

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

Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information

County: Douglas WI Unique Well # of Removed Well: 0X027 Hicap #: NA

Latitude / Longitude (Degrees and Minutes): 46° 43' 35.41" N Method Code (see instructions): GPS007
92° 04' 22.36" W

1/4 1/4 NE 1/4 SW Section: 13 Township: 49 N Range: 14 E W

or Gov't Lot # _____

Well Street Address: East Street

Well City, Village or Town: Superior Well ZIP Code: 54880

Subdivision Name: _____ Lot #: _____

Reason For Removal From Service: _____ WI Unique Well # of Replacement Well: NA

2. Facility / Owner Information

Facility Name: Superior Water Light and Power

Facility ID (FID or PWS): 09413-098

License/Permit/Monitoring #: _____

Original Well Owner: Superior Water Light and Power

Present Well Owner: Same

Mailing Address of Present Owner: 2915 Hill Ave

City of Present Owner: Superior State: WI ZIP Code: 54880

3. Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 10-11-2005

Water Well

Borehole / Drillhole

If a Well Construction Report is available, please attach: Attached

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): _____

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 12 Casing Diameter (in.): 1 1/2

Lower Drillhole Diameter (in.): 12 Casing Depth (ft.): _____

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? 1.5 Depth to Water (feet): 2.11

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): _____

Sealing Materials

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

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

Concrete Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout

Granular Bentonite Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole

Wyo Ben High Solids Bentonite Grout Cement

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	12	1/2 Bag	15+

6. Comments

MW-18

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Dennis Zehnder AECOM License #: _____ Date of Filling & Sealing (mm/dd/yyyy): 10-8-2010

Street or Route: 161 Cheshire Lane N Suite 500 Telephone Number: (612) 210 1048

City: Plymouth State: Mn ZIP Code: 55441 Signature of Person Doing Work: Dennis Zehnder Date Signed: 1-11-11

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Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County <u>Douglas</u>		WI Unique Well # of Removed Well <u>OX 028</u>		Hicap # <u>NA</u>		Facility Name <u>Superior Water Light and Power</u>	
Latitude / Longitude (Degrees and Minutes) <u>46° 43' x 35.911" N</u> <u>92° 04' x 2136" W</u>				Method Code (see instructions) <u>GPS007</u>			
Facility ID (FID or PWS) <u>09413-098</u>		License/Permit/Monitoring # _____		Original Well Owner <u>Superior Water Light & Power</u>		Present Well Owner <u>same</u>	
1/4 NE 1/4 SW or Gov't Lot # _____		Section <u>13</u>		Township <u>49 N</u>		Range <u>14</u> <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address <u>East Street</u>				Mailing Address of Present Owner <u>2915 Hill Ave</u>			
Well City, Village or Town <u>Superior</u>				Well ZIP Code <u>54880</u>		City of Present Owner <u>Superior</u>	
Subdivision Name _____				Lot # _____		State <u>WI</u>	
Reason For Removal From Service _____				WI Unique Well # of Replacement Well <u>NA</u>		ZIP Code <u>54880</u>	

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <u>10-11-2005</u>		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		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		Total Well Depth From Ground Surface (ft.) <u>12.4</u>		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	
Lower Drillhole Diameter (in.) <u>12.4</u>		Casing Diameter (in.) <u>1 1/2" 2"</u>		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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	
Casing Depth (ft.) <u>10 screen</u>		Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		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 type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	
If yes, to what depth (feet)? <u>1.75'</u>		Depth to Water (feet) <u>3.0</u>		For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input checked="" type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry		No. Yards, Sacks Sealant or Volume (circle one) <u>1/2</u>	

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>Wyo Ben High sol. 2: Bentonite grout</u>				Surface	<u>12.4</u>	<u>1/2</u>	<u>7:15</u>
<u>Cement</u>							

6. Comments
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7. Supervision of Work				DNR Use Only			
Name of Person or Firm Doing Filling & Sealing <u>Dennis Zhadan AECOM</u>		License # <u>NA</u>		Date of Filling & Sealing (mm/dd/yyyy) <u>10-8-2010</u>		Date Received	
Street or Route <u>161 Cheshire Lane N Suite 500</u>		Telephone Number <u>(612) 2101045</u>		Comments		Noted By	
City <u>Plumouth</u>		State <u>MN</u>		ZIP Code <u>55441</u>		Signature of Person Doing Work <u>Dennis Zhadan</u>	
						Date Signed <u>1-11-11</u>	

