

August 18, 2023

Ms. Candace Sykora
Wisconsin Department of Natural Resources
890 Spruce Street
Baldwin, WI 54002
Via email: candace.sykora@wisconsin.gov

Re: Nor-Lake Remaining Actions Needed for Case Closure
Documentation Report
BRRTS # 02-56-000089

Dear Ms. Sykora:

On behalf of Nor-Lake, Inc. (Nor-Lake), Ayres has prepared this letter report to document that all remaining actions needed for case closure, as outlined in the WDNR June 16, 2023, Remaining Actions letter, have been completed. As outlined in the referenced letter, all Nor-Lake monitoring wells (with the exception of MW-11) and three WDNR installed wells (MW-52, MW-57D and MW-57S) were abandoned in accordance with NR141 requirements. In addition, the SVE and GRTS remedial system piping was either removed or grouted in place.

Documentation of filling and sealing for all wells was recorded on WDNR forms 3300-005 and are included with this letter report. A total of 7,125 lbs. of cement and 17,500 lbs. of bentonite pellets were used to complete this abandonment project.

Summary of Field Activities

Field activities began the week of July 10th and were completed on Friday August 5, 2023. Field activities included:

- Completed asbestos inspection on the GRTS building including 10-day WDNR notification.
- Abandonment of recovery wells RW-1, RW-2 and the south well located inside the building.
- Removed well laterals from RW-1, RW-2 and RW-3 (previously abandoned).
- Abandoned monitoring wells MW-1, MW-2, MW-3, MW-4, MW-5S, MW-5D MW-6, MW-7, MW-9, MW-10, MW-12, MW-13, MW-14, MW-15, MW-16, MW-17, MW-18, MW-19, and WDNR wells MW-52, MW-57S, MW-57D.
- Abandoned all 12 SVE wells both inside and outside the building, removed or grouted all SVE laterals.
- Removed the GRTS discharge line between the GRTS building and seepage cell.
- Graded the seepage cell to preconstruction topography.
- Demolished the GRTS building and air stripping tower.
- Loaded, transported, recycled and disposed of all demolition material.
- Stabilized all disturbed areas by grading and seeding.

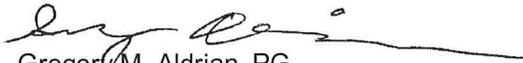
Conclusions

Nor-Lake has completed all *remaining actions needed for case closure* under Wisconsin Administrative Code chapters NR700-754. As such, we request that this site be closed utilizing the institutional controls and continuing obligations referenced in your June 16, 2023, letter.

If you have any questions regarding these findings, please contact me.

Sincerely,

Ayres Associates Inc



Gregory M. Aldrian, PG
Environmental Project Manager
715.831.7608
AldrianG@AyresAssociates.com

Enclosure

cc: Aaron Brown, Refrigerated Solutions Group/Nor-Lake Inc.
David Crass, Michael Best & Friedrich, LLC

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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 St. Croix		WI Unique Well # of Removed Well	Hicap #	Facility Name Nor Lake/RSG	
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) 656009420	
1/4 NW or Gov't Lot #	1/4 NW	Section 22	Township 29 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	License/Permit/Monitoring # MW-1
Well Street Address Hwy 12 and County Rd. U			Original Well Owner Nor-Lake Inc.		
Well City, Village or Town Hudson			Present Well Owner Hudson Business Park LLC		
Subdivision Name			Well ZIP Code 54016	Mailing Address of Present Owner PO Box 606	
Reason for Removal from Service			Lot #	City of Present Owner Bayport	State MN
WI Unique Well # of Replacement Well			ZIP Code 55003		

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) unknown - approx. 1984	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <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"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <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): _____		If a Well Construction Report is available, please attach.	<input type="checkbox"/> Pump and piping removed? <input type="checkbox"/> Liner(s) removed? <input type="checkbox"/> Liner(s) perforated? <input type="checkbox"/> Screen removed? <input checked="" type="checkbox"/> Casing left in place? <input checked="" type="checkbox"/> Was casing cut off below surface? <input checked="" type="checkbox"/> Did sealing material rise to surface? <input type="checkbox"/> Did material settle after 24 hours? If yes, was hole retopped? <input type="checkbox"/> If bentonite chips were used, were they hydrated with water from a known safe source?	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		
Total Well Depth From Ground Surface (ft.) Approx. 85.9'	Casing Diameter (in.) 2	Sealing Materials <input checked="" type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips		
Lower Drillhole Diameter (in.) 4"	Casing Depth (ft.)	For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry		
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) >85.9' (June 2019)			
If yes, to what depth (feet)? 0-94.5' bgs				

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Cement Grout	Surface	85.9	3 sacks 15lbs/gal

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ayres Associates - Greg Aldrian	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/26/2023	Date Received	Noted By
Street or Route 3433 Oakwood Hills Parkway		Telephone Number (715) 834-3161	Comments	
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Date Signed 8/18/23

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<input 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: _____
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1. Well Location Information	2. Facility / Owner Information
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County St. Croix	WI Unique Well # of Removed Well _____	Hicap # _____	Facility Name Nor Lake/RSG		
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) 656009420	License/Permit/Monitoring # MW-2				
Original Well Owner Nor-Lake Inc.	Present Well Owner Hudson Business Park LLC				
Well Street Address 891 County Rd U			Mailing Address of Present Owner PO Box 606		
Well City, Village or Town Hudson		Well ZIP Code 54016			
Subdivision Name _____		Lot # _____		City of Present Owner Bayport	State MN
Reason for Removal from Service _____		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 <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) unknown - approx. 1984 If a Well Construction Report is available, please attach.	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			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock		Sealing Materials <input checked="" type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
Total Well Depth From Ground Surface (ft.) 84'	Casing Diameter (in.) 2	For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Lower Drillhole Diameter (in.) 4"	Casing Depth (ft.) _____				
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, to what depth (feet)? 74'	Depth to Water (feet) 75'				

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
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Cement Grout	Surface	84	3 sacks	15 lbs/gal

6. Comments

7. Supervision of Work	DNR Use Only
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Name of Person or Firm Doing Filling & Sealing Ayres Associates - Greg Aldrian	License # _____	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/26/2023	Date Received _____	Noted By _____
Street or Route 3433 Oakwood Hills Parkway		Telephone Number (715) 834-3161		Comments _____
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	
			Date Signed 8/18/23	

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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: **St. Croix**

WI Unique Well # of Removed Well: _____

Hicap #: _____

Latitude / Longitude (see instructions): _____ N _____ W

Format Code: DD DDM

Method Code: GPS008 SCR002 OTH001

1/4 NW or Gov't Lot #: _____

Section: **22** Township: **29** Range: **19** E W

Well Street Address: **891 County Rd U**

Well City, Village or Town: **Hudson** Well ZIP Code: **54016**

Subdivision Name: _____ Lot #: _____

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

2. Facility / Owner Information

Facility Name: **Nor Lake/RSG**

Facility ID (FID or PWS): **656009420**

License/Permit/Monitoring #: **MW-3**

Original Well Owner: **Nor-Lake Inc.**

Present Well Owner: **Hudson Business Park LLC**

Mailing Address of Present Owner: **PO Box 606**

City of Present Owner: **Bayport** State: **MN** ZIP Code: **55003**

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): **07/02/1984**

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.): **89'** Casing Diameter (in.): **2**

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

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet): **0-65.2' bgs** Depth to Water (feet): **72.88' (Sept 2022)**

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
Cement Grout	Surface	89	3 sacks	15 lbs/gal

6. Comments

7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ayres Associates - Greg Aldrian	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/25/2023	Date Received	Noted By
Street or Route 3433 Oakwood Hills Parkway	Telephone Number (715) 834-3161	Comments		
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work Greg Aldrian	Date Signed 8/18/23

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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 St. Croix		WI Unique Well # of Removed Well		Hicap #		Facility Name Nor Lake/RSG			
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) 656009420			
1/4 1/4 NW or Gov't Lot #		Section 22		Township 29 N		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W		License/Permit/Monitoring # MW-4	
Well Street Address 891 County Rd. U					Original Well Owner Nor-Lake Inc.				
Well City, Village or Town Hudson					Well ZIP Code 54016				
Subdivision Name					Lot #		City of Present Owner Bayport		State MN
							ZIP Code 55003		

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)
08/07-08-1984

If a Well Construction Report is available, please attach.

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

Reason for Removal from Service

WI Unique Well # of Replacement Well

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) **75'** Casing Diameter (in.) **2"**

Lower Drillhole Diameter (in.) **4"** Casing Depth (ft.)

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? **0-58'** Depth to Water (feet) **68.00**

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
Cement Grout	Surface	75	2.5 bags	15lbs/gal

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ayres Associates		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/26/2023	DNR Use Only	
Street or Route 3433 Oakwood Hills Parkway		Telephone Number (715) 834-3161		Date Received	Noted By
City Eau Claire		State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	
				Date Signed 8/18/23	

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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 St. Croix	WI Unique Well # of Removed Well	Hicap #
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
1/4 1/4 NW or Gov't Lot #	Section 22	Township 29 N
Well Street Address County Rd. U/County Rd. A	Range 19	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Hudson	Well ZIP Code 54016	
Subdivision Name	Lot #	
Reason for Removal from Service	WI Unique Well # of Replacement Well	

2. Facility / Owner Information

Facility Name Nor Lake/RSG
Facility ID (FID or PWS) 656009420
License/Permit/Monitoring # MW-5D
Original Well Owner Nor-Lake Inc.
Present Well Owner Hudson Business Park LLC
Mailing Address of Present Owner PO Box 606
City of Present Owner Bayport
State MN
ZIP Code 55003

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 07/07/1984
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<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): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) 207.30	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 0-140'	Depth to Water (feet) 65.00

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 checked="" type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____
Sealing Materials	
<input checked="" 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 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
Cement Grout	Surface	207	6 sacks	15 lbs/gal

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ayres Associates - Greg Aldrian	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/25/2023	DNR Use Only	
Street or Route 3433 Oakwood Hills Parkway	Telephone Number (715) 834-3161	Comments	Date Received	Noted By
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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: **St. Croix** WI Unique Well # of Removed Well: _____ Hicap #: _____

Facility Name: **Nor Lake/RSG**

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

Facility ID (FID or PWS): **656009420**

License/Permit/Monitoring #: **MW-5S**

1/4 NW or Gov't Lot #: _____ 1/4 NW: _____ Section: **22** Township: **29** Range: **19** E W

Original Well Owner: **Nor-Lake Inc.**

Present Well Owner: **Hudson Business Park LLC**

Well Street Address: **County Rd. U/County Rd. A**

Mailing Address of Present Owner: **PO Box 606**

Well City, Village or Town: **Hudson** Well ZIP Code: **54016**

City of Present Owner: **Bayport** State: **MN** ZIP Code: **55003**

Subdivision Name: _____ Lot #: _____

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole
Original Construction Date (mm/dd/yyyy): **01/21/1985**
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.): **95'** Casing Diameter (in.): **2**

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): **67.00'**

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
Cement Grout	Surface	95	4 sacks	15 lbs/gal

6. Comments

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

Name of Person or Firm Doing Filling & Sealing: Ayres Associates - Greg Aldrian	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): 07/25/2023	Date Received: _____	Noted By: _____
Street or Route: 3433 Oakwood Hills Parkway	Telephone Number: (715) 834-3161	Comments: _____		
City: Eau Claire	State: WI	ZIP Code: 54701	Signature of Person Doing Work: Greg Aldrian	Date Signed: 8/18/23

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 St. Croix	WI Unique Well # of Removed Well	Hicap #	Facility Name Nor Lake/RSG
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) 656009420
1/4 1/4 NW 1/4 NW or Gov't Lot #	Section 22	Township 29 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address 891 County Rd U	Well ZIP Code 54016	Original Well Owner Nor-Lake Inc.	License/Permit/Monitoring # MW-6
Well City, Village or Town Hudson	Subdivision Name	Lot #	Present Well Owner Hudson Business Park LLC
Reason for Removal from Service	WI Unique Well # of Replacement Well	City of Present Owner Bayport	Mailing Address of Present Owner PO Box 606
		State MN	ZIP Code 55003

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) unknown	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 <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" 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.) 88'	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.)	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 checked="" type="checkbox"/> Yes <input 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)? 0-73'	Depth to Water (feet) 83.68' (from TOC Sept 2022)	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 checked="" type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
		Sealing Materials <input checked="" 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 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
Cement Grout	Surface	88	3 sacks	15 lbs/gal

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Ayres Associates - Greg Aldrian	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/25/2023	Date Received	Noted By
Street or Route 3433 Oakwood Hills Parkway	Telephone Number (715) 834-3161	Comments		
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Date Signed 8/18/23

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 St. Croix	WI Unique Well # of Removed Well	Hicap #	Facility Name Nor Lake/RSG
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) 656009420
1/4 1/4 NE 1/4 NE or Gov't Lot #	Section 21	Township 29 N	Range 19 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address 592 Schommer Dr.			Original Well Owner Nor-Lake Inc.
Well City, Village or Town Hudson			Present Well Owner Hudson Business Park LLC
Subdivision Name			Well ZIP Code 54016
Reason for Removal from Service			Mailing Address of Present Owner PO Box 606
WI Unique Well # of Replacement Well			City of Present Owner Bayport
			State MN
			ZIP Code 55003

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) unknown	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 <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" 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.) 117'	Casing Diameter (in.) 6"	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 6"	Casing Depth (ft.) 48	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	Depth to Water (feet) 88.00	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)?		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 checked="" type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
		Sealing Materials <input checked="" 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 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
cement grout	Surface	117	3.5 sacks	15lbs/gal

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/25/2023	Date Received	Noted By
Street or Route 3433 Oakwood Hills Parkway	City Eau Claire	State WI	Telephone Number (715) 834-3161	Signature of Person Doing Work Greg Aldrian
City Eau Claire	State WI	ZIP Code 54701	Date Signed 8/18/23	Comments

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: **St. Croix** WI Unique Well # of Removed Well: _____ Hicap #: _____
 Latitude / Longitude (see instructions): _____ N Format Code: DD Method Code: GPS008
 _____ W DDM SCR002
 _____ OTH001
 1/4 NW 1/4 SW Section: **16** Township: **29** N Range: **19** E W
 or Gov't Lot #: _____
 Well Street Address: **937 Meadowood Ln.**
 Well City, Village or Town: **Hudson** Well ZIP Code: **54016**
 Subdivision Name: _____ Lot #: _____

Facility Name: **Nor Lake/RSG**
 Facility ID (FID or PWS): **656009420**
 License/Permit/Monitoring #: **MW-10(S)**
 Original Well Owner: **Nor-Lake Inc.**
 Present Well Owner: **Hudson Business Park LLC**
 Mailing Address of Present Owner: **PO Box 606**
 City of Present Owner: **Bayport** State: **MN** ZIP Code: **55003**

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

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): **06/06-07/1988**
 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.): **178'** Casing Diameter (in.): **4"**
 Lower Drillhole Diameter (in.): **4"** Casing Depth (ft.): **178'**
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? _____ Depth to Water (feet): **170.00**

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	178	42 bags	

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	178	42 bags	

6. Comments

7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/26/2023	Date Received	Noted By
Street or Route 3433 Oakwood Hills Parkway	City Eau Claire	State WI	Telephone Number (715) 834-3161	Signature of Person Doing Work <i>Greg Aldrian</i>
ZIP Code 54701	Date Signed 8/18/23	Comments		

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 St. Croix		WI Unique Well # of Removed Well		Hicap #		Facility Name Nor Lake/RSG	
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) 656009420	
1/4 SE 1/4 SW or Gov't Lot #		Section 15		Township 29 N		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address		Original Well Owner Nor-Lake Inc.		Present Well Owner Hudson Business Park LLC		License/Permit/Monitoring # MW-12	
Well City, Village or Town Hudson		Well ZIP Code 54016		Mailing Address of Present Owner PO Box 606		City of Present Owner Bayport	
Subdivision Name		Lot #		State MN		ZIP Code 55003	

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)
08/17/1992

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.)
36' **2"**

Lower Drillhole Diameter (in.) Casing Depth (ft.)
4" _____

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet)
_____ **24.16' (June 2019)**

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
Cement Grout	Surface	36	1 bag	15lbs/gal

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/26/2023	DNR Use Only	
Street or Route 3433 Oakwood Hills Parkway	City Eau Claire	State WI	Date Received	Noted By
Telephone Number (715) 834-3161	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Comments	Date Signed 8/18/23

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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 St. Croix		WI Unique Well # of Removed Well	Hicap #
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
1/4 SE or Gov't Lot #	1/4 SW	Section 15	Township 29 N
Well Street Address		Range 19	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Hudson		Well ZIP Code 54016	
Subdivision Name		Lot #	

Facility Name Nor Lake/RSG		
Facility ID (FID or PWS) 656009420		
License/Permit/Monitoring # MW-13		
Original Well Owner Nor-Lake Inc.		
Present Well Owner Hudson Business Park LLC		
Mailing Address of Present Owner PO Box 606		
City of Present Owner Bayport	State MN	ZIP Code 55003

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

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 08/18/1992 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.) 59'	Casing Diameter (in.) 2"
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) 47.4' (June 2019)

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 checked="" type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____
Sealing Materials	
<input checked="" 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 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
Cement Grout	Surface	59	2.5 bags	15lbs/gal

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/27/2023	Date Received	Noted By
Street or Route 3433 Oakwood Hills Parkway		Telephone Number (715) 834-3161	Comments	
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Date Signed 8/18/23

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 St. Croix		WI Unique Well # of Removed Well	Hicap #	Facility Name Nor Lake/RSG
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) 656009420
1/4 SW or Gov't Lot #	1/4 SW	Section 22	Township 29 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address				License/Permit/Monitoring # MW-14
Well City, Village or Town Hudson				Original Well Owner Nor-Lake Inc.
Subdivision Name				Present Well Owner Hudson Business Park LLC
Well ZIP Code 54016				Mailing Address of Present Owner PO Box 606
Reason for Removal from Service				City of Present Owner Bayport
WI Unique Well # of Replacement Well				State MN
				ZIP Code 55003

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) 08/08/1992	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 <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.) 62'	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.)	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	Depth to Water (feet) 51.00'	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 checked="" type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
		Sealing Materials <input checked="" 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 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
Cement Grout	Surface	62	3 bags	15 lbs/gal

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Ayres Associates - Greg Aldrian	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/27/2023	Date Received	Noted By
Street or Route 3433 Oakwood Hills Parkway	Telephone Number (715) 834-3161	Comments		
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Date Signed 8/18/23

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 St. Croix		WI Unique Well # of Removed Well	Hicap #	Facility Name Nor Lake/RSG	
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) 656009420	
1/4 NW or Gov't Lot #	1/4 NE	Section 21	Township 29 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	License/Permit/Monitoring # MW-15
Well Street Address			Original Well Owner Nor-Lake Inc.		
Well City, Village or Town Hudson			Well ZIP Code 54016		
Subdivision Name			Lot #		Present Well Owner Hudson Business Park LLC
Reason for Removal from Service			WI Unique Well # of Replacement Well		Mailing Address of Present Owner PO Box 606
					City of Present Owner Bayport
					State MN
					ZIP Code 55003

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/15-20/1993
<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.) 105'	Casing Diameter (in.) 2"
Lower Drillhole Diameter (in.) 4"	Casing Depth (ft.) 48
Was well annular space grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? 0-81'	Depth to Water (feet) 91.00

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 checked="" type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____
Sealing Materials	
<input checked="" 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 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
cement grout	Surface	105	4 bags	15lbs/gal

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/26/2023	Date Received	Noted By
Street or Route 3433 Oakwood Hills Parkway		Telephone Number (715) 834-3161	Comments	
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Date Signed 8/18/23

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 St. Croix		WI Unique Well # of Removed Well V S 3 7 5	Hicap #	Facility Name Nor Lake/RSG	
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) 656009420	
1/4 NW or Gov't Lot #	1/4 NW	Section 22	Township 29 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	License/Permit/Monitoring # MW-16
Well Street Address 891 County Rd U			Original Well Owner Nor-Lake Inc.		
Well City, Village or Town Hudson			Present Well Owner Hudson Business Park LLC		
Subdivision Name			Well ZIP Code 54016	Mailing Address of Present Owner PO Box 606	
Reason for Removal from Service			Lot #	City of Present Owner Bayport	State MN
WI Unique Well # of Replacement Well			ZIP Code 55003		

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 09/18/1996
<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.) 85.40	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) 72.10

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 checked="" type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____
Sealing Materials	
<input checked="" 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 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
Cement Grout	Surface	85.40	3 sacks	15 lbs/gal

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ayres Associates - Greg Aldrian			License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/26/2023	DNR Use Only	
Street or Route 3433 Oakwood Hills Parkway			Telephone Number (715) 834-3161		Date Received	Noted By
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>			Date Signed 8/18/23

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 St. Croix	WI Unique Well # of Removed Well V S 3 7 6	Hicap #
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
1/4 NW or Gov't Lot #	Section 22	Township 29 N
Well Street Address 891 County Rd U	Range 19	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Hudson	Well ZIP Code 54016	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Nor Lake/RSG		
Facility ID (FID or PWS) 656009420		
License/Permit/Monitoring # MW-17		
Original Well Owner Nor-Lake Inc.		
Present Well Owner Hudson Business Park LLC		
Mailing Address of Present Owner PO Box 606		
City of Present Owner Bayport	State MN	ZIP Code 55003

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 09/24/1996 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.) 66.24'	Casing Diameter (in.) 2
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) 64.65' (June 2019)

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 checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only:	
<input 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	66.24'	3.5 sacks	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ayres Associates - Greg Aldrian	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 08/01/2023	DNR Use Only	
Street or Route 3433 Oakwood Hills Parkway	Telephone Number (715) 834-3161	Comments	Date Received	Noted By
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Date Signed 8/18/23

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 St. Croix	WI Unique Well # of Removed Well V S 3 7 7	Hicap #
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
1/4 NW or Gov't Lot #	Section 22	Township 29 N
Well Street Address 891 County Rd U	Range 19	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Hudson	Well ZIP Code 54016	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Nor Lake/RSG
Facility ID (FID or PWS) 656009420
License/Permit/Monitoring # MW-18
Original Well Owner Nor-Lake Inc.
Present Well Owner Hudson Business Park LLC
Mailing Address of Present Owner PO Box 606
City of Present Owner Bayport
State MN
ZIP Code 55003

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 09/23/1996 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.) 95'	Casing Diameter (in.) 6"
Lower Drillhole Diameter (in.) 6"	Casing Depth (ft.) 27.5'
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) 86.00

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 type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
Sealing Materials	<input checked="" 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 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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Cement Grout	Surface	95.00	4 sacks	15lbs/gal

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/25/2023	DNR Use Only	
Street or Route 3433 Oakwood Hills Parkway	Telephone Number (715) 834-3161	Date Received	Noted By	
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Date Signed 8/18/23

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Route to DNR Bureau:

Verification Only of Fill and Seal

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

1. Well Location Information

County St. Croix	WI Unique Well # of Removed Well	Hicap #
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
1/4 NW or Gov't Lot #	Section 22	Township 29 N
Well Street Address 891 County Rd U	Range 19	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Hudson	Well ZIP Code 54016	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Nor Lake/RSG		
Facility ID (FID or PWS) 656009420		
License/Permit/Monitoring # MW-19		
Original Well Owner Nor-Lake Inc.		
Present Well Owner Hudson Business Park LLC		
Mailing Address of Present Owner PO Box 606		
City of Present Owner Bayport	State MN	ZIP Code 55003

Reason for Removal from Service	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 10/24/1996
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.) 84.5'	Casing Diameter (in.) 6"
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) 81.33' (Sept 2022)

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 type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Bentonite Chips	
For Monitoring Wells and Monitoring Well Boreholes Only: <input 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	84.50	62 bags	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/18/2023	DNR Use Only	
Street or Route 3433 Oakwood Hills Parkway	Telephone Number (715) 834-3161	Date Received	Noted By	
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Date Signed 8/18/23

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: **St. Croix**

WI Unique Well # of Removed Well: _____

Hicap #: _____

Latitude / Longitude (see instructions): _____ N _____ W

Format Code: DD DDM

Method Code: GPS008 SCR002 OTH001

1/4 SW or Gov't Lot #: _____

Section: **16** Township: **29** N Range: **19** E W

Well Street Address: _____

Well City, Village or Town: **Hudson** Well ZIP Code: **54016**

Subdivision Name: _____ Lot #: _____

2. Facility / Owner Information

Facility Name: _____

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: **MW-52**

Original Well Owner: **Wisconsin Department of Natural Resources**

Present Well Owner: **Wisconsin Department of Natural Resources**

Mailing Address of Present Owner: _____

City of Present Owner: _____ State: **WI** ZIP Code: _____

Reason for Removal from Service: _____

WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): **05/21/1991**

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.): **79.4'** Casing Diameter (in.): **2"**

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): **71.07' (TOC June 2019)**

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
cement grout	Surface	79.4'	2.5 sacks	15lbs/gal

6. Comments

7. Supervision of Work

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
Ayres Associates		07/26/2023		
Street or Route	Telephone Number	Comments		
3433 Oakwood Hills Parkway	(715) 834-3161			
City	State	ZIP Code	Signature of Person Doing Work	Date Signed
Eau Claire	WI	54701	Greg Aldrian	8/18/23

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 St. Croix	WI Unique Well # of Removed Well	Hicap #
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
1/4 SW or Gov't Lot #	Section 17	Township 29 N
		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address		
Well City, Village or Town Hudson		Well ZIP Code 54016
Subdivision Name		Lot #
Reason for Removal from Service	WI Unique Well # of Replacement Well	

2. Facility / Owner Information

Facility Name
Facility ID (FID or PWS)
License/Permit/Monitoring # MW-57D
Original Well Owner Wisconsin Department of Natural Resources
Present Well Owner Wisconsin Department of Natural Resources
Mailing Address of Present Owner
City of Present Owner
State WI
ZIP Code

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 08/06/1991
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.) 80.6'	Casing Diameter (in.) 2"
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) 35.07' (TOC June 2019)

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 checked="" type="checkbox"/> Conductor Pipe-Pumped
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____
Sealing Materials	
<input checked="" 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 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
cement grout	Surface	80.6'	2 sacks	15lbs/gal

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/27/2023	DNR Use Only	
Street or Route 3433 Oakwood Hills Parkway	Telephone Number (715) 834-3161	Comments	Date Received	Noted By
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work Greg Aldrian	Date Signed 8/18/23

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 St. Croix		WI Unique Well # of Removed Well	Hicap #	Facility Name	
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)	
1/4 SW 1/4 NW or Gov't Lot #		Section 17	Township 29 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	License/Permit/Monitoring # MW-57S
Well Street Address			Original Well Owner Wisconsin Department of Natural Resources		
Well City, Village or Town Hudson			Present Well Owner Wisconsin Department of Natural Resources		
Subdivision Name			Mailing Address of Present Owner		
Reason for Removal from Service			City of Present Owner		
WI Unique Well # of Replacement Well			State WI		ZIP Code

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) 08/06/1991	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	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.	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	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____		
Total Well Depth From Ground Surface (ft.) 40.9'	Casing Diameter (in.) 2"	Sealing Materials <input checked="" type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips		
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry		
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Depth to Water (feet) 33.35' (TOC June 2019)			

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
cement grout	Surface	40.9'	2 sacks	15lbs/gal

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/27/2023	Date Received	Noted By
Street or Route 3433 Oakwood Hills Parkway		Telephone Number (715) 834-3161	Comments	
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Date Signed 8/18/23

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 St. Croix		WI Unique Well # of Removed Well	Hicap #	Facility Name Nor Lake/RSG
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) 656009420
1/4 NW or Gov't Lot #	1/4 NW	Section 22	Township 29 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address 891 County Rd U				Original Well Owner Nor-Lake Inc.
Well City, Village or Town Hudson				Present Well Owner Hudson Business Park LLC
Subdivision Name				Mailing Address of Present Owner PO Box 606
Well ZIP Code 54016				City of Present Owner Bayport
Lot #				State MN
Reason for Removal from Service				ZIP Code 55003
WI Unique Well # of Replacement Well				

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

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) illegible - 1985?	Pump and piping removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input checked="" type="checkbox"/> Bedrock (? -difficult to read)		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.) 217'	Casing Diameter (in.) 14" to 77', 10" to 150'	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 6	Casing Depth (ft.)	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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Depth to Water (feet) 87'	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)?		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
5. Material Used to Fill Well / Drillhole		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

From (ft.)	To (ft.)	No. Yards. Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	217	120 sacks; 6000 lbs	

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/17/2023	Date Received	Noted By
Street or Route 3433 Oakwood Hills Parkway		Telephone Number (715) 834-3161	Comments	
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work Greg Aldrian	Date Signed 8/18/23

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 **2. Facility / Owner Information**

County St. Croix		WI Unique Well # of Removed Well B P 9 1 4	Hicap #	Facility Name Nor Lake/RSG
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) 656009420
1/4 NW or Gov't Lot #	Section 22	Township 29 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	License/Permit/Monitoring # RW-2 (North Well)
Well Street Address 891 County Rd U		Original Well Owner Nor-Lake Inc.		
Well City, Village or Town Hudson		Present Well Owner Hudson Business Park LLC		
Subdivision Name		Well ZIP Code 54016	Mailing Address of Present Owner PO Box 606	
		Lot #	City of Present Owner Bayport	State MN
			ZIP Code 55003	

Reason for Removal from Service _____ WI Unique Well # of Replacement Well _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
02/23/1965

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.)
128' **6"**

Lower Drillhole Diameter (in.) Casing Depth (ft.)
6" **62.4'**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet)
0-62.4' **86.20**

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
3/8" bentonite chips	Surface	128	37 bags. 1800lbs	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ayres Associates - Greg Aldrian		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/17/2023	DNR Use Only	
Street or Route 3433 Oakwood Hills Parkway		Telephone Number (715) 834-3161		Date Received	Noted By
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work Greg Aldrian		Date Signed 8/18/23

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 St. Croix		WI Unique Well # of Removed Well	Hicap #	Facility Name Nor Lake/RSG
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) 656009420
1/4 NW or Gov't Lot #	1/4 NW	Section 22	Township 29 N	License/Permit/Monitoring # South Well
Well Street Address 891 County Rd U		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Original Well Owner Nor-Lake Inc.	
Well City, Village or Town Hudson		Well ZIP Code 54016	Present Well Owner Hudson Business Park LLC	
Subdivision Name		Lot #	City of Present Owner Bayport	State MN
Reason for Removal from Service		WI Unique Well # of Replacement Well	ZIP Code 55003	

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)
04/25/1960

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.)
147'

Casing Diameter (in.)
6

Lower Drillhole Diameter (in.)
6"

Casing Depth (ft.)
43'

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)?
0-43'

Depth to Water (feet)
84.89' (from TOC June 2019)

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
3/8" bentonite chips	Surface	147	61 bags	

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/19/2023	Date Received	Noted By
Street or Route 3433 Oakwood Hills Parkway	Telephone Number (715) 834-3161	Comments		
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work Greg Aldrian	Date Signed 8/18/23

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 St. Croix		WI Unique Well # of Removed Well	Hicap #	Facility Name Nor Lake/RSG	
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) 656009420	
1/4 NW or Gov't Lot #	1/4 NW	Section 22	Township 29 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	License/Permit/Monitoring # VE-1
Well Street Address 891 County Rd. U			Original Well Owner Nor-Lake Inc.		
Well City, Village or Town Hudson			Present Well Owner Hudson Business Park LLC		
Subdivision Name			Well ZIP Code 54016	Mailing Address of Present Owner PO Box 606	
Reason for Removal from Service			Lot #	City of Present Owner Bayport	State MN
WI Unique Well # of Replacement Well			ZIP Code 55003		

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)
12/09/1991

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.)
45.3'

Casing Diameter (in.)
4

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)

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
3/8" bentonite chips	Surface	45.3'	6 bags	N/A

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ayres Associates			License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/19/2023	DNR Use Only	
Street or Route 3433 Oakwood Hills Parkway			Telephone Number (715) 834-3161		Date Received	Noted By
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>			Date Signed 8/18/23

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 St. Croix		WI Unique Well # of Removed Well	Hicap #
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
1/4 NW or Gov't Lot #	1/4 NW	Section 22	Township 29 N
Well Street Address 891 County Rd. U		Range 19	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Hudson		Well ZIP Code 54016	
Subdivision Name		Lot #	

2. Facility / Owner Information

Facility Name Nor Lake/RSG		
Facility ID (FID or PWS) 656009420		
License/Permit/Monitoring # VE-2		
Original Well Owner Nor-Lake Inc.		
Present Well Owner Hudson Business Park LLC		
Mailing Address of Present Owner PO Box 606		
City of Present Owner Bayport	State MN	ZIP Code 55003

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 5/12/1993 If a Well Construction Report is available, please attach.
Reason for Removal from Service WI Unique Well # of Replacement Well	
Construction Type: <input 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.) 47.5'	Casing Diameter (in.) 4
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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
3/8" bentonite chips	Surface	47.5	6 bags	N/A

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ayres Associates		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/24/2023	DNR Use Only	
Street or Route 3433 Oakwood Hills Parkway		Telephone Number (715) 834-3161		Date Received	Noted By
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Date Signed 8/18/23	

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 St. Croix		WI Unique Well # of Removed Well	Hicap #
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
1/4 NW or Gov't Lot #	1/4 NW	Section 22	Township 29 N
Well Street Address 891 County Rd. U		Range 19	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Hudson		Well ZIP Code 54016	
Subdivision Name		Lot #	

2. Facility / Owner Information

Facility Name Nor Lake/RSG		
Facility ID (FID or PWS) 656009420		
License/Permit/Monitoring # VE-4		
Original Well Owner Nor-Lake Inc.		
Present Well Owner Hudson Business Park LLC		
Mailing Address of Present Owner PO Box 606		
City of Present Owner Bayport	State MN	ZIP Code 55003

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 5/13/1993
<input type="checkbox"/> Water Well	
<input checked="" type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type: <input 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.) 59.2	Casing Diameter (in.) 4
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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
Surface	59.2	9 bags	N/A

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ayres Associates		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/24/2023	DNR Use Only	
Street or Route 3433 Oakwood Hills Parkway		Telephone Number (715) 834-3161		Date Received	Noted By
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Date Signed 8/18/23	

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 **2. Facility / Owner Information**

County St. Croix		WI Unique Well # of Removed Well	Hicap #	Facility Name Nor Lake/RSG
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) 656009420
1/4 NW or Gov't Lot #	1/4 NW	Section 22	Township 29 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address 891 County Rd. U		Original Well Owner Nor-Lake Inc.		
Well City, Village or Town Hudson		Present Well Owner Hudson Business Park LLC		
Subdivision Name		Well ZIP Code 54016	Mailing Address of Present Owner PO Box 606	
Reason for Removal from Service		Lot #	City of Present Owner Bayport	State MN
WI Unique Well # of Replacement Well		ZIP Code 55003		

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

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 05/17/1993	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Pump and piping removed?	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		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?	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated?	
Total Well Depth From Ground Surface (ft.) 79'	Casing Diameter (in.) 4		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Screen removed?	
Lower Drillhole Diameter (in.)	Casing Depth (ft.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place?	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface?	
If yes, to what depth (feet)?	Depth to Water (feet)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface?	
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 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
3/8" bentonite chips		Surface	79'	13 bags	N/A

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/24/2023	Date Received	Noted By
Street or Route 3433 Oakwood Hills Parkway		Telephone Number (715) 834-3161	Comments	
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Date Signed 8/18/23

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 St. Croix		WI Unique Well # of Removed Well	Hicap #
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
_____ W		<input type="checkbox"/> OTH001	
1/4 NW	1/4 NW	Section	Township
or Gov't Lot #		22	29 N
Well Street Address 891 County Rd. U		Range	<input type="checkbox"/> E
Well City, Village or Town Hudson		19	<input checked="" type="checkbox"/> W
Well ZIP Code 54016		Well Street Address	
Subdivision Name		Well ZIP Code	
Lot #		54016	

2. Facility / Owner Information

Facility Name Nor Lake/RSG		
Facility ID (FID or PWS) 656009420		
License/Permit/Monitoring # VE-6		
Original Well Owner Nor-Lake Inc.		
Present Well Owner Hudson Business Park LLC		
Mailing Address of Present Owner PO Box 606		
City of Present Owner Bayport	State MN	ZIP Code 55003

Reason for Removal from Service	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 05/18/1993
<input type="checkbox"/> Water Well	
<input checked="" type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type:	
<input type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Dug
Formation Type:	
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock
Total Well Depth From Ground Surface (ft.) 55.2'	Casing Diameter (in.) 4
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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 checked="" type="checkbox"/> Conductor Pipe-Pumped		
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____		
Sealing Materials			
<input checked="" 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 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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
cement grout	Surface	55.2'	3 sacks	15lbs/gal

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ayres Associates		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/25/2023	DNR Use Only	
Street or Route 3433 Oakwood Hills Parkway		Telephone Number (715) 834-3161	Date Received	Noted By	
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>		Date Signed 8/18/23

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.

<input 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: _____
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1. Well Location Information	2. Facility / Owner Information
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County St. Croix	WI Unique Well # of Removed Well	Hicap #	Facility Name Nor Lake/RSG		
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) 656009420
1/4 NW or Gov't Lot #	Section 22	Township 29 N	Range 19	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	License/Permit/Monitoring # VE-7
Well Street Address 891 County Rd. U			Original Well Owner Nor-Lake Inc.		
Well City, Village or Town Hudson			Present Well Owner Hudson Business Park LLC		
Subdivision Name			Well ZIP Code 54016		Mailing Address of Present Owner PO Box 606
Reason for Removal from Service			Lot #		City of Present Owner Bayport
WI Unique Well # of Replacement Well			State MN		ZIP Code 55003

3. Filled & Sealed Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 05/19/1993	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Pump and piping removed?			
Construction Type: <input 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) removed?			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated?			
Total Well Depth From Ground Surface (ft.) 73'	Casing Diameter (in.) 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Screen removed?			
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place?			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface?			
If yes, to what depth (feet)?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface?			
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 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
3/8" bentonite chips	Surface	73'	13 bags	N/A

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/24/2023	Date Received	Noted By	
Street or Route 3433 Oakwood Hills Parkway		Telephone Number (715) 834-3161		Comments	
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>		Date Signed 8/18/23

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 St. Croix	WI Unique Well # of Removed Well	Hicap #
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
1/4 NW 1/4 NW or Gov't Lot #	Section 22	Township 29 N
Well Street Address 891 County Rd. U	Range 19	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Hudson	Well ZIP Code 54016	
Subdivision Name	Lot #	

Facility Name Nor Lake/RSG		
Facility ID (FID or PWS) 656009420		
License/Permit/Monitoring # VE-8		
Original Well Owner Nor-Lake Inc.		
Present Well Owner Hudson Business Park LLC		
Mailing Address of Present Owner PO Box 606		
City of Present Owner Bayport	State MN	ZIP Code 55003

Reason for Removal from Service	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 05/19/1993
If a Well Construction Report is available, please attach.	

Construction Type:
<input 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.) 32'	Casing Diameter (in.) 3
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Lower Drillhole Diameter (in.)	Casing Depth (ft.)
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Was well annular space grouted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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If yes, to what depth (feet)?	Depth to Water (feet)
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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
3/8" bentonite chips	Surface	32.'	2.5 bags	N/A

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/19/2023	DNR Use Only	
Street or Route 3433 Oakwood Hills Parkway	Telephone Number (715) 834-3161	Date Received	Noted By	
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Date Signed 8/18/23

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.

<input 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: _____
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1. Well Location Information	2. Facility / Owner Information
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County St. Croix	WI Unique Well # of Removed Well	Hicap #	Facility Name Nor Lake/RSG
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) 656009420	License/Permit/Monitoring # VE-9		
Original Well Owner Nor-Lake Inc.	Present Well Owner Hudson Business Park LLC		
Well Street Address 891 County Rd. U		Mailing Address of Present Owner PO Box 606	
Well City, Village or Town Hudson		Well ZIP Code 54016	
Subdivision Name		Lot #	City of Present Owner Bayport
Reason for Removal from Service		WI Unique Well # of Replacement Well	State MN
			ZIP Code 55003

3. Filled & Sealed Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 05/19/1993 If a Well Construction Report is available, please attach.	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
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		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): _____
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
Total Well Depth From Ground Surface (ft.) 47'		Casing Diameter (in.) 4
Lower Drillhole Diameter (in.)		Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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
If yes, to what depth (feet)?		Depth to Water (feet)

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	47'	4 bags	N/A

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/19/2023	Date Received	Noted By	
Street or Route 3433 Oakwood Hills Parkway		Telephone Number (715) 834-3161		Comments	
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>		Date Signed 8/18/23

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 **2. Facility / Owner Information**

County St. Croix	WI Unique Well # of Removed Well	Hicap #	Facility Name Nor Lake/RSG
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) 656009420
1/4 NW 1/4 NW or Gov't Lot #	Section 22	Township 29 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address 891 County Rd. U	Original Well Owner Nor-Lake Inc.		
Well City, Village or Town Hudson	Present Well Owner Hudson Business Park LLC		
Subdivision Name	Well ZIP Code 54016	Mailing Address of Present Owner PO Box 606	
	Lot #	City of Present Owner Bayport	State MN
			ZIP Code 55003

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

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 05/20/1993	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 checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input 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:		Did sealing material rise to 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 material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 69'	Casing Diameter (in.) 4	If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	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
Was well annular space grouted? <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 checked="" type="checkbox"/> Conductor Pipe-Pumped
If yes, to what depth (feet)?	Depth to Water (feet)	<input 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
cement grout	Surface	69'	8 sacks	15lbs/gal

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/25/2023	Date Received	Noted By
Street or Route 3433 Oakwood Hills Parkway	Telephone Number (715) 834-3161	Comments		
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Date Signed 8/18/23

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.

Route to DNR Bureau:

Verification Only of Fill and Seal

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

1. Well Location Information

County St. Croix	WI Unique Well # of Removed Well	Hicap #
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
1/4 NW or Gov't Lot #	Section 22	Township 29 N
Well Street Address 891 County Rd. U	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	Well ZIP Code 54016
Well City, Village or Town Hudson	Subdivision Name	Lot #

2. Facility / Owner Information

Facility Name Nor Lake/RSG
Facility ID (FID or PWS) 656009420
License/Permit/Monitoring # VE-11
Original Well Owner Nor-Lake Inc.
Present Well Owner Hudson Business Park LLC
Mailing Address of Present Owner PO Box 606
City of Present Owner Bayport
State MN
ZIP Code 55003

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 5/12/1993 If a Well Construction Report is available, please attach.
Construction Type: <input 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.) 47'	Casing Diameter (in.) 4
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
3/8" bentonite chips	Surface	47'	5	N/A

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/19/2023	DNR Use Only	
Street or Route 3433 Oakwood Hills Parkway	Telephone Number (715) 834-3161	Comments	Date Received	Noted By
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Date Signed 8/18/23

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 St. Croix		WI Unique Well # of Removed Well	Hicap #	Facility Name Nor Lake/RSG
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) 656009420
1/4 NW or Gov't Lot #	1/4 NW	Section 22	Township 29 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address 891 County Rd. U				Original Well Owner Nor-Lake Inc.
Well City, Village or Town Hudson				Well ZIP Code 54016
Subdivision Name			Lot #	City of Present Owner Bayport
				State MN
				ZIP Code 55003

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

Reason for Removal from Service		WI Unique Well # of Replacement Well	<input type="checkbox"/> Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 05/20/1993	<input checked="" type="checkbox"/> Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Did sealing material rise to surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 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	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.	Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input checked="" type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) 62'	Casing Diameter (in.) 4	
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Sealing Materials <input checked="" type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips		
If yes, to what depth (feet)?		Depth to Water (feet)		
		For Monitoring Wells and Monitoring Well Boreholes Only: <input 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
cement grout		Surface	62'	9 sacks	15lbs/gal

6. Comments

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 07/25/2023	Date Received	Noted By
Street or Route 3433 Oakwood Hills Parkway		Telephone Number (715) 834-3161	Comments	
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Date Signed 8/18/23

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 St. Croix	WI Unique Well # of Removed Well	Hicap #
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
1/4 NW or Gov't Lot #	Section 22	Township 29 N
Well Street Address 891 County Rd. U	Range 19	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Hudson	Well ZIP Code 54016	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name Nor Lake/RSG
Facility ID (FID or PWS) 656009420
License/Permit/Monitoring # VE-13
Original Well Owner Nor-Lake Inc.
Present Well Owner Hudson Business Park LLC
Mailing Address of Present Owner PO Box 606
City of Present Owner Bayport
State MN
ZIP Code 55003

Reason for Removal from Service

WI Unique Well # of Replacement Well

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 07/07/1993 If a Well Construction Report is available, please attach.
Construction Type: <input 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.) 75'	Casing Diameter (in.) 4
Lower Drillhole Diameter (in.)	Casing Depth (ft.)
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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
Surface	75	8 bags	N/A

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Ayres Associates	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/19/2023	DNR Use Only	
Street or Route 3433 Oakwood Hills Parkway	Telephone Number (715) 834-3161	Date Received	Noted By	
City Eau Claire	State WI	ZIP Code 54701	Signature of Person Doing Work <i>Greg Aldrian</i>	Date Signed 8/18/23