

# Chapter NR 507

# APPENDIX V

## Appendix V Form A - GROUNDWATER MONITORING WELL INFORMATION FORM

State of Wisconsin  
Department of Natural Resources

GROUNDWATER MONITORING WELL INFORMATION FORM  
Chapter 144, Wis. Stats.  
Form 4400-89  
Rev. 1-90

Well Name	DNR Well ID Number	Well Location	N	S	E	W	Date Established	Well Casing		Elevations		Reference MST Datum (')	Screen Length	Well Depth	Type of Well (')				Gradient U, S, D or N			
								Diam.	Type	Top of Well Casing	Ground Surface				N	N	N	N		Other	Alter- dard Apply	Est. Sits or N

Location Coordinates:  Local Grid System (preferred)  State Plane Coordinate  Northern  Central

Facility Name: \_\_\_\_\_ Facility ID Number: \_\_\_\_\_ Date: \_\_\_\_\_ Completed By (Name and Firm): \_\_\_\_\_

Remarks: \_\_\_\_\_

PSS User: \_\_\_\_\_ File Maint. Completed: \_\_\_\_\_  
Other: \_\_\_\_\_

**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 <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 _____ 1/4 of _____ 1/4 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 \_\_\_\_\_

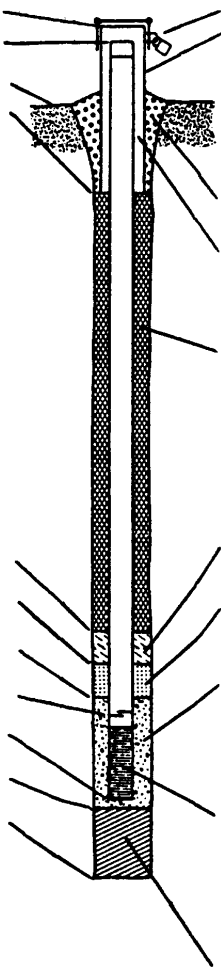
13. Sieve analysis attached?  Yes  No

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. \_\_\_\_\_ Ft<sup>3</sup> 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 \_\_\_\_\_ ft<sup>3</sup>
- 8. Filter pack material: Manufacturer, product, mesh size  
 a. \_\_\_\_\_  
 b. Volume added \_\_\_\_\_ ft<sup>3</sup>
- 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  \_\_\_\_\_

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

**Form C - MONITORING WELL DEVELOPMENT FORM**

State of Wisconsin  
Department of Natural Resources

**MONITORING WELL DEVELOPMENT**  
Form 4400-113B Rev. 4-90

Route to: Solid Waste  Haz. Waste  Wastewater   
Env. Response & Repair  Underground Tanks  Other  \_\_\_\_\_

Facility/Project Name		County Name		Well Name	
Facility License, Permit or Monitoring Number		County Code		Wis. Unique Well Number	
				DNR Well Number	
1. Can this well be purged dry? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Well development method surged with bailer and bailed <input type="checkbox"/> 41 surged with bailer and pumped <input type="checkbox"/> 61 surged with block and bailed <input type="checkbox"/> 42 surged with block and pumped <input type="checkbox"/> 62 surged with block, bailed and pumped <input type="checkbox"/> 70 compressed air <input type="checkbox"/> 20 bailed only <input type="checkbox"/> 10 pumped only <input type="checkbox"/> 51 pumped slowly <input type="checkbox"/> 50 other <input type="checkbox"/> _____ 3. Time spent developing well _____ min. 4. Depth of well (from top of well casing) _____ ft. 5. Inside diameter of well _____ in. 6. Volume of water in filter pack and well casing _____ gal. 7. Volume of water removed from well _____ gal. 8. Volume of water added (if any) _____ gal. 9. Source of water added: _____ 10. Analysis performed on water added? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach results)		11. Depth to Water (from top of well casing) a. _____ ft. Date b. ____/____/____ mm dd yy Time c. ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. 12. Sediments in well bottom _____ inches 13. Water clarity Clear <input type="checkbox"/> 10 Turbid <input type="checkbox"/> 15 (Describe) _____ _____ _____ _____ _____ _____		Before Development After Development _____ ft. ____/____/____ mm dd yy ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. _____ inches Clear <input type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe) _____ _____ _____ _____ _____ _____	
16. Additional comments on development:		Fill in if drilling fluids were used and well is at solid waste facility: 14. Total suspended solids _____ mg/l 15. COD _____ mg/l			

Well developed by: Person's Name and Firm	I hereby certify that the above information is true and correct to the best of my knowledge.
Name:	Signature: _____
Firm:	Print Initials: _____
	Firm: _____

NOTE: Shaded areas are for DNR use only. See instructions for more information including a list of county codes.

**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., <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
  - Emergency Response
  - Wastewater
  - Superfund
  - Haz. Waste
  - Underground Tanks
  - Water Resources
  - 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 \_\_\_\_\_ Feet  S \_\_\_\_\_ Feet  W  
1/4 of \_\_\_\_\_ 1/4 of Section \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ E/W Long \_\_\_\_\_

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

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

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

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

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

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.