

All abandonment work shall be performed in accordance with the provisions of Chapters NR 111, NR 112 or NR 141, Wis. Admin. Code, whichever is applicable. Also, see instructions on back.

(1) GENERAL INFORMATION		(2) FACILITY NAME	
Well/Drillhole/Borehole Location	County <u>MIW.</u>	Original Well Owner (If Known)	
1/4 of 1/4 of Sec. _____ ; T. _____ N. R. _____ (If applicable)		Present Well Owner <u>DOROTHY FOGAS</u>	
Gov't Lot _____ Grid Number _____		Street or Route <u>3400 W. BRADLEY ROAD.</u>	
Grid Location _____ ft. <input type="checkbox"/> N. <input type="checkbox"/> S., _____ ft. <input type="checkbox"/> E. <input type="checkbox"/> W.		City, State, Zip Code <u>BROWN DEERS ROAD</u>	
Civil Town Name <u>3400 W. BRADLEY ROAD, VILLAGE OF BROWN DEERS</u>		Facility Well No. and/or Name (If Applicable)	WI Unique Well No.
Street Address of Well <u>3400 W. BRADLEY ROAD</u>		Reason For Abandonment <u>CONNECTED TO MUNICIPAL WATER SUPPLY</u>	
City, Village <u>VILLAGE OF BROWN DEERS</u>		Date of Abandonment <u>9-22-97</u>	

WELL/DRILLHOLE/BOREHOLE INFORMATION		(4) Depth to Water (Feet)	
(3) Original Well/Drillhole/Borehole Construction Completed On (Date) <u>FROM N/A</u>		Pump & Piping Removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Liner(s) Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable Screen Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Applicable Casing Left in Place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain _____	
<input type="checkbox"/> Monitoring Well <input checked="" type="checkbox"/> Water Well <input type="checkbox"/> Drillhole <input type="checkbox"/> Borehole Construction Report Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (Specify) _____		Was Casing Cut Off Below Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did Sealing Material Rise to Surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Did Material Settle After 24 Hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Was Hole Retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock Total Well Depth (ft.) <u>120</u> Casing Diameter (ins.) <u>6</u> (From ground surface) Casing Depth (ft.) <u>N/A</u> Was Well Annular Space Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If Yes, To What Depth? _____ Feet		(5) Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Dump Bailer <input type="checkbox"/> Other (Explain) _____	
		(6) Sealing Materials For monitoring wells and monitoring well boreholes only <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Clay-Sand Slurry <input type="checkbox"/> Bentonite-Sand Slurry <input checked="" type="checkbox"/> Chipped Bentonite <input type="checkbox"/> Bentonite Pellets <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Cement Grout	

(7) Sealing Material Used	From (Ft.)	To (Ft.)	No. Yards, Sacks Sealant or Volume	Mix Ratio or Mud Weight
<u>BENTONITE CHIPS</u>	<u>Surface</u>	<u>120</u>	<u>42</u>	

(8) Comments: _____

(9) Name of Person or Firm Doing Sealing Work
GENE A. WAGNER PROJ. CO., INC.

Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>9-25-97</u>
Street or Route <u>2077 S. 60 ST.</u>	Telephone Number <u>(414) 541-9217</u>
City, State, Zip Code <u>MIWA, WIS, 53219</u>	

(10) FOR DNR OR COUNTY USE ONLY	
Date Received/Inspected	District/County
Reviewer/Inspector	
Follow-up Necessary	