

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 Milwaukee		WI Unique Well # of Removed Well		Hicap #		Facility Name Dry Cleaners Site (Former)	
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) 341293040	
1/4 / 1/4 or Gov't Lot #		Section 7		Township 6 N		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 2311 S. 108th Street				Original Well Owner Paralyzed Veterans of America			
Well City, Village or Town West Allis				Present Well Owner Same			
Subdivision Name				Well ZIP Code 53227		Mailing Address of Present Owner 750 N. Lincoln Memorial Dr.	
Reason for Removal from Service Closure				Lot #		City of Present Owner Milwaukee	
WI Unique Well # of Replacement Well				State WI		ZIP Code 53202	

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) 01/25/2018		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:		Liner(s) perforated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
		<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	
		<input type="checkbox"/> Other (specify): _____		Casing left in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type:				Was casing cut off below surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Unconsolidated Formation <input 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.) 15		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.) 8.3		Casing Depth (ft.) 15		If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted?		Depth to Water (feet) 5.7		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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				Required Method of Placing Sealing Material		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
If yes, to what depth (feet)?				<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
				Sealing Materials		<input type="checkbox"/> Neat Cement Grout <input checked="" 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			
3/8" Bentonite Chips			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume / (circle one)	Mix Ratio or Mud Weight
Surface	15	25 lbs	

6. Comments
MW-1

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Horizon Construction		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 02/12/2019	Date Received	Noted By
Street or Route 764 Tower Drive		Telephone Number (262) 692-3347		Comments	
City Fredonia	State WI	ZIP Code 53021	Signature of Person Doing Work <i>Troy Blase</i>	Date Signed 02/13/2019	

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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 Milwaukee		WI Unique Well # of Removed Well		Hicap #		Facility Name Dry Cleaners Site (Former)	
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) 341293040	
1/4 / 1/4 or Gov't Lot #		Section 7		Township 6 N		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 2311 S. 108th Street				Original Well Owner Paralyzed Veterans of America			
Well City, Village or Town West Allis				Well ZIP Code 53227			
Subdivision Name				Lot #		Present Well Owner Same	
Reason for Removal from Service Closure		WI Unique Well # of Replacement Well		City of Present Owner Milwaukee		State WI	
ZIP Code		ZIP Code		ZIP Code		ZIP Code 53202	

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
 Water Well **01/25/2018**
 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.)

15 **2**

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

8.3 **15**

Was well annular space grouted? Yes No Unknown

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

_____ **5.2**

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	15	25 lbs	

6. Comments

MW-2

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

Name of Person or Firm Doing Filling & Sealing Horizon Construction	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 02/12/2019	Date Received	Noted By
Street or Route 764 Tower Drive	Telephone Number (262) 692-3347	Comments		
City Fredonia	State WI	ZIP Code 53021	Signature of Person Doing Work <i>Troy Pliska</i>	Date Signed 02/13/2019

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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 Milwaukee		WI Unique Well # of Removed Well		Hicap #		Facility Name Dry Cleaners Site (Former)	
Latitude / Longitude (see instructions)		Format Code		Method Code		Facility ID (FID or PWS) 341293040	
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008		License/Permit/Monitoring #	
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002			
		<input type="checkbox"/> OTH001					
1/4 / 1/4 or Gov't Lot #		Section		Township		Range	
NE		7		6 N		<input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 2311 S. 108th Street				Original Well Owner Paralyzed Veterans of America			
Well City, Village or Town West Allis				Present Well Owner Same			
Well ZIP Code 53227				Mailing Address of Present Owner 750 N. Lincoln Memorial Dr.			
Subdivision Name				City of Present Owner Milwaukee		State WI	ZIP Code 53202

Reason for Removal from Service		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			
Closure				Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
3. Filled & Sealed Well / Drillhole / Borehole Information				Liner(s) 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) 01/25/2018		Liner(s) perforated? <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.		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Construction Type:				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type:				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) 15		Casing Diameter (in.) 2		Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.) 8.3		Casing Depth (ft.) 15		<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				<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
If yes, to what depth (feet)?		Depth to Water (feet) 5.7		Sealing Materials			
				<input type="checkbox"/> Neat Cement Grout <input checked="" 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" Bentonite Chips				Surface		15		25 lbs			

6. Comments

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7. Supervision of Work				DNR Use Only			
Name of Person or Firm Doing Filling & Sealing Horizon Construction		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 02/12/2019		Date Received	
Street or Route 764 Tower Drive		Telephone Number (262) 692-3347		Comments		Noted By	
City Fredonia		State WI		ZIP Code 53021		Signature of Person Doing Work <i>Troy Plank</i>	
						Date Signed 02/13/2019	

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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 Milwaukee		WI Unique Well # of Removed Well		Hicap #		Facility Name Dry Cleaners Site (Former)	
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) 341293040	
1/4 / 1/4 or Gov't Lot #		Section 7		Township 6 N		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 2311 S. 108th Street				Original Well Owner Paralyzed Veterans of America			
Well City, Village or Town West Allis				Well ZIP Code 53227			
Subdivision Name				Lot #		Present Well Owner Same	
Reason for Removal from Service Closure				WI Unique Well # of Replacement Well			
Well Street Address				Mailing Address of Present Owner 750 N. Lincoln Memorial Dr.			
Well City, Village or Town				City of Present Owner Milwaukee		State WI	
Subdivision Name				Lot #		ZIP Code 53202	

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

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 03/28/2018		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Pump and piping removed?	
Construction Type:		If a Well Construction Report is available, please attach.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed?	
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated?	
Formation Type:				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Screen removed?	
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Casing left in place?	
Total Well Depth From Ground Surface (ft.) 15		Casing Diameter (in.) 2		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface?	
Lower Drillhole Diameter (in.) 8.3		Casing Depth (ft.) 15		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface?	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 5.5		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours?	
If yes, to what depth (feet)?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped?	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source?	
				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 checked="" 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	15	25 lbs	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Horizon Construction		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) 02/12/2019		Date Received		Noted By	
Street or Route 764 Tower Drive				Telephone Number (262) 692-3347		Comments			
City Fredonia		State WI		ZIP Code 53021		Signature of Person Doing Work <i>Troy Pl...</i>		Date Signed 02/13/2019	

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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 Milwaukee	WI Unique Well # of Removed Well	Hicap #	Facility Name Dry Cleaners Site (Former)		
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) 341293040		
1/4 / 1/4 or Gov't Lot #	Section 7	Township 6 N	Range 21	License/Permit/Monitoring #	
			<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner Paralyzed Veterans of America	
Well Street Address 2311 S. 108th Street			Present Well Owner Same		
Well City, Village or Town West Allis			Mailing Address of Present Owner 750 N. Lincoln Memorial Dr.		
Subdivision Name			Lot #	City of Present Owner Milwaukee	State WI
				ZIP Code 53202	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material	
Reason for Removal from Service 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) 03/28/2018	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:		Casing left in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 15	Casing Diameter (in.) 2	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
Lower Drillhole Diameter (in.) 8.3	Casing Depth (ft.) 15	Required Method of Placing Sealing Material	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 5.3	<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 checked="" 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			
3/8" Bentonite Chips	From (ft.) Surface	To (ft.) 15	No. Yards, Sacks Sealant or Volume (circle one) 25 lbs
			Mix Ratio or Mud Weight

6. Comments

MW-5

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Horizon Construction	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 02/12/2019	Date Received	Noted By
Street or Route 764 Tower Drive	Telephone Number (262) 692-3347	Comments		
City Fredonia	State WI	ZIP Code 53021	Signature of Person Doing Work <i>Troy Plasse</i>	Date Signed 02/13/2019