




**From:** Dave Larsen <dlarsen@reiengineering.com>  
**Sent:** Monday, June 08, 2020 11:13 AM  
**To:** Stoltz, Carrie R - DNR  
**Subject:** Lou John - Abandonment forms  
**Attachments:** 6190 Lou John Abandonment Forms.pdf

Well abandonment forms for the Lou John project. Please let me know if you have any questions or concerns.

Thank you,  
*David N. Larsen P.G.*  
*Senior Hydrogeologist / Professional Geologist*



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

**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

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

1. Well Location Information				2. Facility / Owner Information																											
County <b>Polk</b>		WI Unique Well # of Removed Well <b>MW1</b>		Hicap #		Facility Name <b>Lou John Appraisal</b>																									
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <b>649102850</b>																									
1/4 SE    1/4 SW or Gov't Lot #		Section <b>28</b>		Township <b>33 N</b>		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W																									
Well Street Address <b>300 N Keller Avenue</b>				Original Well Owner <b>Haley Appraisal</b>																											
Well City, Village or Town <b>Amery</b>				Present Well Owner <b>Haley Appraisal</b>																											
Subdivision Name				Well ZIP Code <b>54001</b>		Mailing Address of Present Owner <b>333 30th Avenue</b>																									
Reason for Removal from Service Investigation Closed				WI Unique Well # of Replacement Well		City of Present Owner <b>Clear Lake</b>																									
<b>3. Filled &amp; Sealed Well / Drillhole / Borehole Information</b> <input checked="" type="checkbox"/> Monitoring Well      Original Construction Date (mm/dd/yyyy) <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole      If a Well Construction Report is available, please attach.				<b>4. Pump, Liner, Screen, Casing &amp; Sealing Material</b> Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____																											
Formation Type: <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.) <b>15</b>		Casing Diameter (in.) <b>2</b>		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.) <b>2</b>		Casing Depth (ft.)		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="4">5. Material Used to Fill Well / Drillhole</th> </tr> <tr> <th>From (ft.)</th> <th>To (ft.)</th> <th>No. Yards, Sacks Sealant or Volume (circle one)</th> <th>Mix Ratio or Mud Weight</th> </tr> </thead> <tbody> <tr> <td>Surface</td> <td>15</td> <td>0.5 bags</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				5. Material Used to Fill Well / Drillhole				From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight	Surface	15	0.5 bags													
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If yes, to what depth (feet)?		Depth to Water (feet)		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="2">7. Supervision of Work</th> <th colspan="2">DNR Use Only</th> </tr> <tr> <th>Name of Person or Firm Doing Filling &amp; Sealing</th> <th>License #</th> <th>Date of Filling &amp; Sealing or Verification (mm/dd/yyyy)</th> <th>Date Received</th> </tr> </thead> <tbody> <tr> <td>REI Engineering, Inc</td> <td></td> <td>05/17/2020</td> <td></td> </tr> <tr> <td colspan="2">Street or Route 4080 N 20th Avenue,</td> <td>Telephone Number ( 715 ) 675-9784</td> <td>Comments</td> </tr> <tr> <td>City Wausau</td> <td>State WI</td> <td>ZIP Code 54401</td> <td>Signature of Person Doing Work <i>David Larsen</i></td> </tr> <tr> <td colspan="3"></td> <td>Date Signed 06/01/2020</td> </tr> </tbody> </table>				7. Supervision of Work		DNR Use Only		Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	REI Engineering, Inc		05/17/2020		Street or Route 4080 N 20th Avenue,		Telephone Number ( 715 ) 675-9784	Comments	City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work <i>David Larsen</i>				Date Signed 06/01/2020
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<input type="checkbox"/> <b>Verification Only of Fill and Seal</b>	<b>Route to DNR Bureau:</b> <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information	2. Facility / Owner Information
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County Polk	WI Unique Well # of Removed Well MW2	Hicap #	Facility Name Lou John Appraisal		
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 649102850
1/4 1/4 SE or Gov't Lot #	1/4 SW	Section 28	Township 33 N	Range 16 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	License/Permit/Monitoring #
Well Street Address 300 N Keller Avenue			Original Well Owner Haley Appraisal		
Well City, Village or Town Amery			Present Well Owner Haley Appraisal		
Well ZIP Code 54001			Mailing Address of Present Owner 333 30th Avenue		
Subdivision Name			Lot #	City of Present Owner Clear Lake	State WI      ZIP Code 54005

3. Filled & Sealed Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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Reason for Removal from Service Investigation Closed	WI Unique Well # of Replacement Well	<input type="checkbox"/> Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy)	<input type="checkbox"/> Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> 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 type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Formation Type: <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 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	
Total Well Depth From Ground Surface (ft.) 15	Casing Diameter (in.) 2		
Lower Drillhole Diameter (in.) 2	Casing Depth (ft.)		
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
If yes, to what depth (feet)?	Depth to Water (feet)		

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chip	Surface	15	0.5 bags	

6. Comments	
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7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing REI Engineering, Inc	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 05/17/2020	Date Received	Noted By
Street or Route 4080 N 20th Avenue,		Telephone Number ( 715 ) 675-9784	Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work <i>David Larsen</i>	Date Signed 06/01/2020

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**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

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

County <b>Polk</b>	WI Unique Well # of Removed Well <b>MW3</b>	Hicap #	Facility Name <b>Lou John Appraisal</b>
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) <b>649102850</b>
1/4 SE    1/4 SW or Gov't Lot #	Section <b>28</b>	Township <b>33 N</b>	License/Permit/Monitoring #
		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner <b>Haley Appraisal</b>
Well Street Address <b>300 N Keller Avenue</b>	Well ZIP Code <b>54001</b>		Present Well Owner <b>Haley Appraisal</b>
Well City, Village or Town <b>Amery</b>	Well ZIP Code <b>54001</b>		Mailing Address of Present Owner <b>333 30th Avenue</b>
Subdivision Name	Lot #	City of Present Owner <b>Clear Lake</b>	State <b>WI</b>
			ZIP Code <b>54005</b>

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

Reason for Removal from Service <b>Investigation Closed</b>	WI Unique Well # of Replacement Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <b>15</b>	Casing Diameter (in.) <b>2</b>	Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>2</b>	Casing Depth (ft.)	Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, to what depth (feet)?	Depth to Water (feet)	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chip	Surface	15	0.5 bags	

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>05/17/2020</b>	Date Received	Noted By
Street or Route <b>4080 N 20th Avenue,</b>		Telephone Number <b>( 715 ) 675-9784</b>	Comments	
City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>David Larsen</i>	Date Signed <b>06/01/2020</b>

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**Route to DNR Bureau:**

**Verification Only of Fill and Seal**

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

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

County <b>Polk</b>	WI Unique Well # of Removed Well <b>AAMW2R</b>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 SE    1/4 SW or Gov't Lot #	Section <b>28</b>	Township <b>33 N</b>
Well Street Address <b>300 N Keller Avenue</b>	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well City, Village or Town <b>Amery</b>	Well ZIP Code <b>54001</b>	
Subdivision Name	Lot #	

Facility Name <b>Lou John Appraisal</b>		
Facility ID (FID or PWS) <b>649102850</b>		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner <b>Haley Appraisal</b>		
Mailing Address of Present Owner <b>333 30th Avenue</b>		
City of Present Owner <b>Clear Lake</b>	State <b>WI</b>	ZIP Code <b>54005</b>

Reason for Removal from Service <b>Investigation Closed</b>	WI Unique Well # of Replacement Well
----------------------------------------------------------------	--------------------------------------

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <b>15</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.) <b>2</b>	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

**5. Material Used to Fill Well / Drillhole**

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chip	Surface	15	0.5 bags	

**6. Comments**

Well transferred from Amery Amoco investigation

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>05/17/2020</b>	<b>DNR Use Only</b>	
Street or Route <b>4080 N 20th Avenue,</b>	City <b>Wausau</b>	State <b>WI</b>	Date Received	Noted By
Telephone Number <b>( 715 ) 675-9784</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>David Larsen</i>	Comments	Date Signed <b>06/01/2020</b>

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**Verification Only of Fill and Seal**

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

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

County <b>Polk</b>	WI Unique Well # of Removed Well <b>AAMW6</b>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 SE    1/4 SW or Gov't Lot #	Section <b>28</b>	Township <b>33 N</b>
Well Street Address <b>300 N Keller Avenue</b>	Range <b>16</b>	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town <b>Amery</b>	Well ZIP Code <b>54001</b>	
Subdivision Name	Lot #	

Facility Name <b>Lou John Appraisal</b>		
Facility ID (FID or PWS) <b>649102850</b>		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner <b>Haley Appraisal</b>		
Mailing Address of Present Owner <b>333 30th Avenue</b>		
City of Present Owner <b>Clear Lake</b>	State <b>WI</b>	ZIP Code <b>54005</b>

Reason for Removal from Service Investigation Closed	WI Unique Well # of Replacement Well
------------------------------------------------------	--------------------------------------

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <b>17</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.) <b>2</b>	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

**5. Material Used to Fill Well / Drillhole**

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chip	Surface	17	0.5 bags	

**6. Comments**

Well transferred from Amery Amoco investigation

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

Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>05/17/2020</b>	Date Received	Noted By
Street or Route <b>4080 N 20th Avenue,</b>	Telephone Number <b>( 715 ) 675-9784</b>	Comments		
City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>David Larsen</i>	Date Signed <b>06/01/2020</b>

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

**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

1. Well Location Information				2. Facility / Owner Information			
County <b>Polk</b>		WI Unique Well # of Removed Well <b>AAMW7</b>		Hicap #		Facility Name <b>Lou John Appraisal</b>	
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS) <b>649102850</b>	
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring #	
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002			
<input type="checkbox"/> OTH001							
1/4 SE	1/4 SW	Section <b>28</b>	Township <b>33 N</b>	Range <b>16</b>	<input type="checkbox"/> E	Original Well Owner	
or Gov't Lot #				<input checked="" type="checkbox"/> W			
Well Street Address <b>300 N Keller Avenue</b>				Present Well Owner <b>Haley Appraisal</b>			
Well City, Village or Town <b>Amery</b>				Mailing Address of Present Owner <b>333 30th Avenue</b>			
Subdivision Name				Lot #		City of Present Owner <b>Clear Lake</b>	
						State <b>WI</b>	
						ZIP Code <b>54005</b>	

Reason for Removal from Service Investigation Closed

WI Unique Well # of Replacement Well \_\_\_\_\_

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Construction Type:		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type:		Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did material settle after 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) <b>18</b>		Casing Diameter (in.) <b>2</b>			
Lower Drillhole Diameter (in.) <b>2</b>		Casing Depth (ft.)			
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
If yes, to what depth (feet)?		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Depth to Water (feet)		Required Method of Placing Sealing Material			
		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
		Sealing Materials			
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
		For Monitoring Wells and Monitoring Well Boreholes Only:			
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chip	Surface	18	0.5 bags	

**6. Comments**

Well transferred from Amery Amoco investigation

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>05/17/2020</b>	Date Received	Noted By
Street or Route <b>4080 N 20th Avenue,</b>	Telephone Number <b>( 715 ) 675-9784</b>		Comments	
City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>David Larsen</i>	Date Signed <b>06/01/2020</b>

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

**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

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

County: Polk      WI Unique Well # of Removed Well: AAMW16      Hicap #:

Latitude / Longitude (see instructions): \_\_\_\_\_ N      Format Code:  DD      Method Code:  GPS008

\_\_\_\_\_ W       DDM       SCR002       OTH001

1/4 SE      1/4 SW      Section: 28      Township: 33 N      Range: 16       E       W

or Gov't Lot #:

Well Street Address: 300 N Keller Avenue

Well City, Village or Town: Amery      Well ZIP Code: 54001

Subdivision Name: \_\_\_\_\_      Lot #: \_\_\_\_\_

Facility Name: Lou John Appraisal

Facility ID (FID or PWS): 649102850

License/Permit/Monitoring #:

Original Well Owner:

Present Well Owner: Haley Appraisal

Mailing Address of Present Owner: 333 30th Avenue

City of Present Owner: Clear Lake      State: WI      ZIP Code: 54005

Reason for Removal from Service Investigation Closed      WI Unique Well # of Replacement Well:

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

Monitoring Well      Original Construction Date (mm/dd/yyyy): \_\_\_\_\_

Water Well

Borehole / Drillhole      If a Well Construction Report is available, please attach.

Construction Type:

Drilled       Driven (Sandpoint)       Dug

Other (specify): \_\_\_\_\_

Formation Type:

Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.): 20      Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): 2      Casing Depth (ft.): \_\_\_\_\_

Was well annular space grouted?       Yes       No       Unknown

If yes, to what depth (feet)?      Depth to Water (feet): \_\_\_\_\_

**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
Bentonite Chip	Surface	20	0.75 bags	

**6. Comments**

Well transferred from Amery Amoco investigation

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

Name of Person or Firm Doing Filling & Sealing: REI Engineering, Inc	License #:	Date of Filling & Sealing or Verification (mm/dd/yyyy): 05/17/2020	Date Received:	Noted By:
Street or Route: 4080 N 20th Avenue,	City: Wausau	State: WI	ZIP Code: 54401	Telephone Number: ( 715 ) 675-9784
Signature of Person Doing Work: David Larsen			Date Signed: 06/01/2020	



---

**From:** Stoltz, Carrie R - DNR  
**Sent:** Monday, June 08, 2020 12:05 PM  
**To:** 'Dave Larsen' <[dlarsen@reiengineering.com](mailto:dlarsen@reiengineering.com)>  
**Subject:** RE: Lou John - Abandonment forms

Thanks Dave, the tables don't list AAMW1-R as abandoned and neither does Figure B.3.d. So has it been abandoned?

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Carrie Stoltz  
Phone (715)365-8942  
[Carrie.Stoltz@Wisconsin.gov](mailto:Carrie.Stoltz@Wisconsin.gov)




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**From:** Dave Larsen <[dlarsen@reiengineering.com](mailto:dlarsen@reiengineering.com)>  
**Sent:** Monday, June 08, 2020 11:13 AM  
**To:** Stoltz, Carrie R - DNR <[Carrie.Stoltz@wisconsin.gov](mailto:Carrie.Stoltz@wisconsin.gov)>  
**Subject:** Lou John - Abandonment forms

Well abandonment forms for the Lou John project. Please let me know if you have any questions or concerns.

Thank you,  
*David N. Larsen P.G*  
*Senior Hydrogeologist / Professional Geologist*

	<p><b>David N. Larsen, P.G.</b> Senior Hydrogeologist <a href="mailto:Dlarsen@REIengineering.com">Dlarsen@REIengineering.com</a></p> <p>Tel: 1-877-734-7745 715-675-9784</p> <p>Cell: 715-551-3434</p> <p>Fax: 715-675-4060</p>
	

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**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

Waste Management       Other: \_\_\_\_\_

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

County <b>Polk</b>	WI Unique Well # of Removed Well <b>AAMW1R</b>	Hicap #	Facility Name <b>Lou John Appraisal</b>		
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) <b>649102850</b>	
1/4 SE or Gov't Lot #	1/4 SW	Section <b>28</b>	Township <b>33 N</b>	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	License/Permit/Monitoring #
Well Street Address <b>300 N Keller Avenue</b>			Original Well Owner		
Well City, Village or Town <b>Amery</b>			Present Well Owner <b>Haley Appraisal</b>		
Subdivision Name			Well ZIP Code <b>54001</b>		Mailing Address of Present Owner <b>333 30th Avenue</b>
Reason for Removal from Service <b>Investigation Closed</b>			City of Present Owner <b>Clear Lake</b>		State <b>WI</b>
WI Unique Well # of Replacement Well			ZIP Code <b>54005</b>		

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.				
<input type="checkbox"/> Borehole / Drillhole		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <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 type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Formation Type: <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.) <b>15</b>	Casing Diameter (in.) <b>2</b>	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.) <b>2</b>	Casing Depth (ft.)				
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown					
If yes, to what depth (feet)?	Depth to Water (feet)				

**5. Material Used to Fill Well / Drillhole**

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Chip	Surface	15	0.5 bags	

**6. Comments**

Well transferred from Amery Amoco investigation

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>	
Name of Person or Firm Doing Filling & Sealing <b>REI Engineering, Inc</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>05/17/2020</b>	Date Received	Noted By
Street or Route <b>4080 N 20th Avenue,</b>		Telephone Number <b>( 715 ) 675-9784</b>	Comments	
City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>David Larsen</i>	Date Signed <b>06/01/2020</b>