



- GEOTECHNICAL
- CONSTRUCTION MATERIALS
- ENVIRONMENTAL
- BUILDING TECHNOLOGY
- PETROGRAPHY/CHEMISTRY

October 12, 2020

Dee Lance, WDNR/RR
473 Griffith Avenue
Wisconsin Rapids, WI 54494 Dee.Lance@Wisconsin.gov

Re: Well abandonment forms for the DairiConcepts site,
W888 Chili Road, Chili, Clark County, Wisconsin.
AET Project No. 03-05510.
WDNR BRRTS No. 03-10-545212.
PECFA No. 54420-9999-88.

Dear Ms. Lance:

Enclosed are the monitoring well abandonment forms for the DairiConcepts site. There is no
ground water, waste, and/or soil piles on site.

If you have any questions or require additional information, please give me a call.

Sincerely,
American Engineering Testing, Inc.

A handwritten signature in blue ink that reads 'michael k neal'.

Michael K. Neal, Professional Hydrologist
Geomorphologist

Direct Phone: 715-201-9116
Cell Phone: 715-894-6455
Email: mneal@amengtest.com



cc: Steve Moore, Stacy Doing, & Travis Humphrey, DFA, email

Arnold Wolf, P.O. Box 86, Chili, WI 54420-0086

Rob Larson, Marshfield Enterprises, P.O. Box 988, Marshfield, WI 54449-0988

Ed Schultz, Town of Fremont, P.O. Box 96, Chili, WI 54420-0096

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Clark		WI Unique Well # of Removed Well P2875		Hicap #		Facility Name Darri Concepts	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 61005802	
1/4 1/4 SW 1/4 SW or Gov't Lot #		Section 23		Township 25 N		License/Permit/Monitoring # MW-1A	
Range 1		<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner		Present Well Owner Darri Concepts	
Well Street Address W 888 Chili Road				Mailing Address of Present Owner W 888 Chili Road			
Well City, Village or Town Chili				Well ZIP Code 54420			
Subdivision Name				Lot #		City of Present Owner Chili - Town of Fremont	
Reason for Removal from Service Site closed				WI Unique Well # of Replacement Well		State WI	
ZIP Code 54420				Lot #		ZIP Code 54420	

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

<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 8-8-06		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		Construction Type:		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Dug		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:		<input type="checkbox"/> Unconsolidated Formation		<input checked="" type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 20		Casing Diameter (in.) 2.0		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		Did sealing material rise to 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 type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 8.50		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)?		Required Method of Placing Sealing Material		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
		<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		Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/>	
		<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input checked="" type="checkbox"/> Bentonite Chips	
		For Monitoring Wells and Monitoring Well Boreholes Only:		<input checked="" type="checkbox"/> Bentonite Chips	
		<input type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Cement Grout	
		<input type="checkbox"/> Bentonite - Sand Slurry		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite chips		Surface	20		

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing AET			License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-9-20		Date Received		Noted By		
Street or Route 1837 CTH 00				Telephone Number (715) 861-5045				Comments			
City Chippewa Falls			State WI		ZIP Code 54729		Signature of Person Doing Work [Signature] AET			Date Signed 10-14-20	

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

County Clark	WI Unique Well # of Removed Well PP845	Hicap #
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 SW 1/4 SW or Gov't Lot #	Section 23	Township 25 N
Well Street Address W888 Chili Road	Well ZIP Code 54420	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Chili	Subdivision Name	Lot #
Reason for Removal from Service Site closed	WI Unique Well # of Replacement Well	

2. Facility / Owner Information

Facility Name Darri Concepts		
Facility ID (FID or PWS) 61005802		
License/Permit/Monitoring # CMW-1		
Original Well Owner Chili Service		
Present Well Owner Darri Concepts		
Mailing Address of Present Owner W888 Chili Road		
City of Present Owner Chili - Town of Fremont	State WI	ZIP Code 54420

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 2-28-07	
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	
<input type="checkbox"/> Borehole / Drillhole		
Construction Type:		
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug
<input type="checkbox"/> Other (specify): _____		
Formation Type:		
<input type="checkbox"/> Unconsolidated Formation	<input checked="" type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 18	Casing Diameter (in.) 2.0	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If yes, to what depth (feet)?	Depth to Water (feet) 6.55	

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

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

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	18		

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing AET	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-9-20	DNR Use Only	
Street or Route 1837 CTH 00	Telephone Number (715) 861-5045	Comments	Date Received	Noted By
City Chippewa Falls	State WI	ZIP Code 54729	Signature of Person Doing Work [Signature] AET	Date Signed 10-12-20

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County <i>Clark</i>	WI Unique Well # of Removed Well <i>PP806</i>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 SW 1/4 SW or Gov't Lot #	Section <i>23</i>	Township <i>25 N</i>
Well Street Address <i>W888 Chili Road</i>	Well ZIP Code <i>54420</i>	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town <i>Chili</i>	Lot #	
Subdivision Name	Reason for Removal from Service <i>Site closed</i>	WI Unique Well # of Replacement Well

Facility Name <i>Dairy Concepts</i>		
Facility ID (FID or PWS) <i>61005802</i>		
License/Permit/Monitoring # <i>MW-2</i>		
Original Well Owner		
Present Well Owner <i>Dairy Concepts</i>		
Mailing Address of Present Owner <i>W888 Chili Road</i>		
City of Present Owner <i>Chili - Town of Fremont</i>	State <i>WI</i>	ZIP Code <i>54420</i>

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <i>1-18-05</i>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <i>22</i>	Casing Diameter (in.) <i>2.0</i>
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) <i>6.50</i>

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

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

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<i>22</i>		

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<i>22</i>		

6. Comments

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

Name of Person or Firm Doing Filling & Sealing <i>AET</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>10-9-20</i>	Date Received	Noted By
Street or Route <i>1837 CTH OO</i>	Telephone Number <i>(715) 8615095</i>	Comments		
City <i>Chippewa Falls</i>	State <i>WI</i>	ZIP Code <i>54729</i>	Signature of Person Doing Work <i>[Signature] AET</i>	Date Signed <i>10-12-20</i>

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Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

County Clark	WI Unique Well # of Removed Well PP807	Hicap #
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 SW or Gov't Lot #	Section 23	Township 25 N
Well Street Address W888 Chili Road	Well ZIP Code 54420	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Chili	Subdivision Name	Lot #
Reason for Removal from Service Site closed	WI Unique Well # of Replacement Well	

2. Facility / Owner Information

Facility Name Darri Concepts		
Facility ID (FID or PWS) 61005802		
License/Permit/Monitoring # MW-3		
Original Well Owner		
Present Well Owner Darri Concepts		
Mailing Address of Present Owner W888 Chili Road		
City of Present Owner Chili - Town of Fremont	State WI	ZIP Code 54420

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 1-19-05
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	If a Well Construction Report is available, please attach.
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 22	Casing Diameter (in.) 2.0
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) 7.20

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

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

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	22		

Bentonite chips

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing AET	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-9-20	DNR Use Only	
Street or Route 1837 CTH 00	Telephone Number (715) 861-5045	Comments	Date Received	Noted By
City Chippewa Falls	State WI	ZIP Code 54729	Signature of Person Doing Work [Signature] AET	Date Signed 10-12-20

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Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Clark	WI Unique Well # of Removed Well P 2822	Hicap #	Facility Name Darri Concepts
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 61005802
1/4 1/4 SW 1/4 SW	Section 23	Township 25 N	License/Permit/Monitoring # MW-3A
or Gov't Lot #	Range 1	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner
Well Street Address W 888 Chili Road	Well ZIP Code 54420	Present Well Owner Darri Concepts	
Well City, Village or Town Chili	Lot #	Mailing Address of Present Owner W 888 Chili Road	
Subdivision Name	Reason for Removal from Service Site closed	WI Unique Well # of Replacement Well	City of Present Owner Chili - Town of Fremont
			State WI
			ZIP Code 54420

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 8-9-06	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <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		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.0	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Did sealing material rise to 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 type="checkbox"/> No <input type="checkbox"/> Unknown		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) 9.15	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite chips		Surface	20		

6. Comments

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

Name of Person or Firm Doing Filling & Sealing AET	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-9-20	Date Received	Noted By
Street or Route 1837 CTH 00	Telephone Number (715) 861-5045	Comments		
City Chippewa Falls	State WI	ZIP Code 54729	Signature of Person Doing Work [Signature] AET	Date Signed 10-10-20

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Clark	WI Unique Well # of Removed Well VP 065	Hicap #	Facility Name Darri Concepts		
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 61005802
1/4 1/4 SW 1/4 SW or Gov't Lot #	Section 23	Township 25 N	Range 1	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # MW-4R
Well Street Address W 888 Chili Road			Original Well Owner		
Well City, Village or Town Chili			Present Well Owner Darri Concepts		
Subdivision Name			Well ZIP Code 54420		Mailing Address of Present Owner W 888 Chili Road
Reason for Removal from Service Site closed			City of Present Owner Chili - Town of Fremont		
WI Unique Well # of Replacement Well			State WI		ZIP Code 54420

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 6-16-16	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole			
Construction Type:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			
Formation Type:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.0	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry				
If yes, to what depth (feet)?	Depth to Water (feet) 10.10	<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite chips	Surface	20		

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing AET	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-9-20	Date Received	Noted By
Street or Route 1837 CTH 00		Telephone Number (715) 861-5045	Comments	
City Chippewa Falls	State WI	ZIP Code 54729	Signature of Person Doing Work <i>[Signature]</i> AET	Date Signed 10-10-20

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Clark	WI Unique Well # of Removed Well	Hicap #	Facility Name Darri Concepts
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 61005802
1/4 1/4 SW SW or Gov't Lot #	Section 23	Township 25 N	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W 1
Well Street Address W 888 Chili Road	Well City, Village or Town Chili	Well ZIP Code 54420	Original Well Owner MW-4A
Subdivision Name	Lot #	City of Present Owner Chili - Town of Fremont	State WI
Reason for Removal from Service Site closed	WI Unique Well # of Replacement Well	ZIP Code 54420	

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 11-12-07	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <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): _____		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 18	Casing Diameter (in.) 2.0	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Did sealing material rise to 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 type="checkbox"/> No <input type="checkbox"/> Unknown		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) 9.25	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

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

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing AET	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-9-20	DNR Use Only	
Street or Route 1837 CTH 00	Telephone Number (715) 861-9045	Comments	Date Received	Noted By
City Chippewa Falls	State WI	ZIP Code 54729	Signature of Person Doing Work AET	Date Signed 10-12-20

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<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information **2. Facility / Owner Information**

County <i>Clark</i>	WI Unique Well # of Removed Well <i>PP821</i>	Hicap #	Facility Name <i>Darri Concepts</i>
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 <i>SW</i> or Gov't Lot #	Section <i>23</i>	Township <i>25 N</i>	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W <i>1</i>
Well Street Address <i>W 888 Chili Road</i>			Facility ID (FID or PWS) <i>61005802</i>
Well City, Village or Town <i>Chili</i>			License/Permit/Monitoring # <i>MW-5</i>
Subdivision Name			Well ZIP Code <i>54420</i>
Reason for Removal from Service <i>Site closed</i>			Original Well Owner
WI Unique Well # of Replacement Well			Present Well Owner <i>Darri Concepts</i>
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug			Mailing Address of Present Owner <i>W 888 Chili Road</i>
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock			City of Present Owner <i>Chili - Town of Fremont</i> State <i>WI</i> ZIP Code <i>54420</i>

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

Original Construction Date (mm/dd/yyyy) <i>4-20-05</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug	Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock	Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips
Total Well Depth From Ground Surface (ft.) <i>22</i>	Casing Diameter (in.) <i>2.0</i>
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	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
If yes, to what depth (feet)?	Depth to Water (feet) <i>11.50</i>

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<i>Surface</i>	<i>22</i>		

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <i>AET</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>10-9-20</i>	DNR Use Only	
Street or Route <i>1837 CTH 00</i>			Date Received	Noted By
City <i>Chippewa Falls</i>		State <i>WI</i>	Telephone Number <i>(715) 861-5045</i>	Comments
ZIP Code <i>54729</i>	Signature of Person Doing Work <i>[Signature]</i> <i>AET</i>		Date Signed <i>10-12-20</i>	

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Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County <i>Clark</i>		WI Unique Well # of Removed Well		Hicap #		Facility Name <i>Darri Concepts</i>	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <i>61005802</i>	
1/4 1/4 <i>SW SW</i>		Section <i>23</i>		Township <i>25 N</i>		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W <i>1</i>	
or Gov't Lot #		Well Street Address <i>W 888 Chili Road</i>		Well ZIP Code <i>54420</i>		License/Permit/Monitoring # <i>MW-5A</i>	
Well City, Village or Town <i>Chili</i>		Subdivision Name		Lot #		Original Well Owner	
Reason for Removal from Service <i>Site closed</i>		WI Unique Well # of Replacement Well		Present Well Owner <i>Darri Concepts</i>		Mailing Address of Present Owner <i>W 888 Chili Road</i>	
City of Present Owner <i>Chili - Town of Fremont</i>		State <i>WI</i>		ZIP Code <i>54420</i>			

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <i>11-12-07</i>		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		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 type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		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): _____			

Total Well Depth From Ground Surface (ft.) <i>18</i>		Casing Diameter (in.) <i>2.0</i>		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips	
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		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	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)?		Depth to Water (feet) <i>9.25</i>	

5. Material Used to Fill Well / Drillhole			
<i>Bentonite chips</i>			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<i>18</i>	_____	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>AET</i>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>10-9-20</i>	Date Received	Noted By
Street or Route <i>1837 CTH 00</i>		Telephone Number <i>(715) 861-5045</i>		Comments	
City <i>Chippewa Falls</i>	State <i>WI</i>	ZIP Code <i>54729</i>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <i>10-12-20</i>	

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Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Clark	WI Unique Well # of Removed Well PPS22	Hicap #	Facility Name Darri Concepts		
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 61005802
1/4 1/4 SW or Gov't Lot #	Section 23	Township 25 N	Range 1	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # NW-6
Well Street Address W888 Chili Road			Present Well Owner Darri Concepts		
Well City, Village or Town Chili			Mailing Address of Present Owner W888 Chili Road		
Subdivision Name			Lot #	City of Present Owner Chili - Town of Fremont	State: WI ZIP Code 54420

Reason for Removal from Service: **Site closed** WI Unique Well # of Replacement Well: _____

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 4-20-05	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole			
Construction Type:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			
Formation Type:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) 22	Casing Diameter (in.) 2.0	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 10.30	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite chips	Surface	22		

6. Comments

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

Name of Person or Firm Doing Filling & Sealing AET	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-9-20	Date Received	Noted By
Street or Route 1837 CTH 00		Telephone Number (715) 861-5045	Comments	
City Chippewa Falls	State WI	ZIP Code 54729	Signature of Person Doing Work <i>[Signature]</i> AET	Date Signed 10-12-20

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Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Clark	WI Unique Well # of Removed Well VPO55	Hicap #	Facility Name Darri Concepts
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 61005802
1/4 1/4 SW 1/4 SW or Gov't Lot #	Section 23	Township 25 N	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address W 888 Chili Road	Well City, Village or Town Chili	Well ZIP Code 54420	Original Well Owner
Subdivision Name	Lot #	City of Present Owner Chili - Town of Fremont	State WI
Reason for Removal from Service Site closed	WI Unique Well # of Replacement Well	ZIP Code 54420	

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7-2-15	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <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): _____		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 15	Casing Diameter (in.) 2.0	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	Did sealing material rise to 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 type="checkbox"/> No <input type="checkbox"/> Unknown		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) 9.65	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

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

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing AET	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-9-20	DNR Use Only	
Street or Route 1837 CTH 00	Telephone Number (715) 861-5045	Comments	Date Received	Noted By
City Chippewa Falls	State WI	ZIP Code 54729	Signature of Person Doing Work AET	
			Date Signed 10-12-20	

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Clark	WI Unique Well # of Removed Well PPS23	Hicap #		Facility Name Darri Concepts			
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 61005802			
1/4 1/4 SW 1/4 SW	Section 23	Township 25 N	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # MW-7			
Well Street Address W888 Chili Road			Original Well Owner				
Well City, Village or Town Chili			Present Well Owner Darri Concepts				
Subdivision Name			Well ZIP Code 54420		Mailing Address of Present Owner W888 Chili Road		
Reason for Removal from Service Site closed			Lot #		City of Present Owner Chili - Town of Fremont		
WI Unique Well # of Replacement Well			State WI		ZIP Code 54420		

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 4-21-05	Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Construction Type:		Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	Casing left in place?		
Formation Type:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<input type="checkbox"/> Unconsolidated Formation		<input checked="" type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.0	Was casing cut off below surface?			
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Was well annular space grouted?		Did sealing material rise to surface?			
<input type="checkbox"/> Yes <input 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)?		Did material settle after 24 hours?			
Depth to Water (feet) 6.85		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
If bentonite chips were used, were they hydrated with water from a known safe source?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Required Method of Placing Sealing Material					
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped					
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____					
Sealing Materials					
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete					
<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips					
For Monitoring Wells and Monitoring Well Boreholes Only:					
<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout					
<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry					

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite chips		Surface	20		

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing AET	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-9-20	Date Received	Noted By	
Street or Route 1837 CTH 00		Telephone Number (715) 8615045	Comments		
City Chippewa Falls	State WI	ZIP Code 54729	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 10-12-20	

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Clark		WI Unique Well # of Removed Well VP056		Hicap #		Facility Name Darri Concepts	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 61005802	
1/4 1/4 SW 1/4 SW		Section 23		Township 25 N		License/Permit/Monitoring # NW-7A	
or Gov't Lot #		Range 1		E <input checked="" type="checkbox"/> W <input type="checkbox"/>		Original Well Owner	
Well Street Address W888 Chili Road				Present Well Owner Darri Concepts			
Well City, Village or Town Chili				Mailing Address of Present Owner W888 Chili Road			
Subdivision Name				Lot #		City of Present Owner Chili - Town of Fremont	
Reason for Removal from Service Site closed				WI Unique Well # of Replacement Well		State WI	
						ZIP Code 54420	

3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 7-2-15		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type:				Screen removed?			
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug		Casing left in place?	
<input type="checkbox"/> Other (specify): _____						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:				Was casing cut off below surface?			
<input type="checkbox"/> Unconsolidated Formation		<input checked="" type="checkbox"/> Bedrock				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 15		Casing Diameter (in.) 2.0		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 type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)?		Depth to Water (feet) 710		If bentonite chips were used, were they hydrated with water from a known safe source?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

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

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing AET		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-9-20	Date Received	Noted By
Street or Route 1837 CTH 00			Telephone Number (715) 861-5045	Comments	
City Chippewa Falls	State WI	ZIP Code 54729	Signature of Person Doing Work <i>[Signature]</i> AET	Date Signed 10-12-20	

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Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Clark	WI Unique Well # of Removed Well PP824	Hicap #	Facility Name Darri Concepts
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 61005802
1/4 1/4 SW 1/4 SW or Gov't Lot #	Section 23	Township 25 N	License/Permit/Monitoring # P2-7
Range 1 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	Well Street Address W888 Chili Road	Present Well Owner Darri Concepts	Original Well Owner
Well City, Village or Town Chili	Well ZIP Code 54420	Mailing Address of Present Owner W888 Chili Road	Present Well Owner
Subdivision Name	Lot #	City of Present Owner Chili - Town of Fremont	State WI
		ZIP Code 54420	

Reason for Removal from Service
Site closed

WI Unique Well # of Replacement Well

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

Monitoring Well
 Water Well
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)
4-21-05

If a Well Construction Report is available, please attach.

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) Casing Diameter (in.)
46 **2.0**

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

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet)
9.52

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

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

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

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

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

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

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): _____

Sealing Materials

Neat Cement Grout Concrete

Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout

Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite chips	Surface	46		

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing AET	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-9-20	DNR Use Only	
Street or Route 1837 CTH 00	Telephone Number (715) 8615045	Comments	Date Received	Noted By
City Chippewa Falls	State WI	ZIP Code 54729	Signature of Person Doing Work AET	Date Signed 10-12-20

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Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Clark		WI Unique Well # of Removed Well PP826		Hicap #		Facility Name Darri Concepts	
Latitude / Longitude (see instructions) N <input type="checkbox"/> DD <input type="checkbox"/> GPS008 W <input type="checkbox"/> DDM <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Format Code		Method Code		Facility ID (FID or PWS) 61005802	
1/4 1/4 SW 1/4 SW		Section 23		Township 25 N		License/Permit/Monitoring # 116-9	
or Gov't Lot #		Range 1		<input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner	
Well Street Address W 888 Chili Road				Present Well Owner Darri Concepts			
Well City, Village or Town Chili				Mailing Address of Present Owner W 888 Chili Road			
Subdivision Name				Lot #		City of Present Owner Chili - Town of Fremont	
Reason for Removal from Service Site closed				WI Unique Well # of Replacement Well		State WI	
						ZIP Code 54420	

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

<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 4-21-05		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type:				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 17		Casing Diameter (in.) 2.0		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Required Method of Placing Sealing Material	
If yes, to what depth (feet)?		Depth to Water (feet) 4.35		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
				<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
				Sealing Materials	
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips	
				For Monitoring Wells and Monitoring Well Boreholes Only:	
				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite chips		Surface	17		

6. Comments

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing AET		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-9-20	Date Received	Noted By
Street or Route 1837 CTH 00		Telephone Number (715) 861-5045		Comments	
City Chippewa Falls	State WI	ZIP Code 54729	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 10-12-20	

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Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

County Clark	WI Unique Well # of Removed Well VP066	Hicap #
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 SW 1/4 SW or Gov't Lot #	Section 23	Township 25 N
Well Street Address W 888 Chili Road	Well ZIP Code 54420	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Chili	Subdivision Name	Lot #
Reason for Removal from Service Site closed	WI Unique Well # of Replacement Well	

2. Facility / Owner Information

Facility Name Darri Concepts		
Facility ID (FID or PWS) 61005802		
License/Permit/Monitoring # MW-10		
Original Well Owner		
Present Well Owner Darri Concepts		
Mailing Address of Present Owner W 888 Chili Road		
City of Present Owner Chili - Town of Fremont	State WI	ZIP Code 54420

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 6-16-16
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.0
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) 14.44

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

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

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20		

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing AET	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-9-20	DNR Use Only	
Street or Route 1837 CTH 00	Telephone Number (715) 861-5045	Comments	Date Received	Noted By
City Chippewa Falls	State WI	ZIP Code 54729	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 10-12-20

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

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

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

County Clark	WI Unique Well # of Removed Well WA562	Hicap #	Facility Name Darri Concepts
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 61005802
1/4 1/4 SW 1/4 SW or Gov't Lot #	Section 23	Township 25 N	License/Permit/Monitoring # OMW-11
Range 1	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner	Present Well Owner Darri Concepts
Well Street Address W888 Chili Road	Well City, Village or Town Chili	Well ZIP Code 54420	Mailing Address of Present Owner W888 Chili Road
Subdivision Name	Lot #	City of Present Owner Chili - Town of Fremont	State WI
		ZIP Code 54420	

Reason for Removal from Service Site closed	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material	
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3. Filled & Sealed Well / Drillhole / Borehole Information		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Pump and piping removed?	
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 10-1-18	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed?	
<input type="checkbox"/> Water Well	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) perforated?	
<input type="checkbox"/> Borehole / Drillhole		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Screen removed?	
Construction Type:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place?	
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface?	
<input type="checkbox"/> Other (specify): _____		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface?	
Formation Type:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours?	
<input type="checkbox"/> Unconsolidated Formation	<input checked="" type="checkbox"/> Bedrock	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped?	
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source?	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	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): _____	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips	
If yes, to what depth (feet)?	Depth to Water (feet) 13.55	For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite chips	Surface	20		

6. Comments

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

Name of Person or Firm Doing Filling & Sealing AET	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-9-20	Date Received	Noted By
Street or Route 1837 CTH 00	Telephone Number (715) 861-5045	Comments		
City Chippewa Falls	State WI	ZIP Code 54729	Signature of Person Doing Work <i>[Signature]</i> AET	Date Signed 10-12-20

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County: Clark WI Unique Well # of Removed Well: W4563 Hicap #: _____
 Latitude / Longitude (see instructions): _____ N DD GPS008
 _____ W DDM SCR002
 _____ OTH001
 1/4 1/4 SW 1/4 SW Section: 23 Township: 25 N Range: 1 E W
 or Gov't Lot #: _____
 Well Street Address: W888 Chili Road
 Well City, Village or Town: Chili Well ZIP Code: 54420
 Subdivision Name: _____ Lot #: _____

Facility Name: Darri Concepts
 Facility ID (FID or PWS): 61005802
 License/Permit/Monitoring #: OMW-12
 Original Well Owner: _____
 Present Well Owner: Darri Concepts
 Mailing Address of Present Owner: W888 Chili Road
 City of Present Owner: Chili - Town of Fremont State: WI ZIP Code: 54420

Reason for Removal from Service: Site closed WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 10-1-18
 Water Well If a Well Construction Report is available, please attach.
 Borehole / Drillhole
 Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____
 Formation Type:
 Unconsolidated Formation Bedrock
 Total Well Depth From Ground Surface (ft.): 20 Casing Diameter (in.): 2.0
 Lower Drillhole Diameter (in.): _____ Casing Depth (ft.): _____
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? Depth to Water (feet): 13.55

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

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

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<u>20</u>		

Bentonite chips

6. Comments

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing: <u>AET</u>	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>10-9-20</u>	Date Received: _____	Noted By: _____	
Street or Route: <u>1837 CTH 00</u>		Telephone Number: <u>(715) 861-5045</u>	Comments: _____		
City: <u>Chippewa Falls</u>	State: <u>WI</u>	ZIP Code: <u>54729</u>	Signature of Person Doing Work: <u>[Signature]</u>	Date Signed: <u>10-12-20</u>	

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

County <i>Clark</i>	WI Unique Well # of Removed Well <i>PP846</i>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 <i>SE</i> 1/4 <i>SE</i> or Gov't Lot #	Section <i>22</i>	Township <i>25 N</i>
Well Street Address <i>W902 Chili Road</i>	Well ZIP Code <i>54420</i>	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town <i>Chili</i>	Subdivision Name	Lot #
Reason for Removal from Service <i>Site closed</i>	WI Unique Well # of Replacement Well	

2. Facility / Owner Information

Facility Name <i>Wolf Property</i>		
Facility ID (FID or PWS) <i>09-10-545213</i>		
License/Permit/Monitoring # <i>W MW-1</i>		
Original Well Owner		
Present Well Owner <i>Arnold Wolf</i>		
Mailing Address of Present Owner <i>W902 Chili Road</i>		
City of Present Owner <i>Chili - Town of Fremont</i>	State <i>WI</i>	ZIP Code <i>54420</i>

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <i>2-26-07</i>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <i>21</i>	Casing Diameter (in.) <i>2.0</i>
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) <i>10.40</i>

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input 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 type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

Required Method of Placing Sealing Material

<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____

Sealing Materials

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

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<i>Surface</i>	<i>21</i>		

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <i>AET</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>10-9-20</i>	DNR Use Only	
Street or Route <i>1837 CTH 00</i>	Telephone Number ()	Comments	Date Received	Noted By
City <i>Chippewa Falls</i>	State <i>WI</i>	ZIP Code <i>54420</i>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <i>10-12-20</i>

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

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau: <input type="checkbox"/> Drinking Water <input type="checkbox"/> Watershed/Wastewater <input checked="" type="checkbox"/> Remediation/Redevelopment <input type="checkbox"/> Waste Management <input type="checkbox"/> Other: _____
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1. Well Location Information **2. Facility / Owner Information**

County <i>Clark</i>	WI Unique Well # of Removed Well <i>P2847</i>	Hicap #	Facility Name <i>Wolf Property</i>		
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <i>09-10-545213</i>
1/4 1/4 <i>SE</i> 1/4 <i>SE</i>	Section <i>22</i>	Township <i>25 N</i>	Range <i>1</i>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # <i>WP2-1</i>
Well Street Address <i>W902 Chili Road</i>			Original Well Owner		
Well City, Village or Town <i>Chili</i>			Present Well Owner <i>Arnold Wolf</i>		
Subdivision Name			Mailing Address of Present Owner <i>W902 Chili Road</i>		
Reason for Removal from Service <i>Site closed</i>			Well ZIP Code <i>54420</i>		
WI Unique Well # of Replacement Well			City of Present Owner <i>Chili - Town of Fremont</i>		
Original Construction Date (mm/dd/yyyy) <i>2-26-07</i>			State <i>WI</i>		
If a Well Construction Report is available, please attach.			ZIP Code <i>54420</i>		

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <i>2-26-07</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole			
Construction Type:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			
Formation Type:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) <i>32</i>	Casing Diameter (in.) <i>2.0</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <i>11.10</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <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
<i>Bentonite chips</i>	Surface	<i>32</i>		

6. Comments

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

Name of Person or Firm Doing Filling & Sealing <i>AET</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>10-9-20</i>	Date Received	Noted By
Street or Route <i>1837 CTH 00</i>		Telephone Number ()		Comments
City <i>Chippewa Falls</i>	State <i>WI</i>	ZIP Code <i>54420</i>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <i>10-12-20</i>

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

Route to DNR Bureau:

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

Verification Only of Fill and Seal

1. Well Location Information

County <i>Clark</i>	WI Unique Well # of Removed Well <i>PP548</i>	Hicap #
Latitude / Longitude (see instructions) N _____ W _____	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 SE 1/4 SE or Gov't Lot #	Section <i>22</i>	Township <i>25 N</i>
Well Street Address <i>W902 Chili Road</i>	Well ZIP Code <i>54420</i>	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town <i>Chili</i>	Subdivision Name	Lot #
Reason for Removal from Service <i>Site closed</i>	WI Unique Well # of Replacement Well	

2. Facility / Owner Information

Facility Name <i>Wolf Property</i>		
Facility ID (FID or PWS) <i>09-10-545213</i>		
License/Permit/Monitoring # <i>WMW-2</i>		
Original Well Owner		
Present Well Owner <i>Arnold Wolf</i>		
Mailing Address of Present Owner <i>W902 Chili Road</i>		
City of Present Owner <i>Chili - Town of Fremont</i>	State <i>WI</i>	ZIP Code <i>54420</i>

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <i>2-27-07</i>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <i>21</i>	Casing Diameter (in.) <i>2.0</i>
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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

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

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<i>Surface</i>	<i>21</i>		

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <i>AET</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>10-9-20</i>	DNR Use Only	
Street or Route <i>1837 CTH 00</i>	Telephone Number ()	Comments	Date Received	Noted By
City <i>Chippewa Falls</i>	State <i>WI</i>	ZIP Code <i>54420</i>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <i>10-12-20</i>

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

Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County Clark	WI Unique Well # of Removed Well PP349	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 SE 1/4 SE	Section 22	Township 25 N
or Gov't Lot #	Range 1	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address W902 Chili Road		Well ZIP Code 54420
Well City, Village or Town Chili		Lot #
Subdivision Name		
Reason for Removal from Service Site closed	WI Unique Well # of Replacement Well	

Facility Name Wolf Property		
Facility ID (FID or PWS) 09-10-545213		
License/Permit/Monitoring # WMW-3		
Original Well Owner		
Present Well Owner Arnold Wolf		
Mailing Address of Present Owner W902 Chili Road		
City of Present Owner Chili - Town of Fremont	State WI	ZIP Code 54420

Reason for Removal from Service: **Site closed**

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 2-27-07
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	
Construction Type:	
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)
<input type="checkbox"/> Other (specify): _____	
Formation Type:	
<input type="checkbox"/> Unconsolidated Formation	<input checked="" type="checkbox"/> Bedrock
Total Well Depth From Ground Surface (ft.) 21	Casing Diameter (in.) 2.0
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input 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 type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

Required Method of Placing Sealing Material

<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____

Sealing Materials

<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input checked="" type="checkbox"/> Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

Bentonite chips

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	21		

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing AET	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 10-9-20	DNR Use Only	
Street or Route 1837 CTH 00	Telephone Number ()	Comments	Date Received	Noted By
City Chippewa Falls	State WI	ZIP Code 54420	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 10-12-20

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

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County <i>Clark</i>	WI Unique Well # of Removed Well <i>PP850</i>	Hicap #	Facility Name <i>Wolf Property</i>
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) <i>09-10-545213</i>
1/4 1/4 <i>SE</i> 1/4 <i>SE</i>	Section <i>22</i>	Township <i>25 N</i>	Range <input checked="" type="checkbox"/> <i>E</i> <input type="checkbox"/> <i>W</i>
or Gov't Lot #	Well Street Address <i>W902 Chili Road</i>	Well ZIP Code <i>54420</i>	License/Permit/Monitoring # <i>WMW-4</i>
Well City, Village or Town <i>Chili</i>	Subdivision Name	Lot #	Original Well Owner
Reason for Removal from Service <i>Site closed</i>	WI Unique Well # of Replacement Well	Present Well Owner <i>Arnold Wolf</i>	
3. Filled & Sealed Well / Drillhole / Borehole Information		Mailing Address of Present Owner <i>W902 Chili Road</i>	
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <i>2-27-07</i>	City of Present Owner <i>Chili - Town of Fremont</i>	
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	State <i>WI</i>	ZIP Code <i>54420</i>
<input type="checkbox"/> Borehole / Drillhole	Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	4. Pump, Liner, Screen, Casing & Sealing Material	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock	Total Well Depth From Ground Surface (ft.) <i>21</i>	Casing Diameter (in.) <i>2.0</i>	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Casing Depth (ft.)	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, to what depth (feet)?	If yes, to what depth (feet)?	Depth to Water (feet) <i>13.10</i>	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
5. Material Used to Fill Well / Drillhole		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Bentonite chips</i>		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
From (ft.)		To (ft.)	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Surface		<i>21</i>	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight	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 type="checkbox"/> N/A
			If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
6. Comments		Required Method of Placing Sealing Material	
		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
		Sealing Materials	
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips	
		For Monitoring Wells and Monitoring Well Boreholes Only:	
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

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

Name of Person or Firm Doing Filling & Sealing <i>AET</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>10-9-20</i>	Date Received	Noted By
Street or Route <i>1837 CTH 00</i>	Telephone Number ()	Comments		
City <i>Chippewa Falls</i>	State <i>WI</i>	ZIP Code <i>54420</i>	Signature of Person Doing Work <i>[Signature]</i>	Date Signed <i>10-12-20</i>