

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County <i>Douglas</i>		WI Unique Well # of Removed Well <i>NA</i>		Hicap #		Facility Name <i>SWLP Former MGP</i>	
Latitude / Longitude (see instructions) <i>46.726430</i> N <i>-92.072165</i> W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section <i>13</i>		Township <i>49 N</i>		Range <i>14</i> <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address <i>E 1st Street</i>				License/Permit/Monitoring # <i>BRRTS No. : 02-16-275446</i>			
Well City, Village or Town <i>Superior</i>				Original Well Owner <i>Superior Water, Light & Power</i>			
Subdivision Name				Present Well Owner <i>Same As Above</i>			
Well ZIP Code <i>54880</i>				Mailing Address of Present Owner <i>2915 Hill Ave</i>			
Lot #				City of Present Owner <i>Superior</i>		State <i>WI</i>	ZIP Code <i>54880</i>

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material	
Reason for Removal from Service <i>Tests Complete</i>		WI Unique Well # of Replacement Well <i>NA</i>	
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <i>7/13-22/2020</i>	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <i>13</i>		Casing Diameter (in.) <i>2.0"</i>	
Lower Drillhole Diameter (in.) <i>3.25"</i>		Casing Depth (ft.) <i>3</i>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <i>Gravity</i>	
If yes, to what depth (feet)? <i>NA</i>		Depth to Water (feet) <i>3</i>	

5. Material Used to Fill Well / Drillhole			
From (ft.)		To (ft.)	
Surface		<i>16</i>	
No. Yards, Sacks or Volume (circle one)		Sealant or Mud Weight	
<i>1/2</i>		<i>NA</i>	

6. Comments
LIF-45

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>Dakota Technologies Co.</i>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>7/22/2020</i>	Date Received	Noted By
Street or Route <i>5001 Boone Ave N</i>			Telephone Number <i>(763) 424 4803</i>	Comments	
City <i>New Hope</i>		State <i>MN</i>	ZIP Code <i>55428</i>	Signature of Person Doing Work <i>Dan Thompson</i>	Date Signed <i>7/27/2020</i>

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Verification Only of Fill and Seal

Route to DNR Bureau:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information			2. Facility / Owner Information		
County Douglas	WI Unique Well # of Removed Well NA	Hicap #	Facility Name SWLP Former MGP		
Latitude / Longitude (see instructions) 46.726651 N -92.072533 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)
1/4 / 1/4 or Gov't Lot #	Section 13	Township 49 N	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	License/Permit/Monitoring # BRRTS No: 02-16-275446
Well Street Address E 1st Street			Original Well Owner Superior Water, Light & Power		
Well City, Village or Town Superior			Present Well Owner Same As Above		
Subdivision Name			Well ZIP Code 54880		Mailing Address of Present Owner 2915 Hill Ave
			City of Present Owner Superior		State WI
					ZIP Code 54880

Reason for Removal from Service Tests Complete	WI Unique Well # of Replacement Well NA
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3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material	
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If a Well Construction Report is available, please attach.		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Casing left in place? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 14	Casing Diameter (in.) 2.0"	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 3.25"	Casing Depth (ft.) 4	Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 4	Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
If yes, to what depth (feet)? NA		For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Crumbles (Benseal)	Surface	16	1/2	NA

6. Comments

SLIF-32

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N		Telephone Number (763) 424 4803	Comments	
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Jan Thompson	Date Signed 7/27/2020

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Verification Only of Fill and Seal

Route to DNR Bureau:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County <i>Douglas</i>		WI Unique Well # of Removed Well <i>NA</i>		Hicap #		Facility Name <i>SWLP Former MGP</i>	
Latitude / Longitude (see instructions) <i>46.726908</i> N <i>-92.072919</i> W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 1/4 or Gov't Lot #		Section <i>13</i>		Township <i>49 N</i>		Range <i>14</i> <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address <i>E 1st Street</i>				License/Permit/Monitoring # <i>BRRTS No. : 02-16-275446</i>			
Well City, Village or Town <i>Superior</i>				Original Well Owner <i>Superior Water, Light & Power</i>			
Well ZIP Code <i>54880</i>				Present Well Owner <i>Same As Above</i>			
Subdivision Name		Lot #		Mailing Address of Present Owner <i>2915 Hill Ave</i>		City of Present Owner <i>Superior</i>	
				State <i>WI</i>		ZIP Code <i>54880</i>	

Reason for Removal from Service <i>Tests Complete</i>	WI Unique Well # of Replacement Well <i>NA</i>
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3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Original Construction Date (mm/dd/yyyy) <i>7/13 - 22/2020</i>		<input type="checkbox"/> Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Casing left in place? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <i>Gravity</i>			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
Total Well Depth From Ground Surface (ft.) <i>15</i>		Casing Diameter (in.) <i>2.0"</i>			
Lower Drillhole Diameter (in.) <i>3.25"</i>		Casing Depth (ft.) <i>5</i>			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
If yes, to what depth (feet)? <i>NA</i>		Depth to Water (feet) <i>5</i>			

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<i>16</i>	<i>1/2</i>	<i>NA</i>

6. Comments
SLIF-3i

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>Dakota Technologies Co.</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>7/22/2020</i>	Date Received	Noted By
Street or Route <i>5001 Boone Ave N</i>		Telephone Number <i>(763) 424 4803</i>	Comments	
City <i>New Hope</i>	State <i>MN</i>	ZIP Code <i>55428</i>	Signature of Person Doing Work <i>Jan Thompson</i>	Date Signed <i>7/27/2020</i>

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information			2. Facility / Owner Information		
County Douglas	WI Unique Well # of Removed Well NA	Hicap #	Facility Name SWLP Former MGP		

Latitude / Longitude (see instructions) 46.728676 N -92.073507 W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 1/4 or Gov't Lot #	Section 13	Township 49 N	Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W

Well Street Address E 1st Street	Well City, Village or Town Superior	Well ZIP Code 54880	License/Permit/Monitoring # BRRTS No: 02-16-275446
Subdivision Name	Lot #	City of Present Owner Superior	Original Well Owner Superior Water, Light & Power
		State WI	Present Well Owner Same As Above
		ZIP Code 54880	Mailing Address of Present Owner 2915 Hill Ave

Reason for Removal from Service Tests Complete	WI Unique Well # of Replacement Well NA	4. Pump, Liner, Screen, Casing & Sealing Material	
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3. Filled & Sealed Well / Drillhole / Borehole Information		Pump and piping removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/13-22/2020	Liner(s) removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Borehole / Drillhole		Screen removed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 16	Casing Diameter (in.) 2.0"	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 3.25"	Casing Depth (ft.) 6	Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

Was well annular space grouted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Required Method of Placing Sealing Material	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain) Gravity
If yes, to what depth (feet)? NA	Depth to Water (feet) 6.5	Sealing Materials	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:	<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry
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5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sack, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Crumbles (Benseal)	Surface	28	1/2	NA

6. Comments
TG-07

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N	Telephone Number (763) 424 4803	Comments		
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Jan Thompson	Date Signed 7/27/2020

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Route to DNR Bureau:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County <i>Douglas</i>		WI Unique Well # of Removed Well <i>NA</i>		Hicap #		Facility Name <i>SWLP Former MGP</i>	
Latitude / Longitude (see instructions) <i>46.727943</i> N <i>-92.074798</i> W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 1/4 or Gov't Lot #		Section <i>13</i>		Township <i>49 N</i>		Range <i>14</i> <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address <i>E 1st Street</i>				License/Permit/Monitoring # <i>BRRTS No: 02-16-275446</i>			
Well City, Village or Town <i>Superior</i>				Original Well Owner <i>Superior Water, Light & Power</i>			
Subdivision Name				Present Well Owner <i>Same As Above</i>			
Well ZIP Code <i>54880</i>				Mailing Address of Present Owner <i>2915 Hill Ave</i>			
Lot #				City of Present Owner <i>Superior</i>		State <i>WI</i>	ZIP Code <i>54880</i>

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason for Removal from Service <i>Tests Complete</i>		WI Unique Well # of Replacement Well <i>NA</i>		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <i>7/13 - 22/2020</i>		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <i>13</i>		Casing Diameter (in.) <i>2.0"</i>		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <i>3.25"</i>		Casing Depth (ft.) <i>3</i>		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)? <i>NA</i>		Depth to Water (feet) <i>3</i>		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
				If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
				Required Method of Placing Sealing Material	
				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
				<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <i>Gravity</i>	
				Sealing Materials	
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
				For Monitoring Wells and Monitoring Well Boreholes Only:	
				<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
				<input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<i>16</i>	<i>1/2</i>	<i>NA</i>

6. Comments
LIF-26

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>Dakota Technologies Co.</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>7/22/2020</i>	Date Received	Noted By
Street or Route <i>5001 Boone Ave N</i>		Telephone Number <i>(763) 424 4803</i>	Comments	
City <i>New Hope</i>	State <i>MN</i>	ZIP Code <i>55428</i>	Signature of Person Doing Work <i>Jan Thompson</i>	Date Signed <i>7/27/2020</i>

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well NA	Hicap #	Facility Name SWLP Former MGP
Latitude / Longitude (see instructions) 46.727722 N -92.074457 W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 1/4 or Gov't Lot #	Section 13	Township 49 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address E 1st Street	Well City, Village or Town Superior	Well ZIP Code 54880	License/Permit/Monitoring # BRRTS No. : 02-16-275446
Subdivision Name	Lot #	City of Present Owner Superior	Original Well Owner Superior Water, Light & Power
		State WI	Present Well Owner Same As Above
		ZIP Code 54880	Mailing Address of Present Owner 2915 Hill Ave

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

Reason for Removal from Service Tests Complete	WI Unique Well # of Replacement Well NA	<input type="checkbox"/> Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) 7/13-23/2020	Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain) Gravity
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	If a Well Construction Report is available, please attach.	Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Total Well Depth From Ground Surface (ft.) 13	Casing Diameter (in.) 2.0"
	Lower Drillhole Diameter (in.) 3.25"	Casing Depth (ft.) 3
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, to what depth (feet)? NA	Depth to Water (feet) 3

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Crumbles (Benseal)	Surface	16	1/2	NA

6. Comments

LIF-27

7. Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received
Street or Route 5001 Boone Ave N	Telephone Number (763) 424 4803	Comments	Noted By
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Jan Thompson
			Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Douglas		WI Unique Well # of Removed Well NA		Hicap #		Facility Name SWLP Former MGP	
Latitude / Longitude (see instructions) 46.727305 N -92.073577 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 1/4 or Gov't Lot #		Section 13		Township 49 N		Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address E 1st Street				License/Permit/Monitoring # BRRTS No.: 02-16-275446			
Well City, Village or Town Superior				Original Well Owner Superior Water, Light & Power			
Subdivision Name				Well ZIP Code 54880			
Well Street Address				Present Well Owner Same As Above			
Subdivision Name				Mailing Address of Present Owner 2915 Hill Ave			
Subdivision Name				City of Present Owner Superior		State WI	ZIP Code 54880

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason for Removal from Service Tests Complete		WI Unique Well # of Replacement Well NA		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 7/13-22/2020		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Borehole / Drillhole		Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 15		Casing Diameter (in.) 2.0"		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 3.25"		Casing Depth (ft.) 5		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)? NA		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Depth to Water (feet) 3		Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity		Sealing Materials: <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
5. Material Used to Fill Well / Drillhole		For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

From (ft.)	To (ft.)	No. Yards (Sacks Sealant or Volume (circle one))	Mix Ratio or Mud Weight
Surface	16	1/2	NA

6. Comments
SLIF-33

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N			Telephone Number (763) 424 4803	Comments	
City New Hope		State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well NA	Hicap #	Facility Name SWLP Former M&P
Latitude / Longitude (see instructions) 46.728435 N -92.076386 W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 1/4 or Gov't Lot #	Section 13	Township 49 N	Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address E 1st Street	Well ZIP Code 54880	Original Well Owner Superior Water, Light & Power	License/Permit/Monitoring # BRRTS No. : 02-16-275446
Well City, Village or Town Superior	Well ZIP Code 54880	Present Well Owner Same As Above	Mailing Address of Present Owner 2915 Hill Ave
Subdivision Name	Lot #	City of Present Owner Superior	State WI
			ZIP Code 54880

Reason for Removal from Service
Tests Complete

WI Unique Well # of Replacement Well
NA

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy)
 Water Well **7/13 - 22/2020**

Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): _____

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) Casing Diameter (in.)
20 **2.25"**

Lower Drillhole Diameter (in.) Casing Depth (ft.)
2.25" **20**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet)
NA **5**

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): **Gravity**

Sealing Materials

Neat Cement Grout Concrete

Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout

Granular Bentonite Bentonite - Sand Slurry

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	1/2	NA

5. Material Used to Fill Well / Drillhole

Bentonite Crumbles (Benseal)

6. Comments

B-123

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	DNR Use Only	
Street or Route 5001 Boone Ave N	Telephone Number (763) 424 4803	Comments	Date Received	Noted By
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Douglas		WI Unique Well # of Removed Well NA		Hicap #		Facility Name SWLP Former MGP	
Latitude / Longitude (see instructions) 46.728457 N -92.076772 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section 13		Township 49 N		Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address E 1st Street				License/Permit/Monitoring # BRRTS No. : 02-16-275446			
Well City, Village or Town Superior				Original Well Owner Superior Water, Light & Power			
Subdivision Name				Present Well Owner Same As Above			
Well ZIP Code 54880				Mailing Address of Present Owner 2915 Hill Ave			
Lot #				City of Present Owner Superior		State WI	ZIP Code 54880

Reason for Removal from Service
Tests Complete

WI Unique Well # of Replacement Well
NA

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input type="checkbox"/> Monitoring Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
If a Well Construction Report is available, please attach.		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) 20		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Casing Diameter (in.) 2.25"		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) 2.25"		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Casing Depth (ft.) 20		Required Method of Placing Sealing Material			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
If yes, to what depth (feet)? NA		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity			
Depth to Water (feet) 5		Sealing Materials			
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
		For Monitoring Wells and Monitoring Well Boreholes Only:			
		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
		<input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Crumbles (Benseal)	Surface	20	1/2	NA

6. Comments
B-105

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N		Telephone Number (763) 424 4803	Comments	
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Douglas		WI Unique Well # of Removed Well NA		Hicap #		Facility Name SWLP Former MGP	
Latitude / Longitude (see instructions) 46.728549 N -92.076545 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section 13		Township 49 N		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address E 1st Street				License/Permit/Monitoring # BRRTS No. : 02-16-275446			
Well City, Village or Town Superior				Original Well Owner Superior Water, Light & Power			
Subdivision Name				Present Well Owner Same As Above			
Well ZIP Code 54880				Mailing Address of Present Owner 2915 Hill Ave			
City of Present Owner Superior				State WI		ZIP Code 54880	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason for Removal from Service Tests Complete		WI Unique Well # of Replacement Well NA		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 7/13 - 23/2020		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Borehole / Drillhole		Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 20		Casing Diameter (in.) 2.25"		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 2.25"		Casing Depth (ft.) 20		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)? NA		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Depth to Water (feet) 5		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain) Gravity	

5. Material Used to Fill Well / Drillhole			
From (ft.)		To (ft.)	
Surface		20	
No. Yards, Sacks, Sealant or Volume (circle one)		Mix Ratio or Mud Weight	
1/2		NA	

6. Comments
B-106

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N		Telephone Number (763) 424 4803		Comments	
City New Hope		State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020

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<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information				2. Facility / Owner Information			
County Douglas		WI Unique Well # of Removed Well NA		Hicap #		Facility Name SWLP Former M&P	
Latitude / Longitude (see instructions) 46.728619 N -92.076298 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 1/4 or Gov't Lot #		Section 13		Township 49 N		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W 14	
Well Street Address E 1st Street				License/Permit/Monitoring # BRRTS No. : 02-16-275446			
Well City, Village or Town Superior				Original Well Owner Superior Water, Light & Power			
Well ZIP Code 54880				Present Well Owner Same As Above			
Subdivision Name				Lot #		Mailing Address of Present Owner 2915 Hill Ave	
Reason for Removal from Service Tests Complete				WI Unique Well # of Replacement Well NA			
City of Present Owner Superior		State WI		ZIP Code 54880			

3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material					
<input type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Borehole / Drillhole				Liner(s) perforated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Screen removed?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Casing left in place?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 20		Casing Diameter (in.) 2.75"		Was casing cut off below surface?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 2.25"		Casing Depth (ft.) 20		Did sealing material rise to surface?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				Did material settle after 24 hours?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)? NA		Depth to Water (feet) 5		If yes, was hole retopped?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
				If bentonite chips were used, were they hydrated with water from a known safe source?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
				Required Method of Placing Sealing Material					
				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped					
				<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity					
				Sealing Materials					
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete					
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips					
				For Monitoring Wells and Monitoring Well Boreholes Only:					
				<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout					
				<input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry					

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Crumbles (Benseal)	Surface	20	1/2	NA

6. Comments
B-117

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N			Telephone Number (763) 424 4803	Comments	
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Douglas		WI Unique Well # of Removed Well NA		Hicap #		Facility Name SWLP Former MGP	
Latitude / Longitude (see instructions) 46.728779 N -92.076332 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section 13		Township 49 N		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address E 1st Street				License/Permit/Monitoring # BRRTS No. : 02-16-275446			
Well City, Village or Town Superior				Original Well Owner Superior Water, Light & Power			
Subdivision Name				Present Well Owner Same As Above			
Well ZIP Code 54880				Mailing Address of Present Owner 2915 Hill Ave			
Lot #				City of Present Owner Superior		State WI	ZIP Code 54880

Reason for Removal from Service: **Tests Complete**

WI Unique Well # of Replacement Well: **NA**

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If a Well Construction Report is available, please attach.				Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____				Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 20		Casing Diameter (in.) 2.25"		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 2.25"		Casing Depth (ft.) 20		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)? NA		Depth to Water (feet) 5		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
				If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
				Required Method of Placing Sealing Material	
				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
				<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain) Gravity	
				Sealing Materials	
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
				For Monitoring Wells and Monitoring Well Boreholes Only:	
				<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout	
				<input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	1/2	NA

6. Comments
B-118

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N		Telephone Number (763) 424 4803	Comments	
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Douglas		WI Unique Well # of Removed Well NA		Hicap #		Facility Name SWLP Former MGP	
Latitude / Longitude (see instructions) 46.728019 N -92.076482 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section 13		Township 49 N		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address E 1st Street				License/Permit/Monitoring # BRRTS No. : 02-16-275446			
Well City, Village or Town Superior				Original Well Owner Superior Water, Light & Power			
Subdivision Name				Present Well Owner Same As Above			
Well ZIP Code 54880				Mailing Address of Present Owner 2915 Hill Ave			
City of Present Owner Superior				State WI		ZIP Code 54880	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason for Removal from Service Tests Complete		WI Unique Well # of Replacement Well NA		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 7/13 - 23/2020		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Borehole / Drillhole		Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 20		Casing Diameter (in.) 2.25"		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 2.25"		Casing Depth (ft.) 20		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)? NA		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Depth to Water (feet) 5		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity	

5. Material Used to Fill Well / Drillhole		Sealing Materials	
From (ft.)		To (ft.)	
To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)	
No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight	
Mud Weight		From (ft.)	
To (ft.)		To (ft.)	
No. Yards, Sacks Sealant or Volume (circle one)		No. Yards, Sacks Sealant or Volume (circle one)	
Mix Ratio or Mud Weight		Mix Ratio or Mud Weight	

Bentonite Crumbles (Benseal) Surface **20** **1/3** **NA**

6. Comments
B-100

7. Supervision of Work			DNR Use Only		
Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N		Telephone Number (763) 424 4803		Comments	
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information **2. Facility / Owner Information**

County Douglas		WI Unique Well # of Removed Well NA		Hicap #		Facility Name SWLP Former MGP			
Latitude / Longitude (see instructions) 46.728169 N -92.075934 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 / 1/4 or Gov't Lot #		Section 13		Township 49 N		Range 14		License/Permit/Monitoring # BRRTS No. : 02-16-275446	
Well Street Address E 1st Street		Well City, Village or Town Superior		Well ZIP Code 54880		Original Well Owner Superior Water, Light & Power			
Subdivision Name		Lot #		City of Present Owner Superior		State WI		ZIP Code 54880	
Reason for Removal from Service Tests Complete		WI Unique Well # of Replacement Well NA		Present Well Owner Same As Above					

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

<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
Total Well Depth From Ground Surface (ft.) 20		Casing Diameter (in.) 2.25"		For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
Lower Drillhole Diameter (in.) 2.25"		Casing Depth (ft.) 20		Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? NA		Depth to Water (feet) 5		No. Yards, Sacks Sealant or Volume (circle one) 1/2	

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	1/2	NA

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/27/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N		Telephone Number (763) 424 4803		Comments	
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
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County Douglas	WI Unique Well # of Removed Well NA	Hicap #	Facility Name SWLP Former MGP		
Latitude / Longitude (see instructions) 46.727739 N -92.075195 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)
1/4 1/4 or Gov't Lot #	Section 13	Township 49 N	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W	License/Permit/Monitoring # BRRTS No. : 02-16-275446
Well Street Address E 1st Street			Original Well Owner Superior Water, Light & Power		
Well City, Village or Town Superior			Present Well Owner Same As Above		
Subdivision Name			Well ZIP Code 54880		Mailing Address of Present Owner 2915 Hill Ave
			City of Present Owner Superior		State WI
					ZIP Code 54880

3. Filled & Sealed Well / Drillhole / Borehole Information	4. Pump, Liner, Screen, Casing & Sealing Material
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Reason for Removal from Service Tests Complete	WI Unique Well # of Replacement Well NA	<input type="checkbox"/> Pump and piping removed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020 If a Well Construction Report is available, please attach.		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) 20 Casing Diameter (in.) 2.25" Lower Drillhole Diameter (in.) 2.25" Casing Depth (ft.) 20	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)? NA Depth to Water (feet) 5	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
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Bentonite Crumbles (Benseal)	Surface	20	1/2	NA
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6. Comments

B-113

7. Supervision of Work	DNR Use Only	
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Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N		Telephone Number (763) 424 4803	Comments	
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	
			Date Signed 7/27/2020	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well NA	Hicap #	Facility Name SWLP Former MGP
Latitude / Longitude (see instructions) 46.727701 N -92.074929 W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 1/4 or Gov't Lot #	Section 13	Township 49 N	Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address E 1st Street	Well ZIP Code 54880	Original Well Owner Superior Water, Light & Power	Present Well Owner Same As Above
Well City, Village or Town Superior	Subdivision Name	Lot #	Mailing Address of Present Owner 2915 Hill Ave
Reason for Removal from Service Tests Complete	WI Unique Well # of Replacement Well NA	City of Present Owner Superior	State WI
		ZIP Code 54880	

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

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.25"	Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 2.25"	Casing Depth (ft.) 20	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? NA	Depth to Water (feet) 5	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		Required Method of Placing Sealing Material
		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity
		Sealing Materials
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only:
		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
		<input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Crumbles (Benseal)	Surface	20	1/2	NA

6. Comments

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7. Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received
Street or Route 5001 Boone Ave N	Telephone Number (763) 424 4803	Comments	Noted By
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson
			Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information **2. Facility / Owner Information**

County: Douglas WI Unique Well # of Removed Well: NA Hicap #: _____

Latitude / Longitude (see instructions): 46.727619 N Format Code: DD Method Code: GPS008
-92.074800 W DDM SCR002 OTH001

1/4 1/4 or Gov't Lot #: _____ Section: 13 Township: 49 N Range: 14 E W

Well Street Address: E 1st Street

Well City, Village or Town: Superior Well ZIP Code: 54880

Subdivision Name: _____ Lot #: _____

Facility Name: SWLP Former MGP

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: BRRTS No. : 02-16-275446

Original Well Owner: Superior Water, Light & Power

Present Well Owner: Same As Above

Mailing Address of Present Owner: 2915 Hill Ave

City of Present Owner: Superior State: WI ZIP Code: 54880

Reason for Removal from Service: Tests Complete WI Unique Well # of Replacement Well: NA

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 7/13 - 22/2020
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 20 Casing Diameter (in.): 2.25"

Lower Drillhole Diameter (in.): 2.25" Casing Depth (ft.): 20

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? NA Depth to Water (feet): 5

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Required Method of Placing Sealing Material:
 Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): Gravity

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<u>20</u>	<u>1/2</u>	<u>NA</u>

6. Comments

B-127

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

Name of Person or Firm Doing Filling & Sealing: Dakota Technologies Co. License #: _____ Date of Filling & Sealing or Verification (mm/dd/yyyy): 7/22/2020

Street or Route: 5001 Boone Ave N Telephone Number: (763) 424 4803 Comments: _____

City: New Hope State: MN ZIP Code: 55428 Signature of Person Doing Work: Dan Thompson Date Signed: 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well NA	Hicap #	Facility Name SWLP Former M&P
Latitude / Longitude (see instructions) 46.728430 N -92.075568 W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4 or Gov't Lot #	Section 13	Township 49 N	Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address E 1st Street	Well ZIP Code 54880	Original Well Owner Superior Water, Light & Power	Present Well Owner Same As Above
Subdivision Name	Lot #	City of Present Owner Superior	State WI
Reason for Removal from Service Tests Complete	WI Unique Well # of Replacement Well NA	ZIP Code 54880	

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

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/13 - 23/2020	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.25"	Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 2.25"	Casing Depth (ft.) 20	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? NA	Depth to Water (feet) 3	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		Required Method of Placing Sealing Material
		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain) Gravity
		Sealing Materials
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only:
		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
		<input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	1/2	NA

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N	Telephone Number (763) 424 4803	Comments		
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well NA	Hicap #	Facility Name SWLP Former MGP
Latitude / Longitude (see instructions) 46.728265 N -92.075282 W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4 or Gov't Lot #	Section 13	Township 49 N	Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address E 1st Street	Well ZIP Code 54880	Original Well Owner Superior Water, Light & Power	Present Well Owner Same As Above
Subdivision Name	Lot #	City of Present Owner Superior	State WI
Reason for Removal from Service Tests Complete	WI Unique Well # of Replacement Well NA	ZIP Code 54880	

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

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.25"	Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 2.25"	Casing Depth (ft.) 20	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? NA	Depth to Water (feet) 3	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		Required Method of Placing Sealing Material
		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity
		Sealing Materials
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only:
		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
		<input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	1/2	NA

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N	Telephone Number (763) 424 4803	Comments		
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information			2. Facility / Owner Information		
County Douglas	WI Unique Well # of Removed Well NA	Hicap #	Facility Name SWLP Former MGP		

Latitude / Longitude (see instructions) 46.728192 N -92.075208 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section 13	Township 49 N	Range 14	License/Permit/Monitoring # BRRTS No. : 02-16-275446

Well Street Address E 1st Street			Original Well Owner Superior Water, Light & Power		
Well City, Village or Town Superior			Present Well Owner Same As Above		

Well ZIP Code 54880		Mailing Address of Present Owner 2915 Hill Ave	
Subdivision Name		City of Present Owner Superior	State WI
Lot #		ZIP Code 54880	

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

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020	Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well		Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.	Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Total Well Depth From Ground Surface (ft.) 20		Casing Diameter (in.) 2.25"	
Lower Drillhole Diameter (in.) 2.25"		Casing Depth (ft.) 20	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If yes, to what depth (feet)? NA		Depth to Water (feet) 3	

Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped		
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input checked="" type="checkbox"/> Other (Explain): Gravity		

Sealing Materials			
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete		
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips		
For Monitoring Wells and Monitoring Well Boreholes Only:			
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout		
<input checked="" type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry		

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	1/3	NA

6. Comments
B-114

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N		Telephone Number (763) 424 4803	Comments	
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Douglas	WI Unique Well # of Removed Well NA	Hicap #		Facility Name SWLP Former MGP			
Latitude / Longitude (see instructions) 46.728043 N -92.074931 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)			
1/4 1/4 or Gov't Lot #	Section 13	Township 49 N	Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	License/Permit/Monitoring # BRRTS No. : 02-16-275446			
Well Street Address E 1st Street				Original Well Owner Superior Water, Light & Power			
Well City, Village or Town Superior				Present Well Owner Same As Above			
Subdivision Name				Well ZIP Code 54880		Mailing Address of Present Owner 2915 Hill Ave	
Reason for Removal from Service Tests Complete				Lot #		City of Present Owner Superior	
WI Unique Well # of Replacement Well NA				State WI		ZIP Code 54880	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020	Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Borehole / Drillhole		Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.75"	Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 2.25"	Casing Depth (ft.) 20	Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was well annular space grouted?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, to what depth (feet)? NA	Depth to Water (feet) 3	If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
		Required Method of Placing Sealing Material	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		
			<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity		
		Sealing Materials	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete		
			<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips		
		For Monitoring Wells and Monitoring Well Boreholes Only:			
		<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout		
		<input checked="" type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry		

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Crumbles (Benseal)	Surface	20	1/2	NA

6. Comments
B-125

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By	
Street or Route 5001 Boone Ave N		Telephone Number (763) 424 4803	Comments		
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Route to DNR Bureau:

Verification Only of Fill and Seal

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

1. Well Location Information **2. Facility / Owner Information**

County: Douglas WI Unique Well # of Removed Well: NA Hicap #: _____
 Latitude / Longitude (see instructions): 46.727911 N Format Code: DD Method Code: GPS008
-92.076463 W DDM SCR002 OTH001
 1/4 1/4: _____ Section: 13 Township: 49 N Range: 14 E W
 or Gov't Lot #: _____
 Well Street Address: E 1st Street
 Well City, Village or Town: Superior Well ZIP Code: 54880
 Subdivision Name: _____ Lot #: _____

Facility Name: SWLP Former MGP
 Facility ID (FID or PWS): _____
 License/Permit/Monitoring #: BRRTS No. : 02-16-275446
 Original Well Owner: Superior Water, Light & Power
 Present Well Owner: Same As Above
 Mailing Address of Present Owner: 2915 Hill Ave
 City of Present Owner: Superior State: WI ZIP Code: 54880

Reason for Removal from Service: Tests Complete WI Unique Well # of Replacement Well: NA

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 7/13 - 22/2020
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 20 Casing Diameter (in.): 2.25"

Lower Drillhole Diameter (in.): 2.25" Casing Depth (ft.): 20

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? NA Depth to Water (feet): 4'

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<u>20</u>	<u>1/2</u>	<u>NA</u>

6. Comments

B-120

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

Name of Person or Firm Doing Filling & Sealing: <u>Dakota Technologies Co.</u>	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>7/22/2020</u>	Date Received: _____	Noted By: _____
Street or Route: <u>5001 Boone Ave N</u>	City: <u>New Hope</u>	State: <u>MN</u>	ZIP Code: <u>55428</u>	Telephone Number: <u>(763) 424 4803</u>
Signature of Person Doing Work: <u>Dan Thompson</u>			Date Signed: <u>7/27/2020</u>	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information				2. Facility / Owner Information			
County Douglas		WI Unique Well # of Removed Well NA		Hicap #		Facility Name SWLP Former MGP	
Latitude / Longitude (see instructions) 46.727894 N -92.076274 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section 13		Township 49 N		Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address E 1st Street				Original Well Owner Superior Water, Light & Power			
Well City, Village or Town Superior				Present Well Owner Same As Above			
Subdivision Name				Well ZIP Code 54880		Mailing Address of Present Owner 2915 Hill Ave	
				Lot #		City of Present Owner Superior	
				State WI		ZIP Code 54880	

Reason for Removal from Service Tests Complete		WI Unique Well # of Replacement Well NA	
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3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020		Pump and piping removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) removed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Borehole / Drillhole				Liner(s) perforated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Construction Type:				Screen removed?			
<input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____				Casing left in place?			
Formation Type:				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Was casing cut off below surface?			
Total Well Depth From Ground Surface (ft.) 20		Casing Diameter (in.) 2.25"		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) 2.25"		Casing Depth (ft.) 20		Did sealing material rise to surface?			
Was well annular space grouted?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? NA		Depth to Water (feet) 4'		Did material settle after 24 hours?			
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
				If yes, was hole retopped?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
				If bentonite chips were used, were they hydrated with water from a known safe source?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
				Required Method of Placing Sealing Material			
				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
				<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity			
				Sealing Materials			
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
				For Monitoring Wells and Monitoring Well Boreholes Only:			
				<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
				<input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	1/2	NA

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N		Telephone Number (763) 424 4803		Comments	
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Douglas		WI Unique Well # of Removed Well NA		Hicap #		Facility Name SWLP Former M&P	
Latitude / Longitude (see instructions) 46.727818 N -92.075105 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 / 1/4 or Gov't Lot #		Section 13		Township 49 N		Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address E 1st Street				Original Well Owner Superior Water, Light & Power			
Well City, Village or Town Superior				Present Well Owner Same As Above			
Subdivision Name				Well ZIP Code 54880		Mailing Address of Present Owner 2915 Hill Ave	
				Lot #		City of Present Owner Superior	
				State WI		ZIP Code 54880	

Reason for Removal from Service: **Tests Complete**

WI Unique Well # of Replacement Well: **NA**

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material	
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020 If a Well Construction Report is available, please attach.	
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) 20		Casing Diameter (in.) 2.25"	
Lower Drillhole Diameter (in.) 2.25"		Casing Depth (ft.) 20	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? NA		Depth to Water (feet) 5.6'	
Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity			
Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole			
From (ft.) Surface		To (ft.) 20	
No. Yards, Sacks Sealant or Volume (circle one) 1/2		Mix Ratio or Mud Weight NA	
Bentonite Crumbles (Benseal)			

6. Comments

B-126

7. Supervision of Work			DNR Use Only		
Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N		Telephone Number (763) 424 4803		Comments	
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County Douglas		WI Unique Well # of Removed Well NA		Hicap #		Facility Name SWLP Former MGP	
Latitude / Longitude (see instructions) 46.728126 N -92.076311 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 1/4 or Gov't Lot #		Section 13		Township 49 N		License/Permit/Monitoring # BRRTS No. : 02-16-275446	
Well Street Address E 1st Street		Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W		Original Well Owner Superior Water, Light & Power		Present Well Owner Same As Above	
Well City, Village or Town Superior		Well ZIP Code 54880		Mailing Address of Present Owner 2915 Hill Ave		City of Present Owner Superior	
Subdivision Name		Lot #		State WI		ZIP Code 54880	

Reason for Removal from Service Tests Complete		WI Unique Well # of Replacement Well NA	
3. Filled & Sealed Well / Drillhole / Borehole Information			
<input type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input checked="" type="checkbox"/> Borehole / Drillhole			
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			

Total Well Depth From Ground Surface (ft.) 20		Casing Diameter (in.) 2.25"	
Lower Drillhole Diameter (in.) 2.25"		Casing Depth (ft.) 20	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)? NA		Depth to Water (feet) 4'	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Crumbles (Benseal)	Surface	20	1/2	NA

6. Comments
B-109

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N		Telephone Number (763) 424 4803	Comments	
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information				2. Facility / Owner Information			
County Douglas		WI Unique Well # of Removed Well NA		Hicap #		Facility Name SWLP Former MGP	
Latitude / Longitude (see instructions) 46.728279 N -92.076531 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 1/4 or Gov't Lot #		Section 13		Township 49 N		Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	
Well Street Address E 1st Street				License/Permit/Monitoring # BRRTS No. : 02-16-275446			
Well City, Village or Town Superior				Original Well Owner Superior Water, Light & Power			
Subdivision Name				Present Well Owner Same As Above			
Well ZIP Code 54880				Mailing Address of Present Owner 2915 Hill Ave			
Lot #				City of Present Owner Superior		State WI	ZIP Code 54880

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason for Removal from Service Tests Complete		WI Unique Well # of Replacement Well NA		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Borehole / Drillhole		Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) 20		Casing Diameter (in.) 2.25"		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) 2.25"		Casing Depth (ft.) 20		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 4.5'		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If yes, to what depth (feet)? NA		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	1/2	NA

6. Comments			
B-107			

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N		Telephone Number (763) 424 4803		Comments	
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020	

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well NA	Hicap #
Latitude / Longitude (see instructions) 46.728366 N -92.074901 W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 / 1/4 or Gov't Lot #	Section 13	Township 49 N
Well Street Address E 1st Street	Range 14	<input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well City, Village or Town Superior	Well ZIP Code 54880	
Subdivision Name	Lot #	
Reason for Removal from Service Tests Complete	WI Unique Well # of Replacement Well NA	

Facility Name SWLP Former MGP		
Facility ID (FID or PWS)		
License/Permit/Monitoring # BRRTS No. : 02-16-275446		
Original Well Owner Superior Water, Light & Power		
Present Well Owner Same As Above		
Mailing Address of Present Owner 2915 Hill Ave		
City of Present Owner Superior	State WI	ZIP Code 54880

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020
<input type="checkbox"/> Water Well	
<input checked="" type="checkbox"/> Borehole / Drillhole	If a Well Construction Report is available, please attach.
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Total Well Depth From Ground Surface (ft.) Casing Diameter (in.)

20 **2.25"**

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

2.25" **20**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? Depth to Water (feet)

NA **2.4'**

5. Material Used to Fill Well / Drillhole

Bentonite Crumbles (Benseal)

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): **Gravity**

Sealing Materials

Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N	Telephone Number (763) 424 4803	Comments		
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well NA	Hicap #	Facility Name SWLP Former MGP
Latitude / Longitude (see instructions) 46.728415 N -92.075890 W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4 or Gov't Lot #	Section 13	Township 49 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address E 1st Street	Well ZIP Code 54880	Original Well Owner Superior Water, Light & Power	Present Well Owner Same As Above
Subdivision Name	Lot #	City of Present Owner Superior	State WI
		ZIP Code 54880	

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

Reason for Removal from Service Tests Complete	WI Unique Well # of Replacement Well NA	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/13 - 23/2020	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Borehole / Drillhole	Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.25"	Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 2.25"	Casing Depth (ft.) 20	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Required Method of Placing Sealing Material: <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain) Gravity	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? NA	Depth to Water (feet) 5.7'	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	1/3	NA

6. Comments

B-116

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

Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N	Telephone Number (763) 424 4803	Comments		
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas		WI Unique Well # of Removed Well NA		Hicap #		Facility Name SWLP Former M&P			
Latitude / Longitude (see instructions) 46.727730 N -92.075834 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)			
1/4 or Gov't Lot #		Section 13		Township 49 N		Range 14		License/Permit/Monitoring # BRRTS No. : 02-16-275446	
Well Street Address E 1st Street		Well ZIP Code 54880		Original Well Owner Superior Water, Light & Power		Present Well Owner Same As Above			
Well City, Village or Town Superior		Well ZIP Code 54880		Mailing Address of Present Owner 2915 Hill Ave		City of Present Owner Superior		State ZIP Code WI 54880	
Subdivision Name		Lot #		City of Present Owner Superior		State WI		ZIP Code 54880	

Reason for Removal from Service: **Tests Complete** WI Unique Well # of Replacement Well: **NA**

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Water Well Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): **7/13 - 22/2020**

If a Well Construction Report is available, please attach.

Construction Type:

Drilled Driven (Sandpoint) Dug

Other (specify): _____

Formation Type:

Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): **20** Casing Diameter (in.): **2.25"**

Lower Drillhole Diameter (in.): **2.25"** Casing Depth (ft.): **20**

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? **NA** Depth to Water (feet): **5**

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Required Method of Placing Sealing Material

Conductor Pipe-Gravity Conductor Pipe-Pumped

Screened & Poured (Bentonite Chips) Other (Explain): **Gravity**

Sealing Materials

Neat Cement Grout Concrete

Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:

Bentonite Chips Bentonite - Cement Grout

Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Crumbles (Benseal)	Surface	20	1/2	NA

6. Comments

B-110

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	DNR Use Only	
Street or Route 5001 Boone Ave N	Telephone Number (763) 424 4803	Comments	Date Received	Noted By
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas		WI Unique Well # of Removed Well NA	Hicap #	Facility Name SWLP Former MGP	
Latitude / Longitude (see instructions) 46.727646 N -92.075817 W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)	
1/4 / 1/4	1/4	Section 13	Township 49 N	Range <input type="checkbox"/> E <input checked="" type="checkbox"/> W	License/Permit/Monitoring # BRRTS No. : 02-16-275446
Well Street Address E 1st Street		Original Well Owner Superior Water, Light & Power		Present Well Owner Same As Above	
Well City, Village or Town Superior		Well ZIP Code 54880		Mailing Address of Present Owner 2915 Hill Ave	
Subdivision Name		Lot #		City of Present Owner Superior	State WI
				ZIP Code 54880	

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

Reason for Removal from Service Tests Complete	WI Unique Well # of Replacement Well NA	<input type="checkbox"/> Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A				
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input checked="" type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020	Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity			
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.	Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips For Monitoring Wells and Monitoring Well Boreholes Only: <input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.25"	Lower Drillhole Diameter (in.) 2.25"		
Casing Depth (ft.) 20		Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)? NA		
Depth to Water (feet) 4.5						

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Bentonite Crumbles (Benseal)	Surface	20	1/2	NA

6. Comments

B-101

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N		Telephone Number (763) 424 4803	Comments	
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

<input type="checkbox"/> Verification Only of Fill and Seal	Route to DNR Bureau:		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well NA	Hicap #	Facility Name SWLP Former MGP
Latitude / Longitude (see instructions) 46.727756 N -92.075598 W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4 or Gov't Lot #	Section 13	Township 49 N	Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address E 1st Street	Well ZIP Code 54880	Original Well Owner Superior Water, Light & Power	License/Permit/Monitoring # BRRTS No. : 02-16-275446
Well City, Village or Town Superior	Subdivision Name	Lot #	Present Well Owner Same As Above
Reason for Removal from Service Tests Complete	WI Unique Well # of Replacement Well NA	Mailing Address of Present Owner 2915 Hill Ave	City of Present Owner Superior
		State WI	ZIP Code 54880

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

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.25"	Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 2.25"	Casing Depth (ft.) 20	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? NA	Depth to Water (feet) 5	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		Required Method of Placing Sealing Material
		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity
		Sealing Materials
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only:
		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
		<input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks, Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	1/2	NA

6. Comments

B-102

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

Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N	Telephone Number (763) 424 4803	Comments		
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well NA	Hicap #	Facility Name SWLP Former M&P
Latitude / Longitude (see instructions) 46.727886 N -92.075454 W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 1/4 or Gov't Lot #	Section 13	Township 49 N	Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address E 1st Street	Well ZIP Code 54880	License/Permit/Monitoring # BRRTS No. : 02-16-275446	
Well City, Village or Town Superior	Subdivision Name	Lot #	Original Well Owner Superior Water, Light & Power
Reason for Removal from Service Tests Complete	WI Unique Well # of Replacement Well NA	Present Well Owner Same As Above	
Mailing Address of Present Owner 2915 Hill Ave		City of Present Owner Superior	State WI
City of Present Owner Superior		ZIP Code 54880	

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

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.25"	Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 2.25"	Casing Depth (ft.) 20	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? NA	Depth to Water (feet) 5	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		Required Method of Placing Sealing Material
		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): Gravity
		Sealing Materials
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
		For Monitoring Wells and Monitoring Well Boreholes Only:
		<input type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout
		<input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	1/2	NA

6. Comments

B- III

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

Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N	Telephone Number (763) 424 4803	Comments		
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well NA	Hicap #	Facility Name SWLP Former MGP
Latitude / Longitude (see instructions) 46.727928 N -92.075261 W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4 or Gov't Lot #	Section 13	Township 49 N	Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address E 1st Street	Well ZIP Code 54880	Original Well Owner Superior Water, Light & Power	License/Permit/Monitoring # BRRTS No. : 02-16-275446
Well City, Village or Town Superior	Lot #	Present Well Owner Same As Above	Mailing Address of Present Owner 2915 Hill Ave
Subdivision Name		City of Present Owner Superior	State WI
			ZIP Code 54880

Reason for Removal from Service: **Tests Complete** WI Unique Well # of Replacement Well: **NA**

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy): **7/13-22/2020**

If a Well Construction Report is available, please attach.

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

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.25"
Lower Drillhole Diameter (in.) 2.25"	Casing Depth (ft.) 20

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? **NA** Depth to Water (feet) **4.5**

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? Yes No N/A
 Screen removed? Yes No N/A
 Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Required Method of Placing Sealing Material
 Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): **Gravity**

Sealing Materials
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	1/3	NA

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N	Telephone Number (763) 424 4803	Comments		
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information **2. Facility / Owner Information**

County Douglas	WI Unique Well # of Removed Well NA	Hicap #	Facility Name SWLP Former M&P
Latitude / Longitude (see instructions) 46.728017 N -92.075225 W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001	Facility ID (FID or PWS)
1/4 / 1/4 or Gov't Lot #	Section 13	Township 49 N	Range 14 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Well Street Address E 1st Street	Well ZIP Code 54880	Original Well Owner Superior Water, Light & Power	Present Well Owner Same As Above
Subdivision Name	Lot #	City of Present Owner Superior	State WI
Reason for Removal from Service Tests Complete	WI Unique Well # of Replacement Well NA	ZIP Code 54880	

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

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) 7/13 - 22/2020	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input checked="" type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Construction Type: <input type="checkbox"/> Drilled <input checked="" type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 20	Casing Diameter (in.) 2.25"	Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 2.25"	Casing Depth (ft.) 20	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)? NA	Depth to Water (feet) 4	If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	20	1/2	NA

6. Comments

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

Name of Person or Firm Doing Filling & Sealing Dakota Technologies Co.	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) 7/22/2020	Date Received	Noted By
Street or Route 5001 Boone Ave N	Telephone Number (763) 424 4803	Comments		
City New Hope	State MN	ZIP Code 55428	Signature of Person Doing Work Dan Thompson	Date Signed 7/27/2020

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, Wis. Adm. Code. In accordance with chs. 281, 289, 291-293, 295, and 299, Wis. Stats., failure to file this form may result in a forfeiture of between \$10-25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on this form is not intended to be used for any other purpose. Return form to the appropriate DNR office and bureau. See instructions on reverse for more information.

Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information **2. Facility / Owner Information**

County: Douglas WI Unique Well # of Removed Well: NA Hicap #: _____
 Latitude / Longitude (see instructions): 46.728337 N Format Code: DD Method Code: GPS008
-92.076232 W DDM SCR002
 OTH001
 1/4 or Gov't Lot #: _____ Section: 13 Township: 49 N Range: 14 E W
 Well Street Address: E 1st Street
 Well City, Village or Town: Superior Well ZIP Code: 54880
 Subdivision Name: _____ Lot #: _____
 Reason for Removal from Service: Tests Complete WI Unique Well # of Replacement Well: NA

Facility Name: SWLP Former M&P
 Facility ID (FID or PWS): _____
 License/Permit/Monitoring #: BRRTS No. : 02-16-275446
 Original Well Owner: Superior Water, Light & Power
 Present Well Owner: Same As Above
 Mailing Address of Present Owner: 2915 Hill Ave
 City of Present Owner: Superior State: WI ZIP Code: 54880

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 7/13 - 23/2020
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.
 Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____
 Formation Type:
 Unconsolidated Formation Bedrock
 Total Well Depth From Ground Surface (ft.): 20 Casing Diameter (in.): 2.25"
 Lower Drillhole Diameter (in.): 2.25" Casing Depth (ft.): 20
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? NA Depth to Water (feet): 5

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? Yes No N/A
 Screen removed? Yes No N/A
 Casing left in place? Yes No N/A
 Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A
 Required Method of Placing Sealing Material:
 Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): Gravity
 Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips
 For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<u>20</u>	<u>1/2</u>	<u>NA</u>

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<u>20</u>	<u>1/2</u>	<u>NA</u>

6. Comments

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7. Supervision of Work

Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing: <u>Dakota Technologies Co.</u>	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>7/22/2020</u>	Date Received	Noted By
Street or Route: <u>5001 Boone Ave N</u>	Telephone Number: <u>(763) 424 4803</u>	Comments		
City: <u>New Hope</u>	State: <u>MN</u>	ZIP Code: <u>55428</u>	Signature of Person Doing Work: <u>Dan Thompson</u>	Date Signed: <u>7/27/2020</u>