

**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	WI Unique Well # of Removed Well	Hicap #
Grant	VR308	
Latitude / Longitude (see instructions)	Format Code	Method Code
_____ N	<input type="checkbox"/> DD	<input type="checkbox"/> GPS008
_____ W	<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002
1/4 / 1/4	Section	Range <input type="checkbox"/> E
or Gov't Lot #	Township	<input type="checkbox"/> W
Well Street Address	Well ZIP Code	
1304 Saint Rose Road	53807	
Well City, Village or Town	Lot #	
Cuba City		
Subdivision Name		

Facility Name	Original Well Owner
Rath Property	RISU, LLC
Facility ID (FID or PWS)	Present Well Owner
	same
License/Permit/Monitoring #	Mailing Address of Present Owner
	303 South Jackson Street
	City of Present Owner
	Cuba City
	State
	WI
	ZIP Code
	53807

Reason for Removal from Service	WI Unique Well # of Replacement Well
No Longer in Service	

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)
<input type="checkbox"/> Water Well	1/23/2020
<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 type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock

Total Well Depth From Ground Surface (ft.)	Casing Diameter (in.)
41	2

Lower Drillhole Diameter (in.)	Casing Depth (ft.)
8.5	26

Was well annular space grouted?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

If yes, to what depth (feet)?	Depth to Water (feet)
23	32

**5. Material Used to Fill Well / Drillhole**

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Granular Bentonite	Surface	41	70#	

**6. Comments**

MW-1

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

Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification	Date Received	Noted By
On-site Environmental Services, Inc.		(mm/dd/yyyy) 6/16/2020		
Street or Route	Telephone Number	Comments		
PO Box 280	( 608 ) 837-8992			
City	State	ZIP Code	Signature of Person Doing Work	Date Signed
Sun Prairie	WI	53590	Anthony R. Kapugi	6/24/2020

**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.

**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	WI Unique Well # of Removed Well	Hicap #
Grant	VR308	
Latitude / Longitude (see instructions)	Format Code	Method Code
_____ N	<input type="checkbox"/> DD	<input type="checkbox"/> GPS008
_____ W	<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002
1/4 / 1/4	Section	Range <input type="checkbox"/> E
or Gov't Lot #	Township	<input type="checkbox"/> W
Well Street Address	Well ZIP Code	
1304 Saint Rose Road	53807	
Well City, Village or Town	Lot #	
Cuba City		
Subdivision Name		

Facility Name		
Rath Property		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
RISU, LLC		
Present Well Owner		
same		
Mailing Address of Present Owner		
303 South Jackson Street		
City of Present Owner	State	ZIP Code
Cuba City	WI	53807

Reason for Removal from Service	WI Unique Well # of Replacement Well
No Longer in Service	

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)
<input type="checkbox"/> Water Well	1/23/2020
<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 type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock

Total Well Depth From Ground Surface (ft.)	Casing Diameter (in.)
41	2

Lower Drillhole Diameter (in.)	Casing Depth (ft.)
8.5	26

Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	--

If yes, to what depth (feet)?	Depth to Water (feet)
23	32

**5. Material Used to Fill Well / Drillhole**

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Granular Bentonite	Surface	41	70#	

**6. Comments**

MW-1

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

Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
On-site Environmental Services, Inc.		6/16/2020		
Street or Route	Telephone Number	Comments		
PO Box 280	( 608 ) 837-8992			
City	State	ZIP Code	Signature of Person Doing Work	Date Signed
Sun Prairie	WI	53590	Anthony R. Kapugi	6/24/2020

**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.

**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	WI Unique Well # of Removed Well	Hicap #
Grant	VR308	
Latitude / Longitude (see instructions)	Format Code	Method Code
_____ N	<input type="checkbox"/> DD	<input type="checkbox"/> GPS008
_____ W	<input type="checkbox"/> DDM	<input type="checkbox"/> SCR002
1/4 / 1/4	Section	Range <input type="checkbox"/> E
or Gov't Lot #	Township	<input type="checkbox"/> W
Well Street Address	Well ZIP Code	
1304 Saint Rose Road	53807	
Well City, Village or Town	Lot #	
Cuba City		
Subdivision Name		

Facility Name	Original Well Owner		
Rath Property	RISU, LLC		
Facility ID (FID or PWS)	Present Well Owner		
	same		
License/Permit/Monitoring #	Mailing Address of Present Owner		
	303 South Jackson Street		
	City of Present Owner	State	ZIP Code
	Cuba City	WI	53807

Reason for Removal from Service	WI Unique Well # of Replacement Well
No Longer in Service	

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)
<input type="checkbox"/> Water Well	1/23/2020
<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 type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock

Total Well Depth From Ground Surface (ft.)	Casing Diameter (in.)
41	2

Lower Drillhole Diameter (in.)	Casing Depth (ft.)
8.5	26

Was well annular space grouted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---------------------------------	--

If yes, to what depth (feet)?	Depth to Water (feet)
23	32

**5. Material Used to Fill Well / Drillhole**

	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Granular Bentonite	Surface	41	70#	

**6. Comments**

MW-1

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

Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy)	Date Received	Noted By
On-site Environmental Services, Inc.		6/16/2020		
Street or Route	Telephone Number	Comments		
PO Box 280	( 608 ) 837-8992			
City	State	ZIP Code	Signature of Person Doing Work	Date Signed
Sun Prairie	WI	53590	Anthony R. Kapugi	6/24/2020