

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County MARATHON		WI Unique Well # of Removed Well		Hicap #		Facility Name F. Kraft Cleaners			
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS)			
N <input type="checkbox"/> DD		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring # mw-6			
W <input type="checkbox"/> DDM		<input type="checkbox"/> DDM		<input type="checkbox"/> OTH001		Original Well Owner CITY OF WAUSAU CDA			
1/4 1/4 1/4		Section		Township		Range <input type="checkbox"/> E		Present Well Owner	
or Gov't Lot #		N		<input type="checkbox"/> W		Mailing Address of Present Owner			
Well Street Address 303-305 S 2nd Ave						City of Present Owner			
Well City, Village or Town Wausau						State			
Subdivision Name						Lot #		ZIP Code	

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

Reason for Removal from Service site closure		WI Unique Well # of Replacement Well		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:		If a Well Construction Report is available, please attach.		Required Method of Placing Sealing Material	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				<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:				Sealing Materials	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				<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.)		Casing Diameter (in.)		For Monitoring Wells and Monitoring Well Boreholes Only:	
25		2		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
Lower Drillhole Diameter (in.)		Casing Depth (ft.)			
8.25		25			
Was well annular space grouted?		Depth to Water (feet)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, to what depth (feet)?					

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	25	1	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gess Soil Samples LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9/1/2020	Date Received	Noted By
Street or Route 14490 Pope Rd		Telephone Number (715) 539-3928		Comments	
City Merrill	State WI	ZIP Code 54452	Signature of Person Doing Work Darrin Prentice	Date Signed 9/1/20	

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County MARATHON		WI Unique Well # of Removed Well		Hicap #		Facility Name F. Kraft Cleaners	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 1/4 or Gov't Lot #		Section		Township N		Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 303-305 S 2nd Ave				License/Permit/Monitoring # MW-7			
Well City, Village or Town Wausau				Original Well Owner CITY OF WAUSAU CDA			
Subdivision Name				Present Well Owner			
Well ZIP Code				Mailing Address of Present Owner			
Lot #				City of Present Owner		State	ZIP Code

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason for Removal from Service site closure		WI Unique Well # of Replacement Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy)		Liner(s) removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 26		Casing Diameter (in.) 2		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 26		Did material settle after 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)?		Depth to Water (feet)		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

5. Material Used to Fill Well / Drillhole				Required Method of Placing Sealing Material	
From (ft.)		To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)	
Surface		26		1	
Mud Weight					
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				Conductor Pipe-Gravity <input type="checkbox"/>	
				Conductor Pipe-Pumped <input type="checkbox"/>	
For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry				Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/>	
				Other (Explain): _____	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Grass Soil Samples LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9/1/2020	Date Received	Noted By
Street or Route 14490 Pope Rd		Telephone Number (715) 539-3928		Comments	
City Merrill	State WI	ZIP Code 54452	Signature of Person Doing Work Darrin Prentice	Date Signed 9/1/20	

Well / Drillhole / Borehole Filling & Sealing Report

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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 MARATHON		WI Unique Well # of Removed Well		Hicap #		Facility Name F. Kraft Cleaners	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 1/4 or Gov't Lot #		Section		Township N		Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 303-305 S 2nd Ave				License/Permit/Monitoring # MW-8			
Well City, Village or Town Wausau				Original Well Owner CITY OF WAUSAU COA			
Subdivision Name				Well ZIP Code			
Reason for Removal from Service site closure				Present Well Owner			
WI Unique Well # of Replacement Well				Mailing Address of Present Owner			
3. Filled & Sealed Well / Drillhole / Borehole Information				City of Present Owner			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy)		State		ZIP Code	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.					
<input type="checkbox"/> Borehole / Drillhole							
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				4. Pump, Liner, Screen, Casing & Sealing Material			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) 27		Casing Diameter (in.) 2		Liner(s) removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 27		Liner(s) perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, to what depth (feet)?				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Depth to Water (feet)				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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
				If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
5. Material Used to Fill Well / Drillhole				Required Method of Placing Sealing Material			
From (ft.)		To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight	
Surface		27		1			
6. Comments				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 checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
7. Supervision of Work				DNR Use Only			
Name of Person or Firm Doing Filling & Sealing Gass Soil Samples LLC		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 9/1/2020		Date Received	
Street or Route W4490 Pope Rd		City Merrill		Telephone Number (715) 539-3928		Noted By	
State WI		ZIP Code 54452		Signature of Person Doing Work Darrin Prentice		Date Signed 9/1/20	

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Verification Only of Fill and Seal

Route to:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County <i>Marathon</i>	WI Unique Well # of Removed Well	Hicap #		Facility Name <i>Former Kroff Cleaners</i>			
Latitude / Longitude (Degrees and Minutes) <i>44.57.350 N</i> <i>89.38.112 W</i>		Method Code (see instructions) <i>MW-9</i>		Facility ID (FID or PWS)			
1/4 SW 1/4 SE		Section <i>26</i>	Township <i>29 N</i>	Range <i>7</i>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W		
Well Street Address <i>303-305 South 2nd Ave</i>				Original Well Owner <i>City of Wausau Community Development Authority</i>			
Well City, Village or Town <i>City of Wausau</i>				Well ZIP Code <i>54401</i>			
Subdivision Name				Lot #		Present Well Owner <i>GB</i>	
Mailing Address of Present Owner <i>407 Grant Street</i>				City of Present Owner <i>Wausau</i>		State <i>WI</i>	ZIP Code <i>54403</i>

Reason For Removal From Service: *Sampling Complete*

WI Unique Well # of Replacement Well: _____

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <i>4/2/16</i>		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		Screen removed? <input 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	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <i>28</i>		Casing Diameter (in.) <i>2"</i>		Did material settle after 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		If yes, was hole retopped? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <i>8"</i>		Casing Depth (ft.) <i>N/A</i>		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <i>Gravity</i>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) <i>N/A</i>		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Bentonite Chips		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<i>Surface</i>	<i>28</i>	<i>1 Sack</i>	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>AECOM</i>	License #	Date of Filling & Sealing (mm/dd/yyyy) <i>9/2/2020</i>	Date Received	Noted By	
Street or Route <i>200 INDIANA, STEVENS POINT</i>		Telephone Number <i>(715) 42-3038</i>		Comments	
City <i>STEVENS POINT</i>	State <i>WI</i>	ZIP Code <i>54481</i>	Signature of Person Doing Work <i>[Signature]</i>		Date Signed <i>9/2/2020</i>

Well / Drillhole / Borehole Filling & Sealing Report

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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 MARATHON		WI Unique Well # of Removed Well		Hicap #		Facility Name F. Kraft Cleaners	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 1/4 or Gov't Lot #		Section		Township N		Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 303-305 S 2nd Ave				Original Well Owner CITY OF WAUSAU CDA			
Well City, Village or Town Wausau				Present Well Owner			
Subdivision Name				Well ZIP Code		Mailing Address of Present Owner	
Reason for Removal from Service site closure				WI Unique Well # of Replacement Well		City of Present Owner	
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)		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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input 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		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____				Was casing cut off below 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 sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 22		Casing Diameter (in.) 2		Did material settle after 24 hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 22		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet)		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, to what depth (feet)?				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 checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole				From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips				Surface	22	1	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gess Soil Samples LLC		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 9/1/2020	
Street or Route 4490 Pope Rd		Telephone Number (715)539-3928		Date Received	
City Merrill		State WI		Noted By	
ZIP Code 54452		Signature of Person Doing Work Darrin Prentice		Comments	
				Date Signed 9/1/20	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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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 MARATHON		WI Unique Well # of Removed Well		Hicap #		Facility Name F. Kraft Cleaners	
Latitude / Longitude (see instructions)				Format Code		Facility ID (FID or PWS)	
N <input type="checkbox"/> DD		W <input type="checkbox"/> DDM		Method Code		License/Permit/Monitoring # MW-11	
GPS008 <input type="checkbox"/>		SCR002 <input type="checkbox"/>		OTH001 <input type="checkbox"/>		Original Well Owner CITY OF WAUSAU CIA	
1/4 or Gov't Lot #		Section		Township		Present Well Owner	
Well Street Address 303-305 S 2nd Ave		Range <input type="checkbox"/> E		Range <input type="checkbox"/> W		Mailing Address of Present Owner	
Well City, Village or Town Wausau				Well ZIP Code			
Subdivision Name				Lot #		City of Present Owner	
Reason for Removal from Service site closure				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)		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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:				Screen removed?			
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:				Casing left in place?			
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) 23		Casing Diameter (in.) 2		Was casing cut off below surface?			
Lower Drillhole Diameter (in.) 8.25		Casing Depth (ft.) 23		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				Did sealing material rise to surface?			
If yes, to what depth (feet)?				Depth to Water (feet)			
If yes, to what depth (feet)?				Did material settle after 24 hours?			
If yes, to what depth (feet)?				If yes, was hole retopped?			
If yes, to what depth (feet)?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, to what depth (feet)?				If bentonite chips were used, were they hydrated with water from a known safe source?			
If yes, to what depth (feet)?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, to what depth (feet)?				Required Method of Placing Sealing Material			
If yes, to what depth (feet)?				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
If yes, to what depth (feet)?				<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
If yes, to what depth (feet)?				Sealing Materials			
If yes, to what depth (feet)?				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
If yes, to what depth (feet)?				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
If yes, to what depth (feet)?				For Monitoring Wells and Monitoring Well Boreholes Only:			
If yes, to what depth (feet)?				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
If yes, to what depth (feet)?				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole				
Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chips	Surface	23	1	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Grass Soil Samples LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 9/1/2020	Date Received	Noted By
Street or Route 4490 Pope Rd		Telephone Number (715) 539-3928		Comments	
City Merrill	State WI	ZIP Code 54452	Signature of Person Doing Work Darrin Prentice	Date Signed 9/1/20	

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County MARATHON		WI Unique Well # of Removed Well		Hicap #		Facility Name F. Kraft Cleaners	
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS)	
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring # MW-12	
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002		Original Well Owner CITY OF WAUSAU CSA	
_____ E		<input type="checkbox"/> OTH001		<input type="checkbox"/> W		Present Well Owner	
1/4 1/4 or Gov't Lot #		Section		Township		Range	
_____		_____		_____		_____	
Well Street Address 303-305 S 2nd Ave				Mailing Address of Present Owner			
Well City, Village or Town Wausau				Well ZIP Code			
Subdivision Name				Lot #		City of Present Owner	
_____				_____		State	
_____				_____		ZIP Code	
_____				_____		_____	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason for Removal from Service site closure		WI Unique Well # of Replacement Well		Pump and piping removed?	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy)		<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"/> Borehole / Drillhole		_____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:		_____		Liner(s) perforated?	
<input checked="" type="checkbox"/> Drilled		_____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Driven (Sandpoint)		_____		Screen removed?	
<input type="checkbox"/> Dug		_____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____		_____		Casing left in place?	
Formation Type:		_____		<input checked="" type="checkbox"/> Yes <input 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.)		Casing Diameter (in.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
_____ 22		_____ 2		Did sealing material rise to surface?	
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
_____ 8.25		_____ 22		Did material settle after 24 hours?	
Was well annular space grouted?		_____		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		_____		If yes, was hole retopped?	
If yes, to what depth (feet)?		Depth to Water (feet)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
_____		_____		If bentonite chips were used, were they hydrated with water from a known safe source?	
_____		_____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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
Bentonite Chips	Surface	22	1	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Gess Soil Samples LLC		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
Street or Route W4490 Pope Rd		Telephone Number (715)539-3928			
City Merrill	State WI	ZIP Code 54452	Signature of Person Doing Work Darrin Prentice	Date Signed 9/1/20	

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

Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information			2. Facility / Owner Information		
County <i>Marathon</i>	WI Unique Well # of Removed Well	Hicap #	Facility Name <i>Former Kraft Cleaners</i>		
Latitude / Longitude (Degrees and Minutes) <i>44° 57' 34" N</i> <i>89° 38' 11" W</i>		Method Code (see instructions) <i>MW-13</i>	Facility ID (FID or PWS)		
License/Permit/Monitoring # <i>MW-13</i>		Original Well Owner <i>City of Wausau Community Development Authority</i>			
Present Well Owner " " " "		Mailing Address of Present Owner <i>407 Grant Street</i>			
Well Street Address <i>303-305 South and Ave</i>		City of Present Owner <i>Wausau</i>			
Well City, Village or Town <i>City of Wausau</i>		Well ZIP Code <i>54401</i>		State <i>WI</i>	ZIP Code <i>54403</i>
Subdivision Name		Lot #			

Reason For Removal From Service: *Monitoring Complete*

WI Unique Well # of Replacement Well: _____

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material	
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <i>04/12/16</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		Screen removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	Was casing cut off below surface?
Formation Type:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Did sealing material rise to surface?
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	Did material settle after 24 hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <i>26</i>	Casing Diameter (in.) <i>2"</i>	If yes, was hole retopped?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <i>8"</i>	Casing Depth (ft.) <i>N/A</i>	If bentonite chips were used, were they hydrated with water from a known safe source?	<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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Required Method of Placing Sealing Material	
If yes, to what depth (feet)? <i>N/A</i>	Depth to Water (feet)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
5. Material Used To Fill Well / Drillhole		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <i>Gravity</i>	
<i>2 1/2" Bentonite Chips</i>		Sealing Materials	
From (ft.)	To (ft.)	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
Surface	<i>28</i>	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "	
		<input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Bentonite Chips	
		For Monitoring Wells and Monitoring Well Boreholes Only:	
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight		
<i>1 sack</i>			

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>Aecom</i>	License #	Date of Filling & Sealing (mm/dd/yyyy) <i>9/2/2020</i>	Date Received	Noted By
Street or Route <i>200 Indiana</i>	Telephone Number ()	Comments		
City <i>STEVENS POINT</i>	State <i>WI</i>	ZIP Code <i>54481</i>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <i>9/2/2020</i>