

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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:

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

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

County	WI Unique Well # of Removed Well	Hicap #	Facility Name		
Latitude / Longitude (Degrees and Minutes)			Facility ID (FID or PWS)		
_____ ° _____ ' N			License/Permit/Monitoring #		
_____ ° _____ ' W			Original Well Owner		
1/4 / 1/4	1/4	Section	Township	Range	<input type="checkbox"/> E
or Gov't Lot #				N	<input type="checkbox"/> W
Well Street Address			Present Well Owner		
Well City, Village or Town			Mailing Address of Present Owner		
Subdivision Name			City of Present Owner	State	ZIP Code
Reason For Removal From Service			Well ZIP Code		
WI Unique Well # of Replacement Well			City of Present Owner		

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

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.)	Casing Diameter (in.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Lower Drillhole Diameter (in.)	Casing Depth (ft.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, to what depth (feet)?	Depth to Water (feet)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input 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				

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing	License #	Date of Filling & Sealing (mm/dd/yyyy)	Date Received	Noted By	
Street or Route			Telephone Number		Comments
City			()		
State	ZIP Code	Signature of Person Doing Work		Date Signed	

Instructions

Well Filling and Sealing

Wisconsin Administrative Code (NR811, NR 812, and NR 141 requires well owners to permanently fill and seal any unused wells/drillholes/boreholes on their property. **As of June 1, 2008 water supply wells can only be filled and sealed by licensed well drillers and pump installers.**

1. Remove any pump, pump piping, debris or other obstacles that could interfere with the sealing operation.
2. Except when bentonite chips are used, the sealing material must be placed with the use of a conductor (tremie) pipe to fill the entire well column to the top with required sealing material. Refer to NR 812 and NR 141 for more details on filling and sealing requirements.

General Instructions: Fill out Well/Drillhole/Borehole Filling & Sealing Form 3300-005 as completely as possible for each well or borehole filled and sealed. Information should be provided for every box on the form where available. Sign each form. Please note that these forms are subject to change. (Personally identifiable information on these forms is not intended to be used for any other purpose.)

Route to: Check the appropriate routing box on the top of the form to assure proper routing to the DNR program requiring this well be filled and sealed. Mail the form and any attachments to the Department of Natural Resources, PO Box 7921, Madison, WI 53707-7921.

(1) WELL LOCATION INFORMATION

WI Unique Well #: Fill in the 2 alphabetic and 3 numeric Wisconsin Unique Well Number (WUWN) of the well being filled and sealed. Check the well, sample tap in the house or the fuse box for a WUWN if one has been assigned to the well.

Hicap #: If this was a high capacity well, enter the number assigned to the well by the Department.

Well Location: The well location can be determined by latitude and longitude coordinates in degrees and decimal minutes (to the thousandths, for example, latitude 43°04.347'N longitude 89°24.803'W) using a Global Positioning System (GPS) unit. If using GPS, check the method code for the GPS unit. The location can also be determined using Public Land Survey (Gov't Lot or 1/4, 1/4, 1/4, Section, Township and Range).

Method Code: This field lists data collection method codes for latitude and longitude coordinates. This field must be entered if a latitude/longitude coordinate is entered.

GPS006 - Mapping or recreational grade GPS receiver with no differential correction and selective availability off

GPS007 - Mapping or recreational grade GPS receiver with no differential correction and selective availability on

GPS008 - GPS receiver grade and or differential correction procedures unknown

(2) FACILITY / OWNER INFORMATION

If the well is located at a commercial or government facility, fill in the name of landfill, wastewater treatment facility, surface impoundment, spill or project.

Facility ID: Fill in the nine digits Facility ID (FID or PWS) assigned to the site by the Department.

License/Permit/Monitoring #: Fill in number assigned to facility by the Department. If unknown, leave blank.

Present Well Owner: Fill in the name, address, city, state and ZIP code of the present owner

(3) WELL/DRILLHOLE/BOREHOLE INFORMATION

Original Construction Date: Fill in the original date of construction for the well or boring in mm/dd/yyyy format.

Depth to Water: Enter depth to water from ground surface.

- (4) **PUMP, LINER, SCREEN, CASING, & SEALING MATERIAL:** Check only one box where Yes, No or Not Applicable is indicated. Check all boxes which apply otherwise.

- (5) **MATERIAL USED TO FILL THE WELL/DRILLHOLE:** Enter the description of the filling material, the depth From and To, circle one measurement unit (Yards, Sacks or Volume), and enter the mix ratio or mud weight (in pounds per gallon).

- (6) **COMMENTS:** Describe any of the above boxes in more detail or add information as required to describe the filling and sealing procedures.

- (7) **NAME OF PERSON OR FIRM DOING SEALING WORK:** Enter the name (first and last) or firm name, address, and phone number of the person who supervised the work.

Date of Filling & Sealing: List Month/Day/Year (mm/dd/yyyy) the well was filled & sealed.