

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

**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

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

**1. Well Location Information**

County <u>Marathon</u>		WI Unique Well # of Removed Well		Hicap #	
Latitude / Longitude (see instructions) <u>44.8264</u> N <u>89.2451</u> W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	
1/4 1/4 <u>NE NE</u> or Gov't Lot #		Section <u>14</u>		Township <u>27 N</u>	
Well Street Address <u>1693 State Highway 49</u>		Range <u>10</u>		E <input checked="" type="checkbox"/> W <input type="checkbox"/>	
Well City, Village or Town <u>Town of Elderon</u>		Well ZIP Code <u>54427</u>			
Subdivision Name		Lot #			

**2. Facility / Owner Information**

Facility Name	
Facility ID (FID or PWS)	
License/Permit/Monitoring # <u>MW5-B</u>	
Original Well Owner	
Present Well Owner <u>Eopler's Bar</u>	
Mailing Address of Present Owner <u>1693 State Highway 49</u>	
City of Present Owner <u>Eldon</u>	State <u>WI</u>
ZIP Code <u>54427</u>	

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

Reason for Removal from Service <u>monitoring well - not needed</u>		WI Unique Well # of Replacement Well	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <u>11/01/1988</u>	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) <u>15.5</u>		Casing Diameter (in.) <u>2</u>	
Lower Drillhole Diameter (in.) <u>N/A</u>		Casing Depth (ft.) <u>15.5</u>	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)?		Depth to Water (feet) <u>N/A</u>	

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Neat Cement Grout</u>	<u>Surface</u>	<u>15.5</u>	<u>1 sack</u>	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <u>Komarek Well Drilling</u>		License # <u>610</u>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>08/29/18</u>	DNR Use Only	
Street or Route <u>N1690 State Highway 13</u>		Telephone Number <u>(715) 767-5469</u>		Date Received	Noted By
City <u>Ogema</u>	State <u>WI</u>	ZIP Code <u>54459</u>	Signature of Person Doing Work <u>Michael R Komarek</u>	Date Signed <u>09/06/18</u>	

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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 <u>Marathon</u>		WI Unique Well # of Removed Well		Hicap #		Facility Name			
Latitude / Longitude (see instructions) <u>44.8264</u> N		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
<u>89.2444</u> W		Section <u>14</u>		Township <u>27 N</u>		Range <u>10</u>		License/Permit/Monitoring # <u>MW-6</u>	
1/4 1/4 <u>NE</u> 1/4 <u>NE</u>		or Gov't Lot #		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner			
Well Street Address <u>1693 State Highway 49</u>						Present Well Owner <u>Eppler's Bar</u>			
Well City, Village or Town <u>Town of Elderon</u>				Well ZIP Code <u>54427</u>		Mailing Address of Present Owner <u>1693 State Highway 49</u>			
Subdivision Name				Lot #		City of Present Owner <u>Eldon</u>		State <u>WI</u>	ZIP Code <u>54427</u>

Reason for Removal from Service  
monitoring well not needed

WI Unique Well # of Replacement Well

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

Monitoring Well      Original Construction Date (mm/dd/yyyy)  
11/01/1988

Water Well

Borehole / Drillhole      If a Well Construction Report is available, please attach.

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

Formation Type:  
 Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.)      Casing Diameter (in.)  
18      2

Lower Drillhole Diameter (in.)      Casing Depth (ft.)  
N/A      18

Was well annular space grouted?       Yes       No       Unknown

If yes, to what depth (feet)?      Depth to Water (feet)  
N/A      N/A

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

Pump and piping removed?       Yes       No       N/A

Liner(s) removed?       Yes       No       N/A

Liner(s) perforated?       Yes       No       N/A

Screen removed?       Yes       No       N/A

Casing left in place?       Yes       No       N/A

Was casing cut off below surface?       Yes       No       N/A

Did sealing material rise to surface?       Yes       No       N/A

Did material settle after 24 hours?       Yes       No       N/A

If yes, was hole retopped?       Yes       No       N/A

If bentonite chips were used, were they hydrated with water from a known safe source?       Yes       No       N/A

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

Sealing Materials  
 Neat Cement Grout       Concrete  
 Sand-Cement (Concrete) Grout       Bentonite Chips

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

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<u>18</u>	<u>1 sack</u>	

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

Neat Cement Grout

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <u>Komarek Well Drilling</u>	License # <u>610</u>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>08/29/18</u>	<b>DNR Use Only</b>	
Street or Route <u>N1690 State Highway 13</u>		Telephone Number <u>(715) 767-5469</u>	Date Received	Noted By
City <u>Ogema</u>	State <u>WI</u>	ZIP Code <u>54459</u>	Signature of Person Doing Work <u>Michael Komarek</u>	
			Date Signed <u>09/06/18</u>	

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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 <b>Marathon</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name	
Latitude / Longitude (see instructions) <b>44.8258</b> N		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
<b>89.2442</b> W		Section <b>14</b>		Township <b>27 N</b>		Range <b>10</b>	
1/4 / 1/4 or Gov't Lot # <b>NE NE</b>		Original Well Owner <b>MW7</b>		Present Well Owner <b>Eppler's Bar</b>		Mailing Address of Present Owner <b>1693 State Highway 49</b>	
Well Street Address <b>1693 State Highway 49</b>		Well ZIP Code <b>54427</b>		City of Present Owner <b>Eland</b>		State <b>WI</b>	
Well City, Village or Town <b>Town of Elderon</b>		Lot #		ZIP Code <b>54427</b>			
Subdivision Name		Reason for Removal from Service <b>monitoring well - not needed</b>		WI Unique Well # of Replacement Well			

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

Monitoring Well  
 Water Well  
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)  
**11/01/1988**

If a Well Construction Report is available, please attach.

Construction Type:

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

Formation Type:

Unconsolidated Formation       Bedrock

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

**18**      **2**

Lower Drillhole Diameter (in.)      Casing Depth (ft.)

**N/A**      **18**

Was well annular space grouted?       Yes       No       Unknown

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

\_\_\_\_\_      **N/A**

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

Pump and piping removed?       Yes       No       N/A  
 Liner(s) removed?       Yes       No       N/A  
 Liner(s) perforated?       Yes       No       N/A  
 Screen removed?       Yes       No       N/A  
 Casing left in place?       Yes       No       N/A  
 Was casing cut off below surface?       Yes       No       N/A  
 Did sealing material rise to surface?       Yes       No       N/A  
 Did material settle after 24 hours?       Yes       No       N/A  
 If yes, was hole retopped?       Yes       No       N/A  
 If bentonite chips were used, were they hydrated with water from a known safe source?       Yes       No       N/A

Required Method of Placing Sealing Material

Conductor Pipe-Gravity       Conductor Pipe-Pumped  
 Screened & Poured (Bentonite Chips)       Other (Explain): \_\_\_\_\_

Sealing Materials

Neat Cement Grout       Concrete  
 Sand-Cement (Concrete) Grout       Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips       Bentonite - Cement Grout  
 Granular Bentonite       Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<b>18</b>	<b>1 sack</b>	

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By	
<b>Komarek Well Drilling</b>	<b>610</b>	<b>08/29/18</b>			
Street or Route <b>11690 State Highway 13</b>		Telephone Number <b>(715) 767-5469</b>		Comments	
City <b>Ogema</b>	State <b>WI</b>	ZIP Code <b>54459</b>	Signature of Person Doing Work <i>Michael R Komarek</i>		Date Signed <b>09/06/18</b>

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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 <u>Marathon</u>		WI Unique Well # of Removed Well <u>PD166</u>		Hicap #		Facility Name			
Latitude / Longitude (see instructions) <u>44.8261</u> N <u>89.2447</u> W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <u>MW 14W</u>			
¼ / ¼ <u>NE NE</u>		Section <u>14</u>		Township <u>27 N</u>		Range <u>10</u>		Original Well Owner	
Well Street Address <u>1693 State Highway 49</u>		Present Well Owner <u>Eopler's Bar</u>				Mailing Address of Present Owner <u>1693 State Highway 49</u>			
Well City, Village or Town <u>Town of Elderon</u>		Well ZIP Code <u>54427</u>		City of Present Owner <u>Eldon</u>		State <u>WI</u>		ZIP Code <u>54427</u>	
Subdivision Name		Lot #							

Reason for Removal from Service  
monitoring well - not needed

WI Unique Well # of Replacement Well

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

<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <u>06/07/2001</u>		<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			
<input type="checkbox"/> Water 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"/> Borehole / Drillhole				Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type:				Liner(s) perforated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____				Casing left in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:				Was casing cut off below surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <u>15</u>		Casing Diameter (in.) <u>2</u>		Did material settle after 24 hours?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <u>N/A</u>		Casing Depth (ft.) <u>15</u>		If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If bentonite chips were used, were they hydrated with water from a known safe source?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If yes, to what depth (feet)?		Depth to Water (feet) <u>N/A</u>		Required Method of Placing Sealing Material			
				<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped			
				<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
				Sealing Materials			
				<input checked="" 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 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	<u>15</u>	<u>1 sack</u>	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <u>Komarek Well Drilling</u>		License # <u>610</u>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>08/29/18</u>	<b>DNR Use Only</b>	
Street or Route <u>N1690 State Highway 13</u>		Telephone Number <u>(715) 767-5469</u>		Date Received	Noted By
City <u>Ogema</u>	State <u>WI</u>	ZIP Code <u>54459</u>	Signature of Person Doing Work <i>[Signature]</i>	Comments	
				Date Signed <u>09/06/18</u>	

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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 <u>Marathon</u>		WI Unique Well # of Removed Well <u>PD167</u>		Hicap #		Facility Name	
Latitude / Longitude (see instructions) <u>44.8257</u> N		Format Code <input type="checkbox"/> DD		Method Code <input checked="" type="checkbox"/> GPS008		Facility ID (FID or PWS)	
<u>89.2452</u> W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		License/Permit/Monitoring # <u>PZ 2W</u>	
<input type="checkbox"/> OTH001		Section <u>14</u>		Township <u>27 N</u>		Range <u>10</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <u>1693 State Highway 49</u>		Well City, Village or Town <u>Town of Elderon</u>		Well ZIP Code <u>54427</u>		Original Well Owner	
Subdivision Name		Lot #		City of Present Owner <u>Eland</u>		State <u>WI</u>	
Reason for Removal from Service <u>monitoring well - not needed</u>		WI Unique Well # of Replacement Well		Mailing Address of Present Owner <u>1693 State Highway 49</u>		ZIP Code <u>54427</u>	

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

Monitoring Well  
 Water Well  
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)  
06/08/2001

If a Well Construction Report is available, please attach.

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

Formation Type:  
 Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.) 45      Casing Diameter (in.) 2

Lower Drillhole Diameter (in.) N/A      Casing Depth (ft.) 45

Was well annular space grouted?  Yes       No       Unknown

If yes, to what depth (feet)? \_\_\_\_\_      Depth to Water (feet) N/A

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

Pump and piping removed?       Yes       No       N/A  
 Liner(s) removed?       Yes       No       N/A  
 Liner(s) perforated?       Yes       No       N/A  
 Screen removed?       Yes       No       N/A  
 Casing left in place?       Yes       No       N/A

Was casing cut off below surface?       Yes       No       N/A  
 Did sealing material rise to surface?       Yes       No       N/A  
 Did material settle after 24 hours?       Yes       No       N/A  
 If yes, was hole retopped?       Yes       No       N/A  
 If bentonite chips were used, were they hydrated with water from a known safe source?       Yes       No       N/A

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

Sealing Materials  
 Neat Cement Grout       Concrete  
 Sand-Cement (Concrete) Grout       Bentonite Chips

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

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Neat Cement Grout</u>	<u>Surface</u>	<u>45</u>	<u>1.5 sacks</u>	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <u>Komarek Well Drilling</u>		License # <u>610</u>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>08/29/18</u>	DNR Use Only	
Street or Route <u>N1690 State Highway 13</u>		Telephone Number <u>(715) 67-5469</u>		Date Received	Noted By
City <u>Ogema</u>	State <u>WI</u>	ZIP Code <u>54459</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>09/06/18</u>	

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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 <b>Marathon</b>		WI Unique Well # of Removed Well <b>JN 578</b>		Hicap #		Facility Name	
Latitude / Longitude (see instructions) <b>44.8267</b> N <b>89.2442</b> W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 <b>NE NE</b>		Section <b>14</b>		Township <b>27 N</b>		Range <b>10</b> <input type="checkbox"/> E <input type="checkbox"/> W	
or Gov't Lot #		Well Street Address <b>1693 State Highway 49</b>		Present Well Owner <b>Eppler's Bar</b>		Mailing Address of Present Owner <b>1693 State Highway 49</b>	
Well City, Village or Town <b>Town of Elderon</b>		Well ZIP Code <b>54427</b>		City of Present Owner <b>Fland</b>		State <b>WI</b>	
Subdivision Name		Lot #		ZIP Code <b>54427</b>			

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

Reason for Removal from Service <b>monitoring well - not needed</b>		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 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 If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <b>09/28/1999</b>		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input checked="" 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): _____		If a Well Construction Report is available, please attach.		Sealing Materials <input checked="" type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) <b>17</b>		Casing Diameter (in.) <b>2</b>	
Lower Drillhole Diameter (in.) <b>N/A</b>		Casing Depth (ft.) <b>17</b>		For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)?		Depth to Water (feet) <b>N/A</b>	

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>Surface</b>	<b>17</b>	<b>1 SACK</b>	

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Komarek Well Drilling</b>		License # <b>610</b>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>08/29/18</b>	Date Received	Noted By
Street or Route <b>11690 State Highway 13</b>		Telephone Number <b>(715) 767-5469</b>		Comments	
City <b>Ogema</b>	State <b>WI</b>	ZIP Code <b>54459</b>	Signature of Person Doing Work <i>Mechelle R Komarek</i>	Date Signed <b>09/06/18</b>	

**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: Marathon      WI Unique Well # of Removed Well: PE 131      Hicap #: \_\_\_\_\_

Latitude / Longitude (see instructions):  
44.8256 N      Format Code:  DD      Method Code:  GPS008  
89.2446 W       DDM       SCR002  
 OTH001

¼ / ¼ NE      Section: 14      Township: 27 N      Range: 10       E      Original Well Owner: \_\_\_\_\_  
or Gov't Lot #       W

Well Street Address: 1693 State Highway 49      Present Well Owner: Eppler's Bar

Well City, Village or Town: Town of Elderon      Well ZIP Code: 54427      Mailing Address of Present Owner: 1693 State Highway 49

Subdivision Name: \_\_\_\_\_      Lot #: \_\_\_\_\_      City of Present Owner: Eland      State: WI      ZIP Code: 54427

Facility Name: \_\_\_\_\_

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

License/Permit/Monitoring #: PZ 5

Reason for Removal from Service: monitoring well - not needed      WI Unique Well # of Replacement Well: \_\_\_\_\_

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

Monitoring Well      Original Construction Date (mm/dd/yyyy): 01/23/2002  
 Water Well  
 Borehole / Drillhole      If a Well Construction Report is available, please attach.

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

Formation Type:  
 Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.): 80      Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): N/A      Casing Depth (ft.): 80

Was well annular space grouted?       Yes       No       Unknown

If yes, to what depth (feet)?      Depth to Water (feet): N/A

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

Pump and piping removed?       Yes       No       N/A  
Liner(s) removed?       Yes       No       N/A  
Liner(s) perforated?       Yes       No       N/A  
Screen removed?       Yes       No       N/A  
Casing left in place?       Yes       No       N/A

Was casing cut off below surface?       Yes       No       N/A  
Did sealing material rise to surface?       Yes       No       N/A  
Did material settle after 24 hours?       Yes       No       N/A  
If yes, was hole retopped?       Yes       No       N/A  
If bentonite chips were used, were they hydrated with water from a known safe source?       Yes       No       N/A

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

Sealing Materials:  
 Neat Cement Grout       Concrete  
 Sand-Cement (Concrete) Grout       Bentonite Chips

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

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

Material	From (ft.)	To (ft.)	No. Yards Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Neat Cement Grout</u>	<u>Surface</u>	<u>80</u>	<u>2 sacks</u>	

**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing: Komarek Well Drilling      License #: 610      Date of Filling & Sealing or Verification (mm/dd/yyyy): 08/29/18      Date Received: \_\_\_\_\_      Noted By: \_\_\_\_\_

Street or Route: 11690 State Highway 13      Telephone Number: (715) 767-5469      Comments: \_\_\_\_\_

City: Ogema      State: WI      ZIP Code: 54459      Signature of Person Doing Work: [Signature]      Date Signed: 09/06/18

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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 <u>Marathon</u>		WI Unique Well # of Removed Well <u>PE 132</u>		Hicap #		Facility Name	
Latitude / Longitude (see instructions) <u>44.8257</u> N <u>89.2446</u> W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
¼ / ¼ <u>NE NE</u>		Section <u>14</u>		Township <u>27 N</u>		Range <u>10</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
or Gov't Lot #		Well Street Address <u>1693 State Highway 49</u>		Well ZIP Code <u>54427</u>		Original Well Owner <u>MW 16</u>	
Subdivision Name		Well City, Village or Town <u>Town of Elderon</u>		Well ZIP Code <u>54427</u>		Present Well Owner <u>Eppeler's Bar</u>	
Reason for Removal from Service <u>monitoring well - not needed</u>		WI Unique Well # of Replacement Well		City of Present Owner <u>Ebd</u>		State <u>WI</u>	
Mailing Address of Present Owner <u>1693 State Highway 49</u>		Lot #		ZIP Code <u>54427</u>			

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

<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <u>01/24/2002</u>	
<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.) <u>17.6</u>		Casing Diameter (in.) <u>2</u>	
Lower Drillhole Diameter (in.) <u>N/A</u>		Casing Depth (ft.) <u>17.6</u>	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)?		Depth to Water (feet) <u>N/A</u>	

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

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

Sealing Materials			
<input checked="" 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 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
<u>Surface</u>	<u>17.6</u>	<u>1 sack</u>	

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <u>Komarek Well Drilling</u>	License # <u>610</u>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>08/29/18</u>	Date Received	Noted By
Street or Route <u>11690 State Highway 13</u>		Telephone Number <u>(715) 767-5469</u>	Comments	
City <u>Dgema</u>	State <u>WI</u>	ZIP Code <u>54459</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>09/06/18</u>



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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 <b>Marathon</b>	WI Unique Well # of Removed Well <b>PE133</b>	Hicap #
Latitude / Longitude (see instructions) <b>44.8257</b> N <b>89.2443</b> W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ <b>NE NE</b>	Section <b>14</b>	Township <b>27 N</b>
or Gov't Lot #	Range <b>10</b>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address <b>1693 State Highway 49</b>	Well City, Village or Town <b>Town of Elderon</b>	Well ZIP Code <b>54427</b>
Subdivision Name	Lot #	

### 2. Facility / Owner Information

Facility Name		
Facility ID (FID or PWS)		
License/Permit/Monitoring # <b>PZ 4</b>		
Original Well Owner		
Present Well Owner <b>Eppeler's Bar</b>		
Mailing Address of Present Owner <b>1693 State Highway 49</b>		
City of Present Owner <b>Eldon</b>	State <b>WI</b>	ZIP Code <b>54427</b>

Reason for Removal from Service  
**monitoring well - not needed**

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

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	WI Unique Well # of Replacement Well
Original Construction Date (mm/dd/yyyy) <b>01/21/2002</b>	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.) <b>55.2</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.) <b>N/A</b>	Casing Depth (ft.) <b>55.2</b>
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>N/A</b>

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

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

Material	From (ft.)	To (ft.)	No. Yards Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>Neat Cement Grout</b>	<b>Surface</b>	<b>55.2</b>	<b>1.5 sacks</b>	

### 6. Comments

### 7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Komarek Well Drilling</b>	License # <b>610</b>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>08/29/18</b>	Date Received	Noted By	
Street or Route <b>11690 State Highway 13</b>	Telephone Number <b>(715) 767-5469</b>	Comments			
City <b>Ogema</b>	State <b>WI</b>	ZIP Code <b>54459</b>	Signature of Person Doing Work <i>Duane A. Komarek</i>	Date Signed <b>09/06/18</b>	

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**Route to DNR Bureau:**

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

**Verification Only of Fill and Seal**

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

County: Marathon      WI Unique Well # of Removed Well: PE134      Hicap #: \_\_\_\_\_  
Latitude / Longitude (see instructions): 44.8259 N      Format Code:  DD      Method Code:  GPS008  
89.2449 W       DDM       SCR002       OTH001  
¼ / ¼ or Gov't Lot #: NE ¼ NE      Section: 14      Township: 27 N      Range: 10       E       W  
Well Street Address: 1693 State Highway 49  
Well City, Village or Town: Town of Elderon      Well ZIP Code: 54427  
Subdivision Name: \_\_\_\_\_      Lot #: \_\_\_\_\_

Facility Name: \_\_\_\_\_  
Facility ID (FID or PWS): \_\_\_\_\_  
License/Permit/Monitoring #: MW17  
Original Well Owner: \_\_\_\_\_  
Present Well Owner: Eppler's Bar  
Mailing Address of Present Owner: 1693 State Highway 49  
City of Present Owner: Eldon      State: WI      ZIP Code: 54427

Reason for Removal from Service: monitoring well - not needed      WI Unique Well # of Replacement Well: \_\_\_\_\_

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

Monitoring Well      Original Construction Date (mm/dd/yyyy): 01/24/2002  
 Water Well      If a Well Construction Report is available, please attach.  
 Borehole / Drillhole

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

Formation Type:  
 Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.): 18      Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): N/A      Casing Depth (ft.): 18

Was well annular space grouted?       Yes       No       Unknown

If yes, to what depth (feet)? \_\_\_\_\_      Depth to Water (feet): N/A

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

Pump and piping removed?       Yes       No       N/A  
Liner(s) removed?       Yes       No       N/A  
Liner(s) perforated?       Yes       No       N/A  
Screen removed?       Yes       No       N/A  
Casing left in place?       Yes       No       N/A  
Was casing cut off below surface?       Yes       No       N/A  
Did sealing material rise to surface?       Yes       No       N/A  
Did material settle after 24 hours?       Yes       No       N/A  
If yes, was hole retopped?       Yes       No       N/A  
If bentonite chips were used, were they hydrated with water from a known safe source?       Yes       No       N/A

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

Sealing Materials  
 Neat Cement Grout       Concrete  
 Sand-Cement (Concrete) Grout       Bentonite Chips

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

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

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	18	1 sack	

**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing: Komarek Well Drilling      License #: 610      Date of Filling & Sealing or Verification (mm/dd/yyyy): 08/29/18      Date Received: \_\_\_\_\_      Noted By: \_\_\_\_\_  
Street or Route: 11690 State Highway 13      Telephone Number: (715) 767-5469      Comments: \_\_\_\_\_  
City: Ogema      State: WI      ZIP Code: 54459      Signature of Person Doing Work: \_\_\_\_\_      Date Signed: 09/06/18

**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 <b>Marathon</b>		WI Unique Well # of Removed Well <b>PE 135</b>		Hicap #		Facility Name	
Latitude / Longitude (see instructions) <b>44.8265</b> N		Format Code <input type="checkbox"/> DD		Method Code <input checked="" type="checkbox"/> GPS008		Facility ID (FID or PWS)	
<b>89.2444</b> W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		License/Permit/Monitoring # <b>PZ 3</b>	
1/4 1/4 <b>NE NE</b>		Section <b>14</b>		Township <b>27 N</b>		Range <input checked="" type="checkbox"/> E	
or Gov't Lot #				<b>10</b>		<input type="checkbox"/> W	
Well Street Address <b>1693 State Highway 49</b>				Present Well Owner <b>Eppeler's Bar</b>			
Well City, Village or Town <b>Town of Elderon</b>				Well ZIP Code <b>54427</b>			
Subdivision Name				Lot #		City of Present Owner <b>Eldon</b>	
						State <b>WI</b>	
						ZIP Code <b>54427</b>	

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

Reason for Removal from Service <b>monitoring well - not needed</b>		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 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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Original Construction Date (mm/dd/yyyy) <b>01/24/2002</b>		If a Well Construction Report is available, please attach.		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole				<input checked="" type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock							
Total Well Depth From Ground Surface (ft.) <b>58</b>		Casing Diameter (in.) <b>2</b>					
Lower Drillhole Diameter (in.) <b>N/A</b>		Casing Depth (ft.) <b>58</b>					
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) <b>N/A</b>					
If yes, to what depth (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
<b>Neat Cement Grout</b>				<b>Surface</b>	<b>58</b>	<b>1.5 Sacks</b>	

**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing <b>Komarek Well Drilling</b>		License # <b>610</b>		Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>08/29/18</b>		Date Received		Noted By	
Street or Route <b>N1690 State Highway 13</b>				Telephone Number <b>(715) 767-5469</b>		Comments			
City <b>Ogema</b>		State <b>WI</b>		ZIP Code <b>54459</b>		Signature of Person Doing Work <i>Sherron Komarek</i>		Date Signed <b>09/06/18</b>	

**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:**

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

**Verification Only of Fill and Seal**

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

County <u>Marathon</u>		WI Unique Well # of Removed Well <u>PE136</u>	Hicap #	Facility Name	
Latitude / Longitude (see instructions) <u>44.8265</u> N <u>89.2443</u> W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)	
1/4 / 1/4 <u>NE</u> <u>NE</u>	Section <u>14</u>	Township <u>27 N</u>	Range <u>10</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # <u>MW15</u>	
Well Street Address <u>1693 State Highway 49</u>		Present Well Owner <u>Eopler's Bar</u>		Original Well Owner	
Well City, Village or Town <u>Town of Elderon</u>		Well ZIP Code <u>54427</u>		Mailing Address of Present Owner <u>1693 State Highway 49</u>	
Subdivision Name		Lot #		City of Present Owner <u>Fland</u>	State <u>WI</u> ZIP Code <u>54427</u>

Reason for Removal from Service <u>monitoring well - not needed</u>	WI Unique Well # of Replacement Well	<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>			
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<b>3. Filled &amp; Sealed Well / Drillhole / Borehole Information</b>		<input checked="" type="checkbox"/> Monitoring Well      Original Construction Date (mm/dd/yyyy) <u>11/27/2001</u> <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.) <u>17</u>	Casing Diameter (in.) <u>2</u>	Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Lower Drillhole Diameter (in.) <u>N/A</u>	Casing Depth (ft.) <u>17</u>	Sealing Materials <input checked="" type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <u>N/A</u>	For Monitoring Wells and Monitoring Well Boreholes Only: <input 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
<u>Surface</u>	<u>17</u>	<u>1 sack</u>	

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <u>Komarek Well Drilling</u>	License # <u>610</u>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>08/29/18</u>	Date Received	Noted By
Street or Route <u>11690 State Highway 13</u>		Telephone Number <u>(715) 767-5469</u>	Comments	
City <u>Ogema</u>	State <u>WI</u> ZIP Code <u>54459</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>09/06/18</u>	