

From: Karl Beaster <Karl.Beaster@enbridge.com>
Sent: Tuesday, August 09, 2016 11:05 AM
To: Stoltz, Carrie R - DNR
Subject: RE: Enbridge MP 85 site - decommissioning plan
Attachments: 160809_MP 85_Supplemental AS and Select Well Abandonment Plan_part 1.pdf

Hi Carrie – the message below got kicked back to me due to file size so I am going to split the document up into two parts. Attached is part 1.

Karl

From: Karl Beaster
Sent: Tuesday, August 09, 2016 10:55 AM
To: Stoltz, Carrie R - DNR
Subject: Enbridge MP 85 site - decommissioning plan

Hi Carrie – as previously discussed, attached is the plan for the first phase of decommissioning at the Enbridge Line 14 MP 85 Reichel Road site near Exeland, WI. This plan indicates what part of the AS system we intend to abandon as well as which peripheral monitoring wells we propose to abandon at this point in the project. Please review and let me know if you have any questions/comments. We are tentatively planning to conduct this work in late September/early October.

Thanks a lot,
Karl

Karl F. Beaster, PG

Sr. Environmental Analyst, LP US Environment Operations

ENBRIDGE

TEL: 715-398-4754 | CELL: 715-718-1040
119 N. 25th St. East, Superior, WI 54880

enbridge.com
Integrity. Safety. Respect.

From: Stoltz, Carrie R - DNR [<mailto:Carrie.Stoltz@wisconsin.gov>]
Sent: Monday, June 06, 2016 3:33 PM
To: Karl Beaster
Subject: RE: Enbridge Status

Hi Karl, glad to finally meet with you as well! I too believe the meeting was very productive and will bring the site to closure. I would like to see the site if at all possible, so when you have time, let me know. Have a great day! Carrie

We are committed to service excellence.

Visit our survey at <http://dnr.wi.gov/customersurvey> to evaluate how I did.

Carrie Stoltz

Phone (715)365-8942
Carrie.Stoltz@Wisconsin.gov

From: Karl Beaster [<mailto:Karl.Beaster@enbridge.com>]
Sent: Monday, June 06, 2016 3:25 PM
To: Stoltz, Carrie R - DNR
Subject: RE: Enbridge Status

Hi Carrie – thanks a lot for taking the time to meet with me last week. It was great to finally connect with you and I think we had a very productive discussion regarding the MP 85 site. I’ve spoken with my consultant and we’ll plan to email you our first stage of decommissioning plan prior to our mobilization later this summer. Coleman will actually be at the site this week performing the June sampling and O&M events. We’ll see how the redevelopment goes at RW-3 as well.

Thanks again!
Karl

Karl F. Beaster, PG
Sr. Environmental Analyst, LP US Environment Operations

—
ENBRIDGE
TEL: 715-398-4754 | CELL: 715-718-1040
119 N. 25th St. East, Superior, WI 54880

enbridge.com
Integrity. Safety. Respect.

***** IMPORTANT NOTICE*****

Unless otherwise indicated or obvious from the nature of the transmittal, the information contained in this email message is CONFIDENTIAL information intended for the use of the individual or entity named herein. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify the sender using the above contact information or by return email and delete this message and any copies from your computer system. Thank you.

Technical Memorandum

To: Karl Beaster, Enbridge Energy Limited Partnership
From: Jon Aspie, P.G.
Subject: Plan to decommission supplemental air sparge system and seal select monitoring wells
Enbridge Energy MP 85 Release Site
WDNR BRRTS # 02-55-548746
Date: July 21, 2016
Project: 49550029.06
c: Ward Mitchell, Coleman Engineering

This memo is to provide a plan to decommission the air sparge point array for the supplemental air sparge system and to abandon select wells at the Enbridge Energy Line 14 Mile Post 85 (MP 85) site near Exeland, Wisconsin (Figure 1). The supplemental air sparge system was operated from March 2008 to March 2009, and has remained shut down since March 2009. Dissolved phase hydrocarbon concentrations have been less than detection limits at all wells in the area of the supplemental air sparge points since September of 2013, and low concentrations of benzene have occasionally been detected only at wells MW-21 and MW-27 in this area since 2008.

Decommissioning of air sparge points for the supplemental air sparge system

The supplemental air sparge system is located between the source area system and Big Weirgor Creek (Figure 2). The supplemental system consists of 3 lines of air sparge points. Lines 1 and 2 of the system are located downgradient of monitoring well MW-15 and up gradient of wells MW-17 and MW-21. Line 3 was installed further downgradient, between MW-26 and MW-29. A total of 68 sparge points were constructed similar to monitoring wells with 2 foot long screens and were constructed in compliance with NR 141 Groundwater Monitoring Well Requirements. Line 1 consists of 26 sparge points at depths ranging from 22 to 24 feet below ground surface (bgs). Line 2 consists of 27 sparge points at depths ranging from 20.5 to 25 feet bgs. Line 3 consists of 15 sparge points at depths ranging from 15 to 17 feet bgs. Construction forms for each of the 68 points are attached. Manifolds and air supply lines to the sparge points were constructed at or near the ground surface.

Air supply lines and manifolds will be removed from the site and disposed at an appropriate facility. All sparge points associated with the supplemental system will be abandoned and sealed in accordance with NR 141 by a qualified contractor.

Abandonment and sealing of select monitoring wells

Seven wells located along the south/east portion of the investigation area will be abandoned and sealed in accordance with NR 141. Petroleum hydrocarbons have not been detected in samples collected from these wells, and other wells are present between these seven wells and the area where petroleum hydrocarbons are present in groundwater. These seven wells are MW-19, MW-20, MW-22, MW-23, MW-24, MW-24D, and MW-31 (Figure 2). These wells range in depth from 12 to 65 feet bgs. Well construction forms for these wells are attached.

To: Karl Beaster, Enbridge Energy Limited Partnership
From: Jon Aspie, P.G.
Subject: Plan to decommission supplemental air sparge system and seal select monitoring wells
Enbridge Energy MP 85 Release Site
WDNR BRRTS # 02-55-548746
Date: July 21, 2016
Page: 2

Two additional wells, MW-12 and MW-18, have well casings that are broken at depths of approximately 4 to 6 feet bgs. These wells are located in an area where a thick silt layer is present at the ground surface that occasionally has perched surface water. The casings appears to have been cracked due to frost action. Hydrocarbons have not been detected in samples from MW-18 at any time. Hydrocarbon concentrations at MW-12 have been less than detection levels since March 2014. These wells will not be replaced. MW-14 is located just downgradient of MW-12 and provides monitoring coverage in this area (Figure 2).

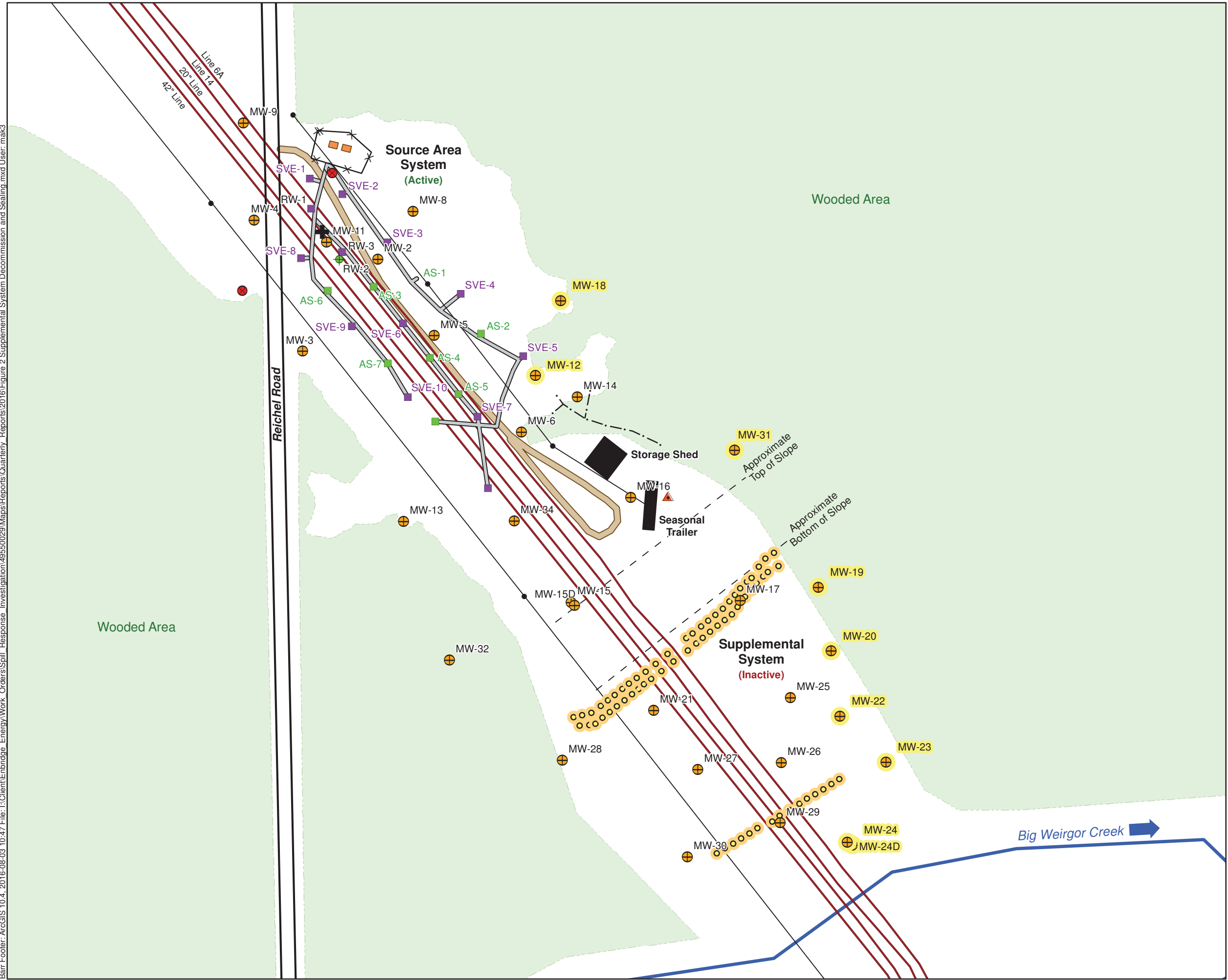


Release Location: NW 1/4, Section 9
Township 36 N, Range 7 W



Figure 1

SITE LOCATION MAP
Enbridge Energy, Limited Partnership
Line 14, MP-85 Crude Oil Release Site
Rusk County, Wisconsin



- ⊕ Release Location
- ⊕ Monitoring Well
- ⊕ Monitoring Well to be Abandoned and Sealed
- ⊗ Abandoned Monitoring Wells
- ⊕ Recovery Wells
- ⊕ Supplemental System Sparge Points to be Abandoned
- ▲ Residential Well
- Source Area Sparge Wells
- SVE Points
- ✕ Fence
- - - Slope Break
- · - Ravine
- Power Poles
- Power Lines
- ▭ SVE / AS Trench
- Approximate Pipeline Location
- ▭ Remediation System Sheds
- ▭ Driveway
- ▭ Structures
- ➡ Approximate River Flow Direction

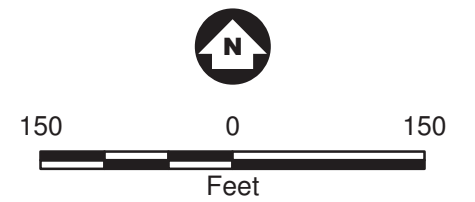


Figure 2

SUPPLEMENTAL SYSTEM DECOMMISSION AND WELL SEALING LOCATIONS
 Enbridge Energy, Limited Partnership
 Line 14, MP 85 Crude Oil Release Site
 Rusk County, Wisconsin

Attachment:
Supplemental AS System Line 1 Sparge Point Construction
Forms

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-IN
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or	Wis. Unique Well No. / DNR Well Number
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/19/2008
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source 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	BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe _____</p> <p>17. Source of water (attach analysis, if required):</p> </div>	
E. Bentonite seal, top _____ ft. MSL or 18.0 ft.	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
G. Filter pack, top _____ ft. MSL or 20.0 ft.	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 3/8" HOLEPLUG Other <input checked="" type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 22.0 ft.	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
I. Well bottom _____ ft. MSL or 24.0 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
J. Filter pack, bottom _____ ft. MSL or 25.0 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 25.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
L. Borehole, diameter 6.0 in.	b. Manufacturer BOART LONGYEAR
M. O.D. well casing 2.37 in.	c. Slot size: 0.010 in.
N. I.D. well casing 2.06 in.	d. Slotted length: 2.0 ft.
	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>

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

Signature John R. Kuch Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-2N
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/19/2008
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source 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	Gov. Lot Number BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 3/8" HOLEPLUG Other <input checked="" type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 18.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
G. Filter pack, top _____ ft. MSL or 20.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 22.0 ft.	
I. Well bottom _____ ft. MSL or 24.0 ft.	
J. Filter pack, bottom _____ ft. MSL or 25.0 ft.	
K. Borehole, bottom _____ ft. MSL or 25.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John R. [unclear]* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSOY STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name AS-3N
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well Number
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/12/2008
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>	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	Gov. Lot Number BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR
G. Filter pack, top _____ ft. MSL or 20.0 ft.	c. Slot size: 0.010 in.
H. Screen joint, top _____ ft. MSL or 22.0 ft.	d. Slotted length: 2.0 ft.
I. Well bottom _____ ft. MSL or 24.0 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 SAND Other <input checked="" type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or 25.0 ft.	
K. Borehole, bottom _____ ft. MSL or 25.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John R. Riche* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-4N
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or	Wis. Unique Well No. DNR Well Number
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/12/2008
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source 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	Gov. Lot Number BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation <u>2.00</u> ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or <u>0.0</u> ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 <u>MINI SONIC</u> Other <input checked="" type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. <u>#40 RED FLINT SAND & GRAVEL</u> b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: <u>PVC</u> a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer <u>BOART LONGYEAR</u>
G. Filter pack, top _____ ft. MSL or <u>20.0</u> ft.	c. Slot size: <u>0.010</u> in.
H. Screen joint, top _____ ft. MSL or <u>22.0</u> ft.	d. Slotted length: <u>2.0</u> ft.
I. Well bottom _____ ft. MSL or <u>24.0</u> ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 <u>SAND</u> Other <input checked="" type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or <u>25.0</u> ft.	
K. Borehole, bottom _____ ft. MSL or <u>25.0</u> ft.	
L. Borehole, diameter <u>6.0</u> in.	
M. O.D. well casing <u>2.37</u> in.	
N. I.D. well casing <u>2.06</u> in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature John R. Kuch Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-5N
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or	Wis. Unique Well No. DNR Well Number
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/12/2008
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Well Code 62/as	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	Gov. Lot Number
Distance from Waste/Source ft.	Enf. Stds. Apply <input type="checkbox"/>	BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div>	
E. Bentonite seal, top _____ ft. MSL or _____ ft.	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
G. Filter pack, top _____ ft. MSL or 20.0 ft.	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 22.0 ft.	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
I. Well bottom _____ ft. MSL or 24.0 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
J. Filter pack, bottom _____ ft. MSL or 25.0 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 25.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
L. Borehole, diameter 6.0 in.	b. Manufacturer BOART LONGYEAR
M. O.D. well casing 2.37 in.	c. Slot size: 0.010 in.
N. I.D. well casing 2.06 in.	d. Slotted length: 2.0 ft.
	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 SAND Other <input checked="" type="checkbox"/>

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

Signature John R. Rich Firm **BOART LONGYEAR COMPANY** Tet: 715-359-7090
 101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name AS-6N
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed 03/12/2008
Type of Well	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source ft.	Enf. Stds. Apply <input type="checkbox"/>	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	Gov. Lot Number BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
G. Filter pack, top _____ ft. MSL or 20.0 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 SAND Other <input checked="" type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 22.0 ft.	
I. Well bottom _____ ft. MSL or 24.0 ft.	
J. Filter pack, bottom _____ ft. MSL or 25.0 ft.	
K. Borehole, bottom _____ ft. MSL or 25.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John R. [Signature]* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-7N
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well Number
Facility ID	Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/12/2008
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Well Code 62/as	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	Gov. Lot Number
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>		BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation <u>2.00</u> ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or <u>0.0</u> ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 <u>MINI SONIC</u> Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. <u>#40 RED FLINT SAND & GRAVEL</u> b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: <u>PVC</u> a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer <u>BOART LONGYEAR</u> c. Slot size: <u>0.010</u> in. d. Slotted length: <u>2.0</u> ft.
G. Filter pack, top _____ ft. MSL or <u>20.0</u> ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 <u>SAND</u> Other <input checked="" type="checkbox"/>
H. Screen joint, top _____ ft. MSL or <u>22.0</u> ft.	
I. Well bottom _____ ft. MSL or <u>24.0</u> ft.	
J. Filter pack, bottom _____ ft. MSL or <u>25.0</u> ft.	
K. Borehole, bottom _____ ft. MSL or <u>25.0</u> ft.	
L. Borehole, diameter <u>6.0</u> in.	
M. O.D. well casing <u>2.37</u> in.	
N. I.D. well casing <u>2.06</u> in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature John R. Kuch Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-8N
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well Number
Facility ID	Lat. _____ Long. _____ or	Date Well Installed 03/12/2008
Type of Well Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source ft. <input type="checkbox"/> Enfl. Stds. Apply <input type="checkbox"/>	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	Gov. Lot Number
		BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation 2.00 ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or 0.0 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 5 0
 Hollow Stem Auger 4 1
MINI SONIC Other

15. Drilling fluid used: Water 0 2 Air 0 1
 Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis, if required): _____

E. Bentonite seal, top _____ ft. MSL or _____ ft.

F. Fine sand, top _____ ft. MSL or _____ ft.

G. Filter pack, top _____ ft. MSL or 20.0 ft.

H. Screen joint, top _____ ft. MSL or 22.0 ft.

I. Well bottom _____ ft. MSL or 24.0 ft.

J. Filter pack, bottom _____ ft. MSL or 25.0 ft.

K. Borehole, bottom _____ ft. MSL or 25.0 ft.

L. Borehole, diameter 6.0 in.

M. O.D. well casing 2.37 in.

N. I.D. well casing 2.06 in.

1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: _____ in.
 b. Length: _____ ft.
 c. Material: Steel 0 4
 Other

d. Additional protection? Yes No
 If yes, describe: _____

3. Surface seal: Bentonite 3 0
 Concrete 0 1
 Other

4. Material between well casing and protective pipe:
 Bentonite 3 0
 Other

5. Annular space seal: a. Granular/Chipped Bentonite 3 3
 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 3 5
 c. _____ Lbs/gal mud weight ... Bentonite slurry 3 1
 d. _____ % Bentonite ... Bentonite-cement grout 5 0
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 0 1
 Tremie pumped 0 2
 Gravity 0 8

6. Bentonite seal: a. Bentonite granules 3 3
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
 c. _____ Other

7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
 a. #40 RED FLINT SAND & GRAVEL
 b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 2 3
 Flush threaded PVC schedule 80 2 4
 Other

10. Screen material: PVC
 a. Screen Type: Factory cut 1 1
 Continuous slot 0 1
 Other

b. Manufacturer BOART LONGYEAR
 c. Slot size: 0.010 in.
 d. Slotted length: 2.0 ft.

11. Backfill material (below filter pack): SAND
 None 1 4
 Other

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

Signature John R. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
 101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-9N
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or	Wis. Unique Well No. DNR Well Number
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/13/2008
Type of Well	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Well Code 62/as	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	Gov. Lot Number
Distance from Waste/Source ft.	Enf. Stds. Apply <input type="checkbox"/>	BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div>	
E. Bentonite seal, top _____ ft. MSL or 18.0 ft.	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
G. Filter pack, top _____ ft. MSL or 20.0 ft.	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 22.0 ft.	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
I. Well bottom _____ ft. MSL or 24.0 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
J. Filter pack, bottom _____ ft. MSL or 25.0 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 25.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
L. Borehole, diameter 6.0 in.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
M. O.D. well casing 2.37 in.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 SAND Other <input checked="" type="checkbox"/>
N. I.D. well casing 2.06 in.	

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

Signature John R. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
 101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name AS-10N
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	Lat. " ' " Long. " ' " or	Date Well Installed 03/13/2008
Type of Well Well Code 62/as	St. Plane _____ ft. N, _____ ft. E. S/C/N	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source ft. _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	BOART LONGYEAR E&I
Enf. Stds. Apply <input type="checkbox"/>	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	
	Gov. Lot Number _____	

A. Protective pipe, top elevation _____ ft. MSL Yes No

B. Well casing, top elevation 2.00 ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or 0.0 ft.

1. Cap and lock? Yes No

2. Protective cover pipe:
a. Inside diameter: _____ in.
b. Length: _____ ft.
c. Material: Steel 0 4
Other

d. Additional protection? Yes No
If yes, describe: _____

3. Surface seal: Bentonite 3 0
Concrete 0 1
Other

4. Material between well casing and protective pipe: Bentonite 3 0
Other

5. Annular space seal: a. Granular/Chipped Bentonite 3 3
b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 3 5
c. _____ Lbs/gal mud weight . . . Bentonite slurry 3 1
d. _____ % Bentonite . . . Bentonite-cement grout 5 0
e. _____ Ft³ volume added for any of the above
f. How installed: Tremie 0 1
Tremie pumped 0 2
Gravity 0 8

6. Bentonite seal: a. Bentonite granules 3 3
b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
c. _____ Other

7. Fine sand material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
a. #40 RED FLINT SAND & GRAVEL
b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 2 3
Flush threaded PVC schedule 80 2 4
Other

10. Screen material: PVC
a. Screen Type: Factory cut 1 1
Continuous slot 0 1
Other

b. Manufacturer BOART LONGYEAR
c. Slot size: 0.010 in.
d. Slotted length: 2.0 ft.

11. Backfill material (below filter pack): None 1 4
SAND Other

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 5 0
Hollow Stem Auger 4 1
MINI SONIC Other

15. Drilling fluid used: Water 0 2 Air 0 1
Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No
Describe _____

17. Source of water (attach analysis, if required): _____

E. Bentonite seal, top _____ ft. MSL or 18.0 ft.

F. Fine sand, top _____ ft. MSL or _____ ft.

G. Filter pack, top _____ ft. MSL or 20.0 ft.

H. Screen joint, top _____ ft. MSL or 22.0 ft.

I. Well bottom _____ ft. MSL or 24.0 ft.

J. Filter pack, bottom _____ ft. MSL or 25.0 ft.

K. Borehole, bottom _____ ft. MSL or 25.0 ft.

L. Borehole, diameter 6.0 in.

M. O.D. well casing 2.37 in.

N. I.D. well casing 2.06 in.

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

Signature John R. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-11N
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/13/2008
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>	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	Gov. Lot Number BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 18.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR
G. Filter pack, top _____ ft. MSL or 20.0 ft.	c. Slot size: 0.010 in.
H. Screen joint, top _____ ft. MSL or 22.0 ft.	d. Slotted length: 2.0 ft.
I. Well bottom _____ ft. MSL or 24.0 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 SAND Other <input checked="" type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or 25.0 ft.	
K. Borehole, bottom _____ ft. MSL or 25.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature John F. Rich Firm **BOART LONGYEAR COMPANY** 101 ALDERSON STREET SCHOFIELD, WI 54476 Tel: 715-359-7090 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-12N
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	Lat. _____ Long. _____ or St. Plane _____ ft N, _____ ft E. S/C/N	Date Well Installed 03/13/2008
Type of Well Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ E <input type="checkbox"/> W <input type="checkbox"/>	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source ft. <input type="checkbox"/> Erf. Stds. Apply <input type="checkbox"/>	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	Gov. Lot Number BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL
B. Well casing, top elevation **2.00** ft. MSL
C. Land surface elevation _____ ft. MSL
D. Surface seal, bottom _____ ft. MSL or **0.0** ft.

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

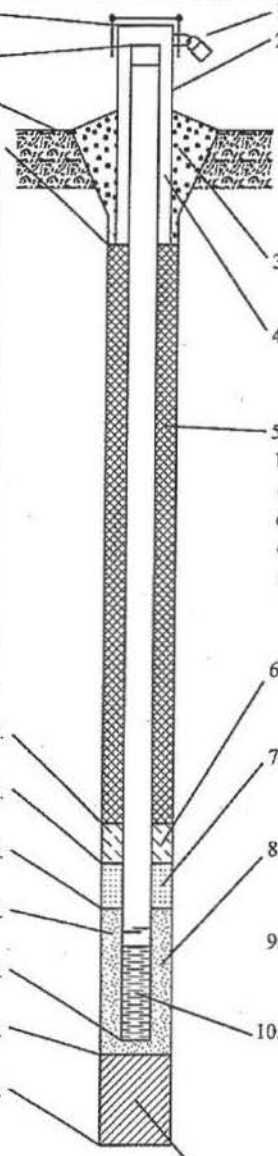
13. Sieve analysis attached? Yes No

14. Drilling method used: Rotary 5 0
Hollow Stem Auger 4 1
MINI SONIC Other

15. Drilling fluid used: Water 0 2 Air 0 1
Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No
Describe _____

17. Source of water (attach analysis, if required):



1. Cap and lock? Yes No

2. Protective cover pipe:
a. Inside diameter: _____ in.
b. Length: _____ ft.
c. Material: Steel 0 4
Other

d. Additional protection? Yes No
If yes, describe: _____

3. Surface seal: Bentonite 3 0
Concrete 0 1
Other

4. Material between well casing and protective pipe:
Bentonite 3 0
Other

5. Annular space seal: a. Granular/Chipped Bentonite 3 3
b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 3 5
c. _____ Lbs/gal mud weight ... Bentonite slurry 3 1
d. _____ % Bentonite ... Bentonite-cement grout 5 0
e. _____ Ft³ volume added for any of the above
f. How installed: Tremie 0 1
Tremie pumped 0 2
Gravity 0 8

6. Bentonite seal: a. Bentonite granules 3 3
b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
c. _____ Other

7. Fine sand material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
a. **#40 RED FLINT SAND & GRAVEL**
b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 2 3
Flush threaded PVC schedule 80 2 4
Other

10. Screen material: **PVC**
a. Screen Type: Factory cut 1 1
Continuous slot 0 1
Other
b. Manufacturer **BOART LONGYEAR**
c. Slot size: **0.010** in.
d. Slotted length: **2.0** ft.

11. Backfill material (below filter pack): None 1 4
SAND Other

E. Bentonite seal, top _____ ft. MSL or **18.0** ft.
F. Fine sand, top _____ ft. MSL or _____ ft.
G. Filter pack, top _____ ft. MSL or **20.0** ft.
H. Screen joint, top _____ ft. MSL or **22.0** ft.
I. Well bottom _____ ft. MSL or **24.0** ft.
J. Filter pack, bottom _____ ft. MSL or **25.0** ft.
K. Borehole, bottom _____ ft. MSL or **25.0** ft.
L. Borehole, diameter **6.0** in.
M. O.D. well casing **2.37** in.
N. I.D. well casing **2.06** in.

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

Signature *John R. Rich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-13N
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	Lat. _____ Long. _____ or	Date Well Installed 03/13/2008
Type of Well	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: (Person's Name and Firm) MAT WHITE
Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Gov. Lot Number
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>	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	BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 18.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
G. Filter pack, top _____ ft. MSL or 20.0 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 SAND Other <input checked="" type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 22.0 ft.	
I. Well bottom _____ ft. MSL or 24.0 ft.	
J. Filter pack, bottom _____ ft. MSL or 25.0 ft.	
K. Borehole, bottom _____ ft. MSL or 25.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John R. Rich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-14N
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well Number
Facility ID	Lat. _____ Long. _____ or	Date Well Installed 03/13/2008
Type of Well	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: (Person's Name and Firm) MAT WHITE
Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	BOART LONGYEAR E&I
Distance from Waste/Source 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	
Inf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div>	
E. Bentonite seal, top _____ ft. MSL or 18.0 ft.	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
G. Filter pack, top _____ ft. MSL or 20.0 ft.	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 22.0 ft.	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
I. Well bottom _____ ft. MSL or 24.0 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
J. Filter pack, bottom _____ ft. MSL or 25.0 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 25.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
L. Borehole, diameter 6.0 in.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
M. O.D. well casing 2.37 in.	11. Backfill material (below filter pack): SAND None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/>
N. I.D. well casing 2.06 in.	

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

Signature John R. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
 101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name AS-15N
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/13/2008
Type of Well Well Code 62/as	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source ft. _____	Enf. Stds. Apply <input type="checkbox"/>	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	Gov. Lot Number _____

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div>	
E. Bentonite seal, top _____ ft. MSL or 18.0 ft.	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
G. Filter pack, top _____ ft. MSL or 20.0 ft.	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 22.0 ft.	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
I. Well bottom _____ ft. MSL or 25.0 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
J. Filter pack, bottom _____ ft. MSL or 25.0 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 25.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
L. Borehole, diameter 6.0 in.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
M. O.D. well casing 2.37 in.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 SAND Other <input checked="" type="checkbox"/>
N. I.D. well casing 2.06 in.	

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

Signature *John A. Rich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-16N
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well Number
Facility ID	Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/13/2008
Type of Well Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>	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	Gov. Lot Number
BOART LONGYEAR E&I		

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation 2.00 ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or 0.0 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 5 0
 Hollow Stem Auger 4 1
MINI SONIC Other

15. Drilling fluid used: Water 0 2 Air 0 1
 Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis, if required):

E. Bentonite seal, top _____ ft. MSL or 15.0 ft.

F. Fine sand, top _____ ft. MSL or _____ ft.

G. Filter pack, top _____ ft. MSL or 17.0 ft.

H. Screen joint, top _____ ft. MSL or 21.0 ft.

I. Well bottom _____ ft. MSL or 23.0 ft.

J. Filter pack, bottom _____ ft. MSL or 25.0 ft.

K. Borehole, bottom _____ ft. MSL or 25.0 ft.

L. Borehole, diameter 6.0 in.

M. O.D. well casing 2.37 in.

N. I.D. well casing 2.06 in.

- Cap and lock? Yes No
- Protective cover pipe:
 - Inside diameter: _____ in.
 - Length: _____ ft.
 - Material: Steel 0 4
Other
 - Additional protection? Yes No
If yes, describe: _____
- Surface seal: Bentonite 3 0
Concrete 0 1
Other
- Material between well casing and protective pipe: Bentonite 3 0
Other
- Annular space seal:
 - Granular/Chipped Bentonite 3 3
 - _____ Lbs/gal mud weight ... Bentonite-sand slurry 3 5
 - _____ Lbs/gal mud weight ... Bentonite slurry 3 1
 - _____ % Bentonite ... Bentonite-cement grout 5 0
 - _____ Ft³ volume added for any of the above
 - How installed: Tremie 0 1
Tremie pumped 0 2
Gravity 0 8
- Bentonite seal:
 - Bentonite granules 3 3
 - 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
 - Other
- Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
- Filter pack material: Manufacturer, product name & mesh size
 a. #40 RED FLINT SAND & GRAVEL
 b. Volume added _____ ft³
- Well casing: Flush threaded PVC schedule 40 2 3
 Flush threaded PVC schedule 80 2 4
 Other
- Screen material: PVC
 - Screen Type: Factory cut 1 1
 Continuous slot 0 1
 Other
 - Manufacturer BOART LONGYEAR
 - Slot size: 0.010 in.
 - Slotted length: 2.0 ft.
- Backfill material (below filter pack): None 1 4
SAND Other

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

Signature John R. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
 101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-17N
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well Number
Facility ID	Lat. _____ Long. _____ or	Date Well Installed 03/13/2008
Type of Well Well Code 62/as	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source ft. _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	BOART LONGYEAR E&I
Enf. Stds. Apply <input type="checkbox"/>	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	Gov. Lot Number

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
E. Bentonite seal, top _____ ft. MSL or 15.0 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	10. Screen material: PVC
G. Filter pack, top _____ ft. MSL or 17.0 ft.	a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 20.5 ft.	b. Manufacturer BOART LONGYEAR
I. Well bottom _____ ft. MSL or 22.5 ft.	c. Slot size: 0.010 in.
J. Filter pack, bottom _____ ft. MSL or 23.0 ft.	d. Slotted length: 2.0 ft.
K. Borehole, bottom _____ ft. MSL or 23.0 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 SAND Other <input checked="" type="checkbox"/>
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John R. ...* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name AS-18N
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/14/2008
Type of Well	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Well Code 62/as	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	Gov. Lot Number
Distance from Waste/Source ft. _____	Enf. Stds. Apply <input type="checkbox"/>	BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 3/8" HOLEPLUG Other <input checked="" type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
Describe _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
17. Source of water (attach analysis, if required): _____	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 17.0 ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
F. Fine sand, top _____ ft. MSL or _____ ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 19.0 ft.	
H. Screen joint, top _____ ft. MSL or 21.0 ft.	
I. Well bottom _____ ft. MSL or 23.0 ft.	
J. Filter pack, bottom _____ ft. MSL or 25.0 ft.	
K. Borehole, bottom _____ ft. MSL or 25.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John R. Rich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-19N
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/14/2008
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>	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	Gov. Lot Number
		BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 3/8" HOLEPLUG Other <input checked="" type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 16.5 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
G. Filter pack, top _____ ft. MSL or 18.5 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 20.5 ft.	
I. Well bottom _____ ft. MSL or 22.5 ft.	
J. Filter pack, bottom _____ ft. MSL or 24.0 ft.	
K. Borehole, bottom _____ ft. MSL or 24.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature John R. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-20N
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well Number
Facility ID	Lat. _____ Long. _____ or	Date Well Installed 03/14/2008
Type of Well Well Code 62/as	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	BOART LONGYEAR E&I
	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	Gov. Lot Number

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation 2.00 ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or 0.0 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 5 0
 Hollow Stem Auger 4 1
MINI SONIC Other

15. Drilling fluid used: Water 0 2 Air 0 1
 Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis, if required): _____

E. Bentonite seal, top _____ ft. MSL or 16.0 ft.

F. Fine sand, top _____ ft. MSL or _____ ft.

G. Filter pack, top _____ ft. MSL or 18.0 ft.

H. Screen joint, top _____ ft. MSL or 20.0 ft.

I. Well bottom _____ ft. MSL or 22.0 ft.

J. Filter pack, bottom _____ ft. MSL or 23.0 ft.

K. Borehole, bottom _____ ft. MSL or 23.0 ft.

L. Borehole, diameter 6.0 in.

M. O.D. well casing 2.37 in.

N. I.D. well casing 2.06 in.

1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: _____ in.
 b. Length: _____ ft.
 c. Material: Steel 0 4
 Other

d. Additional protection? Yes No
 If yes, describe: _____

3. Surface seal: Bentonite 3 0
 Concrete 0 1
 Other

4. Material between well casing and protective pipe:
 Bentonite 3 0
 Other

5. Annular space seal: a. Granular/Chipped Bentonite 3 3
 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 3 5
 c. _____ Lbs/gal mud weight ... Bentonite slurry 3 1
 d. _____ % Bentonite ... Bentonite-cement grout 5 0
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 0 1
 Tremie pumped 0 2
 Gravity 0 8

6. Bentonite seal: a. Bentonite granules 3 3
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
 c. 3/8" HOLEPLUG Other

7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
 a. #40 RED FLINT SAND & GRAVEL
 b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 2 3
 Flush threaded PVC schedule 80 2 4
 Other

10. Screen material: PVC
 a. Screen Type: Factory cut 1 1
 Continuous slot 0 1
 Other

b. Manufacturer BOART LONGYEAR
 c. Slot size: 0.010 in.
 d. Slotted length: 2.0 ft.

11. Backfill material (below filter pack): None 1 4
 Other

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

Signature John R. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
 101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name AS-21N	
Facility License, Permit or Monitoring No. 0		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. / DNR Well Number	
Facility ID		Lat. _____ ' _____ " Long. _____ ' _____ " or		Date Well Installed 03/17/2008	
Type of Well Well Code 62/as		St. Plane _____ ft. N, _____ ft. E. S/C/N		Well Installed By: (Person's Name and Firm) MAT WHITE	
Distance from Waste/Source ft. _____		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Gov. Lot Number	
Enf. Stds. Apply <input type="checkbox"/>		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		BOART LONGYEAR E&I	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div>	
E. Bentonite seal, top _____ ft. MSL or 16.0 ft.	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
G. Filter pack, top _____ ft. MSL or 18.5 ft.	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 20.5 ft.	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
I. Well bottom _____ ft. MSL or 22.5 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
J. Filter pack, bottom _____ ft. MSL or 24.0 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 24.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
L. Borehole, diameter 6.0 in.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
M. O.D. well casing 2.37 in.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 SAND Other <input checked="" type="checkbox"/>
N. I.D. well casing 2.06 in.	

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

Signature *John R. Rich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-22N
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	Lat. _____ " Long. _____ " or St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/17/2008
Type of Well Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source 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	Gov. Lot Number BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL
B. Well casing, top elevation **2.00** ft. MSL
C. Land surface elevation _____ ft. MSL
D. Surface seal, bottom _____ ft. MSL or **0.0** ft.

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

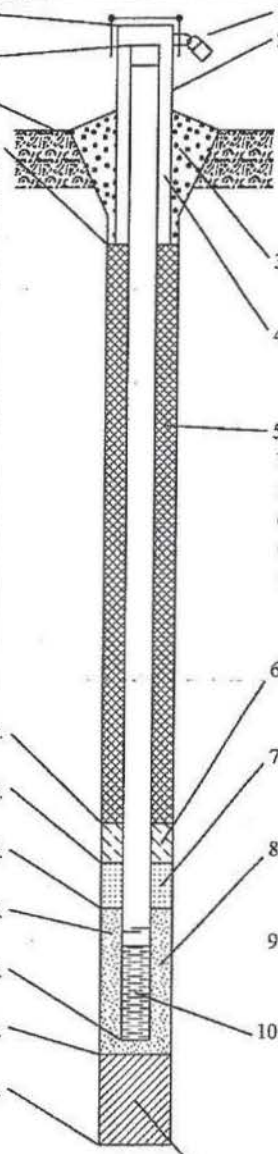
13. Sieve analysis attached? Yes No

14. Drilling method used: Rotary 5 0
Hollow Stem Auger 4 1
MINI SONIC Other

15. Drilling fluid used: Water 0 2 Air 0 1
Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No
Describe _____

17. Source of water (attach analysis, if required):



1. Cap and lock? Yes No

2. Protective cover pipe:
a. Inside diameter: _____ in.
b. Length: _____ ft.
c. Material: Steel 0 4
Other

d. Additional protection? Yes No
If yes, describe: _____

3. Surface seal: Bentonite 3 0
Concrete 0 1
Other

4. Material between well casing and protective pipe:
Bentonite 3 0
Other

5. Annular space seal: a. Granular/Chipped Bentonite 3 3
b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 3 5
c. _____ Lbs/gal mud weight ... Bentonite slurry 3 1
d. _____ % Bentonite ... Bentonite-cement grout 5 0
e. _____ Ft³ volume added for any of the above
f. How installed: Tremie 0 1
Tremie pumped 0 2
Gravity 0 8

6. Bentonite seal: a. Bentonite granules 3 3
b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
c. _____ Other

7. Fine sand material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
a. **#40 RED FLINT SAND & GRAVEL**
b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 2 3
Flush threaded PVC schedule 80 2 4
Other

10. Screen material: **PVC**
a. Screen Type: Factory cut 1 1
Continuous slot 0 1
Other

b. Manufacturer **BOART LONGYEAR**
c. Slot size: **0.010** in.
d. Slotted length: **2.0** ft.

11. Backfill material (below filter pack): **SAND** None 1 4
Other

E. Bentonite seal, top _____ ft. MSL or **17.0** ft.
F. Fine sand, top _____ ft. MSL or _____ ft.
G. Filter pack, top _____ ft. MSL or **19.0** ft.
H. Screen joint, top _____ ft. MSL or **21.0** ft.
I. Well bottom _____ ft. MSL or **23.0** ft.
J. Filter pack, bottom _____ ft. MSL or **24.0** ft.
K. Borehole, bottom _____ ft. MSL or **24.0** ft.
L. Borehole, diameter **6.0** in.
M. O.D. well casing **2.37** in.
N. I.D. well casing **2.06** in.

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

Signature *John V. Rich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-23N
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/18/2008
Type of Well Well Code 62/as	Section Location of Waste/Source _____/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ E _____ W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>	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	Gov. Lot Number BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 3/8" HOLEPLUG Other <input checked="" type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 18.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
G. Filter pack, top _____ ft. MSL or 20.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 21.0 ft.	
I. Well bottom _____ ft. MSL or 23.0 ft.	
J. Filter pack, bottom _____ ft. MSL or 23.0 ft.	
K. Borehole, bottom _____ ft. MSL or 23.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John Riche* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name AS-24N	
Facility License, Permit or Monitoring No. O		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID _____		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed 03/19/2008	
Type of Well		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: (Person's Name and Firm) MAT WHITE	
Well Code 62/as		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		Gov. Lot Number _____	
Distance from Waste/Source _____ ft.		Enf. Stds. Apply <input type="checkbox"/>		BOART LONGYEAR E&I	

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL		2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL		d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.		3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>		6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 3/8" HOLEPLUG Other <input checked="" type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99		7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____		8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____		9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 18.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>	
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.	
G. Filter pack, top _____ ft. MSL or 20.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>	
H. Screen joint, top _____ ft. MSL or 22.0 ft.		
I. Well bottom _____ ft. MSL or 24.0 ft.		
J. Filter pack, bottom _____ ft. MSL or 25.0 ft.		
K. Borehole, bottom _____ ft. MSL or 25.0 ft.		
L. Borehole, diameter 6.0 in.		
M. O.D. well casing 2.37 in.		
N. I.D. well casing 2.06 in.		

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

Signature *John R. Riel*

Firm **BOART LONGYEAR COMPANY**
101 ALDERSON STREET SCHOFIELD, WI 54476

Tel: 715-359-7090
Fax: 715-355-5715

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-25N
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. / DNR Well Number
Facility ID	Lat. " ' " Long. " ' " or	Date Well Installed 03/19/2008
Type of Well Well Code 62/as	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source ft.	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	BOART LONGYEAR E&I
Enf. Stds. Apply <input type="checkbox"/>	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	Gov. Lot Number

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation <u>2.00</u> ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or <u>0.0</u> ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 <u>MINI SONIC</u> Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. <u>3/8" HOLEPLUG</u> Other <input checked="" type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Filter pack material: Manufacturer, product name & mesh size a. <u>#40 RED FLINT SAND & GRAVEL</u> b. Volume added _____ ft ³
Describe _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
17. Source of water (attach analysis, if required):	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or <u>18.0</u> ft.	b. Manufacturer <u>BOART LONGYEAR</u> c. Slot size: <u>0.010</u> in. d. Slotted length: <u>2.0</u> ft.
F. Fine sand, top _____ ft. MSL or _____ ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or <u>20.0</u> ft.	
H. Screen joint, top _____ ft. MSL or <u>22.0</u> ft.	
I. Well bottom _____ ft. MSL or <u>24.0</u> ft.	
J. Filter pack, bottom _____ ft. MSL or <u>25.0</u> ft.	
K. Borehole, bottom _____ ft. MSL or <u>25.0</u> ft.	
L. Borehole, diameter <u>6.0</u> in.	
M. O.D. well casing <u>2.37</u> in.	
N. I.D. well casing <u>2.06</u> in.	

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

Signature John R. Kuch Firm **BOART LONGYEAR COMPANY** 101 ALDERSON STREET SCHOFIELD, WI 54476 Tel: 715-359-7090 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name AS-26N	
Facility License, Permit or Monitoring No. 0		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed 03/19/2008	
Type of Well Well Code 62/as		Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E _____ <input type="checkbox"/> W		Well Installed By: (Person's Name and Firm) MAT WHITE	
Distance from Waste/Source _____ 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		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				BOART LONGYEAR E&I	

A. Protective pipe, top elevation _____ ft. MSL
 B. Well casing, top elevation **2.00** ft. MSL
 C. Land surface elevation _____ ft. MSL
 D. Surface seal, bottom _____ ft. MSL or **0.0** ft.

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

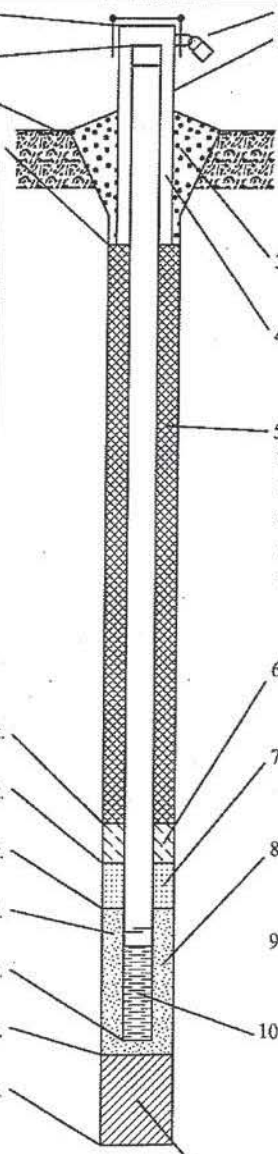
13. Sieve analysis attached? Yes No

14. Drilling method used: Rotary 5 0
 Hollow Stem Auger 4 1
MINI SONIC Other

15. Drilling fluid used: Water 0 2 Air 0 1
 Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis, if required):



1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: _____ in.
 b. Length: _____ ft.
 c. Material: Steel 0 4
 Other
 d. Additional protection? Yes No
 If yes, describe: _____

3. Surface seal: Bentonite 3 0
 Concrete 0 1
 Other

4. Material between well casing and protective pipe:
 Bentonite 3 0
 Other

5. Annular space seal:
 a. Granular/Chipped Bentonite 3 3
 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 3 5
 c. _____ Lbs/gal mud weight ... Bentonite slurry 3 1
 d. _____ % Bentonite ... Bentonite-cement grout 5 0
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 0 1
 Tremie pumped 0 2
 Gravity 0 8

6. Bentonite seal:
 a. Bentonite granules 3 3
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
 c. **3/8" HOLEPLUG** Other

7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
 a. **#40 RED FLINT SAND & GRAVEL**
 b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 2 3
 Flush threaded PVC schedule 80 2 4
 Other

10. Screen material: **PVC**
 a. Screen Type: Factory cut 1 1
 Continuous slot 0 1
 Other
 b. Manufacturer **BOART LONGYEAR**
 c. Slot size: **0.010** in.
 d. Slotted length: **2.0** ft.

11. Backfill material (below filter pack): None 1 4
 Other

E. Bentonite seal, top _____ ft. MSL or **18.0** ft.
 F. Fine sand, top _____ ft. MSL or _____ ft.
 G. Filter pack, top _____ ft. MSL or **20.0** ft.
 H. Screen joint, top _____ ft. MSL or **22.0** ft.
 I. Well bottom _____ ft. MSL or **24.0** ft.
 J. Filter pack, bottom _____ ft. MSL or **25.0** ft.
 K. Borehole, bottom _____ ft. MSL or **25.0** ft.
 L. Borehole, diameter **6.0** in.
 M. O.D. well casing **2.37** in.
 N. I.D. well casing **2.06** in.

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

Signature *John R. Rich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
 101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

From: Karl Beaster <Karl.Beaster@enbridge.com>
Sent: Tuesday, August 09, 2016 11:11 AM
To: Stoltz, Carrie R - DNR
Subject: RE: Enbridge MP 85 site - decommissioning plan
Attachments: 160809_MP 85_Supplemental AS and Select Well Abandonment Plan_part 2.pdf

Follow Up Flag: Follow up
Due By: Friday, August 12, 2016 11:00 AM
Flag Status: Completed

And here is part 2.

Karl

From: Karl Beaster
Sent: Tuesday, August 09, 2016 11:05 AM
To: 'Stoltz, Carrie R - DNR'
Subject: RE: Enbridge MP 85 site - decommissioning plan

Hi Carrie – the message below got kicked back to me due to file size so I am going to split the document up into two parts. Attached is part 1.

Karl

From: Karl Beaster
Sent: Tuesday, August 09, 2016 10:55 AM
To: Stoltz, Carrie R - DNR
Subject: Enbridge MP 85 site - decommissioning plan

Hi Carrie – as previously discussed, attached is the plan for the first phase of decommissioning at the Enbridge Line 14 MP 85 Reichel Road site near Exeland, WI. This plan indicates what part of the AS system we intend to abandon as well as which peripheral monitoring wells we propose to abandon at this point in the project. Please review and let me know if you have any questions/comments. We are tentatively planning to conduct this work in late September/early October.

Thanks a lot,
Karl

Karl F. Beaster, PG

Sr. Environmental Analyst, LP US Environment Operations

—

ENBRIDGE

TEL: 715-398-4754 | CELL: 715-718-1040
119 N. 25th St. East, Superior, WI 54880

enbridge.com
Integrity. Safety. Respect.

From: Stoltz, Carrie R - DNR [<mailto:Carrie.Stoltz@wisconsin.gov>]
Sent: Monday, June 06, 2016 3:33 PM
To: Karl Beaster
Subject: RE: Enbridge Status

Hi Karl, glad to finally meet with you as well! I too believe the meeting was very productive and will bring the site to closure. I would like to see the site if at all possible, so when you have time, let me know. Have a great day! Carrie

We are committed to service excellence.

Visit our survey at <http://dnr.wi.gov/customersurvey> to evaluate how I did.

Carrie Stoltz

Phone (715)365-8942

Carrie.Stoltz@Wisconsin.gov

From: Karl Beaster [<mailto:Karl.Beaster@enbridge.com>]
Sent: Monday, June 06, 2016 3:25 PM
To: Stoltz, Carrie R - DNR
Subject: RE: Enbridge Status

Hi Carrie – thanks a lot for taking the time to meet with me last week. It was great to finally connect with you and I think we had a very productive discussion regarding the MP 85 site. I’ve spoken with my consultant and we’ll plan to email you our first stage of decommissioning plan prior to our mobilization later this summer. Coleman will actually be at the site this week performing the June sampling and O&M events. We’ll see how the redevelopment goes at RW-3 as well.

Thanks again!

Karl

Karl F. Beaster, PG

Sr. Environmental Analyst, LP US Environment Operations

—
ENBRIDGE

TEL: 715-398-4754 | CELL: 715-718-1040
119 N. 25th St. East, Superior, WI 54880

enbridge.com

Integrity. Safety. Respect.

***** IMPORTANT NOTICE*****

Unless otherwise indicated or obvious from the nature of the transmittal, the information contained in this email message is CONFIDENTIAL information intended for the use of the individual or entity named herein. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please

immediately notify the sender using the above contact information or by return email and delete this message and any copies from your computer system. Thank you.

Attachment:
Supplemental AS System Line 2 Sparge Point Construction
Forms

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-1S
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	Lat. _____ Long. _____ or	Date Well Installed 03/19/2008
Type of Well	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: (Person's Name and Firm) MAT WHITE
Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____	BOART LONGYEAR E&I
Distance from Waste/Source 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	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. _____ 3/8" HOLEPLUG Other <input checked="" type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 17.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR
G. Filter pack, top _____ ft. MSL or 19.0 ft.	c. Slot size: 0.010 in.
H. Screen joint, top _____ ft. MSL or 21.0 ft.	d. Slotted length: 2.0 ft.
I. Well bottom _____ ft. MSL or 23.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or 25.0 ft.	
K. Borehole, bottom _____ ft. MSL or 25.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature *John R. Rich* Firm **BOART LONGYEAR COMPANY** 101 ALDERSON STREET SCHOFIELD, WI 54476 Tel: 715-359-7090 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-2S
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or	Wis. Unique Well No. DNR Well Number
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/19/2008
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>	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	Gov. Lot Number BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 3/8" HOLEPLUG Other <input checked="" type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 18.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR
G. Filter pack, top _____ ft. MSL or 20.0 ft.	c. Slot size: 0.010 in.
H. Screen joint, top _____ ft. MSL or 22.0 ft.	d. Slotted length: 2.0 ft.
I. Well bottom _____ ft. MSL or 24.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or 25.0 ft.	
K. Borehole, bottom _____ ft. MSL or 25.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature John R. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-3S
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or	Wis. Unique Well No. / DNR Well Number
Facility ID	St. Plane _____ ft. N. _____ ft. E. S / C / N	Date Well Installed 03/20/2008
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>	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	Gov. Lot Number
BOART LONGYEAR E&I		

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 3/8" HOLEPLUG Other <input checked="" type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 18.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR
G. Filter pack, top _____ ft. MSL or 20.0 ft.	c. Slot size: 0.010 in.
H. Screen joint, top _____ ft. MSL or 22.0 ft.	d. Slotted length: 2.0 ft.
I. Well bottom _____ ft. MSL or 25.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or 25.0 ft.	
K. Borehole, bottom _____ ft. MSL or 25.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature *John R. [unclear]* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name AS-4S
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/11/2008
Type of Well Well Code 62/as	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ E _____ W	Well Installed By: (Person's Name and Firm) WES IMHOFF
Distance from Waste/Source 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	Gov. Lot Number BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 4.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 19.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR
G. Filter pack, top _____ ft. MSL or 22.0 ft.	c. Slot size: 0.010 in.
H. Screen joint, top _____ ft. MSL or 23.0 ft.	d. Slotted length: 2.0 ft.
I. Well bottom _____ ft. MSL or 25.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or 25.0 ft.	
K. Borehole, bottom _____ ft. MSL or 25.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John R. Rich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-5S
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	Lat. _____ Long. _____ or	Date Well Installed 03/11/2008
Type of Well	St. Plane _____ ft. N. _____ ft. E. S / C / N	Well Installed By: (Person's Name and Firm) WES IMHOFF
Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	BOART LONGYEAR E&I
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>	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	Gov. Lot Number _____

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation **4.00** ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or **0.0** 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 5 0
 Hollow Stem Auger 4 1
MINI SONIC Other

15. Drilling fluid used: Water 0 2 Air 0 1
 Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No

Describe _____

17. Source of water (attach analysis, if required): _____

E. Bentonite seal, top _____ ft. MSL or **17.0** ft.

F. Fine sand, top _____ ft. MSL or _____ ft.

G. Filter pack, top _____ ft. MSL or **20.0** ft.

H. Screen joint, top _____ ft. MSL or **21.0** ft.

I. Well bottom _____ ft. MSL or **23.0** ft.

J. Filter pack, bottom _____ ft. MSL or **23.0** ft.

K. Borehole, bottom _____ ft. MSL or **23.0** ft.

L. Borehole, diameter **6.0** in.

M. O.D. well casing **2.37** in.

N. I.D. well casing **2.06** in.

1. Cap and lock? Yes No
2. Protective cover pipe:
 - a. Inside diameter: _____ in.
 - b. Length: _____ ft.
 - c. Material: Steel 0 4
Other
 - d. Additional protection? Yes No
If yes, describe: _____
3. Surface seal: Bentonite 3 0
Concrete 0 1
Other
4. Material between well casing and protective pipe: Bentonite 3 0
Other
5. Annular space seal:
 - a. Granular/Chipped Bentonite 3 3
 - b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 3 5
 - c. _____ Lbs/gal mud weight ... Bentonite slurry 3 1
 - d. _____ % Bentonite ... Bentonite-cement grout 5 0
 - e. _____ Ft³ volume added for any of the above
 - f. How installed: Tremie 0 1
Tremie pumped 0 2
Gravity 0 8
6. Bentonite seal:
 - a. Bentonite granules 3 3
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
 - c. _____ Other
7. Fine sand material: Manufacturer, product name & mesh size
 - a. _____
 - b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
 - a. **#40 RED FLINT SAND & GRAVEL**
 - b. Volume added _____ ft³
9. Well casing: Flush threaded PVC schedule 40 2 3
 Flush threaded PVC schedule 80 2 4
 Other
10. Screen material: **PVC**
 - a. Screen Type: Factory cut 1 1
 Continuous slot 0 1
 Other
 - b. Manufacturer: **BOART LONGYEAR**
 - c. Slot size: **0.010** in.
 - d. Slotted length: **2.0** ft.
11. Backfill material (below filter pack): None 1 4
 Other

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

Signature John R. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
 101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-6S
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	Lat. _____ Long. _____ or	Date Well Installed 03/11/2008
Type of Well	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: (Person's Name and Firm) WES IMHOFF
Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	BOART LONGYEAR E&I
Distance from Waste/Source 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	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 4.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div>	
E. Bentonite seal, top _____ ft. MSL or 17.0 ft.	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
G. Filter pack, top _____ ft. MSL or 20.0 ft.	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 21.0 ft.	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
I. Well bottom _____ ft. MSL or 23.0 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
J. Filter pack, bottom _____ ft. MSL or 23.0 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 23.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
L. Borehole, diameter 6.0 in.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
M. O.D. well casing 2.37 in.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
N. I.D. well casing 2.06 in.	

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

Signature *John R. Kich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-7S
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	Lat. _____ Long. _____ or	Date Well Installed 03/11/2008
Type of Well	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: (Person's Name and Firm) WES IMHOFF
Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	BOART LONGYEAR E&I
Distance from Waste/Source ft. <input type="checkbox"/>	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	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 4.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 17.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR
G. Filter pack, top _____ ft. MSL or 20.0 ft.	c. Slot size: 0.010 in.
H. Screen joint, top _____ ft. MSL or 21.0 ft.	d. Slotted length: 2.0 ft.
I. Well bottom _____ ft. MSL or 23.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or 23.0 ft.	
K. Borehole, bottom _____ ft. MSL or 23.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John R. Rich* Firm **BOART LONGYEAR COMPANY** 101 ALDERSON STREET SCHOFIELD, WI 54476 Tel: 715-359-7090 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-8S
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/11/2008
Type of Well Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) WES IMHOFF
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>	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	Gov. Lot Number BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 4.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 17.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
G. Filter pack, top _____ ft. MSL or 20.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 21.0 ft.	
I. Well bottom _____ ft. MSL or 23.0 ft.	
J. Filter pack, bottom _____ ft. MSL or 23.0 ft.	
K. Borehole, bottom _____ ft. MSL or 23.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature *John R. Reel* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-9S
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well Number
Facility ID	Lat. _____ Long. _____ or	Date Well Installed 03/12/2008
Type of Well	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: (Person's Name and Firm) WES IMHOFF
Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	BOART LONGYEAR E&I
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>	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	Gov. Lot Number

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 4.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 17.5 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
G. Filter pack, top _____ ft. MSL or 20.5 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 21.5 ft.	
I. Well bottom _____ ft. MSL or 23.5 ft.	
J. Filter pack, bottom _____ ft. MSL or 23.5 ft.	
K. Borehole, bottom _____ ft. MSL or 23.5 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John R. Rich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-10S
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well Number
Facility ID	Lat. _____ Long. _____ or	Date Well Installed 03/12/2008
Type of Well	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: (Person's Name and Firm) WES IMHOFF
Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	BOART LONGYEAR E&I
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>	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	Gov. Lot Number

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 4.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 17.5 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR
G. Filter pack, top _____ ft. MSL or 20.5 ft.	c. Slot size: 0.010 in.
H. Screen joint, top _____ ft. MSL or 21.5 ft.	d. Slotted length: 2.0 ft.
I. Well bottom _____ ft. MSL or 23.5 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or 23.5 ft.	
K. Borehole, bottom _____ ft. MSL or 23.5 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature John R. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-11S
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. / DNR Well Number
Facility ID	Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/12/2008
Type of Well Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) WES IMHOFF
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>	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	Gov. Lot Number
		BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 4.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 17.5 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
G. Filter pack, top _____ ft. MSL or 20.5 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 21.5 ft.	
I. Well bottom _____ ft. MSL or 23.5 ft.	
J. Filter pack, bottom _____ ft. MSL or 23.5 ft.	
K. Borehole, bottom _____ ft. MSL or 23.5 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature John R. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-12S
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/12/2008
Type of Well Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) WES IMHOFF
Distance from Waste/Source ft. <input type="checkbox"/> Enf. Stds. Apply <input type="checkbox"/>	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	Gov. Lot Number BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL
B. Well casing, top elevation **4.00** ft. MSL
C. Land surface elevation _____ ft. MSL
D. Surface seal, bottom _____ ft. MSL or **0.0** 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

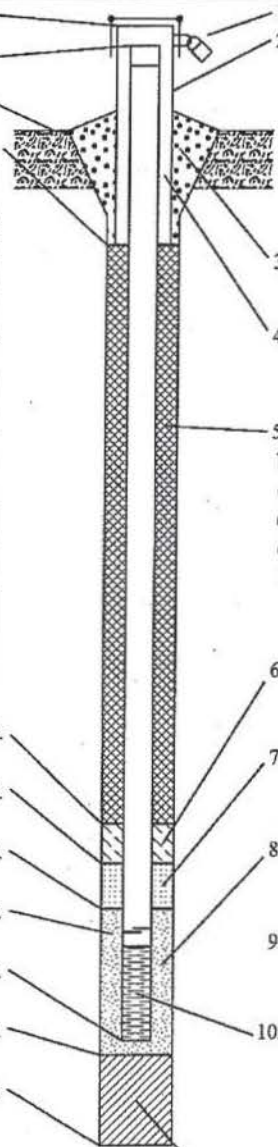
14. Drilling method used: Rotary 5 0
Hollow Stem Auger 4 1
MINI SONIC Other

15. Drilling fluid used: Water 0 2 Air 0 1
Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No

Describe _____

17. Source of water (attach analysis, if required):



1. Cap and lock? Yes No

2. Protective cover pipe:
a. Inside diameter: _____ in.
b. Length: _____ ft.
c. Material: Steel 0 4
Other

d. Additional protection? Yes No
If yes, describe: _____

3. Surface seal: Bentonite 3 0
Concrete 0 1
Other

4. Material between well casing and protective pipe:
Bentonite 3 0
Other

5. Annular space seal: a. Granular/Chipped Bentonite 3 3
b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 3 5
c. _____ Lbs/gal mud weight ... Bentonite slurry 3 1
d. _____ % Bentonite ... Bentonite-cement grout 5 0
e. _____ Ft³ volume added for any of the above
f. How installed: Tremie 0 1
Tremie pumped 0 2
Gravity 0 8

6. Bentonite seal: a. Bentonite granules 3 3
b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
c. _____ Other

7. Fine sand material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
a. **#40 RED FLINT SAND & GRAVEL**
b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 2 3
Flush threaded PVC schedule 80 2 4
Other

10. Screen material: **PVC**
a. Screen Type: Factory cut 1 1
Continuous slot 0 1
Other

b. Manufacturer **BOART LONGYEAR**
c. Slot size: **0.010** in.
d. Slotted length: **2.0** ft.

11. Backfill material (below filter pack): None 1 4
Other

E. Bentonite seal, top _____ ft. MSL or **17.5** ft.
F. Fine sand, top _____ ft. MSL or _____ ft.
G. Filter pack, top _____ ft. MSL or **20.5** ft.
H. Screen joint, top _____ ft. MSL or **21.5** ft.
I. Well bottom _____ ft. MSL or **23.5** ft.
J. Filter pack, bottom _____ ft. MSL or **23.5** ft.
K. Borehole, bottom _____ ft. MSL or **23.5** ft.
L. Borehole, diameter **6.0** in.
M. O.D. well casing **2.37** in.
N. I.D. well casing **2.06** in.

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

Signature *John R. Rich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-13S
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/12/2008
Type of Well Well Code 62/as	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) WES IMHOFF
Distance from Waste/Source ft. <input type="checkbox"/> Apply <input type="checkbox"/>	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	Gov. Lot Number _____
BOART LONGYEAR E&I		

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 4.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 17.5 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
G. Filter pack, top _____ ft. MSL or 20.5 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 21.5 ft.	
I. Well bottom _____ ft. MSL or 23.5 ft.	
J. Filter pack, bottom _____ ft. MSL or 23.5 ft.	
K. Borehole, bottom _____ ft. MSL or 23.5 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature John R. Kuch Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name AS-14S
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	Lat. " ' " Long. " ' " or	Date Well Installed 03/13/2008
Type of Well Well Code 62/as	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: (Person's Name and Firm) WES IMHOFF
Distance from Waste/Source ft. _____	Section Location of Waste/Source _____/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	BOART LONGYEAR E&I
Enf. Stds. Apply <input type="checkbox"/>	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	

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation 4.00 ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or 0.0 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 5 0
 Hollow Stem Auger 4 1
MINI SONIC Other

15. Drilling fluid used: Water 0 2 Air 0 1
 Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No

Describe _____

17. Source of water (attach analysis, if required): _____

E. Bentonite seal, top _____ ft. MSL or _____ ft.

F. Fine sand, top _____ ft. MSL or _____ ft.

G. Filter pack, top _____ ft. MSL or 20.5 ft.

H. Screen joint, top _____ ft. MSL or 21.5 ft.

I. Well bottom _____ ft. MSL or 23.5 ft.

J. Filter pack, bottom _____ ft. MSL or 23.5 ft.

K. Borehole, bottom _____ ft. MSL or 23.5 ft.

L. Borehole, diameter 6.0 in.

M. O.D. well casing 2.37 in.

N. I.D. well casing 2.06 in.

1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: _____ in.
 b. Length: _____ ft.
 c. Material: Steel 0 4
 Other

d. Additional protection? Yes No
 If yes, describe: _____

3. Surface seal: Bentonite 3 0
 Concrete 0 1
 Other

4. Material between well casing and protective pipe:
 Bentonite 3 0
 Other

5. Annular space seal: a. Granular/Chipped Bentonite 3 3
 b. _____ lbs/gal mud weight ... Bentonite-sand slurry 3 5
 c. _____ lbs/gal mud weight ... Bentonite slurry 3 1
 d. _____ % Bentonite ... Bentonite-cement grout 5 0
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 0 1
 Tremie pumped 0 2
 Gravity 0 8

6. Bentonite seal: a. Bentonite granules 3 3
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
 c. _____ Other

7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
 a. #40 RED FLINT SAND & GRAVEL
 b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 2 3
 Flush threaded PVC schedule 80 2 4
 Other

10. Screen material: PVC
 a. Screen Type: Factory cut 1 1
 Continuous slot 0 1
 Other

b. Manufacturer BOART LONGYEAR
 c. Slot size: 0.010 in.
 d. Slotted length: 2.0 ft.

11. Backfill material (below filter pack): None 1 4
 Other

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

Signature John R. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
 101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-15S
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>
Facility ID	Lat. _____ Long. _____ or	Date Well Installed 03/13/2008
Type of Well Well Code 62/as	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: (Person's Name and Firm) WES IMHOFF
Distance from Waste/Source ft. <input type="checkbox"/> Enf. Stds. Apply <input type="checkbox"/>	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	BOART LONGYEAR E&I
	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	Gov. Lot Number

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 4.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
G. Filter pack, top _____ ft. MSL or 20.5 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 21.5 ft.	
I. Well bottom _____ ft. MSL or 23.5 ft.	
J. Filter pack, bottom _____ ft. MSL or 23.5 ft.	
K. Borehole, bottom _____ ft. MSL or 23.5 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John R. King* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name AS-16S	
Facility License, Permit or Monitoring No. O		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well Number	
Facility ID		Lat. _____ Long. _____ or		Date Well Installed 03/13/2008	
Type of Well Well Code 62/as		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: (Person's Name and Firm) WES IMHOFF	
Distance from Waste/Source ft. _____		Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Gov. Lot Number	
Enf. Stds. Apply <input type="checkbox"/>		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		BOART LONGYEAR E&I	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 4.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremic pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR
G. Filter pack, top _____ ft. MSL or 20.0 ft.	c. Slot size: 0.010 in.
H. Screen joint, top _____ ft. MSL or 21.0 ft.	d. Slotted length: 2.0 ft.
I. Well bottom _____ ft. MSL or 23.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or 23.0 ft.	
K. Borehole, bottom _____ ft. MSL or 23.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John R. K...* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name AS-17S	
Facility License, Permit or Monitoring No. O		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>	
Facility ID		Lat. _____ Long. _____ or		Date Well Installed 03/13/2008	
Type of Well Well Code 62/as		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: (Person's Name and Firm) WES IMHOFF	
Distance from Waste/Source ft. _____		Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____, T. _____ N, R. _____ E/W		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>		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		BOART LONGYEAR E&I	

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation **4.00** ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or **0.0** 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 5 0
 Hollow Stem Auger 4 1
MINI SONIC Other

15. Drilling fluid used: Water 0 2 Air 0 1
 Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No

Describe _____

17. Source of water (attach analysis, if required): _____

E. Bentonite seal, top _____ ft. MSL or _____ ft.

F. Fine sand, top _____ ft. MSL or _____ ft.

G. Filter pack, top _____ ft. MSL or **20.0** ft.

H. Screen joint, top _____ ft. MSL or **21.0** ft.

I. Well bottom _____ ft. MSL or **23.0** ft.

J. Filter pack, bottom _____ ft. MSL or **23.0** ft.

K. Borehole, bottom _____ ft. MSL or **23.0** ft.

L. Borehole, diameter **6.0** in.

M. O.D. well casing **2.37** in.

N. I.D. well casing **2.06** in.

1. Cap and lock? Yes No
2. Protective cover pipe:
 - a. Inside diameter: _____ in.
 - b. Length: _____ ft.
 - c. Material: Steel 0 4
Other
 - d. Additional protection? Yes No
If yes, describe: _____
3. Surface seal: Bentonite 3 0
Concrete 0 1
Other
4. Material between well casing and protective pipe: Bentonite 3 0
Other
5. Annular space seal:
 - a. Granular/Chipped Bentonite 3 3
 - b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 3 5
 - c. _____ Lbs/gal mud weight ... Bentonite slurry 3 1
 - d. _____ % Bentonite ... Bentonite-cement grout 5 0
 - e. _____ Ft³ volume added for any of the above
 - f. How installed: Tremie 0 1
Tremie pumped 0 2
Gravity 0 8
6. Bentonite seal:
 - a. Bentonite granules 3 3
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
 - c. _____ Other
7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
8. Filter pack material: Manufacturer, product name & mesh size
 a. **#40 RED FLINT SAND & GRAVEL**
 b. Volume added _____ ft³
9. Well casing: Flush threaded PVC schedule 40 2 3
 Flush threaded PVC schedule 80 2 4
 Other
10. Screen material: **PVC**
 - a. Screen Type: Factory cut 1 1
 Continuous slot 0 1
 Other
 - b. Manufacturer **BOART LONGYEAR**
 - c. Slot size: **0.010** in.
 - d. Slotted length: **2.0** ft.
11. Backfill material (below filter pack): None 1 4
 Other

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

Signature *John A. Reul* Firm **BOART LONGYEAR COMPANY** 101 ALDERSON STREET SCHOFIELD, WI 54476 Tel: 715-359-7090 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name AS-18S
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. / DNR Well Number
Facility ID	Lat. _____ Long. _____ or St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/13/2008
Type of Well Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) WES IMHOFF
Distance from Waste/Source 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	Gov. Lot Number
Enf. Stds. Apply <input type="checkbox"/>		BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 4.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR
G. Filter pack, top _____ ft. MSL or 19.5 ft.	c. Slot size: 0.010 in.
H. Screen joint, top _____ ft. MSL or 20.5 ft.	d. Slotted length: 2.0 ft.
I. Well bottom _____ ft. MSL or 22.5 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or 22.5 ft.	
K. Borehole, bottom _____ ft. MSL or 22.5 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John R. Reck* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name AS-19S
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. / DNR Well Number
Facility ID	Lat. _____ Long. _____ or	Date Well Installed 03/13/2008
Type of Well Well Code 62/as	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: (Person's Name and Firm) WES IMHOFF
Distance from Waste/Source ft. _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	BOART LONGYEAR E&I
Enf. Stds. Apply <input type="checkbox"/>	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	

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation **4.00** ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or **0.0** 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
MINI SONIC 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, if required): _____

E. Bentonite seal, top _____ ft. MSL or _____ ft.

F. Fine sand, top _____ ft. MSL or _____ ft.

G. Filter pack, top _____ ft. MSL or **19.0** ft.

H. Screen joint, top _____ ft. MSL or **20.0** ft.

I. Well bottom _____ ft. MSL or **22.0** ft.

J. Filter pack, bottom _____ ft. MSL or **22.0** ft.

K. Borehole, bottom _____ ft. MSL or **22.0** ft.

L. Borehole, diameter **6.0** in.

M. O.D. well casing **2.37** in.

N. I.D. well casing **2.06** in.

1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: _____ in.
 b. Length: _____ ft.
 c. Material: Steel 04
 Other

3. Surface seal: Bentonite 30
 Concrete 01
 Other

4. Material between well casing and protective pipe:
 Bentonite 30
 Other

5. Annular space seal:
 a. Granular/Chipped 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 chips 32
 c. Other

7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
 a. **#40 RED FLINT SAND & GRAVEL**
 b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other

10. Screen material: **PVC**
 a. Screen Type: Factory cut 11
 Continuous slot 01
 Other

b. Manufacturer **BOART LONGYEAR**
 c. Slot size: **0.010** in.
 d. Slotted length: **2.0** 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 *John R. Rich* Firm **BOART LONGYEAR COMPANY** 101 ALDERSON STREET SCHOFIELD, WI 54476 Tel: 715-359-7090 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
 Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING		Local Grid Location of Well _____ ft. <input type="checkbox"/> N, _____ ft. <input type="checkbox"/> E, _____ ft. <input type="checkbox"/> S, _____ ft. <input type="checkbox"/> W		Well Name AS-20S	
Facility License, Permit or Monitoring No. O		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID _____		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/13/2008	
Type of Well Well Code 62/as		Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E _____ <input type="checkbox"/> W		Well Installed By: (Person's Name and Firm) WES IMHOFF	
Distance from Waste/Source 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		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				BOART LONGYEAR E&I	

A. Protective pipe, top elevation _____ ft. MSL
B. Well casing, top elevation **4.00** ft. MSL
C. Land surface elevation _____ ft. MSL
D. Surface seal, bottom _____ ft. MSL or **0.0** ft.

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

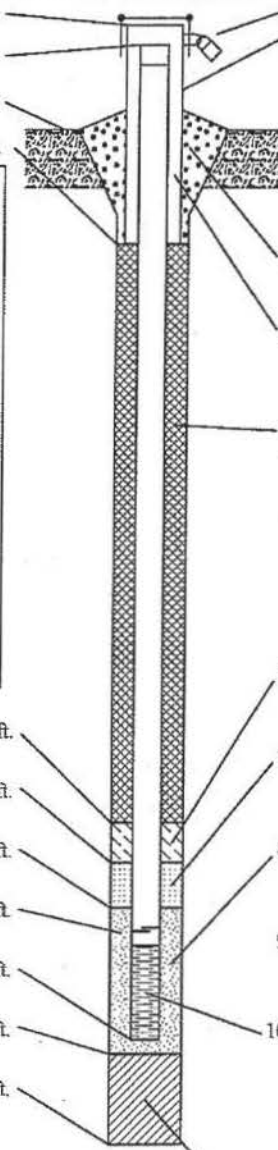
13. Sieve analysis attached? Yes No

14. Drilling method used: Rotary 5 0
Hollow Stem Auger 4 1
MINI SONIC Other

15. Drilling fluid used: Water 0 2 Air 0 1
Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No
Describe _____

17. Source of water (attach analysis, if required):



1. Cap and lock? Yes No

2. Protective cover pipe:
a. Inside diameter: _____ in.
b. Length: _____ ft.
c. Material: Steel 0 4
Other

d. Additional protection? Yes No
If yes, describe: _____

3. Surface seal: Bentonite 3 0
Concrete 0 1
Other

4. Material between well casing and protective pipe:
Bentonite 3 0
Other

5. Annular space seal: a. Granular/Chipped Bentonite 3 3
b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 3 5
c. _____ Lbs/gal mud weight . . . Bentonite slurry 3 1
d. _____ % Bentonite . . . Bentonite-cement grout 5 0
e. _____ Ft³ volume added for any of the above
f. How installed: Tremie 0 1
Tremie pumped 0 2
Gravity 0 8

6. Bentonite seal: a. Bentonite granules 3 3
b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
c. _____ Other

7. Fine sand material: Manufacturer, product name & mesh size
a. _____
b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
a. **#40 RED FLINT SAND & GRAVEL**
b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 2 3
Flush threaded PVC schedule 80 2 4
Other

10. Screen material: **PVC**
a. Screen Type: Factory cut 1 1
Continuous slot 0 1
Other
b. Manufacturer **BOART LONGYEAR**
c. Slot size: **0.010** in.
d. Slotted length: **2.0** ft.

11. Backfill material (below filter pack): None 1 4
Other

E. Bentonite seal, top _____ ft. MSL or _____ ft.
F. Fine sand, top _____ ft. MSL or _____ ft.
G. Filter pack, top _____ ft. MSL or **18.5** ft.
H. Screen joint, top _____ ft. MSL or **19.5** ft.
I. Well bottom _____ ft. MSL or **21.5** ft.
J. Filter pack, bottom _____ ft. MSL or **21.5** ft.
K. Borehole, bottom _____ ft. MSL or **21.5** ft.
L. Borehole, diameter **6.0** in.
M. O.D. well casing **2.37** in.
N. I.D. well casing **2.06** in.

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

Signature *John R. Rich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name AS-21S	
Facility License, Permit or Monitoring No. 0		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>	
Facility ID		Lat. " ' " Long. " ' " or		Date Well Installed 03/13/2008	
Type of Well		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: (Person's Name and Firm) WES IMHOFF	
Well Code 62/as		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Gov. Lot Number	
Distance from Waste/Source 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		BOART LONGYEAR E&I	

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 4.00 ft. MSL		2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL		d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.		3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>		6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99		7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____		8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required):		9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>	
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.	
G. Filter pack, top _____ ft. MSL or 18.5 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>	
H. Screen joint, top _____ ft. MSL or 19.5 ft.		
I. Well bottom _____ ft. MSL or 21.5 ft.		
J. Filter pack, bottom _____ ft. MSL or 21.5 ft.		
K. Borehole, bottom _____ ft. MSL or 21.5 ft.		
L. Borehole, diameter 6.0 in.		
M. O.D. well casing 2.37 in.		
N. I.D. well casing 2.06 in.		

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

Signature *John R. Riehl* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-22S
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or	Wis. Unique Well No. DNR Well Number
Facility ID	St. Plane _____ ft. N. _____ ft. E. S / C / N	Date Well Installed 03/13/2008
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) WES IMHOFF
Distance from Waste/Source 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	Gov. Lot Number
Enf. Stds. Apply <input type="checkbox"/>		BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 4.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div>	
E. Bentonite seal, top _____ ft. MSL or _____ ft.	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
G. Filter pack, top _____ ft. MSL or 18.5 ft.	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 19.5 ft.	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
I. Well bottom _____ ft. MSL or 21.5 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
J. Filter pack, bottom _____ ft. MSL or 21.5 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 21.5 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
L. Borehole, diameter 6.0 in.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
M. O.D. well casing 2.37 in.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
N. I.D. well casing 2.06 in.	

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

Signature *John R. Riche* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
 Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name AS-23S	
Facility License, Permit or Monitoring No. O		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/14/2008	
Type of Well Well Code 62/as		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: (Person's Name and Firm) WES IMHOFF	
Distance from Waste/Source 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		Gov. Lot Number BOART LONGYEAR E&I	

- A. Protective pipe, top elevation _____ ft. MSL
- B. Well casing, top elevation **4.00** ft. MSL
- C. Land surface elevation _____ ft. MSL
- D. Surface seal, bottom _____ ft. MSL or **0.0** ft.

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

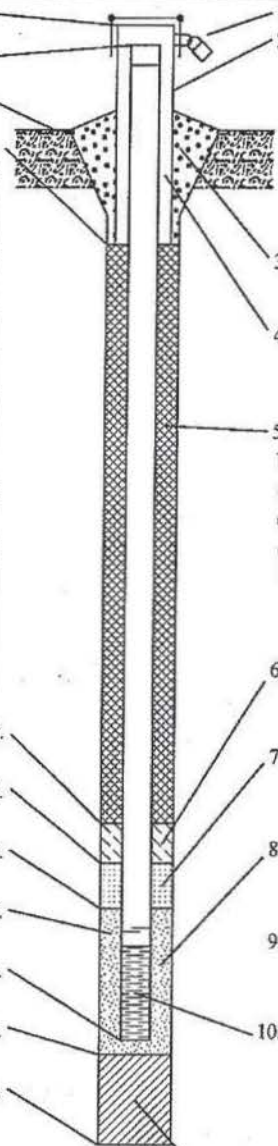
13. Sieve analysis attached? Yes No

14. Drilling method used: Rotary 5 0
 Hollow Stem Auger 4 1
MINI SONIC Other

15. Drilling fluid used: Water 0 2 Air 0 1
 Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis, if required):



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: _____ in.
 - b. Length: _____ ft.
 - c. Material: Steel 0 4
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal: Bentonite 3 0
Concrete 0 1
Other
- 4. Material between well casing and protective pipe: Bentonite 3 0
Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 3 3
 - b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 3 5
 - c. _____ Lbs/gal mud weight ... Bentonite slurry 3 1
 - d. _____ % Bentonite ... Bentonite-cement grout 5 0
 - e. _____ Ft³ volume added for any of the above
 - f. How installed: Tremie 0 1
Tremie pumped 0 2
Gravity 0 8
- 6. Bentonite seal:
 - a. Bentonite granules 3 3
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 a. **#40 RED FLINT SAND & GRAVEL**
 b. Volume added _____ ft³
- 9. Well casing: Flush threaded PVC schedule 40 2 3
 Flush threaded PVC schedule 80 2 4
 Other
- 10. Screen material: **PVC**
 a. Screen Type: Factory cut 1 1
 Continuous slot 0 1
 Other
- b. Manufacturer **BOART LONGYEAR**
 c. Slot size: **0.010** in.
 d. Slotted length: **2.0** ft.
- 11. Backfill material (below filter pack): None 1 4
 Other

- E. Bentonite seal, top _____ ft. MSL or _____ ft.
- F. Fine sand, top _____ ft. MSL or _____ ft.
- G. Filter pack, top _____ ft. MSL or **19.0** ft.
- H. Screen joint, top _____ ft. MSL or **20.0** ft.
- I. Well bottom _____ ft. MSL or **22.0** ft.
- J. Filter pack, bottom _____ ft. MSL or **22.0** ft.
- K. Borehole, bottom _____ ft. MSL or **22.0** ft.
- L. Borehole, diameter **6.0** in.
- M. O.D. well casing **2.37** in.
- N. I.D. well casing **2.06** in.

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

Signature John R. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
 101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N, <input type="checkbox"/> S, <input type="checkbox"/> E, <input type="checkbox"/> W	Well Name AS-24S
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or	Wis. Unique Well No. _____ DNR Well Number _____
Facility ID	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 03/14/2008
Type of Well Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) WES IMHOFF
Distance from Waste/Source 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	Gov. Lot Number BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL
 B. Well casing, top elevation **4.00** ft. MSL
 C. Land surface elevation _____ ft. MSL
 D. Surface seal, bottom _____ ft. MSL or **0.0** ft.

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

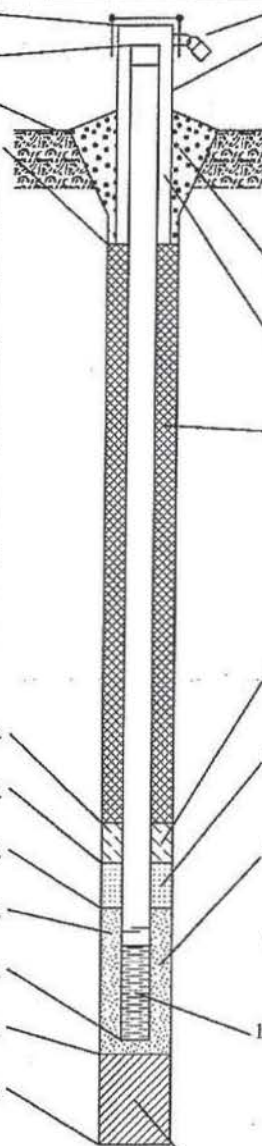
13. Sieve analysis attached? Yes No

14. Drilling method used: Rotary 5 0
 Hollow Stem Auger 4 1
MINI SONIC Other

15. Drilling fluid used: Water 0 2 Air 0 1
 Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis, if required):



1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: _____ in.
 b. Length: _____ ft.
 c. Material: Steel 0 4
 Other

3. Surface seal: Bentonite 3 0
 Concrete 0 1
 Other

4. Material between well casing and protective pipe:
 Bentonite 3 0
 Other

5. Annular space seal:
 a. Granular/Chipped Bentonite 3 3
 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 3 5
 c. _____ Lbs/gal mud weight ... Bentonite slurry 3 1
 d. _____ % Bentonite ... Bentonite-cement grout 5 0
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 0 1
 Tremie pumped 0 2
 Gravity 0 8

6. Bentonite seal:
 a. Bentonite granules 3 3
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
 c. _____ Other

7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
 a. **#40 RED FLINT SAND & GRAVEL**
 b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 2 3
 Flush threaded PVC schedule 80 2 4
 Other

10. Screen material: **PVC**
 a. Screen Type: Factory cut 1 1
 Continuous slot 0 1
 Other

b. Manufacturer **BOART LONGYEAR**
 c. Slot size: **0.010** in.
 d. Slotted length: **2.0** ft

11. Backfill material (below filter pack): None 1 4
 Other

E. Bentonite seal, top _____ ft. MSL or _____ ft.
 F. Fine sand, top _____ ft. MSL or _____ ft.
 G. Filter pack, top _____ ft. MSL or **19.5** ft.
 H. Screen joint, top _____ ft. MSL or **20.5** ft.
 I. Well bottom _____ ft. MSL or **22.5** ft.
 J. Filter pack, bottom _____ ft. MSL or **22.5** ft.
 K. Borehole, bottom _____ ft. MSL or **22.5** ft.
 L. Borehole, diameter **6.0** in.
 M. O.D. well casing **2.37** in.
 N. I.D. well casing **2.06** in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature *John R. Rich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
 101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name AS-25S	
Facility License, Permit or Monitoring No. O		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID		St. Plane _____ ft. N. _____ ft. E. S/C/N		Date Well Installed 03/18/2008	
Type of Well Well Code 62/as		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: (Person's Name and Firm) MAT WHITE	
Distance from Waste/Source _____ 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		Gov. Lot Number BOART LONGYEAR E&I	
Enf. Stds. Apply <input type="checkbox"/>					

A. Protective pipe, top elevation _____ ft. MSL

B. Well casing, top elevation 2.00 ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom _____ ft. MSL or 0.0 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
MINI SONIC 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, if required): _____

E. Bentonite seal, top _____ ft. MSL or 18.0 ft.

F. Fine sand, top _____ ft. MSL or _____ ft.

G. Filter pack, top _____ ft. MSL or 20.0 ft.

H. Screen joint, top _____ ft. MSL or 21.0 ft.

I. Well bottom _____ ft. MSL or 23.0 ft.

J. Filter pack, bottom _____ ft. MSL or 23.0 ft.

K. Borehole, bottom _____ ft. MSL or 23.0 ft.

L. Borehole, diameter 6.0 in.

M. O.D. well casing 2.37 in.

N. I.D. well casing 2.06 in.

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
 Other

5. Annular space seal:
 a. Granular/Chipped 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 chips 32
 c. 3/8" HOLEPLUG Other

7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
 a. #40 RED FLINT SAND & GRAVEL
 b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other

10. Screen material: PVC
 a. Screen Type: Factory cut 11
 Continuous slot 01
 Other

b. Manufacturer BOART LONGYEAR
 c. Slot size: 0.010 in.
 d. Slotted length: 2.0 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 John R. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
 101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-26S
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well Number
Facility ID	Lat. _____ Long. _____ or	Date Well Installed 03/18/2008
Type of Well	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: (Person's Name and Firm) MAT WHITE
Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	BOART LONGYEAR E&I
Distance from Waste/Source 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	
Enf. Stds. Apply <input type="checkbox"/>	Gov. Lot Number	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 3/8" HOLEPLUG Other <input checked="" type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 19.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR
G. Filter pack, top _____ ft. MSL or 21.0 ft.	c. Slot size: 0.010 in.
H. Screen joint, top _____ ft. MSL or 22.0 ft.	d. Slotted length: 2.0 ft.
I. Well bottom _____ ft. MSL or 24.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or 24.0 ft.	
K. Borehole, bottom _____ ft. MSL or 24.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John A. Rich* Firm **BOART LONGYEAR COMPANY** 101 ALDERSON STREET SCHOFIELD, WI 54476 Tel: 715-359-7090 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
 Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name AS-27S	
Facility License, Permit or Monitoring No. O		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>	
Facility ID		Lat. _____ Long. _____ or		Date Well Installed 03/18/2008	
Type of Well Well Code 62/as		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: (Person's Name and Firm) MAT WHITE	
Distance from Waste/Source ft. _____		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Gov. Lot Number	
Enf. Stds. Apply <input type="checkbox"/>		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		BOART LONGYEAR E&I	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in.
C. Land surface elevation _____ ft. MSL	b. Length: _____ ft.
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
14. Drilling method used: Rotary <input type="checkbox"/> 5 0 Hollow Stem Auger <input type="checkbox"/> 4 1 MINI SONIC Other <input checked="" type="checkbox"/>	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 3 0 Concrete <input type="checkbox"/> 0 1 Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 0 2 Air <input type="checkbox"/> 0 1 Drilling Mud <input type="checkbox"/> 0 3 None <input type="checkbox"/> 9 9	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 3 0 Other <input checked="" type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 3 3 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 3 5 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 3 1 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 5 0 e. _____ Ft ³ volume added for any of the above
Describe _____	f. How installed: Tremie <input type="checkbox"/> 0 1 Tremie pumped <input checked="" type="checkbox"/> 0 2 Gravity <input type="checkbox"/> 0 8
17. Source of water (attach analysis, if required):	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3 3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 3 2 c. 3/8" HOLEPLUG Other <input checked="" type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or 15.5 ft.	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
F. Fine sand, top _____ ft. MSL or _____ ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
G. Filter pack, top _____ ft. MSL or 17.5 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2 3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2 4 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 18.5 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 1 1 Continuous slot <input type="checkbox"/> 0 1 Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or 20.5 ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
J. Filter pack, bottom _____ ft. MSL or 21.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 1 4 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 21.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature John R. Kiche Firm **BOART LONGYEAR COMPANY** 101 ALDERSON STREET SCHOFIELD, WI 54476 Tel: 715-359-7090 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Attachment:
Supplemental AS System Line 3 Sparge Point Construction
Forms

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name AS-8
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or	Wis. Unique Well No. / DNR Well Number
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/04/2008
Type of Well Well Code 62/as	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source 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	Gov. Lot Number
Enf. Stds. Apply <input type="checkbox"/>		BOART

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 3.00 ft. MSL		2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL		d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.		3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div>		
E. Bentonite seal, top _____ ft. MSL or _____ ft.	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
F. Fine sand, top _____ ft. MSL or _____ ft.	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 3/8" HOLEPLUG Other <input type="checkbox"/>	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
G. Filter pack, top _____ ft. MSL or 14.0 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 15.0 ft.	10. Screen material: PVC	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 Other <input checked="" type="checkbox"/>
I. Well bottom _____ ft. MSL or 17.0 ft.	a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>	
J. Filter pack, bottom _____ ft. MSL or 17.0 ft.	b. Manufacturer BOART LONGYEAR	
K. Borehole, bottom _____ ft. MSL or 18.0 ft.	c. Slot size: 0.010 in.	
L. Borehole, diameter 6.0 in.	d. Slotted length: 2.0 ft.	
M. O.D. well casing 2.37 in.		
N. I.D. well casing 2.06 in.		

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

Signature *John R. Rich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
 101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

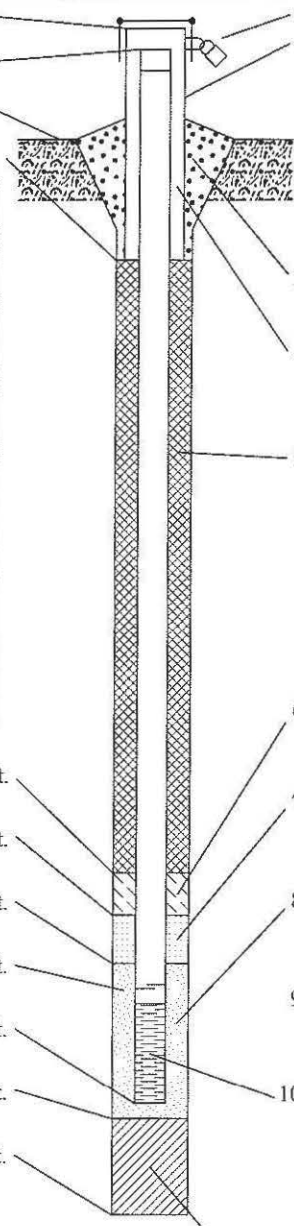
Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-9
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or	Wis. Unique Well No. _____ DNR Well Number _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/04/2008
Type of Well Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source 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	Gov. Lot Number _____
Enf. Stds. Apply <input type="checkbox"/>		BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 3.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 0 4 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 3 0 Concrete <input type="checkbox"/> 0 1 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 5 0 Hollow Stem Auger <input type="checkbox"/> 4 1 MINI SONIC Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 0 2 Air <input type="checkbox"/> 0 1 Drilling Mud <input type="checkbox"/> 0 3 None <input type="checkbox"/> 9 9</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div>	
E. Bentonite seal, top _____ ft. MSL or _____ ft.	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 3 0 Other <input checked="" type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 3 3 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 3 5 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 3 1 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 5 0 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0 1 Tremie pumped <input type="checkbox"/> 0 2 Gravity <input checked="" type="checkbox"/> 0 8
G. Filter pack, top _____ ft. MSL or 14.0 ft.	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 3 3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 3 2 c. 3/8" HOLEPLUG Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 15.0 ft.	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
I. Well bottom _____ ft. MSL or 17.0 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
J. Filter pack, bottom _____ ft. MSL or 17.0 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2 3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2 4 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 18.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 1 1 Continuous slot <input type="checkbox"/> 0 1 Other <input type="checkbox"/>
L. Borehole, diameter 6.0 in.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
M. O.D. well casing 2.37 in.	11. Backfill material (below filter pack): None <input type="checkbox"/> 1 4 NATURAL Other <input checked="" type="checkbox"/>
N. I.D. well casing 2.06 in.	



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

Signature John A. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
 101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

Facility/Project Name BARR ENGINEERING		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name AS-10	
Facility License, Permit or Monitoring No. O		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well Number	
Facility ID		Lat. _____ Long. _____ or		Date Well Installed 03/04/2008	
Type of Well Well Code 62/as		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: (Person's Name and Firm) MAT WHITE	
Distance from Waste/Source ft. _____		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Gov. Lot Number	
Enf. Stds. Apply <input type="checkbox"/>		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		BOART LONGYEAR E&I	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 3.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 0 4 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 3 0 Concrete <input type="checkbox"/> 0 1 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 3 0 Other <input checked="" type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 5 0 Hollow Stem Auger <input type="checkbox"/> 4 1 MINI SONIC Other <input checked="" type="checkbox"/>	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 3 3 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 3 5 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 3 1 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 5 0 e. _____ Fr ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0 1 Tremie pumped <input type="checkbox"/> 0 2 Gravity <input checked="" type="checkbox"/> 0 8
15. Drilling fluid used: Water <input type="checkbox"/> 0 2 Air <input type="checkbox"/> 0 1 Drilling Mud <input type="checkbox"/> 0 3 None <input type="checkbox"/> 9 9	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 3 3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 3 2 c. 3/8" HOLEPLUG Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
E. Bentonite seal, top _____ ft. MSL or _____ ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 2 3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2 4 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	10. Screen material: PVC
G. Filter pack, top _____ ft. MSL or 14.0 ft.	a. Screen Type: Factory cut <input checked="" type="checkbox"/> 1 1 Continuous slot <input type="checkbox"/> 0 1 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 15.0 ft.	b. Manufacturer BOART LONGYEAR
I. Well bottom _____ ft. MSL or 17.0 ft.	c. Slot size: 0.010 in.
J. Filter pack, bottom _____ ft. MSL or 17.0 ft.	d. Slotted length: 2.0 ft.
K. Borehole, bottom _____ ft. MSL or 18.0 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 1 4 NATURAL Other <input checked="" type="checkbox"/>
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John R. Rich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

Facility/Project Name BARR ENGINEERING		Local Grid Location of Well _____ ft. <input type="checkbox"/> N, _____ ft. <input type="checkbox"/> E, _____ ft. <input type="checkbox"/> S, _____ ft. <input type="checkbox"/> W		Well Name AS-11	
Facility License, Permit or Monitoring No. O		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. / DNR Well Number	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/04/2008	
Type of Well		Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____, T. _____ N, R. _____ <input type="checkbox"/> E _____ <input type="checkbox"/> W		Well Installed By: (Person's Name and Firm) MAT WHITE	
Distance from Waste/Source 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		Gov. Lot Number	
Enf. Stds. Apply <input type="checkbox"/>				BOART LONGYEAR E&I	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 3.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 3/8" HOLEPLUG Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
E. Bentonite seal, top _____ ft. MSL or _____ ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 14.0 ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
H. Screen joint, top _____ ft. MSL or 15.0 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 NATURAL Other <input checked="" type="checkbox"/>
I. Well bottom _____ ft. MSL or 17.0 ft.	
J. Filter pack, bottom _____ ft. MSL or 17.0 ft.	
K. Borehole, bottom _____ ft. MSL or 18.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John R. Rich* Firm **BOART LONGYEAR COMPANY** 101 ALDERSON STREET SCHOFIELD, WI 54476 Tel: 715-359-7090 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name AS-12
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or	Wis. Unique Well No. _____ DNR Well Number _____
Facility ID	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 03/04/2008
Type of Well Well Code 62/as	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/ Source _____ 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	Gov. Lot Number _____
Enf. Stds. Apply <input type="checkbox"/>		BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 3.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 3/8" HOLEPLUG Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
G. Filter pack, top _____ ft. MSL or 14.0 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 NATURAL Other <input checked="" type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 15.0 ft.	
I. Well bottom _____ ft. MSL or 17.0 ft.	
J. Filter pack, bottom _____ ft. MSL or 17.0 ft.	
K. Borehole, bottom _____ ft. MSL or 18.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature John A. Reck Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name AS-13
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Lat. " ' " Long. " ' " or	Wis. Unique Well No. DNR Well Number
Facility ID	St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/04/2008
Type of Well Well Code 62/as	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source ft.	Enf. Stds. Apply <input type="checkbox"/>	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	Gov. Lot Number BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 3.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. _____ 3/8" HOLEPLUG Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
E. Bentonite seal, top _____ ft. MSL or _____ ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 14.0 ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
H. Screen joint, top _____ ft. MSL or 15.0 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 NATURAL Other <input checked="" type="checkbox"/>
I. Well bottom _____ ft. MSL or 17.0 ft.	
J. Filter pack, bottom _____ ft. MSL or 17.0 ft.	
K. Borehole, bottom _____ ft. MSL or 18.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John S. Rich* Firm **BOART LONGYEAR COMPANY** 101 ALDERSON STREET SCHOFIELD, WI 54476
Tel: 715-359-7090 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-14
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or _____	Wis. Unique Well No. _____ DNR Well Number _____
Facility ID	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 03/04/2008
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source 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	Gov. Lot Number _____
Enf. Stds. Apply <input type="checkbox"/>		BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 3.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 3/8" HOLEPLUG Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: PVC
F. Fine sand, top _____ ft. MSL or _____ ft.	a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 14.0 ft.	b. Manufacturer BOART LONGYEAR
H. Screen joint, top _____ ft. MSL or 15.0 ft.	c. Slot size: 0.010 in.
I. Well bottom _____ ft. MSL or 17.0 ft.	d. Slotted length: 2.0 ft.
J. Filter pack, bottom _____ ft. MSL or 17.0 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 NATURAL Other <input checked="" type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 18.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John R. Kuch* Firm **BOART LONGYEAR COMPANY** 101 ALDERSON STREET SCHOFIELD, WI 54476 Tel: 715-359-7090 Fax: 715-355-5715

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

Facility/Project Name BARR ENGINEERING		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.		Well Name AS-15	
Facility License, Permit or Monitoring No. O		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. / DNR Well Number	
Facility ID		Lat. _____ Long. _____ or _____		Date Well Installed 03/04/2008	
Type of Well Well Code 62/as		St. Plane _____ ft. N. _____ ft. E. S/C/N		Well Installed By: (Person's Name and Firm) MAT WHITE	
Distance from Waste/Source ft. _____		Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____, T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Gov. Lot Number	
Enf. Stds. Apply <input type="checkbox"/>		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		BOART LONGYEAR E&I	

A. Protective pipe, top elevation _____ ft. MSL
 B. Well casing, top elevation **3.00** ft. MSL
 C. Land surface elevation _____ ft. MSL
 D. Surface seal, bottom _____ ft. MSL or **0.0** ft.

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

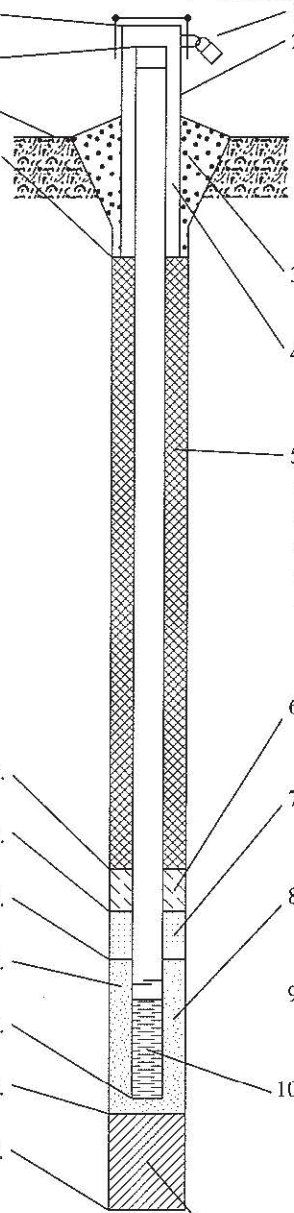
13. Sieve analysis attached? Yes No

14. Drilling method used: Rotary 5 0
 Hollow Stem Auger 4 1
MINI SONIC Other

15. Drilling fluid used: Water 0 2 Air 0 1
 Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis, if required):



- Cap and lock? Yes No
- Protective cover pipe:
 - Inside diameter: _____ in.
 - Length: _____ ft.
 - Material: Steel 0 4
Other
 - Additional protection? Yes No
If yes, describe: _____
- Surface seal:
 - Bentonite 3 0
 - Concrete 0 1
 - Other
- Material between well casing and protective pipe:
 - Bentonite 3 0
 - Other
- Annular space seal:
 - Granular/Chipped Bentonite 3 3
 - _____ Lbs/gal mud weight . . . Bentonite-sand slurry 3 5
 - _____ Lbs/gal mud weight . . . Bentonite slurry 3 1
 - _____ % Bentonite . . . Bentonite-cement grout 5 0
 - _____ Ft³ volume added for any of the above
 - How installed: Tremie 0 1
Tremie pumped 0 2
Gravity 0 8
- Bentonite seal:
 - Bentonite granules 3 3
 - 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
 - 3/8" HOLEPLUG Other
- Fine sand material: Manufacturer, product name & mesh size
 - _____
 - Volume added _____ ft³
- Filter pack material: Manufacturer, product name & mesh size
 - #40 RED FLINT SAND & GRAVEL**
 - Volume added _____ ft³
- Well casing:
 - Flush threaded PVC schedule 40 2 3
 - Flush threaded PVC schedule 80 2 4
 - Other
- Screen material: **PVC**
 - Screen Type: Factory cut 1 1
Continuous slot 0 1
Other
 - Manufacturer **BOART LONGYEAR**
 - Slot size: **0.010** in.
 - Slotted length: **2.0** ft.
- Backfill material (below filter pack):
 - None 1 4
 - NATURAL** Other

E. Bentonite seal, top _____ ft. MSL or _____ ft.
 F. Fine sand, top _____ ft. MSL or _____ ft.
 G. Filter pack, top _____ ft. MSL or **14.0** ft.
 H. Screen joint, top _____ ft. MSL or **15.0** ft.
 I. Well bottom _____ ft. MSL or **17.0** ft.
 J. Filter pack, bottom _____ ft. MSL or **17.0** ft.
 K. Borehole, bottom _____ ft. MSL or **18.0** ft.
 L. Borehole, diameter **6.0** in.
 M. O.D. well casing **2.37** in.
 N. I.D. well casing **2.06** in.

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

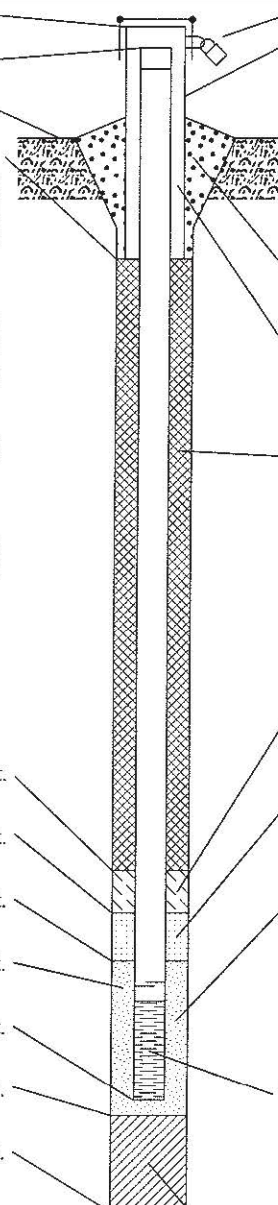
Signature *John R. Rich* Firm **BOART LONGYEAR COMPANY** 101 ALDERSON STREET SCHOFIELD, WI 54476
 Tel: 715-359-7090 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-16
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or	Wis. Unique Well No. _____ DNR Well Number _____
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/04/2008
Type of Well	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source 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	BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 3.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 3/8" HOLEPLUG Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
G. Filter pack, top _____ ft. MSL or 14.0 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 NATURAL Other <input checked="" type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 15.0 ft.	
I. Well bottom _____ ft. MSL or 17.0 ft.	
J. Filter pack, bottom _____ ft. MSL or 17.0 ft.	
K. Borehole, bottom _____ ft. MSL or 18.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	



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

Signature *John D. Rich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name AS-17
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well Number
Facility ID	Lat. _____ Long. _____ or	Date Well Installed 03/04/2008
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source ft. Apply <input type="checkbox"/>	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	Gov. Lot Number
BOART LONGYEAR E&I		

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 3.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div>	
E. Bentonite seal, top _____ ft. MSL or _____ ft.	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
G. Filter pack, top _____ ft. MSL or 14.0 ft.	6. Bentonite seal: a. Bentonite granules <input checked="" type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 3/8" HOLEPLUG Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 15.0 ft.	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
I. Well bottom _____ ft. MSL or 17.0 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
J. Filter pack, bottom _____ ft. MSL or 17.0 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 18.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
L. Borehole, diameter 6.0 in.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
M. O.D. well casing 2.37 in.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 NATURAL Other <input checked="" type="checkbox"/>
N. I.D. well casing 2.06 in.	

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

Signature John F. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
 101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name AS-18
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. / DNR Well Number
Facility ID	Lat. _____ " Long. _____ " or St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 03/05/2008
Type of Well Well Code 62/as	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source 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	Gov. Lot Number
Enf. Stds. Apply <input type="checkbox"/>		BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL
 B. Well casing, top elevation 3.00 ft. MSL
 C. Land surface elevation _____ ft. MSL
 D. Surface seal, bottom _____ ft. MSL or 0.0 ft.

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

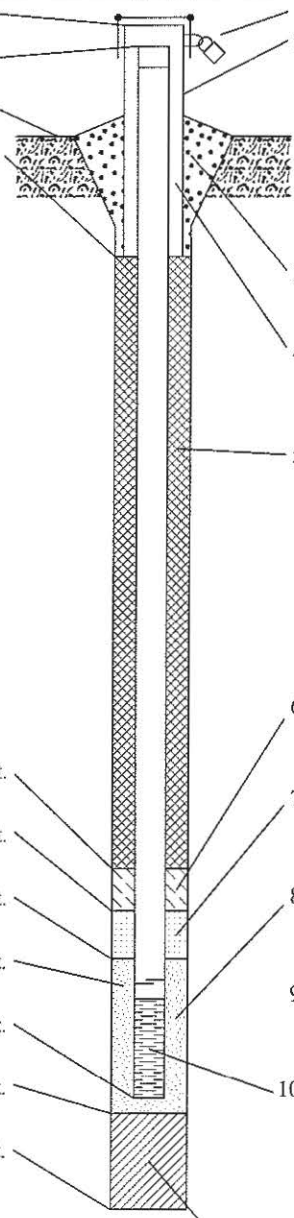
13. Sieve analysis attached? Yes No

14. Drilling method used: Rotary 5 0
 Hollow Stem Auger 4 1
MINI SONIC Other

15. Drilling fluid used: Water 0 2 Air 0 1
 Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis, if required):



1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: _____ in.
 b. Length: _____ ft.
 c. Material: Steel 0 4
 Other

d. Additional protection? Yes No
 If yes, describe: _____

3. Surface seal: Bentonite 3 0
 Concrete 0 1
 Other

4. Material between well casing and protective pipe: Bentonite 3 0
 Other

5. Annular space seal: a. Granular/Chipped Bentonite 3 3
 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 3 5
 c. _____ Lbs/gal mud weight . . . Bentonite slurry 3 1
 d. _____ % Bentonite . . . Bentonite-cement grout 5 0
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 0 1
 Tremie pumped 0 2
 Gravity 0 8

6. Bentonite seal: a. Bentonite granules 3 3
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
 c. _____ Other

7. Fine sand material: Manufacturer, product name & mesh size
 a. _____
 b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
 a. #40 RED FLINT SAND & GRAVEL
 b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 2 3
 Flush threaded PVC schedule 80 2 4
 Other

10. Screen material: PVC
 a. Screen Type: Factory cut 1 1
 Continuous slot 0 1
 Other
 b. Manufacturer BOART LONGYEAR
 c. Slot size: 0.010 in.
 d. Slotted length: 2.0 ft.

11. Backfill material (below filter pack): None 1 4
SAND Other

E. Bentonite seal, top _____ ft. MSL or _____ ft.
 F. Fine sand, top _____ ft. MSL or _____ ft.
 G. Filter pack, top _____ ft. MSL or 14.0 ft.
 H. Screen joint, top _____ ft. MSL or 15.0 ft.
 I. Well bottom _____ ft. MSL or 17.0 ft.
 J. Filter pack, bottom _____ ft. MSL or 18.0 ft.
 K. Borehole, bottom _____ ft. MSL or 18.0 ft.
 L. Borehole, diameter 6.0 in.
 M. O.D. well casing 2.37 in.
 N. I.D. well casing 2.06 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature John L. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
 101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name AS-19
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. / DNR Well Number
Facility ID	Lat. _____ Long. _____ or St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 03/05/2008
Type of Well Well Code 62/as	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source 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	Gov. Lot Number BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 3.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft.
C. Land surface elevation _____ ft. MSL	c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div>	
E. Bentonite seal, top _____ ft. MSL or _____ ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 14.0 ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
H. Screen joint, top _____ ft. MSL or 15.0 ft.	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or 17.0 ft.	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
J. Filter pack, bottom _____ ft. MSL or 18.0 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
K. Borehole, bottom _____ ft. MSL or 18.0 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
L. Borehole, diameter 6.0 in.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
M. O.D. well casing 2.37 in.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
N. I.D. well casing 2.06 in.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 SAND Other <input checked="" type="checkbox"/>

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

Signature John V. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name AS-20	
Facility License, Permit or Monitoring No. O		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 03/05/2008	
Type of Well Well Code 62/as		Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E _____ <input type="checkbox"/> W		Well Installed By: (Person's Name and Firm) MAT WHITE	
Distance from Waste/Source _____ 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		Gov. Lot Number _____	
Enf. Stds. Apply <input type="checkbox"/>				BOART LONGYEAR E&I	

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 3.00 ft. MSL		2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL		d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.		3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div>		4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
G. Filter pack, top _____ ft. MSL or 12.5 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 14.5 ft.	b. Manufacturer BOART LONGYEAR	c. Slot size: 0.010 in.
I. Well bottom _____ ft. MSL or 16.5 ft.	d. Slotted length: 2.0 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 SAND Other <input checked="" type="checkbox"/>
J. Filter pack, bottom _____ ft. MSL or 17.0 ft.		
K. Borehole, bottom _____ ft. MSL or 17.0 ft.		
L. Borehole, diameter 6.0 in.		
M. O.D. well casing 2.37 in.		
N. I.D. well casing 2.06 in.		

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

Signature *John R. Rich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

Facility/Project Name BARR ENGINEERING		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name AS-21	
Facility License, Permit or Monitoring No. O		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. _____ DNR Well Number _____	
Facility ID		Lat. _____ " Long. _____ " or _____ " or _____ "		Date Well Installed 03/05/2008	
Type of Well		St. Plane _____ ft. N, _____ ft. E. S/C/N		Well Installed By: (Person's Name and Firm) MAT WHITE	
Well Code 62/as		Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____, T. _____ N, R. _____ <input type="checkbox"/> E. <input type="checkbox"/> W.		Gov. Lot Number _____	
Distance from Waste/Source 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		BOART LONGYEAR E&I	

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 3.00 ft. MSL		2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL		d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.		3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>		4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08	
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>	
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³	
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³	
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>	
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>	
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.	
G. Filter pack, top _____ ft. MSL or 13.0 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 SAND Other <input checked="" type="checkbox"/>	
H. Screen joint, top _____ ft. MSL or 14.0 ft.		
I. Well bottom _____ ft. MSL or 16.0 ft.		
J. Filter pack, bottom _____ ft. MSL or 17.0 ft.		
K. Borehole, bottom _____ ft. MSL or 17.0 ft.		
L. Borehole, diameter 6.0 in.		
M. O.D. well casing 2.37 in.		
N. I.D. well casing 2.06 in.		

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

Signature *John R. Reel* Firm **BOART LONGYEAR COMPANY** 101 ALDERSON STREET SCHOFIELD, WI 54476 Tel: 715-359-7090 Fax: 715-355-5715

Route To: Watershed/Wastewater Remediation/Redevelopment Waste Management Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name AS-22
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or	Wis. Unique Well No. _____ DNR Well Number _____
Facility ID	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed 03/05/2008
Type of Well	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____, T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source 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	Gov. Lot Number _____
Enf. Stds. Apply <input type="checkbox"/>		BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. Well casing, top elevation 2.00 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 04 Other <input checked="" type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): _____	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or _____ ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 2.0 ft.
G. Filter pack, top _____ ft. MSL or 12.0 ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 13.0 ft.	
I. Well bottom _____ ft. MSL or 15.0 ft.	
J. Filter pack, bottom _____ ft. MSL or 15.0 ft.	
K. Borehole, bottom _____ ft. MSL or 15.0 ft.	
L. Borehole, diameter 6.0 in.	
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature **John D. Rich** Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Attachment:
Monitoring Well Construction Forms

Facility/Project Name Enbridge Site	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-12
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. _____ DNR Well Number _____
Facility ID 34101517	Lat. _____ " Long. _____ " or _____ " or _____ "	Date Well Installed 07/24/2007
Type of Well Well Code 11/mw	St. Plane _____ ft. N, _____ ft. E. S/C/N	Well Installed By: (Person's Name and Firm) Mat White
Distance from Waste/ Source _____ ft.	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Boart Longyear MWhite
Enf. Stds. Apply <input type="checkbox"/>	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	
	Gov. Lot Number _____	

A. Protective pipe, top elevation _____ ft. MSL
B. Well casing, top elevation _____ 2.00 ft. MSL
C. Land surface elevation _____ ft. MSL
D. Surface seal, bottom _____ ft. MSL or _____ 0.0 ft.

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

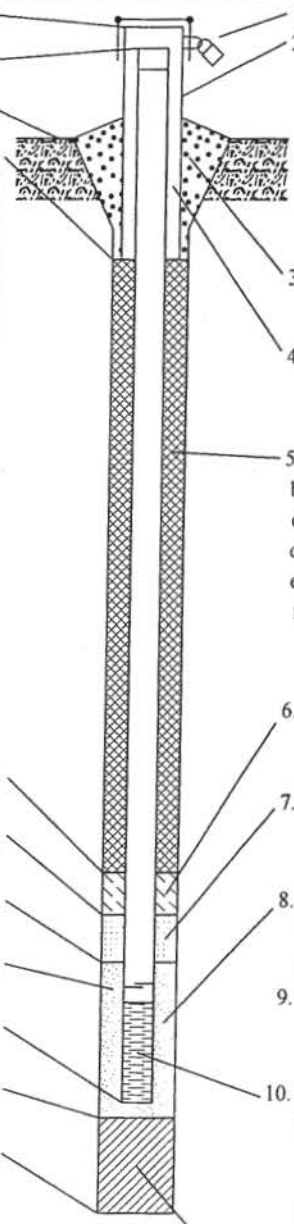
13. Sieve analysis attached? Yes No

14. Drilling method used: Rotary 5 0
 Hollow Stem Auger 4 1
 Sonic _____ Other

15. Drilling fluid used: Water 0 2 Air 0 1
 Drilling Mud 0 3 None 9 9

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis, if required):
 None



1. Cap and lock? Yes No

2. Protective cover pipe:
 a. Inside diameter: _____ 6.0 in.
 b. Length: _____ 7.0 ft.
 c. Material: Steel 0 4
 Other

d. Additional protection? Yes No
 If yes, describe: _____ Bumper Post 4"

3. Surface seal: Bentonite 3 0
 Concrete 0 1
 Other

4. Material between well casing and protective pipe:
 Bentonite 3 0
 Cement Bentonite _____ Other

5. Annular space seal: a. Granular/Chipped Bentonite 3 3
 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry 3 5
 c. _____ Lbs/gal mud weight ... Bentonite slurry 3 1
 d. _____ % Bentonite ... Bentonite-cement grout 5 0
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 0 1
 Tremie pumped 0 2
 Gravity 0 8

6. Bentonite seal: a. Bentonite granules 3 3
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
 c. _____ Other

7. Fine sand material: Manufacturer, product name & mesh size
 a. _____ Badger Mining Corp. 30x100 Mesh
 b. Volume added _____ ft³

8. Filter pack material: Manufacturer, product name & mesh size
 a. _____ Red Flint Sand & Gravel, #40 Sand
 b. Volume added _____ ft³

9. Well casing: Flush threaded PVC schedule 40 2 3
 Flush threaded PVC schedule 80 2 4
 Other

10. Screen material: _____ PVC
 a. Screen Type: Factory cut 1 1
 Continuous slot 0 1
 Other
 b. Manufacturer _____ Boart Longyear E&I
 c. Slot size: _____ 0.010 in.
 d. Slotted length: _____ 10.0 ft.

11. Backfill material (below filter pack): None 1 4
 Other

E. Bentonite seal, top _____ ft. MSL or _____ 25.0 ft.
 F. Fine sand, top _____ ft. MSL or _____ 30.0 ft.
 G. Filter pack, top _____ ft. MSL or _____ 32.0 ft.
 H. Screen joint, top _____ ft. MSL or _____ 34.0 ft.
 I. Well bottom _____ ft. MSL or _____ 44.0 ft.
 J. Filter pack, bottom _____ ft. MSL or _____ 45.0 ft.
 K. Borehole, bottom _____ ft. MSL or _____ 45.0 ft.
 L. Borehole, diameter _____ 6.0 in.
 M. O.D. well casing _____ 2.37 in.
 N. I.D. well casing _____ 2.06 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature John A. Rich Firm BOART LONGYEAR COMPANY
 101 ALDERSON STREET SCHOFIELD, WI 54476 Tel: 715-359-7090
 Fax: 715-355-5715

Please complete both forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name Barr Engineering		Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name MW-18	
Facility License, Permit or Monitoring No. 0		Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. <input type="checkbox"/> DNR Well Number <input type="checkbox"/>	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed 10/27/2007	
Type of Well Well Code 11/mw		Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: (Person's Name and Firm) JOHN FURO	
Distance from Waste/Source 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		Gov. Lot Number BOART LONGYEAR E&I	

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 2.50 ft. MSL	2. Protective cover pipe: a. Inside diameter: 5.5 in. b. Length: 5.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: 4" BUMPER POST
D. Surface seal, bottom _____ ft. MSL or 4.0 ft.	3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____	
17. Source of water (attach analysis, if required): _____	
E. Bentonite seal, top _____ ft. MSL or 4.0 ft.	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or 29.0 ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
G. Filter pack, top _____ ft. MSL or 30.0 ft.	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 32.5 ft.	7. Fine sand material: Manufacturer, product name & mesh size a. #70 BADGER MINING b. Volume added _____ ft ³
I. Well bottom _____ ft. MSL or 42.5 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
J. Filter pack, bottom _____ ft. MSL or 42.6 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 43.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
L. Borehole, diameter 6.0 in.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 10.0 ft.
M. O.D. well casing 2.37 in.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
N. I.D. well casing 2.06 in.	

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

Signature *John Furo* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

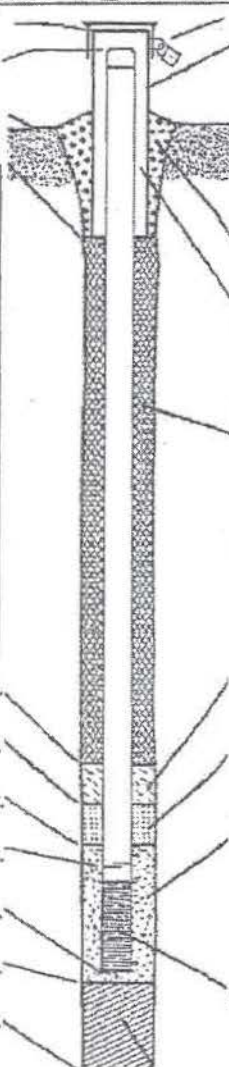
Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name: Enbridge
Local Grid Location of Well: _____ ft. N. _____ ft. E. _____ ft. S. _____ ft. W.
Well Name: 974-19
Facility License, Permit or Monitoring No.: _____ Local Grid Origin (estimated:) or Well Location
Lat. _____ Long. _____ or _____
Date Well Installed: 02/20/2008
m m d d y y v v
Well Installed By: Name (first, last) and Firm
Randy Johnson
Stevens Drilling & Env. Svc.

A. Protective pipe, top elevation: 2-2 ft. MSL Yes No
B. Well casing, top elevation: 2 ft. MSL
C. Land surface elevation: _____ ft. MSL
D. Surface seal, bottom: 2 1/2 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 performed? Yes No
14. Drilling method used: Rotary 5 0
Hollow Stem Auger 4 1
Other
15. Drilling fluid used: Water 0 2 Air 0 1
Drilling Mud 0 3 None 9 9
16. Drilling additives used? Yes No
Describe: _____
17. Source of water (attach analysis, if required): _____



1. Cap and lock? Yes No
2. Protective cover pipe:
a. Inside diameter: 6 in.
b. Length: 60 ft.
c. Material: Steel 0 4
Other
d. Additional protection? Yes No
If yes, describe: _____
3. Surface seal: Bentonite 3 0
Concrete 0 1
Other
4. Material between well casing and protective pipe: Bentonite 3 0
Other
5. Annular space seal: a. Granular/Chipped Bentonite 3 3
b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 3 5
c. _____ Lbs/gal mud weight . . . Bentonite slurry 3 1
d. _____ % Bentonite Bentonite-cement grout 5 0
e. _____ Ft³ volume added for any of the above
f. How installed: Tremie 0 1
Tremie pumped 0 2
Gravity 0 8
6. Bentonite seal: a. Bentonite granules 3 3
b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 3 2
c. _____ Other
7. Fine sand material: Manufacturer, product name & mesh size
a. Silica sand
b. Volume added 6 ft³
8. Filter pack material: Manufacturer, product name & mesh size
a. no. 20 35-45 Red Flint
b. Volume added 11 ft³
9. Well casing: Flush threaded PVC schedule 40 2 3
Flush threaded PVC schedule 80 2 4
Other
10. Screen material: PVC
a. Screen type: Factory cut 1 1
Continuous slot 0 1
Other
b. Manufacturer Johnson
c. Slot size: 0.10 in.
d. Slotted length: 10 ft.
11. Backfill material (below filter pack): None 1 4
Other

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature: Randy Johnson Firm: Stevens Drilling & Env. Svc. Inc.

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 150, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Signature: Lady Smith
 Facility/Project Name: Enbridge
 Facility License, Permit or Monitoring No.: _____
 Facility ID: _____
 Type of Well: _____
 Well Code: 1
 Distance from Waste/Source: _____ ft. Apply

Local Grid Location of Well: _____ ft. N. _____ ft. E. _____ ft. S. _____ ft. W.
 Local Grid Origin (estimated:) or Well Location: _____
 Lat. _____ " Long. _____ " or _____
 St. Plane _____ ft. N. _____ ft. E. S/C/N
 Section Location of Waste/Source: _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____
 Location of Well Relative to Waste/Source: u Upgradient s Sidegradient d Downgradient n Not Known
 Gov. Lot Number: _____

Well Name: MW 20
 Wis. Unique Well No. _____ DNR Well ID No. _____
 Date Well Installed: 2/21/2008
 Well Installed By: Name (first, last) and Firm: Patrick Johnson Stevens Drilling + Env. Svc

A. Protective pipe, top elevation 2 ft. MSL
 B. Well casing, top elevation 2 ft. MSL
 C. Land surface elevation _____ ft. MSL
 D. Surface seal, bottom 2 1/2 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 performed? 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, if required): _____

1. Cap and lock? Yes No
 2. Protective cover pipe:
 a. Inside diameter: 6 in.
 b. Length: 4 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
 Other _____
 5. Annular space seal:
 a. Granular/Chipped 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 chips 32
 c. Other _____
 7. Fine sand material: Manufacturer, product name & mesh size
 a. seal sand
 b. Volume added 6 ft³
 8. Filter pack material: Manufacturer, product name & mesh size
 a. 35-45 Red River
 b. Volume added _____ ft³
 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other _____
 10. Screen material: PVC
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other _____
 b. Manufacturer Khusel
 c. Slot size: 0.15 in.
 d. Slotted length: 10 ft.
 11. Backfill material (below filter pack): None 14
 Other _____

E. Bentonite seal, top 0 ft. MSL or _____ ft.
 F. Fine sand, top 1 1/2 ft. MSL or _____ ft.
 G. Filter pack, top 3 ft. MSL or _____ ft.
 H. Screen joint, top 4 ft. MSL or _____ ft.
 I. Well bottom 14 ft. MSL or _____ ft.
 J. Filter pack, bottom 14 ft. MSL or _____ ft.
 K. Borehole, bottom 14 ft. MSL or _____ ft.
 L. Borehole, diameter 9 1/4 in.
 M. O.D. well casing 2.5 in.
 N. I.D. well casing 2 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature: [Signature] Firm: Stevens Drilling + Env. Svc, Inc.

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name: Enbridge Local Grid Location of Well: _____ ft. N. _____ ft. E. _____ ft. S. _____ ft. W.

Facility License, Permit or Monitoring No. _____ Local Grid Origin (estimated:) or Well Location Lat. _____ " Long. _____ " or _____

Facility ID _____ St. Plane _____ ft. N. _____ ft. E. S/C/N _____ Date Well Installed 8 22 2008
m m d d y y y y

Type of Well _____ Section Location of Waste/Source _____ Well Installed By: Name (first, last) and Firm
Well Code 1 _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. _____ E W
Patrick Johnson

Distance from Waste/Source _____ ft. Ent. Stds. Apply Location of Well Relative to Waste/Source
u Upgradient s Sidgradient Gov. Lot Number _____
d Downgradient n Not Known Stevens Drilling & Env Svc

A. Protective pipe, top elevation --- 2.2 ft. MSL

B. Well casing, top elevation --- 2 ft. MSL

C. Land surface elevation _____ ft. MSL

D. Surface seal, bottom --- 2 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 performed? 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, if required): _____

E. Bentonite seal, top --- 6 ft. MSL or _____ ft.

F. Fine sand, top --- 2 ft. MSL or _____ ft.

G. Filter pack, top --- 2 ft. MSL or _____ ft.

H. Screen joint, top --- 3 ft. MSL or _____ ft.

I. Well bottom --- 13 1/2 ft. MSL or _____ ft.

J. Filter pack, bottom --- 15 ft. MSL or _____ ft.

K. Borehole, bottom --- 15 ft. MSL or _____ ft.

L. Borehole, diameter --- 8 1/4 in.

M. O.D. well casing --- 2.5 in.

N. I.D. well casing --- 2 in.

1. Cap and lock? Yes No

2. Protective cover pipe:
a. Inside diameter: 6 in.
b. Length: 4 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
Other

5. Annular space seal:
a. Granular/Chipped 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 chips 32
c. _____ Other

7. Fine sand material: Manufacturer, product name & mesh size
a. SEICK SAND
b. Volume added 6 ft³

8. Filter pack material: Manufacturer, product name & mesh size
a. 35-45 Red Flint
b. Volume added 11 ft³

9. Well casing: Flush threaded PVC schedule 40 23
Flush threaded PVC schedule 80 24
Other

10. Screen material: PVC
a. Screen type: Factory cut 11
Continuous slot 01
Other
b. Manufacturer Johnson
c. Slot size: 1/8 in.
d. Slotted length: 16 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: [Signature] Firm: Stevens Drilling & Env Svc Inc.

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-23
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. DNR Well Number
Facility ID	Lat. _____ " Long. _____ " or	Date Well Installed 03/20/2008
Type of Well	St. Plane _____ ft. N. _____ ft. E. S/C/N	Well Installed By: (Person's Name and Firm) MAT WHITE
Well Code 11/mw	Section Location of Waste/Source _____ 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	BOART LONGYEAR E&I
Distance from Waste/Source 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	Gov. Lot Number

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ 2.50 ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ 6.0 in. b. Length: _____ 5.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div>	
E. Bentonite seal, top _____ ft. MSL or _____ ft.	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 SAND Other <input checked="" type="checkbox"/>
F. Fine sand, top _____ ft. MSL or 2.0 ft.	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
G. Filter pack, top _____ ft. MSL or 2.5 ft.	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 3/8" HOLEPLUG Other <input checked="" type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 3.0 ft.	7. Fine sand material: Manufacturer, product name & mesh size a. #60 BADGER MINING b. Volume added _____ ft ³
I. Well bottom _____ ft. MSL or 13.0 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³
J. Filter pack, bottom _____ ft. MSL or 15.0 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 15.0 ft.	10. Screen material: PVC a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
L. Borehole, diameter 6.0 in.	b. Manufacturer BOART LONGYEAR c. Slot size: 0.010 in. d. Slotted length: 10.0 ft.
M. O.D. well casing 2.37 in.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
N. I.D. well casing 2.06 in.	

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

Signature John A. Rich Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route to: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name: Fachomilk Enbridge
 Local Grid Location of Well: _____ ft. N. _____ ft. E. _____ ft. S. _____ ft. W.
 Well Name: MW-24
 Facility License, Permit or Monitoring No.: _____ Local Grid Origin (estimated:) or Well Location
 Wis. Unique Well No.: _____ DNR Well ID No.: _____
 Lat. _____ " Long. _____ " or _____ " or _____ "
 Date Well Installed: 02/21/2008
 Facility ID: _____ St. Plane _____ ft. N. _____ ft. E. S/C/N
 Section Location of Waste/Source: _____
 Type of Well: _____ Well Code 1 1/4 of _____ 1/4 of Sec. _____ T. _____ N. R. E W
 Distance from Waste/Source: _____ ft. Enf. Stds. Apply u Upgradient s Sidegradient d Downgradient n Not Known
 Gov. Lot Number: _____
 Well Installed By: Name (first, last) and Firm
Randy Johnson
Stevens Drilling + Env. Svc.

A. Protective pipe, top elevation: 2'-2" ft. MSL
 B. Well casing, top elevation: 2 ft. MSL
 C. Land surface elevation: _____ ft. MSL
 D. Surface seal, bottom: _____ ft. MSL or 2 ft.

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

13. Sieve analysis performed? 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, if required): _____

1. Cap and lock? Yes No
 2. Protective cover pipe:
 a. Inside diameter: 6 in.
 b. Length: 4 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
 Other _____
 5. Annular space seal:
 a. Granular/Chipped 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 chips 32
 c. Other _____
 7. Fine sand material: Manufacturer, product name & mesh size
 a. Silica sand
 b. Volume added 6" ft³
 8. Filter pack material: Manufacturer, product name & mesh size
 a. #20 38-45 Real float
 b. Volume added 11 ft³
 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other _____
 10. Screen material: PVC
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other _____
 b. Manufacturer Johnson
 c. Slot size: 0.10 in.
 d. Slotted length: 10 ft.
 11. Backfill material (below filter pack): None 14
 Other _____

E. Bentonite seal, top: _____ ft. MSL or 0 ft.
 F. Fine sand, top: _____ ft. MSL or 1'-6" ft.
 G. Filter pack, top: _____ ft. MSL or 2' ft.
 H. Screen joint, top: _____ ft. MSL or 2' ft.
 I. Well bottom: _____ ft. MSL or 12 ft.
 J. Filter pack, bottom: _____ ft. MSL or 13 ft.
 K. Borehole, bottom: _____ ft. MSL or 13 ft.
 L. Borehole, diameter: 8 1/4 in.
 M. O.D. well casing: 2 1/2 in.
 N. I.D. well casing: 2 in.

I hereby certify that the information on this form is true and correct to the best of my knowledge.
 Signature: Randy Johnson Firm: Stevens Drilling + Env. Svc. Inc.

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.	Well Name MW-24D
Facility License, Permit or Monitoring No. O	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or	Wis. Unique Well No. / DNR Well Number
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/11/2008
Type of Well Well Code 11/mw	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source 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	Goy. Lot Number
Enf. Stds. Apply <input type="checkbox"/>		BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL		1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 2.50 ft. MSL		2. Protective cover pipe: a. Inside diameter: 6.0 in. b. Length: 7.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL		d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.		3. Surface seal: Bentonite <input checked="" type="checkbox"/> 30 Concrete <input type="checkbox"/> 01 Other <input type="checkbox"/>
<div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe _____</p> <p>17. Source of water (attach analysis, if required): _____</p> </div>		
E. Bentonite seal, top _____ ft. MSL or 63.0 ft.	4. Material between well casing and protective pipe: SAND Bentonite <input type="checkbox"/> 30 Other <input checked="" type="checkbox"/>	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight . . . Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite . . . Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input checked="" type="checkbox"/> 02 Gravity <input type="checkbox"/> 08
F. Fine sand, top _____ ft. MSL or 57.0 ft.	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>	7. Fine sand material: Manufacturer, product name & mesh size a. #60 BADGER MINING b. Volume added _____ ft ³
G. Filter pack, top _____ ft. MSL or 57.5 ft.	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL b. Volume added _____ ft ³	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or 60.0 ft.	10. Screen material: PVC	a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or 65.0 ft.	b. Manufacturer BOART LONGYEAR	c. Slot size: 0.010 in.
J. Filter pack, bottom _____ ft. MSL or 70.0 ft.	d. Slotted length: 5.0 ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 14 SAND Other <input checked="" type="checkbox"/>
K. Borehole, bottom _____ ft. MSL or 70.0 ft.		
L. Borehole, diameter 6.0 in.		
M. O.D. well casing 2.37 in.		
N. I.D. well casing 2.06 in.		

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

Signature John R. Riche Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Route To: Watershed/Wastewater Waste Management
Remediation/Redevelopment Other

MONITORING WELL CONSTRUCTION
Form 4400-113A Rev. 7-98

Facility/Project Name BARR ENGINEERING	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name MW-31
Facility License, Permit or Monitoring No. 0	Local Grid Origin <input checked="" type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ Long. _____ or	Wis. Unique Well No. DNR Well Number
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed 03/20/2008
Type of Well	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____ T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: (Person's Name and Firm) MAT WHITE
Distance from Waste/Source 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	BOART LONGYEAR E&I

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation 2.50 ft. MSL	2. Protective cover pipe: a. Inside diameter: 6.0 in. b. Length: 7.0 ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: 4" BUMPER POST
D. Surface seal, bottom _____ ft. MSL or 0.0 ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 30 SAND <input checked="" type="checkbox"/>
13. Sieve analysis attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input type="checkbox"/> 41 MINI SONIC Other <input checked="" type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32 c. 3/8" HOLEPLUG Other <input checked="" type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Fine sand material: Manufacturer, product name & mesh size a. #60 BADGER MINING
Describe _____	b. Volume added _____ ft ³
17. Source of water (attach analysis, if required):	8. Filter pack material: Manufacturer, product name & mesh size a. #40 RED FLINT SAND & GRAVEL
E. Bentonite seal, top _____ ft. MSL or _____ ft.	b. Volume added _____ ft ³
F. Fine sand, top _____ ft. MSL or 29.0 ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or 31.0 ft.	10. Screen material: PVC
H. Screen joint, top _____ ft. MSL or 33.0 ft.	a. Screen Type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or 43.0 ft.	b. Manufacturer BOART LONGYEAR
J. Filter pack, bottom _____ ft. MSL or 45.0 ft.	c. Slot size: 0.010 in.
K. Borehole, bottom _____ ft. MSL or 45.0 ft.	d. Slotted length: 10.0 ft.
L. Borehole, diameter 6.0 in.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
M. O.D. well casing 2.37 in.	
N. I.D. well casing 2.06 in.	

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

Signature *John A. Rich* Firm **BOART LONGYEAR COMPANY** Tel: 715-359-7090
101 ALDERSON STREET SCHOFIELD, WI 54476 Fax: 715-355-5715

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.