Diameter (in.) 2"	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 14	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)	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" bentonite Chips	Surface	24	3/4 bag	

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
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Street or Route 4080 N. 20th Avenue	Telephone Number ( 715 ) 675-9784	Comments		
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 11-7-19

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**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

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

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

County Washburn	WI Unique Well # of Removed Well SP8	Hicap #	Facility Name Mack Lake Tavern
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 1/4 NW      1/4 SW	Section 29	Township T41 N	License/Permit/Monitoring #
or Gov't Lot #	Range 12	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Mack Lake Tavern
Well Street Address N10202 County Highway K	Well ZIP Code 54888		Present Well Owner Mack Lake Tavern
Well City, Village or Town Village of Brooklyn			Mailing Address of Present Owner N10202 County Highway K
Subdivision Name	Lot #		City of Present Owner Trego
			State WI
			ZIP Code 54888

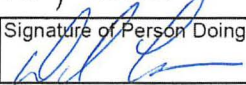
**3. Filled & Sealed Well / Drillhole / Borehole Information**      **4. Pump, Liner, Screen, Casing & Sealing Material**

Reason for Removal from Service Investigation Completed	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.	Liner(s) perforated? <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 checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 3	Casing Diameter (in.) 2"	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 0	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)	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<b>5. Material Used to Fill Well / Drillhole</b>		Required Method of Placing Sealing Material
3/8" bentonite Chips	From (ft.) Surface	<input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
	To (ft.) 3	<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
	No. Yards, Sacks Sealant or Volume (circle one) 0.25 bag	Sealing Materials
	Mix Ratio or Mud Weight	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only:
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" bentonite Chips	Surface	3	0.25 bag	

**6. Comments**

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

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Street or Route 4080 N. 20th Avenue	Telephone Number ( 715 ) 675-9784	Comments		
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 11-7-19

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**Route to DNR Bureau:**

**Verification Only of Fill and Seal**

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

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

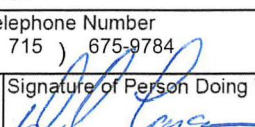
County Washburn		WI Unique Well # of Removed Well MW900		Hicap #		Facility Name Mack Lake Tavern	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 NW or Gov't Lot #		Section 29		Township T41 N		Range 12 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address N10202 County Highway K				Present Well Owner Mack Lake Tavern			
Well City, Village or Town Village of Brooklyn				Well ZIP Code 54888			
Subdivision Name				Lot #		Mailing Address of Present Owner N10202 County Highway K	
Reason for Removal from Service Investigation Completed				WI Unique Well # of Replacement Well		City of Present Owner Trego	
						State WI	
						ZIP Code 54888	

**3. Filled & Sealed 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) 01/05/		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <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.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <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		Total Well Depth From Ground Surface (ft.) 24		Casing Diameter (in.) 2"	
Lower Drillhole Diameter (in.)		Casing Depth (ft.) 14		Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)?		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
Depth to Water (feet)				For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" bentonite Chips		Surface	24	3/4 bag	

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>		
Name of Person or Firm Doing Filling & Sealing REI Engineering, Inc.		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 09/18/2019	Date Received	Noted By
Street or Route 4080 N. 20th Avenue		Telephone Number ( 715 ) 675-9784		Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 11-7-19	

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

**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

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

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

County Washburn	WI Unique Well # of Removed Well MW1000	Hicap #	Facility Name Mack Lake Tavern
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 1/4 NW or Gov't Lot #	Section 29	Township T41 N	License/Permit/Monitoring #
Well Street Address N10202 County Highway K	Well ZIP Code 54888	Range 12 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Mack Lake Tavern
Well City, Village or Town Village of Brooklyn	Subdivision Name	Lot #	Present Well Owner Mack Lake Tavern
Reason for Removal from Service Investigation Completed	WI Unique Well # of Replacement Well		Mailing Address of Present Owner N10202 County Highway K
			City of Present Owner Trego
			State WI
			ZIP Code 54888

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 03/07/2005	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 23	Casing Diameter (in.) 2"	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 13	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		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)?	Depth to Water (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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		Required Method of Placing Sealing Material
		<input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
		Sealing Materials
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only:
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" bentonite Chips	Surface	23	3/4 bag	

**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing REI Engineering, Inc.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 09/18/2019	Date Received	Noted By
Street or Route 4080 N. 20th Avenue	Telephone Number ( 715 ) 675-9784	Comments		
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 11-7-19

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County Washburn	WI Unique Well # of Removed Well MW1200	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 NW      1/4 SW or Gov't Lot #	Section 29	Township T41 N
Well Street Address N10202 County Highway K	Range 12	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Village of Brooklyn	Well ZIP Code 54888	
Subdivision Name	Lot #	

Facility Name Mack Lake Tavern		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner Mack Lake Tavern		
Present Well Owner Mack Lake Tavern		
Mailing Address of Present Owner N10202 County Highway K		
City of Present Owner Trego	State WI	ZIP Code 54888

Reason for Removal from Service Investigation Completed	WI Unique Well # of Replacement Well
------------------------------------------------------------	--------------------------------------

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

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 05/02/2006
If a Well Construction Report is available, please attach.	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 31	Casing Diameter (in.) 2"
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 21
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)

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

**5. Material Used to Fill Well / Drillhole**

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" bentonite Chips	Surface	31	1 bag	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing REI Engineering, Inc.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 09/18/2019	<b>DNR Use Only</b>	
			Date Received	Noted By
Street or Route 4080 N. 20th Avenue	Telephone Number ( 715 ) 675-9784		Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 11-7-19



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Verification Only of Fill and Seal

**Route to DNR Bureau:**

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

**1. Well Location Information**

County Washburn	WI Unique Well # of Removed Well MW1300	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 NW or Gov't Lot #	Section 29	Township T41 N
Well Street Address N10202 County Highway K	Well ZIP Code 54888	Range 12 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Village of Brooklyn	Well ZIP Code 54888	City of Present Owner Trego
Subdivision Name	Lot #	State WI
Reason for Removal from Service Investigation Completed	WI Unique Well # of Replacement Well	ZIP Code 54888

**2. Facility / Owner Information**

Facility Name Mack Lake Tavern
Facility ID (FID or PWS)
License/Permit/Monitoring #
Original Well Owner Mack Lake Tavern
Present Well Owner Mack Lake Tavern
Mailing Address of Present Owner N10202 County Highway K
City of Present Owner Trego
State WI
ZIP Code 54888

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)
<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.) 23	Casing Diameter (in.) 2"
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 13
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)

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	<input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
Sealing Materials	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

**5. Material Used to Fill Well / Drillhole**

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	23	2/3 bag	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing REI Engineering, Inc.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 09/18/2019	<b>DNR Use Only</b>	
Street or Route 4080 N. 20th Avenue	Telephone Number ( 715 ) 675-9784	Comments	Date Received	Noted By
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 11-7-19

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

**Verification Only of Fill and Seal**

Route to DNR Bureau:

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

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

County Washburn		WI Unique Well # of Removed Well MW1400		Hicap #		Facility Name Mack Lake Tavern	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 1/4 NW      1/4 SW		Section 29		Township T41 N		Range 12 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
or Gov't Lot #						License/Permit/Monitoring #	
Well Street Address N10202 County Highway K				Original Well Owner Mack Lake Tavern			
Well City, Village or Town Village of Brooklyn				Present Well Owner Mack Lake Tavern			
Well ZIP Code 54888				Mailing Address of Present Owner N10202 County Highway K			
Subdivision Name				Lot #		City of Present Owner Trego	
						State WI	
						ZIP Code 54888	

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

Reason for Removal from Service Investigation Completed		WI Unique Well # of Replacement Well		<input 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"/> Liner(s) perforated? <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 type="checkbox"/> Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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)		<input checked="" type="checkbox"/> Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Did sealing material rise to surface? <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<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.		Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
Total Well Depth From Ground Surface (ft.) 24		Casing Diameter (in.) 2"		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Lower Drillhole Diameter (in.)		Casing Depth (ft.) 14					
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)					

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	24	2/3 bag	

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing REI Engineering, Inc.		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 09/18/2019	
Date Received		Noted By		
Street or Route 4080 N. 20th Avenue		Telephone Number ( 715 ) 675-9784		Comments
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work <i>[Signature]</i>	
			Date Signed 11-7-19	

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**Route to DNR Bureau:**

**Verification Only of Fill and Seal**

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

1. Well Location Information				2. Facility / Owner Information			
County Washburn		WI Unique Well # of Removed Well P22		Hicap #		Facility Name Mack Lake Tavern	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 NW or Gov't Lot #		Section 29		Township T41 N		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address N10202 County Highway K				Original Well Owner Mack Lake Tavern			
Well City, Village or Town Village of Brooklyn				Well ZIP Code 54888			
Subdivision Name				Lot #		Present Well Owner Mack Lake Tavern	
Reason for Removal from Service Investigation Completed		WI Unique Well # of Replacement Well		City of Present Owner Trego		State WI	
WI Unique Well # of Replacement Well		Original Construction Date (mm/dd/yyyy) 10/9/2017		ZIP Code 54888		City of Present Owner Trego	
3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		If a Well Construction Report is available, please attach.		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well				Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) 40		Casing Diameter (in.) 2"		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Lower Drillhole Diameter (in.)		Casing Depth (ft.) 30		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)		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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
				Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
5. Material Used to Fill Well / Drillhole				Sealing Materials			
3/8" bentonite Chips				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
				From (ft.)    To (ft.)    No. Yards, Sacks Sealant or Volume (circle one)    Mix Ratio or Mud Weight			
				Surface    40    1.25 bag			
6. Comments							
7. Supervision of Work				DNR Use Only			
Name of Person or Firm Doing Filling & Sealing REI Engineering, Inc.		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 09/18/2019		Date Received	
Street or Route 4080 N. 20th Avenue		Telephone Number ( 715 ) 675-9784		Signature of Person Doing Work		Noted By	
City Wausau		State WI		ZIP Code 54401		Comments	
				Date Signed 11-7-19			

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

**Route to DNR Bureau:**

**Verification Only of Fill and Seal**

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

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

County Washburn	WI Unique Well # of Removed Well PZ3	Hicap #	Facility Name Mack Lake Tavern
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4 NW or Gov't Lot #	Section 29	Township T41 N	License/Permit/Monitoring #
Well Street Address N10202 County Highway K	Well ZIP Code 54888	Range 12 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Mack Lake Tavern
Well City, Village or Town Village of Brooklyn	Lot #		Present Well Owner Mack Lake Tavern
Subdivision Name			Mailing Address of Present Owner N10202 County Highway K
			City of Present Owner Trego
			State WI
			ZIP Code 54888

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

Reason for Removal from Service Investigation Completed	WI Unique Well # of Replacement Well	<input 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"/> Liner(s) perforated? <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 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Did sealing material rise to surface? <input 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 checked="" type="checkbox"/> No <input 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) 10/9/2017  If a Well Construction Report is available, please attach.	Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
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"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry
Total Well Depth From Ground Surface (ft.) 40	Casing Diameter (in.) 2"	
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 30	
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)	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" bentonite Chips	Surface	40	1.25 bag	

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing REI Engineering, Inc.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 09/18/2019	Date Received	Noted By
Street or Route 4080 N. 20th Avenue	Telephone Number ( 715 ) 675-9784	Comments		
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 11-7-19

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

**Route to DNR Bureau:**

**Verification Only of Fill and Seal**

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

**1. Well Location Information**

County Washburn	WI Unique Well # of Removed Well PZ4	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NW or Gov't Lot #	Section 29	Township T41 N
Well Street Address N10202 County Highway K	Well ZIP Code 54888	Range 12 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Village of Brooklyn	Lot #	
Subdivision Name	Reason for Removal from Service Investigation Completed	WI Unique Well # of Replacement Well

**2. Facility / Owner Information**

Facility Name Mack Lake Tavern		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner Mack Lake Tavern		
Present Well Owner Mack Lake Tavern		
Mailing Address of Present Owner N10202 County Highway K		
City of Present Owner Trego	State WI	ZIP Code 54888

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 10/9/2017
<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.) 40	Casing Diameter (in.) 2"
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 30
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)

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

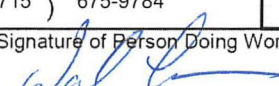
Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

**5. Material Used to Fill Well / Drillhole**

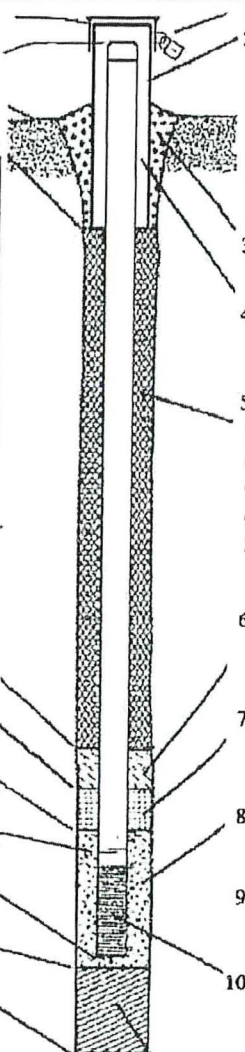
	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" bentonite Chips	Surface	40	1.25 bag	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing REI Engineering, Inc.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 09/18/2019	<b>DNR Use Only</b>	
Street or Route 4080 N. 20th Avenue	Telephone Number ( 715 ) 675-9784	Comments	Date Received	Noted By
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 11-7-19

Facility/Project Name <b>MACK LAKE TAVERN</b>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> W. <input type="checkbox"/> S.		Well Name <b>MW-500</b>
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>	Wis. Unique Well No.	DNR Well ID No.
Facility ID	Lat. _____ "Long. _____" or	Date Well Installed	<u>9/21/004</u>
Type of Well Well Code <u>11 / mw</u>	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: Name (first, last) and Firm <b>RYAN FETT</b>	
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	
	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 _____ <b>GILES ENGINEERING ASSOC. INC.</b>	

<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 _____ ft.</p> <div style="border: 1px solid black; padding: 5px;"> <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 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> </div> <p>E. Bentonite seal, top _____ ft. MSL or <u>1</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or <u>14.5</u> ft.</p> <p>G. Filter pack, top _____ ft. MSL or <u>15.5</u> ft.</p> <p>H. Screen joint, top _____ ft. MSL or <u>17</u> ft.</p> <p>I. Well bottom _____ ft. MSL or <u>27</u> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or <u>27</u> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or <u>27</u> ft.</p> <p>L. Borehole, diameter <u>8.25</u> in.</p> <p>M. O.D. well casing <u>2.35</u> in.</p> <p>N. I.D. well casing <u>2</u> in.</p>	 <p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe:                  a. Inside diameter: <u>8</u> in.                  b. Length: <u>1</u> ft.                  c. Material: Steel <input checked="" type="checkbox"/> 0 4                  Other <input type="checkbox"/></p> <p>d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, describe: <u>EXPANDABLE CAP</u></p> <p>3. Surface seal:                  Bentonite <input type="checkbox"/> 3 0                  Concrete <input type="checkbox"/> 0 1  <u>CONCRETE</u> Other <input checked="" 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. <u>350 / 155</u> 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 type="checkbox"/> 3 2                  c. <u>CHIPPED BENTONITE</u> Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name &amp; mesh size                  a. <u>15- RED FLINT</u>                  b. Volume added <u>50 / 155</u></p> <p>8. Filter pack material: Manufacturer, product name &amp; mesh size                  a. <u>40- RED FLINT AMERICAN MATERIALS</u>                  b. Volume added <u>300 / 155</u></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: PVC                  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 <u>DIEDRICH</u>                  c. Slot size: <u>0.1</u> in.                  d. Slotted length: <u>10</u> ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1 4                  Other <input type="checkbox"/></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 [Signature] Firm **GILES ENGINEERING ASSOC. INC.**

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.

Facility/Project Name <b>MACK LAKE TAVERN</b>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name <b>MW-600</b>
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. _____ "Long. _____ or _____	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID _____	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>9/21/04</u> m m d d y y v v 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>RYAN FETT</b>
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	<b>GILES ENGINEERING ASSOC. INC.</b>
	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 _____

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>8</u> in.
C. Land surface elevation _____ ft. MSL		b. Length: <u>1</u> ft.
D. Surface seal, bottom _____ ft. MSL or _____ 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: <u>EXPANDABLE CAP</u>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input checked="" type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>		4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 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/Chipped 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>250 lbs</u> 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 checked="" type="checkbox"/> No Describe _____		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. <u>CHIPPED BENTONITE</u> Other <input type="checkbox"/>
17. Source of water (attach analysis, if required): _____		7. Fine sand material: Manufacturer, product name & mesh size a. <u>15- RED FLINT</u> b. Volume added <u>50 lbs</u>
E. Bentonite seal, top _____ ft. MSL or <u>1</u> ft.		8. Filter pack material: Manufacturer, product name & mesh size a. <u>40- RED FLINT AMERICAN MATERIALS</u> b. Volume added <u>300 lbs</u>
F. Fine sand, top _____ ft. MSL or <u>11.5</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"/>
G. Filter pack, top _____ ft. MSL or <u>12.5</u> ft.		10. Screen material: PVC 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 <u>14</u> ft.		b. Manufacturer <u>DIEDRICH</u> c. Slot size: <u>0.1</u> in. d. Slotted length: <u>10</u> ft.
I. Well bottom _____ ft. MSL or <u>24</u> ft.		11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or <u>24</u> ft.		
K. Borehole, bottom _____ ft. MSL or <u>24</u> ft.		
L. Borehole, diameter <u>8.25</u> in.		
M. O.D. well casing <u>2.35</u> in.		
N. I.D. well casing <u>2</u> in.		

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

Signature Jim Fetta

Firm GILES ENGINEERING ASSOC. INC.

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.

MLT Data

State of Wisconsin  
Department of Natural Resources

Route to: Watershed/Wastewater  Wastes Management   
Remediation/Redevelopment  Other

MONITORING WELL CONSTRUCTION  
Form 4400-113A Rev. 7-98

Facility/Project Name MACK LAKE TAVERN	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-900
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. " " " " Long. " " " "	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed m / d / y 1 / 5 /
Type of Well Well Code 11 / mw	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm BEAUFORD JONES GILES ENGINEERING ASSOC. INC.
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number
	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: 8 _____ in. b. Length: 1 _____ 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: EXPANDABLE CAP
D. Surface seal, bottom _____ ft. MSL or _____ ft.		3. Surface seal: Bentonite <input checked="" 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 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5. Annular space seal: a. Granular/Chipped 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. 250 _____ 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 checked="" type="checkbox"/> 41 Other <input type="checkbox"/>		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. CHIPPED BENTONITE _____ 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. RED FLINT 15 WELL SLOT _____ b. Volume added 50 _____ ft <sup>3</sup>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____		8. Filter pack material: Manufacturer, product name & mesh size a. RED FLINT 40 WELL SLOT _____ b. Volume added 350 _____ ft <sup>3</sup>
17. Source of water (attach analysis, if required): _____		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 1 _____ ft.		10. Screen material: PVC _____ 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 12 _____ ft.		b. Manufacturer DIEDRICH c. Slot size: 0.1 _____ in. d. Slotted length: 10 _____ ft.
G. Filter pack, top _____ ft. MSL or 13 _____ ft.		11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 14 _____ ft.		
I. Well bottom _____ ft. MSL or 24 _____ ft.		
J. Filter pack, bottom _____ ft. MSL or 24 _____ ft.		
K. Borehole, bottom _____ ft. MSL or 24 _____ ft.		
L. Borehole, diameter 8.25 in.		
M. O.D. well casing 2.35 in.		
N. I.D. well casing 2 in.		

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

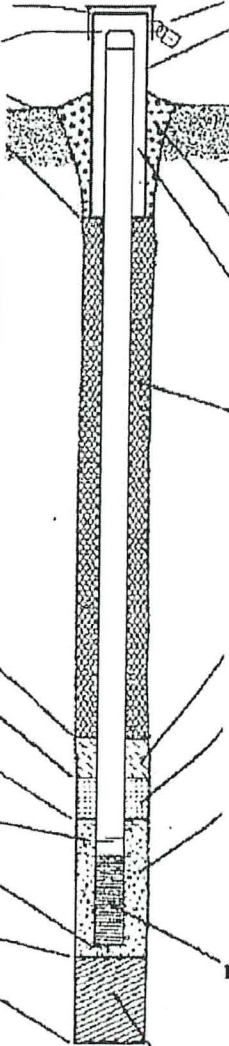
Signature: *[Signature]* Firm: GILES ENGINEERING ASSOC. INC.

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.



Facility/Project Name MACK LAKE TAVERN	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-700
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. " Long. " or	Wis. Unique Well No. DNR Well ID No.
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed 9/21/00
Type of Well Well Code 11 / mw	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 RYAN FETT
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	GILES ENGINEERING ASSOC. INC.

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:	
C. Land surface elevation	ft. MSL	a. Inside diameter:	8. in.
D. Surface seal, bottom	ft. MSL or ft.	b. Length:	1. ft.
		c. Material:	Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen:		d. Additional protection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/>		If yes, describe: EXPANDABLE CAP	
SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/>		3. Surface seal:	Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input checked="" type="checkbox"/>
Bedrock <input type="checkbox"/>		CONCRETE	
13. Sieve analysis performed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Material between well casing and protective pipe:	Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
14. Drilling method used:	Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	5. Annular space seal:	a. Granular/Chipped 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. 250 lbs volume added for any of the above
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		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 checked="" type="checkbox"/> No		6. Bentonite seal:	a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. CHIPPED BENTONITE Other <input type="checkbox"/>
Describe		7. Fine sand material: Manufacturer, product name & mesh size	a. 15- RED FLINT b. Volume added 50 155
17. Source of water (attach analysis, if required):		8. Filter pack material: Manufacturer, product name & mesh size	a. 40- RED FLINT AMERICAN MATERIALS b. Volume added 300 155
E. Bentonite seal, top	ft. MSL or 1. 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"/>
F. Fine sand, top	ft. MSL or 11.5 ft.	10. Screen material: PVC	a. Screen type:
G. Filter pack, top	ft. MSL or 12.5 ft.		Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
H. Screen joint, top	ft. MSL or 14 ft.		b. Manufacturer DIEDRICH
I. Well bottom	ft. MSL or 24 ft.		c. Slot size: 0.1 in.
J. Filter pack, bottom	ft. MSL or 24 ft.		d. Slotted length: 10 ft.
K. Borehole, bottom	ft. MSL or 24 ft.	11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
L. Borehole, diameter	8.25 in.		
M. O.D. well casing	2.35 in.		
N. I.D. well casing	2 in.		



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

Signature *[Handwritten Signature]*

Firm GILES ENGINEERING ASSOC. INC.

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Route to: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

Facility/Project Name MACK LAKE TAVERN	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name MW-1000
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed: <u>3/17/2005</u> m m d d y y y y
Type of Well Well Code <u>11 / mw</u>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>BEAUFORD JONES</u> <u>GILES ENGINEERING ASSOC. INC.</u>
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____
Location of Well Relative to Waste/Source n <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  
B. Well casing, top elevation \_\_\_\_\_ ft. MSL  
C. Land surface elevation \_\_\_\_\_ ft. MSL  
D. Surface seal, bottom \_\_\_\_\_ ft. MSL or \_\_\_\_\_ ft.

12. USCS classification of soil near screen:  
GP  GM  GC  GW  SW  SP   
SM  SC  ML  MH  CL  CH   
Bedrock

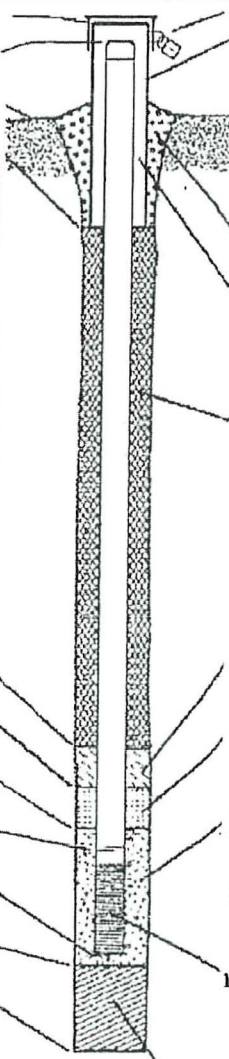
13. Sieve analysis performed?  Yes  No

14. Drilling method used: Rotary  50  
Hollow Stem Auger  41  
Other

15. Drilling fluid used: Water  02 Air  01  
Drilling Mud  03 None  99

16. Drilling additives used?  Yes  No  
Describe \_\_\_\_\_

17. Source of water (attach analysis, if required):  
\_\_\_\_\_



1. Cap and lock?  Yes  No

2. Protective cover pipe:  
a. Inside diameter: 8 in.  
b. Length: 1 ft.  
c. Material: Steel  04  
Other

d. Additional protection?  Yes  No  
If yes, describe: EXPANDABLE CAP

3. Surface seal: Bentonite  30  
Concrete  01  
Other

4. Material between well casing and protective pipe:  
Bentonite  30  
Other

5. Annular space seal: a. Granular/Chipped Bentonite  33  
b. \_\_\_\_\_ Lbs/gal mud weight . . . Bentonite-sand slurry  35  
c. \_\_\_\_\_ Lbs/gal mud weight . . . . . Bentonite slurry  31  
d. \_\_\_\_\_ % Bentonite . . . . . Bentonite-cement grout  50  
e. 300 lbs volume added for any of the above  
f. How installed: Tremie  01  
Tremie pumped  02  
Gravity  08

6. Bentonite seal: a. Bentonite granules  33  
b.  1/4 in.  3/8 in.  1/2 in. Bentonite chips  32  
c. CHIPPED BENTONITE Other

7. Fine sand material: Manufacturer, product name & mesh size  
a. RED FLINT 15 WELL SLOT  
b. Volume added 50 lbs

8. Filter pack material: Manufacturer, product name & mesh size  
a. RED FLINT 40 WELL SLOT  
b. Volume added 800 lbs

9. Well casing: Flush threaded PVC schedule 40  23  
Flush threaded PVC schedule 80  24  
Other

10. Screen material: PVC  
a. Screen type: Factory cut  11  
Continuous slot  01  
Other

b. Manufacturer DIEDRICH  
c. Slot size: 0.1 in.  
d. Slotted length: 10 ft.

11. Backfill material (below filter pack): None  14  
Other

E. Bentonite seal, top \_\_\_\_\_ ft. MSL or \_\_\_\_\_ ft.  
F. Fine sand, top \_\_\_\_\_ ft. MSL or 11 ft.  
G. Filter pack, top \_\_\_\_\_ ft. MSL or 12 ft.  
H. Screen joint, top \_\_\_\_\_ ft. MSL or 13 ft.  
I. Well bottom \_\_\_\_\_ ft. MSL or 23 ft.  
J. Filter pack, bottom \_\_\_\_\_ ft. MSL or 25 ft.  
K. Borehole, bottom \_\_\_\_\_ ft. MSL or 25 ft.  
L. Borehole, diameter 8.25 in.  
M. O.D. well casing 2.35 in.  
N. I.D. well casing 2 in.

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

Signature [Handwritten Signature]

Firm GILES ENGINEERING ASSOC. INC.

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Route To Solid Waste  Haz. Waste  Wastewater   
Env. Response & Repair  Underground Tanks  Other

Facility/Project Name Mack Lake Tavern	Local Grid Location of Well Feet S. ___ Feet W. ___ Feet N. ___ Feet E. ___	Well Name PZ-3
Facility License Permit or Monitoring Number BRRTS# 03-66-000858	Grid Origin Location	Wis. Unique Well Number DNR Well Number
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source E <input type="checkbox"/> W <input type="checkbox"/>	Date Well Installed 10/9/17
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) Gestra Engineering (Steve)
Is Well A Point of Enforcement Std. Application <input type="checkbox"/> Yes <input type="checkbox"/> No		

A. Protective pipe, top elevation \_\_\_\_\_ ft. MSL  Yes  No

B. Well casing, top elevation \_\_\_\_\_ ft. MSL

C. Land surface elevation \_\_\_\_\_ ft. MSL

D. Surface seal, bottom 1 ft. MSL or \_\_\_\_\_ ft.

12. USCS Classification of soil near screen:

GP  GM  GC  GW  SW  SP   
 SM  SC  ML  MH  CL  CH   
 Bedrock

13. Sieve analysis attached?  Yes  No

14. Drilling method used Rotary  50  
Hollow Stem Auger  41  
Other

15. Drilling fluid used: Water  02 Air  01  
Drilling Mud  03 None  99

16. Drilling additives used?  Yes  No  
Describe \_\_\_\_\_

17. Source of water (attach analysis):  
\_\_\_\_\_

1. Cap and lock?  Yes  No

2. Protective cover pipe:  
a. Inside diameter: \_\_\_\_\_ in.  
b. Length: \_\_\_\_\_ ft.  
c. Material: Steel  04  
Other   
d. Additional protection?  Yes  No  
If yes, describe: \_\_\_\_\_

3. Surface seal: Bentonite  30  
Concrete  01  
Other \_\_\_\_\_

4. Material between well casing and protective pipe:  
Bentonite  30  
Annular space seal \_\_\_\_\_  
Other \_\_\_\_\_

5. Annular space seal: a. Granular Bentonite  33  
b. \_\_\_\_\_ Lbs/gal mud weight \_\_\_\_\_ Bentonite-sand slurry  35  
c. \_\_\_\_\_ Lbs/gal mud weight \_\_\_\_\_ Bentonite slurry  31  
d. \_\_\_\_\_ % Bentonite \_\_\_\_\_ Bentonite-cement grout  50  
e. 8.56 ft<sup>3</sup> Volume added for any of the above  
f. How installed: Tremie  01  
Tremie pumped  02  
Gravity  08

6. Bentonite seal: a. Bentonite Granules  33  
b.  1/4 in.  3/8 in.  1/2 in. Bentonite pellets  32  
c. \_\_\_\_\_ Other

7. Fine sand material Manufacturer, product name and mesh size  
a. #15  
b. Volume added 0.68 ft<sup>3</sup>

8. Filter pack material: Manufacturer, product name and mesh size  
a. #40  
b. Volume added 4.11 ft<sup>3</sup>

9. Well casing: Flush threaded PVC schedule 40  23  
Flush threaded PVC schedule 80  24  
Other

10. Screen material: PVC  
a. Screen type: Factory cut  11  
Continuous slot  01  
Other   
b. Manufacturer Johnson Screen  
c. Slot size: 0.10 in.  
d. Slotted length: 10 ft.

11. Backfill material (below filter Pack): None  14  
Other

E. Bentonite seal, top \_\_\_\_\_ ft. MSL or 1 ft.

F. Fine sand, top \_\_\_\_\_ ft. MSL or 26 ft.

G. Filter pack, top \_\_\_\_\_ ft. MSL or 28 ft.

H. Screen joint, top \_\_\_\_\_ ft. MSL or 30 ft.

I. Well bottom \_\_\_\_\_ ft. MSL or 40 ft.

J. Filter pack, bottom \_\_\_\_\_ ft. MSL or 40 ft.

K. Borehole, bottom \_\_\_\_\_ ft. MSL or 40 ft.

L. Borehole, diameter 8.25 in.

M. O.D. well casing 2.32 in.

N. I.D. well casing 2.07 in.

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

Signature [Signature] Firm REI Engineering, Inc.  
4080 N. 20th Ave.  
Wausau, WI 54401

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.

Route To Solid Waste  Haz. Waste  Wastewater   
Env. Response & Repair  Underground Tanks  Other

Facility/Project Name Mack Lake Tavern	Local Grid Location of Well ____ Feet S. ____ Feet W. ____ Feet N. ____ Feet E.	Well Name PZ-4
Facility License Permit or Monitoring Number BRRTS# 03-66-000858	Grid Origin Location	Wis. Unique Well Number DNR Well Number
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source ____ E. ____ W.	Date Well Installed 10/10/17
Distance Well Is From Waste/Source Boundary Ft. ____ 1/4 of ____ 1/4 of Sec. ____ T. ____ N.; R. ____ W.	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) Gestra Engineering (Steve)
Is Well A Point of Enforcement Std. Application <input type="checkbox"/> Yes <input type="checkbox"/> No		

A. Protective pipe, top elevation \_\_\_\_\_ ft. MSL  Yes  No

B. Well casing, top elevation \_\_\_\_\_ ft. MSL

C. Land surface elevation \_\_\_\_\_ ft. MSL

D. Surface seal, bottom \_\_\_\_\_ ft. MSL or \_\_\_\_\_ ft.

12. USCS Classification of soil near screen:

GP  GM  GC  GW  SW  SP   
 SM  SC  ML  MH  CL  CH   
 Bedrock

13. Sieve analysis attached?  Yes  No

14. Drilling method used Rotary  50  
Hollow Stem Auger  41  
Other

15. Drilling fluid used: Water  02 Air  01  
Drilling Mud  03 None  99

16. Drilling additives used?  Yes  No  
Describe \_\_\_\_\_

17. Source of water (attach analysis):  
\_\_\_\_\_

1. Cap and lock?  Yes  No

2. Protective cover pipe:  
a. Inside diameter: \_\_\_\_\_ in.  
b. Length: \_\_\_\_\_ ft.  
c. Material: Steel  04  
Other   
d. Additional protection?  Yes  No  
If yes, describe: \_\_\_\_\_

3. Surface seal: Bentonite  30  
Concrete  01  
Other \_\_\_\_\_

4. Material between well casing and protective pipe:  
Bentonite  30  
Annular space seal \_\_\_\_\_  
Other \_\_\_\_\_

5. Annular space seal:  
a. Granular Bentonite  33  
b. \_\_\_\_\_ Lbs/gal mudweight \_\_\_\_\_ Bentonite-sand slurry  35  
c. \_\_\_\_\_ Lbs/gal mud weight \_\_\_\_\_ Bentonite slurry  31  
d. \_\_\_\_\_ % Bentonite \_\_\_\_\_ Bentonite-cement grout  50  
e. 8.56 ft<sup>3</sup> Volume added for any of the above  
f. How installed: Tremie  01  
Tremie pumped  02  
Gravity  08

6. Bentonite seal:  
a. Bentonite Granules  33  
b.  1/4 in.  3/8 in.  1/2 in. Bentonite pellets  32  
c. \_\_\_\_\_ Other

7. Fine sand material Manufacturer, product name and mesh size  
a. #15  
b. Volume added 0.68 ft<sup>3</sup>

8. Filter pack material: Manufacturer, product name and mesh size  
a. #40  
b. Volume added 4.11 ft<sup>3</sup>

9. Well casing: Flush threaded PVC schedule 40  23  
Flush threaded PVC schedule 80  24  
Other

10. Screen material: PVC  
a. Screen type: Factory cut  11  
Continuous slot  01  
Other   
b. Manufacturer Johnson Screen  
c. Slot size: 0.10 in.  
d. Slotted length: 10 ft.

11. Backfill material (below filter Pack): None  14  
Other

E. Bentonite seal, top \_\_\_\_\_ ft. MSL or 1 ft.

F. Fine sand, top \_\_\_\_\_ ft. MSL or 26 ft.

G. Filter pack, top \_\_\_\_\_ ft. MSL or 28 ft.

H. Screen joint, top \_\_\_\_\_ ft. MSL or 30 ft.

I. Well bottom \_\_\_\_\_ ft. MSL or 40 ft.

J. Filter pack, bottom \_\_\_\_\_ ft. MSL or 40 ft.

K. Borehole, bottom \_\_\_\_\_ ft. MSL or 40 ft.

L. Borehole, diameter 8.25 in.

M. O.D. well casing 2.32 in.

N. I.D. well casing 2.07 in.

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

Signature [Signature] Firm REI Engineering, Inc.  
4080 N. 20th Ave.  
Wausau, WI 54401

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Route To Solid Waste  Haz. Waste  Wastewater   
Env. Response & Repair  Underground Tanks  Other

Facility/Project Name Mack Lake Tavern	Local Grid Location of Well ____ Feet S. ____ Feet W. ____ Feet N. ____ Feet E.	Well Name PZ2
Facility License Permit or Monitoring Number BRRTS# 03-66-000858	Grid Origin Location	Wls. Unique Well Number DNR Well Number
Type of Well Water Table Observation Well <input checked="" type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source ____ E <input type="checkbox"/> ____ W <input type="checkbox"/>	Date Well Installed 10/9/17
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) Gestra Engineering (Steve)
Is Well A Point of Enforcement Std. Application <input type="checkbox"/> Yes <input type="checkbox"/> No		

A. Protective pipe, top elevation \_\_\_\_\_ ft. MSL  
B. Well casing, top elevation \_\_\_\_\_ ft. MSL  
C. Land surface elevation \_\_\_\_\_ ft. MSL  
D. Surface seal, bottom \_\_\_\_\_ ft. MSL or \_\_\_\_\_ ft.

12. USCS Classification of soil near screen:  
 GP  GM  GC  GW  SW  SP   
 SM  SC  ML  MH  CL  CH   
 Bedrock

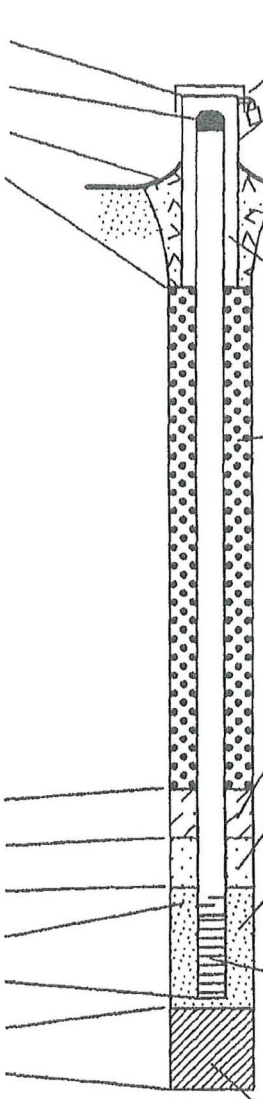
13. Sieve analysis attached?  Yes  No

14. Drilling method used  
 Rotary  50  
 Hollow Stem Auger  41  
 \_\_\_\_\_ Other

15. Drilling fluid used: Water  02 Air  01  
 Drilling Mud  03 None  99

16. Drilling additives used?  Yes  No  
 Describe \_\_\_\_\_

17. Source of water (attach analysis):  
 \_\_\_\_\_



1. Cap and lock?  Yes  No

2. Protective cover pipe:  
 a. Inside diameter: \_\_\_\_\_ in.  
 b. Length: \_\_\_\_\_ ft.  
 c. Material: \_\_\_\_\_ Steel  04  
 Other   
 d. Additional protection?  Yes  No  
 If yes, describe: \_\_\_\_\_

3. Surface seal: Bentonite  30  
 Concrete  01  
 Other \_\_\_\_\_

4. Material between well casing and protective pipe:  
 Bentonite  30  
 Annular space seal   
 Other \_\_\_\_\_

5. Annular space seal:  
 a. Granular Bentonite  33  
 b. \_\_\_\_\_ Lbs/gal mud weight \_\_\_\_\_ Bentonite-sand slurry  35  
 c. \_\_\_\_\_ Lbs/gal mud weight \_\_\_\_\_ Bentonite slurry  31  
 d. \_\_\_\_\_ %Bentonite \_\_\_\_\_ Bentonite-cement grout  50  
 e. 8.56 ft<sup>3</sup> Volume added for any of the above  
 f. How installed: Tremie  01  
 Tremie pumped  02  
 Gravity  08

6. Bentonite seal:  
 a. Bentonite Granules  33  
 b.  1/4 in.  3/8 in.  1/2 in. Bentonite pellets  32  
 c. \_\_\_\_\_ Other

7. Fine sand material Manufacturer, product name and mesh size  
 a. #15  
 b. Volume added \_\_\_\_\_ 0.68 ft<sup>3</sup>

8. Filter pack material: Manufacturer, product name and mesh size  
 a. #40  
 b. Volume added \_\_\_\_\_ 4.11 ft<sup>3</sup>

9. Well casing: Flush threaded PVC schedule 40  23  
 Flush threaded PVC schedule 80  24  
 Other

10. Screen material: PVC  
 a. Screen type: Factory cut  11  
 Continuous slot  01  
 Other   
 b. Manufacturer Johnson Screen  
 c. Slot size: \_\_\_\_\_ 0.10 in.  
 d. Slotted length: \_\_\_\_\_ 10 ft.

11. Backfill material (below filter Pack): None  14  
 Other

E. Bentonite seal, top \_\_\_\_\_ ft. MSL or \_\_\_\_\_ 1 ft.  
 F. Fine sand, top \_\_\_\_\_ ft. MSL or \_\_\_\_\_ 26 ft.  
 G. Filter pack, top \_\_\_\_\_ ft. MSL or \_\_\_\_\_ 28 ft.  
 H. Screen joint, top \_\_\_\_\_ ft. MSL or \_\_\_\_\_ 30 ft.  
 I. Well bottom \_\_\_\_\_ ft. MSL or \_\_\_\_\_ 40 ft.  
 J. Filter pack, bottom \_\_\_\_\_ ft. MSL or \_\_\_\_\_ 40 ft.  
 K. Borehole, bottom \_\_\_\_\_ ft. MSL or \_\_\_\_\_ 40 ft.  
 L. Borehole, diameter \_\_\_\_\_ 8.25 in.  
 M. O.D. well casing \_\_\_\_\_ 2.32 in.  
 N. I.D. well casing \_\_\_\_\_ 2.07 in.

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

Signature \_\_\_\_\_ Firm REI Engineering, Inc.  
 4080 N. 20th Ave.  
 Wausau, WI 54401

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, Wls. 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.

MLT

State of Wisconsin  
Department of Natural Resources

Route to: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

MONITORING WELL CONSTRUCTION  
Form 4400-113A Rev. 7-98

Facility/Project Name N10189 CTY RD. K	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name MW1200
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>	Wis. Unique Well No.	DNR Well ID No.
Facility ID	Lat. _____ " Long. _____ or St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 5/2/06 m m d d y y y y	Well Installed By: Name (first, last) and Firm Ryan Fett
Type of Well Well Code 11 / mw	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Gov. Lot Number	GILES ENGINEERING ASSOC. INC.
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	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
- B. Well casing, top elevation \_\_\_\_\_ ft. MSL
- C. Land surface elevation \_\_\_\_\_ ft. MSL
- D. Surface seal, bottom \_\_\_\_\_ ft. MSL or \_\_\_\_\_ ft.

12. USCS classification of soil near screen:  
 GP  GM  GC  GW  SW  SP   
 SM  SC  ML  MH  CL  CH   
 Bedrock

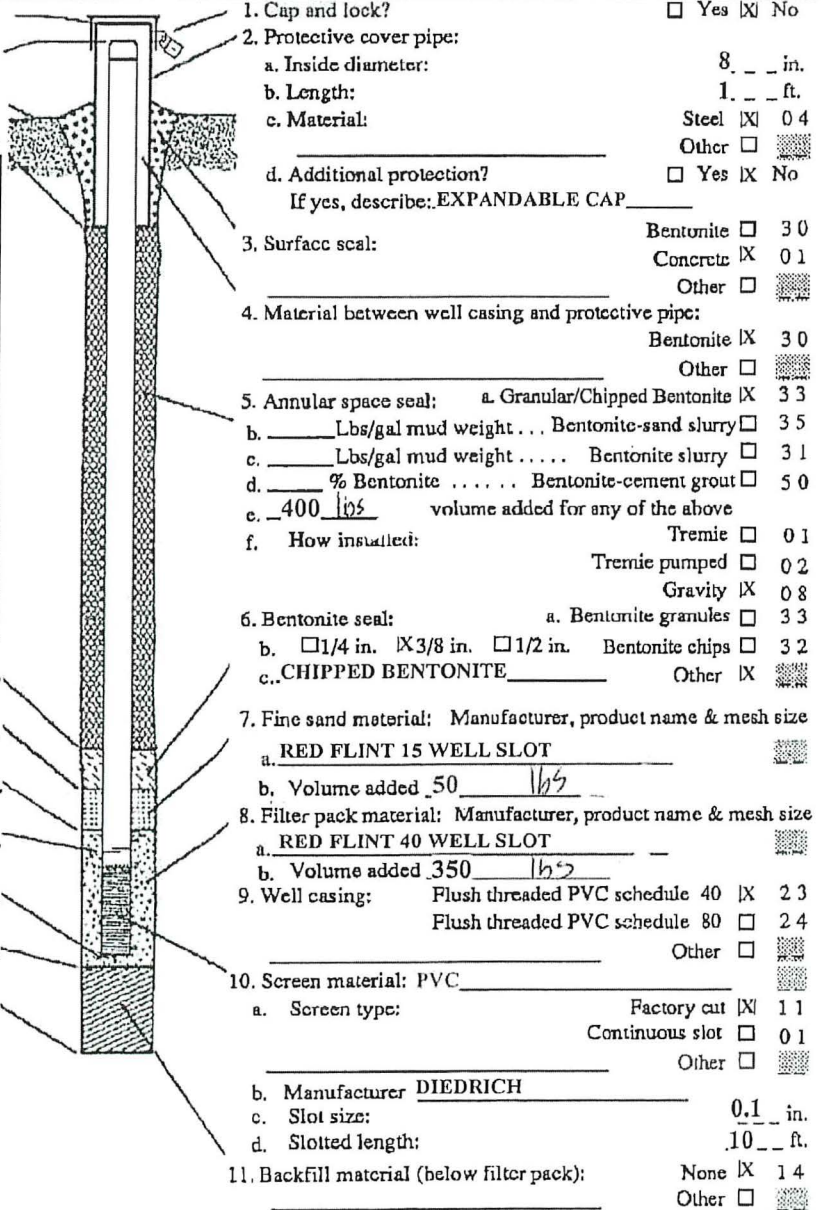
13. Sieve analysis performed?  Yes  No

14. Drilling method used: Rotary  50  
 Hollow Stem Auger  41  
 Other

15. Drilling fluid used: Water  02 Air  01  
 Drilling Mud  03 None  99

16. Drilling additives used?  Yes  No  
 Describe \_\_\_\_\_

17. Source of water (attach analysis, if required):  
 \_\_\_\_\_



- 1. Cap and lock?  Yes  No
- 2. Protective cover pipe:
  - a. Inside diameter: 8. \_\_ in.
  - b. Length: 1. \_\_ ft.
  - c. Material: Steel  04  
Other
  - d. Additional protection?  Yes  No  
If yes, describe: EXPANDABLE CAP \_\_\_\_\_
- 3. Surface seal:
  - Bentonite  30
  - Concrete  01
  - Other
- 4. Material between well casing and protective pipe:
  - Bentonite  30
  - Other
- 5. Annular space seal:
  - a. Granular/Chipped Bentonite  33
  - b. \_\_\_\_\_ Lbs/gal mud weight ... Bentonite-sand slurry  35
  - c. \_\_\_\_\_ Lbs/gal mud weight ... Bentonite slurry  31
  - d. \_\_\_\_\_ % Bentonite ... Bentonite-cement grout  50
  - e. 400 lbs volume added for any of the above
  - f. How installed: Tremie  01  
Tremie pumped  02  
Gravity  08
- 6. Bentonite seal:
  - a. Bentonite granules  33
  - b.  1/4 in.  3/8 in.  1/2 in. Bentonite chips  32
  - c. CHIPPED BENTONITE \_\_\_\_\_ Other
- 7. Fine sand material: Manufacturer, product name & mesh size  
 a. RED FLINT 15 WELL SLOT  
 b. Volume added 50 lbs
- 8. Filter pack material: Manufacturer, product name & mesh size  
 a. RED FLINT 40 WELL SLOT  
 b. Volume added 350 lbs
- 9. Well casing:
  - Flush threaded PVC schedule 40  23
  - Flush threaded PVC schedule 80  24
  - Other
- 10. Screen material: PVC  
 a. Screen type:
  - Factory cut  11
  - Continuous slot  01
  - Other
- b. Manufacturer DIEDRICH
- c. Slot size: 0.1 in.
- d. Slotted length: 10 ft.
- 11. Backfill material (below filter pack):
  - None  14
  - Other

- E. Bentonite seal, top \_\_\_\_\_ ft. MSL or 1. \_\_\_\_ ft.
- F. Fine sand, top \_\_\_\_\_ ft. MSL or 17. \_\_\_\_ ft.
- G. Filter pack, top \_\_\_\_\_ ft. MSL or 19. \_\_\_\_ ft.
- H. Screen joint, top \_\_\_\_\_ ft. MSL or 21. \_\_\_\_ ft.
- I. Well bottom \_\_\_\_\_ ft. MSL or 31. \_\_\_\_ ft.
- J. Filter pack, bottom \_\_\_\_\_ ft. MSL or 31. \_\_\_\_ ft.
- K. Borehole, bottom \_\_\_\_\_ ft. MSL or 31. \_\_\_\_ ft.
- L. Borehole, diameter 8.25 in.
- M. O.D. well casing 2.25 in.
- N. I.D. well casing 2 in.

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

Signature *Arnold K. ...*

Firm GILES ENGINEERING ASSOC. INC.

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.

Facility/Project Name MACK LAKE TAVERN	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name PZ-100
Facility License, Permit or Monitoring No.	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or _____ " or _____ "	Wis. Unique Well No. _____ DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>9/21/04</u> m m d d y y y y
Type of Well Well Code <u>12 / pz</u>	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 RYAN FETT GILES ENGINEERING ASSOC. INC.
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____
Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidgradient 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: 8.0 in. b. Length: 1.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: EXPANDABLE CAP
D. Surface seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input checked="" 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 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped 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>400 lbs</u> 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 checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. CHIPPED BENTONITE _____ 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. 15- RED FLINT b. Volume added <u>50 lbs</u>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. 40- RED FLINT AMERICAN MATERIALS b. Volume added <u>100 lbs</u>
17. Source of water (attach analysis, if required): _____	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</u> ft.	10. Screen material: PVC 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 <u>19.5</u> ft.	b. Manufacturer <u>DIEDRICH</u> c. Slot size: <u>0.1</u> in. d. Slotted length: <u>5</u> ft.
G. Filter pack, top _____ ft. MSL or <u>20.5</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>22</u> ft.	
I. Well bottom _____ ft. MSL or <u>27</u> ft.	
J. Filter pack, bottom _____ ft. MSL or <u>27</u> ft.	
K. Borehole, bottom _____ ft. MSL or <u>27</u> ft.	
L. Borehole, diameter <u>8.25</u> in.	
M. O.D. well casing <u>2.35</u> in.	
N. I.D. well casing <u>2</u> in.	

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

Signature [Signature] Firm GILES ENGINEERING ASSOC. INC.

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.