

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**

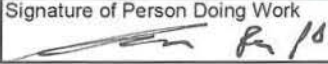
County Marathon	WI Unique Well # of Removed Well	Hicap # MW1	Facility Name Mosinee Cleaners
Latitude / Longitude (see instructions)	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 02-37-552230
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 735 Old Highway 51			Original Well Owner
Well City, Village or Town Mosinee			Present Well Owner Mosinee Dry Cleaners
Well ZIP Code 54455			Mailing Address of Present Owner 735 Old Highway 51
Subdivision Name		Lot #	City of Present Owner Mosinee
			State WI
			ZIP Code 54455

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
Monitoring Well <input checked="" type="checkbox"/>	Original Construction Date (mm/dd/yyyy) 1/3/12	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Water Well <input type="checkbox"/>	If a Well Construction Report is available, please attach.	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Borehole / Drillhole <input type="checkbox"/>		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <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
Other (specify): _____		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 19.53	Casing Diameter (in.) 2	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 9.53	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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
If yes, to what depth (feet)?	Depth to Water (feet) 13.01	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	19.53	2/3 bag	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Paul Bushar - REI	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/5/21	Date Received	Noted By
Street or Route 4080 North 20th Avenue		Telephone Number (715) 675-9784	Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 5/10/21

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 Marathon	WI Unique Well # of Removed Well	Hicap # MW2	Facility Name Mosinee Cleaners
Latitude / Longitude (see instructions)	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) 02-37-552230
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 735 Old Highway 51	Well City, Village or Town Mosinee	Well ZIP Code 54455	License/Permit/Monitoring #
Subdivision Name	Lot #	City of Present Owner Mosinee	State WI
Reason for Removal from Service Site Closure	WI Unique Well # of Replacement Well	ZIP Code 54455	Original Well Owner

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

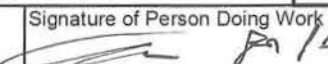
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 1/3/12	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole	Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 19.47	Depth to Water (feet) 13.65	Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Depth to Water (feet) 13.65	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 13.65	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)?	Depth to Water (feet) 13.65	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		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	19.47	2/3 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) 5/5/21	DNR Use Only	
Street or Route 4080 North 20th Avenue	Telephone Number (715) 675-9784	Comments	Date Received	Noted By
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 5/10/21

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Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

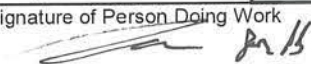
County Marathon	WI Unique Well # of Removed Well	Hicap # MW3	Facility Name Mosinee Cleaners
Latitude / Longitude (see instructions)	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 02-37-552230
1/4 / 1/4	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
or Gov't Lot #	Well Street Address 735 Old Highway 51	Well City, Village or Town Mosinee	Well ZIP Code 54455
Subdivision Name	Well ZIP Code 54455	City of Present Owner Mosinee	State WI
Reason for Removal from Service Site Closure	WI Unique Well # of Replacement Well	Lot #	ZIP Code 54455

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) 1/3/12	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole	Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 19.43	Depth to Water (feet) 12.67	Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Depth to Water (feet) 12.67	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 12.67	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)?	Depth to Water (feet) 12.67	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		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	19.43	2/3 bag	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Paul Bushar - REI	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/5/21	Date Received	Noted By
Street or Route 4080 North 20th Avenue	Telephone Number (715) 675-9784	Comments		
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 5/10/21

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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 Marathon	WI Unique Well # of Removed Well _____	Hicap # MW4	Facility Name Mosinee Cleaners		
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Facility ID (FID or PWS) 02-37-552230		
1/4 / 1/4 or Gov't Lot #		Section	License/Permit/Monitoring #		
Well Street Address 735 Old Highway 51		Township N	Original Well Owner		
Well City, Village or Town Mosinee		Range <input type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner Mosinee Dry Cleaners		
Subdivision Name		Well ZIP Code 54455	Mailing Address of Present Owner 735 Old Highway 51		
Reason for Removal from Service Site Closure		WI Unique Well # of Replacement Well _____	City of Present Owner Mosinee		
			State WI		ZIP Code 54455

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) 1/3/12		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Screen removed?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Casing left in place?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 19.54		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.) 9.54		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?				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) 11.79		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	
5. Material Used to Fill Well / Drillhole				Required Method of Placing Sealing Material					
3/8" Holeplug Bentonite				<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					

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	19.54	2/3 bag	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Paul Bushar - REI	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/5/21	Date Received	Noted By
Street or Route 4080 North 20th Avenue		Telephone Number (715) 675-9784	Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	
			Date Signed 5/10/21	

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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 Marathon	WI Unique Well # of Removed Well _____	Hicap # MW5	Facility Name Mosinee 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) 02-37-552230		
License/Permit/Monitoring # _____			Original Well Owner _____		

1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner Mosinee Dry Cleaners	
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Well Street Address
735 Old Highway 51

Well City, Village or Town
Mosinee

Well ZIP Code
54455

Subdivision Name

Lot #

City of Present Owner
Mosinee

State
WI

ZIP Code
54455

Reason for Removal from Service Site Closure	WI Unique Well # of Replacement Well _____	4. Pump, Liner, Screen, Casing & Sealing Material	
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3. Filled & Sealed Well / Drillhole / Borehole Information		
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/9/13	
<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.) 19.04	Casing Diameter (in.) 2	Required Method of Placing Sealing Material	
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Lower Drillhole Diameter (in.) _____	Casing Depth (ft.) 9.04	<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
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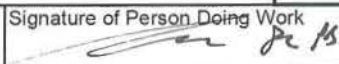
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		
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If yes, to what depth (feet)? _____	Depth to Water (feet) 10.81	Sealing Materials	
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		<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	19.04	2/3 bag	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Paul Bushar - REI	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/5/21	Date Received _____	Noted By _____
Street or Route 4080 North 20th Avenue		Telephone Number (715) 675-9784		Comments _____
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	
			Date Signed 5/10/21	

Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

Page 1 of 2

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Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

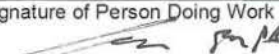
County Marathon	WI Unique Well # of Removed Well _____	Hicap # MW6	Facility Name Mosinee Cleaners
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 02-37-552230
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 735 Old Highway 51		Original Well Owner	
Well City, Village or Town Mosinee		Present Well Owner Mosinee Dry Cleaners	
Subdivision Name		Mailing Address of Present Owner 735 Old Highway 51	
Well ZIP Code 54455		City of Present Owner Mosinee	State WI
Lot #		ZIP Code 54455	

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) 7/9/13	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 checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 19.14	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.) 9.14	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 12.15	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		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
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	19.14	2/3 bag	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Paul Bushar - REI	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/5/21	Date Received	Noted By
Street or Route 4080 North 20th Avenue		Telephone Number (715) 675-9784	Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 5/10/21

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 Marathon	WI Unique Well # of Removed Well _____	Hicap # MW7	Facility Name Mosinee 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) 02-37-552230
1/4 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 735 Old Highway 51	Original Well Owner		
Well City, Village or Town Mosinee	Present Well Owner Mosinee Dry Cleaners		
Well ZIP Code 54455	Mailing Address of Present Owner 735 Old Highway 51		
Subdivision Name	Lot #	City of Present Owner Mosinee	State WI
			ZIP Code 54455


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) 7/10/13	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		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: <input checked="" type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 19.16	Casing Diameter (in.) 2	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 9.16	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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
If yes, to what depth (feet)?	Depth to Water (feet) 12.93	Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Holeplug Bentonite	Surface	19.16	2/3 bag	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Paul Bushar - REI	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/5/21	Date Received	Noted By
Street or Route 4080 North 20th Avenue	Telephone Number (715) 675-9784	Comments		
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 5/10/21

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**

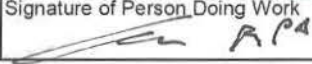
County Marathon	WI Unique Well # of Removed Well	Hicap # PZ1	Facility Name Mosinee Cleaners
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS) 02-37-552230
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 735 Old Highway 51	Original Well Owner		
Well City, Village or Town Mosinee	Present Well Owner Mosinee Dry Cleaners		
Well ZIP Code 54455	Mailing Address of Present Owner 735 Old Highway 51		
Subdivision Name	Lot #	City of Present Owner Mosinee	State WI ZIP Code 54455

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) 7/10/13	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		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: <input checked="" type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 39.01	Casing Diameter (in.) 2	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 34.01	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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
If yes, to what depth (feet)?	Depth to Water (feet) 13.01	Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Holeplug Bentonite	Surface	39.01	1.5 bags	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Paul Bushar - REI	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/5/21	Date Received	Noted By
Street or Route 4080 North 20th Avenue	Telephone Number (715) 675-9784		Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 5/10/21

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 Marathon	WI Unique Well # of Removed Well	Hicap # VE1	Facility Name Mosinee 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) 02-37-552230		
1/4 / 1/4 1/4 Section Township Range <input type="checkbox"/> E or Gov't Lot # N <input type="checkbox"/> W			License/Permit/Monitoring #		

Well Street Address 735 Old Highway 51	Original Well Owner
Well City, Village or Town Mosinee	Present Well Owner Mosinee Dry Cleaners
Well ZIP Code 54455	Mailing Address of Present Owner 735 Old Highway 51

Subdivision Name	Well ZIP Code 54455	City of Present Owner Mosinee	State WI	ZIP Code 54455
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			
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<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 4/2/18	<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.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	

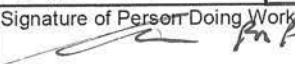
Construction Type:			
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	
<input type="checkbox"/> Other (specify): _____			
Formation Type:			
<input checked="" type="checkbox"/> Unconsolidated Formation	<input checked="" type="checkbox"/>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

Total Well Depth From Ground Surface (ft.) 12	Casing Diameter (in.) 2	Required Method of Placing Sealing Material	
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 7	<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	Sealing Materials
If yes, to what depth (feet)?	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete
Depth to Water (feet) NA - Vapor Extraction Well	<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips

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	12	1/3 bag

6. Comments	
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7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Paul Bushar - REI	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/5/21	Date Received	Noted By
Street or Route 4080 North 20th Avenue		Telephone Number (715) 675-9784	Comments	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 5/10/21

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

County: **Marathon** WI Unique Well # of Removed Well: _____ Hicap #: **VE2**

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 # _____ _____ _____ W

Well Street Address: **735 Old Highway 51**

Well City, Village or Town: **Mosinee** Well ZIP Code: **54455**

Subdivision Name: _____ Lot #: _____

2. Facility / Owner Information

Facility Name: **Mosinee Cleaners**

Facility ID (FID or PWS): **02-37-552230**

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: **Mosinee Dry Cleaners**

Mailing Address of Present Owner: **735 Old Highway 51**

City of Present Owner: **Mosinee** State: **WI** ZIP Code: **54455**

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **4/2/18**

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

Lower Drillhole Diameter (in.): _____ Casing Depth (ft.): **5**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet): **NA - Vapor Extraction Well**

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

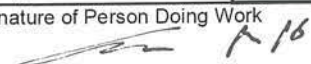
Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Holeplug Bentonite	Surface	10	1/3 bag	

6. Comments

7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Paul Bushar - REI	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/5/21	Date Received	Noted By
Street or Route 4080 North 20th Avenue	Telephone Number (715) 675-9784	Comments		
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 5/10/21

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 Marathon	WI Unique Well # of Removed Well	Hicap # VE3	Facility Name Mosinee Cleaners
Latitude / Longitude (see instructions)	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) 02-37-552230
1/4 / 1/4 or Gov't Lot #	Section	Township N	Range <input type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 735 Old Highway 51	Well City, Village or Town Mosinee	Well ZIP Code 54455	Original Well Owner
Subdivision Name	Lot #	City of Present Owner Mosinee	State WI
		ZIP Code 54455	Present Well Owner Mosinee Dry Cleaners
			Mailing Address of Present Owner 735 Old Highway 51

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) 4/2/18		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
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
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 10	Casing Diameter (in.) 2	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.) 5	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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) NA - Vapor Extraction Well	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 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	1/3 bag	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Paul Bushar - REI	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 5/5/21	Date Received	Noted By
Street or Route 4080 North 20th Avenue	Telephone Number (715) 675-9784	Comments		
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 	Date Signed 5/10/21