

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

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


1. Well Location Information				2. Facility / Owner Information			
County Oneida		WI Unique Well # of Removed Well _____		Hicap # MW3		Facility Name Former Volk Service	
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) 744089830	
1/4 / 1/4 SE NW or Gov't Lot #		Section 24		Township 39 N		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 8035 Hwy 32 & 45				Present Well Owner Todd Stebbeds			
Well City, Village or Town Town of Three Lakes				Well ZIP Code 54562			
Subdivision Name				Lot #		City of Present Owner Three Lakes	
				State WI		ZIP Code 54562	

Reason for Removal from Service Sampling complete		WI Unique Well # of Replacement Well _____	
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3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 10/13/10		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Liner(s) perforated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type:				Screen removed?			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____				Casing left in place?			
Formation Type:				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Was casing cut off below surface?			
Total Well Depth From Ground Surface (ft.) 12.1		Casing Diameter (in.) 1.9		<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?			
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 5.63		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, to what depth (feet)?				Did material settle after 24 hours?			
				<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
Surface	12.1	.5 bags	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ken Lassa, REI Engineering, Inc.		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/4/20	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 6/5/20	

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Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County Oneida	WI Unique Well # of Removed Well	Hicap # MW12	Facility Name Former Volk Service
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) 744089830
1/4 1/4 SE 1/4 NW or Gov't Lot #	Section 24	Township 39 N	Range 10 <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 8035 Hwy 32 & 45			Present Well Owner Todd Stebbeds
Well City, Village or Town Town of Three Lakes			Mailing Address of Present Owner 8035 Hwy 32 & 45
Subdivision Name			City of Present Owner Three Lakes
			State WI
			ZIP Code 54562

Reason for Removal from Service
Sampling complete

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)
8/28/19

Water Well

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

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) Casing Diameter (in.)
14.5 **1.9**

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)
_____ **3.71**

Required Method of Placing Sealing Material

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

Sealing Materials

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

For Monitoring Wells and Monitoring Well Boreholes Only:

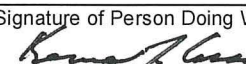
Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" Holeplug Bentonite	Surface	14.5	.5 bags	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ken Lassa, REI Engineering, Inc.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/4/20	DNR Use Only	
			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 6/5/20

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Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

County Oneida		WI Unique Well # of Removed Well	Hicap # MW13
Latitude / Longitude (see instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ SE or Gov't Lot #	¼ NW	Section 24	Township 39 N
Well Street Address 8035 Hwy 32 & 45		Range 10	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town Town of Three Lakes		Well ZIP Code 54562	
Subdivision Name		Lot #	

2. Facility / Owner Information

Facility Name Former Volk Service		
Facility ID (FID or PWS) 744089830		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner Todd Stebbeds		
Mailing Address of Present Owner 8035 Hwy 32 & 45		
City of Present Owner Three Lakes	State WI	ZIP Code 54562

3. Filled & Sealed Well / Drillhole / Borehole Information

Reason for Removal from Service Sampling complete	WI Unique Well # of Replacement Well
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 11/20/19
If a Well Construction Report is available, please attach.	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	

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

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input 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
Surface	13	.5 bags	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ken Lassa, REI Engineering, Inc.			License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 6/4/20	DNR Use Only	
Street or Route 4080 North 20th Avenue			Telephone Number (715) 675-9784	Date Received	Noted By	
City Wausau	State WI	ZIP Code 54401	Signature of Person Doing Work 		Date Signed 6/5/20	

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Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County: **Oneida** WI Unique Well # of Removed Well: _____ Hicap #: **PZ2**

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

¼ / ¼ SE ¼ NW Section: **24** Township: **39 N** Range: **10** E W

Well Street Address: **8035 Hwy 32 & 45**

Well City, Village or Town: **Town of Three Lakes** Well ZIP Code: **54562**

Subdivision Name: _____ Lot #: _____

Reason for Removal from Service: **Sampling complete** WI Unique Well # of Replacement Well: _____

Facility Name: **Former Volk Service**

Facility ID (FID or PWS): **744089830**

License/Permit/Monitoring #: _____

Original Well Owner: _____

Present Well Owner: **Todd Stebbeds**

Mailing Address of Present Owner: **8035 Hwy 32 & 45**

City of Present Owner: **Three Lakes** State: **WI** ZIP Code: **54562**

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **8/28/19**

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.): **27** Casing Diameter (in.): **1.9**

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): **3.49**

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	27	1 bag	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: **Ken Lassa, REI Engineering, Inc.** License #: _____ Date of Filling & Sealing or Verification (mm/dd/yyyy): **6/4/20** 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: *Ken Lassa* Date Signed: **6/5/20**