

# Wisconsin Department of Natural Resources

## Well / Drillhole / Borehole Filling & Sealing

Form 3300-005

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.

**Date of Filling & Sealing:** 12/21/2021

**Rec #: 172044**

**Verification. Check only if well filling & sealing was done previously and you are just verifying that work.:** No

1. Well Location Information					
County: Douglas		WI Unique Well #: PB021		DNR Hicap Well #:	
Latitude: (DD.DDDDD°) 46.72891 °N		Longitude: (DD.DDDDD°) 92.10969 °W		GPS Method Code: GPS008	
Gov't Lot #:	Qtr/Qtr:	Quarter:	Section #:	Township #: North	Range #:
Well Street Address: 2301 WINTER STREET				Subdivision Name:	
Well City/Village/Town: City of SUPERIOR		Well Zip Code: 54880	Lot #:	Does a new well replace this well? No	
Reason for Filling & Sealing: SITE MONITORING IS COMPLETED				WI Unique Well # of Replacement Well:	
2. Facility / Owner Information					
Facility Name: MAGELLAN METERING BUILDING			FID #:	License/Permit/Monitoring #:	
Original Well Owner:			Service Category:		
Present Well Owner: MAGELLAN MIDSTREAM PARTNERS			Mailing Address of Present Owner: 2301 WINTER STREET		
			City: SUPERIOR	State: MN	Zip Code: 54880
3. Well / Drillhole / Borehole Information					
Well Type: Monitoring Well		Original Construction Date: 05/22/2006 (mm/dd/yyyy)		Construction Type: Drilled	
Formation Type: Unconsolidated Formation		Total Well Depth From Ground Surface (ft.): 33.00		(specify Other):	
Casing Diameter (in.): 2.00		Lower Drillhole Diameter (in.): 6.00		Casing Depth (ft.): 13.00	
Was well annular space grouted? Yes		If yes, to what depth (ft.)? 10.00		Depth to Water (ft.): 16.00	
4. Pump, Liner, Screen, Casing & Sealing Material					
Pump and piping removed?	N/A	Liner(s) removed? If no liner mark as N/A	N/A	If no, was liner perforated?	N/A
Screen removed?	No	Well casing (or loop if geothermal) left in place?	Yes	Was casing cut off below surface?	Yes
Did sealing material rise to surface?	Yes	Did material settle after 24 hours?	No	If yes, was hole retopped?	N/A
If bentonite chips/pellets were used, were they hydrated from a known water source?					No
Method of Placing Sealing Material: Screened & Poured (Bentonite Chips)		(Explain Other):			
Well Sealing Materials: Bentonite Chips		Product Name and Manufacturer: Haliburton Hole Plug			
Other Drillholes: Bentonite Chips		Product Name and Manufacturer: Haliburton Hole Plug			
5. Material Used to Fill Well / Drillhole					
Material:	From (ft.):	To (ft.):	# and Units of Sealant:	Mix Ratio or Mud Weight:	
BENTONITE CHIPS	Surface	33.00	1 BAG		

**6. Comments**

MW-1

**7. Supervision of Work**

<b>Name of Person or Firm Doing Filling &amp; Sealing:</b> DAN THOMPSON	<b>License #:</b>	<b>Phone:</b> 763-424-4803
5001 BOONE AVE N NEW HOPE MN 55428	<b>Email Address:</b> DTHOMPSON@DAKOTATECHNOLOGIES.COM	

**8. DNR Use Only**

<b>Signed On:</b> 02/03/2022	<b>Submitted By:</b> DThompson1200	<b>Received On:</b> 02/03/2022	<b>Approved On:</b>
------------------------------	------------------------------------	--------------------------------	---------------------



dnr.wi.gov

The Official Internet site for the Wisconsin Department of Natural Resources  
101 S. Webster Street . PO Box 7921 . Madison, Wisconsin 53707-7921 . 608.266.2621

# Wisconsin Department of Natural Resources

## Well / Drillhole / Borehole Filling & Sealing

Form 3300-005

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.

**Date of Filling & Sealing:** 12/21/2021

**Rec #: 172045**

**Verification. Check only if well filling & sealing was done previously and you are just verifying that work.:** No

1. Well Location Information					
County: Douglas		WI Unique Well #: PB025		DNR Hicap Well #:	
Latitude: (DD.DDDDD°) 46.72891 °N		Longitude: (DD.DDDDD°) 92.11008 °W		GPS Method Code: GPS008	
Gov't Lot #:	Qtr/Qtr:	Quarter:	Section #:	Township #: North	Range #:
Well Street Address: 2301 WINTER STREET				Subdivision Name:	
Well City/Village/Town: City of SUPERIOR		Well Zip Code: 54880	Lot #:	Does a new well replace this well? No	
Reason for Filling & Sealing: SITE MONITORING IS COMPLETED				WI Unique Well # of Replacement Well:	
2. Facility / Owner Information					
Facility Name: MAGELLAN METERING BUILDING			FID #:	License/Permit/Monitoring #:	
Original Well Owner:			Service Category:		
Present Well Owner: MAGELLAN MIDSTREAM PARTNERS			Mailing Address of Present Owner: 2301 WINTER STREET		
			City: SUPERIOR	State: WI	Zip Code: 54880
3. Well / Drillhole / Borehole Information					
Well Type: Monitoring Well		Original Construction Date: 05/23/2006 (mm/dd/yyyy)		Construction Type: Drilled	
Formation Type: Unconsolidated Formation		Total Well Depth From Ground Surface (ft.): 32.00		(specify Other):	
Casing Diameter (in.): 2.00		Lower Drillhole Diameter (in.): 6.00		Casing Depth (ft.): 7.00	
Was well annular space grouted? Yes		If yes, to what depth (ft.)? 5.00		Depth to Water (ft.): 15.00	
4. Pump, Liner, Screen, Casing & Sealing Material					
Pump and piping removed?	N/A	Liner(s) removed? If no liner mark as N/A	N/A	If no, was liner perforated?	N/A
Screen removed?	No	Well casing (or loop if geothermal) left in place?	No	Was casing cut off below surface?	Yes
Did sealing material rise to surface?	Yes	Did material settle after 24 hours?	No	If yes, was hole retopped?	N/A
If bentonite chips/pellets were used, were they hydrated from a known water source?					No
Method of Placing Sealing Material: Screened & Poured (Bentonite Chips)		(Explain Other):			
Well Sealing Materials: Bentonite Chips		Product Name and Manufacturer: Haliburton Hole Plug			
Other Drillholes: Bentonite Chips		Product Name and Manufacturer: Haliburton Hole Plug			
5. Material Used to Fill Well / Drillhole					
Material:	From (ft.):	To (ft.):	# and Units of Sealant:	Mix Ratio or Mud Weight:	
BENTONITE CHIPS	Surface	32.00	1 BAG		

## 6. Comments

MW-2

## 7. Supervision of Work

<b>Name of Person or Firm Doing Filling &amp; Sealing:</b> DAN THOMPSON	<b>License #:</b>	<b>Phone:</b> 763-424-4803
5001 BOONE AVE N NEW HOPE MN 55428	<b>Email Address:</b> DTHOMPSON@DAKOTATECHNOLOGIES.COM	

## 8. DNR Use Only

<b>Signed On:</b> 02/03/2022	<b>Submitted By:</b> DThompson1200	<b>Received On:</b> 02/03/2022	<b>Approved On:</b>
------------------------------	------------------------------------	--------------------------------	---------------------



The Official Internet site for the Wisconsin Department of Natural Resources  
101 S. Webster Street . PO Box 7921 . Madison, Wisconsin 53707-7921 . 608.266.2621

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

**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

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

**1. Well Location Information**

County <b>Douglas</b>	WI Unique Well # of Removed Well <b>PB 024</b>	Hicap #
Latitude/Longitude (see instructions) <b>46.72913 N</b> <b>92.11007 W</b>	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 or Gov't Lot #	Section	Township <b>N</b>
Well Street Address <b>2301 Winter Street</b>	Well City, Village or Town <b>Superior, WI</b>	Well ZIP Code <b>54880</b>
Subdivision Name	Lot #	
Reason for Removal from Service <b>Monitoring Completed</b>	WI Unique Well # of Replacement Well	

**2. Facility / Owner Information**

Facility Name <b>Magellan Metering Building</b>		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner <b>Magellan Mid-Stream Partners</b>		
Present Well Owner <b>Same As Above</b>		
Mailing Address of Present Owner <b>2301 Winter Street</b>		
City of Present Owner <b>Superior</b>	State <b>WI</b>	ZIP Code <b>54880</b>

**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>5/23/2006</b>
If a Well Construction Report is available, please attach.	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <b>28'</b>	Casing Diameter (in.) <b>2.0</b>
Lower Drillhole Diameter (in.) <b>6.0</b>	Casing Depth (ft.) <b>8'</b>
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>15'</b>
If yes, to what depth (feet)? <b>5'</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 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 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 checked="" 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 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
<b>Bentonite Chips</b>	<b>0</b>	<b>28</b>	<b>1 Bag</b>	

**6. Comments**

**MW-3**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <b>Dan Thompson</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>12/21/2021</b>	<b>DNR Use Only</b>	
Street or Route <b>5001 Boone Ave N</b>	Telephone Number <b>(763) 424 4803</b>	Comments	Date Received	Noted By
City <b>New Hope</b>	State <b>MN</b>	ZIP Code <b>55428</b>	Signature of Person Doing Work <b>Dan Thompson</b>	Date Signed <b>3/2/2022</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**

County <i>Douglas</i>	WI Unique Well # of Removed Well <i>P B O 2 3</i>	Hicap #
Latitude/Longitude (see instructions) <i>46.72886</i> N <i>92.11044</i> 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
1/4 1/4 or Gov't Lot #	Section	Township N
Well Street Address <i>2301 Winter Street</i>	Well City, Village or Town <i>Superior, WI</i>	Well ZIP Code <i>54880</i>
Subdivision Name	Lot #	

**2. Facility / Owner Information**

Facility Name <i>Magellan Metering Building</i>		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner <i>Magellan Mid-Stream Partners</i>		
Present Well Owner <i>Same As Above</i>		
Mailing Address of Present Owner <i>2301 Winter Street</i>		
City of Present Owner <i>Superior</i>	State <i>WI</i>	ZIP Code <i>54880</i>

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

Reason for Removal from Service <i>Monitoring Completed</i>	WI Unique Well # of Replacement Well
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) <i>5/23/2006</i>
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	If a Well Construction Report is available, please attach.
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <i>28</i>	Casing Diameter (in.) <i>2.0</i>
Lower Drillhole Diameter (in.) <i>6.0</i>	Casing Depth (ft.) <i>8</i>
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? <i>5'</i>	Depth to Water (feet) <i>15'</i>

**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 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 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 checked="" 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 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**

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<i>Bentonite Chips</i>	<i>Surface</i>	<i>28</i>	<i>1 Bag</i>	

**6. Comments**

*MW-4*

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <i>Dan Thompson</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>12/21/2021</i>	<b>DNR Use Only</b>	
Street or Route <i>5001 Boone Ave N</i>	City <i>New Hope</i>	State <i>MN</i>	ZIP Code <i>55428</i>	Date Received
Telephone Number <i>(763) 424 4803</i>	Signature of Person Doing Work <i>Dan Thompson</i>	Comments	Date Signed <i>3/2/2022</i>	Noted By

# Wisconsin Department of Natural Resources

## Well / Drillhole / Borehole Filling & Sealing

Form 3300-005

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.

**Date of Filling & Sealing:** 12/21/2021

**Rec #:** 172046

**Verification. Check only if well filling & sealing was done previously and you are just verifying that work.:** No

1. Well Location Information					
County: Douglas		WI Unique Well #: PB022		DNR Hicap Well #:	
Latitude: (DD.DDDDD°) 46.72911 °N		Longitude: (DD.DDDDD°) 92.11048 °W		GPS Method Code: GPS008	
Gov't Lot #:	Qtr/Qtr:	Quarter:	Section #:	Township #: North	Range #:
Well Street Address: 2301 WINTER STREET				Subdivision Name:	
Well City/Village/Town: City of SUPERIOR		Well Zip Code: 54880	Lot #:	Does a new well replace this well? No	
Reason for Filling & Sealing: SITE MONITORING IS COMPLETED				WI Unique Well # of Replacement Well:	
2. Facility / Owner Information					
Facility Name: MAGELLAN METERING BUILDING			FID #:	License/Permit/Monitoring #:	
Original Well Owner:			Service Category:		
Present Well Owner: MAGELLAN MIDSTREAM PARTNERS			Mailing Address of Present Owner: 2301		
			City: SUPERIOR	State: MN	Zip Code: 54880
3. Well / Drillhole / Borehole Information					
Well Type: Monitoring Well		Original Construction Date: 05/24/2006 (mm/dd/yyyy)		Construction Type: Drilled	
Formation Type: Unconsolidated Formation		Total Well Depth From Ground Surface (ft.): 27.00		(specify Other):	
Casing Diameter (in.): 2.00		Lower Drillhole Diameter (in.): 6.00		Casing Depth (ft.): 7.00	
Was well annular space grouted? Yes		If yes, to what depth (ft.)? 5.00		Depth to Water (ft.): 15.00	
4. Pump, Liner, Screen, Casing & Sealing Material					
Pump and piping removed?	N/A	Liner(s) removed? If no liner mark as N/A	N/A	If no, was liner perforated?	N/A
Screen removed?	No	Well casing (or loop if geothermal) left in place?	Yes	Was casing cut off below surface?	Yes
Did sealing material rise to surface?	Yes	Did material settle after 24 hours?	No	If yes, was hole retopped?	N/A
If bentonite chips/pellets were used, were they hydrated from a known water source?					No
Method of Placing Sealing Material: Screened & Poured (Bentonite Chips)		(Explain Other):			
Well Sealing Materials: Bentonite Chips		Product Name and Manufacturer: Haliburton Hole Plug			
Other Drillholes: Bentonite Chips		Product Name and Manufacturer: Haliburton Hole Plug			
5. Material Used to Fill Well / Drillhole					
Material:	From (ft.):	To (ft.):	# and Units of Sealant:	Mix Ratio or Mud Weight:	
BENTONITE CHIPS	Surface	28.00	1 BAG		

**6. Comments**

MW-5

**7. Supervision of Work**

<b>Name of Person or Firm Doing Filing &amp; Sealing:</b> DAN THOMPSON	<b>License #:</b>	<b>Phone:</b> 763-424-4803
5001 BOONE AVE N NEW HOPE MN 55428	<b>Email Address:</b> DTHOMPSON@DAKOTATECHNOLOGIES.COM	

**8. DNR Use Only**

<b>Signed On:</b> 02/03/2022	<b>Submitted By:</b> DThompson1200	<b>Received On:</b> 02/03/2022	<b>Approved On:</b>
------------------------------	------------------------------------	--------------------------------	---------------------



The Official Internet site for the Wisconsin Department of Natural Resources  
101 S. Webster Street . PO Box 7921 . Madison, Wisconsin 53707-7921 . 608.266.2621



# Wisconsin Department of Natural Resources

## Well / Drillhole / Borehole Filling & Sealing

Form 3300-005

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.

**Date of Filling & Sealing:** 12/21/2021

**Rec #: 171840**

**Verification. Check only if well filling & sealing was done previously and you are just verifying that work.:** No

1. Well Location Information					
County: Douglas		WI Unique Well #: PB 027		DNR Hicap Well #:	
Latitude: (DD.DDDDD°) 46.72911 °N		Longitude: (DD.DDDDD°) 92.11025 °W		GPS Method Code: GPS008	
Gov't Lot #:	Qtr/Qtr:	Quarter:	Section #:	Township #: North	Range #:
Well Street Address: 2301 WINTER STREET				Subdivision Name:	
Well City/Village/Town: City of SUPERIOR		Well Zip Code: 54880	Lot #:	Does a new well replace this well? No	
Reason for Filling & Sealing: SITE MONITORING IS COMPLETED				WI Unique Well # of Replacement Well:	
2. Facility / Owner Information					
Facility Name: MAGELLAN METERING BUILDING			FID #:	License/Permit/Monitoring #:	
Original Well Owner:			Service Category: Private, non-potable Monitoring		
Present Well Owner: MAGELLAN MIDSTREAM PARTNERS			Mailing Address of Present Owner: 2301 WINTER STREET		
			City: SUPERIOR	State: WI	Zip Code: 54880
3. Well / Drillhole / Borehole Information					
Well Type: Monitoring Well		Original Construction Date: 05/15/2006 (mm/dd/yyyy)		Construction Type: Drilled	
Formation Type: Unconsolidated Formation		Total Well Depth From Ground Surface (ft.): 28.00		(specify Other):	
Casing Diameter (in.): 2.00		Lower Drillhole Diameter (in.): 8.50		Casing Depth (ft.): 8.00	
Was well annular space grouted? Yes		If yes, to what depth (ft.)? 6.00		Depth to Water (ft.): 15.50	
4. Pump, Liner, Screen, Casing & Sealing Material					
Pump and piping removed?	N/A	Liner(s) removed? If no liner mark as N/A	N/A	If no, was liner perforated?	N/A
Screen removed?	No	Well casing (or loop if geothermal) left in place?	Yes	Was casing cut off below surface?	Yes
Did sealing material rise to surface?	Yes	Did material settle after 24 hours?	No	If yes, was hole retopped?	N/A
If bentonite chips/pellets were used, were they hydrated from a known water source?					No
Method of Placing Sealing Material: Screened & Poured (Bentonite Chips)		(Explain Other):			
Well Sealing Materials: Bentonite Chips		Product Name and Manufacturer: Haliburton Hole Plug			
Other Drillholes: Bentonite Chips		Product Name and Manufacturer: Haliburton Hole Plug			
5. Material Used to Fill Well / Drillhole					
Material:	From (ft.):	To (ft.):	# and Units of Sealant:	Mix Ratio or Mud Weight:	
BENTONITE CHIPS	Surface	28.00	1 BAG	NA	

## 6. Comments

MW-6

## 7. Supervision of Work

<b>Name of Person or Firm Doing Filling &amp; Sealing:</b> DAN THOMPSON	<b>License #:</b>	<b>Phone:</b> 763-424-4803
5001 BOONE AVE N NEW HOPE MN 55428	<b>Email Address:</b> DTHOMPSON@DAKOTATECHNOLOGIES.COM	

## 8. DNR Use Only

<b>Signed On:</b> 12/29/2021	<b>Submitted By:</b> DThompson1200	<b>Received On:</b> 12/29/2021	<b>Approved On:</b>
------------------------------	------------------------------------	--------------------------------	---------------------



The Official Internet site for the Wisconsin Department of Natural Resources  
101 S. Webster Street . PO Box 7921 . Madison, Wisconsin 53707-7921 . 608.266.2621

**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>Douglas</b>	WI Unique Well # of Removed Well <b>PB 028</b>	Hicap #	Facility Name <b>Magellan Metering Building</b>
Latitude/Longitude (see instructions) <b>46.72943</b> N <b>92.11000</b> 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 <b>N</b>	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address <b>2301 Winter Street</b>	Well ZIP Code <b>54880</b>	Original Well Owner <b>Magellan Midstream Partners</b>	Present Well Owner <b>Same as above</b>
Well City, Village or Town <b>Superior WI</b>	Well ZIP Code <b>54880</b>	Mailing Address of Present Owner <b>2301 Winter Street</b>	
Subdivision Name	Lot #	City of Present Owner <b>Superior</b>	State <b>WI</b> ZIP Code <b>54880</b>

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

Reason for Removal from Service <b>Monitoring Completed</b>	WI Unique Well # of Replacement Well	<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) <b>1/9/2007</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 type="checkbox"/> Yes <input checked="" 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
Construction Type:	If a Well Construction Report is available, please attach.			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <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:	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) <b>28</b>	Casing Diameter (in.) <b>2.0</b>	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Lower Drillhole Diameter (in.) <b>6.0</b>	Casing Depth (ft.) <b>8</b>	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" 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	Required Method of Placing Sealing Material			
If yes, to what depth (feet)? <b>5'</b>	Depth to Water (feet) <b>15'</b>	<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		For Monitoring Wells and Monitoring Well Boreholes Only:		
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips		<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
<b>Bentonite Chips</b>	Surface	<b>28</b>	<b>1 Bag</b>	

**6. Comments**

**MW-7**

<b>7. Supervision of Work</b>		<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>Dan Thompson</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>12/21/2021</b>	Date Received
Street or Route <b>5001 Boone Ave N</b>	Telephone Number <b>(763) 424 4803</b>	Comments	
City <b>New Hope</b>	State <b>MN</b>	ZIP Code <b>55428</b>	Signature of Person Doing Work <b>Dan Thompson</b>
			Date Signed <b>3/2/2021</b>

# Wisconsin Department of Natural Resources

## Well / Drillhole / Borehole Filling & Sealing

Form 3300-005

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.

**Date of Filling & Sealing:** 12/21/2021

**Rec #:** 171842

**Verification. Check only if well filling & sealing was done previously and you are just verifying that work.:** No

1. Well Location Information					
County: Douglas		WI Unique Well #: PB029		DNR Hicap Well #:	
Latitude: (DD.DDDDD°) 46.7292 °N		Longitude: (DD.DDDDD°) 92.10942 °W		GPS Method Code: GPS008	
Gov't Lot #:	Qtr/Qtr:	Quarter:	Section #:	Township #: North	Range #:
Well Street Address: 2301 WINTER STREET				Subdivision Name:	
Well City/Village/Town: City of SUPERIOR		Well Zip Code: 54880	Lot #:	Does a new well replace this well? No	
Reason for Filling & Sealing: SITE MONITORING IS COMPLETED				WI Unique Well # of Replacement Well:	
2. Facility / Owner Information					
Facility Name: MAGELLAN METERING BUILDING			FID #:	License/Permit/Monitoring #:	
Original Well Owner:			Service Category: Private, non-potable Monitoring		
Present Well Owner: MAGELLAN MIDSTREAM PARTNERS			Mailing Address of Present Owner: 2301 WINTER STREET		
			City: SUPERIOR	State: WI	Zip Code: 54880
3. Well / Drillhole / Borehole Information					
Well Type: Monitoring Well		Original Construction Date: 01/15/2007 (mm/dd/yyyy)		Construction Type: Drilled	
Formation Type: Unconsolidated Formation		Total Well Depth From Ground Surface (ft.): 29.00		(specify Other):	
Casing Diameter (in.): 2.00		Lower Drillhole Diameter (in.): 8.50		Casing Depth (ft.): 9.00	
Was well annular space grouted? Yes		If yes, to what depth (ft.)? 7.00		Depth to Water (ft.): 15.00	
4. Pump, Liner, Screen, Casing & Sealing Material					
Pump and piping removed?	N/A	Liner(s) removed? If no liner mark as N/A	N/A	If no, was liner perforated?	N/A
Screen removed?	No	Well casing (or loop if geothermal) left in place?	No	Was casing cut off below surface?	N/A
Did sealing material rise to surface?	Yes	Did material settle after 24 hours?	No	If yes, was hole retopped?	N/A
If bentonite chips/pellets were used, were they hydrated from a known water source?					No
Method of Placing Sealing Material: Screened & Poured (Bentonite Chips)		(Explain Other):			
Well Sealing Materials: Bentonite Chips		Product Name and Manufacturer: Haliburton Hole Plug			
Other Drillholes: Bentonite Chips		Product Name and Manufacturer: Haliburton Hole Plug			
5. Material Used to Fill Well / Drillhole					
Material:	From (ft.):	To (ft.):	# and Units of Sealant:	Mix Ratio or Mud Weight:	
BENTONITE CHIPS	Surface	29.00	1 BAG		

## 6. Comments

MW-8

## 7. Supervision of Work

<b>Name of Person or Firm Doing Filling &amp; Sealing:</b> DAN THOMPSON	<b>License #:</b>	<b>Phone:</b> 763-424-4803
5001 BOONE AVE N NEW HOPE MN 55428	<b>Email Address:</b> DTHOMPSON@DAKOTATECHNOLOGIES.COM	

## 8. DNR Use Only

<b>Signed On:</b> 12/29/2021	<b>Submitted By:</b> DThompson1200	<b>Received On:</b> 12/29/2021	<b>Approved On:</b>
------------------------------	------------------------------------	--------------------------------	---------------------



The Official Internet site for the Wisconsin Department of Natural Resources  
101 S. Webster Street . PO Box 7921 . Madison, Wisconsin 53707-7921 . 608.266.2621

# Wisconsin Department of Natural Resources

## Well / Drillhole / Borehole Filling & Sealing

Form 3300-005

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.

**Date of Filling & Sealing:** 12/21/2021

**Rec #: 171841**

**Verification. Check only if well filling & sealing was done previously and you are just verifying that work.:** No

1. Well Location Information						
County: Douglas		WI Unique Well #: PB026		DNR Hicap Well #:		
Latitude: (DD.DDDDD°) 46.72911 °N		Longitude: (DD.DDDDD°) 92.10942 °W		GPS Method Code: GPS008		
Gov't Lot #:	Qtr/Qtr:	Quarter:	Section #:	Township #: North	Range #:	
Well Street Address: 2301 WINTER STREET				Subdivision Name:		
Well City/Village/Town: City of SUPERIOR		Well Zip Code: 54880	Lot #:	Does a new well replace this well? No		
Reason for Filling & Sealing: SITE MONITORING IS COMPLETED				WI Unique Well # of Replacement Well:		
2. Facility / Owner Information						
Facility Name: MAGELLAN METERING BUILDING			FID #:	License/Permit/Monitoring #:		
Original Well Owner:			Service Category: Private, non-potable Monitoring			
Present Well Owner: MAGELLAN MIDSTREAM PARTNERS			Mailing Address of Present Owner: 2301 WINTER STREET			
			City: SUPERIOR	State: WI	Zip Code: 54880	
3. Well / Drillhole / Borehole Information						
Well Type: Monitoring Well		Original Construction Date: 05/15/2006 (mm/dd/yyyy)		Construction Type: Drilled		
Formation Type: Unconsolidated Formation		Total Well Depth From Ground Surface (ft.): 45.00		(specify Other):		
Casing Diameter (in.): 2.00		Lower Drillhole Diameter (in.): 8.50		Casing Depth (ft.): 40.00		
Was well annular space grouted? Yes		If yes, to what depth (ft.)? 38.00		Depth to Water (ft.): 15.10		
4. Pump, Liner, Screen, Casing & Sealing Material						
Pump and piping removed?	N/A	Liner(s) removed? If no liner mark as N/A	N/A	If no, was liner perforated?		
Screen removed?	No	Well casing (or loop if geothermal) left in place?	Yes	Was casing cut off below surface?	Yes	
Did sealing material rise to surface?	Yes	Did material settle after 24 hours?	No	If yes, was hole retopped?	N/A	
If bentonite chips/pellets were used, were they hydrated from a known water source?						No
Method of Placing Sealing Material: Conductor Pipe-Pumped		(Explain Other):				
Well Sealing Materials: Bentonite Chips		Product Name and Manufacturer: Haliburton Quick Grout				
Other Drillholes: Bentonite Chips		Product Name and Manufacturer: Haliburton Hole Plug				
5. Material Used to Fill Well / Drillhole						
Material:	From (ft.):	To (ft.):	# and Units of Sealant:	Mix Ratio or Mud Weight:		
HIGH SOLIDS BENTONITE SLURRY	Surface	45.00	1 BAG	50 LBS/24 GALLONS WATER		

## 6. Comments

PZ-1

## 7. Supervision of Work

<b>Name of Person or Firm Doing Filling &amp; Sealing:</b> DAN THOMPSON	<b>License #:</b>	<b>Phone:</b> 763-424-4803
5001 BOONE AVE N NEW HOPE MN 55428	<b>Email Address:</b> DTHOMPSON@DAKOTATECHNOLOGIES.COM	

## 8. DNR Use Only

<b>Signed On:</b> 12/29/2021	<b>Submitted By:</b> DThompson1200	<b>Received On:</b> 12/29/2021	<b>Approved On:</b>
------------------------------	------------------------------------	--------------------------------	---------------------



The Official Internet site for the Wisconsin Department of Natural Resources  
101 S. Webster Street . PO Box 7921 . Madison, Wisconsin 53707-7921 . 608.266.2621