

Pentair Water
293 Wright Street
Delavan, WI 53115 USA
262 728 5551 Tel

April 25, 2006

Mr. Tom Wentland
WDNR
1155 Pilgrim Road
PO Box 408
Plymouth, WI 53073-0408



RE: Abandonment Forms

Dear Tom,

Please find enclosed the abandonment forms for the abandonment of wells as discussed. The soil vapor and soil vapor/groundwater extraction wells were abandoned the week of April 17, 2006. The work was performed by Borat Longyear and supervised by GeoTrans.

If you have any questions please do not hesitate to call.

Sincerely,

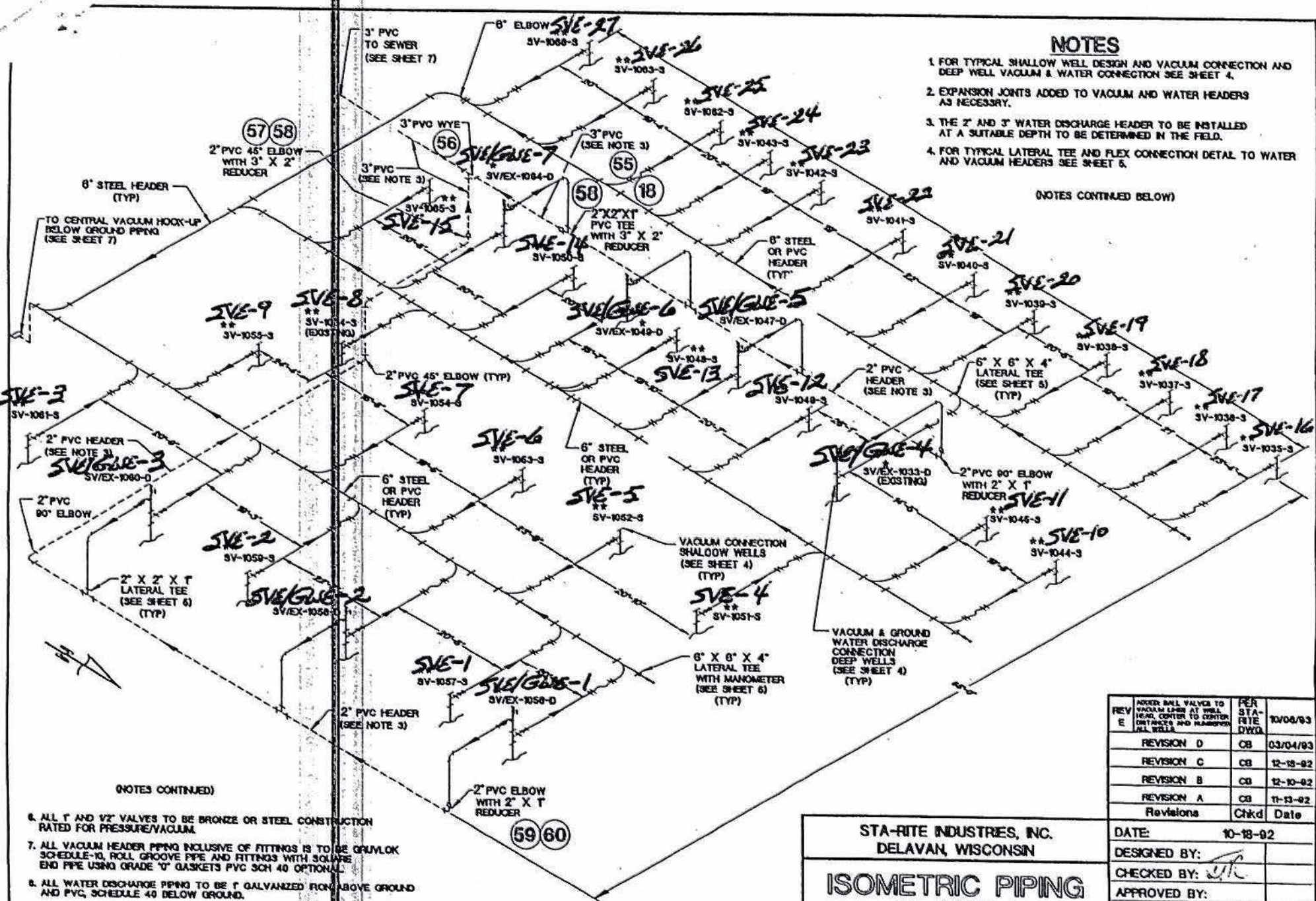
A handwritten signature in black ink, appearing to read "Jon Raymond".

Jon Raymond
Environmental Engineer
Pentair Water – Delavan Operations

NOTES

1. FOR TYPICAL SHALLOW WELL DESIGN AND VACUUM CONNECTION AND DEEP WELL VACUUM & WATER CONNECTION SEE SHEET 4.
2. EXPANSION JOINTS ADDED TO VACUUM AND WATER HEADERS AS NECESSARY.
3. THE 2" AND 3" WATER DISCHARGE HEADER TO BE INSTALLED AT A SUITABLE DEPTH TO BE DETERMINED IN THE FIELD.
4. FOR TYPICAL LATERAL TEE AND FLEX CONNECTION DETAIL TO WATER AND VACUUM HEADERS SEE SHEET 5.

NOTES CONTINUED BELOW



NOTES CONTINUED)

6. ALL 1" AND 1/2" VALVES TO BE BRONZE OR STEEL CONSTRUCTION RATED FOR PRESSURE/VACUUM.
7. ALL VACUUM HEADER PIPING INCLUSIVE OF FITTINGS IS TO BE GRUWLOK SCHEDULE-10, ROLL GROOVE PIPE AND FITTINGS WITH SOLAREX END PIPE USING GRADE "O" GASKETS PVC SCH 40 OPTIONAL.
8. ALL WATER DISCHARGE PIPING TO BE 1" GALVANIZED IRON ABOVE GROUND AND PVC SCHEDULE 40 BELOW GROUND.
9. FOR DETAILS OF MAIN VACUUM CONNECTION SEE SHEET 4 AND FOR 1/2" MANOMETER CONNECTION SEE SHEET 5.

ISOMETRIC PIPING

** (27) SHALLOW VAPOR EXTRACTION WELLS
 * (7) DEEP WATER AND VAPOR EXTRACTION WELLS
 (DRAWING NOT TO SCALE)

REV	DESCRIPTION	PER	DATE
E	NOTED BRL VALVES TO VACUUM LINE AT WELL HEAD, CENTER TO CENTER DISTANCE AND HANGERS ALL WELLS	STA-RITE DWG	10/06/93
D	REVISION	CB	03/04/93
C	REVISION	CB	12-18-92
B	REVISION	CB	12-10-92
A	REVISION	CB	11-13-92
Revisions		Chkd	Date

STA-RITE INDUSTRIES, INC.
 DELAVAN, WISCONSIN

**ISOMETRIC PIPING
 PLANT 1**

SIMON HYDRO-SEARCH
 Brookfield Lakes Corporate Center XI
 175 N. Corporate Drive, Suite 100
 Brookfield, Wisconsin 53045

DATE:	10-18-92
DESIGNED BY:	
CHECKED BY:	<i>JR</i>
APPROVED BY:	
DRAWING NO.:	1501-C63
PROJECT:	350115013
SHEET:	

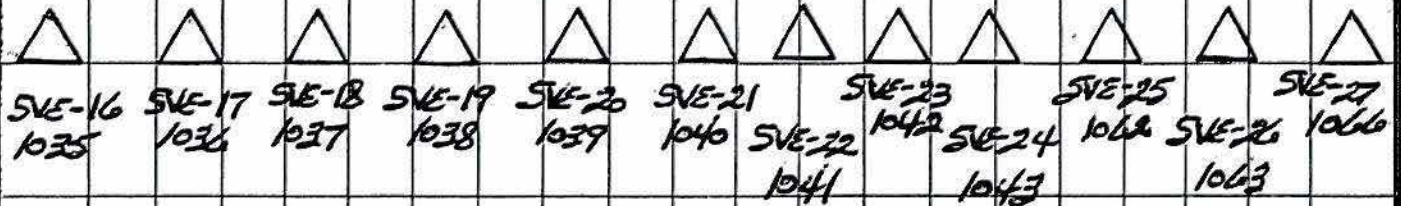
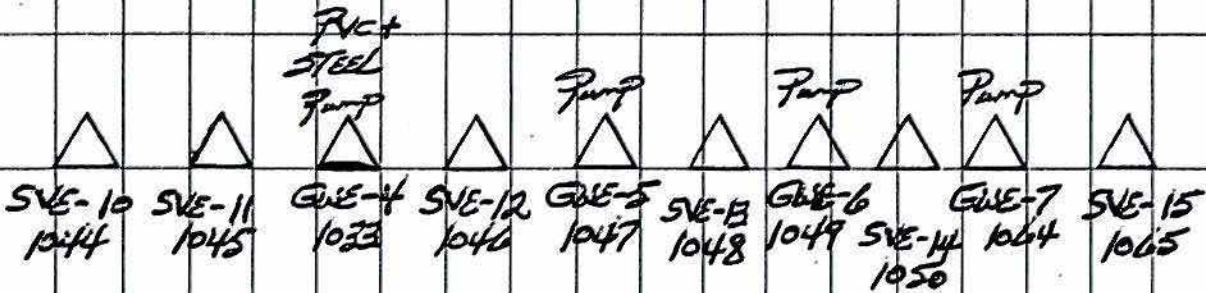
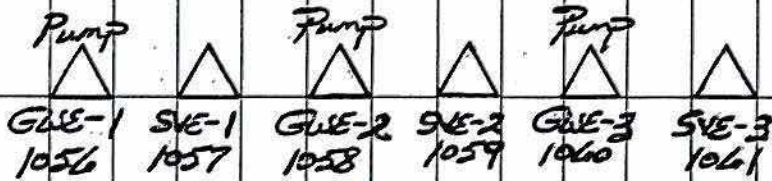
← N CHIP STORAGE EXTRACTION SYSTEM

(CSES AREA)

CS-SVE-1

CS-SVE/GWE-1

CS-PT-1



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Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County WISCONSIN
 Common Well Name SV/EX-1056-D Gov't Lot # (if applicable) _____
 Section 17 Township 2 N Range 116 E W
 Grid Location: Feet N S E W
 (estimated) OR Well Location
 Latitude: DEG MIN SEC _____ Longitude: DEG MIN SEC _____

2. Facility/Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. DELAWAN
 City, Village or Town DELAWAN
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELAWAN State WI ZIP Code 53115

Reason For Abandonment REMEDIATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date 06-29-1993 thru 8-11-1993
 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 Groundsurface (ft.) 48.60 Casing Diameter (in.) 4.0
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) _____
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? N/A Depth to Water (feet) 36.10

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry *
 Concrete Bentonite Chips
 For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite-Cement Grout
 Granular Bentonite Bentonite-Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>48.60</u>	<u>6.0</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work BOB LONGYEAR Date of Abandonment 03-30-2006
 Street or Route 101 ALDERSON STREET Telephone Number (715) 359-7090
 City SCHOFIELD State WI ZIP Code 54476 Signature of Person Doing Work [Signature] Date Signed 03-30-2006

DNR Use Only
 Date Received _____ Noted By _____

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

Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County LSAWORTH

Common Well Name SV-1057-S Gov't Lot # (if applicable) _____

1/4 1/4 Section Township Range E W
SW NE 17 2 N 16

Grid Location
 Feet N E S W
 Local Grid Origin
 (estimated) OR Well Location

Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility/Owner Information

Facility Name PENTAIR WATER

Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELANAN

Street Address of Well 293 WRIGHT STREET

Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES

Street Address or Route of Owner 293 WRIGHT STREET

City DELANAN State WI. ZIP Code 53115

Reason For Abandonment REMEDIATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole

Original Construction Date 06-29-1993 thru 08-11-1993

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 Groundsurface (ft.) 30.3 Casing Diameter (in.) 4.0

Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) 6.0

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? N/A Depth to Water (feet) Dry

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

Pump and piping removed? Yes No N/A

Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry * *
 Concrete 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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>30.3</u>	<u>4.0</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work <u>BOART LOWEYEAR</u>		Date of Abandonment <u>03-29-2006</u>		DNR Use Only	
Street or Route <u>101 ALDERSON STREET</u>		Telephone Number <u>(715) 359-7090</u>		Date Received	Noted By
City <u>SCHOFIELD</u>		State <u>WI.</u>		Signature of Person Doing Work <u>[Signature]</u>	
ZIP Code <u>54476</u>		Date Signed <u>03-29-2006</u>			

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Route to:

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

1. General Information **2. Facility/Owner Information**

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		LSA/WORTH	PENTAIR WATER
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No
SV/EX-1058-D		265010900	
City, Village or Town	DELAWAN		
1/4 1/4	Section	Township	Range
SW NE	17	2 N	16 E
Grid Location		Street Address of Well	
Feet	Local Grid Origin	293 WRIGHT STREET	
<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner	
<input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location		PENTAIR WATER	
Latitude: DEG MIN SEC		Original Well Owner	
Longitude: DEG MIN SEC		STA-RITE INDUSTRIES	
City		State	ZIP Code
DELAWAN		WI.	53115

Reason For Abandonment: **REMEDICATION COMPLETE** WI Unique Well No. of Replacement Well: _____

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

Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date 06-29-1978 TAKE 8-11-1993	Pump and piping removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.) 49.0	Casing Diameter (in.) 4.0	Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? N/A	Depth to Water (feet) 36.58	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite-Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite-Sand Slurry

5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	49.0	6.0	

6. Comments

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

Name of Person or Firm Doing Sealing Work BOART LONGYEAR	Date of Abandonment 03-30-2006	Date Received	Noted By
Street or Route 101 ALDERSON STREET	Telephone Number (715) 359-7090	Comments	
City SCHAEFFER	State WI.	ZIP Code 54476	Signature of Person Doing Work [Signature]
			Date Signed 03-30-2006

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Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County LSA/WORTH
 Common Well Name SV-1059-S Gov't Lot # (if applicable) _____
 1/4 1/4 Section Township Range E W
SW NE 17 2 N 116
 Grid Location
 Feet N E S W
 (estimated) OR Well Location
 Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility/Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELAWAN
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELAWAN State WI ZIP Code 53115

Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry *
 Concrete Bentonite Chips
 For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite-Cement Grout
 Granular Bentonite Bentonite-Sand Slurry

3. Well/Drillhole/Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date 06-29-1993 thru 08-11-1993
 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 Groundsurface (ft.) 30.6 Casing Diameter (in.) 4.0
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) 6.0
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? NA Depth to Water (feet) DRY

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
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>30.6</u>	<u>5.0</u>	

6. Comments

7. Supervision of Work

Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Sealing Work <u>BOART LOWE/EAR</u>	Date of Abandonment <u>03-29-2006</u>	Date Received	Noted By
Street or Route <u>101 ALDERSON STREET</u>	Telephone Number <u>(715) 359-7090</u>	Comments	
City <u>SCHOFIELD</u>	State <u>WI</u>	ZIP Code <u>54476</u>	Signature of Person Doing Work <u>[Signature]</u>
			Date Signed <u>03-29-2006</u>

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Route to:

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

1. General Information

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		LSA/WORTH	PENTAIR WATER
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No.
SV/EX-1060-D		265010900	DELANAN
1/4 1/4	Section	Township	Range
SW NE	17	2 N	16
Grid Location	Local Grid Origin	Street Address of Well	Present Well Owner
Feet	<input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	293 WRIGHT STREET	PENTAIR WATER
Latitude: DEG MIN SEC	Longitude: DEG MIN SEC	Street Address or Route of Owner	Original Well Owner
		293 WRIGHT STREET	STA-RITE INDUSTRIES
Reason For Abandonment	WI Unique Well No. of Replacement Well	City	State
REMEDICATION COMPLETE		DELANAN	WI
		ZIP Code	
			53115

2. Facility / Owner Information

3. Well / Drillhole / Borehole Information

Monitoring Well	Original Construction Date	Pump and piping removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Water Well	06-29-1973 thru 8-11-1973	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.	Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
50.0	4.0	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<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): _____	
Was well annular space grouted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Sealing Materials	
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
If yes, to what depth (feet)?	Depth to Water (feet)	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry	
N/A	35.12	<input type="checkbox"/> Concrete <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	

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

Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	50.0	16.0	

5. Material Used To Fill Well / Drillhole

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
BOB LOVE/EAR	03-30-2006		
Street or Route	Telephone Number	Comments	
101 ALDERSON STREET	(715) 359-7090		
City	State	ZIP Code	Signature of Person Doing Work
SCHAEFFER	WI	54476	[Signature]
			Date Signed
			03-30-2006

DNR Use Only

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		USA/ISOUTH	PENTAIR WATER
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No
SV-1061-S		265010900	DELAWAN
1/4 1/4	Section	Township	Range
SW NE	17	2 N	110
Grid Location	Local Grid Origin	Street Address of Well	Present Well Owner
Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	<input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location	293 WRIGHT STREET	PENTAIR WATER
Latitude: DEG MIN SEC	Longitude: DEG MIN SEC	Original Well Owner	Street Address or Route of Owner
		STA-RITE INDUSTRIES	293 WRIGHT STREET
Reason For Abandonment	WI Unique Well No. of Replacement Well	City	State
REMEDICATION COMPLETE		DELAWAN	WI
		ZIP Code	
			53115

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

Monitoring Well	Original Construction Date	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	06-29-1993 thru 08-11-1993	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.	Screen removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
30.7	4.0	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
	6.0	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials	
If yes, to what depth (feet)?	Depth to Water (feet)	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
N/A	DRY	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * *	
		<input type="checkbox"/> Concrete <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
CHIPPED BENTONITE	Surface	30.7	4.0	

6. Comments

7. Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
BOB LONYEAR	03-29-2006		
Street or Route	Telephone Number	Comments	
101 ALDERSON STREET	(715) 359-7090		
City	State	ZIP Code	Signature of Person Doing Work
SCHOFFIELD	WI	54476	[Signature]
			Date Signed
			03-29-2006

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

Route to:

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

1. General Information

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		WISCONSIN	PENTAIR WATER
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No
SV-1051-5		265010900	
City, Village or Town	DELAVAN		
1/4 / 1/4	Section	Township	Range
SW NE	17	2 N	16
Grid Location	Local Grid Origin		
Feet	<input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location		
Latitude: DEG MIN SEC	Longitude: DEG MIN SEC		
Reason For Abandonment	WI Unique Well No. of Replacement Well		
REMEDICATION COMPLETE			

2. Facility / Owner Information

Present Well Owner	Original Well Owner
PENTAIR WATER	STA-RITE INDUSTRIES
Street Address or Route of Owner	City
293 WRIGHT STREET	DELAVAN
State	ZIP Code
WIS.	53115

3. Well / Drillhole / Borehole Information

Monitoring Well	Original Construction Date
<input type="checkbox"/> Water Well	06-29-1993 thru 08-11-1993
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type:	
<input 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 Groundsurface (ft.)	Casing Diameter (in.)
25.8	4.0
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
	5.5
Was well annular space grouted?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)
N/A	DRY

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
Screen removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain):	
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb/gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * *	
<input type="checkbox"/> Concrete <input 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"/> Grout/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
Surface	30.5	5.0	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
BOART LOWEYEAR	03-29-2006		
Street or Route	Telephone Number	Comments	
101 ALDERSON STREET	(715) 359-7090		
City	State	ZIP Code	Signature of Person Doing Work
SCHOFIELD	WIS.	54476	[Signature]
			Date Signed
			03-29-2006

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

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

1. General Information **2. Facility/Owner Information**

WI Unique Well No. _____		DNR Well ID No. _____		County LSAWORTH		Facility Name PENTAIR WATER	
Common Well Name SV-1052-S		Gov't Lot # (if applicable) _____		Facility ID 265010900		License/Permit/Monitoring No. City, Village or Town DELAWAN	
1/4 1/4 SW NE	1/4 17	Section	Township 2	Range N 116	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Street Address of Well 293 WRIGHT STREET	
Grid Location Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> Local Grid Origin		<input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location		Present Well Owner PENTAIR WATER	
Latitude: DEG MIN SEC _____ N _____ W		Longitude: DEG MIN SEC _____ N _____ W		Original Well Owner STA-RITE INDUSTRIES		Street Address or Route of Owner 293 WRIGHT STREET	
Reason For Abandonment REMEDICATION COMPLETE		WI Unique Well No. of Replacement Well _____		City DELAWAN		State ZIP Code WI 53115	

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

Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date 06-29-1993 thru 8-11-1993		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		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	
Total Well Depth From Groundsurface (ft.) 18.5		Casing Diameter (in.) 4.0		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) _____		Casing Depth (ft.) _____		Did material settle after 24 hours? If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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): _____		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)? N/A		Depth to Water (feet) DRY		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * <input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	
5. Material Used To Fill Well/Drillhole CHIPPED BENTONITE		From (ft.) To (ft.) Surface 18.5		No. Yards, Sacks Sealant or Volume (circle one) 4.0	
				Mix Ratio or Mud Weight	

6. Comments

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

Name of Person or Firm Doing Sealing Work BOB LONK YEAR		Date of Abandonment 03-29-2006		Date Received		Noted By	
Street or Route 101 ANDERSON STREET		Telephone Number (715) 359-7090		Comments			
City SCHOFIELD		State ZIP Code WI 54476		Signature of Person Doing Work <i>[Signature]</i>		Date Signed 03-29-2006	

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Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County LSAULTWORTH
 Common Well Name SV-1053-S Gov't Lot # (if applicable) _____
 1/4 1/4 Section Township Range E W
SW NE 17 2 N 16
 Grid Location
 Feet N E S W Local Grid Origin (estimated) OR Well Location
 Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility/Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELANAN
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELANAN State WI ZIP Code 53115

Reason For Abandonment REMEDIATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date 06-29-1993 then 08-11-1993
 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 Groundsurface (ft.) 30.3 Casing Diameter (in.) 4.0
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) 5.0
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? N/A Depth to Water (feet) DRY

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry * *
 Concrete 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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>30.3</u>	<u>4.0</u>	

6. Comments

7. Supervision of Work

Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Sealing Work <u>BOBET LOVSEYAR</u>	Date of Abandonment <u>03-29-2006</u>	Date Received	Noted By
Street or Route <u>101 ALDERSON STREET</u>	Telephone Number <u>(715) 359-7090</u>	Comments	
City <u>SCHOFIELD</u>	State <u>WI</u>	ZIP Code <u>54476</u>	Signature of Person Doing Work <u>[Signature]</u>
			Date Signed <u>03-29-2006</u>

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Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County LSAULTWORTH
 Common Well Name SV-1054-S Gov't Lot # (if applicable) _____
 1/4 1/4 Section Township Range E W
SW NE 17 2 N 16
 Grid Location
 Feet N E S W (estimated) OR Well Location
 Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility / Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELANAN
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELANAN State WIS. ZIP Code 53115

Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date 06-29-1993 THRU 08-11-1993
 If a Well Construction Report is available, please attach.
 Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____
 Formation Type:
 Unconsolidated Formation Bedrock

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry * *
 Concrete Bentonite Chips
 For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

Total Well Depth From Groundsurface (ft.) 16.6 Casing Diameter (in.) 4.0
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) 5.0

Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? N/A Depth to Water (feet) DRY

Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>3.0</u>	<u>5.0</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work BOART LOWEYEAR Date of Abandonment 03-29-2006 Date Received _____ Noted By _____
 Street or Route 101 ALDERSON STREET Telephone Number (715) 359-7090 Comments _____
 City SCHAEFFEL State WIS. ZIP Code 54476 Signature of Person Doing Work [Signature] Date Signed 03-29-2006

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

Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County LSA WORTH
 Common Well Name CS-PT-1 Gov't Lot # (if applicable) _____
 1/4 1/4 Section Township Range E W
SW NE 17 2 N 16
 Grid Location
 Feet N E S W (estimated) OR Well Location
 Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility / Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELANAN
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELANAN State WI ZIP Code 53115

Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date UNKNOWN
 If a Well Construction Report is available, please attach.
 Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): UNKNOWN
 Formation Type:
 Unconsolidated Formation Bedrock
 Total Well Depth From Groundsurface (ft.) 32.5 Casing Diameter (in.) 1.0
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) _____
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? N/A Depth to Water (feet) DRY

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Gay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry * *
 Concrete 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
Surface	32.5	0.25	

6. Comments

7. Supervision of Work

Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Sealing Work <u>BOBET LOVEYEAR</u>	Date of Abandonment <u>03-29-2006</u>	Date Received	Noted By
Street or Route <u>101 ANDERSON STREET</u>	Telephone Number <u>(715) 359-7090</u>	Comments	
City <u>SCHOFIELD</u>	State <u>WI</u>	ZIP Code <u>54476</u>	Signature of Person Doing Work <u>[Signature]</u>
		Date Signed <u>03-29-2006</u>	

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Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County LSAULTWORTH
 Common Well Name CS-PT-2 Gov't Lot # (if applicable) _____
 1/4 1/4 Section Township Range E W
SW NE 17 2 N 11a
 Grid Location N E S W Local Grid Origin (estimated) OR Well Location
 Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility/Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELAVAN
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELAVAN State WIS. ZIP Code 53115

Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well/Drillhole/Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date UNKNOWN
 If a Well Construction Report is available, please attach.
 Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): UNKNOWN
 Formation Type:
 Unconsolidated Formation Bedrock
 Total Well Depth From Groundsurface (ft.) 32.7 Casing Diameter (in.) 1.0
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) _____
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? N/A Depth to Water (feet) DRY

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry *
 Concrete 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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>32.7</u>	<u>0.25</u>	

6. Comments

7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Sealing Work <u>BOART LONEYEAR</u>	Date of Abandonment <u>03-29-2006</u>	Date Received	Noted By	
Street or Route <u>101 ALDERSON STREET</u>	Telephone Number <u>(715) 359-7090</u>	Comments		
City <u>SCHAEFFEL</u>	State <u>WIS.</u>	ZIP Code <u>54476</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>03-29-2006</u>

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

Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County WISCONSIN
 Common Well Name CS-PT-3 Gov't Lot # (if applicable) _____
 1/4 1/4 Section Township Range E W
SW NE 17 2 N 16
 Grid Location N E S W
 Feet _____ Local Grid Origin (estimated) OR Well Location
 Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility/Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELANAN
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELANAN State WI ZIP Code 53115

Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date UNKNOWN
 If a Well Construction Report is available, please attach.
 Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): UNKNOWN

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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

Formation Type:

Unconsolidated Formation Bedrock

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): _____

Total Well Depth From Groundsurface (ft.) 18.0 Casing Diameter (in.) 1.0

Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) _____

Sealing Materials

Neat Cement Grout Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry *
 Concrete Bentonite Chips

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet) DRY

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>18.0</u>	<u>0.25</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work BOART LONGYEAR Date of Abandonment 03-29-2006 DNR Use Only: Date Received _____ Noted By _____
 Street or Route 101 ALDERSON STREET Telephone Number (715) 359-7090 Comments _____
 City SCHAFIELD State WI ZIP Code 54476 Signature of Person Doing Work [Signature] Date Signed 03-29-2006

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

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

1. General Information **2. Facility/Owner Information**

WI Unique Well No.	DNR Well ID No.	County LSAULTWORTH	Facility Name PENTAIR WATER
Common Well Name CS-PT-4	Gov't Lot # (if applicable)	Facility ID 265010900	License/Permit/Monitoring No DELAWAN
1/4 1/4 SWS NE 17	Section	Township 2 N	Range 110 E
Grid Location Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		Street Address of Well 293 WRIGHT STREET	
Local Grid Origin <input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location		Present Well Owner PENTAIR WATER	Original Well Owner STA-RITE INDUSTRIES
Latitude: DEG MIN SEC		Longitude: DEG MIN SEC	
City DELAWAN		State WI.	ZIP Code 53115

Reason For Abandonment **REMEDICATION COMPLETE** WI Unique Well No. of Replacement Well _____

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

Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date UNKNOWN	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): UNKNOWN	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.) 18.0	Casing Diameter (in.) 1.0	Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? N/A	Depth to Water (feet) DRY	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * <input type="checkbox"/> Concrete <input 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

Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	18.0	0.25	

6. Comments

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

Name of Person or Firm Doing Sealing Work BOART LONGYEAR	Date of Abandonment 03-29-2006	Date Received	Noted By
Street or Route 101 ALDERSON STREET	Telephone Number (715) 359-7090	Comments	
City SCHAEFFEL	State WI.	ZIP Code 54476	Signature of Person Doing Work [Signature]
			Date Signed 03-29-2006

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

Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County LSAULTWORTH
 Common Well Name SV-1024-S Gov't Lot # (if applicable) _____
 1/4 1/4 Section Township Range E W
SW NE 17 2 N 110
 Grid Location
 Feet N E S W Local Grid Origin (estimated) OR Well Location
 Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility/ Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELANAN
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELANAN State WI. ZIP Code 53115

Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date 06-29-1993 thru 08-11-1993
 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 Groundsurface (ft.) 32.5 Casing Diameter (in.) 4.0
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) 12.5
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? N/A Depth to Water (feet) DRY

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry *
 Concrete 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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volumes (circle one)	Mix Ratio or Mud Weight
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>32.5</u>	<u>6.0</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work <u>BOART LONGYEAR</u>	Date of Abandonment <u>03-29-2006</u>	Date Received	Noted By
Street or Route <u>101 ALDERSON STREET</u>	Telephone Number <u>(715) 359-7090</u>	Comments	
City <u>SCHAEFFEL</u>	State <u>WI.</u>	ZIP Code <u>54476</u>	Signature of Person Doing Work <u>[Signature]</u>
			Date Signed <u>03-29-2006</u>

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

Route to:

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

1. General Information **2. Facility/Owner Information**

WI Unique Well No. _____		DNR Well ID No. _____		County L. SAUVAGE		Facility Name PENTAIR WATER	
Common Well Name SV-1055-S		Gov't Lot # (if applicable)		Facility ID 265010900		License/Permit/Monitoring No. City, Village or Town DELAVAN	
1/4 1/4 SW NE		Section 17		Township 2 N		Range 11e	
Grid Location Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		Local Grid Origin <input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location		Street Address of Well 293 WRIGHT STREET		Present Well Owner PENTAIR WATER	
Latitude: DEG MIN SEC		Longitude: DEG MIN SEC		Original Well Owner STA-RITE INDUSTRIES		Street Address or Route of Owner 293 WRIGHT STREET	
City DELAVAN		State WI.		ZIP Code 53115			

Reason For Abandonment **REMEDICATION COMPLETE** WI Unique Well No. of Replacement Well _____

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

Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date 06-29-1993 thru 08-11-1993		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Groundsurface (ft.) 28.5		Casing Diameter (in.) 4.0		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.)		Casing Depth (ft.) 4.0		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)? N/A		Depth to Water (feet) DRY		Did material settle after 24 hours? 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
				Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
				Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Bentonite-Sand Slurry * <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 Volumes (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE		Surface	28.5	4.0	

6. Comments

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

Name of Person or Firm Doing Sealing Work BOART LONGYEAR		Date of Abandonment 03-29-2006		Date Received		Noted By	
Street or Route 101 ALDERSON STREET		Telephone Number (715) 359-7090		Comments			
City SCHOFIELD		State WI.		ZIP Code 54476		Signature of Person Doing Work [Signature]	
						Date Signed 03-29-2006	

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Route to:

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

1. General Information **2. Facility/Owner Information**

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		LSAWORTH	PENTAIR WATER
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No.
SV-1044-S		265010900	
City, Village or Town	DELAWAN		
1/4 1/4	Section	Township	Range
SW NE	17	2 N	16
Grid Location	Local Grid Origin		
Feet	<input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location		
Latitude: DEG MIN SEC	Longitude: DEG MIN SEC		
Reason For Abandonment	WI Unique Well No. of Replacement Well		
REMEDICATION COMPLETE			

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

Monitoring Well	Original Construction Date	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	06-29-1993 thru 08-11-1993	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.	Screen removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type:		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
30.5	4.0	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Required Method of Placing Sealing Material	
	5.5	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain):	
If yes, to what depth (feet)?	Depth to Water (feet)	Sealing Materials	
NA	DRY	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * *	
		<input type="checkbox"/> Concrete <input 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	

Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	30.5	4.0	

6. Comments

7. Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
BOB LONYEAR	03-29-2006		
Street or Route	Telephone Number	Comments	
101 ALDERSON STREET	(715) 359-7090		
City	State	ZIP Code	Signature of Person Doing Work
SCHOFIELD	WIS.	54476	
			Date Signed
			03-29-2006

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Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County LSAUWORTH
 Common Well Name SV-1045-S Gov't Lot # (if applicable) _____
 1/4 1/2 Section Township Range E W
SWS NE 17 2 N 16
 Grid Location
 Feet N E S W
 Local Grid Origin
 (estimated) OR Well Location
 Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility/Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELANAN
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELANAN State WIS. ZIP Code 53115

Reason For Abandonment REMEDIATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well/Drillhole/Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole
 Original Construction Date 06-29-1993 thru 08-11-1993
 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 Groundsurface (ft.) 30.2 Casing Diameter (in.) 4.0
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) 5.2
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? NA Depth to Water (feet) DRY

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry *
 Concrete 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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>30.2</u>	<u>5.0</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work <u>BOB LONGBEAR</u>	Date of Abandonment <u>03-29-2006</u>	Date Received	Noted By
Street or Route <u>101 ALDERSON STREET</u>	Telephone Number <u>(715) 359-7090</u>	Comments	
City <u>SCHOFIELD</u>	State <u>WIS.</u>	ZIP Code <u>54476</u>	Signature of Person Doing Work <u>[Signature]</u>
			Date Signed <u>03-29-2006</u>

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

Route to:

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

1. General Information

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		LSAWORTH	PENTAIR WATER
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No
SV/EX-1033-D		265010900	DELANAN
1/4 1/4	Section	Township	Range
SWS NE	17	2 N	116
Grid Location		Street Address of Well	
Feet	Feet	293 WRIGHT STREET	
<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner	
<input type="checkbox"/> Local Grid Origin		PENTAIR WATER	
<input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location		Original Well Owner	
		STA-RITE INDUSTRIES	
Latitude: DEG MIN SEC		Longitude: DEG MIN SEC	
		City	
		DELANAN	
		State	
		WI.	
		ZIP Code	
		53115	
Reason For Abandonment		WI Unique Well No. of Replacement Well	
REMEDICATION COMPLETE			

2. Facility/Owner Information

3. Well / Drillhole / Borehole Information

Monitoring Well <input type="checkbox"/>	Original Construction Date	Pump and piping removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Water Well <input type="checkbox"/>	06-29-1973 thru 8-11-1993	Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Borehole / Drillhole <input type="checkbox"/>	If a Well Construction Report is available, please attach.	Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Drilled <input type="checkbox"/>		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Driven (Sandpoint) <input type="checkbox"/>		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Dug <input type="checkbox"/>		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Other (specify): _____		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type:		If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Unconsolidated Formation <input checked="" type="checkbox"/>	Bedrock <input type="checkbox"/>	Required Method of Placing Sealing Material	
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
49.45	4.0	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Sealing Materials	
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
Was well annular space grouted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * *	
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	
If yes, to what depth (feet)?	Depth to Water (feet)	For Monitoring Wells and Monitoring Well Boreholes Only:	
N/A	35.38	<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
CHIPPED BENTONITE	Surface	49.45	7.0	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
BOB LONGYEAR	03-30-2006		
Street or Route	Telephone Number	Comments	
101 ALDERSON STREET	(715) 359-7090		
City	State	ZIP Code	Signature of Person Doing Work
SCHAEFFER	WI.	54476	[Signature]
			Date Signed
			03-30-2006

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

Route to:

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

1. General Information **2. Facility/Owner Information**

WI Unique Well No. _____		DNR Well ID No. _____		County L. SAUVOTH		Facility Name PENTAIR WATER	
Common Well Name SV-1046-S		Gov't Lot # (if applicable)		Facility ID 265010900		License/Permit/Monitoring No. City, Village or Town DELANAN	
1/4	1/4	Section 17	Township 2	Range 16	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Street Address of Well 293 WRIGHT STREET	
Grid Location Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		<input type="checkbox"/> Local Grid Origin <input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location		Present Well Owner PENTAIR WATER		Original Well Owner STA-RITE INDUSTRIES	
Latitude: DEG MIN SEC		Longitude: DEG MIN SEC		Street Address or Route of Owner 293 WRIGHT STREET		City State ZIP Code DELANAN W.I. 53115	
Reason For Abandonment REMEDICATION COMPLETE		WI Unique Well No. of Replacement Well _____					

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

Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date 06-29-1993 thru 08-11-1993		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Groundsurface (ft.) 30.3		Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Casing Diameter (in.) 4.0		Casing Depth (ft.) 5.2		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)? N/A		Depth to Water (feet) DRY		Did material settle after 24 hours? If yes, was hole retopped? <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"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * <input type="checkbox"/> Concrete <input 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 Groundsurface (ft.) 30.3		Casing Diameter (in.) 4.0		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards (Sacks Sealant) or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	30.3	4.0	

6. Comments

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

Name of Person or Firm Doing Sealing Work BOART LOWEYEAR		Date of Abandonment 03-29-2006		Date Received		Noted By	
Street or Route 101 ALDERSON STREET		Telephone Number (715) 359-7090		Comments			
City SCHOFIELD		State ZIP Code W.I. 54476		Signature of Person Doing Work [Signature]		Date Signed 03-29-2006	

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

Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County LSAULTWORTH
 Common Well Name SV/EX-1047-D Gov't Lot # (if applicable) _____
 1/4 1/4 Section Township Range E W
S1/4 NE 17 2 N 16
 Grid Location
 Feet N E S W
 (estimated) OR Well Location
 Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility / Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. DELAWAN City, Village or Town
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELAWAN State WI ZIP Code 53115

Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date 06-29-1973 TAKE 8-11-1993
 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 Groundsurface (ft.) 47.23 Casing Diameter (in.) 4.0
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) _____
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? N/A Depth to Water (feet) 35.0

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry *
 Concrete 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
Surface	47.23	7.0	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work BOB LOVEYEAR Date of Abandonment 03-30-2006 Date Received _____ Noted By _____
 Street or Route 101 ALDERSON STREET Telephone Number (715) 359-7090 Comments _____
 City SCHAEFFER State WI ZIP Code 54476 Signature of Person Doing Work [Signature] Date Signed 03-30-2006

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

Route to:

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

1. General Information **2. Facility/Owner Information**

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		LSAULTWORTH	PENTAIR WATER
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No
SV-1048-S		265010900	
City, Village or Town	DELAVAN		
1/4 1/4	Section	Township	Range
SW NE	17	2 N	116 E
Grid Location		Street Address of Well	
Feet	Local Grid Origin	293 WRIGHT STREET	
<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner	
<input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location		PENTAIR WATER	
Latitude: DEG MIN SEC		Original Well Owner	
Longitude: DEG MIN SEC		STA-RITE INDUSTRIES	
City		State	ZIP Code
DELAVAN		WI.	53115

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

Reason For Abandonment	WI Unique Well No. of Replacement Well	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
REMEDICATION COMPLETE		Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Monitoring Well	Original Construction Date	Screen removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Water Well	06-29-1993 thru 08-11-1993	Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.	Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type:		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type:		If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material	
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
15.4	4.0	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Sealing Materials	
	5.7	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * *	
If yes, to what depth (feet)?	Depth to Water (feet)	<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	
NA	DRY	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	

Material Used To Fill Well/Drillhole	From (ft.)	To (ft.)	No. Yards (Sacks Sealant) or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	30.7	4.0	

6. Comments

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

Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
BOART LOWEYEAR	03-29-2006		
Street or Route	Telephone Number	Comments	
101 ALDERSON STREET	(715) 359-7090		
City	State	ZIP Code	Signature of Person Doing Work
SCHOFIELD	WI.	54476	
			Date Signed
			03-29-2006

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

Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County WISCONSIN
 Common Well Name SV/EX-1049-D Gov't Lot # (if applicable) _____
 Section 17 Township 2 N Range 116 E W
 Grid Location: Feet N S E W
 (estimated) OR Well Location
 Latitude: DEG MIN SEC _____ Longitude: DEG MIN SEC _____
 Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

2. Facility / Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. DELAWAN
 City, Village or Town DELAWAN
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELAWAN State WI ZIP Code 53115

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date 26-29-1978 thru 8-11-1993
 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 Groundsurface (ft.) 49.82 Casing Diameter (in.) 4.0
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) _____
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? N/A Depth to Water (feet) 34.75

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry *
 Concrete 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 Sealed) or Volume (Circle one)	Mix Ratio or Mud Weight
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>49.82</u>	<u>7.0</u>	

6. Comments

7. Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Sealing Work <u>BOBET LOVEYEAR</u>	Date of Abandonment <u>03-30-2006</u>	Date Received	Noted By
Street or Route <u>101 ALDERSON STREET</u>	Telephone Number <u>(715) 359-7090</u>	Comments	
City <u>SCHOFIELD</u>	State <u>WI</u>	ZIP Code <u>54476</u>	Signature of Person Doing Work <u>[Signature]</u>
			Date Signed <u>03-30-2006</u>

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

Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County LSAUBETH
 Common Well Name SV-1050-S Gov't Lot # (if applicable) _____
 1/4 1/4 Section Township Range E W
SW NE 17 2 N 11a
 Grid Location N E S W Local Grid Origin (estimated) OR Well Location
 Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility/Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELAWAN
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELAWAN State WI ZIP Code 53115

Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date 06-29-1993 thru 08-11-1993
 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 Groundsurface (ft.) 30.7 Casing Diameter (in.) 4.0
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) 2.7

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? NA Depth to Water (feet) DRY

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry *
 Concrete Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite-Cement Grout
 Grout/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
Surface	<u>30.7</u>	<u>4.0</u>	

CHIPPED BENTONITE

6. Comments

7. Supervision of Work

Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Sealing Work <u>BOART LONGYEAR</u>	Date of Abandonment <u>03-29-2006</u>	Date Received	Noted By
Street or Route <u>101 ANDERSON STREET</u>	Telephone Number <u>(715) 359-7090</u>	Comments	
City <u>SCHOFIELD</u>	State <u>WI</u> ZIP Code <u>54476</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>03-29-2006</u>

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

Route to:

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

1. General Information

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		WISCONSIN	PENTAIR WATER
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No
SV/EX-1064-D		265010900	DELAWAN
1/4	Section	Township	Range
SW NE	17	2 N	116
Grid Location	Local Grid Origin	Street Address of Well	Present Well Owner
Feet	<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	293 WRIGHT STREET	PENTAIR WATER
Latitude: DEG MIN SEC	Longitude: DEG MIN SEC	Original Well Owner	Street Address or Route of Owner
		STA-RITE INDUSTRIES	293 WRIGHT STREET
Reason For Abandonment	WI Unique Well No. of Replacement Well	City	State
REMEDICATION COMPLETE		DELAWAN	WI.
			ZIP Code
			53115

3. Well / Drillhole / Borehole Information

Monitoring Well	Original Construction Date	Pump and piping removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Water Well	06-29-1973	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.	Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
49.70	4.0	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<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): _____	
Was well annular space grouted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Sealing Materials	
If yes, to what depth (feet)?	Depth to Water (feet)	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
N/A	35.32	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * *	
		<input type="checkbox"/> Concrete <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	

Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	49.70	7.0	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	DNR Use Only
BOART LONGYEAR	03-30-2006		Noted By
Street or Route	Telephone Number	Comments	
101 ALDERSON STREET	(715) 359-7090		
City	State	ZIP Code	Signature of Person Doing Work
SCHOFIELD	WI.	54476	
			Date Signed
			03-30-2006

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

Route to:

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

1. General Information

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		LSAUBETH	PENTAIR WATER
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No
SV-1065-5		265010900	
City, Village or Town	DELANAN		
1/4 / 1/4	Section	Township	Range
SW NE	17	2 N	16
Grid Location		Street Address of Well	
Feet	Feet	293 WRIGHT STREET	
<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner	
		PENTAIR WATER	
		Original Well Owner	
		STA-RITE INDUSTRIES	
Latitude: DEG MIN SEC		Longitude: DEG MIN SEC	
		City	
		DELANAN	
		State	ZIP Code
		WIS.	53115

2. Facility / Owner Information

Reason For Abandonment: **REMEDICATION COMPLETE**

3. Well / Drillhole / Borehole Information

Monitoring Well	Original Construction Date	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	06-29-1993 THRU 08-11-1993	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.	Screen removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
25.0	4.0	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
	5.7	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Was well annular space grouted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Sealing Materials	
If yes, to what depth (feet)?	Depth to Water (feet)	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
N/A	DRY	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * *	
		<input type="checkbox"/> Concrete <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	

Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards (Sacks Sealant) or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	30.7	5.0	

6. Comments

6. Comments

7. Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
BOART LONEYEAR	03-29-2006		
Street or Route	Telephone Number	Comments	
101 ALDERSON STREET	(715) 359-7090		
City	State	ZIP Code	Signature of Person Doing Work
SCHOFIELD	WIS.	54476	[Signature]
			Date Signed
			03-29-2006

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

Route to:

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		WISCONSIN	PENTAIR WATER
Common Well Name	Govt Lot # (if applicable)	Facility ID	License/Permit/Monitoring No
SV-1035-S		265010900	DELAWAN
1/4 1/4	Section	Township	Range
SW NE	17	2 N	116
Grid Location		Street Address of Well	
Feet	Feet	293 WRIGHT STREET	
<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner	
<input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location		PENTAIR WATER	
Latitude: DEG MIN SEC		Original Well Owner	
Longitude: DEG MIN SEC		STA-RITE INDUSTRIES	
Reason For Abandonment		Street Address or Route of Owner	
REMEDICATION COMPLETE		293 WRIGHT STREET	
WI Unique Well No. of Replacement Well		City	
		DELAWAN	
		State	
		WI	
		ZIP Code	
		53115	

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

Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date 06-29-1993 thru 8-11-1993	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	If a Well Construction Report is available, please attach.	Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.) 23.0	Casing Diameter (in.) 4.0	Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? N/A	Depth to Water (feet) DRY	Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Required Method of Placing Sealing Material	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
			<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
		Sealing Materials	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb/gal. wt.)
			<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * *
			<input type="checkbox"/> Concrete <input 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
CHIPPED BENTONITE	Surface	23.0	2.0	

6. Comments

7. Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Sealing Work BOART LOVEYEAR	Date of Abandonment 03-29-2006	Date Received	Noted By
Street or Route 101 ALDERSON STREET	Telephone Number (715) 359-7090	Comments	
City SCHOFIELD	State WI	Signature of Person Doing Work	Date Signed 03-29-2006
ZIP Code 54476			

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

Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County LSA/NORTH

Common Well Name SV-1036-S Gov't Lot # (if applicable) _____

1/4 1/4 Section Township Range E W
SW NE 17 2 N 16

Grid Location
 Feet N E S W Local Grid Origin (estimated) OR Well Location

Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility/Owner Information

Facility Name PENTAIR WATER

Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELAWAN

Street Address of Well 293 WRIGHT STREET

Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES

Street Address or Route of Owner 293 WRIGHT STREET

City DELAWAN State WI ZIP Code 53115

Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

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

Pump and piping removed? Yes No N/A

Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry * *
 Concrete Bentonite Chips

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

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole

Original Construction Date 06-29-1993 thru 8-11-1993

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 Groundsurface (ft.) 24.0 Casing Diameter (in.) 4.0

Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) _____

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? N/A Depth to Water (feet) DRY

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
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>24.0</u>	<u>3.0</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work <u>BOART LONEYEAR</u>	Date of Abandonment <u>03-29-2006</u>	Date Received	Noted By
Street or Route <u>101 ALDERSON STREET</u>	Telephone Number <u>(715) 359-7090</u>	Comments	
City <u>SCHAEFFEL</u>	State <u>WI</u>	ZIP Code <u>54476</u>	Signature of Person Doing Work <u>[Signature]</u>
			Date Signed <u>03-29-2006</u>

DNR Use Only

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Route to:

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

1. General Information **2. Facility/Owner Information**

WI Unique Well No. _____	DNR Well ID No. _____	County WISCONSIN	Facility Name PENTAIR WATER
Common Well Name SV-1037-S	Gov't Lot # (if applicable) _____	Facility ID 265010900	License/Permit/Monitoring No _____
City, Village or Town DELANAN	Street Address of Well 293 WRIGHT STREET		
Present Well Owner PENTAIR WATER	Original Well Owner STA-RITE INDUSTRIES		
Street Address or Route of Owner 293 WRIGHT STREET			
City DELANAN		State WI.	ZIP Code 53115

Reason For Abandonment **REMEDICATION COMPLETE** WI Unique Well No. of Replacement Well _____

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

Monitoring Well <input type="checkbox"/>	Original Construction Date 26-29-1993 thru 8-11-1993	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Water Well <input type="checkbox"/>	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Borehole / Drillhole <input type="checkbox"/>		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/>		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Other (specify): _____		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.) 25.0	Casing Diameter (in.) 4.0	Did material settle after 24 hours? If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) _____	Casing Depth (ft.) _____	If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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): _____
If yes, to what depth (feet)? N/A	Depth to Water (feet) DRY	Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * <input type="checkbox"/> Concrete <input 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

Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	25.0	3.0	

6. Comments

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

Name of Person or Firm Doing Sealing Work BOART LONEYEAR	Date of Abandonment 03-29-2006	Date Received	Noted By
Street or Route 101 ANDERSON STREET	Telephone Number (715) 359-7090	Comments	
City SCHAEFFEL	State WI.	ZIP Code 54476	Signature of Person Doing Work [Signature]
			Date Signed 03-29-2006

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

Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County LSAWORTH
 Common Well Name SV-1038-S Gov't Lot # (if applicable) _____
 1/4 1/4 Section Township Range E W
SW NE 17 2 N 16
 Grid Location
 Feet N E S W Local Grid Origin (estimated) OR Well Location
 Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility/Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELANAN
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELANAN State WI ZIP Code 53115

Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date 06-29-1993 thru 8-11-1993
 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 Groundsurface (ft.) 30.4 Casing Diameter (in.) 4.0
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) _____
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? N/A Depth to Water (feet) DRY

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry *
 Concrete 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

Material	From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>30.4</u>	<u>4.0</u>	

6. Comments

7. Supervision of Work

Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Sealing Work <u>BOART LONEYEAR</u>	Date of Abandonment <u>03-29-2006</u>	Date Received	Noted By
Street or Route <u>101 ALDERSON STREET</u>	Telephone Number <u>(715) 359-7090</u>	Comments	
City <u>SCHOFIELD</u>	State <u>WI</u>	ZIP Code <u>54476</u>	Signature of Person Doing Work <u>[Signature]</u>
			Date Signed <u>03-29-2006</u>

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

Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County LSAWORTH
 Common Well Name SV-1039-S Gov't Lot # (if applicable) _____
 1/4 1/4 Section Township Range E W
SW NE 17 2 N 16
 Grid Location
 Feet N E S W Local Grid Origin (estimated) OR Well Location
 Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility / Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELANAN
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELANAN State WI. ZIP Code 53115

Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date 26-29-1993 thru 8-11-1993
 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 Groundsurface (ft.) 28.0 Casing Diameter (in.) 4.0
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) _____
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? N/A Depth to Water (feet) DPY

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry *
 Concrete 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
Surface	28.0	4.0	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work BOART LOVEYEAR Date of Abandonment 03-29-2006 Date Received _____ Noted By _____
 Street or Route 101 ALDERSON STREET Telephone Number (715) 359-7090 Comments _____
 City SCHAEFFEL State WI. ZIP Code 54476 Signature of Person Doing Work [Signature] Date Signed 03-29-2006

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

Route to:

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

1. General Information **2. Facility/Owner Information**

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		ISAWORTH	PENTAIR WATER
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No
SV-1040-S		265010900	
City, Village or Town	DELANAN		
1/4 1/4	Section	Township	Range
SW NE	17	2 N	16 E
Grid Location		Street Address of Well	
Feet	Local Grid Origin	293 WRIGHT STREET	
<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner	
		PENTAIR WATER	
		Original Well Owner	
		STA-RITE INDUSTRIES	
Latitude: DEG MIN SEC		Longitude: DEG MIN SEC	
Reason For Abandonment		WI Unique Well No. of Replacement Well	
REMEDICATION COMPLETE			

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

Monitoring Well	Original Construction Date	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	06-29-1993 thru 8-11-1993	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.	Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
28.0	4.0	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<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): _____	
Was well annular space grouted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Sealing Materials	
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
If yes, to what depth (feet)?	Depth to Water (feet)	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * *	
N/A	Dry	<input type="checkbox"/> Concrete <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	

Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	28.0	4.0	

6. Comments

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

Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
BOB LONKAYEAR	03-29-2006		
Street or Route	Telephone Number	Comments	
101 ANDERSON STREET	(715) 359-7090		
City	State	ZIP Code	Signature of Person Doing Work
SCHAEFFEL	WIS.	54476	[Signature]
			Date Signed
			03-29-2006

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

Route to:

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

1. General Information **2. Facility/Owner Information**

WI Unique Well No. _____	DNR Well ID No. _____	County LSAULTWORTH	Facility Name PENTAIR WATER
Common Well Name SV-1041-S	Gov't Lot # (if applicable) _____	Facility ID 265010900	License/Permit/Monitoring No _____
City, Village or Town DELAWAN	Street Address of Well 293 WRIGHT STREET		
Present Well Owner PENTAIR WATER	Original Well Owner STA-RITE INDUSTRIES		
Street Address or Route of Owner 293 WRIGHT STREET		City DELAWAN	State WI
Latitude: DEG MIN SEC _____		Longitude: DEG MIN SEC _____	
Reason For Abandonment REMEDICATION COMPLETE		WI Unique Well No. of Replacement Well _____	

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

Monitoring Well <input type="checkbox"/>	Original Construction Date 06-29-1993 thru 8-11-1993	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Water Well <input type="checkbox"/>	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Borehole / Drillhole <input type="checkbox"/>		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/>		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 Groundsurface (ft.) 28.3	Casing Diameter (in.) 4.0	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) _____	Casing Depth (ft.) _____	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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)? N/A	Depth to Water (feet) DRY	If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		
Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)		
<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * *		
<input type="checkbox"/> Concrete <input 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		

Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	28.3	4.0	

6. Comments

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

Name of Person or Firm Doing Sealing Work BOART LOWEYEAR	Date of Abandonment 03-29-2006	Date Received	Noted By
Street or Route 101 ALDERSON STREET	Telephone Number (715) 359-7090	Comments	
City SCHAFIELD	State WI	ZIP Code 54476	Signature of Person Doing Work [Signature]
			Date Signed 03-29-2006

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Route to:

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

1. General Information **2. Facility/Owner Information**

WI Unique Well No. _____		DNR Well ID No. _____		County LSAWORTH		Facility Name PENTAIR WATER	
Common Well Name SV-1042-S		Gov't Lot # (if applicable)		Facility ID 265010900		License/Permit/Monitoring No. _____	
City, Village or Town DELANAN		Township 2 N		Range 116 E		Street Address of Well 293 WRIGHT STREET	
Section 17 SW NE		Local Grid Origin <input type="checkbox"/> Local Grid Origin <input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location		Present Well Owner PENTAIR WATER		Original Well Owner STA-RITE INDUSTRIES	
Grid Location Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		Latitude: DEG MIN SEC _____		Longitude: DEG MIN SEC _____		Street Address or Route of Owner 293 WRIGHT STREET	
Reason For Abandonment REMEDIATION COMPLETE		WI Unique Well No. of Replacement Well _____		City DELANAN		State ZIP Code WI. 53115	

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

Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date 06-29-1993 thru 8-11-1993		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Groundsurface (ft.) 25.6		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Casing Diameter (in.) 4.0		Casing Depth (ft.) _____		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)? N/A		Depth to Water (feet) DRY		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)? _____		Depth to Water (feet) _____		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

5. Material Used To Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE		Surface	25.6	4.0	

6. Comments

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

Name of Person or Firm Doing Sealing Work BOBET LOVEYEAR		Date of Abandonment 03-29-2006		Date Received _____		Noted By _____	
Street or Route 101 ALDERSON STREET		Telephone Number (715) 359-7090		Comments _____			
City SCHAEFFEL		State ZIP Code WI. 54476		Signature of Person Doing Work [Signature]		Date Signed 03-29-2006	

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Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. LSA1160TH County LSA1160TH

Common Well Name SV-1043-S Gov't Lot # (if applicable) _____

1/4 1/4 Section Township Range E W
SWS NE 17 2 N 116

Grid Location
 Feet N E S W Local Grid Origin (estimated) OR Well Location

Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility/Owner Information

Facility Name PENTAIR WATER

Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELAWAN

Street Address of Well 293 WRIGHT STREET

Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES

Street Address or Route of Owner 293 WRIGHT STREET

City DELAWAN State WI ZIP Code 53115

Reason For Abandonment REMEDIATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole

Original Construction Date 06-29-1993 thru 8-11-1993

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 Groundsurface (ft.) 30.4 Casing Diameter (in.) 4.0

Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) _____

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? N/A Depth to Water (feet) 29.4

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

Pump and piping removed? Yes No N/A

Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry *
 Concrete Bentonite Chips

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

5. Material Used To Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>30.4</u>	<u>4.0</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work <u>BOB LOVEYEAR</u>	Date of Abandonment <u>03-29-2006</u>	Date Received	Noted By
Street or Route <u>101 ALDERSON STREET</u>	Telephone Number <u>(715) 359-7090</u>	Comments	
City <u>SCHOFIELD</u>	State <u>WI</u>	ZIP Code <u>54476</u>	Signature of Person Doing Work <u>[Signature]</u>
			Date Signed <u>03-29-2006</u>

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

1. General Information **2. Facility/Owner Information**

WI Unique Well No.		DNR Well ID No.		County		Facility Name	
				LAWRENCE		PENTAIR WATER	
Common Well Name		Gov't Lot # (if applicable)		Facility ID		License/Permit/Monitoring No.	
SV-1062-S				265010900		DELAWARE	
1/4 1/4	1/4	Section	Township	Range	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Street Address of Well	
SWS	NE	17	2	N	110	293 WRIGHT STREET	
Grid Location		<input type="checkbox"/> Local Grid Origin		Present Well Owner			
Feet	<input type="checkbox"/> N <input type="checkbox"/> S	Feet	<input type="checkbox"/> E <input type="checkbox"/> W	<input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location		PENTAIR WATER	
Latitude: DEG MIN SEC		Longitude: DEG MIN SEC		City		State ZIP Code	
				DELAWARE		WI. 53115	
Reason For Abandonment		WI Unique Well No. of Replacement Well					
REMEDATION COMPLETE							

3. Well / Drillhole / Borehole Information

Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date	
		26-27-1993 thru 08-11-1993	
If a Well Construction Report is available, please attach.			
Construction Type:			
<input 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 Groundsurface (ft.)		Casing Diameter (in.)	
30.1		4.0	
Lower Drillhole Diameter (in.)		Casing Depth (ft.)	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)?		Depth to Water (feet)	
N/A		DRY	

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
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry * *
<input type="checkbox"/> Concrete	<input 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
Surface	30.1	4.0	

CHIPPED BENTONITE

6. Comments

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

Name of Person or Firm Doing Sealing Work		Date of Abandonment		Date Received		Noted By	
BOB LOVEYEAR		03-30-2006					
Street or Route		Telephone Number		Comments			
101 ALDERSON STREET		(715) 359-7090					
City		State ZIP Code		Signature of Person Doing Work		Date Signed	
SCHWAB		WI. 54476		[Signature]		03-30-2006	

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

Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County WISCONSIN
 Common Well Name SV-1063-S Gov't Lot # (if applicable) _____
 1/4 1/4 Section Township Range E W
SWS NE 17 2 N 11a
 Grid Location N E S W Local Grid Origin (estimated) OR Well Location
 Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility/Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELAWAN
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELAWAN State WI ZIP Code 53115

Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date 26-27-1993 thru 08-11-1993
 If a Well Construction Report is available, please attach.
 Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Groundsurface (ft.) 26.5 Casing Diameter (in.) 4.0
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) _____

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

Was well annular space grouted? Yes No Unknown

Sealing Materials
 Neat Cement Grout Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry *
 Concrete Bentonite Chips

If yes, to what depth (feet)? NA Depth to Water (feet) Dry

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

CHIPPED BENTONITE

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<u>26.5</u>	<u>4.0</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work BOB LANGRISH Date of Abandonment 03-30-2006 Date Received _____ Noted By _____
 Street or Route 101 ALDERSON STREET Telephone Number (715) 359-7090 Comments _____
 City SCHAFIELD State WI ZIP Code 54476 Signature of Person Doing Work [Signature] Date Signed 03-30-2006

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

Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. LSALLWETH County LSALLWETH

Common Well Name SV-1066-S Gov't Lot # (if applicable) _____

1/4 1/4 Section Township Range E W
SW NE 17 2 N 116

Grid Location
 Feet N Feet E Local Grid Origin
 S W (estimated) OR Well Location

Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility/Owner Information

Facility Name PENTAIR WATER

Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELAWAN

Street Address of Well 293 WRIGHT STREET

Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES

Street Address or Route of Owner 293 WRIGHT STREET

City DELAWAN State WI ZIP Code 53115

Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole

Original Construction Date 06-29-1993 thru 08-11-1993

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 Groundsurface (ft.) 30.4 Casing Diameter (in.) 4.0

Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) _____

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? N/A Depth to Water (feet) DRY

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

Pump and piping removed? Yes No N/A

Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry " "
 Concrete Bentonite Chips

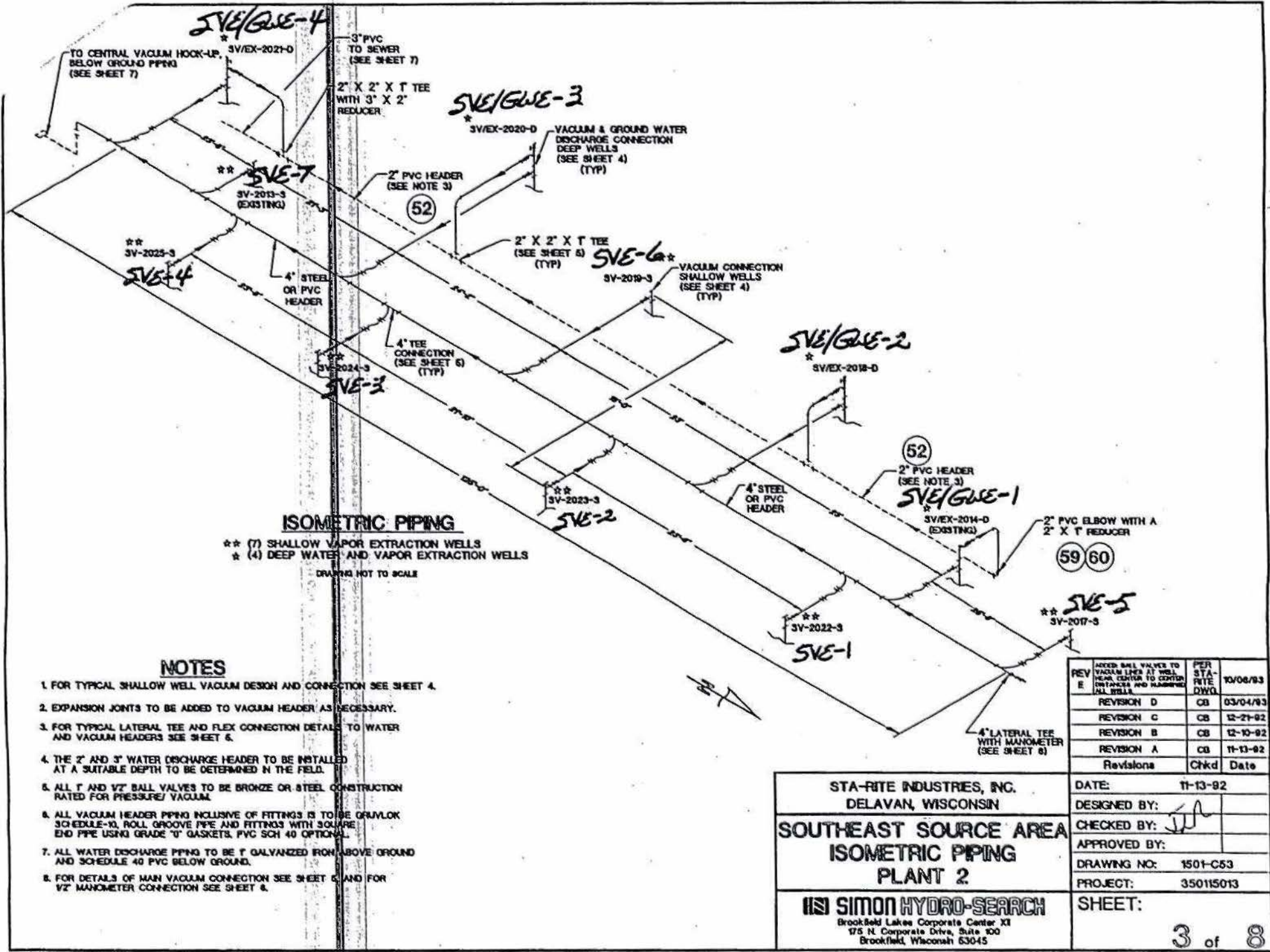
For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite-Cement Grout
 Granular Bentonite Bentonite-Sand Slurry

5. Material Used To Fill Well/Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>30.4</u>	<u>4.0</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work <u>BOART LONGYEAR</u>	Date of Abandonment <u>03-30-2006</u>	Date Received	Noted By
Street or Route <u>101 ALDERSON STREET</u>	Telephone Number <u>(715) 359-7090</u>	Comments	
City <u>SCHOFIELD</u>	State <u>WI</u>	ZIP Code <u>54476</u>	Signature of Person Doing Work <u>[Signature]</u>
			Date Signed <u>03-30-2006</u>



ISOMETRIC PIPING

** (7) SHALLOW VAPOR EXTRACTION WELLS
 * (4) DEEP WATER AND VAPOR EXTRACTION WELLS

DRAWING NOT TO SCALE

NOTES

1. FOR TYPICAL SHALLOW WELL VACUUM DESIGN AND CONNECTION SEE SHEET 4.
2. EXPANSION JOINTS TO BE ADDED TO VACUUM HEADER AS NECESSARY.
3. FOR TYPICAL LATERAL TEE AND FLEX CONNECTION DETAILS TO WATER AND VACUUM HEADERS SEE SHEET 6.
4. THE 2" AND 3" WATER DISCHARGE HEADER TO BE INSTALLED AT A SUITABLE DEPTH TO BE DETERMINED IN THE FIELD.
5. ALL 1" AND 1/2" BALL VALVES TO BE BRONZE OR STEEL CONSTRUCTION RATED FOR PRESSURE/ VACUUM.
6. ALL VACUUM HEADER PIPING INCLUSIVE OF FITTINGS IS TO BE GRAYLOK SCHEDULE-10, ROLL GROOVE PIPE AND FITTINGS WITH SQUARE END PIPE USING GRADE "O" GASKETS, PVC SCH 40 OPTIONAL.
7. ALL WATER DISCHARGE PIPING TO BE 1" GALVANIZED IRON ABOVE GROUND AND SCHEDULE 40 PVC BELOW GROUND.
8. FOR DETAILS OF MAIN VACUUM CONNECTION SEE SHEET 5, AND FOR 1/2" MANOMETER CONNECTION SEE SHEET 6.

STA-FITE INDUSTRIES, INC.
 DELAVAN, WISCONSIN
SOUTHEAST SOURCE AREA
ISOMETRIC PIPING
PLANT 2

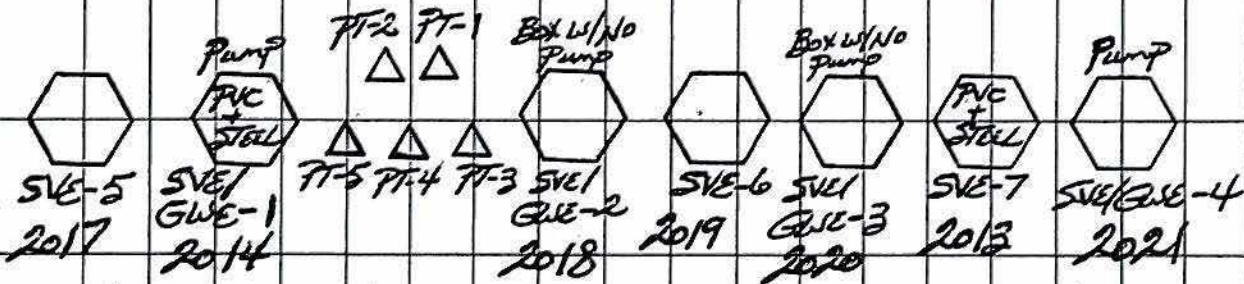
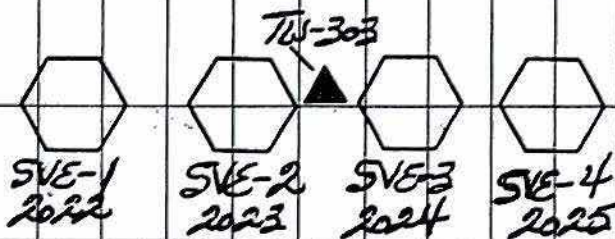
SIMON HYDRO-SEARCH
 Brookfield Lakes Corporate Center XI
 175 N. Corporate Drive, Suite 100
 Brookfield, Wisconsin 53045

REV	DESCRIPTION	PER STA-FITE DWG	DATE
E	ADDED BALL VALVES TO VACUUM LINE AT WELL HEAD, CENTER TO CENTER DISTANCES AND RANDED ALL STEEL		10/06/93
	REVISION D	CB	03/04/93
	REVISION C	CB	12-21-92
	REVISION B	CB	12-10-92
	REVISION A	CB	11-13-92
	Revisions	Chkd	Date

DATE:	11-13-92
DESIGNED BY:	
CHECKED BY:	<i>[Signature]</i>
APPROVED BY:	
DRAWING NO:	1501-C53
PROJECT:	350115013
SHEET:	3 of 8

← N **SOUTHEAST EXTRACTION SYSTEM (SES AREA)**

SE-SVE-1
 SE-SVE/GWE-1
 SE-PT-1
 TW-303



NOTE: SE-SVE/GWE-1: Pump LEFT IN PLACE.

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

Route to:

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

1. General Information

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		LSALWORTH	PENTAIR WATER
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No
SE-PT-1		265010900	
City, Village or Town	DELANAN		
1/4 1/4	Section	Township	Range
SWS NE	17	2 N	16
Grid Location	Street Address of Well		
Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	293 WRIGHT STREET		
Local Grid Origin <input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location	Present Well Owner		
	PENTAIR WATER		
Latitude: DEG MIN SEC	Longitude: DEG MIN SEC		
	City		
	DELANAN		
	State		
	WI		
	ZIP Code		
	53115		

Reason For Abandonment: **REMEDICATION COMPLETE**

3. Well / Drillhole / Borehole Information

Monitoring Well <input type="checkbox"/>	Original Construction Date	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	UNKNOWN	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.	Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
27.67	1.30	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<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): _____	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials	
If yes, to what depth (feet)?	Depth to Water (feet)	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
NA	DRY	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * *	
		<input type="checkbox"/> Concrete <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

Material	From (ft.)	To (ft.)	No. Yards (Sacks Sealed) or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	27.67	0.25	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
BOART LOGG YEAH	3-20-06		
Street or Route	Telephone Number	Comments	
101 Alderson st	(715) 859-7090		
City	State	ZIP Code	Signature of Person Doing Work
SCHO FIELD	WI	54476	
			Date Signed
			3-20-06

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Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County LSALSWORTH
 Common Well Name SE-PT-2 Gov't Lot # (if applicable) _____
 1/4 1/4 Section Township Range E W
SW NE 17 2 N 16
 Grid Location
 Feet N E S W (estimated) OR Well Location
 Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility/Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELANAN
 Street Address of Well 293 LSRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 LSRIGHT STREET
 City DELANAN State WI ZIP Code 53115

Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date UNKNOWN
 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 Groundsurface (ft.) 28.0 Casing Diameter (in.) 1.30
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) _____
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? NA Depth to Water (feet) DRY

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry *
 Concrete Bentonite Chips
 For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Gravel Bentonite Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards (Sacks Seals) or Volume (circle one)	Mix Ratio or Mud Weight
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>28.0</u>	<u>0.25</u>	

6. Comments

7. Supervision of Work

Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Sealing Work <u>BOART LOGGERS</u>	Date of Abandonment <u>3-20-06</u>	Date Received	Noted By
Street or Route <u>101 Alderson st</u>	Telephone Number <u>(715) 359-7090</u>	Comments	
City <u>Scots Field</u>	State <u>WI</u>	ZIP Code <u>54476</u>	Signature of Person Doing Work <u>[Signature]</u>
			Date Signed <u>3-20-06</u>

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No.	DNR Well ID No.	County L. SALLSWORTH	Facility Name PENTAIR WATER
Common Well Name SE-PT-3	Gov't Lot # (if applicable)	Facility ID 265010900	License/Permit/Monitoring No. City, Village or Town DELANAN
1/4 1/4 SW NE	Section 17	Township 2 N	Range 16 E
Grid Location Feet <input type="checkbox"/> N Feet <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W		Street Address of Well 293 WRIGHT STREET	
Local Grid Origin <input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location		Present Well Owner PENTAIR WATER	
Latitude: DEG MIN SEC N		Longitude: DEG MIN SEC W	
Reason For Abandonment REMEDICATION COMPLETE		Original Well Owner STA-RITE INDUSTRIES	
WI Unique Well No. of Replacement Well		Street Address or Route of Owner 293 WRIGHT STREET	
		City DELANAN	
		State WI	
		ZIP Code 53115	

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

Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date UNKNOWN	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: Unconsolidated Formation <input type="checkbox"/> Bedrock		Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.) 16.75	Casing Diameter (in.) 1.30	Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 16.75	Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? NA	Depth to Water (feet) DRY	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * * <input type="checkbox"/> Concrete <input 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 Sealed) or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	16.75	0.25	

6. Comments

7. Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Sealing Work BOART LOG YEARS	Date of Abandonment 3-20-06	Date Received	Noted By
Street or Route 101 Alderson st	Telephone Number (715) 959-7090	Comments	
City Sells Field	State WI	ZIP Code 54976	Signature of Person Doing Work
			Date Signed 3-20-06

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Route to:

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		LSALSWORTH	PENTAIR WATER
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No
SE-PT-4		265010900	
City, Village or Town	Street Address of Well		
DELANAN	293 WRIGHT STREET		
1/4 1/4	Section	Township	Range
SW NE	17	2 N	116
Grid Location	Present Well Owner		
Feet	PENTAIR WATER		
Local Grid Origin	Original Well Owner		
	STA-RITE INDUSTRIES		
Well Location	Street Address or Route of Owner		
	293 WRIGHT STREET		
Latitude: DEG MIN SEC	Longitude: DEG MIN SEC		City
			DELANAN
			State
			WI
			ZIP Code
			53115

Reason For Abandonment: **REMEDICATION COMPLETE** WI Unique Well No. of Replacement Well: _____

3. Well / Drillhole / Borehole Information

Monitoring Well	Original Construction Date
<input type="checkbox"/> Water Well	UNKNOWN
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type:	
<input type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Dug
Formation Type:	
<input type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)
17.17	1.30
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
	7.17
Was well annular space grouted?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)
NA	DRY

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
Screen removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain):
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry * *
<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite Chips
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards (Sacks Sealant) or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	17.17	0.25	

6. Comments

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

Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
BOART LOG YEGG	3-20-06		
Street or Route	Telephone Number	Comments	
101 Alderson st	(715) 859-7090		
City	State	ZIP Code	Signature of Person Doing Work
Scotts Field	WI	54176	
			Date Signed
			3-20-06

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Route to:

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

1. General Information

WI Unique Well No.	DNR Well ID No.	County L. SALLWORTH	Facility Name PENTAIR WATER
Common Well Name SE-PT-5	Gov't Lot # (if applicable)	Facility ID 265010900	License/Permit/Monitoring No. City, Village or Town DELANAN
1/4 1/4 SW NE	Section 17	Township 2 N	Range 16 E
Grid Location Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		Street Address of Well 293 WRIGHT STREET	
Local Grid Origin <input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location		Present Well Owner PENTAIR WATER	
Latitude: DEG MIN SEC		Original Well Owner STA-RITE INDUSTRIES	
Longitude: DEG MIN SEC		Street Address or Route of Owner 293 WRIGHT STREET	
City DELANAN		State ZIP Code WI 53115	

Reason For Abandonment **REMEDICATION COMPLETE** WI Unique Well No. of Replacement Well _____

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

Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date UNKNOWN	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.) 17.33	Casing Diameter (in.) 1.30	Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 7.33	Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? NA	Depth to Water (feet) Dry	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * * <input type="checkbox"/> Concrete <input 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
Surface	17.33	0.25	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work BOART LOG YEARS	Date of Abandonment 3-20-06	Date Received	Noted By
Street or Route 101 Alderson st	Telephone Number (715) 359-7090	Comments	
City Sells Field WI	State WI	ZIP Code 54976	Signature of Person Doing Work
			Date Signed 3-20-06

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

Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County LSAULTWISSETH
 Common Well Name SV-2022-S Gov't Lot # (if applicable) _____
 1/4 1/4 Section Township Range E W
S1/4 NE 17 2 N 116
 Grid Location N E S W Local Grid Origin (estimated) OR Well Location
 Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility/Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELANAN
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELANAN State WI ZIP Code 53115

Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well/Drillhole/Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date 06-29-1993 thru 08-11-1993
 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 Groundsurface (ft.) 22.10 Casing Diameter (in.) 4.0
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) 7.0
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? N/A Depth to Water (feet) DRY

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry *
 Concrete Bentonite Chips
 For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite-Cement Grout
 Gravel Bentonite Bentonite-Sand Slurry

5. Material Used To Fill Well/Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>22.10</u>	<u>3.0</u>	

6. Comments

7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Sealing Work <u>BOART LONGYEAR</u>	Date of Abandonment <u>03-27-2006</u>	Date Received	Noted By	
Street or Route <u>101 ALDERSON STREET</u>	Telephone Number <u>(715) 359-7090</u>	Comments		
City <u>SCHAFIELD</u>	State <u>WI</u>	ZIP Code <u>54476</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>03-27-2006</u>

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

Route to:

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

1. General Information **2. Facility/Owner Information**

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		ISAWORTH	PENTAIR WATER
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No.
SV-2023-S		265010900	
City, Village or Town	DELAWAN		
1/4 1/4	Section	Township	Range
SWS NE	17	2 N	11a
Grid Location	Street Address of Well		
Feet	293 WRIGHT STREET		
<input type="checkbox"/> N <input type="checkbox"/> S	Present Well Owner		
<input type="checkbox"/> E <input type="checkbox"/> W	PENTAIR WATER		
Local Grid Origin	Original Well Owner		
<input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location	STA-RITE INDUSTRIES		
Latitude: DEG MIN SEC	Longitude: DEG MIN SEC		
	City		
	DELAWAN		
	State		
	WI.		
	ZIP Code		
	53115		

Reason For Abandonment: **REMEDICATION COMPLETE** WI Unique Well No. of Replacement Well: _____

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

Monitoring Well	Original Construction Date	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	06-29-1993 thru 08-11-1993	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.	Screen removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
21.70	4.0	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
7.0	7.0	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Was well annular space grouted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Sealing Materials	
If yes, to what depth (feet)?	Depth to Water (feet)	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
N/A	DRY	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * "	
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	
		For Monitoring Walls 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
CHIPPED BENTONITE	Surface	21.70	3.0	

6. Comments

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

Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
BOART LONGYEAR	03-27-2006		
Street or Route	Telephone Number	Comments	
101 ALDERSON STREET	(715) 359-7090		
City	State	ZIP Code	Signature of Person Doing Work
SCHAFIELD	WI.	54476	[Signature]
			Date Signed
			03-27-2006

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Route to:

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		ISAWORTH	PENTAIR WATER
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No
SV-2024-S		265010900	
City, Village or Town	DELAWAN		
1/4 1/4	Section	Township	Range
SWS NE	17	2 N	16
Grid Location	Local Grid Origin	Street Address of Well	
Feet <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	<input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location	293 WRIGHT STREET	
Latitude: DEG MIN SEC	Longitude: DEG MIN SEC	Present Well Owner	Original Well Owner
		PENTAIR WATER	STA-RITE INDUSTRIES
Reason For Abandonment		Street Address or Route of Owner	
REMEDICATION COMPLETE		293 WRIGHT STREET	
WI Unique Well No. of Replacement Well		City	State ZIP Code
		DELAWAN	WIS. 53115

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

Monitoring Well <input type="checkbox"/>	Original Construction Date	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Water Well <input type="checkbox"/>	06-29-1993 then 08-11-1993	Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Borehole / Drillhole <input type="checkbox"/>	If a Well Construction Report is available, please attach.	Screen removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Drilled <input type="checkbox"/>		Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Driven (Sandpoint) <input type="checkbox"/>		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Dug <input type="checkbox"/>		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Other (specify): _____		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type:		If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Unconsolidated Formation <input checked="" type="checkbox"/>	Bedrock <input type="checkbox"/>	Required Method of Placing Sealing Material	
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
21.40	4.0	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Sealing Materials	
	7.0	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
Was well annular space grouted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * *	
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	
If yes, to what depth (feet)?	Depth to Water (feet)	For Monitoring Wells and Monitoring Well Boreholes Only:	
N/A	DRY	<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite-Cement-Grout	
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite-Sand-Slurry	

Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	21.40	3.5	

6. Comments

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

Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
BOART LONGYEAR	03-27-2006		
Street or Route	Telephone Number	Comments	
101 ALDERSON STREET	(715) 359-7090		
City	State	ZIP Code	Signature of Person Doing Work
SCHAFIELD	WIS.	54476	PUN
			Date Signed
			03-27-2006

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Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County WISCONSIN
 Common Well Name SV-2025-S Gov't Lot # (if applicable) _____
 1/4 1/4 Section Township Range E W
SWS NE 17 2 N 110
 Grid Location N E S W Local Grid Origin (estimated) OR Well Location
 Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility/Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELANAN
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELANAN State WI ZIP Code 53115

Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date 06-29-1993 thru 08-11-1993
 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 Groundsurface (ft.) 10.2 Casing Diameter (in.) 4.0
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) _____
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? N/A Depth to Water (feet) DRY

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry *
 Concrete 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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (Circle one)	Mix Ratio or Mud Weight
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>10.0</u>	<u>7.0</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work <u>BOB LANGYEAR</u>	Date of Abandonment <u>03-27-2006</u>	Date Received	Noted By
Street or Route <u>101 ALDERSON STREET</u>	Telephone Number <u>(715) 359-7090</u>	Comments	
City <u>SCHAFIELD</u>	State <u>WI</u>	ZIP Code <u>54476</u>	Signature of Person Doing Work <u>[Signature]</u>
			Date Signed <u>03-27-2006</u>

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Route to:

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

1. General Information **2. Facility/Owner Information**

WI Unique Well No. SV-2017-S	DNR Well ID No.	County LSAUBETH	Facility Name PENTAIR WATER
Common Well Name SV-2017-S	Gov't Lot # (if applicable)	Facility ID 265010900	License/Permit/Monitoring No DELANAN
Section SWS NE 17	Township 2 N	Range 116 E	Street Address of Well 293 WRIGHT STREET
Grid Location Feet N Feet E Feet S Feet W	Local Grid Origin <input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location	Present Well Owner PENTAIR WATER	Original Well Owner STA-RITE INDUSTRIES
Latitude: DEG MIN SEC N	Longitude: DEG MIN SEC W	Street Address or Route of Owner 293 WRIGHT STREET	City DELANAN
Reason For Abandonment REMEDICATION COMPLETE	WI Unique Well No. of Replacement Well	State WIS.	ZIP Code 53115

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

Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date 06-29-1993 thru 08-11-1993	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.) 3.5	Casing Diameter (in.) 4.0	Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? N/A	Depth to Water (feet) DRY	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * <input type="checkbox"/> Concrete <input 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

Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	10.0	4.0	

6. Comments

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

Name of Person or Firm Doing Sealing Work BOART LONGYEAR	Date of Abandonment 03-27-2006	Date Received	Noted By
Street or Route 101 ALDERSON STREET	Telephone Number (715) 359-7090	Comments	
City SCHAEFFEL	State WIS.	ZIP Code 54476	Signature of Person Doing Work VIN
			Date Signed 03-27-2006

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

Route to:

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

1. General Information **2. Facility/Owner Information**

WI Unique Well No. _____		DNR Well ID No. _____		County LSAWORTH		Facility Name PENTAIR WATER	
Common Well Name SV/EX-2014-D				Gov't Lot # (if applicable) _____		Facility ID 265010900	
License/Permit/Monitoring No. DELANAN		City, Village or Town DELANAN		Street Address of Well 293 WRIGHT STREET			
Present Well Owner PENTAIR WATER		Original Well Owner STA-RITE INDUSTRIES		Street Address or Route of Owner 293 WRIGHT STREET			
City DELANAN		State WIS.		ZIP Code 53115			

Reason For Abandonment: **REMEDICATION COMPLETE** WI Unique Well No. of Replacement Well: _____

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

Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date 06-29-1993 thru 08-11-1993		Pump and piping removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Screen removed? 20 ft. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Groundsurface (ft.) 7.0		Casing Diameter (in.) 4.0		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 9.0		Casing Depth (ft.) 9.0		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)? N/A		Depth to Water (feet) DRY		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
				If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
				Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
				Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * <input type="checkbox"/> Concrete <input 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
CHIPPED BENTONITE		Surface	35.0	5.0	

6. Comments

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

Name of Person or Firm Doing Sealing Work BOART LOWEYEAR		Date of Abandonment 03-28-2006		Date Received		Noted By	
Street or Route 101 ALDERSON STREET		Telephone Number (715) 359-7090		Comments			
City SCHOFIELD		State WIS.		ZIP Code 54476		Signature of Person Doing Work [Signature]	
				Date Signed 03-28-2006			

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Route to:

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No.		DNR Well ID No.		County		Facility Name	
				L SAUWETH		PENTAIR WATER	
Common Well Name				Govt Lot # (if applicable)		Facility ID	
SV/EX-2018D						265010900	
1/4 / 1/4		Section		Township		Range	
SW NE		17		2 N		16 E	
Grid Location				Local Grid Origin			
Feet				<input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location			
Latitude: DEG MIN SEC				Longitude: DEG MIN SEC			
				N W			
Present Well Owner				Original Well Owner			
PENTAIR WATER				STA-RITE INDUSTRIES			
Street Address of Well							
293 WRIGHT STREET							
Street Address or Route of Owner							
293 WRIGHT STREET							
City				State		ZIP Code	
DELANAN				WI.		53115	

Reason For Abandonment: **REMEDICATION COMPLETE** WI Unique Well No. of Replacement Well: _____

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

Monitoring Well		Original Construction Date		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		06-29-1993 thru 08-11-1993		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.		Screen removed?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:				Casing left in place?			
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				<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"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Groundsurface (ft.)		Casing Diameter (in.)		Did material settle after 24 hours?			
23.0		4.0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		If yes, was hole retopped?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Was well annular space grouted?				If bentonite chips were used, were they hydrated with water from a known safe source?			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, to what depth (feet)?				Required Method of Placing Sealing Material			
N/A				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
Depth to Water (feet)				<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
DRY				Sealing Materials			
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)			
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * *			
				<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips			
For Monitoring Wells and Monitoring Well Boreholes Only:				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite-Cement Grout			
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite-Sand Slurry			

5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	23.0	3.0	

6. Comments

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

Name of Person or Firm Doing Sealing Work		Date of Abandonment		Date Received		Noted By	
BOB LONGYEAR		03-27-2006					
Street or Route		Telephone Number		Comments			
101 ALDERSON STREET		(715) 359-7090					
City		State		ZIP Code		Signature of Person Doing Work	
SCHAEFFER		WI.		54476		[Signature]	
						Date Signed	
						03-27-2006	

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Route to:

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No. _____	DNR Well ID No. _____	County LSAULTWORTH	Facility Name PENTAIR WATER
Common Well Name SV-2019-5	Gov't Lot # (if applicable) _____	Facility ID 265010900	License/Permit/Monitoring No. _____
City, Village or Town DELAWAN	Street Address of Well 293 WRIGHT STREET		
Present Well Owner PENTAIR WATER	Original Well Owner STA-RITE INDUSTRIES		
Street Address or Route of Owner 293 WRIGHT STREET			
City DELAWAN		State WIS.	ZIP Code 53115

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

Reason For Abandonment REMEDICATION COMPLETE	WI Unique Well No. of Replacement Well _____	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Monitoring Well <input type="checkbox"/>	Original Construction Date 06-27-1993 thru 08-11-1993	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Water Well <input type="checkbox"/>	If a Well Construction Report is available, please attach.	Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Borehole / Drillhole <input type="checkbox"/>	Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Casing left in place? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.) 23.0	Casing Diameter (in.) 4.0	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) _____	Casing Depth (ft.) 8.0	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	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): _____	If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? N/A	Depth to Water (feet) DRY	Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <input 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		

Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volumes (Circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	23.0	4.0	

6. Comments

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

Name of Person or Firm Doing Sealing Work BOART LOWEYEAR	Date of Abandonment 03-27-2006	Date Received	Noted By
Street or Route 101 ALDERSON STREET	Telephone Number (715) 359-7090	Comments	
City SCHAEFFEL	State WIS.	ZIP Code 54476	Signature of Person Doing Work [Signature]
			Date Signed 03-27-2006

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Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County LSAULTWORTH Facility Name PENTAIR WATER

Common Well Name SV/EX-2020-D Gov't Lot # (if applicable) _____ Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELAWAN

1/4 1/4 Section Township Range E Street Address of Well
SW NE 17 2 N 16 293 WRIGHT STREET

Grid Location Feet N S E W (estimated) OR Well Location Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES

Street Address of Owner 293 WRIGHT STREET City DELAWAN State WIS. ZIP Code 53115

Latitude: DEG MIN SEC _____ Longitude: DEG MIN SEC _____

Reason For Abandonment REMEDIATION COMPLETE WI Unique Well No. of Replacement Well _____

2. Facility / Owner Information

Monitoring Well Water Well Borehole / Drillhole Original Construction Date 06-29-1993 thru 08-11-1993
 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 Groundsurface (ft.) 40.0 Casing Diameter (in.) 4.0
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) _____

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? N/A Depth to Water (feet) 27.68

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

Sealing Materials Neat Cement Grout Clay-Sand Slurry (11 lb./gal. wt.) Sand-Cement (Concrete) Grout Bentonite-Sand Slurry * Concrete Bentonite Chips

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

Material Used To Fill Well/Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>CHIPPED BENTONITE</u>	<u>Surface</u>	<u>40.0</u>	<u>5.0</u>	

3. Well / Drillhole / Borehole Information

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

5. Material Used To Fill Well/Drillhole

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work BOAT LOVYEAR Date of Abandonment 03-27-2006 Date Received _____ Noted By _____
 Street or Route 101 ALDERSON STREET Telephone Number (715) 359-7090 Comments _____
 City SCHAEFFER State WIS. ZIP Code 54476 Signature of Person Doing Work _____ Date Signed 03-27-2006

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Route to:

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

1. General Information

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		LSAWORTH	PENTAIR WATER
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No
SV-2013-5		265010900	
City, Village or Town	DELAWAN		
1/4 1/4	Section	Township	Range
SW NE	17	2 N	116 E
Grid Location		Street Address of Well	
Feet	Local Grid Origin	293 WRIGHT STREET	
<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner	
<input type="checkbox"/> (estimated) OR <input type="checkbox"/> Well Location		PENTAIR WATER	
Latitude: DEG MIN SEC		Original Well Owner	
Longitude: DEG MIN SEC		STA-RITE INDUSTRIES	
City		State	ZIP Code
DELAWAN		WI.	53115

2. Facility / Owner Information

Reason For Abandonment: **REMEDICATION COMPLETE** WI Unique Well No. of Replacement Well: _____

3. Well / Drillhole / Borehole Information

Monitoring Well	Original Construction Date	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	06-29-1993 thru 08-11-1993	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.	Screen removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
23.0	4.0	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
	8.0	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials	
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry * *	
		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips	

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

For Monitoring Wells and Monitoring Well Boreholes Only:	
<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite-Cement Grout	
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite-Sand Slurry	

5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	23.0	5.0	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work	Date of Abandonment	DNR Use Only	
BOART LONGYEAR	03-27-2006	Date Received	Noted By
Street or Route	Telephone Number	Comments	
101 ALDERSON STREET	(715) 359-7090		
City	State	ZIP Code	Signature of Person Doing Work
SCHAEFFER	WI.	54476	[Signature]
			Date Signed
			03-27-2006

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Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County LSALWORTH
 Common Well Name SV/EX-2021-D Gov't Lot # (if applicable) _____
 1/4 Section Township Range E W
SW NE 17 2 N 16
 Grid Location
 Feet N E S W (estimated) OR Well Location
 Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 _____ N _____ W

2. Facility / Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELANAN
 Street Address of Well 293 WRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 WRIGHT STREET
 City DELANAN State WI. ZIP Code 53115

Reason For Abandonment REMEDICATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date 06-29-1993 thru 08-11-1993
 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 Groundsurface (ft.) 43.0 Casing Diameter (in.) 4.0

Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) 8.0

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? N/A Depth to Water (feet) DRY

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry * *
 Concrete 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
Surface	<u>43.0</u>	<u>4.0</u>	

6. Comments

7. Supervision of Work

Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Sealing Work <u>BOART LOWEYEAR</u>	Date of Abandonment <u>03-28-2006</u>	Date Received	Noted By
Street or Route <u>101 ALDERSON STREET</u>	Telephone Number <u>(715) 359-7090</u>	Comments	
City <u>SCHAEFFER</u>	State <u>WI.</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>03-28-2006</u>

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Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County WISCONSIN

Common Well Name TW-303 Gov't Lot # (if applicable) _____

1/4 1/4 Section Township Range E W
S1/4 NE 17 2 N 116

Grid Location
 Feet N S E W
233, 250 2, 370, 650

Latitude: DEG MIN SEC Longitude: DEG MIN SEC
 N _____ W _____

Reason For Abandonment REMEDIATION COMPLETE WI Unique Well No. of Replacement Well _____

2. Facility / Owner Information

Facility Name PENTAIR WATER

Facility ID 265010900 License/Permit/Monitoring No. DELANAN

City, Village or Town DELANAN

Street Address of Well 293 WRIGHT STREET

Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES

Street Address or Route of Owner 293 WRIGHT STREET

City DELANAN State WI ZIP Code 53115

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date 9-24-2003
 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 Groundsurface (ft.) 36.0 Casing Diameter (in.) 1.30

Lower Drillhole Diameter (in.) 7.0 Casing Depth (ft.) 25.5

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? N/A Depth to Water (feet) 30.91

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry * *
 Concrete 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
Surface	<u>35.54</u>	<u>0.75</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work BOB LANGRISH Date of Abandonment 3-27-2006 Date Received _____ Noted By _____
 Street or Route 101 ALDERSON STREET Telephone Number (715) 359-7090 Comments _____
 City SCHOFIELD State WI ZIP Code 54476 Signature of Person Doing Work [Signature] Date Signed 3-27-2006

Route To:

Watershed/Wastewater
Remediation/Redevelopment

Waste Management
Other

Facility/Project Name Sta-Rite	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name TW-303
Facility License, Permit or Monitoring No.	Grid Origin Location (Check if estimated: <input type="checkbox"/>) Lat. _____ Long. _____ or St. Plane <u>233,250</u> ft. N, <u>2,370,650</u> ft. E. <input checked="" type="checkbox"/> C/N	Wis. Unique Well No. / DNR Well Number
Facility ID <u>265010900</u> <u>44692</u>	Section Location of Waste/Source <u>SW 1/4 of NE 1/4 of Sec. 17, T. 2 N, R. 16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Date Well Installed 09/24/2003
Type of Well <u>Temporary Well</u> Well Code 11/mw	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input checked="" type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) R. Radke
Distance Well Is From Waste/Source Boundary 0 ft.		Boart Longyear

- A. Protective pipe, top elevation NA ft. MSL
- B. Well casing, top elevation 946.74 ft. MSL
- C. Land surface elevation 944.57 ft. MSL
- D. Surface seal, bottom _____ ft. MSL or 0.5 ft.

12. USC classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

13. Sieve analysis attached? Yes No

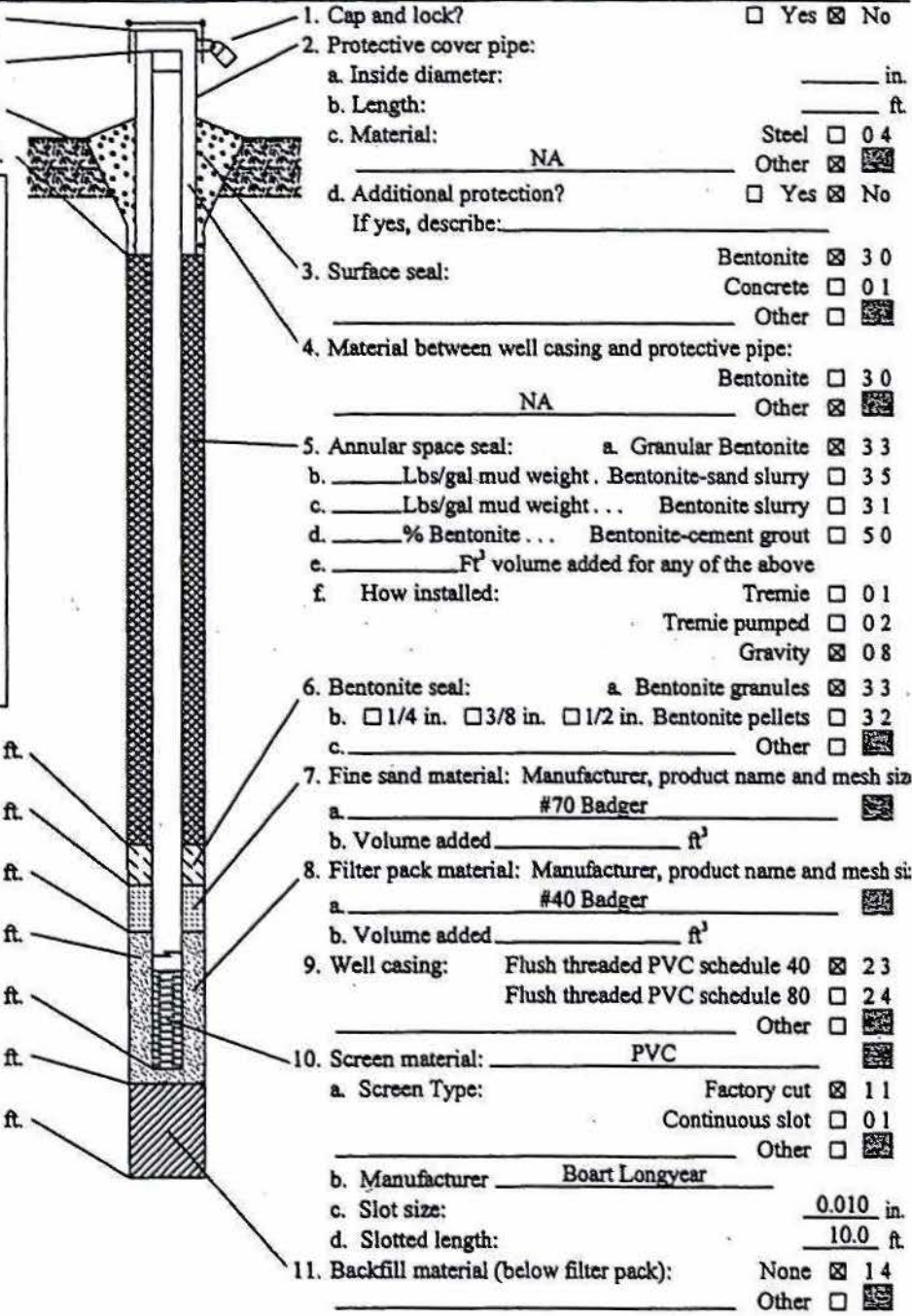
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 _____ Other

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): _____



- E. Bentonite seal, top _____ ft. MSL or 0.5 ft.
- F. Fine sand, top _____ ft. MSL or 21.5 ft.
- G. Filter pack, top _____ ft. MSL or 23.5 ft.
- H. Screen joint, top _____ ft. MSL or 25.5 ft.
- I. Well bottom _____ ft. MSL or 35.5 ft.
- J. Filter pack, bottom _____ ft. MSL or 36.0 ft.
- K. Borehole, bottom _____ ft. MSL or 36.0 ft.
- L. Borehole, diameter 7.0 in.
- M. O.D. well casing 1.30 in.
- N. I.D. well casing 1.20 in.

1. Cap and lock? Yes No
2. Protective cover pipe:
 a. Inside diameter: _____ in.
 b. Length: _____ ft.
 c. Material: _____ Steel 04
 _____ NA 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
 _____ NA Other
5. Annular space seal: a. Granular Bentonite 33
 b. _____ Lbs/gal mud weight . Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight . . . Bentonite slurry 31
 d. _____ % Bentonite . . . Bentonite-cement grout 50
 e. _____ 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 pellets 32
 c. _____ Other
7. Fine sand material: Manufacturer, product name and mesh size
 a. #70 Badger
 b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name and mesh size
 a. #40 Badger
 b. Volume added _____ ft³
9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 _____ Other
10. Screen material: PVC
 a. Screen Type: Factory cut 11
 Continuous slot 01
 _____ Other
 b. Manufacturer Boart Longyear
 c. Slot size: 0.010 in.
 d. Slotted length: 10.0 ft.
11. Backfill material (below filter pack): None 14
 _____ Other

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

Signature: [Signature] Firm: Boart Longyear Company Tel: 715-359-7090
 101 Alderson Street Schofield, WI 54476 Fax: 715-355-5715

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

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

Route to:

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

1. General Information

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		WISCONSIN	PENTAIR WATER
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No
TWS-304		265010900	
1/4	1/4	Section	Township
SW NE	17	2	N 116
Grid Location		Street Address of Well	
Feet	Feet	293 WRIGHT STREET	
233, 214	2, 370	Present Well Owner	
	671	PENTAIR WATER	
Latitude: DEG MIN SEC		Original Well Owner	
N		STA-RITE INDUSTRIES	
Longitude: DEG MIN SEC		Street Address or Route of Owner	
W		293 WRIGHT STREET	
Reason For Abandonment		City	
REMEDICATION COMPLETE		DELAWAN	
WI Unique Well No. of Replacement Well		State	
		WI	
		ZIP Code	
		53115	

2. Facility / Owner Information

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

3. Well / Drillhole / Borehole Information

Monitoring Well	Original Construction Date	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	09-16-2003	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.	Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Drilled		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Driven (Sandpoint)		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Dug		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Other (specify):		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
GEOROBE		If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Required Method of Placing Sealing Material	
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Bedrock		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain):
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	Sealing Materials	
34.0	1.30	<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry * *
2.0	24.0	<input type="checkbox"/> Concrete	<input type="checkbox"/> Bentonite Chips
Was well annular space grouted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	For Monitoring Wells and Monitoring Well Boreholes Only:	
If yes, to what depth (feet)?	Depth to Water (feet)	<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
NA	30.90	<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 Sealed) or Volumes (circle one)	Mix Ratio or Mud Weight
Surface	33.77	1.5	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
BOB LONGBEAR	03-27-2006		
Street or Route	Telephone Number	Comments	
101 ANDERSON STREET	(715) 359-7090		
City	State	ZIP Code	Signature of Person Doing Work
SCHOFIELD	WI	54476	[Signature]
			Date Signed
			03-27-2006

Facility/Project Name Sta-Rite Industries	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name TW-304
City License, Permit or Monitoring No.	Local Grid Origin (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well ID No.
Facility ID 265010900	St. Plane 233,214 ft. N. 2,370,671 ft. E. <input checked="" type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> W.	Date Well Installed 09/16/2003 m m d d y y y y
Type of Well Temporary Well Well Code 111 MW	Section Location of Waste/Source SW 1/4 of NE 1/4 of Sec. 17, T. 2 N. R. 16 <input checked="" type="checkbox"/> E. <input type="checkbox"/> W.	Well Installed By: Name (first, last) and Firm Dennis Totzke On-Site Environmental
Distance from Waste/Source 10 ft.	Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number
Location of Well Relative to Waste/Source u <input checked="" type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		

A. Protective pipe, top elevation NA ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 945.08 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: NA Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation 944.60 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 22.0 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 checked="" type="checkbox"/> SM <input checked="" 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: NA Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" 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. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Geoprobe Hollow Stem Auger <input type="checkbox"/> 41 Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input 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 checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size NA
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	a. _____ b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	8. Filter pack material: Manufacturer, product name & mesh size Coarse Sand a. _____ b. Volume added _____ ft ³
E. Bentonite seal, top _____ ft. MSL or 0.0 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or NA ft.	10. Screen material: PVC a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 22.0 ft.	b. Manufacturer _____ c. Slot size: 0.010 in. d. Slotted length: 20.0 ft.
H. Screen joint, top _____ ft. MSL or 24.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or 34.0 ft.	Cave-in
J. Filter pack, bottom _____ ft. MSL or 34.0 ft.	
K. Borehole, bottom _____ ft. MSL or 36.0 ft.	
L. Borehole, diameter 2.0 in.	
M. O.D. well casing 1.30 in.	
N. I.D. well casing 1.00 in.	

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

Signature **[Signature]** Firm **GeoTrans, Inc 175 N. Corporate Dr. Brookfield, WI**

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

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

Route to:

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

1. General Information

WI Unique Well No.	DNR Well ID No.	County	Facility Name
		LSALWORTH	PENTAIR WATER
Common Well Name	Gov't Lot # (if applicable)	Facility ID	License/Permit/Monitoring No
TW-305		265010900	
City, Village or Town	DELAVAN		
1/4 1/4	Section	Township	Range
SW NE	17	2 N	16
Grid Location		Street Address of Well	
Feet	Feet	293 LSWRIGHT STREET	
233, 276	2, 370, 574	Present Well Owner	
		PENTAIR WATER	
Local Grid Origin		Original Well Owner	
<input type="checkbox"/>		STA-RITE INDUSTRIES	
(estimated) OR <input checked="" type="checkbox"/> Well Location		Street Address or Route of Owner	
		293 LSWRIGHT STREET	
Latitude: DEG MIN SEC		City	State
		DELAVAN	WI
Longitude: DEG MIN SEC		ZIP Code	
		53115	

Reason For Abandonment: **REMEDICATION COMPLETE**
 WI Unique Well No. of Replacement Well: _____

3. Well / Drillhole / Borehole Information

Monitoring Well	Original Construction Date	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	09-24-2003	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.	Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Groundsurface (ft.)	Casing Diameter (in.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
35.5	1.30	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
7.0	25.5	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Was well annular space grouted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Sealing Materials	
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
If yes, to what depth (feet)?	Depth to Water (feet)	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry	
NA	29.39	<input type="checkbox"/> Concrete <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
CHIPPED BENTONITE	Surface	35.38	0.5	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work	Date of Abandonment	Date Received	Noted By
BOART LOGGERS	3-20-06		
Street or Route	Telephone Number	Comments	
101 Alderson St	(715) 359-7090		
City	State	ZIP Code	Signature of Person Doing Work
Scotts Field	WI	54476	[Signature]
			Date Signed
			3-20-06

Facility/Project Name Sta-Rite	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name TW-305
Facility License, Permit or Monitoring No. 265010900	Grid Origin Location (Check if estimated: <input type="checkbox"/>) Lat. _____ Long. _____ or St. Plane <u>233,276</u> ft. N, <u>2,370,574</u> ft. E. <input checked="" type="radio"/> C/N	Wis. Unique Well No. _____ DNR Well Number _____
Type of Well <u>Temporary well</u> Well Code <u>11/mw</u>	Section Location of Waste/Source <u>SW 1/4 of NE 1/4 of Sec. 17, T. 2 N, R. 16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Date Well Installed 09/24/2003
Distance Well Is From Waste/Source Boundary <u>75</u> ft.	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input checked="" type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) R. Radke
		Boart Longyear

- A. Protective pipe, top elevation NA ft. MSL
- B. Well casing, top elevation 945.25 ± 0.00 ft. MSL
- C. Land surface elevation 942.68 ft. MSL
- D. Surface seal, bottom _____ ft. MSL or 0.5 ft.

12. USC classification of soil near screen:

GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock

13. Sieve analysis attached? Yes No

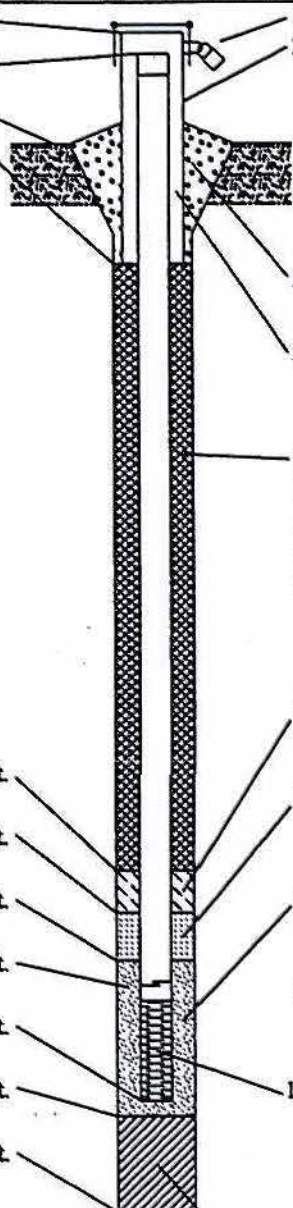
14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other

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): _____



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: _____ in.
 - b. Length: _____ ft.
 - c. Material: _____ Steel 04
 _____ 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 Bentonite 33
 - b. _____ Lbs/gal mud weight . Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight . . . Bentonite slurry 31
 - d. _____ % Bentonite . . . Bentonite-cement grout 50
 - e. _____ 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 pellets 32
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name and mesh size
 a. #70 Badger
 b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name and mesh size
 a. #40 Badger
 b. Volume added _____ ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 _____ Other
- 10. Screen material: _____ PVC
 a. Screen Type: Factory cut 11
 Continuous slot 01
 Other
- b. Manufacturer Boart Longyear
- c. Slot size: _____ 0.010 in.
- d. Slotted length: _____ 10.0 ft.
- 11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top _____ ft. MSL or 0.5 ft.
- F. Fine sand, top _____ ft. MSL or 21.5 ft.
- G. Filter pack, top _____ ft. MSL or 23.5 ft.
- H. Screen joint, top _____ ft. MSL or 25.5 ft.
- I. Well bottom _____ ft. MSL or 35.5 ft.
- J. Filter pack, bottom _____ ft. MSL or 36.0 ft.
- K. Borehole, bottom _____ ft. MSL or 36.0 ft.
- L. Borehole, diameter 7.0 in.
- M. O.D. well casing 1.30 in.
- N. I.D. well casing 1.20 in.

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

Signature: [Signature] Firm: Boart Longyear Company Tel: 715-359-7090
 101 Alderson Street Schofield, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return 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.

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Route to:

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

1. General Information

WI Unique Well No. _____ DNR Well ID No. _____ County WISCONSIN
 Common Well Name TWS-306 Gov't Lot # (if applicable) _____
 Section 17 Township 2 N Range 16 E W
 Grid Location
 Feet 233,353 N S 2,370 E W
 (estimated) OR Well Location
 Latitude: DEG MIN SEC _____ Longitude: DEG MIN SEC _____

2. Facility / Owner Information

Facility Name PENTAIR WATER
 Facility ID 265010900 License/Permit/Monitoring No. _____ City, Village or Town DELAVAN
 Street Address of Well 293 LSRIGHT STREET
 Present Well Owner PENTAIR WATER Original Well Owner STA-RITE INDUSTRIES
 Street Address or Route of Owner 293 LSRIGHT STREET
 City DELAVAN State WI ZIP Code 53115

Reason For Abandonment REMEDIATION COMPLETE WI Unique Well No. of Replacement Well _____

3. Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole
 Original Construction Date 09-24-2003
 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 Groundsurface (ft.) 34.5 Casing Diameter (in.) 1.30
 Lower Drillhole Diameter (in.) 7.0 Casing Depth (ft.) 24.5
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? NA Depth to Water (feet) 28.65

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? 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 Clay-Sand Slurry (11 lb./gal. wt.)
 Sand-Cement (Concrete) Grout Bentonite-Sand Slurry * *
 Concrete 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
Surface	31.31	0.5	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Sealing Work BOART LOGS INC Date of Abandonment 3-20-06 Date Received _____ Noted By _____
 Street or Route 101 Alderson st Telephone Number (715) 359-7090 Comments _____
 City Schofield State WI ZIP Code 54476 Signature of Person Doing Work _____ Date Signed 3-20-06

Route To:

Watershed/Wastewater
Remediation/Redevelopment

Waste Management
Other

Facility/Project Name Sta-Rite	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name TW-306
Facility License, Permit or Monitoring No.	Grid Origin Location (Check if estimated: <input type="checkbox"/>) Lat. _____ Long. _____ or St. Plane 233,353 ft. N, 2,370,617 ft. E. <input checked="" type="checkbox"/> C/N	Wis. Unique Well No. / DNR Well Number
Facility ID 265010900	Section Location of Waste/Source SW 1/4 of NE 1/4 of Sec. 17, T. 2 N, R. 16 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Date Well Installed 09/24/2003
Type of Well Temporary Well Well Code 11/mw	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input checked="" type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	Well Installed By: (Person's Name and Firm) R. Radke
Distance Well Is From Waste/Source Boundary 35 ft.		Boart Longyear

A. Protective pipe, top elevation NA ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 941.24 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: NA Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation 942.01 ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.5 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USC 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 checked="" 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: NA Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight. Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight. Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite. Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" 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 checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite pellets <input 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 and mesh size a. #70 Badger b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Filter pack material: Manufacturer, product name and mesh size a. #40 Badger b. Volume added _____ ft ³
Describe: _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
17. Source of water (attach analysis): _____	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 0.5 ft.	b. Manufacturer Boart Longyear c. Slot size: 0.010 in. d. Slotted length: 10.0 ft.
F. Fine sand, top _____ ft. MSL or 20.5 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 22.5 ft.	
H. Screen joint, top _____ ft. MSL or 24.5 ft.	
I. Well bottom _____ ft. MSL or 34.5 ft.	
J. Filter pack, bottom _____ ft. MSL or 35.5 ft.	
K. Borehole, bottom _____ ft. MSL or 35.5 ft.	
L. Borehole, diameter 7.0 in.	
M. O.D. well casing 1.30 in.	
N. I.D. well casing 1.20 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature: _____ Firm: **Boart Longyear Company** Tel: 715-359-7090
101 Alderson Street Schofield, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return 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.

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Route to:

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

1. General Information **2. Facility / Owner Information**

WI Unique Well No. _____		DNR Well ID No. _____		County L. SALLWORTH		Facility Name PENTAIR WATER	
Common Well Name MW-2005		Gov't Lot # (if applicable) _____		Facility ID 265010900		License/Permit/Monitoring No. _____	
City, Village or Town DELAVAN		Section 17		Township 2 N 16		Range 16	
Street Address of Well 293 L WRIGHT STREET		Present Well Owner PENTAIR WATER		Original Well Owner STA-RITE INDUSTRIES		Street Address or Route of Owner 293 L WRIGHT STREET	
City DELAVAN		State WI		ZIP Code 53115		Reason For Abandonment REMEDIATION COMPLETE	

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

Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date UNKNOWN		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Pump and piping removed?	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed?	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Screen removed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place?	
Total Well Depth From Groundsurface (ft.) 36.0		Casing Diameter (in.) 2.0		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface?	
Lower Drillhole Diameter (in.) 8.0		Casing Depth (ft.) 26.0		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface?	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Did material settle after 24 hours? 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?	
If yes, to what depth (feet)? NA		Depth to Water (feet) DRY		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): _____	

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards (Sacks Sealant) or Volume (circle one)	Mix Ratio or Mud Weight
CHIPPED BENTONITE	Surface	22.75	1.0	

6. Comments

7. Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Sealing Work BOART LONG YEAR		Date of Abandonment 3-20-06	Date Received _____
Street or Route 101 Alderson St		Telephone Number (715) 359-7090	Comments _____
City Scotts Field	State WI	ZIP Code 54976	Signature of Person Doing Work <i>[Signature]</i>
			Date Signed 3-20-06

Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment [x] Other

Page 1 of 1

Facility/Project Name Pentair Water Delavan Facility		License/Permit/Monitoring Number	Boring Number B-301
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Tony Last Name: Kapugi Firm: On-Site Environmental Services, Inc.		Date Drilling Started 04 / 18 / 2006 m m / d d / y y y y	Date Drilling Completed 04 / 18 / 2006 m m / d d / y y y y
Drilling Method vibratory	WI Unique Well No.	DNR Well ID No.	Well Name
Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter 1.5 inches	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane _____ N, _____ E		Local Grid Location Lat _____ ' " <input type="checkbox"/> N <input type="checkbox"/> E Long _____ ' " <input type="checkbox"/> S <input type="checkbox"/> W	
SE 1/4 of NE 1/4 of Section 17, T 2 N, R 16 E		Facility ID 265010900	County WALWORTH
County Code 65		Civil Town/City/ or Village Delavan	

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
1	60 / 23	NA	0.0 - 0.25	Asphalt	PAV ML									
			0.25 - 1.0	SANDY SILT WITH GRAVEL, 15-20% fine-grained gravel, rounded, 30-35% fine to coarse-grained sand, rounded, 50-55% silt, brown (7.5YR 5/4), moist.	GP ML									
			1.0 - 1.5	GRAVEL, coarse-grained, light gray, dolomite.										
			1.5 - 5.0	SANDY SILT, 10-15% fine-grained gravel, subrounded to rounded, 30-35% fine to coarse-grained sand, subrounded to rounded, 50-55% silt, yellowish brown (10YR 5/6 to 5/8), moist.										
2	60 / 42	NA	5.0 - 10.0	SANDY SILT, as above. (End of Boring)	ML									

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

Signature Mark A. Manthey Firm GeoTrans, Inc.

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Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment [x] Other

Page 1 of 1

Facility/Project Name Pentair Water Delavan Facility		License/Permit/Monitoring Number	Boring Number B-302
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Tony Last Name: Kapugi Firm: On-Site Environmental Services, Inc.		Date Drilling Started 04 / 18 / 2006 m m / d d / y y y y	Date Drilling Completed 04 / 18 / 2006 m m / d d / y y y y
Drilling Method vibratory	WI Unique Well No.	DNR Well ID No.	Well Name
Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter 1.5 inches	
Local Grid Origin (estimated: <input type="checkbox"/>) or Boring Location N State Plane N, E		Local Grid Location Lat 0 ' " N Long 0 ' " N	
SE 1/4 of NE 1/4 of Section 17, T 2 N, R 16 E		Feet S Feet W	
Facility ID 265010900	County WALWORTH	County Code 65	Civil Town/City/ or Village Delavan

Sample Number and Type	Length An. & Recovered (in)	Blow Counts	Depth in Feet (below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
1	60 / 19	NA	0.0 - 0.25	Asphalt	PAV									
			0.25 - 1.0	SANDY SILT WITH GRAVEL, 15-20% fine-grained gravel, rounded, 30-35% fine to coarse-grained sand, rounded, 50-55% silt, brown (7.5YR 5/4), moist.	GP									
			1.0 - 1.5	GRAVEL, coarse-grained, light gray, dolomite.	ML									
			1.5 - 5.0	SANDY SILT, 10-15% fine-grained gravel, subrounded to rounded, 30-35% fine to coarse-grained sand, subrounded to rounded, 50-55% silt, yellowish brown (10YR 5/8), moist.	ML									
2	60 / 54	NA	5.0 - 10.0	SANDY SILT, as above. (End of Boring)	ML									

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

Signature Mark A. Manthey Firm GeoTrans, Inc.

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Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment [x] Other

Page 1 of 1

Facility/Project Name Pentair Water Delavan Facility		License/Permit/Monitoring Number	Boring Number B-303
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Tony Last Name: Kapugi Firm: On-Site Environmental Services, Inc.		Date Drilling Started 04 / 18 / 2006 m m / d d / y y y y	Date Drilling Completed 04 / 18 / 2006 m m / d d / y y y y
Drilling Method vibratory	WI Unique Well No.	DNR Well ID No.	Well Name
Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter 1.5 inches	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane _____ N, _____ E		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
SE 1/4 of NE 1/4 of Section 17, T 2 N, R 16 E		Lat _____	Long _____
Facility ID 265010900	County WALWORTH	County Code 65	Civil Town/City/ or Village Delavan

Sample Number and Type	Length An. & Recovered (in)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
1	60 / 33	NA	0.0 - 0.25	Asphalt	PAV SM									
			0.25 - 1.7	SILTY SAND, 10-15% fine-grained gravel, subrounded to rounded, 55-60% fine to coarse-grained sand, subrounded to rounded, 25-30% silt, mostly brown (7.5YR 4/4) with 10-15% black sand grains, moist.	ML									
			1.7 - 5.0	SANDY SILT WITH GRAVEL, 15-20% fine-grained gravel, subrounded to rounded, 30-35% fine to coarse-grained sand, subrounded to rounded, 50-55% silt, yellowish brown (10YR 5/8), moist.	ML									
2	60 / 38	NA	5.0 - 10.0	SANDY SILT, 5-10% fine-grained gravel, subrounded to rounded, 20-25% fine to coarse-grained sand, subrounded to rounded, 65-70% silt, yellowish brown (10YR 5/6), moist. (End of Boring)	ML									

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

Signature Mark A. Mantley Firm GeoTrans, Inc.

This form is authorized by Chapters 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats. Completion of this form is mandatory. Failure to file this form may result in 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 this form is not intended to be used for any other purpose. NOTE: See instructions for more information, including where the completed form should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Revelopment [x] Other

Page 1 of 1

Facility/Project Name Pentair Water Delavan Facility		License/Permit/Monitoring Number		Boring Number B-304	
Boring Drilled By: Name of crew chief (first, last) and Firm First Name: Tony Last Name: Kapugi Firm: On-Site Environmental Services, Inc.		Date Drilling Started 04 / 18 / 2006 m m / d d / y y y y	Date Drilling Completed 04 / 18 / 2006 m m / d d / y y y y	Drilling Method vibratory	
WI Unique Well No.	DNR Well ID No.	Well Name	Final Static Water Level Feet MSL	Surface Elevation Feet MSL	Borehole Diameter 1.5 inches
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Boring Location <input checked="" type="checkbox"/> State Plane N, E		Lat 0 ' n Long 0 ' w		Local Grid Location <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	
SE 1/4 of NE 1/4 of Section 17, T 2 N, R 16 E					
Facility ID 265010900	County WALWORTH	County Code 65	Civil Town/City/ or Village Delavan		

Sample Number and Type	Length At. & Recovered (m)	Blow Counts	Depth in Feet (Below ground surface)	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RQD/ Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200	
1	60 / 20	NA	0.0 - 0.25	Asphalt	PAV SM									
			0.25 - 1.7	SILTY SAND, 10-15% fine-grained gravel, subrounded to rounded, 55-60% fine to coarse-grained sand, subrounded to rounded, 25-30% silt, mostly brown (7.5YR 4/4) with 10-15% black sand grains, moist.	ML									
			1.7 - 5.0	SANDY SILT WITH GRAVEL, 15-20% fine-grained gravel, subrounded to rounded, 30-35% fine to coarse-grained sand, subrounded to rounded, 50-55% silt, yellowish brown (10YR 5/8), moist.	ML									
2	60 / 38	NA	5.0 - 10.0	SANDY SILT, 5-10% fine-grained gravel, subrounded to rounded, 30-35% fine to coarse-grained sand, subrounded to rounded, 55-60% silt, yellowish brown (10YR 5/6), moist. (End of Boring)	ML									

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

Signature Mark A. Wenthay Firm GeoTrans, Inc.

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Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		WALWORTH	Pentair Water
Common Well Name <u>B-301</u>		Gov't Lot (If applicable)	
<u>SE 1/4 of NE 1/4 of Sec. 17</u>		<u>T. 2 N; R. 16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Grid Location		Facility ID	
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		265010900	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/>		License/Permit/Monitoring No.	
Lat. _____ Long _____ or _____		Street Address of Well	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		293 S. Wright Street	
Reason For Abandonment		City, Village, or Town	
Soil Boring	WI Unique Well No. of Replacement Well _____	Delavan	
		Present Well Owner	
		Pentair Water	
		Original Owner	
		Pentair Water	
		Street Address or Route of Owner	
		293 S. Wright Street	
		City, State, Zip Code	
		Delavan WI 53115-	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION	(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL
Original Construction Date <u>04/18/2006</u>	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Monitoring Well	Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Water Well	Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Borehole / Drillhole	Casing Left in Place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If a Well Construction Report is available, please attach.	Was Casing Cut Off Below Surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Construction Type:	Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug	Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Other (Specify) <u>Direct Push</u>	If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
Formation Type:	Required Method of Placing Sealing Material
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
Total Well Depth (ft.) <u>10</u> Casing Diameter (in.) _____	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)
(From ground surface) Casing Depth (ft.) _____	Sealing Materials
Lower Drillhole Diameter (in.) <u>1.5</u>	<input type="checkbox"/> Neat Cement Grout
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Sand-Cement (Concrete) Grout
If Yes, To What Depth? _____ Feet	<input type="checkbox"/> Concrete
Depth to Water (Feet) _____	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
	<input type="checkbox"/> Bentonite-Sand Slurry " "
	<input type="checkbox"/> Bentonite Chips
	For monitoring wells and monitoring well boreholes only
	<input checked="" type="checkbox"/> Bentonite Chips
	<input type="checkbox"/> Granular Bentonite
	<input type="checkbox"/> Bentonite - Cement Grout
	<input type="checkbox"/> Bentonite - Sand Slurry

(5) Material Used To Fill Well/Drillhole	From (Ft.)	To (Ft.)	Cubic Feet	Mix Ratio or Mud Weight
Bentonite Chips	Surface	10	0.12	

(6) Comments: No casing in borehole.

(7) Name of Person or Firm Doing Sealing Work	Date of Abandonment
On-Site Environmental Services, Inc.	04/18/2006
Signature of Person Doing Work	Date Signed
<i>Mark D. ...</i>	4/20/2006
Street or Route	Telephone Number
P.O. Box 280	(608) 837-8992
City, State, Zip Code	
Sun Prairie WI 53590-	

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

Notice: Please complete Form 3300-5 and return it to the appropriate DNR office and bureau. Completion of this report 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 this form 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 this form is not intended to be used for any other purpose. NOTE: See the instructions for more information.

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		WALWORTH	Pentair Water
Common Well Name	B-302	Gov't Lot (If applicable)	Facility ID
SE 1/4 of NE 1/4 of Sec. 17		T. 2 N; R. 16 E	265010900
Grid Location			License/Permit/Monitoring No.
			Street Address of Well
			293 S. Wright Street
			City, Village, or Town
			Delavan
Local Grid Origin		Well Location	Present Well Owner
			Pentair Water
			Original Owner
			Pentair Water
St. Plane		ft. N.	Street Address or Route of Owner
			293 S. Wright Street
Reason For Abandonment	WI Unique Well No.	City, State, Zip Code	
Soil Boring	of Replacement Well	Delavan WI 53115-	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION	(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL
Original Construction Date 04/18/2006	Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Monitoring Well	Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input type="checkbox"/> Water Well	Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable
<input checked="" type="checkbox"/> Borehole / Drillhole	Casing Left in Place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Construction Type:	Was Casing Cut Off Below Surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug	Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Other (Specify) Direct Push	Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Formation Type:	If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Required Method of Placing Sealing Material
Total Well Depth (ft.) 10 Casing Diameter (in.)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
(From ground surface) Casing Depth (ft.)	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)
Lower Drillhole Diameter (in.) 1.5	Sealing Materials
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Neat Cement Grout
If Yes, To What Depth? Feet	<input type="checkbox"/> Sand-Cement (Concrete) Grout
Depth to Water (Feet)	<input type="checkbox"/> Concrete
	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
	<input type="checkbox"/> Bentonite-Sand Slurry " "
	<input type="checkbox"/> Bentonite Chips
	For monitoring wells and monitoring well boreholes only
	<input checked="" type="checkbox"/> Bentonite Chips
	<input type="checkbox"/> Granular Bentonite
	<input type="checkbox"/> Bentonite - Cement Grout
	<input type="checkbox"/> Bentonite - Sand Slurry

(5) Material Used To Fill Well/Drillhole	From (Ft.)	To (Ft.)	Cubic Feet	Mix Ratio or Mud Weight
Bentonite Chips	Surface	10	0.12	

(6) Comments: No casing in borehole.

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment
On-Site Environmental Services, Inc.		04/18/2006
Signature of Person Doing Work	Date Signed	
<i>Mark A. ...</i>	4/20/2006	
Street or Route	Telephone Number	
P.O. Box 280	(608) 837-8992	
City, State, Zip Code		
Sun Prairie WI 53590-		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

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

(1) GENERAL INFORMATION			(2) FACILITY/ OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name	
		WALWORTH	Pentair Water	
Common Well Name		Gov't Lot (if applicable)	Facility ID	License/Permit/Monitoring No.
B-303			265010900	
Grid Location			Street Address of Well	
SE 1/4 of NE 1/4 of Sec. 17 ; T. 2 N; R. 16 <input checked="" type="checkbox"/> E <input type="checkbox"/> W			293 S. Wright Street	
City, Village, or Town			Delavan	
Present Well Owner		Original Owner		
Pentair Water		Pentair Water		
Street Address or Route of Owner				
293 S. Wright Street				
City, State, Zip Code				
Delavan WI 53115-				

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date <u>04/18/2006</u>		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (Specify) <u>Direct Push</u>		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing Left in Place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Total Well Depth (ft.) <u>10</u> Casing Diameter (in.) _____ (From ground surface) Casing Depth (ft.) _____		Was Casing Cut Off Below Surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Lower Drillhole Diameter (in.) <u>1.5</u>		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, To What Depth? _____ Feet		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Depth to Water (Feet) _____		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		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"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Bentonite Chips	
		For monitoring wells and monitoring well boreholes only	
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Bentonite - Sand Slurry	

(5) Material Used To Fill Well/Drillhole	From (Ft.)	To (Ft.)	Cubic Feet	Mix Ratio or Mud Weight
Bentonite Chips	Surface	10	0.12	

(6) Comments: No casing in borehole.

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment
On-Site Environmental Services, Inc.		04/18/2006
Signature of Person Doing Work	Date Signed	
<i>Mark A. W...</i>	4/20/2006	
Street or Route	Telephone Number	
P.O. Box 280	(608) 837-8992	
City, State, Zip Code		
Sun Prairie WI 53590-		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

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

(1) GENERAL INFORMATION		(2) FACILITY/OWNER INFORMATION	
WI Unique Well No.	DNR Well ID No.	County	Facility Name
		WALWORTH	Pentair Water
Common Well Name <u>B-304</u> Gov't Lot (If applicable)		Facility ID	License/Permit/Monitoring No.
<u>SE</u> 1/4 of <u>NE</u> 1/4 of Sec. <u>17</u> ; T. <u>2</u> N.; R. <u>16</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		<u>265010900</u>	
Grid Location		Street Address of Well	
_____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		<u>293 S. Wright Street</u>	
Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input checked="" type="checkbox"/>		City, Village, or Town	
Lat. _____ Long _____ or _____		<u>Delavan</u>	
St. Plane _____ ft. N. _____ ft. E. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Zone		Present Well Owner	Original Owner
Reason For Abandonment		<u>Pentair Water</u>	<u>Pentair Water</u>
Soil Boring	WI Unique Well No. of Replacement Well _____	Street Address or Route of Owner	
		<u>293 S. Wright Street</u>	
		City, State, Zip Code	
		<u>Delavan WI 53115-</u>	

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL	
Original Construction Date <u>04/18/2006</u>		Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Monitoring Well		Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input type="checkbox"/> Water Well		Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable	
<input checked="" type="checkbox"/> Borehole / Drillhole		Casing Left in Place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If a Well Construction Report is available, please attach.		Was Casing Cut Off Below Surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Construction Type:		Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Other (Specify) <u>Direct Push</u>		If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type:		Required Method of Placing Sealing Material	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
Total Well Depth (ft.) <u>10</u> Casing Diameter (in.) _____		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	
(From ground surface) Casing Depth (ft.) _____		Sealing Materials	
Lower Drillhole Diameter (in.) <u>1.5</u>		<input type="checkbox"/> Neat Cement Grout	
Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Sand-Cement (Concrete) Grout	
If Yes, To What Depth? _____ Feet		<input type="checkbox"/> Concrete	
Depth to Water (Feet) _____		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
		<input type="checkbox"/> Bentonite-Sand Slurry " "	
		<input type="checkbox"/> Bentonite Chips	
		For monitoring wells and monitoring well boreholes only	
		<input checked="" type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Granular Bentonite	
		<input type="checkbox"/> Bentonite - Cement Grout	
		<input type="checkbox"/> Bentonite - Sand Slurry	

(5) Material Used To Fill Well/Drillhole	From (Ft.)	To (Ft.)	Cubic Feet	Mix Ratio or Mud Weight
Bentonite Chips	Surface	10	0.12	

(6) Comments: No casing in borehole.

(7) Name of Person or Firm Doing Sealing Work		Date of Abandonment
On-Site Environmental Services, Inc.		04/18/2006
Signature of Person Doing Work	Date Signed	
<i>Mark D. Mantel for On Site</i>	4/20/2006	
Street or Route	Telephone Number	
P.O. Box 280	(608) 837-8992	
City, State, Zip Code		
Sun Prairie WI 53590-		

FOR DNR OR COUNTY USE ONLY	
Date Received	Noted By
Comments	

GEOTRANS FIELD PID DATA FORM

Project Number: 4169.002.09	Date(s): 04/18/2006
Project Name: Delavan Facility Soil Sampling	Personnel: Mark Manthey
Site Location: Pentair Water Delavan, Wisconsin Facility	Meter Number: MiniRAE 2000 (rental from Pine Environmental)
	Probe eV: 10.6

Sample Number	Location	Depth (feet)	Sample Media (1)	Moisture (2)	Time Sample Collected	Time Sample Analyzed	Volatilization Period Air Temp. (°C)	PID Readings (Instrument Units)			Comments
								Background	Peak Response	After 15 sec.	
1	B-301	0-1	SO	M	8:52	10:10	20	0.0	0.2	0.1	
2	B-301	1-1.9	SO	M	8:52	10:11	20	0.0	0.3	0.3	
3	B-301	5-7	SO	M	8:58	10:12	20	0.0	1.1	1.0	*Lab sample
4	B-301	8-10	SO	M	8:58	10:13	20	0.0	0.6	0.6	
1	B-302	0-5	SO	M	9:00	10:14	20	0.0	0.5	0.4	
2	B-302	5-7	SO	M	9:05	10:15	20	0.0	0.4	0.4	
3	B-302	9-10	SO	M	9:05	10:16	20	0.0	1.2 ^{30 sec}	0.8	1.1 after 30 sec. *Lab sample
1	B-303	0-1.7	SO	M	9:35	10:18	20	0.0	0.4	0.4	
2	B-303	1.7-2.7	SO	M	9:35	10:20	20	0.0	0.7 ^{30 sec}	0.6	
4	B-303	7-8.2	SO	M	9:40	10:21	20	0.1	0.9	0.9	*Lab sample
3	B-303	5-7	SO	M	9:40	10:22	20	0.0	0.5	0.5	
1	B-304	0-1.7	SO	M	9:47	10:24	20	0.0	2.8	2.2	
2	B-304	5-7	SO	M	9:55	10:25	20	0.0	3.5	2.8	*Lab sample.
3	B-304	7-8.2	SO	M	9:55	10:26	20	0.0	0.6	0.5	

(1) SO - Soil SD - Sediment GW - Ground Water SW - Surface Water WS - Waste (Solid) WL - Waste (Liquid) (2) D - Dry M - Moist W - Wet

**APRIL 18, 2006 GEOPROBE SOIL BORING LOCATIONS DESCRIPTIONS
PENTAIR WATER DELVAVAN, WISCONSIN FACILITY**

Borehole ID	Location	
B-301	37 feet south of northeast corner of Plant 2.	22 feet east of Plant 2 wall.
B-302	15 feet north of B-301	21 feet east of Plant 2 wall.
B-303	22 feet west (left) of Door 15, Plant 1. 12 feet west of B-304.	11 feet from Plant 1 wall.
B-304	10 feet west (left) of Door 15, Plant 1. 90 feet west (left) of Plant 1 building corner.	11 feet from Plant 1 wall.

BY Mark M. DATE 4/20/06
CHKD. BY _____ DATE _____

PROJECT Pentair Water
Delavan Facility

SHEET NO. 1 OF 1
PROJ. NO. 4169.002

April 18, 2006 Geoprobe Borings Location Sketch Maps

