

Form B - MONITORING WELL CONSTRUCTION FORM

State of Wisconsin Route to: Solid Waste Haz. Waste Wastewater MONITORING WELL CONSTRUCTION
 Department of Natural Resources Env. Response & Repair Underground Tanks Other Form 4400-113A Rev. 4-90

Facility/Project Name	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or St. Plane _____ ft. N, _____ ft. E.	Wis. Unique Well Number _____ DNR Well Number _____
Type of Well: Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source _____ of _____ of Sec. _____, T _____ N,R <input type="checkbox"/> E. <input type="checkbox"/> W.	Date Well Installed ____/____/____ M M D D Y Y
Distance Well is From Waste/Source Boundary ft.	Location of Well Relative to Waste/Source U <input type="checkbox"/> Upgradient S <input type="checkbox"/> Sidegradient D <input type="checkbox"/> Downgradient N <input type="checkbox"/> Not Known	Well Installed By: (Persons' Name and Firm) _____ _____
Is Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No		

- A. Protective pipe, top elevation _____ ft. MSL
- B. Well casing, top elevation _____ ft. MSL
- C. Land surface elevation _____ ft. MSL
- D. Surface seal, bottom _____ ft. MSL or _____ ft.

12. USCS classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock _____

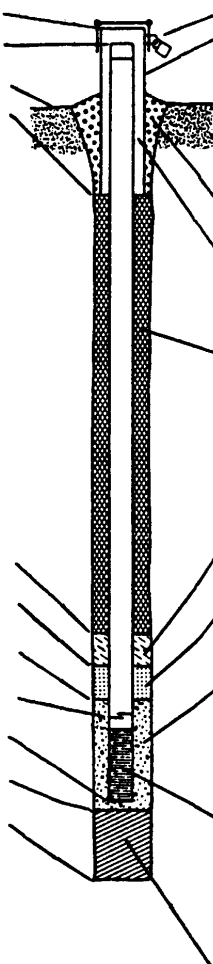
13. Sieve analysis attached? Yes No

14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other _____

15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis):



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 a. Inside diameter: _____ in.
 b. Length: _____ ft.
 c. Material: Steel 04
 Other _____
 d. Additional protection? Yes No
 If yes, describe: _____
- 3. Surface seal: Bentonite 30
 Concrete 01
 Other _____
- 4. Material between well casing and protective pipe:
 Bentonite 30
 Annular space seal _____
 Other _____
- 5. Annular space seal:
 a. Granular Bentonite 33
 b. _____ Lbs/gal mud weight... Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight... Bentonite slurry 31
 d. _____ % Bentonite... Bentonite-cement grout 50
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08
- 6. Bentonite seal:
 a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite pellets 32
 c. _____ Other _____
- 7. Fine sand material: Manufacturer, product name, mesh size
 a. _____
 b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product, mesh size
 a. _____
 b. Volume added _____ ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other _____
- 10. Screen Material:
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other _____
 b. Manufacturer _____
 c. Slot size: _____ in.
 d. Slotted length: _____ ft.
- 11. Backfill material (below filter pack): None 14
 Other _____

- E. Bentonite seal, top _____ ft. MSL or _____ ft.
- F. Fine sand, top _____ ft. MSL or _____ ft.
- G. Filter pack, top _____ ft. MSL or _____ ft.
- H. Screen joint, top _____ ft. MSL or _____ ft.
- I. Well bottom _____ ft. MSL or _____ ft.
- J. Filter pack, bottom _____ ft. MSL or _____ ft.
- K. Borehole, bottom _____ ft. MSL or _____ ft.
- L. Borehole, diameter _____ in.
- M. O.D. well casing _____ in.
- N. I.D. well casing _____ in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature _____ Firm _____

Form D - WELL/DRILLHOLE/BOREHOLE ABANDONMENT FORM

State of Wisconsin
Department of Natural Resources

WELL/DRILLHOLE/BOREHOLE ABANDONMENT
Form 3300-5B Rev. 12-91

All abandonment work shall be performed in accordance with the provisions of Chapters NR 811, NR 812 or NR 141, Wis. Admin. Code, whichever is applicable. Also, see instructions on back.

(1) GENERAL INFORMATION		(2) FACILITY NAME	
Well/Drillhole/Borehole Location	County	Original Well Owner (If Known)	
1/4 of 1/4 of Sec. ; T. N; R. <input type="checkbox"/> E <input type="checkbox"/> W		Present Well Owner	
(if applicable) Gov't Lot	Grid Number	Street or Route	
Grid Location ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ft <input type="checkbox"/> E. <input type="checkbox"/> W.		City, State, Zip Code	
Civil Town Name		Facility Well No. and/or Name (If Applicable)	WI Unique Well No.
Street Address of Well		Reason For Abandonment	
City, Village		Date of Abandonment	

WELL/DRILLHOLE/BOREHOLE INFORMATION

(3) Original Well/Drillhole/Borehole Construction Completed On (Date) <input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Drillhole <input type="checkbox"/> Borehole Construction Report Available? <input type="checkbox"/> Yes <input type="checkbox"/> No Construction Type: <input 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 type="checkbox"/> Bedrock Total Well Depth (ft.) Casing Diameter (ins.) (From ground surface) Casing Depth (ft.) Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, To What Depth? Feet		(4) Depth to Water (Feet) Pump & Piping Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Casing Left in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If No, Explain Was Casing Cut Off Below Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No Did Sealing Material Rise to Surface? <input type="checkbox"/> Yes <input type="checkbox"/> No Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		(5) Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Dump Bailer <input type="checkbox"/> Other (Explain)	
		(6) Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Clay-Sand Slurry <input type="checkbox"/> Bentonite-Sand Slurry <input type="checkbox"/> Chipped Bentonite For monitoring wells and monitoring well boreholes only <input type="checkbox"/> Bentonite Pellets <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite-Cement Grout	

(7) Sealing Material Used	From (Ft.)	To (Ft.)	No. Yards, Sacks Sealant or Volume	(Circle One)	Mix Ratio or Mud Weight
	Surface				

(8) Comments:

(9) Name of Person or Firm Doing Sealing Work	
Signature of Person Doing Work	Date Signed
Street or Route	Telephone Number
City, State, Zip Code	

Form E - SOIL BORING LOG INFORMATION FORM

State of Wisconsin
Department of Natural Resources

Route To:
 Solid Waste Haz. Waste
 Emergency Response Underground Tanks
 Wastewater Water Resources
 Superfund Other _____

SOIL BORING LOG INFORMATION
Form 4400-122 Rev. 5-92

Page _____ of _____

Facility/Project Name _____ License/Permit/Monitoring Number _____ Boring Number _____

Boring Drilled By (Firm name and name of crew chief) _____ Date Drilling Started MM/DD/YY Date Drilling Completed MM/DD/YY Drilling Method _____

DNR Facility Well No. _____ WI Unique Well No. _____ Common Well Name _____ Final Static Water Level _____ Feet MSL Surface Elevation _____ Feet MSL Borehole Diameter _____ inches

Boring Location State Plane _____ N, _____ E S/C/N Lat _____ Local Grid Location (if applicable) _____ Feet N E _____ 1/4 of _____ 1/4 of Section _____, T _____ N, R _____ E/W Long _____ Feet S _____ Feet W

County _____ DNR Country Code _____ Civil Town/City/ or Village _____

Sample Number and Type	Length Att. & Recovered (in)	Blow Counts	Depth in Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					P 200	RDY Comments
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index			

I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature _____ Firm _____

This form is authorized by Chapters 144.147 and 162, Wis. Stats. Completion of this report is mandatory. Penalties: Forfeit not less than \$10 nor more than \$5,000 for each violation. Fined not less than \$10 or more than \$100 or imprisoned not less than 30 days, or both for each violation. Each day of continued violation is a separate offense, pursuant to ss 144.99 and 162.06, Wis. Stats.

Form F - GROUNDWATER MONITORING INVENTORY FORM

Department of Natural Resources

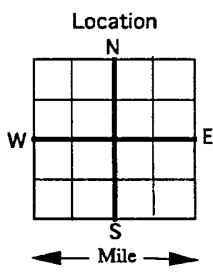
GROUNDWATER MONITORING INVENTORY FORM
Form 3300-67 Rev. 8-93

Wisconsin Unique Well Number <input type="text"/> <input type="checkbox"/> Add <input type="checkbox"/> Change		
Inventory Completed By (Last Name, First, MI) _____	Date _____	With <input type="checkbox"/> DNR <input type="checkbox"/> _____
_____ / _____ / _____ m m d d y y y y		

Facility Name _____	Facility ID # _____
	Local Well ID _____
	High Cap Well # _____

Primary Contact Name (Last, First, MI) _____		<input type="checkbox"/> Owner <input type="checkbox"/> Driller <input type="checkbox"/> Operator <input type="checkbox"/> Business <input type="checkbox"/> Occupant <input type="checkbox"/> Facility <input type="checkbox"/> Consultant <input type="checkbox"/> Sampler <input type="checkbox"/> Manager <input type="checkbox"/> Other <input type="checkbox"/> Contractor
Telephone Number _____		
Mailing Address _____		
City _____	State _____ Zip Code _____	
Other Contact Name (Last, First, MI) _____		

Other Contact Name (Last, First, MI) _____		<input type="checkbox"/> Owner <input type="checkbox"/> Driller <input type="checkbox"/> Operator <input type="checkbox"/> Business <input type="checkbox"/> Occupant <input type="checkbox"/> Facility <input type="checkbox"/> Consultant <input type="checkbox"/> Sampler <input type="checkbox"/> Manager <input type="checkbox"/> Other <input type="checkbox"/> Contractor
Telephone Number _____		
Mailing Address _____		
City _____	State _____ Zip Code _____	
Well Location		

<input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village		Fire # (If avail.) _____	County _____	(X) 1/4 1/4 Sec. Location 
Grid or Street Address or Road (If avail.) _____		Govt. Lot # _____		
		OR _____		
		1/4 of _____ 1/4 of Section _____		
Subdivision Name _____	Lot _____	Block _____	T _____; R _____ <input type="checkbox"/> E <input type="checkbox"/> W	
Construction Type <input type="checkbox"/> Drilled <input type="checkbox"/> Dug <input type="checkbox"/> Driven Point <input type="checkbox"/> Spring <input type="checkbox"/> Jetted <input type="checkbox"/> Other	OR Latitude _____ Deg. Min. Sec. Longitude _____		Land Surface Elevation _____ ft. MSL	

Construction Date _____	Well Use <input type="checkbox"/> Private Potable <input type="checkbox"/> Community-Municipal <input type="checkbox"/> Priv. Non-Potable <input type="checkbox"/> Community OTM <input type="checkbox"/> Monitoring Well <input type="checkbox"/> Non Transient Non-Com. <input type="checkbox"/> Transient Non-Com.
Constructor _____	Number of Wells on Property _____

Source of Well Data <input type="checkbox"/> Well Report <input type="checkbox"/> Owner/Occupant <input type="checkbox"/> Other*			Well Status <input type="checkbox"/> Active Use <input type="checkbox"/> Inactive <input type="checkbox"/> Perm Filled
Depth From Land Surface To: _____ ft.	Casing Diameter _____ in.	Water Bearing Formation <input type="checkbox"/> Sandstone <input type="checkbox"/> Shale <input type="checkbox"/> Unconsolidated <input type="checkbox"/> Limestone <input type="checkbox"/> Crystalline	
Bedrock _____ ft.			
Well Bottom _____ ft.			

Comments: eg. Reason for inventory, Samples taken, Directions to property, Details of well location on property.

*For "Other", enter a description in the comment area if needed.