

Chapter NR 507  
APPENDIX V

Appendix V Form A - GROUNDWATER MONITORING WELL INFORMATION FORM

**Location Coordinates Are:**

Local Grid System (preferred)

State Plane Coordinate

Northern

Central

**Remarks:**

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**PSS Use:**

File Maint. Completed

Other

Well Name	DNR Well ID Number	Well Location	Facility ID Number			Date Established	Well Casing	Elevations		Reference	Screen Length	Well Depth	Type of Well (N)		Gradient
			N	S	E			W	Top of Well Casing				Ground Surface	MSTL	

State of Wisconsin  
 Department of Natural Resources  
 GROUNDWATER MONITORING WELL INFORMATION FORM  
 Chapter 144, Wis. Stats.  
 Form 4400-89  
 Rev. 1-90

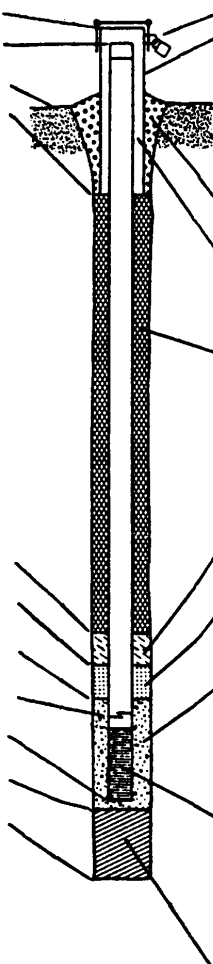
Form B - MONITORING WELL CONSTRUCTION FORM

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, Well Name, Facility License, Permit or Monitoring Number, Grid Origin Location, Wis. Unique Well Number, DNR Well Number, Type of Well, Section Location of Waste/Source, Date Well Installed, Distance Well is From Waste/Source Boundary, Location of Well Relative to Waste/Source, Is Well A Point of Enforcement Std. Application?

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

12. USCS classification of soil near screen: GP, GM, GC, GW, SW, SP, SM, SC, ML, MH, CL, CH
13. Sieve analysis attached?
14. Drilling method used: Rotary, Hollow Stem Auger, Other
15. Drilling fluid used: Water, Air, Drilling Mud, None
16. Drilling additives used?
17. Source of water (attach analysis):



- 1. Cap and lock?
2. Protective cover pipe: a. Inside diameter, b. Length, c. Material, d. Additional protection?
3. Surface seal: Bentonite, Concrete, Other
4. Material between well casing and protective pipe: Bentonite, Annular space seal, Other
5. Annular space seal: a. Granular Bentonite, b. Lbs/gal mud weight, c. Lbs/gal mud weight, d. % Bentonite, e. Ft³ volume added, f. How installed: Tremie, Tremie pumped, Gravity
6. Bentonite seal: a. Bentonite granules, b. 1/4 in., 3/8 in., 1/2 in., c. Other
7. Fine sand material: Manufacturer, product name, mesh size
8. Filter pack material: Manufacturer, product, mesh size
9. Well casing: Flush threaded PVC schedule 40, Flush threaded PVC schedule 80, Other
10. Screen Material: a. Screen type: Factory cut, Continuous slot, Other, b. Manufacturer, c. Slot size, d. Slotted length
11. Backfill material (below filter pack): None, Other

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

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				<b>Before Development</b>	
2. Well development method				<b>After Development</b>	
surged with bailer and bailed <input type="checkbox"/> 41		11. Depth to Water		_____ ft.	
surged with bailer and pumped <input type="checkbox"/> 61		(from top of		_____ ft.	
surged with block and bailed <input type="checkbox"/> 42		well casing) a. _____ ft.			
surged with block and pumped <input type="checkbox"/> 62		Date b. ____/____/____		____/____/____	
surged with block, bailed and pumped <input type="checkbox"/> 70		mm dd yy		mm dd yy	
compressed air <input type="checkbox"/> 20		Time c. ____:____		[ ] a.m. [ ] a.m.	
bailed only <input type="checkbox"/> 10		[ ] p.m.		____:____ [ ] p.m.	
pumped only <input type="checkbox"/> 51		12. Sediments in		_____ inches	
pumped slowly <input type="checkbox"/> 50		well bottom _____ inches		_____ inches	
other <input type="checkbox"/> —		13. Water clarity		Clear <input type="checkbox"/> 10	
3. Time spent developing well _____ min.		Turbid <input type="checkbox"/> 15		Clear <input type="checkbox"/> 20	
4. Depth of well (from top of well casing) _____ ft.		(Describe)		Turbid <input type="checkbox"/> 25	
5. Inside diameter of well _____ in.				(Describe)	
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: _____					
				Fill in if drilling fluids were used and well is at solid waste facility:	
10. Analysis performed on water added? <input type="checkbox"/> Yes <input type="checkbox"/> No				14. Total suspended	
(If yes, attach results)				solids _____ mg/l	
				_____ mg/l	
16. Additional comments on development:				15. COD _____ mg/l	
				_____ mg/l	

Well developed by: Person's Name and Firm  Name:  Firm:	I hereby certify that the above information is true and correct to the best of my knowledge.  Signature: _____  Print Initials: _____  Firm:
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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., 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 \_\_\_\_\_ 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 (ft)	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	RODY 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) _____		
Telephone Number _____		<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
Mailing Address _____		
City _____		
State _____ Zip Code _____		
_____		

<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 # _____	
Subdivision Name _____ Lot _____ Block _____		OR 1/4 of _____ 1/4 of Section _____	
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 _____		Number of Wells on Property _____	

Construction Date _____ _____ m m / d d / y y y y	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 _____	

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"/> Unconsolidated <input type="checkbox"/> Shale <input type="checkbox"/> Limestone <input type="checkbox"/> Crystalline	
Bedrock _____ ft.			
Well Bottom _____ ft.			
Static Water _____ ft.			
Casing 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.