

**From:** John Link <jlink@sesgb.com>  
**Sent:** Wednesday, September 2, 2020 10:01 AM  
**To:** Schmenk, Colin R -DNR  
**Subject:** Re: Lakewood Field Abandonment Forms  
**Attachments:** MW-9, 16.pdf

Last batch.

Enjoy the long weekend coming up!

John L.

On 9/2/2020 9:53 AM, Schmenk, Colin R -DNR wrote:

> These work. Please send the rest of the forms with these changes.

>

> In regards to the MW-18 wells, I don't think we have any GPS coordinates to provide you. GEI went out to try and survey the wells and provide the DNR with the coordinates but they could not locate these wells either. At this point we will likely have to consider these wells lost. I do greatly appreciate the time your crew spent trying to find these wells and the rest of the abandonment work.

>

> Thank you,

> -Colin

>

> We are committed to service excellence.

> Visit our survey at <http://dnr.wi.gov/customersurvey> to evaluate how I did.

>

> Colin Schmenk

> Phone #: (920) 510-9482

> [ColinR.Schmenk@Wisconsin.gov](mailto:ColinR.Schmenk@Wisconsin.gov)

>

> -----Original Message-----

> From: John Link <[jlink@sesgb.com](mailto:jlink@sesgb.com)>

> Sent: Wednesday, September 2, 2020 9:39 AM

> To: Schmenk, Colin R -DNR <[colinr.schmenk@wisconsin.gov](mailto:colinr.schmenk@wisconsin.gov)>

> Subject: Lakewood Field Abandonment Forms

>

> Hi Colin,

>

> Attached are a batch of revised field abandonment forms for the Lakewood project. Have a look and let me know if these will work.

>

> I'm not sure what to tell you about the MW-18 wells except that the person who was on site to show us the "difficult to locate" wells could not find them and our crew spent the better part of an hour trying unsuccessfully to find them. If we can perhaps get some GPS coordinates?

>

> Thanks,

>

> John L.

>

> --

> John E. Link, P.G., C.P.G.

> Subsurface Exploration Services, LLC

> 849 E. Frontage Road

> Little Suamico, WI 54141

> D: 920.826.6851 M: 920.680.0680

> [jlink@sesgb.com](mailto:jlink@sesgb.com)

> [http://secure-web.cisco.com/1kWrYR2YAugtOXZILJvkMf2\\_q2B\\_rozTXbJIm09IH\\_dH7HdbuB6v-KIP9rpNOytmQnCir9ofKG2HtBumdtrWWJXpgGlpTNWcZ2IQVvUbKfL2X4sGeIJOpevyJQbBRfLTB2XTaTUbt\\_v7K45duWN5k3h3VgiBgc3fsJH\\_bmlhG2wowmz3lkse9IUvL1WFCcFCWS5O6QsuV0qQdZbicFd9ybm-TVNmsLWKH7p-t0PcDehNxA\\_Vn1qKXoQVvy63wU19mKf-zOUaRt9lLv8YBjzshxBw/http%3A%2F%2Fwww.sesgb.com](http://secure-web.cisco.com/1kWrYR2YAugtOXZILJvkMf2_q2B_rozTXbJIm09IH_dH7HdbuB6v-KIP9rpNOytmQnCir9ofKG2HtBumdtrWWJXpgGlpTNWcZ2IQVvUbKfL2X4sGeIJOpevyJQbBRfLTB2XTaTUbt_v7K45duWN5k3h3VgiBgc3fsJH_bmlhG2wowmz3lkse9IUvL1WFCcFCWS5O6QsuV0qQdZbicFd9ybm-TVNmsLWKH7p-t0PcDehNxA_Vn1qKXoQVvy63wU19mKf-zOUaRt9lLv8YBjzshxBw/http%3A%2F%2Fwww.sesgb.com)

>

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John E. Link, P.G., C.P.G.

Subsurface Exploration Services, LLC

849 E. Frontage Road

Little Suamico, WI 54141

D: 920.826.6851 M: 920.680.0680

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<http://secure-web.cisco.com/1eOcb7rxK5m5ZYKvHaxseb56S6nkmZAM6xuPKGTrh76fkOZGLyTAG3WK8djHWIIITmXZVK>

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[wZT4fdXur694Fje4QDidW3tl8O40PRFct74Sp1KHvTsvkfICFJhalox9VzGCPUPru7vo\\_PBYLB0Aee5SIMu6VdGxd\\_wA6nlcINRc7lZS8Jmf0Va5JOZ7tkCPLt2McgXiacEAuXsyBPjAAEcqkKdnxcfvDTdTNLYnuPXB9CgLxexSGTAc1zcEiEKS21lVg-W4F\\_HmwIjRmOMBWRzw/http%3A%2F%2Fwww.sesgb.com](http://wZT4fdXur694Fje4QDidW3tl8O40PRFct74Sp1KHvTsvkfICFJhalox9VzGCPUPru7vo_PBYLB0Aee5SIMu6VdGxd_wA6nlcINRc7lZS8Jmf0Va5JOZ7tkCPLt2McgXiacEAuXsyBPjAAEcqkKdnxcfvDTdTNLYnuPXB9CgLxexSGTAc1zcEiEKS21lVg-W4F_HmwIjRmOMBWRzw/http%3A%2F%2Fwww.sesgb.com)





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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>Oconto</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakewood Well Abandonment</b>	
Latitude / Longitude (see instructions) <b>45.30225</b> <b>-88.54613</b>		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section		Township <b>N</b>		License/Permit/Monitoring # <b>MW-1</b>	
Well Street Address		Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner		Present Well Owner <b>WDNR</b>	
Well City, Village or Town		Well ZIP Code		Mailing Address of Present Owner <b>101 S. WEBSTER ST</b>		City of Present Owner <b>MADISON</b>	
Subdivision Name		Lot #		State <b>WI</b>		ZIP Code <b>53703</b>	
Reason for Removal from Service <b>Abandon</b>		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <b>12/01/1987</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <b>Abandon</b>		If a Well Construction Report is available, please attach.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) <b>17.5</b>		Casing Diameter (in.) <b>2"</b>	
Lower Drillhole Diameter (in.) <b>2"</b>		Casing Depth (ft.) <b>—</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)? <b>—</b>		Depth to Water (feet) <b>10.6</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
Surface	<b>17.5</b>	<b>2 bags</b>	

**6. Comments**

**8-17-2020**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-14-2020</b>	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number ( 920 ) 826-4338		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work	Date Signed <b>8-17-2020</b>	



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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 <b>Oconto</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakewood Well Abandonment</b>			
Latitude / Longitude (see instructions) <b>45.30211</b> N <b>-88.54587</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 / 1/4		Section		Township <b>N</b>		Range <input type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>MW-4</b>	
or Gov't Lot #						Original Well Owner			
Well Street Address						Present Well Owner <b>WDNR</b>			
Well City, Village or Town						Mailing Address of Present Owner <b>101 S. WEBSTER ST</b>			
Well ZIP Code						City of Present Owner <b>MADISON</b>		State <b>WI</b>	ZIP Code <b>53703</b>
Subdivision Name						Lot #			
Reason for Removal from Service <b>Abandon</b>						WI Unique Well # of Replacement Well			

**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) <b>12/21/1987</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Borehole / Drillhole		If a Well Construction Report is available, please attach.		<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Other (specify): <b>Abandon</b>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <b>19.6</b>		Casing Diameter (in.) <b>2"</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <b>2"</b>		Casing Depth (ft.) <b>11.5</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If yes, to what depth (feet)? <b>—</b>		Depth to Water (feet) <b>11.5</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<b>19.6</b>	<b>2 bags</b>	

**6. Comments**

**8-17-2020**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-14-2020</b>	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number ( 920 ) 826-4338		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>8-14-2020</b>	

**8-17-2020**



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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>Oconto</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakewood Well Abandonment</b>	
Latitude / Longitude (see instructions) <b>45.30187</b> N <b>-88.54545</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4		Section		Township <b>N</b>		License/Permit/Monitoring # <b>MW-10</b>	
or Gov't Lot #		Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner		Present Well Owner <b>WDNR</b>	
Well Street Address				Mailing Address of Present Owner <b>101 S. WEBSTER ST.</b>			
Well City, Village or Town				Well ZIP Code		City of Present Owner <b>MADISON</b>	
Subdivision Name				Lot #		State <b>WI</b>	
Reason for Removal from Service <b>Abandon</b>				WI Unique Well # of Replacement Well		ZIP Code <b>53703</b>	

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) <b>05/11/1989</b>		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:				Screen removed?			
<input type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Other (specify): <b>Abandon</b>				Casing left in place?			
Formation Type:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		Was casing cut off below surface?			
Total Well Depth From Ground Surface (ft.) <b>16.7</b>		Casing Diameter (in.) <b>2"</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		Did sealing material rise to surface?			
Was well annular space grouted?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, to what depth (feet)?		Depth to Water (feet) <b>8.2</b>		Did material settle after 24 hours?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
5. Material Used to Fill Well / Drillhole				If bentonite chips were used, were they hydrated with water from a known safe source?			
From (ft.)		To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight	
<b>3/8 Ben</b>		<b>Chips</b>		Surface <b>16.7</b>		<b>2 Bags</b>	

**6. Comments**

**8-17-2020**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-14-2020</b>	Date Received	Noted By
Street or Route 849 E Frontage Road			Telephone Number ( 920 ) 826-4338	Comments	
City Little Suamico		State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>8-17-2020</b>



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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 <b>OLONTO</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakewood well Abandonment</b>	
Latitude / Longitude (see instructions) <b>45.30324</b> N <b>-88.54293</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section		Township <b>N</b>		License/Permit/Monitoring # <b>MW-11</b>	
Well Street Address		Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner		Present Well Owner <b>WDNR</b>	
Well City, Village or Town		Well ZIP Code		Mailing Address of Present Owner <b>101 S. WEBSTER ST</b>		City of Present Owner <b>MADISON</b>	
Subdivision Name		Lot #		State <b>WI</b>		ZIP Code <b>53703</b>	
Reason for Removal from Service <b>Abandon</b>		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			

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		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> No <input checked="" 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	
Original Construction Date (mm/dd/yyyy) <b>05/11/1989</b> If a Well Construction Report is available, please attach.		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <b>Abandon</b>		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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	
Total Well Depth From Ground Surface (ft.) <b>19.7</b>		Casing Diameter (in.) <b>2"</b>	
Lower Drillhole Diameter (in.) <b>2"</b>		Casing Depth (ft.) <b>1</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)? _____      Depth to Water (feet) <b>16.1</b>	

5. Material Used to Fill Well / Drillhole			
<b>3/8 Ben Chips</b>	From (ft.) Surface	To (ft.) <b>19.7</b>	No. Yards, Sacks Sealant or Volume (circle one) <b>2 8495</b>
			Mix Ratio or Mud Weight

**6. Comments**

**8-17-2020**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-14-2020</b>	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number ( 920 ) 826-4338		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>8-14-2020</b>	<b>8-17-2020</b>



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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 <b>Oconto</b>	WI Unique Well # of Removed Well	Hicap #	Facility Name <b>Lakewood Well Abandonment</b>	
Latitude / Longitude (see instructions) <b>45.30228</b> N <b>-88.54612</b> W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #	Section	Township <b>N</b>	Range <input type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # <b>MW-12A</b>
Well Street Address			Original Well Owner	
Well City, Village or Town			Present Well Owner <b>W DHR</b>	
Subdivision Name			Mailing Address of Present Owner <b>101 S. WEBSTER ST.</b>	
Reason for Removal from Service <b>Abandon.</b>			City of Present Owner <b>MADISON</b> State <b>WI</b> ZIP Code <b>53703</b>	

**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) <b>05/18/1989</b>	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> No <input checked="" 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	
Construction Type: <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <b>Abandonment</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): _____	
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.) <b>43.7</b> Casing Diameter (in.) <b>2"</b>		Lower Drillhole Diameter (in.) <b>1"</b> Casing Depth (ft.) <b>30-43.7</b>	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		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 checked="" type="checkbox"/> Bentonite - Sand Slurry	
If yes, to what depth (feet)? <b>43.7</b> Depth to Water (feet) <b>11.8</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>Ben. Grout</b>	Surface	<b>43.7</b>	<b>15 gal.</b>	

**6. Comments**

**8-17-2020**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-14-2020</b>	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number ( 920 ) 826-4338	Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work 	Date Signed <b>8-14-2020</b> <b>8-17-2020</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 <b>OCONTO</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakewood well Abandonment</b>							
Latitude / Longitude (see instructions) <b>45.30331</b> N <b>-88.54269</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)							
1/4 / 1/4 or Gov't Lot #		Section		Township <b>N</b>		Range <input type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>MW15A</b>					
Well Street Address						Original Well Owner							
Well City, Village or Town						Present Well Owner <b>WDNR</b>							
Subdivision Name						Mailing Address of Present Owner <b>101 S. WEBSTER ST.</b>							
Reason for Removal from Service <b>Abandon.</b>						WI Unique Well # of Replacement Well		City of Present Owner <b>MADISON</b>		State <b>WI</b>		ZIP Code <b>53703</b>	

**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) <b>12/10/2003</b>		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		Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <b>Abandon</b>		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) <b>146'</b>		Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <b>2"</b>		Casing Diameter (in.) <b>2"</b>		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Casing Depth (ft.) <b>30"-146"</b>		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)? <b>146'</b>		Depth to Water (feet) <b>1.4'</b>		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Material Used to Fill Well / Drillhole		Required Method of Placing Sealing Material		Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
From (ft.)		To (ft.)		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>Ben Grout</b>		<b>0.5 Surface</b>		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<b>Asphalt Patch</b>		<b>0.5</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 checked="" type="checkbox"/> Other (Explain): <b>Asf. Patch</b>	
				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 type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
				<input type="checkbox"/> Granular Bentonite <input checked="" type="checkbox"/> Bentonite - Sand Slurry	
				No. Yards, Sacks Sealant or Volume (circle one)	
				<b>40 gallons</b>	
				Mix Ratio or Mud Weight	
				<b>1/2 bag.</b>	

**6. Comments**  
**Flush mortar Rig Left in place. Cap removed. Asphlted over + inside.**

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

Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-14-2020</b> <b>8-17-2020</b>		Date Received		Noted By	
Street or Route 849 E Frontage Road				Telephone Number ( 920 ) 826-4338		Comments			
City Little Suamico		State WI		ZIP Code 54141		Signature of Person Doing Work <i>[Signature]</i>		Date Signed <b>8-14-2020</b> <b>8-17-2020</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 <b>Oconto</b>	WI Unique Well # of Removed Well	Hicap #	Facility Name <b>Lakewood Well Abandonment</b>
Latitude / Longitude (see instructions) <b>45.30334</b> N <b>-88.53982</b> W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) <b>30001</b>
1/4 / 1/4 or Gov't Lot #	Section	Township <b>N</b>	License/Permit/Monitoring # <b>MW-17</b>
Well Street Address	Range <input type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner	Present Well Owner <b>WDNR</b>
Well City, Village or Town	Well ZIP Code	Mailing Address of Present Owner <b>101 S. WEBSTER ST</b>	City of Present Owner <b>MADISON</b>
Subdivision Name	Lot #	State <b>WI</b>	ZIP Code <b>53703</b>
Reason for Removal from Service	WI Unique Well # of Replacement Well	<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>	

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) <b>04/29/2003</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <b>Abandoned</b>	If a Well Construction Report is available, please attach.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <b>20</b>	Casing Diameter (in.) <b>2"</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>2"</b>	Casing Depth (ft.) <b>—</b>	<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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, to what depth (feet)? <b>20</b>	Depth to Water (feet) <b>2.6'</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
	Surface	1	<b>1/4 bag</b>
	1	20	<b>3 gallons</b>
<b>318 Ben Chips</b>			
<b>Ben Grout</b>			

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC	License #	Date of Filling & Sealing Verification (mm/dd/yyyy) <b>8-17-2020</b>	Date Received	Noted By
Street or Route 849 E Frontage Road	Telephone Number ( 920 ) 826-4338		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>8-17-2020</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 <i>Oconto</i>	WI Unique Well # of Removed Well	Hicap #	Facility Name <i>Lakewood Well Abandonment</i>
Latitude / Longitude (see instructions) <i>45.30334</i> N <i>-88.53982</i> W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4 or Gov't Lot #	Section	Township N	License/Permit/Monitoring # <i>MN-17A</i>
Well Street Address	Range <input type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner	Present Well Owner <i>WDNR</i>
Well City, Village or Town	Well ZIP Code	Mailing Address of Present Owner <i>101 S. WEBSTER ST.</i>	City of Present Owner <i>MADISON</i>
Subdivision Name	Lot #	State <i>WI</i>	ZIP Code <i>53703</i>

Reason for Removal from Service  
*Abandm*

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)  
*04/29/2003*

If a Well Construction Report is available, please attach.

Construction Type:  
 Drilled     Driven (Sandpoint)     Dug  
 Other (specify): *Abandm*

Formation Type:  
 Unconsolidated Formation     Bedrock

Total Well Depth From Ground Surface (ft.)  
*58.2*

Casing Diameter (in.)  
*2"*

Lower Drillhole Diameter (in.)  
*2"*

Casing Depth (ft.)  
*1*

Was well annular space grouted?     Yes     No     Unknown

If yes, to what depth (feet)?  
*58.2*

Depth to Water (feet)  
*0.8*

**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	<i>58.2</i>	<i>20 gallons</i>	

**6. Comments**

*8-17-2020*

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>8-17-2020</i>	<b>DNR Use Only</b>	
Street or Route 849 E Frontage Road	Telephone Number ( 920 ) 826-4338	Date Received	Noted By	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <i>8-17-2020</i>



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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>Oconto</b>	WI Unique Well # of Removed Well	Hicap #	Facility Name <b>Lakewood Well Abandonment</b>
Latitude / Longitude (see instructions) <b>45.30334</b> N <b>-88.53982</b> W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4	Section	Township	License/Permit/Monitoring # <b>MW-17B</b>
or Gov't Lot #		Range <input type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner
Well Street Address			Present Well Owner <b>WDNR</b>
Well City, Village or Town	Well ZIP Code		Mailing Address of Present Owner <b>101 S. WEBSTER ST</b>
Subdivision Name	Lot #		City of Present Owner <b>MADISON</b>
			State <b>WI</b>
			ZIP Code <b>53703</b>

Reason for Removal from Service  
**Abandon**

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)  
**05/14/2003**

If a Well Construction Report is available, please attach.

Construction Type:

Drilled       Driven (Sandpoint)       Dug

Other (specify): **Abandon**

Formation Type:

Unconsolidated Formation       Bedrock

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

**100'**      **2"**

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

**2"**      **1'**

Was well annular space grouted?       Yes       No       Unknown

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

**100**      **1.3**

**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
<b>Ben. Grout</b>	Surface	<b>100</b>	<b>30 gal.</b>	

**6. Comments**

**8-17-2020**

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

Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-14-2020</b>	Date Received	Noted By
Street or Route 849 E Frontage Road	Telephone Number ( 920 ) 826-4338	Comments		
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>8-14-2020</b> <b>8-17-2020</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 <b>Oconto</b>	WI Unique Well # of Removed Well	Hicap #	Facility Name <b>Lake Wood Well Abandonment</b>
Latitude / Longitude (see instructions) <b>45.38104</b> N <b>-88.54176</b> W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4 or Gov't Lot #	Section	Township <b>N</b>	License/Permit/Monitoring # <b>MW-PA</b>
Well Street Address	Range <input type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner	Present Well Owner <b>WDNR</b>
Well City, Village or Town	Well ZIP Code	Mailing Address of Present Owner <b>101 S. WEBSTER ST</b>	City of Present Owner <b>MADISON</b>
Subdivision Name	Lot #	State <b>WI</b>	ZIP Code <b>53703</b>
Reason for Removal from Service <b>Abandon</b>	WI Unique Well # of Replacement Well	<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b>	

<b>3. Filled &amp; Sealed Well / Drillhole / Borehole Information</b>		<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" 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 <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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>05/02/2003</b>	Pump and piping removed? Liner(s) removed? Liner(s) perforated? Screen removed? Casing left in place?	
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Was casing cut off below surface? Did sealing material rise to surface? Did material settle after 24 hours? If yes, was hole retopped? If bentonite chips were used, were they hydrated with water from a known safe source?	
<input type="checkbox"/> Borehole / Drillhole		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 type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <b>Abandon</b>	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.) <b>57.1</b>	Casing Diameter (in.) <b>2"</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 checked="" type="checkbox"/> Bentonite - Sand Slurry	
Lower Drillhole Diameter (in.) <b>2"</b>	Casing Depth (ft.) <b>57.1</b>	From (ft.)   To (ft.)   No. Yards, Sacks Sealant or Volume (circle one)   Mix Ratio or Mud Weight Surface <b>57.1</b> <b>20 gallons</b>	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>12.2</b>		

<b>5. Material Used to Fill Well / Drillhole</b>			
<b>Ben Grant</b>			

**6. Comments**

**8-17-2020**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-14-2020</b>	Date Received	Noted By
Street or Route 849 E Frontage Road	Telephone Number ( 920 ) 826-4338	Comments		
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>8-17-2020</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 <b>Oconto</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakewood Well Abandonment</b>	
Latitude / Longitude (see instructions) <b>45.30104</b> N <b>-88.54176</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section		Township <b>N</b>		License/Permit/Monitoring # <b>MW-19B</b>	
Well Street Address		Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner		Present Well Owner <b>WDNR</b>	
Well City, Village or Town		Well ZIP Code		Mailing Address of Present Owner <b>101 S. WEBSTER ST.</b>		City of Present Owner <b>MADISON</b>	
Subdivision Name		Lot #		State <b>WI</b>		ZIP Code <b>53703</b>	
Reason for Removal from Service <b>Abandon</b>		WI Unique Well # of Replacement Well		City of Present Owner		State	

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) <b>04/06/2003</b>		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:				Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled				Casing left in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Driven (Sandpoint)				Was casing cut off below surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Other (specify): <b>Abandon</b>				Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:				Did material settle after 24 hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <b>117</b>		Casing Diameter (in.) <b>2"</b>		If bentonite chips were used, were they hydrated with water from a known safe source?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <b>2"</b>		Casing Depth (ft.) <b>30" to 117</b>		Required Method of Placing Sealing Material		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain):			
If yes, to what depth (feet)? <b>117</b>		Depth to Water (feet) <b>12.7</b>		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 type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
				<input type="checkbox"/> Granular Bentonite <input checked="" 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	<b>117</b>	<b>45%</b>	

**6. Comments**

**8-17-2020**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-14-2020</b>	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number ( 920 ) 826-4338		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>8-14-2020</b>	

**8-17-2020**



# Field Boring Log



849 E. Frontage Road  
Little Suamico, WI 54141  
920.544.4228

On-site Client Engineer/Technician Y/V Surface Elevation — Water Level Observations  
 Name — Boring Started 8-18-2020 WL: — WS or WD  
 SES Driller JD Boring Completed 8-18-2020 WL: — BCR — ACR  
 SES Helper DM Station — WL: — AB — HRs AB  
 Rig Model D-50 Offset 0-L WL: — 24-hr AB

Project Name: Lakewood Well Abandonment

6/1/21

Job No.: <u>200769</u>		Boring No.: <u>001 MW Abandon</u>				Client: <u>GE1</u>		Weather: <u>70 Sunny</u>			
Sample No.	Depth or Elevation		Sample Method	Penetration Record Split Spoon Blows				R	QP	Strata Change	Sample Description
	From	To		6"	6"	6"	6"	Length Recovered (feet)	Penetrometer Test (tsf)		
											MW #
											WL
											WL TPVC
											Depth
											Depth TPVC
											Seal Method
											<u>Graded Chips - All PVC removed</u>
											<u>6</u>
											<u>11.5</u>
											<u>13.8</u>
											<u>21.1</u>
											<u>23.4</u>
											<u>Grated - cut 30' below</u>
											<u>6B</u>
											<u>11.2</u>
											<u>14.2</u>
											<u>70</u>
											<u>73</u>
											<u>Grated - cut 30' below</u>
											<u>6A</u>
											<u>11.2</u>
											<u>13.5</u>
											<u>44.5</u>
											<u>46.9</u>
											<u>Grated - cut 30' below</u>
											<u>3</u>
											<u>25.3</u>
											<u>28.8</u>
											<u>33</u>
											<u>35.5</u>
											<u>Grated - cut 30' below</u>
											<u>3A</u>
											<u>27.2</u>
											<u>29.1</u>
											<u>65.1</u>
											<u>67</u>
											<u>Grated - cut 30' below</u>
											<u>3B</u>
											<u>26.4</u>
											<u>28.3</u>
											<u>84.2</u>
											<u>87.1</u>
											<u>Grated - cut 30' below</u>
											<u>8</u>
											<u>7.3</u>
											<u>9.8</u>
											<u>17.8</u>
											<u>20.3</u>
											<u>Chips - All PVC cut</u>
											<u>8A</u>
											<u>21.3</u>
											<u>27.1</u>
											<u>57.6</u>
											<u>60.5</u>
											<u>Grated - cut 30' below</u>
											<u>5</u>
											<u>15.3</u>
											<u>12</u>
											<u>24.1</u>
											<u>27.4</u>
											<u>Grated - cut 30' below</u>
											<u>5A</u>
											<u>13.1</u>
											<u>16.4</u>
											<u>46.5</u>
											<u>49.8</u>
											<u>Grated - cut 30' below</u>
											<u>5B</u>
											<u>13.5</u>
											<u>16.1</u>
											<u>101.2</u>
											<u>104.5</u>
											<u>Grated - cut 30' below</u>

**Abbreviations:**  
 ST - Shelby Tube  
 SS - Split Spoon  
 DB - Diamond Bit  
 PA - Power Auger (Solid Stem Auger)  
 HSA - Hollow Stem Auger  
 RB - Rock Bit  
 HA - Hand Auger  
 WS - While Sampling  
 WD - While Drilling  
 BCR - Before Casing Removal  
 ACR - After Casing Removal  
 AB - After Boring  
 AWO - After Wash Out

**Drill Crew Checklist:**  
 Topsoil Thickness \_\_\_\_\_  
 Fill Thickness \_\_\_\_\_

**Cave-in Level:**  
 While Drilling & Sampling \_\_\_\_\_  
 After Boring Completion \_\_\_\_\_

**Water Loss:**  
 From \_\_\_\_\_ to \_\_\_\_\_  
 Percent Loss \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_  
 Percent Loss \_\_\_\_\_

**Boulders or Obstructions:**  
 From \_\_\_\_\_ to \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_

**Artesian Pressure:**  
 Depth \_\_\_\_\_  
 Height of Soil Rise in Casing \_\_\_\_\_

**Piezometer: PVC or SS**  
 Diameter \_\_\_\_\_ in.  
 Screen Depth \_\_\_\_\_ ft to \_\_\_\_\_  
 Riser Pipe \_\_\_\_\_ ft to \_\_\_\_\_



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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>Oconto</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakewood Well Abandonment</b>	
Latitude / Longitude (see instructions) <b>45.30249</b> N <b>-88.54483</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section		Township <b>N</b>		License/Permit/Monitoring # <b>MW-3</b>	
Well Street Address		Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner		Present Well Owner <b>WDNR</b>	
Well City, Village or Town		Well ZIP Code		Mailing Address of Present Owner <b>101 S. WEBSTER ST.</b>		City of Present Owner <b>MADISON</b>	
Subdivision Name		Lot #		State <b>WI</b>		ZIP Code <b>53703</b>	

Reason for Removal from Service  
**Abandon**

WI Unique Well # of Replacement Well

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

Monitoring Well

Water Well

Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)  
**12/02/1987**

If a Well Construction Report is available, please attach.

Construction Type:  
 Drilled       Driven (Sandpoint)       Dug  
 Other (specify): **Abandon**

Formation Type:  
 Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.)  
**33'**

Casing Diameter (in.)  
**2"**

Lower Drillhole Diameter (in.)  
**2"**

Casing Depth (ft.)  
**30" to 33'**

Was well annular space grouted?       Yes       No       Unknown

If yes, to what depth (feet)?  
**0 - 33'**

Depth to Water (feet)  
**25.3**

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>33</b>	<b>10 gal.</b>	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing  
Subsurface Exploration Services, LLC

License #

Date of Filling & Sealing or Verification (mm/dd/yyyy)  
**8-18-2020**

Street or Route  
849 E Frontage Road

Telephone Number  
( 920 ) 826-4338

City  
Little Suamico

State  
WI

ZIP Code  
54141

Signature of Person Doing Work

Date Received

Noted By

Comments

Date Signed  
**8-18-2020**

**DNR Use Only**



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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>OLONTO</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakewood Well Abandonment</b>			
Latitude / Longitude (see instructions) <b>45.30249</b> N <b>-88.54483</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 / 1/4		Section		Township <b>N</b>		Range <input type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>MN-3A</b>	
or Gov't Lot #		Well Street Address		Well City, Village or Town		Well ZIP Code		Original Well Owner	
Subdivision Name		Lot #		Reason for Removal from Service <b>Abandon</b>		WI Unique Well # of Replacement Well		Present Well Owner <b>W D N R</b>	
Well Street Address		Well City, Village or Town		Well ZIP Code		Mailing Address of Present Owner <b>101 S. WEBSTER ST.</b>		City of Present Owner <b>MADISON</b>	
Subdivision Name		Lot #		Reason for Removal from Service <b>Abandon</b>		WI Unique Well # of Replacement Well		State <b>WI</b>	
Subdivision Name		Lot #		Reason for Removal from Service <b>Abandon</b>		WI Unique Well # of Replacement Well		ZIP Code <b>53703</b>	

**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) <b>06/01/1989</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Pump and piping removed?	
Construction Type: <input checked="" type="checkbox"/> Filled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <b>Abandon</b>		If a Well Construction Report is available, please attach.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed?	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated?	
Total Well Depth From Ground Surface (ft.) <b>33'</b>		Casing Diameter (in.) <b>2"</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Screen removed?	
Lower Drillhole Diameter (in.)		Casing Depth (ft.) <b>30" to 33'</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place?	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface?	
If yes, to what depth (feet)? <b>33</b>		Depth to Water (feet) <b>25.3</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface?	
5. Material Used to Fill Well / Drillhole		From (ft.)		To (ft.)	
<b>Ben Grout</b>		Surface		<b>33</b>	
				No. Yards, Sacks Sealant or Volume (circle one)	
				<b>10 gal</b>	
				Mix Ratio or Mud Weight	

**6. Comments**

\_\_\_\_\_

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC			License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-18-2020</b>		DNR Use Only	
Street or Route 849 E Frontage Road			Telephone Number ( 920 ) 826-4338		Date Received		Noted By
City Little Suamico			State WI	ZIP Code 54141		Signature of Person Doing Work <i>[Signature]</i>	
					Date Signed <b>8-18-2020</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 <b>OCONTO</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakewood well Abandonment</b>	
Latitude / Longitude (see instructions) <b>45.30249</b> N <b>-88.54483</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section		Township		License/Permit/Monitoring # <b>MW-3B</b>	
Well Street Address		Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner		Present Well Owner <b>WDNR</b>	
Well City, Village or Town		Well ZIP Code		Mailing Address of Present Owner <b>101 S. WEBSTER ST.</b>			
Subdivision Name		Lot #		City of Present Owner <b>MADISON</b>		State <b>WI</b>	ZIP Code <b>53703</b>

Reason for Removal from Service <b>Abandon</b>		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) <b>07/06/1989</b>	
If a Well Construction Report is available, please attach.			
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <b>Abandon</b>			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) <b>84.2</b>		Casing Diameter (in.) <b>2"</b>	
Lower Drillhole Diameter (in.) <b>2"</b>		Casing Depth (ft.) <b>30" to 84.2'</b>	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>84.2</b>		Depth to Water (feet) <b>26.4</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 type="checkbox"/> No	<input checked="" 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 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 checked="" 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	<b>84.2</b>	<b>30 ga/.</b>	
Ben. GROUT			

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-18-2026</b>	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number ( 920 ) 826-4338		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>8-18-2024</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 <b>Oconto</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakewood Well Abandonment</b>	
Latitude / Longitude (see instructions) <b>45.30171</b> N <b>-88.54476</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4		Section		Township <b>N</b>		License/Permit/Monitoring # <b>MW-5</b>	
or Gov't Lot #		Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner		Present Well Owner <b>WDNR</b>	
Well Street Address				Mailing Address of Present Owner <b>101 S. WEBSTER ST</b>			
Well City, Village or Town				City of Present Owner <b>MADISON</b>			
Subdivision Name				Lot #		State <b>WI</b>	
Reason for Removal from Service <b>Abandon</b>				ZIP Code <b>53703</b>			

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		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			
Original Construction Date (mm/dd/yyyy) <b>05/25/1989</b>		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
If a Well Construction Report is available, please attach.		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Other (specify): <b>Abandon</b>		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) <b>24.1'</b>		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Casing Diameter (in.) <b>2"</b>		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) <b>2"</b>		Required Method of Placing Sealing Material			
Casing Depth (ft.) <b>30" to 24.1'</b>		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped			
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
If yes, to what depth (feet)? <b>24.1</b>		Sealing Materials			
Depth to Water (feet) <b>15.3</b>		<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 type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
		<input type="checkbox"/> Granular Bentonite <input checked="" 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	<b>24.1</b>	<b>10 gal</b>	
<b>Ben. Grout</b>			

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-18-2020</b>	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number ( 920 ) 826-4338		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>8-18-2020</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 <b>Oconto</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakewood Well Abandonment</b>	
Latitude / Longitude (see instructions) <b>45.30171</b> N <b>-88.54476</b> W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section		Township <b>N</b>		License/Permit/Monitoring # <b>MW-SA</b>	
Well Street Address		Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner		Present Well Owner <b>WDNR</b>	
Well City, Village or Town		Well ZIP Code		Mailing Address of Present Owner <b>101 S. WEBSTER ST.</b>		City of Present Owner <b>MADISON</b>	
Subdivision Name		Lot #		State <b>WI</b>		ZIP Code <b>53703</b>	
Reason for Removal from Service <b>Abandonment</b>		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			

3. Filled & Sealed Well / Drillhole / Borehole Information	
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>06/21/1989</b>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	
Construction Type:	
<input type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)
<input checked="" type="checkbox"/> Other (specify): <b>Abandon</b>	<input type="checkbox"/> Dug
Formation Type:	
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock
Total Well Depth From Ground Surface (ft.) <b>46.5</b>	Casing Diameter (in.) <b>2"</b>
Lower Drillhole Diameter (in.) <b>2"</b>	Casing Depth (ft.) <b>30" to 46.5</b>
Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, to what depth (feet)? <b>46.8</b>	Depth to Water (feet) <b>13.1</b>

5. Material Used to Fill Well / Drillhole			
From (ft.) <b>Surface</b>	To (ft.) <b>46.5</b>	No. Yards, Sacks Sealant or Volume (circle one) <b>15 gal.</b>	Mix Ratio or Mud Weight
<b>Ben 610vt</b>			

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-18-2020</b>	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number ( 920 ) 826-4338		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work 	Date Signed <b>8-18-2020</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 <b>Oconto</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakewood Well Abandonment</b>	
Latitude / Longitude (see instructions) <b>45.30171</b> N <b>-88.54476</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section		Township <b>N</b>		License/Permit/Monitoring # <b>MW-SB</b>	
Well Street Address		Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner		Present Well Owner <b>WDNR</b>	
Well City, Village or Town		Well ZIP Code		Mailing Address of Present Owner <b>101 S. WEBSTER ST</b>		City of Present Owner <b>MADISON</b>	
Subdivision Name		Lot #		State <b>WI</b>		ZIP Code <b>53703</b>	
Reason for Removal from Service <b>Abandoned</b>		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			

3. Filled & Sealed Well / Drillhole / Borehole Information			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>04/29/2003</b>	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input type="checkbox"/> Borehole / Drillhole			
Construction Type:			
<input type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)	
<input checked="" type="checkbox"/> Other (specify): <b>Abandonment</b>		<input type="checkbox"/> Dug	
Formation Type:			
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <b>102'</b>		Casing Diameter (in.) <b>2"</b>	
Lower Drillhole Diameter (in.) <b>2"</b>		Casing Depth (ft.) <b>30' + 102'</b>	
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>102</b>		Depth to Water (feet) <b>13.5</b>	

5. Material Used to Fill Well / Drillhole			
<b>Ben. Grout</b>		From (ft.) Surface	To (ft.) <b>102</b>
		No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
		<b>40 gal</b>	

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-18-2010</b>	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number ( 920 ) 826-4338		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work 	Date Signed <b>8-18-2010</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 <b>Oconto</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakewood Well Abandonment</b>			
Latitude / Longitude (see instructions) <b>45.30209</b> N <b>-88.54599</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 / 1/4 or Gov't Lot #		Section		Township <b>N</b>		Range <input type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>MW-6</b>	
Well Street Address						Original Well Owner			
Well City, Village or Town						Present Well Owner <b>WDNR</b>			
Subdivision Name						Mailing Address of Present Owner <b>101 S. WEBSTER ST</b>			
Reason for Removal from Service <b>Abandon</b>						City of Present Owner <b>MADISON</b> State <b>WI</b> ZIP Code <b>53703</b>			

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

Original Construction Date (mm/dd/yyyy) <b>04/28/2003</b>		<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 checked="" type="checkbox"/> Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Was casing cut off below surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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							
Construction Type: <input checked="" type="checkbox"/> <del>Other</del> <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <b>Abandon</b>		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" 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 checked="" type="checkbox"/> Bentonite Chips							
Total Well Depth From Ground Surface (ft.) <b>21.1</b>		Casing Diameter (in.) <b>—</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					
Lower Drillhole Diameter (in.) <b>2</b>		Casing Depth (ft.) <b>—</b>		Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, to what depth (feet)? <b>—</b>		Depth to Water (feet) <b>11.5</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
Surface	<b>21.1</b>		<b>2 Bags</b>	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-18-2020</b>	<b>DNR Use Only</b>	
Street or Route 849 E Frontage Road		Telephone Number ( 920 ) 826-4339	Date Received	Noted By	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>		Date Signed <b>8-18-2020</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: Oconto      WI Unique Well # of Removed Well: \_\_\_\_\_      Hicap #: \_\_\_\_\_

Latitude / Longitude (see instructions): 45.30209 N      Format Code:  DD      Method Code:  GPS008  
-88.54599 W       DDM       SCR002       OTH001

1/4 / 1/4: \_\_\_\_\_      Section: \_\_\_\_\_      Township: \_\_\_\_\_      Range:  E       W  
 or Gov't Lot #: \_\_\_\_\_      N

Well Street Address: \_\_\_\_\_

Well City, Village or Town: \_\_\_\_\_      Well ZIP Code: \_\_\_\_\_

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

Reason for Removal from Service: Abandon      WI Unique Well # of Replacement Well: \_\_\_\_\_

Facility Name: Lakewood Well Abandonment

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

License/Permit/Monitoring #: MW-64

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

Present Well Owner: WDNR

Mailing Address of Present Owner: 101 S. WEBSTER ST.

City of Present Owner: MADISON      State: WI      ZIP Code: 53703

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

Monitoring Well      Original Construction Date (mm/dd/yyyy): 06/16/1989  
 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.): 44.5      Casing Diameter (in.): 2"

Lower Drillhole Diameter (in.): 2"      Casing Depth (ft.): 30" 44.5'

Was well annular space grouted?  Yes       No       Unknown

If yes, to what depth (feet)? 44.5      Depth to Water (feet): 11.2

**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**

Ben. Grout

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<u>44.5</u>	<u>15 gal</u>	

**6. Comments**

**7. Supervision of Work**

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	
Subsurface Exploration Services, LLC		<u>8-18-2020</u>			
Street or Route	Telephone Number		Comments		
849 E Frontage Road	( 920 ) 826-4338				
City	State	ZIP Code	Signature of Person Doing Work		Date Signed
Little Suamico	WI	54141			<u>8-18-2020</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>Oconto</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakewood Well Abandonment</b>	
Latitude / Longitude (see instructions) <b>45.30209</b> N <b>-88.54599</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <b>2709</b>	
1/4 / 1/4 or Gov't Lot #		Section		Township <b>N</b>		License/Permit/Monitoring # <b>MW-6B</b>	
Well Street Address		Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner <b>SAME</b>		Present Well Owner <b>WDNR</b>	
Well City, Village or Town		Well ZIP Code		Mailing Address of Present Owner <b>101 S. WEBSTER ST.</b>		City of Present Owner <b>MADISON</b>	
Subdivision Name		Lot #		State <b>WI</b>		ZIP Code <b>53703</b>	
Reason for Removal from Service <b>Abandon</b>		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			

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		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 type="checkbox"/> No <input checked="" 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	
Original Construction Date (mm/dd/yyyy) <b>04/30/2003</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): _____	
If a Well Construction Report is available, please attach.		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <b>Abandon</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 checked="" 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>70</b> Casing Diameter (in.) <b>2"</b>	
Lower Drillhole Diameter (in.) <b>2"</b> Casing Depth (ft.) <b>30" to 70"</b>		Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? <b>70</b>		Depth to Water (feet) <b>11.2</b>	

5. Material Used to Fill Well / Drillhole			
<b>Ben. Grout</b>	From (ft.) Surface	To (ft.) <b>70</b>	No. Yards, Sacks Sealant or Volume (circle one) <b>20 gal</b>
		Mix Ratio or Mud Weight	

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-18-2020</b>	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number ( 920 ) 826-4338		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>8-18-2020</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 <b>OCONTO</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakewood Well Abandon</b>	
Latitude / Longitude (see instructions) <b>45.30244</b> N <b>-88.54358</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <b>21079</b>	
1/4 / 1/4 or Gov't Lot #		Section		Township <b>N</b>		License/Permit/Monitoring # <b>MW-8</b>	
Well Street Address		Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner <b>WDNR</b>		Present Well Owner <b>WDNR</b>	
Well City, Village or Town		Well ZIP Code		Mailing Address of Present Owner <b>101 S. WEBSTER ST</b>		City of Present Owner <b>MADISON</b>	
Subdivision Name		Lot #		State <b>WI</b>		ZIP Code <b>53703</b>	

Reason for Removal from Service: **Abandon**

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) <b>05/11/1989</b>	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input type="checkbox"/> Borehole / Drillhole			
Construction Type:			
<input type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)	
<input checked="" type="checkbox"/> Other (specify): <b>Abandon</b>		<input type="checkbox"/> Dug	
Formation Type:			
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <b>17.8</b>		Casing Diameter (in.) <b>2"</b>	
Lower Drillhole Diameter (in.) <b>2"</b>		Casing Depth (ft.) <b>—</b>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>—</b>		Depth to Water (feet) <b>7.3</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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" 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 checked="" 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	<b>17.8</b>	<b>1.5 Bags</b>	

**6. Comments**

**7. Supervision of Work**

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-18-2020</b>	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number ( 920 ) 826-4338		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>8-18-2020</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 <b>Oconto</b>	WI Unique Well # of Removed Well	Hicap #	Facility Name <b>Lakewood Well Abandon</b>
Latitude / Longitude (see instructions) <b>45.30244</b> N <b>-88.54358</b> W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) <b>20709</b>
1/4 / 1/4 or Gov't Lot #	Section	Township <b>N</b>	License/Permit/Monitoring # <b>MW-8A</b>
Well Street Address	Range <input type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner <b>WDNR</b>	Present Well Owner <b>WDNR</b>
Well City, Village or Town	Well ZIP Code	Mailing Address of Present Owner <b>101 S. WEBSTER ST</b>	City of Present Owner <b>MADISON</b>
Subdivision Name	Lot #	State <b>WI</b>	ZIP Code <b>53703</b>

Reason for Removal from Service  
**Abandon**

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)  
**05/17/1989**

If a Well Construction Report is available, please attach.

Construction Type:  
 Drilled       Driven (Sandpoint)       Dug  
 Other (specify): **Abandon**

Formation Type:  
 Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.)  
**57.6**

Casing Diameter (in.)  
**2"**

Lower Drillhole Diameter (in.)  
**2"**

Casing Depth (ft.)  
**30" to 57.6'**

Was well annular space grouted?  Yes     No     Unknown

If yes, to what depth (feet)? **57.6**

Depth to Water (feet)  
**21.3**

**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
<b>Surface</b>	<b>57.6</b>	<b>20 gal.</b>	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8.18.2020</b>	<b>DNR Use Only</b>	
Street or Route 849 E Frontage Road	Telephone Number ( 920 ) 826-4338	Comments	Date Received	Noted By
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>8.18.2020</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 <b>Oconto</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakewood Well Abandonment</b>				
Latitude / Longitude (see instructions) <b>45.30389</b> N <b>-88.54676</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <b>200709</b>				
1/4 / 1/4 or Gov't Lot #		Section		Township <b>N</b>		Range <input type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>MW-9</b>		
Well Street Address					Original Well Owner <b>WDNR</b>					
Well City, Village or Town					Mailing Address of Present Owner <b>101 S. WEBSTER ST</b>					
Subdivision Name					Lot #		City of Present Owner <b>MADISON</b>		State <b>WI</b> ZIP Code <b>53703</b>	
Reason for Removal from Service <b>Abandon</b>		WI Unique Well # of Replacement Well				4. Pump, Liner, Screen, Casing & Sealing Material				

<b>3. Filled &amp; Sealed Well / Drillhole / Borehole Information</b>		Original Construction Date (mm/dd/yyyy) <b>07/26/1991</b>		<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		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 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 type="checkbox"/> No <input checked="" 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	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <b>Abandon</b>		Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input 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"/> 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 checked="" type="checkbox"/> Bentonite - Sand Slurry	
Total Well Depth From Ground Surface (ft.) <b>33.7</b>		Casing Diameter (in.) <b>2"</b>		Lower Drillhole Diameter (in.) <b>2"</b>		Casing Depth (ft.) <b>30" to 33.7'</b>		Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? <b>0-33.7</b>		Depth to Water (feet) <b>N/A</b>		5. Material Used to Fill Well / Drillhole <b>Ben. Grout</b>		From (ft.) <b>Surface</b>		To (ft.) <b>33.7</b>	
						No. Yards, Sacks Sealant or Volume (circle one) <b>10 gal.</b>		Mix Ratio or Mud Weight	

**6. Comments**

<b>7. Supervision of Work</b>				<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-19-2020</b>	Date Received	Noted By
Street or Route 849 E Frontage Road		Telephone Number ( 920 ) 826-4338		Comments	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work 	Date Signed <b>8-19-2020</b>	



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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 <b>Oconto</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakewood well Abandonment</b>	
Latitude / Longitude (see instructions) <b>45.30389</b> N <b>-88.54676</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <b>200709</b>	
1/4 / 1/4		Section		Township <b>N</b>		License/Permit/Monitoring # <b>MW-9A</b>	
or Gov't Lot #		Range <input type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner		Present Well Owner <b>WDNR</b>	
Well Street Address				Mailing Address of Present Owner <b>101 S. WEBSTER ST</b>			
Well City, Village or Town				City of Present Owner <b>MADISON</b>			
Subdivision Name				Lot #		State <b>WI</b>	
Reason for Removal from Service <b>Abandon</b>				WI Unique Well # of Replacement Well		ZIP Code <b>53703</b>	

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) <b>07/26/1991</b>		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:				Screen removed?			
<input type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Casing left in place?	
<input checked="" type="checkbox"/> Other (specify): <b>Abandonment</b>		<input type="checkbox"/> Dug		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Was casing cut off below surface?	
Formation Type:				Did sealing material rise to surface?			
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Did material settle after 24 hours?	
Total Well Depth From Ground Surface (ft.) <b>56.7'</b>		Casing Diameter (in.) <b>2"</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		If yes, was hole retopped?	
Lower Drillhole Diameter (in.) <b>2"</b>		Casing Depth (ft.) <b>30" to 56.7'</b>		<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?	
Was well annular space grouted?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? <b>0-56.7'</b>		Depth to Water (feet) <b>26.5</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): _____			
				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 type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
				<input type="checkbox"/> Granular Bentonite <input checked="" type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole			
From (ft.) <b>Surface</b>		To (ft.) <b>56.7</b>	
No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight	
<b>29 gal.</b>			

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #		Date Received	
Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8.19.2020</b>		Noted By			
Street or Route <b>849 E Frontage Road</b>			Telephone Number <b>(920) 826-4338</b>		Comments
City <b>Little Suamico</b>		State <b>WI</b>		ZIP Code <b>54141</b>	
Signature of Person Doing Work <i>[Signature]</i>				Date Signed <b>8.19.2020</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 <b>Oconto</b>		WI Unique Well # of Removed Well		Hicap #		Facility Name <b>Lakerwood Well Abandonment</b>			
Latitude / Longitude (see instructions) <b>45.30518</b> N <b>-88.54253</b> W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <b>200709</b>			
1/4 / 1/4 or Gov't Lot #		Section		Township <b>N</b>		Range <input type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <b>MN-16A</b>	
Well Street Address						Original Well Owner <b>SAME</b>			
Well City, Village or Town						Present Well Owner <b>WDNR</b>			
Subdivision Name						Mailing Address of Present Owner <b>101 S. WEBSTER ST.</b>			
Reason for Removal from Service <b>Abandon</b>						City of Present Owner <b>MADISON</b>			
Well Unique Well # of Replacement Well						State <b>WI</b>		ZIP Code <b>53703</b>	

**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) <b>04/30/2003</b>		<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.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Other (specify): <b>Abandon</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <b>49.7'</b>		Casing Diameter (in.) <b>2"</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <b>2"</b>		Casing Depth (ft.) <b>30" to 49.7'</b>		<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		Depth to Water (feet) <b>0.5</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If yes, to what depth (feet)? <b>0-49.7</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

<b>5. Material Used to Fill Well / Drillhole</b>			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<b>49.7</b>	<b>15 gal.</b>	
<b>Ben. Grout</b>			

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-19-2020</b>	<b>DNR Use Only</b>	
Street or Route 849 E Frontage Road		Telephone Number ( 920 ) 826-4338	Date Received	Noted By	
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>8-19-2020</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 <b>Dconto</b>	WI Unique Well # of Removed Well	Hicap #	Facility Name <b>Lakewood Well Abandonment</b>
Latitude / Longitude (see instructions) <b>45.30518</b> N <b>-88.54253</b> W	Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) <b>200109</b>
1/4 / 1/4 or Gov't Lot #	Section	Township <b>N</b>	License/Permit/Monitoring # <b>MW-16B</b>
Well Street Address	Range <input type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner	Present Well Owner <b>WDNR</b>
Well City, Village or Town	Well ZIP Code	Mailing Address of Present Owner <b>101 S. WEBSTER ST.</b>	City of Present Owner <b>MADISON</b>
Subdivision Name	Lot #	State <b>WI</b>	ZIP Code <b>53703</b>

Reason for Removal from Service  
**\$ Abandon**

WI Unique Well # of Replacement Well

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

Monitoring Well      Original Construction Date (mm/dd/yyyy)  
**05/08/2003**

Water Well

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

Construction Type:

Drilled       Driven (Sandpoint)       Dug

Other (specify): **Abandon**

Formation Type:

Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.)  
**143.6**

Casing Diameter (in.)  
**2"**

Lower Drillhole Diameter (in.)  
**2"**

Casing Depth (ft.)  
**30" to 143.6'**

Was well annular space grouted?       Yes       No       Unknown

If yes, to what depth (feet)?  
**0-143.6**

Depth to Water (feet)  
**0.4**

**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>143.6</b>	<b>40 gal.</b>	

**6. Comments**

**7. Supervision of Work**

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Subsurface Exploration Services, LLC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>8-19-2020</b>	Date Received	Noted By	
Street or Route 849 E Frontage Road	Telephone Number ( 920 ) 826-4338	Comments			
City Little Suamico	State WI	ZIP Code 54141	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <b>8-19-2020</b>	