

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

3-7-11

Facility/Project Name Pentawood Products	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name Pentawood MW#28
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input checked="" type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 45° 47' 13" Long. 92° 25' 8" or	Wis. Unique Well No. <u>VX855</u> DNR Well ID No.
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>12 / 10 / 2010</u> m m d d y y y r
Type of Well Well Code <u>12 / pz</u>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Scott Seltwerin</u> <u>Layne Christensen Company</u>
Distance from Waste/Source _____ ft.	Location of Well Relative to Waste/Source <input type="checkbox"/> u <input type="checkbox"/> Upgradient <input type="checkbox"/> s <input type="checkbox"/> Sidegradient <input type="checkbox"/> d <input type="checkbox"/> Downgradient <input type="checkbox"/> n <input type="checkbox"/> Not Known	Gov. Lot Number _____

A. Protective pipe, top elevation <u>3</u> ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation <u>2.5</u> ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>6</u> in. b. Length: <u>5</u> ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom <u>3</u> ft. MSL or _____ ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
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 type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input 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. <u>20</u> % Bentonite ... Bentonite-cement grout <input checked="" type="checkbox"/> 50 e. <u>6</u> Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravily <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	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 checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. Red Flint Well Slot #10 b. Volume added <u>0.5</u> ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. Red Flint Well Slot #15 b. Volume added <u>5</u> ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input checked="" type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or <u>107.5</u> ft.	10. Screen material: Sch 80 PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or <u>111</u> ft.	b. Manufacturer <u>Monoflex</u>
G. Filter pack, top _____ ft. MSL or <u>113</u> ft.	c. Slot size: <u>0.01</u> in.
H. Screen joint, top _____ ft. MSL or <u>115</u> ft.	d. Slotted length: <u>20</u> ft.
I. Well bottom _____ ft. MSL or <u>135</u> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or <u>140</u> ft.	
K. Borehole, bottom _____ ft. MSL or <u>140</u> ft.	
L. Borehole, diameter <u>6.62</u> in.	
M. O.D. well casing <u>2.4</u> in.	
N. I.D. well casing <u>2</u> in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature _____ Firm Layne Christensen 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.

Route to: Watershed/Wastewater [X] Waste Management
Remediation/Redevelopment Other

Facility/Project Name Pentawood Products	County Name BURNETT	Well Name Pentawood MW#28	
Facility License, Permit or Monitoring Number	County Code 7	Wis. Unique Well Number VX855	DNR Well ID Number

1. Can this well be purged dry? Yes No

2. Well development method

surged with bailer and bailed	<input type="checkbox"/>	41
surged with bailer and pumped	<input type="checkbox"/>	61
surged with block and bailed	<input type="checkbox"/>	42
surged with block and pumped	<input type="checkbox"/>	62
surged with block, bailed and pumped	<input type="checkbox"/>	70
compressed air	<input type="checkbox"/>	20
bailed only	<input type="checkbox"/>	10
pumped only	<input checked="" type="checkbox"/>	51
pumped slowly	<input type="checkbox"/>	50
Other _____	<input type="checkbox"/>	

3. Time spent developing well 30 min.

4. Depth of well (from top of well casing) 137 ft.

5. Inside diameter of well 2 in.

6. Volume of water in filter pack and well casing _____ gal.

7. Volume of water removed from well 100 gal.

8. Volume of water added (if any) _____ gal.

9. Source of water added _____

10. Analysis performed on water added? Yes No
(If yes, attach results)

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. <u>110</u> ft.	<u>110</u> ft.
Date	b. <u>12 / 10 / 2010</u> m m d d y y y y	<u>12 / 10 / 2010</u> m m d d y y y y
Time	c. _____: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe)	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe)
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l
16. Well developed by: Name (first, last) and Firm		
First Name:	Scott	Last Name: Schwerin
Firm:	Layne Christensen Company	

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party

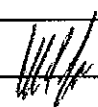
First Name: Keith Last Name: McKenna

Facility/Firm: CH2M Hill

Street: 135 South 84th Street

City/State/Zip: Milwaukee WI 53214

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

Signature: 

Print Name: Keith Meyers

Firm: Layne Christensen Company

NOTE: See instructions for more information including a list of county codes and well type codes.

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

3-1-11

Facility/Project Name Pentawood Products	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name Pentawood MW#27
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input checked="" type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 45° 47' 13" Long. 92° 25' 8" or	Wis. Unique Well No. DNR Well ID No. VX856
Facility ID	St. Plane ft. N. ft. E. S/C/N	Date Well Installed 12 / 20 / 2010 m m d d y y y y
Type of Well Well Code 12 / PZ	Section Location of Waste/Source 1/4 of 1/4 of Sec. T. N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Scott Schwerlin
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	Layne Christensen Company

A. Protective pipe, top elevation	3 ft. MSL	1. Cap and lock?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation	2.5 ft. MSL	2. Protective cover pipe:	
C. Land surface elevation	ft. MSL	a. Inside diameter:	6 in.
D. Surface seal, bottom	3 ft. MSL or 3 ft.	b. Length:	5 ft.
		c. Material:	Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
12. USCS classification of soil near screen:		d. Additional protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:
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 type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		3. Surface seal:	Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
13. Sieve analysis performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Material between well casing and protective pipe:	Bentonite <input type="checkbox"/> 30 Other <input type="checkbox"/>
14. Drilling method used:	Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	5. Annular space seal:	a. Granular/Chipped Bentonite <input 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. 20% Bentonite... Bentonite-cement grout <input checked="" type="checkbox"/> 50 e. 6 ft ³ volume added for any of the above f. How installed: Tremle <input type="checkbox"/> 01 Tremle pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99		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 checked="" type="checkbox"/> 32 c. Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Fine sand material: Manufacturer, product name & mesh size	a. Red Flint Well Slot #10 b. Volume added 0.5 ft ³
Describe		8. Filter pack material: Manufacturer, product name & mesh size	a. Red Flint Well Slot #15 b. Volume added 5 ft ³
17. Source of water (attach analysis, if required):		9. Well casing:	Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input checked="" type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top	108 ft. MSL or 108 ft.	10. Screen material: Sch 80 PVC	a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top	111 ft. MSL or 111 ft.	b. Manufacturer: Monoflex	c. Slot size: 0.01 in. d. Slotted length: 20 ft.
G. Filter pack, top	113 ft. MSL or 113 ft.	11. Backfill material (below filter pack):	None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top	115 ft. MSL or 115 ft.		
I. Well bottom	135 ft. MSL or 135 ft.		
J. Filter pack, bottom	136 ft. MSL or 136 ft.		
K. Borehole, bottom	136 ft. MSL or 136 ft.		
L. Borehole, diameter	6.62 in.		
M. O.D. well casing	2.4 in.		
N. I.D. well casing	2 in.		

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature: [Signature] Firm: Layne Christensen 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.

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name Pentwood Products	County Name BURNETT	Well Name Pentwood MW#27	
Facility License, Permit or Monitoring Number	County Code 7	Wis. Unique Well Number VX856	DNR Well ID Number _____

1. Can this well be purged dry? Yes No

2. Well development method

surged with bailer and bailed	<input type="checkbox"/>	41
surged with bailer and pumped	<input type="checkbox"/>	61
surged with block and bailed	<input type="checkbox"/>	42
surged with block and pumped	<input type="checkbox"/>	62
surged with block, bailed and pumped	<input type="checkbox"/>	70
compressed air	<input type="checkbox"/>	20
bailed only	<input type="checkbox"/>	10
pumped only	<input checked="" type="checkbox"/>	51
pumped slowly	<input type="checkbox"/>	50
Other _____	<input type="checkbox"/>	

3. Time spent developing well 30 min.

4. Depth of well (from top of well casing) 137 ft.

5. Inside diameter of well 2 in.

6. Volume of water in filter pack and well casing _____ gal.

7. Volume of water removed from well 100 gal.

8. Volume of water added (if any) _____ gal.

9. Source of water added _____

10. Analysis performed on water added? Yes No
(If yes, attach results)

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. <u>112</u> ft.	<u>112</u> ft.
Date	b. <u>12 / 20 / 2010</u> m m d d y y y y	<u>12 / 20 / 2010</u> m m d d y y y y
Time	c. _____ : _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ : _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) _____	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l
16. Well developed by: Name (first, last) and Firm		
First Name:	Scott	Last Name: Schwerin
Firm:	Layne Christensen Company	

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party

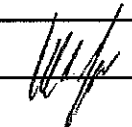
First Name: Kell Last Name: McKenna

Facility/Firm: CH2M Hill

Street: 135 South 84th Street

City/State/Zip: Milwaukee WI 53214

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

Signature: 

Print Name: Keith Meyers

Firm: Layne Christensen Company

NOTE: See instructions for more information including a list of county codes and well type codes.

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

3-7-11

Facility/Project Name Pentawood Products	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name Penta EW12 6"
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input checked="" type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 45° 47' 13" Long. 92° 25' 8" or	Wis. Unique Well No. DNR Well ID No. VX857
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 02 / 02 / 2011 m m d d y y y y
Type of Well Well Code 26 / ew	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Vince Meindel Layne Christensen Company
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	Gov. Lot Number _____
Enf. Stds. Apply <input type="checkbox"/>		

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and look? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: 48 in. b. Length: 8 ft. c. Material: Steel <input type="checkbox"/> 04 HDPE - below grade vault _____ Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 46 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
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 type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input 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. 20% Bentonite... Bentonite-cement grout <input type="checkbox"/> 50 e. 24 Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravily <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	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 checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. Red Flint Well Slot #20 b. Volume added 40 ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. Red Flint Well Slot #60 b. Volume added 34 ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 6" FJ CS Pipe _____ Other <input checked="" type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 89 ft.	10. Screen material: FJ SS Screen 304 a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or 93 ft.	b. Manufacturer Johnson Screen c. Slot size: 0.065 in. d. Slotted length: 20 ft.
G. Filter pack, top _____ ft. MSL or 126 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Red Flint Well Slot #60 _____ Other <input checked="" type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 130 ft.	
I. Well bottom _____ ft. MSL or 150 ft.	
J. Filter pack, bottom _____ ft. MSL or 151.5 ft.	
K. Borehole, bottom _____ ft. MSL or 151.5 ft.	
L. Borehole, diameter 16 in.	
M. O.D. well casing 6.62 in.	
N. I.D. well casing 6 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature _____ Firm Layne Christensen 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.

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name Pentawood Products	County Name BURNETT	Well Name Penta EW12 6"
Facility License, Permit or Monitoring Number	County Code <u>7</u>	Wis. Unique Well Number <u>VX857</u>
		DNR Well ID Number _____

1. Can this well be purged dry? Yes No
2. Well development method
- surged with bailer and bailed 4 1
 - surged with bailer and pumped 6 1
 - surged with block and bailed 4 2
 - surged with block and pumped 6 2
 - surged with block, bailed and pumped 7 0
 - compressed air 2 0
 - bailed only 1 0
 - pumped only 5 1
 - pumped slowly 5 0
 - Other _____
3. Time spent developing well 300 min.
4. Depth of well (from top of well casing) 148 ft.
5. Inside diameter of well 6 in.
6. Volume of water in filter pack and well casing _____ gal.
7. Volume of water removed from well 999 gal.
8. Volume of water added (if any) _____ gal.
9. Source of water added _____
10. Analysis performed on water added? Yes No
(If yes, attach results)

- | | Before Development | After Development |
|---|--|--|
| 11. Depth to Water (from top of well casing) | a. <u>108</u> ft. | <u>108</u> ft. |
| Date | b. <u>02 / 09 / 2011</u> | <u>02 / 09 / 2011</u> |
| | m m d d y y y y | m m d d y y y y |
| Time | c. _____ : _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | _____ : _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| 12. Sediment in well bottom | _____ inches | _____ inches |
| 13. Water clarity | Clear <input type="checkbox"/> 1 0
Turbid <input checked="" type="checkbox"/> 1 5
(Describe) _____ | Clear <input checked="" type="checkbox"/> 2 0
Turbid <input type="checkbox"/> 2 5
(Describe) _____ |
| Fill in if drilling fluids were used and well is at solid waste facility: | | |
| 14. Total suspended solids | _____ mg/l | _____ mg/l |
| 15. COD | _____ mg/l | _____ mg/l |
| 16. Well developed by: Name (first, last) and Firm | | |
| First Name: | <u>Dan</u> | Last Name: <u>Passamani</u> |
| Firm: | <u>Layne Christensen Company</u> | |

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party

First Name: Keith Last Name: McKenna

Facility/Firm: CH2M Hill

Street: 135 South 84th Street

City/State/Zip: Milwaukee WI 53214-

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

Signature:

Print Name: Keith Meyers

Firm: Layne Christensen Company

NOTE: See instructions for more information including a list of county codes and well type codes.

3-9-11

Facility/Project Name Pentawood Products	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name Penta EW12 4"
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input checked="" type="checkbox"/> X) or Well Location <input checked="" type="checkbox"/> X Lat. 45° 47' 13" Long. 92° 25' 8" or		Wis. Unique Well No. DNR Well ID No. VX858
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed 02 / 02 / 2011
Type of Well Well Code 64 / le	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm Vince Melndel Layne Christensen Company
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source <input type="checkbox"/> u <input type="checkbox"/> s <input type="checkbox"/> Sidegradient <input type="checkbox"/> d <input type="checkbox"/> Downgradient <input type="checkbox"/> n <input type="checkbox"/> Not Known	Gov. Lot Number

- A. Protective pipe, top elevation _____ ft. MSL
- B. Well casing, top elevation _____ ft. MSL
- C. Land surface elevation _____ ft. MSL
- D. Surface seal, bottom _____ ft. MSL or 46 _____ ft.

12. USCS classification of soil near screen:
 OP GM GC OW SW SP
 SM SC ML MH CL CH
 Bedrock

13. Sieve analysis performed? Yes No

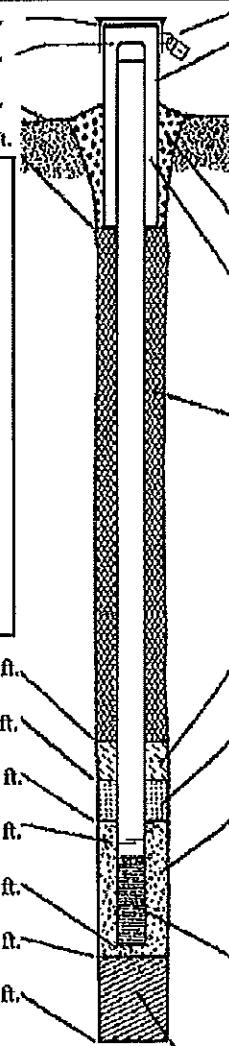
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99

16. Drilling additives used? Yes No

Describe _____

17. Source of water (attach analysis, if required):



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 a. Inside diameter: 48 _____ in.
 b. Length: 8 _____ ft.
 c. Material: Steel 04
 HDPE - below grade vault _____ Other
 d. Additional protection? Yes No
 If yes, describe: _____
- 3. Surface seal:
 Bentonite 30
 Concrete 01
 Other
- 4. Material between well casing and protective pipe:
 Bentonite 30
 Other
- 5. Annular space seal:
 a. Granular/Chipped Bentonite 33
 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight . . . Bentonite slurry 31
 d. 20 _____ % Bentonite Bentonite-cement grout 50
 e. 24 _____ Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravelly 08
- 6. Bentonite seal:
 a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. Red Flint Well Slot #20
 b. Volume added 40 _____ ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 4" FJ CS Pipe _____ Other
- 10. Screen material: 304 SS FJ
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
 b. Manufacturer Johnson Screen
 c. Slot size: 0.015 in.
 d. Slotted length: 30 _____ ft.
- 11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top _____ ft. MSL or 89 _____ ft.
- F. Fine sand, top _____ ft. MSL or _____ ft.
- G. Filter pack, top _____ ft. MSL or 93 _____ ft.
- H. Screen joint, top _____ ft. MSL or 95 _____ ft.
- I. Well bottom _____ ft. MSL or 125 _____ ft.
- J. Filter pack, bottom _____ ft. MSL or 126 _____ ft.
- K. Borehole, bottom _____ ft. MSL or 126 _____ ft.
- L. Borehole, diameter 16 _____ in.
- M. O.D. well casing 4.5 _____ in.
- N. I.D. well casing 4 _____ in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature _____ Pirm
 Layne Christensen 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.

Route to: Watershed/Wastewater [X] Waste Management
Remediation/Redevelopment Other

Facility/Project Name Pentawood Products	County Name BURNETT	Well Name Penta EW12 4"	
Facility License, Permit or Monitoring Number	County Code 7	Wis. Unique Well Number VX858	DNR Well ID Number

1. Can this well be purged dry? Yes No
2. Well development method
- surged with baller and bailed 41
 - surged with baller and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other
3. Time spent developing well 300 min.
4. Depth of well (from top of well casing) 123 ft.
5. Inside diameter of well 4 in.
6. Volume of water in filter pack and well casing _____ gal.
7. Volume of water removed from well 300 gal.
8. Volume of water added (if any) _____ gal.
9. Source of water added _____
10. Analysis performed on water added? Yes No
(If yes, attach results)

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. <u>108</u> ft.	<u>108</u> ft.
Date	b. <u>02 / 10 / 2011</u>	<u>02 / 10 / 2011</u>
Time	c. _____ <input type="checkbox"/> a.m. _____ <input type="checkbox"/> p.m.	_____ <input type="checkbox"/> a.m. _____ <input type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input type="checkbox"/> 15 (Describe) _____	Clear <input type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l
16. Well developed by: Name (first, last) and Firm		
First Name:	Dan	Last Name: Passananti
Firm:	Layne Christensen Company	

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party

First Name: Kell Last Name: McKenna

Facility/Firm: CH2M Hill

Street: 135 South 84th Street

City/State/Zip: Milwaukee WI 53214

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

Signature:

Print Name: Keith Meyers

Firm: Layne Christensen Company

NOTE: See instructions for more information including a list of county codes and well type codes.

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

3-7-11

Facility/Project Name Pentawood Products	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name Penta EW13 6"
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input checked="" type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 45° 47' 13" Long. 92° 25' 8" or	Wis. Unique Well No. DNR Well ID No. VX859
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 01 / 19 / 2011 m m d d y y y y
Type of Well Well Code 26 / ew	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Vince Meindl Layne Christensen Company
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number _____
	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	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: 48 in. b. Length: 8 ft. c. Material: Steel <input type="checkbox"/> 04 HDPE - below grade vault _____ Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 15 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: OP <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 type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input 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. 20 % Bentonite... Bentonite-cement grout <input checked="" type="checkbox"/> 50 e. 30 Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input checked="" type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	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 checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	7. Fine sand material: Manufacturer, product name & mesh size a. Red Flint Well Slot #20 b. Volume added 45 ft ³
17. Source of water (attach analysis, if required): _____	8. Filter pack material: Manufacturer, product name & mesh size a. Red Flint Well Slot #60 b. Volume added 37 ft ³
E. Bentonite seal, top _____ ft. MSL or 89 ft.	9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 6" FJ CS Pipe _____ Other <input checked="" type="checkbox"/>
F. Fine sand, top _____ ft. MSL or 93 ft.	10. Screen material: 304 SS FJ a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 128 ft.	b. Manufacturer Johnson Screen c. Slot size: 0.065 in. d. Slotted length: 20 ft.
H. Screen joint, top _____ ft. MSL or 135 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Red Flint Well Slot #60 _____ Other <input checked="" type="checkbox"/>
I. Well bottom _____ ft. MSL or 155 ft.	
J. Filter pack, bottom _____ ft. MSL or 157 ft.	
K. Borehole, bottom _____ ft. MSL or 157 ft.	
L. Borehole, diameter 16 in.	
M. O.D. well casing 6.62 in.	
N. I.D. well casing 6 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature _____ Firm Layne Christensen 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.

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name Pentawood Products	County Name BURNETT	Well Name Penta EW13 6"
Facility License, Permit or Monitoring Number	County Code 7	Wis. Unique Well Number VX859
		DNR Well ID Number

1. Can this well be purged dry? Yes No

2. Well development method

surged with bailer and bailed	<input type="checkbox"/> 4 1
surged with bailer and pumped	<input checked="" type="checkbox"/> 6 1
surged with block and bailed	<input type="checkbox"/> 4 2
surged with block and pumped	<input type="checkbox"/> 6 2
surged with block, bailed and pumped	<input type="checkbox"/> 7 0
compressed air	<input type="checkbox"/> 2 0
bailed only	<input type="checkbox"/> 1 0
pumped only	<input type="checkbox"/> 5 1
pumped slowly	<input type="checkbox"/> 5 0
Other	<input type="checkbox"/> 

3. Time spent developing well 300 min.

4. Depth of well (from top of well casing) 153 ft.

5. Inside diameter of well 6 in.

6. Volume of water in filter pack and well casing _____ gal.

7. Volume of water removed from well 999 gal.

8. Volume of water added (if any) _____ gal.

9. Source of water added _____

10. Analysis performed on water added? Yes No
(If yes, attach results)

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. <u>109</u> ft.	<u>109</u> ft.
Date	b. <u>02 / 08 / 2011</u>	<u>02 / 08 / 2011</u>
Time	c. _____ : _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ : _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 1 0 Turbid <input checked="" type="checkbox"/> 1 5 (Describe)	Clear <input checked="" type="checkbox"/> 2 0 Turbid <input type="checkbox"/> 2 5 (Describe)
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l
16. Well developed by: Name (first, last) and Firm		
First Name:	Dan	Last Name: Passamani
Firm:	Layne Christensen Company	

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party

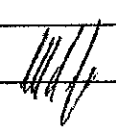
First Name: Kell Last Name: McKenna

Facility/Firm: CH2M HILL

Street: 135 South 84th Street

City/State/Zip: Milwaukee WI 53214-

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

Signature: 

Print Name: Keith Meyers

Firm: Layne Christensen Company

NOTE: See instructions for more information including a list of county codes and well type codes.

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

3-7-11

Facility/Project Name Pentawood Products	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name Penta EW13 4"
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input checked="" type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 45° 47' 13" Long. 92° 25' 8"	Wis. Unique Well No. <u>VX860</u> DNR Well ID No.
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <u>01/19/2011</u> m m d d y y y y
Type of Well Well Code <u>64 / lc</u>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Vince Meindel Layne Christensen Company
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	Gov. Lot Number _____

- A. Protective pipe, top elevation _____ ft. MSL
 - B. Well casing, top elevation _____ ft. MSL
 - C. Land surface elevation _____ ft. MSL
 - D. Surface seal, bottom _____ ft. MSL or 15 ft.
12. USCS classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

13. Sieve analysis performed? Yes No

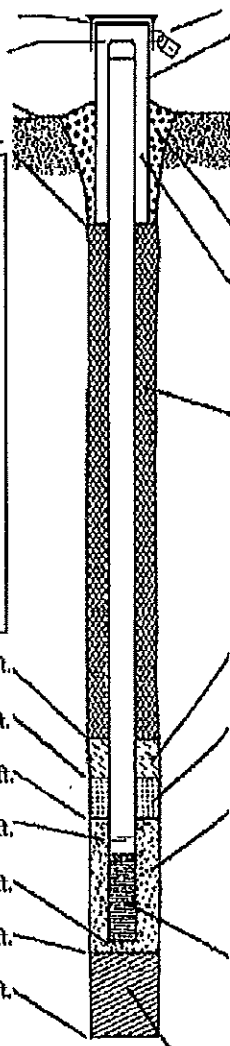
14. Drilling method used: Rotary 30
 Hollow Stem Auger 41
 Other

15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis, if required):

- E. Bentonite seal, top _____ ft. MSL or 89 ft.
 - F. Fine sand, top _____ ft. MSL or _____ ft.
 - G. Filter pack, top _____ ft. MSL or 93 ft.
 - H. Screen joint, top _____ ft. MSL or 95 ft.
 - I. Well bottom _____ ft. MSL or 125 ft.
 - J. Filter pack, bottom _____ ft. MSL or 128 ft.
 - K. Borehole, bottom _____ ft. MSL or 128 ft.
 - L. Borehole, diameter 16 in.
 - M. O.D. well casing 4.5 in.
 - N. I.D. well casing 4 in.



- 1. Cap and look? Yes No
- 2. Protective cover pipe:
 a. Inside diameter: 48 in.
 b. Length: 8 ft.
 c. Material: Steel 04
 below grade vault _____ Other
 d. Additional protection? Yes No
 If yes, describe: _____
- 3. Surface seal: Bentonite 30
 Concrete 01
 Other
- 4. Material between well casing and protective pipe:
 Bentonite 30
 Other
- 5. Annular space seal:
 a. Granular/Chipped Bentonite 33
 b. _____ Lbs/gal mud weight... Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight... Bentonite slurry 31
 d. 20 % Bentonite... Bentonite-cement grout 50
 e. 30 Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08
- 6. Bentonite seal:
 a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. Red Flint Well Slot #20
 b. Volume added 45 ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
4" FS CS Pipe Other
- 10. Screen material: 304 SS FJ
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other
 b. Manufacturer Johnson Screen
 c. Slot size: 0.015 in.
 d. Slotted length: 30 ft.
- 11. Backfill material (below filter pack): Nono 14
 Other

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

Signature _____ Firm Layne Christensen 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.

Route to: Watershed/Wastewater Waste Management
 Remediation/Redevelopment Other

Facility/Project Name Pentawood Products	County Name BURNETT	Well Name Penta EW13 4"
Facility License, Permit or Monitoring Number	County Code 7	Wis. Unique Well Number VX860
		DNR Well ID Number

1. Can this well be purged dry? Yes No

2. Well development method
- surged with bailer and bailed 4 1
 - surged with bailer and pumped 6 1
 - surged with block and bailed 4 2
 - surged with block and pumped 6 2
 - surged with block, bailed and pumped 7 0
 - compressed air 2 0
 - bailed only 1 0
 - pumped only 5 1
 - pumped slowly 5 0
 - Other

3. Time spent developing well 300 min.

4. Depth of well (from top of well casing) 123 ft.

5. Inside diameter of well 4 in.

6. Volume of water in filter pack and well casing _____ gal.

7. Volume of water removed from well 300 gal.

8. Volume of water added (if any) _____ gal.

9. Source of water added _____

10. Analysis performed on water added? Yes No
(If yes, attach results)

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. <u>109</u> ft.	<u>109</u> ft.
Date	b. <u>02 / 08 / 2011</u> m m d d y y y y	<u>02 / 08 / 2011</u> m m d d y y y y
Time	c. _____ : _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ : _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

12. Sediment in well bottom _____ inches

13. Water clarity
 Clear 1 0 Clear 2 0
 Turbid 1 5 Turbid 2 5
 (Describe) (Describe)

Fill in if drilling fluids were used and well is at solid waste facility:

14. Total suspended solids _____ mg/l

15. COD _____ mg/l

16. Well developed by: Name (first, last) and Firm
 First Name: Dan Last Name: Passamani
 Firm: Layne Christensen Company

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party

First Name: Keli Last Name: McKenna

Facility/Firm: CH2M HILL

Street: 135 South 84th Street

City/State/Zip: Milwaukee WI 53214

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

Signature:

Print Name: Kelth Meyers

Firm: Layne Christensen Company

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

3-7-11

Facility/Project Name Pentawood Products	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name Penta EW14 6"
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input checked="" type="checkbox"/>) or Well Location <input checked="" type="checkbox"/> Lat. 45 ° 47 ' 13 " Long. 92 ° 25 ' 8 "	Wis. Unique Well No. <u>VX861</u> DNR Well ID No.
Facility ID	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed <u>12 / 30 / 2010</u> m m d d y y y y
Type of Well Well Code <u>26 / ew</u>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <u>Vince Meindel</u> <u>Layne Christensen Company</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	Gov. Lot Number _____

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: <u>48</u> in.
C. Land surface elevation _____ ft. MSL	b. Length: <u>8</u> ft.
D. Surface seal, bottom _____ ft. MSL or <u>36</u> ft.	c. Material: Steel <input type="checkbox"/> 04 HDPE - below grade vault <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/>
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 type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input checked="" type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	5. Annular space seal: a. Granular/Chipped Bentonite <input 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. <u>20</u> % Bentonite to ... Bentonite-cement grout <input checked="" type="checkbox"/> 50 e. <u>24</u> Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	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 checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
17. Source of water (attach analysis, if required): _____	7. Fine sand material: Manufacturer, product name & mesh size a. <u>Red Flint Well Slot #20</u>
E. Bentonite seal, top _____ ft. MSL or <u>92</u> ft.	b. Volume added <u>51</u> ft ³
F. Fine sand, top _____ ft. MSL or <u>96</u> ft.	8. Filter pack material: Manufacturer, product name & mesh size a. <u>Red Flint Well Slot #60</u>
G. Filter pack, top _____ ft. MSL or <u>132</u> ft.	b. Volume added <u>31</u> ft ³
H. Screen joint, top _____ ft. MSL or <u>133</u> ft.	9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 <u>6" FJ CS Pipe</u> Other <input checked="" type="checkbox"/>
I. Well bottom _____ ft. MSL or <u>153</u> ft.	10. Screen material: 304 SS FJ _____
J. Filter pack, bottom _____ ft. MSL or <u>154.5</u> ft.	a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or <u>154.5</u> ft.	b. Manufacturer <u>Johnson Screen</u>
L. Borehole, diameter <u>16</u> in.	c. Slot size: <u>0.065</u> in.
M. O.D. well casing <u>6.62</u> in.	d. Slotted length: <u>20</u> ft.
N. I.D. well casing <u>6</u> in.	11. Backfill material (below filter pack): <u>Red Flint Well Slot #60</u> None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/>

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature _____ Firm Layne Christensen 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.

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name Pentawood Products	County Name BURNETT	Well Name Penta EW14 6"	
Facility License, Permit or Monitoring Number	County Code 7	Wis. Unique Well Number VX861	DNR Well ID Number

1. Can this well be purged dry? Yes No
2. Well development method
- surged with bailer and bailed 4 1
 - surged with bailer and pumped 6 1
 - surged with block and bailed 4 2
 - surged with block and pumped 6 2
 - surged with block, bailed and pumped 7 0
 - compressed air 2 0
 - balled only 1 0
 - pumped only 5 1
 - pumped slowly 5 0
 - Other
3. Time spent developing well 300 min.
4. Depth of well (from top of well casing) 151 ft.
5. Inside diameter of well 6 in.
6. Volume of water in filter pack and well casing _____ gal.
7. Volume of water removed from well 999 gal.
8. Volume of water added (if any) _____ gal.
9. Source of water added _____
10. Analysis performed on water added? Yes No
(If yes, attach results)

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. <u>112</u> ft.	<u>112</u> ft.
Date	b. <u>01 / 13 / 2011</u>	<u>01 / 13 / 2011</u>
Time	c. _____ : _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ : _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 1 0 Turbid <input checked="" type="checkbox"/> 1 5 (Describe)	Clear <input checked="" type="checkbox"/> 2 0 Turbid <input type="checkbox"/> 2 5 (Describe)
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l
16. Well developed by: Name (first, last) and Firm		
First Name:	Dan	Last Name: Passamani
Firm:	Layne Christensen Company	

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party

First Name: Kelli Last Name: McKenna

Facility/Firm: CH2M HILL

Street: 135 South 84th Street

City/State/Zip: Millwaukee WI 53214-

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

Signature:

Print Name: Keith Meyers

Firm: Layne Christensen Company

NOTE: See instructions for more information including a list of county codes and well type codes.

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2-7-11

Facility/Project Name Pentawood Products	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name Penta EW14 4"
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input checked="" type="checkbox"/> X) or Well Location <input checked="" type="checkbox"/> X Lat. 45° 47' 13" Long. 92° 25' 8" or	Wis. Unique Well No. DNR Well ID No. VX862
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 12 / 30 / 2010 m m d d y y y
Type of Well Well Code 64 / 1e	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm Vince Meindel Layne Christensen Company
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	Gov. Lot Number _____

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: 48 in. b. Length: 8 ft. c. Material: Steel <input type="checkbox"/> 04 HDPE - below grade vault _____ Other <input checked="" type="checkbox"/> IX
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 36 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
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 type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input 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. 20 % Bentonite ... Bentonite-cement grout <input checked="" type="checkbox"/> 50 e. 24 ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 Other <input type="checkbox"/>	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 checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. Red Flint Well Slot #20 b. Volume added 31 ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 4" FJ CS Pipe _____ Other <input checked="" type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 92 ft.	10. Screen material: 304 SS FJ a. Screen type: Factory cut <input type="checkbox"/> 11 Continuous slot <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer Johnson Screen c. Slot size: 0.015 in. d. Slotted length: 30 ft.
G. Filter pack, top _____ ft. MSL or 96 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 98 ft.	
I. Well bottom _____ ft. MSL or 128 ft.	
J. Filter pack, bottom _____ ft. MSL or 132 ft.	
K. Borehole, bottom _____ ft. MSL or 132 ft.	
L. Borehole, diameter 16 in.	
M. O.D. well casing 4.5 in.	
N. I.D. well casing 4 in.	

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

Signature _____ Firm Layne Christensen Company

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Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name Pentawood Products	County Name BURNETT	Well Name Penta EW14 4"
Facility License, Permit or Monitoring Number	County Code 7	Wis. Unique Well Number VX862
		DNR Well ID Number

1. Can this well be purged dry? Yes No
2. Well development method
- surged with bailer and bailed 41
 - surged with bailer and pumped 61
 - surged with block and bailed 42
 - surged with block and pumped 62
 - surged with block, bailed and pumped 70
 - compressed air 20
 - bailed only 10
 - pumped only 51
 - pumped slowly 50
 - Other _____
3. Time spent developing well 300 min.
4. Depth of well (from top of well casing) 126 ft.
5. Inside diameter of well 4 in.
6. Volume of water in filter pack and well casing _____ gal.
7. Volume of water removed from well 300 gal.
8. Volume of water added (if any) _____ gal.
9. Source of water added _____
10. Analysis performed on water added? Yes No
(If yes, attach results)

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. <u>112</u> ft.	<u>112</u> ft.
Date	b. <u>01</u> / <u>13</u> / <u>2011</u>	<u>01</u> / <u>13</u> / <u>2011</u>
Time	c. _____ : _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	_____ : _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 10 Turbid <input checked="" type="checkbox"/> 15 (Describe) _____	Clear <input checked="" type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____
Fill in if drilling fluids were used and well is at solid waste facility:		
14. Total suspended solids	_____ mg/l	_____ mg/l
15. COD	_____ mg/l	_____ mg/l
16. Well developed by: Name (first, last) and Firm		
First Name:	Dan	Last Name: Passamani
Firm:	Layne Christensen Company	

17. Additional comments on development:

Name and Address of Facility Contact/Owner/Responsible Party

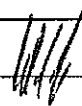
First Name: Kell Last Name: McKenna

Facility/Firm: CH2M Hill

Street: 135 South 84th Street

City/State/Zip: Milwaukee WI 53214

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

Signature: 

Print Name: Keith Meyers

Firm: Layne Christensen Company

NOTE: See instructions for more information including a list of county codes and well type codes.