

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 Lincoln	WI Unique Well # of Removed Well MW-1	Hicap #	Facility Name Quality Dry Cleaners		

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) 735067960	License/Permit/Monitoring # 02-35-551789	Original Well Owner Charlotte Collins
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1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner	
Well Street Address 18 N Tomahawk Ave				Mailing Address of Present Owner 18 N Tomahawk Ave	
Well City, Village or Town Tomahawk			Well ZIP Code 54487		City of Present Owner Tomahawk
Subdivision Name			Lot #		State WI
					ZIP Code 54487

Reason for Removal from Service Project Closure	WI Unique Well # of Replacement Well
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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) 5/15/13 If a Well Construction Report is available, please attach.

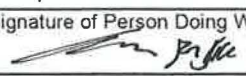
Construction Type:	
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Dug
Formation Type:	
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock

Total Well Depth From Ground Surface (ft.) 14'	Casing Diameter (in.) 2"
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 4
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) 8.5

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	14'	3/4 bag	

6. Comments	
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7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Jed Kosch, REI Engineering, Inc.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 1/8/18	Date Received	Noted By
Street or Route 4080 N. 20th Avenue		Telephone Number (715) 675-9784	Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 1/8/18

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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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 Lincoln		WI Unique Well # of Removed Well MW-2		Hicap #		Facility Name Quality Dry Cleaners	
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) 735067960	
1/4 / 1/4 or Gov't Lot #		Section		Township N		Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 18 N Tomahawk Ave				License/Permit/Monitoring # 02-35-551789			
Well City, Village or Town Tomahawk				Well ZIP Code 54487			
Subdivision Name				Lot #		Original Well Owner Charlotte Collins	
Reason for Removal from Service Project Closure				WI Unique Well # of Replacement Well			
Present Well Owner				Mailing Address of Present Owner 18 N Tomahawk Ave			
City of Present Owner Tomahawk				State WI		ZIP Code 54487	

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
 Water Well 5/15/13
 Borehole / Drillhole If a Well Construction Report is available, please attach.

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) 15'	Casing Diameter (in.) 2"
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 5

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet)
10

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
3/8" bentonite Chips	Surface	15'	3/4 bag	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Jed Kosch, REI Engineering, Inc.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 1/8/18	Date Received	Noted By
Street or Route 4080 N. 20th Avenue		Telephone Number (715) 675-9784	Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 1/9/18

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

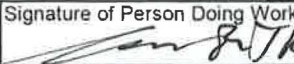
Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Lincoln		WI Unique Well # of Removed Well MW-3		Hicap #		Facility Name Quality Dry Cleaners	
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS) 735067960	
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring # 02-35-551789	
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> OTH001		Original Well Owner Charlotte Collins	
1/4 / 1/4	1/4	Section	Township	Range	<input type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner	
or Gov't Lot #		N				Mailing Address of Present Owner 18 N Tomahawk Ave	
Well Street Address 18 N Tomahawk Ave				City of Present Owner Tomahawk			
Well City, Village or Town Tomahawk				Well ZIP Code 54487		State WI	
Subdivision Name				Lot #		ZIP Code 54487	
Reason for Removal from Service Project Closure		WI Unique Well # of Replacement Well		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) 5/15/13 If a Well Construction Report is available, please attach.		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 checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
Total Well Depth From Ground Surface (ft.) 15'		Casing Diameter (in.) 2"		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Lower Drillhole Diameter (in.)		Casing Depth (ft.) 5					
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							
If yes, to what depth (feet)?		Depth to Water (feet) 8					

5. Material Used to Fill Well / Drillhole				From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" bentonite Chips				Surface	15'	3/4 bag	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Jed Kosch, REI Engineering, Inc.		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 1/8/18	Date Received	Noted By
Street or Route 4080 N. 20th Avenue			Telephone Number (715) 675-9784	Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 1/9/18	

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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**

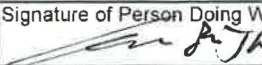
County Lincoln	WI Unique Well # of Removed Well MW-4	Hicap #	Facility Name Quality Dry Cleaners
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 735067960
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 18 N Tomahawk Ave			License/Permit/Monitoring # 02-35-551789
Well City, Village or Town Tomahawk			Well ZIP Code 54487
Subdivision Name			Lot #
Reason for Removal from Service Project Closure			WI Unique Well # of Replacement Well
Well Street Address 18 N Tomahawk Ave			Original Well Owner Charlotte Collins
Well City, Village or Town Tomahawk			Present Well Owner
Subdivision Name			Well ZIP Code 54487
Reason for Removal from Service Project Closure			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) 5/15/13	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 checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 15'	Casing Diameter (in.) 2"	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.) 5	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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 9	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)?		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input 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 type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" 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
3/8" bentonite Chips	Surface	15'	3/4 bag	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Jed Kosch, REI Engineering, Inc.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 1/8/18	Date Received	Noted By
Street or Route 4080 N. 20th Avenue		Telephone Number (715) 675-9784	Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 1/9/18

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

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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: Lincoln

WI Unique Well # of Removed Well: MW-5

Hicap #

Latitude / Longitude (see instructions): _____ N _____ W

Format Code: DD DDM

Method Code: GPS008 SCR002 OTH001

1/4 / 1/4 or Gov't Lot #: _____

Section: _____ Township: _____ Range: E W

Well Street Address: 18 N Tomahawk Ave

Well City, Village or Town: Tomahawk

Well ZIP Code: 54487

Subdivision Name: _____ Lot #: _____

2. Facility / Owner Information

Facility Name: Quality Dry Cleaners

Facility ID (FID or PWS): 735067960

License/Permit/Monitoring #: 02-35-551789

Original Well Owner: Charlotte Collins

Present Well Owner: _____

Mailing Address of Present Owner: 18 N Tomahawk Ave

City of Present Owner: Tomahawk

State: WI

ZIP Code: 54487

3. Filled & Sealed Well / Drillhole / Borehole Information

Reason for Removal from Service: Project Closure

WI Unique Well # of Replacement Well: _____

Monitoring Well

Water Well

Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): 10/3/16

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.): 15'

Casing Diameter (in.): 2"

Lower Drillhole Diameter (in.): _____

Casing Depth (ft.): 5

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____

Depth to Water (feet): 11

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

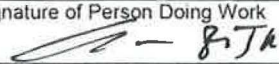
Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" bentonite Chips	Surface	15'	3/4 bag	

6. Comments

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Jed Kosch, REI Engineering, Inc.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 1/8/18	Date Received	Noted By	
Street or Route 4080 N. 20th Avenue	Telephone Number (715) 675-9784	Comments			
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 1/8/18	

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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**

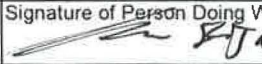
County Lincoln		WI Unique Well # of Removed Well MW-6		Hicap #		Facility Name Quality Dry Cleaners	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) 735067960	
1/4 / 1/4 or Gov't Lot #		Section		Township N		Range <input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 18 N Tomahawk Ave				License/Permit/Monitoring # 02-35-551789			
Well City, Village or Town Tomahawk				Well ZIP Code 54487			
Subdivision Name				Lot #		Original Well Owner Charlotte Collins	
Reason for Removal from Service Project Closure				WI Unique Well # of Replacement Well			
Well Street Address				Present Well Owner			
Well City, Village or Town				Mailing Address of Present Owner			
Subdivision Name				Lot #		City of Present Owner Tomahawk	
						State WI	
						ZIP Code 54487	

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) 10/3/16		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		If a Well Construction Report is available, please attach.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type:				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material	
Total Well Depth From Ground Surface (ft.) 15'		Casing Diameter (in.) 2"		<input type="checkbox"/> Conductor Pipe-Gravity	
Lower Drillhole Diameter (in.)		Casing Depth (ft.) 5		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	
Was well annular space grouted?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Conductor Pipe-Pumped	
If yes, to what depth (feet)?		Depth to Water (feet) 8		<input checked="" type="checkbox"/> Other (Explain): _____	
				Sealing Materials	
				<input type="checkbox"/> Neat Cement Grout	
				<input type="checkbox"/> Sand-Cement (Concrete) Grout	
				<input type="checkbox"/> Concrete	
				<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	15'	3/4 bag	

6. Comments

7. Supervision of Work			DNR Use Only		
Name of Person or Firm Doing Filling & Sealing Jed Kosch, REI Engineering, Inc.		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 1/8/18	Date Received	Noted By
Street or Route 4080 N. 20th Avenue		Telephone Number (715) 675-9784		Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 1/9/18	

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: Lincoln WI Unique Well # of Removed Well: PZ-1 Hicap #: _____	Facility Name: Quality Dry Cleaners Facility ID (FID or PWS): 735067960 License/Permit/Monitoring #: 02-35-551789

Latitude / Longitude (see instructions): _____ N _____ W 1/4 / 1/4 _____ or Gov't Lot #: _____	Format Code: <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code: <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Range: <input type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner: Charlotte Collins Present Well Owner: _____
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Well Street Address: 18 N Tomahawk Ave Well City, Village or Town: Tomahawk Well ZIP Code: 54487	Mailing Address of Present Owner: 18 N Tomahawk Ave City of Present Owner: Tomahawk, WI State: WI ZIP Code: 54487
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Reason for Removal from Service: Project Closure WI Unique Well # of Replacement Well: _____	4. Pump, Liner, Screen, Casing & Sealing Material
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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): 5/15/13 If a Well Construction Report is available, please attach.	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): _____	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
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Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input 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): _____
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Total Well Depth From Ground Surface (ft.): 30' Lower Drillhole Diameter (in.): _____	Casing Diameter (in.): 2" Casing Depth (ft.): 25	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
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5. Material Used to Fill Well / Drillhole	6. Comments
3/8" bentonite Chips From (ft.): Surface To (ft.): 30' No. Yards, Sacks Sealant or Volume (circle one): 1 & 1/4 bags Mix Ratio or Mud Weight: _____	_____

7. Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Filling & Sealing: Jed Kosch, REI Engineering, Inc.	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): 1/8/18	Date Received: _____ Noted By: _____

Street or Route: 4080 N. 20th Avenue City: Wausau	Telephone Number: (715) 675-9784 State: WI ZIP Code: 54401	Signature of Person Doing Work: <i>[Signature]</i>	Comments: _____ Date Signed: 1/4/18
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