

From: Brian Youngwirth <byoungwirth@generalengineering.net>
Sent: Tuesday, October 1, 2019 3:47 PM
To: Krueger, Sarah E - DNR
Subject: RE: Susie's Restaurant Invoice
Attachments: Scan0006.pdf

Sarah, here are the forms.

Brian Youngwirth
Environmental Project Manager | General Engineering Company
916 Silver Lake Drive | PO Box 340 | Portage, WI 53901
P 608-742-2169 | Fax 608-742-2592 | C 608-697-8010
byoungwirth@generalengineering.net
www.generalengineering.net

GENERAL ENGINEERING COMPANY ELECTRONIC FILE NOTICE AND DISCLAIMER

This email and any electronic media transmitted with it are provided solely for the use of the addressee. Data, plans, specifications, reports, documents, and other information recorded on or transmitted as electronic media are subject to undetectable alteration, either intentional or unintentional, due to, among other causes, transmission, conversion, media degradation, software error, or human alteration. Accordingly, all such documents recorded on or transmitted as electronic media are being provided to the addressee for informational purposes only, and not as an end product or as a record document. Any reliance on documents recorded on or transmitted as electronic media is deemed to be unreasonable and unenforceable. The hard copy drawing(s) or other original document(s) produced by GENERAL ENGINEERING COMPANY are the only true contract documents of record. Documents recorded on or transmitted as electronic media may not be used on other projects, other additions to this project, or by third parties without the express written permission of GENERAL ENGINEERING COMPANY. Any unauthorized modification or reuse of the transmitted electronic media shall be at addressee's sole risk, and addressee agrees to defend, indemnify, and hold GENERAL ENGINEERING COMPANY harmless for all claims, injuries, damages, losses, expenses and attorneys' fees arising out of the unauthorized modification or use of such electronic media.

The addressee understands that the use of any project related electronic media constitutes acceptance of the above conditions.

If you have received this email in error please notify the system manager. Finally, the recipient should check this email and any attachments for the presence of viruses. The company accepts no liability for any damage caused by any virus transmitted by this email.

From: Krueger, Sarah E - DNR [<mailto:sarah.krueger@wisconsin.gov>]
Sent: Tuesday, October 01, 2019 3:02 PM
To: Brian Youngwirth <byoungwirth@generalengineering.net>
Subject: RE: Susie's Restaurant Invoice

Thank you Brian,
Did I ever receive the WDNR well construction and abandonment forms? I don't seem to have them in my email or file. I just need the field logs they do not need to be typed.
Thank you,
Sarah

We are committed to service excellence.

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

Sarah Krueger, P.G.

Phone: 920-662-5443

Sarah.Krueger@wisconsin.gov

From: Brian Youngwirth <byoungwirth@generalengineering.net>
Sent: Tuesday, October 1, 2019 2:47 PM
To: Krueger, Sarah E - DNR <sarah.krueger@wisconsin.gov>
Subject: Susie's Restaurant Invoice

Sarah, attached is the invoice for the work performed at Susie's Restaurant. The line items follow our original bid sheet and the subsequent estimate for the second phase of work.

Please let me know if you have any questions.

Brian Youngwirth
Environmental Project Manager | General Engineering Company
916 Silver Lake Drive | PO Box 340 | Portage, WI 53901
P 608-742-2169 | Fax 608-742-2592 | C 608-697-8010
byoungwirth@generalengineering.net
www.generalengineering.net

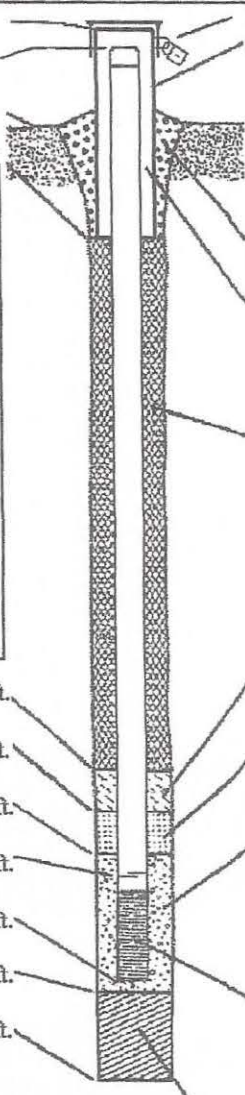
GENERAL ENGINEERING COMPANY ELECTRONIC FILE NOTICE AND DISCLAIMER

This email and any electronic media transmitted with it are provided solely for the use of the addressee. Data, plans, specifications, reports, documents, and other information recorded on or transmitted as electronic media are subject to undetectable alteration, either intentional or unintentional, due to, among other causes, transmission, conversion, media degradation, software error, or human alteration. Accordingly, all such documents recorded on or transmitted as electronic media are being provided to the addressee for informational purposes only, and not as an end product or as a record document. Any reliance on documents recorded on or transmitted as electronic media is deemed to be unreasonable and unenforceable. The hard copy drawing(s) or other original document(s) produced by GENERAL ENGINEERING COMPANY are the only true contract documents of record. Documents recorded on or transmitted as electronic media may not be used on other projects, other additions to this project, or by third parties without the express written permission of GENERAL ENGINEERING COMPANY. Any unauthorized modification or reuse of the transmitted electronic media shall be at addressee's sole risk, and addressee agrees to defend, indemnify, and hold GENERAL ENGINEERING COMPANY harmless for all claims, injuries, damages, losses, expenses and attorneys' fees arising out of the unauthorized modification or use of such electronic media.

The addressee understands that the use of any project related electronic media constitutes acceptance of the above conditions.

If you have received this email in error please notify the system manager. Finally, the recipient should check this email and any attachments for the presence of viruses. The company accepts no liability for any damage caused by any virus transmitted by this email.

Facility/Project Name <u>Susip's Restaurant</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <u>MW-1</u>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. <u>44° 08' 704</u> " Long. <u>-87° 08' 215</u> " or	Wis. Unique Well No. DNR Well ID No.
Facility ID <u>436109410</u>	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>8/17/2019</u> m m d d y y y y
Type of Well Well Code <u>11, MW</u>	Section Location of Waste/Source <u>NE 1/4 of SE 1/4 of Sec. 25, T. 19 N, R. 23 E W</u>	Well Installed By: Name (first, last) and Firm <u>Gage Kapugi On Site Environmental</u>
Distance from Waste/Source _____ ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

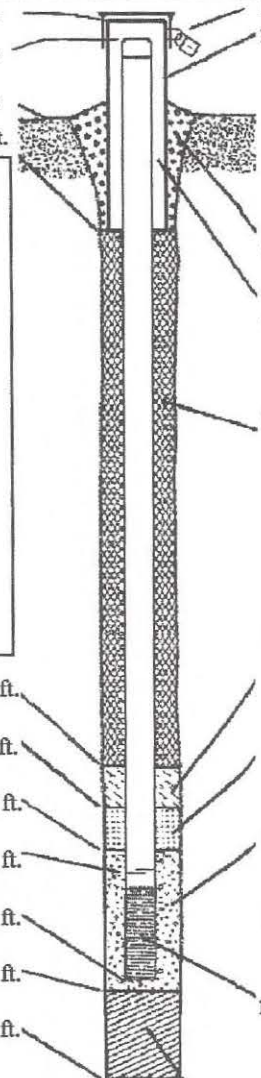
<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input checked="" type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 5 0 Hollow Stem Auger <input checked="" type="checkbox"/> 4 1 Other <input type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 0 2 Air <input type="checkbox"/> 0 1 Drilling Mud <input type="checkbox"/> 0 3 None <input checked="" type="checkbox"/> 9 9</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or <u>0.5</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top _____ ft. MSL or <u>3</u> ft.</p> <p>H. Screen joint, top _____ ft. MSL or <u>4</u> ft.</p> <p>I. Well bottom _____ ft. MSL or <u>14</u> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or <u>14</u> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or <u>14</u> ft.</p> <p>L. Borehole, diameter <u>8</u> in.</p> <p>M. O.D. well casing <u>2.3</u> in.</p> <p>N. I.D. well casing <u>2</u> in.</p>	 <p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: <u>1.2</u> in. b. Length: <u>1</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 0 4 Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input checked="" type="checkbox"/> 3 0 Concrete <input type="checkbox"/> 0 1 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 3 0 Other <input type="checkbox"/></p> <p>5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 3 3 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 3 5 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 3 1 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 5 0 e. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0 1 Tremie pumped <input type="checkbox"/> 0 2 Gravity <input type="checkbox"/> 0 8</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3 3 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 3 2 c. _____ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. <u>#40 Red Flint</u> b. Volume added <u>7 bags</u> ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2 3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2 4 Other <input type="checkbox"/></p> <p>10. Screen material: <u>Johnson - PVC Schedule 40</u> a. Screen type: Factory cut <input checked="" type="checkbox"/> 1 1 Continuous slot <input type="checkbox"/> 0 1 Other <input type="checkbox"/> b. Manufacturer <u>Johnson</u> c. Slot size: <u>0.010</u> in. d. Slotted length: <u>10</u> ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1 4 Other <input type="checkbox"/></p>
--	---

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature [Signature] Firm General Engineering Company

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Facility/Project Name <u>Susip's Restaurant</u>		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name <u>MW-2</u>	
Facility License, Permit or Monitoring No.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. <u>44° 08' 704</u> " Long. <u>87° 08' 05.15</u> " or		Wis. Unique Well No. DNR Well ID No.	
Facility ID <u>436109410</u>		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed <u>07/17/2019</u> m m d d y y y y	
Type of Well Well Code <u>11, MW</u>		Section Location of Waste/Source <u>NE 1/4 of SE 1/4 of Sec. 25, T. 19 N, R. 23 E</u>		Well Installed By: Name (first, last) and Firm <u>Case Kapugi</u> <u>On Site Environmental</u>	
Distance from Waste/Source _____ ft.		Enf. Stds. Apply <input type="checkbox"/>		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input checked="" type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or <u>0.5</u> ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top _____ ft. MSL or <u>3</u> ft.</p> <p>H. Screen joint, top _____ ft. MSL or <u>4</u> ft.</p> <p>I. Well bottom _____ ft. MSL or <u>14</u> ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or <u>14</u> ft.</p> <p>K. Borehole, bottom _____ ft. MSL or <u>14</u> ft.</p> <p>L. Borehole, diameter <u>8</u> in.</p> <p>M. O.D. well casing <u>2.3</u> in.</p> <p>N. I.D. well casing <u>2</u> in.</p>	 <p>1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe: a. Inside diameter: <u>1.2</u> in. b. Length: <u>1</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/> d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input type="checkbox"/></p> <p>5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08</p> <p>6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft³</p> <p>8. Filter pack material: Manufacturer, product name & mesh size a. <u>#40 Red Fluid</u> b. Volume added <u>7 bags</u> ft³</p> <p>9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/></p> <p>10. Screen material: <u>Johnson - PVC schedule 40</u> a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/> b. Manufacturer <u>Johnson</u> c. Slot size: <u>0.010</u> in. d. Slotted length: <u>12</u> ft.</p> <p>11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/></p>
--	--

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature [Signature] Firm General Engineering Company

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

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: Manitowish WI Unique Well # of Removed Well: _____ Hicap #: _____

Latitude / Longitude (see instructions): 44.0880704 N Format Code: DD Method Code: GPS008
-87.6805215 W DDM SCR002
 OTH001

1/4 1/4 NE 1/4 SE Section: 25 Township: 19 N Range: 23 E W

or Gov't Lot #: _____

Well Street Address: 1015 S 26th Street

Well City, Village or Town: Manitowish Well ZIP Code: 54220

Subdivision Name: _____ Lot #: _____

Facility Name: Susie's Restaurant

Facility ID (FID or PWS): 436109410

License/Permit/Monitoring #: MW-1

Original Well Owner: Barbara Wallace / Wonna

Present Well Owner: Same

Mailing Address of Present Owner: 1015 S 26th Street

City of Present Owner: Manitowish State: WI ZIP Code: 54220

Reason for Removal from Service: Sampling Complain WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 07/17/2019
 Water Well If a Well Construction Report is available, please attach: _____
 Borehole / Drillhole

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 14 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): - Casing Depth (ft.): 14

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet): 7-8

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

Required Method of Placing Sealing Material
 Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): _____

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>3/8" chips</u>	<u>Surface</u>	<u>14</u>	<u>0.5</u>	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: <u>Brian Youngwirth</u>	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>8/28/19</u>	Date Received: _____	Noted By: _____
Street or Route: <u>916 Silver Lake Drive</u>	Telephone Number: <u>(608) 742 2169</u>	Comments: _____		
City: <u>Portage</u>	State: <u>WI</u>	ZIP Code: <u>53901</u>	Signature of Person Doing Work: <u>[Signature]</u>	Date Signed: <u>10/11/19</u>

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 <i>Manitowish</i>		WI Unique Well # of Removed Well	Hicap #		Facility Name <i>Susie's Restaurant</i>
Latitude / Longitude (see instructions) <i>44.0880704</i> N <i>-87.6805215</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		Facility ID (FID or PWS) <i>436109410</i>
1/4 1/4 NE 1/4 SE or Gov't Lot #		Section <i>25</i>	Township <i>19 N</i>	Range <i>23</i> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # <i>MW-2</i>
Well Street Address <i>1015 S. 26th Street</i>			Original Well Owner <i>Barbara Wallace / Wonna</i>		
Well City, Village or Town <i>Manitowish</i>			Present Well Owner <i>Same</i>		
Subdivision Name			Well ZIP Code <i>54220</i>		Mailing Address of Present Owner <i>1015 S. 26th Street</i>
Reason for Removal from Service <i>Sampling Complete</i>			Lot #		City of Present Owner <i>Manitowish</i>
3. Filled & Sealed Well / Drillhole / Borehole Information			4. Pump, Liner, Screen, Casing & Sealing Material		
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		WI Unique Well # of Replacement Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Original Construction Date (mm/dd/yyyy) <i>07/17/2019</i>		If a Well Construction Report is available, please attach.		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 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): _____			Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips		
Total Well Depth From Ground Surface (ft.) <i>14</i>		Casing Diameter (in.) <i>2</i>		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	
Lower Drillhole Diameter (in.) <i>-</i>		Casing Depth (ft.) <i>14</i>		From (ft.) To (ft.) No. Yards, Sacks Sealant or Volume (circle one) Mix Ratio or Mud Weight <i>Surface</i> <i>14</i> <i>0.5</i>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			If yes, to what depth (feet)? Depth to Water (feet) <i>-</i> <i>7.8</i>		
5. Material Used to Fill Well / Drillhole			6. Comments		
Material Used to Fill Well / Drillhole <i>3/8" chips</i>					
7. Supervision of Work			DNR Use Only		
Name of Person or Firm Doing Filling & Sealing <i>Brown Youngblood</i>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>8/28/19</i>	Date Received	Noted By
Street or Route <i>916 Silver Lake Drive</i>		Telephone Number <i>(608) 742 2169</i>		Comments	
City <i>Portage</i>	State <i>WI</i>	ZIP Code <i>53901</i>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <i>10/1/19</i>	