

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 **DUNN** WI Unique Well # of Removed Well _____ Hicap # _____
Latitude / Longitude (see instructions) _____ N Format Code DD Method Code GPS008
_____ W DDM SCR002
_____ OTH001
1/4 / 1/4 1/4 Section _____ Township _____ Range E
or Gov't Lot # _____ N W

Facility Name **Norge Village Cleaners**

Facility ID (FID or PWS) _____

License/Permit/Monitoring # _____

Well Street Address _____

Original Well Owner _____

Present Well Owner **Norge Village Cleaners**

Well City, Village or Town **Menomonie** Well ZIP Code **54751**

Mailing Address of Present Owner **N3461 630th St.**

Subdivision Name _____ Lot # _____

City of Present Owner **Menomonie** State **WI** ZIP Code **54751**

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

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

3. Filled & Sealed Well / Drillhole / Borehole Information

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

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

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

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

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

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

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

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

Formation Type:
 Unconsolidated Formation Bedrock

Required Method of Placing Sealing Material

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

Total Well Depth From Ground Surface (ft.) **63.00'** Casing Diameter (in.) **2"**

Sealing Materials

Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

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

Was well annular space grouted? Yes No Unknown

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	63.0	1.26 #3	

Bentonite - Cement Grout

6. Comments

7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Mark Schmitz	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 11/21/2020	Date Received _____	Noted By _____
Street or Route N7349 548th Street		Telephone Number (715) 556-2604	Comments _____	
City Menomonie	State WI	ZIP Code 54751	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 11/25/2020

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Verification Only of Fill and Seal *MW-2*

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County DUNN	WI Unique Well # of Removed Well	Hicap #	Facility Name Norge Village 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)
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address			Original Well Owner
Well City, Village or Town Menomonie	Well ZIP Code 54751	Present Well Owner Norge Village Cleaners	
Subdivision Name	Lot #	Mailing Address of Present Owner N3461 630th St.	
Reason for Removal from Service Site Closure	WI Unique Well # of Replacement Well	City of Present Owner Menomonie	State WI
		ZIP Code 54751	

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	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 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.) 62.50'	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.)	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)	If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		Required Method of Placing Sealing Material	
		<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped	
		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
		Sealing Materials	
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
		For Monitoring Wells and Monitoring Well Boreholes Only:	
		<input type="checkbox"/> Bentonite Chips <input checked="" 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 - Cement Grout	Surface	62.50'	1.25 <input checked="" type="checkbox"/> 3	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Mark Schmitz	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 11/21/2020	Date Received	Noted By
Street or Route N7349 548th Street	Telephone Number (715) 596 2604	Comments		
City Menomonie	State WI	ZIP Code 54751	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 11/25/2020

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.

MW-3
 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 DUNN	WI Unique Well # of Removed Well	Hicap #	Facility Name Norge Village 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)
1/4 / 1/4 or Gov't Lot #	Section	Township N	License/Permit/Monitoring #
Well Street Address	Range <input type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner	Present Well Owner Norge Village Cleaners
Well City, Village or Town Menomonie	Well ZIP Code 54751	Mailing Address of Present Owner N3461 630th St.	
Subdivision Name	Lot #	City of Present Owner Menomonie	State WI
			ZIP Code 54751

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

Reason for Removal from Service Site Closure	WI Unique Well # of Replacement Well	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 61.60'	Casing Diameter (in.) 2"	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 checked="" type="checkbox"/> N/A
If yes, to what depth (feet)?	Depth to Water (feet)	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite - Cement Grout		Surface	61.60'	1.23 #3	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Mark Schmitz	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 11/21/2020	Date Received	Noted By
Street or Route N7349 548th Street	Telephone Number (715) 596-2604	Comments		
City Menomonie	State WI	ZIP Code 54751	Signature of Person Doing Work <i>Mark Schmitz</i>	Date Signed 11/25/2020

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MW-4
 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 **DUNN** WI Unique Well # of Removed Well _____ Hicap # _____

Latitude / Longitude (see instructions) _____ N Format Code DD Method Code GPS008
 _____ W DDM SCR002
 _____ OTH001

1/4 / 1/4 _____ Section _____ Township **N** Range E
 or Gov't Lot # _____ W

Well Street Address _____

Well City, Village or Town **Menomonie** Well ZIP Code **54751**

Subdivision Name _____ Lot # _____

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

Facility Name **Norge Village Cleaners**

Facility ID (FID or PWS) _____

License/Permit/Monitoring # _____

Original Well Owner _____

Present Well Owner **Norge Village Cleaners**

Mailing Address of Present Owner **N3461 630th St.**

City of Present Owner **Menomonie** State **WI** ZIP Code **54751**

3. Filled & Sealed Well / Drillhole / Borehole Information

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

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) **67.15** Casing Diameter (in.) **2"**

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) _____

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
 Neal 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

Bentonite - Cement Grout

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	67.10	1.34 3	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing **Mark Schmitz** License # _____ Date of Filling & Sealing or Verification (mm/dd/yyyy) **11/21/2020**

Street or Route **N7349 548th Street** Telephone Number **(715) 556 2604** Date Received _____ Noted By _____

City **Menomonie** State **WI** ZIP Code **54751** Signature of Person Doing Work *[Signature]* Comments _____ Date Signed **11/25/2020**

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Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County **DUNN** WI Unique Well # of Removed Well _____ Hicap # _____

Latitude / Longitude (see instructions) _____ N Format Code DD Method Code GPS008
_____ W DDM SCR002
 OTH001

1/4 / 1/4 _____ Section _____ Township _____ Range E
or Gov't Lot # _____ N W

Well Street Address _____

Well City, Village or Town **Menomonie** Well ZIP Code **54751**

Subdivision Name _____ Lot # _____

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

Facility Name **Norge Village Cleaners**

Facility ID (FID or PWS) _____

License/Permit/Monitoring # _____

Original Well Owner _____

Present Well Owner **Norge Village Cleaners**

Mailing Address of Present Owner **N3461 630th St.**

City of Present Owner **Menomonie** State **WI** ZIP Code **54751**

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy) _____
 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.) **62.20'** Casing Diameter (in.) **2"**

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) _____

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	62.20'	1.24 3	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing **Mark Schmitz** License # _____ Date of Filling & Sealing or Verification (mm/dd/yyyy) **11/21/2020**

Street or Route **N7349 548th Street** Telephone Number **(715) 556-2604** Comments _____

City **Menomonie** State **WI** ZIP Code **54751** Signature of Person Doing Work *Mark Schmitz* Date Signed **11/25/2020**

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Verification Only of Fill and Seal *MW-6*

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information			2. Facility / Owner Information		
County DUNN	WI Unique Well # of Removed Well	Hicap #	Facility Name Norge Village 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)
1/4 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address			Original Well Owner

Well City, Village or Town Menomonie	Well ZIP Code 54751	Present Well Owner Norge Village Cleaners	
Subdivision Name	Lot #	Mailing Address of Present Owner N3461 630th St.	
Reason for Removal from Service Site Closure		City of Present Owner Menomonie	State WI
WI Unique Well # of Replacement Well		ZIP Code 54751	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material	
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)	Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	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)	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 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.) 66.80'	Casing Diameter (in.) 2"	If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Required Method of Placing Sealing Material	
If yes, to what depth (feet)?	Depth to Water (feet)	<input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped	
		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite - Cement Grout		Surface	66.80'	1.33 #3	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Mark Schmitz	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 11/21/2020	Date Received	Noted By
Street or Route N7349 548th Street		Telephone Number (715) 596 2604	Comments	
City Menomonie	State WI	ZIP Code 54751	Signature of Person Doing Work <i>[Signature]</i>	Date Signed 11/25/2020

V-1

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.

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 **DUNN** WI Unique Well # of Removed Well _____ Hicap # _____
 Latitude / Longitude (see instructions) _____ N Format Code DD Method Code GPS008
 _____ W DDM SCR002
 _____ OTH001
 1/4 / 1/4 _____ Section _____ Township _____ Range E
 or Gov't Lot # _____ N W
 Well Street Address **821 Main St**
 Well City, Village or Town **Menomonie** Well ZIP Code **54751**
 Subdivision Name _____ Lot # _____

Facility Name **Norge Village Cleaners**
 Facility ID (FID or PWS) _____
 License/Permit/Monitoring # _____
 Original Well Owner _____
 Present Well Owner **Norge Village Cleaners**
 Mailing Address of Present Owner **N3461 630th St.**
 City of Present Owner **Menomonie** State **WI** ZIP Code **54751**

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well **SVE Vent** Original Construction Date (mm/dd/yyyy) **8/20/2013**
 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.) **50** Casing Diameter (in.) **2**
 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) _____

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	50	0.9	

6. Comments

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Logan Seipe / Cedar Corp	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12/1/2020	Date Received	Noted By	
Street or Route 604 Wilson Ave	Telephone Number (715) 235 9081	Comments			
City Menomonie	State WI	ZIP Code 54751	Signature of Person Doing Work	Date Signed 12/1/2020	

V-2

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.

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 **DUNN** WI Unique Well # of Removed Well _____ Hicap # _____
 Latitude / Longitude (see instructions) _____ N Format Code DD Method Code GPS008
 _____ W DDM SCR002
 _____ OTH001
 1/4 1/4 Section _____ Township _____ Range E
 or Gov't Lot # _____ N W
 Well Street Address **821 Main St**
 Well City, Village or Town **Menomonie** Well ZIP Code **54751**
 Subdivision Name _____ Lot # _____
 Reason for Removal from Service **Site Closure** WI Unique Well # of Replacement Well _____

Facility Name **Norge Village Cleaners**
 Facility ID (FID or PWS) _____
 License/Permit/Monitoring # _____
 Original Well Owner _____
 Present Well Owner **Norge Village Cleaners**
 Mailing Address of Present Owner **N3461 630th St.**
 City of Present Owner **Menomonie** State **WI** ZIP Code **54751**

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well **SVE Vent** Original Construction Date (mm/dd/yyyy) **10/10/2013**
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.
 Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____
 Formation Type:
 Unconsolidated Formation Bedrock
 Total Well Depth From Ground Surface (ft.) **20** Casing Diameter (in.) **2**
 Lower Drillhole Diameter (in.) _____ Casing Depth (ft.) _____
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? _____ Depth to Water (feet) _____

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

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

5. Material Used to Fill Well / Drillhole

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

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

6. Comments

7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Logan Seigel Cedar Corp	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12-1-2020	Date Received	Noted By
Street or Route 604 Wilson Ave	City Menomonie	Telephone Number (715) 235 9081	Comments	
State WI	ZIP Code 54751	Signature of Person Doing Work 	Date Signed 12-1-2020	

V-3

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.

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 DUNN	WI Unique Well # of Removed Well	Hicap #	Facility Name Norge Village Cleaners		
Latitude / Longitude (see instructions)		Format Code	Facility ID (FID or PWS)		
_____ N _____ W		<input type="checkbox"/> DD <input type="checkbox"/> DDM	License/Permit/Monitoring #		
Method Code		Range	Original Well Owner		
<input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		<input type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner Norge Village Cleaners		
1/4 / 1/4 or Gov't Lot #	Section	Township	Mailing Address of Present Owner N3461 630th St.		
Well Street Address 801 Main St			City of Present Owner Menomonie		
Well City, Village or Town Menomonie	Well ZIP Code 54751	Lot #	State WI	ZIP Code 54751	
Subdivision Name	Reason for Removal from Service Site 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 SVE Vent	Original Construction Date (mm/dd/yyyy) 10/10/2013	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)	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 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.) 20	Casing Diameter (in.) 2	If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was well annular space grouted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Required Method of Placing Sealing Material	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		
If yes, to what depth (feet)?	Depth to Water (feet)	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____		
		Sealing Materials	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete		
		<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips		
		For Monitoring Wells and Monitoring Well Boreholes Only:			
		<input checked="" type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout		
		<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry		

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

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Zogan Seipel / Cedar Corp	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12-1-2020	Date Received	Noted By
Street or Route 604 Wilson Ave	Telephone Number (715) 235 9081	Comments		
City Menomonie	State WI	ZIP Code 54751	Signature of Person Doing Work	Date Signed 12-1-2020

V-4

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.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

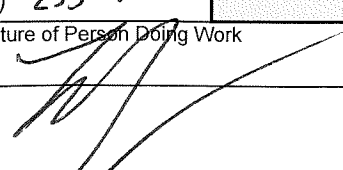
Waste Management Other: _____

1. Well Location Information			2. Facility / Owner Information		
County DUNN	WI Unique Well # of Removed Well	Hicap #	Facility Name Norge Village Cleaners		
Latitude / Longitude (see instructions)		Format Code	Facility ID (FID or PWS)		
_____ N _____ W		<input type="checkbox"/> DD <input type="checkbox"/> DDM	License/Permit/Monitoring #		
		Method Code	Original Well Owner		
		<input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Present Well Owner Norge Village Cleaners		
1/4 1/4	1/4	Section	Township	Range	Mailing Address of Present Owner N3461 630th St.
or Gov't Lot #			N	<input type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 841 Main St					
Well City, Village or Town Menomonie			Well ZIP Code 54751		
Subdivision Name			City of Present Owner Menomonie		
			State WI		ZIP Code 54751

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason for Removal from Service Site Closure	WI Unique Well # of Replacement Well	Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Original Construction Date (mm/dd/yyyy) 10/10/2013		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
If a Well Construction Report is available, please attach.		Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
		Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Construction Type:		Was casing cut off below surface?	<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"/> Dug		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Formation Type:		If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 50	Casing Diameter (in.) 2	Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet)	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
If yes, to what depth (feet)?		Sealing Materials			
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
		For Monitoring Wells and Monitoring Well Boreholes Only:			
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
		<input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole			
Bentonite Chips	From (ft.) Surface	To (ft.)	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 Logan Seipel Cedarburg	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12-1-2020	Date Received	Noted By
Street or Route 604 Wilson Ave		Telephone Number (715) 235 9081	Comments	
City Menomonie	State WI	ZIP Code 54751	Signature of Person Doing Work 	
			Date Signed 12-1-2020	

V-5

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.

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 DUNN	WI Unique Well # of Removed Well	Hicap #		Facility Name Norge Village Cleaners			
Latitude / Longitude (see instructions)		Format Code	Method Code	Facility ID (FID or PWS)			
_____ N		<input type="checkbox"/> DD	<input type="checkbox"/> GPS008	License/Permit/Monitoring #			
_____ W		<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002	Original Well Owner			
1/4 / 1/4	1/4	Section	Township	Range	<input type="checkbox"/> E		
or Gov't Lot #			N		<input type="checkbox"/> W		
Well Street Address 821 Main St				Present Well Owner Norge Village Cleaners			
Well City, Village or Town Menomonie		Well ZIP Code 54751		Mailing Address of Present Owner N3461 630th St.			
Subdivision Name			Lot #	City of Present Owner Menomonie	State WI	ZIP Code 54751	

Reason for Removal from Service
Site 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"/> Water Well SVE Vent	Original Construction Date (mm/dd/yyyy) 10/10/2013	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): _____	Formation Type:		Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<input type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	Total Well Depth From Ground Surface (ft.) 20'	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Casing Diameter (in.) 2	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 checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, to what depth (feet)?	Depth to Water (feet)		If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

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

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Edward Logan Seigel	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 12-1-2020	Date Received	Noted By
Street or Route 604 Wilson Ave		Telephone Number (715) 235 9081	Comments	
City Menomonie	State WI	ZIP Code 54751	Signature of Person Doing Work	Date Signed 12-1-2020