

## Thompson, Matthew A - DNR

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**From:** Dave Larsen <dlarsen@reiengineering.com>  
**Sent:** Wednesday, June 23, 2021 11:15 AM  
**To:** Thompson, Matthew A - DNR  
**Subject:** RE: Conditional Closure Letter- Band Box Cleaners Sparta, BRRTS#02-42-551921  
**Attachments:** Attachments.html

Citrix Attachments Expires December 20, 2021

IMG_2013.JPG	3.2 MB
REI_20210623_111809.pdf	8.1 MB

[Download Attachments](#)

David Larsen uses Citrix Files to share documents securely.

Matt, attached are the abandonment forms for the wells at the Band Box Sparta investigation. REI was also able to access the Fire Department building and abandoned the three vapor ports (SS-1 to SS-3) located there. Unfortunately, REI was not able to abandon the vapor ports in the subject building. The building has been recently renovated and areas of the sample ports are now carpeted and the vapor points were not located or abandoned by REI staff. What is likely through, was the vapor ports were sealed in place prior to the placement of the carpet. If you have any questions or wish to discuss further, please reach out to me at your earliest convenience.

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



**David N. Larsen, P.G.**  
Senior Hydrogeologist  
Dlarsen@REIengineering.com



Tel: 1-877-734-7745  
715-675-9784

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REIengineering.com



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Confidentiality Notice: This message is intended for the recipient only. If you have received this e-mail in error please disregard.

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**From:** Thompson, Matthew A - DNR <MatthewA.Thompson@wisconsin.gov>  
**Sent:** Friday, June 11, 2021 2:56 PM  
**To:** jtess@bandboxclean.com  
**Cc:** Dave Larsen <dlarsen@reiengineering.com>  
**Subject:** Conditional Closure Letter- Band Box Cleaners Sparta, BRRTS#02-42-551921

**CAUTION:** External Email.

Mr. Tessman,

The Department reviewed the most recent information provided by REI on your behalf and has determined that site closure is warranted. Attached is a remaining actions needed letter requesting monitoring well abandonment at the site. Once the monitoring wells have been abandoned and all forms have been submitted the Department will finalize closure for the site.

Thanks,  
Matt

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Visit our survey at <http://dnr.wi.gov/customersurvey> to evaluate how I did.

**Matt Thompson**

Hydrogeologist – Remediation and Redevelopment

Wisconsin Department of Natural Resources

1300 W. Clairemont Ave., Eau Claire, WI 54701

Office: 715-492-2304

[matthewa.thompson@wisconsin.gov](mailto:matthewa.thompson@wisconsin.gov)



[dnr.wi.gov](http://dnr.wi.gov)





Kathryn Schmitz  
Law Office, LLC

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**Route to DNR Bureau:**

**Verification Only of Fill and Seal**

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

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

County <b>Monroe</b>	WI Unique Well # of Removed Well <b>MW1</b>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 SW    1/4 SW or Gov't Lot #	Section <b>13</b>	Township <b>17 N</b>
Well Street Address <b>122 East Oak Street</b>	Range <b>04</b>	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town <b>City of Sparta</b>	Well ZIP Code	
Subdivision Name	Lot #	

Facility Name <b>BandBox Cleaners &amp; Laundry</b>		
Facility ID (FID or PWS) <b>642007520</b>		
License/Permit/Monitoring #		
Original Well Owner <b>BandBox Cleaners &amp; Laundry</b>		
Present Well Owner <b>BandBox Cleaners &amp; Laundry</b>		
Mailing Address of Present Owner <b>PO Box 299</b>		
City of Present Owner <b>Tomah</b>	State <b>WI</b>	ZIP Code <b>54660</b>

Reason for Removal from Service <b>Investigation Closed</b>	WI Unique Well # of Replacement Well
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**3. Filled & Sealed Well / Drillhole / Borehole Information**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>3/10/2009</b>
<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 checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	

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

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

Total Well Depth From Ground Surface (ft.) <b>20</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.)	Casing Depth (ft.) <b>10</b>
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) <b>12</b>

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
3/8" Holeplug Bentonite	Surface	20	3/4 bag	

**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing <b>Paul Bushar - REI</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>6/22/2021</b>	Date Received	Noted By
Street or Route <b>4080 North 20th Avenue</b>	Telephone Number <b>( 715 ) 675-9784</b>	Comments		
City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>Paul Bushar</i>	Date Signed <b>06/23/2021</b>

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

Route to DNR Bureau:

Verification Only of Fill and Seal

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

1. Well Location Information	2. Facility / Owner Information
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County Monroe	WI Unique Well # of Removed Well MW2	Hicap #	Facility Name BandBox Cleaners & Laundry
Latitude / Longitude (see instructions) N _____ W _____			Facility ID (FID or PWS) 642007520
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 or Gov't Lot #		Section 13	License/Permit/Monitoring #
Township 17 N		Range 04 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner BandBox Cleaners & Laundry
Well Street Address 122 East Oak Street			Present Well Owner BandBox Cleaners & Laundry
Well City, Village or Town City of Sparta		Mailing Address of Present Owner PO Box 299	
Subdivision Name		Lot #	City of Present Owner Tomah
Reason for Removal from Service Investigation Closed		WI Unique Well # of Replacement Well	State WI
			ZIP Code 54660

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input 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	19	3/4 bag	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing Paul Bushar - REI	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/22/2021	<b>DNR Use Only</b>	
Street or Route 4080 North 20th Avenue			Date Received	Noted By
Telephone Number ( 715 ) 675-9784			Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work <i>Paul Bushar</i>	Date Signed 06/23/2021

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**Route to DNR Bureau:**

**Verification Only of Fill and Seal**

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

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

County <b>Monroe</b>	WI Unique Well # of Removed Well <b>MW3</b>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 SW    1/4 SW or Gov't Lot #	Section <b>13</b>	Township <b>17 N</b>
Well Street Address <b>122 East Oak Street</b>	Range <b>04</b>	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town <b>City of Sparta</b>	Well ZIP Code	
Subdivision Name	Lot #	

Facility Name <b>BandBox Cleaners &amp; Laundry</b>		
Facility ID (FID or PWS) <b>642007520</b>		
License/Permit/Monitoring #		
Original Well Owner <b>BandBox Cleaners &amp; Laundry</b>		
Present Well Owner <b>BandBox Cleaners &amp; Laundry</b>		
Mailing Address of Present Owner <b>PO Box 299</b>		
City of Present Owner <b>Tomah</b>	State <b>WI</b>	ZIP Code <b>54660</b>

Reason for Removal from Service <b>Investigation Closed</b>	WI Unique Well # of Replacement Well
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**3. Filled & Sealed Well / Drillhole / Borehole Information**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>3/10/2009</b>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	

Construction Type:

Drilled       Driven (Sandpoint)       Dug  
 Other (specify): \_\_\_\_\_

Formation Type:

Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.) <b>20</b>	Casing Diameter (in.) <b>2</b>
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Lower Drillhole Diameter (in.)	Casing Depth (ft.) <b>10</b>
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Was well annular space grouted?     Yes     No     Unknown

If yes, to what depth (feet)?      Depth to Water (feet)  
**14**

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

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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" Holeplug Bentonite	Surface	20	3/4 bag	

**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing <b>Paul Bushar - REI</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>6/22/2021</b>	Date Received	Noted By
Street or Route <b>4080 North 20th Avenue</b>	Telephone Number <b>( 715 ) 675-9784</b>	Comments		
City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>Paul Bushar</i>	Date Signed <b>06/23/2021</b>

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**Route to DNR Bureau:**

**Verification Only of Fill and Seal**

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

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

County <b>Monroe</b>		WI Unique Well # of Removed Well <b>MW4</b>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 SW or Gov't Lot #	1/4 SW	Section <b>13</b>	Township <b>17 N</b>
Well Street Address <b>122 East Oak Street</b>		Range <b>04</b>	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town <b>City of Sparta</b>		Well ZIP Code	
Subdivision Name		Lot #	

Facility Name <b>BandBox Cleaners &amp; Laundry</b>		
Facility ID (FID or PWS) <b>642007520</b>		
License/Permit/Monitoring #		
Original Well Owner <b>BandBox Cleaners &amp; Laundry</b>		
Present Well Owner <b>BandBox Cleaners &amp; Laundry</b>		
Mailing Address of Present Owner <b>PO Box 299</b>		
City of Present Owner <b>Tomah</b>	State <b>WI</b>	ZIP Code <b>54660</b>

Reason for Removal from Service <b>Investigation Closed</b>	WI Unique Well # of Replacement Well
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**3. Filled & Sealed Well / Drillhole / Borehole Information**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>4/11/11</b>
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <b>20.5</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.)	Casing Depth (ft.) <b>10.5</b>
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) <b>15.35</b>

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input 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
3/8" Holeplug Bentonite	Surface	20.5	3/4 bag	

**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing <b>Paul Bushar - REI</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>6/22/2021</b>	Date Received	Noted By
Street or Route <b>4080 North 20th Avenue</b>		Telephone Number <b>( 715 ) 675-9784</b>	Comments	
City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>Paul Bushar</i>	Date Signed <b>06/23/2021</b>

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**Route to DNR Bureau:**

**Verification Only of Fill and Seal**

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

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

County <b>Monroe</b>		WI Unique Well # of Removed Well <b>MW5</b>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 SW or Gov't Lot #	1/4 SW	Section <b>13</b>	Township <b>17 N</b>
Well Street Address <b>122 East Oak Street</b>		Range <b>04</b>	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town <b>City of Sparta</b>		Well ZIP Code	
Subdivision Name		Lot #	

Facility Name <b>BandBox Cleaners &amp; Laundry</b>		
Facility ID (FID or PWS) <b>642007520</b>		
License/Permit/Monitoring #		
Original Well Owner <b>BandBox Cleaners &amp; Laundry</b>		
Present Well Owner <b>BandBox Cleaners &amp; Laundry</b>		
Mailing Address of Present Owner <b>PO Box 299</b>		
City of Present Owner <b>Tomah</b>	State <b>WI</b>	ZIP Code <b>54660</b>

Reason for Removal from Service <b>Investigation Closed</b>	WI Unique Well # of Replacement Well
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**3. Filled & Sealed Well / Drillhole / Borehole Information**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>4/11/11</b>
<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 checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <b>20.5</b>	Casing Diameter (in.) <b>2</b>
Lower Drillhole Diameter (in.)	Casing Depth (ft.) <b>10.5</b>
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>15.15</b>

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input 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
3/8" Holeplug Bentonite	Surface	20.5	3/4 bag	

**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing <b>Paul Bushar - REI</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>6/22/2021</b>	Date Received	Noted By
Street or Route <b>4080 North 20th Avenue</b>		Telephone Number <b>( 715 ) 675-9784</b>	Comments	
City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>Paul Bushar</i>	Date Signed <b>06/23/2021</b>



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

**Verification Only of Fill and Seal**

Route to DNR Bureau:

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

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

**1. Well Location Information**

County: **Monroe**

WI Unique Well # of Removed Well: **PZ3**

Hicap #: \_\_\_\_\_

Latitude / Longitude (see instructions): \_\_\_\_\_ N \_\_\_\_\_ W

Format Code:  DD  DDM

Method Code:  GPS008  SCR002  OTH001

1/4 SW or Gov't Lot #: \_\_\_\_\_

Section: **13**      Township: **17 N**      Range: **04 W**

Well Street Address: **122 East Oak Street**

Well City, Village or Town: **City of Sparta**

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

Reason for Removal from Service: **Investigation Closed**

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

**2. Facility / Owner Information**

Facility Name: **BandBox Cleaners & Laundry**

Facility ID (FID or PWS): **642007520**

License/Permit/Monitoring #: \_\_\_\_\_

Original Well Owner: **BandBox Cleaners & Laundry**

Present Well Owner: **BandBox Cleaners & Laundry**

Mailing Address of Present Owner: **PO Box 299**

City of Present Owner: **Tomah**      State: **WI**      ZIP Code: **54660**

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

Monitoring Well

Water Well

Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): **4/11/11**

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.): **39**

Casing Diameter (in.): **2**

Lower Drillhole Diameter (in.): \_\_\_\_\_

Casing Depth (ft.): **34**

Was well annular space grouted?  Yes  No  Unknown

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

Depth to Water (feet): **14.08**

**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" Holeplug Bentonite	Surface	39	1.5 bag	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <b>Paul Bushar - REI</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>6/22/2021</b>	DNR Use Only	
Street or Route <b>4080 North 20th Avenue</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Date Received	Noted By
City <b>Wausau</b>	Telephone Number <b>( 715 ) 675-9784</b>	Signature of Person Doing Work <i>Paul Bushar</i>	Comments	Date Signed <b>06/23/2021</b>

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

**Route to DNR Bureau:**

**Verification Only of Fill and Seal**

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

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

County <b>Monroe</b>		WI Unique Well # of Removed Well <b>SVE1</b>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ SW or Gov't Lot #	¼ SW	Section <b>13</b>	Township <b>17 N</b>
Well Street Address <b>122 East Oak Street</b>		Range <b>04</b>	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town <b>City of Sparta</b>		Well ZIP Code	
Subdivision Name		Lot #	

Facility Name <b>BandBox Cleaners &amp; Laundry</b>		
Facility ID (FID or PWS) <b>642007520</b>		
License/Permit/Monitoring #		
Original Well Owner <b>BandBox Cleaners &amp; Laundry</b>		
Present Well Owner <b>BandBox Cleaners &amp; Laundry</b>		
Mailing Address of Present Owner <b>PO Box 299</b>		
City of Present Owner <b>Tomah</b>	State <b>WI</b>	ZIP Code <b>54660</b>

Reason for Removal from Service <b>Investigation Closed</b>	WI Unique Well # of Replacement Well
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**3. Filled & Sealed Well / Drillhole / Borehole Information**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>11/14/14</b>
<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 checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <b>10</b>	Casing Diameter (in.) <b>4</b>
Lower Drillhole Diameter (in.)	Casing Depth (ft.) <b>5</b>
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>N/A</b>

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input 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
3/8" Holeplug Bentonite	Surface	10	1.5 bag	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <b>Paul Bushar - REI</b>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>6/22/2021</b>	DNR Use Only	
Street or Route <b>4080 North 20th Avenue</b>		Telephone Number <b>( 715 ) 675-9784</b>		Date Received	Noted By
City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>Paul Bushar</i>	Date Signed <b>06/23/2021</b>	

# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

**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:**

**Verification Only of Fill and Seal**

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

**1. Well Location Information**

County <b>Monroe</b>	WI Unique Well # of Removed Well <b>SVE2</b>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 SW or Gov't Lot #	Section <b>13</b>	Township <b>17 N</b>
Well Street Address <b>122 East Oak Street</b>	Range <b>04</b>	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town <b>City of Sparta</b>	Well ZIP Code	
Subdivision Name	Lot #	
Reason for Removal from Service <b>Investigation Closed</b>	WI Unique Well # of Replacement Well	

**2. Facility / Owner Information**

Facility Name <b>BandBox Cleaners &amp; Laundry</b>		
Facility ID (FID or PWS) <b>642007520</b>		
License/Permit/Monitoring #		
Original Well Owner <b>BandBox Cleaners &amp; Laundry</b>		
Present Well Owner <b>BandBox Cleaners &amp; Laundry</b>		
Mailing Address of Present Owner <b>PO Box 299</b>		
City of Present Owner <b>Tomah</b>	State <b>WI</b>	ZIP Code <b>54660</b>

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>11/14/14</b>
<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 checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock
Total Well Depth From Ground Surface (ft.) <b>10</b>	Casing Diameter (in.) <b>4</b>
Lower Drillhole Diameter (in.)	Casing Depth (ft.) <b>5</b>
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) <b>N/A</b>

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input 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
3/8" Holeplug Bentonite	Surface	10	1.5 bag	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <b>Paul Bushar - REI</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>6/22/2021</b>	<b>DNR Use Only</b>	
Street or Route <b>4080 North 20th Avenue</b>	Telephone Number <b>( 715 ) 675-9784</b>	Comments	Date Received	Noted By
City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>Paul Bushar</i>	Date Signed <b>06/23/2021</b>

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**Route to DNR Bureau:**

**Verification Only of Fill and Seal**

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

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

County <b>Monroe</b>		WI Unique Well # of Removed Well <b>SVE3</b>	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 SW or Gov't Lot #	1/4 SW	Section <b>13</b>	Township <b>17 N</b>
Well Street Address <b>122 East Oak Street</b>		Range <b>04</b>	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town <b>City of Sparta</b>		Well ZIP Code	
Subdivision Name		Lot #	

Facility Name <b>BandBox Cleaners &amp; Laundry</b>		
Facility ID (FID or PWS) <b>642007520</b>		
License/Permit/Monitoring #		
Original Well Owner <b>BandBox Cleaners &amp; Laundry</b>		
Present Well Owner <b>BandBox Cleaners &amp; Laundry</b>		
Mailing Address of Present Owner <b>PO Box 299</b>		
City of Present Owner <b>Tomah</b>	State <b>WI</b>	ZIP Code <b>54660</b>

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

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>11/14/14</b>
<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 checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <b>10</b>	Casing Diameter (in.) <b>4</b>
Lower Drillhole Diameter (in.)	Casing Depth (ft.) <b>5</b>
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <b>N/A</b>

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

Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input 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
3/8" Holeplug Bentonite	Surface	10	1.5 bag	

**6. Comments**

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

Name of Person or Firm Doing Filling & Sealing <b>Paul Bushar - REI</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>6/22/2021</b>	Date Received	Noted By
Street or Route <b>4080 North 20th Avenue</b>		Telephone Number <b>( 715 ) 675-9784</b>	Comments	
City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>Paul Bushar</i>	Date Signed <b>06/23/2021</b>

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**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

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

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

County <b>Monroe</b>		WI Unique Well # of Removed Well <b>SVE4</b>		Hicap #		Facility Name <b>BandBox Cleaners &amp; Laundry</b>			
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <b>642007520</b>			
1/4 SW or Gov't Lot #		Section <b>13</b>		Township <b>17 N</b>		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W		License/Permit/Monitoring #	
Well Street Address <b>122 East Oak Street</b>						Original Well Owner <b>BandBox Cleaners &amp; Laundry</b>			
Well City, Village or Town <b>City of Sparta</b>						Present Well Owner <b>BandBox Cleaners &amp; Laundry</b>			
Subdivision Name						Well ZIP Code		Mailing Address of Present Owner <b>PO Box 299</b>	
Reason for Removal from Service Investigation Closed						WI Unique Well # of Replacement Well		City of Present Owner <b>Tomah</b>	
								State <b>WI</b>	
								ZIP Code <b>54660</b>	

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

<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>11/14/14</b>		<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 checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <b>10</b>		Casing Diameter (in.) <b>4</b>		Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.)		Casing Depth (ft.) <b>5</b>		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
If yes, to what depth (feet)?		Depth to Water (feet) <b>N/A</b>		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
3/8" Holeplug Bentonite	Surface	10	1.5 bag	

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Paul Bushar - REI</b>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>6/22/2021</b>	Date Received	Noted By
Street or Route <b>4080 North 20th Avenue</b>			Telephone Number <b>( 715 ) 675-9784</b>	Comments	
City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>Paul Bushar</i>	Date Signed <b>06/23/2021</b>	

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

**Verification Only of Fill and Seal**

**Route to DNR Bureau:**

Drinking Water       Watershed/Wastewater       Remediation/Redevelopment

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

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

County <b>Monroe</b>		WI Unique Well # of Removed Well <b>SVE5</b>		Hicap #		Facility Name <b>BandBox Cleaners &amp; Laundry</b>	
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <b>642007520</b>	
1/4 SW    1/4 SW or Gov't Lot #		Section <b>13</b>		Township <b>17 N</b>		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address <b>122 East Oak Street</b>		Well ZIP Code		Original Well Owner <b>BandBox Cleaners &amp; Laundry</b>		Present Well Owner <b>BandBox Cleaners &amp; Laundry</b>	
Well City, Village or Town <b>City of Sparta</b>		Well ZIP Code		Mailing Address of Present Owner <b>PO Box 299</b>		City of Present Owner <b>Tomah</b>	
Subdivision Name		Lot #		State <b>WI</b>		ZIP Code <b>54660</b>	

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

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

Monitoring Well      Original Construction Date (mm/dd/yyyy)  
**11/14/14**

Water Well

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

Construction Type:

Drilled       Driven (Sandpoint)       Dug

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

Formation Type:

Unconsolidated Formation       Bedrock

Total Well Depth From Ground Surface (ft.)      Casing Diameter (in.)  
**10**      **4**

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)  
**N/A**

**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	10	1.5 bag	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <b>Paul Bushar - REI</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>6/22/2021</b>	DNR Use Only	
Street or Route <b>4080 North 20th Avenue</b>			Date Received	Noted By
Telephone Number <b>( 715 ) 675-9784</b>			Comments	

City <b>Wausau</b>	State <b>WI</b>	ZIP Code <b>54401</b>	Signature of Person Doing Work <i>Paul Bushar</i>	Date Signed <b>06/23/2021</b>
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