

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 Chippewa	WI Unique Well # of Removed Well MW-5B	Hicap # NA	Facility Name National Presto Industries, Inc.
Latitude / Longitude (see instructions) 44.86462 N 91.44614 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) 609038320
1/4 1/4 NW 1/4 SW or Gov't Lot #	Section 35	Township 28 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address			Original Well Owner Same as facility name
Well City, Village or Town			Present Well Owner Same
Subdivision Name			Mailing Address of Present Owner 3125 N. Hastings Way
Lot #			City of Present Owner East Troy
Reason for Removal from Service No longer needed			State WI
WI Unique Well # of Replacement Well			ZIP Code 54703

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) 12/05/1986	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 97	Casing Diameter (in.) 2	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.15	Casing Depth (ft.) 87	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Depth to Water (feet) 70.7	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? NA		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
5. Material Used to Fill Well / Drillhole Neat cement		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

From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	97	3 sacks	65:75

6. Comments
* Common name of well; no WI unique well # assigned.

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Mike Phelps / Midwest Drilling	License # 7603	Date of Filling & Sealing or Verification (mm/dd/yyyy) 04/21/2010	Date Received	Noted By
Street or Route 31569 150th Ave.		Telephone Number (715) 667-3090	Comments	
City Cornell	State WI	ZIP Code 54732	Signature of Person Doing Work Mike Phelps	Date Signed 01/11/2010

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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 Chippewa	WI Unique Well # of Removed Well NA	Hicap # NA	Facility Name Midwest Forest Industries, Inc.
Latitude / Longitude (see instructions) 44.86463 N 91.44712 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) 609038320
1/4 1/4 NW 1/4 SW or Gov't Lot #	Section 35	Township 28 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W 9
Well Street Address			Original Well Owner Same as facility name
Well City, Village or Town			Present Well Owner Same
Subdivision Name			Mailing Address of Present Owner 3725 N. Hastings Way
Lot #			City of Present Owner Barabere
Reason for Removal from Service No longer needed			State WI
WI Unique Well # of Replacement Well			ZIP Code 54705

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) 06/24/1992	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 136.5	Casing Diameter (in.) 2	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 126.5	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Depth to Water (feet) 69.6	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? NA		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		Required Method of Placing Sealing Material
		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped
		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
		Sealing Materials
		<input checked="" type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only:
		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Neat cement		Surface	136.5	4 sacks	15:25

6. Comments

* Common name of well, no WI unique well # assigned.

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

Name of Person or Firm Doing Filling & Sealing Mike Phelps / Midwest Pilling	License # 7603	Date of Filling & Sealing or Verification (mm/dd/yyyy) 04/21/2020	Date Received	Noted By
Street or Route 31569 150th Ave.	Telephone Number (715) 667-3050	Comments		
City Cornell	State WI	ZIP Code 54732	Signature of Person Doing Work Mike Phelps on behalf of their	Date Signed

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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>Chippewa</i>	WI Unique Well # of Removed Well <i>NA</i>	Hicap # <i>NA</i>	Facility Name <i>National Forest Industries, Inc.</i>
Latitude / Longitude (see instructions) <i>44.86460 N</i> <i>96.44580 W</i>	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) <i>609038320</i>
1/4 1/4 NW 1/4 SW or Gov't Lot #	Section <i>35</i>	Township <i>28 N</i>	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address	Well City, Village or Town	Well ZIP Code	Original Well Owner <i>Same as facility name</i>
Subdivision Name	Lot #	City of Present Owner <i>East Chure</i>	State <i>WI</i>
Reason for Removal from Service <i>No longer needed</i>	WI Unique Well # of Replacement Well	ZIP Code <i>54705</i>	Present Well Owner <i>Same</i>

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) <i>06/27/1992</i>	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <i>105</i>	Casing Diameter (in.) <i>2</i>	Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <i>8.25</i>	Casing Depth (ft.) <i>95</i>	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Depth to Water (feet) <i>70.0</i>	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? <i>NA</i>		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
		Sealing Materials <input checked="" type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix. Ratio or Mud Weight
<i>Neat Cement</i>	<i>Surface</i>	<i>105</i>	<i>3 sacks</i>	<i>15.75</i>

6. Comments
** Common name of well, no WI unique well # assigned.*

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>Mike Phelps / Midwest Drilling</i>	License # <i>7603</i>	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>04/21/2020</i>	Date Received	Noted By
Street or Route <i>31569 150th Ave</i>	Telephone Number <i>(715) 667-3050</i>	Comments		
City <i>Cornell</i>	State <i>WI</i>	ZIP Code <i>54732</i>	Signature of Person Doing Work <i>Mike Phelps</i>	Date Signed

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Route to DNR Bureau:

Verification Only of Fill and Seal *Common*

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Chippewa	WI Unique Well # of Removed Well MW-666	Hicap # NA	Facility Name Herndon Forest Industries, Inc.
Latitude / Longitude (see instructions) 44.86420 N 91.44809 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) 609038320
Well Street Address	Section 34	Township 28 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town	Well ZIP Code	Original Well Owner <i>Same as facility name</i>	Present Well Owner <i>Same</i>
Subdivision Name	Lot #	Mailing Address of Present Owner 3125 N. Hastings Way	City of Present Owner Earlville
Reason for Removal from Service No longer needed	WI Unique Well # of Replacement Well	State WI	ZIP Code 54705

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) 06/27/1992	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 checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	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	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): _____	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 160	Casing Diameter (in.) 2	Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8.25	Casing Depth (ft.) 150	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Depth to Water (feet) 68.3	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? NA		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Neat cement	Surface	160	5 sacks	1575

6. Comments
** Common name of well, no WI unique well # assigned.*

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Mike Phelps / Midwest Drilling	License # 7603	Date of Filling & Sealing or Verification (mm/dd/yyyy) 04/21/2020	Date Received	Noted By
Street or Route 31569 150th Ave	Telephone Number (715) 667-3050	Comments		
City Cornell	State WI	ZIP Code 54730	Signature of Person Doing Work <i>Chris Wagner on behalf of Mike Phelps</i>	Date Signed