

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

Route to DNR Bureau:

Verification Only of Fill and Seal

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

1. Well Location Information

County Douglas		WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) 46.7205 N -92.09133 W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NE ¼ NW	Section 23	Township 49 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> 14 W
Well Street Address 902-904 Belknap Street ROW			
Well City, Village or Town Superior		Well ZIP Code 54880	
Subdivision Name		Lot #	
Reason for Removal from Service Case closure		WI Unique Well # of Replacement Well	

2. Facility / Owner Information

Facility Name Belknap and Clough ROW		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner City of Superior		
Present Well Owner City of Superior		
Mailing Address of Present Owner 1316 N 14th St, Room 200		
City of Present Owner Superior	State WI	ZIP Code 54880

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/4/2019
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 30	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8.5	Casing Depth (ft.) 15
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 11	Depth to Water (feet) 12.0

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input 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
Concrete patch	Surface	0.5	half sack	
Bentonite chips	0.5	30	45 lbs	

6. Comments

MW-1

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Steve Sellwood, TRC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/2/2021	DNR Use Only	
			Date Received	Noted By
Street or Route 708 Heartland Trail, Suite 3000		Telephone Number (608) 347-8594	Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 7/6/2021

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

Route to DNR Bureau:

Verification Only of Fill and Seal

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

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

County Douglas		WI Unique Well # of Removed Well	Hicap #	Facility Name Belknap and Clough ROW	
Latitude / Longitude (see instructions) 46.7205 N -92.09111 W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)	
¼ / ¼ NE ¼ NW	Section 23	Township 49 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	License/Permit/Monitoring #	
Well Street Address 902-904 Belknap Street ROW		Original Well Owner City of Superior		Present Well Owner City of Superior	
Well City, Village or Town Superior		Well ZIP Code 54880		Mailing Address of Present Owner 1316 N 14th St, Room 200	
Subdivision Name		Lot #		City of Present Owner Superior	State WI
Reason for Removal from Service Case closure		WI Unique Well # of Replacement Well		ZIP Code 54880	

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/4/2019
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 30	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8.5	Casing Depth (ft.) 15
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 11	Depth to Water (feet) 10.4

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input 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
Concrete patch	Surface	0.5	half sack	
Bentonite chips	0.5	30	45 lbs	

6. Comments

MW-2

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

Name of Person or Firm Doing Filling & Sealing Steve Sellwood, TRC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/2/2021	Date Received	Noted By
Street or Route 708 Heartland Trail, Suite 3000		Telephone Number (608) 347-8594	Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 7/6/2021

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

Route to DNR Bureau:

Verification Only of Fill and Seal

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

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

County Douglas		WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) 46.7204 N -92.09094 W		Format Code <input checked="" type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input checked="" type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
¼ / ¼ NE ¼ NW	Section 23	Township 49 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> 14 W
Well Street Address 902-904 Belknap Street ROW			
Well City, Village or Town Superior		Well ZIP Code 54880	
Subdivision Name		Lot #	

Facility Name Belknap and Clough ROW		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner City of Superior		
Present Well Owner City of Superior		
Mailing Address of Present Owner 1316 N 14th St, Room 200		
City of Present Owner Superior	State WI	ZIP Code 54880

Reason for Removal from Service Case closure	WI Unique Well # of Replacement Well
--	--------------------------------------

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 12/4/2019
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 30	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.) 8.5	Casing Depth (ft.) 15
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 11	Depth to Water (feet) 6.3

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Sealing Materials	
<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
<input type="checkbox"/> Sand-Cement (Concrete) Grout <input 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
Concrete patch	Surface	0.5	half sack	
Bentonite chips	0.5	30	45 lbs	

6. Comments

MW-3

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

Name of Person or Firm Doing Filling & Sealing Steve Sellwood, TRC	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/2/2021	Date Received	Noted By
Street or Route 708 Heartland Trail, Suite 3000		Telephone Number (608) 347-8594	Comments	
City Madison	State WI	ZIP Code 53717	Signature of Person Doing Work 	Date Signed 7/6/2021