

Chapter NR 507

APPENDIX V

Appendix V Form A - GROUNDWATER MONITORING WELL INFORMATION FORM

State of Wisconsin
Department of Natural Resources

GROUNDWATER MONITORING WELL INFORMATION FORM
Chapter 14, Wis. Stats.
Form 4400-89
Rev. 1-90

Well Name	DNR Well ID Number	Well Location	Facility ID Number			Date Established	Well Casing Diam. Type	Elevations Top of Well Casing	Ground Surface	Reference M.S.L. (-)	Reference Site Elevation (+)	Screen Length	Well Depth	Type of Well (-)			Gradient U, S, D or N	
			N	S	E									W	NA	CA		LA

Location Coordinates Are: Local Grid System State Plane Coordinate
 Northern Central

Remarks: _____

PSS Use: _____

File Maint. Completed: _____

Other: _____

Facility Name: _____ Date: _____
Facility ID Number: _____ Completed By (Name and Firm): _____

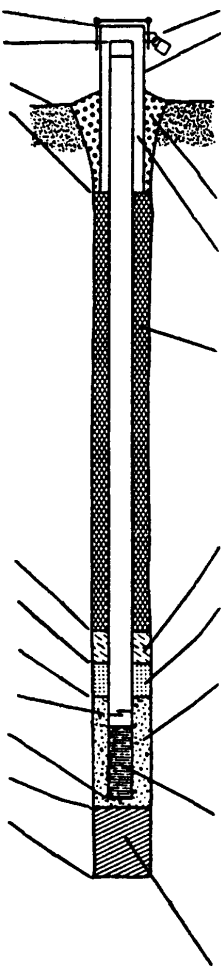
Form B - MONITORING WELL CONSTRUCTION FORM

State of Wisconsin Route to: Solid Waste [] Haz. Waste [] Wastewater [] MONITORING WELL CONSTRUCTION
Department of Natural Resources Env. Response & Repair [] Underground Tanks [] Other [] Form 4400-113A Rev. 4-90

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

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

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



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

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

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

Form C - MONITORING WELL DEVELOPMENT FORM

State of Wisconsin
Department of Natural Resources

MONITORING WELL DEVELOPMENT
Form 4400-113B Rev. 4-90

Route to: Solid Waste Haz. Waste Wastewater
Env. Response & Repair Underground Tanks Other _____

Facility/Project Name		County Name		Well Name	
Facility License, Permit or Monitoring Number		County Code		DNR Well Number	
		Wis. Unique Well Number			
1. Can this well be purged dry? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Well development method surged with bailer and bailed <input type="checkbox"/> 41 surged with bailer and pumped <input type="checkbox"/> 61 surged with block and bailed <input type="checkbox"/> 42 surged with block and pumped <input type="checkbox"/> 62 surged with block, bailed and pumped <input type="checkbox"/> 70 compressed air <input type="checkbox"/> 20 bailed only <input type="checkbox"/> 10 pumped only <input type="checkbox"/> 51 pumped slowly <input type="checkbox"/> 50 other <input type="checkbox"/> — 3. Time spent developing well _____ min. 4. Depth of well (from top of well casing) _____ ft. 5. Inside diameter of well _____ in. 6. Volume of water in filter pack and well casing _____ gal. 7. Volume of water removed from well _____ gal. 8. Volume of water added (if any) _____ gal. 9. Source of water added: _____		11. Depth to Water (from top of well casing) a. _____ ft. Date b. ____/____/____ mm dd yy Time c. ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. 12. Sediments in well bottom _____ inches _____ inches 13. Water clarity Clear <input type="checkbox"/> 10 Turbid <input type="checkbox"/> 15 (Describe)		Before Development After Development _____ ft. _____ ft. _____/____/____ ____/____/____ _____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> a.m. _____:____ <input type="checkbox"/> p.m. <input type="checkbox"/> p.m. _____ inches _____ inches Clear <input type="checkbox"/> 10 Clear <input type="checkbox"/> 20 Turbid <input type="checkbox"/> 15 Turbid <input type="checkbox"/> 25 (Describe) (Describe)	
10. Analysis performed on water added? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach results)		14. Total suspended solids _____ mg/l _____ mg/l 15. COD _____ mg/l _____ mg/l		Fill in if drilling fluids were used and well is at solid waste facility: _____	
16. Additional comments on development: _____					

Well developed by: Person's Name and Firm Name: Firm:	I hereby certify that the above information is true and correct to the best of my knowledge. _____ Signature: _____ Print Initials: _____ Firm: _____
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NOTE: Shaded areas are for DNR use only. See instructions for more information including a list of county codes.

Form D - WELL/DRILLHOLE/BOREHOLE ABANDONMENT FORM

State of Wisconsin
Department of Natural Resources

WELL/DRILLHOLE/BOREHOLE ABANDONMENT
Form 3300-5B Rev. 12-91

All abandonment work shall be performed in accordance with the provisions of Chapters NR 811, NR 812 or NR 141, Wis. Admin. Code, whichever is applicable. Also, see instructions on back.

(1) GENERAL INFORMATION		(2) FACILITY NAME	
Well/Drillhole/Borehole Location	County	Original Well Owner (If Known)	
1/4 of 1/4 of Sec. ; T. N; R. <input type="checkbox"/> E <input type="checkbox"/> W		Present Well Owner	
(if applicable) Gov't Lot	Grid Number	Street or Route	
Grid Location ft. <input type="checkbox"/> N. <input type="checkbox"/> S., ft <input type="checkbox"/> E. <input type="checkbox"/> W.		City, State, Zip Code	
Civil Town Name		Facility Well No. and/or Name (If Applicable)	WI Unique Well No.
Street Address of Well		Reason For Abandonment	
City, Village		Date of Abandonment	

WELL/DRILLHOLE/BOREHOLE INFORMATION

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

(7)	Sealing Material Used	From (Ft.)	To (Ft.)	No. Yards, Sacks Sealant or Volume	(Circle One)	Mix Ratio or Mud Weight
	Surface					

(8) Comments:

(9) Name of Person or Firm Doing Sealing Work	
Signature of Person Doing Work	Date Signed
Street or Route	Telephone Number
City, State, Zip Code	

Form E - SOIL BORING LOG INFORMATION FORM

State of Wisconsin
Department of Natural Resources

- Route To:
- Solid Waste
 - Emergency Response
 - Wastewater
 - Superfund
 - Haz. Waste
 - Underground Tanks
 - Water Resources
 - Other _____

SOIL BORING LOG INFORMATION
Form 4400-122 Rev. 5-92

Page _____ of _____

Facility/Project Name _____ License/Permit/Monitoring Number _____ Boring Number _____

Boring Drilled By (Firm name and name of crew chief) _____ Date Drilling Started MM/DD/YY Date Drilling Completed MM/DD/YY Drilling Method _____

DNR Facility Well No. _____ WI Unique Well No. _____ Common Well Name _____ Final Static Water Level _____ Feet MSL Surface Elevation _____ Feet MSL Borehole Diameter _____ inches

Boring Location State Plane _____ N, _____ E S/C/N Lat _____ ° ' " Local Grid Location (if applicable) _____ Feet N E _____ Feet S _____ Feet W
1/4 of _____ 1/4 of Section _____, T _____ N, R _____ E/W Long _____

County _____ DNR County Code _____ Civil Town/City/ or Village _____

Sample Number and Type	Length Att. & Recovered (ft)	Blow Counts	Depth in Feet	Soil/Rock Description And Geologic Origin For Each Major Unit	USCS	Graphic Log	Well Diagram	PID/FID	Soil Properties					RODY Comments					
									Compressive Strength	Moisture Content	Liquid Limit	Plasticity Index	P 200						

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

This form is authorized by Chapters 144.147 and 162, Wis. Stats. Completion of this report is mandatory. Penalties: Forfeit not less than \$10 nor more than \$5,000 for each violation. Fined not less than \$10 or more than \$100 or imprisoned not less than 30 days, or both for each violation. Each day of continued violation is a separate offense, pursuant to ss 144.99 and 162.06, Wis. Stats.

Form F - GROUNDWATER MONITORING INVENTORY FORM

Department of Natural Resources

GROUNDWATER MONITORING INVENTORY FORM
Form 3300-67 Rev. 8-93

Wisconsin Unique Well Number <input type="text"/> <input type="checkbox"/> Add <input type="checkbox"/> Change	
Inventory Completed By (Last Name, First, MI) <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/> With <input type="checkbox"/> DNR <input type="checkbox"/>

Facility Name <input type="text"/>	Facility ID # <input type="text"/>
	Local Well ID <input type="text"/>
	High Cap Well # <input type="text"/>

Primary Contact Name (Last, First, MI) <input type="text"/>		<input type="checkbox"/> Owner <input type="checkbox"/> Driller <input type="checkbox"/> Operator <input type="checkbox"/> Business <input type="checkbox"/> Occupant <input type="checkbox"/> Facility <input type="checkbox"/> Consultant <input type="checkbox"/> Sampler <input type="checkbox"/> Manager <input type="checkbox"/> Other <input type="checkbox"/> Contractor
Telephone Number <input type="text"/>		
Mailing Address <input type="text"/>		
City <input type="text"/>	State <input type="text"/> Zip Code <input type="text"/>	
Other Contact Name (Last, First, MI) <input type="text"/>		

Other Contact Name (Last, First, MI) <input type="text"/>		<input type="checkbox"/> Owner <input type="checkbox"/> Driller <input type="checkbox"/> Operator <input type="checkbox"/> Business <input type="checkbox"/> Occupant <input type="checkbox"/> Facility <input type="checkbox"/> Consultant <input type="checkbox"/> Sampler <input type="checkbox"/> Manager <input type="checkbox"/> Other <input type="checkbox"/> Contractor
Telephone Number <input type="text"/>		
Mailing Address <input type="text"/>		
City <input type="text"/>	State <input type="text"/> Zip Code <input type="text"/>	
Well Location		

<input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village Fire # (If avail.) <input type="text"/> County <input type="text"/>		(X) 1/4 1/4 Sec.
Grid or Street Address or Road (If avail.) <input type="text"/>		
Govt. Lot # <input type="text"/>		
OR 1/4 of <input type="text"/> 1/4 of Section <input type="text"/>		
Subdivision Name <input type="text"/>	Lot <input type="text"/> Block <input type="text"/>	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Dug <input type="checkbox"/> Driven Point <input type="checkbox"/> Spring <input type="checkbox"/> Jetted <input type="checkbox"/> Other OR Latitude <input type="text"/> Deg. <input type="text"/> Min. <input type="text"/> Sec. Longitude <input type="text"/>		

Construction Date <input type="text"/>	Well Use: <input type="checkbox"/> Private Potable <input type="checkbox"/> Community-Municipal <input type="checkbox"/> Priv. Non-Potable <input type="checkbox"/> Community OTM <input type="checkbox"/> Monitoring Well <input type="checkbox"/> Non Transient Non-Com. <input type="checkbox"/> Transient Non-Com.
Constructor <input type="text"/>	

Source of Well Data: <input type="checkbox"/> Well Report <input type="checkbox"/> Owner/Occupant <input type="checkbox"/> Other*		Well Status: <input type="checkbox"/> Active Use <input type="checkbox"/> Inactive <input type="checkbox"/> Perm Filled
Depth From Land Surface To: <input type="text"/> ft.	Casing Diameter <input type="text"/> in.	
Bedrock <input type="text"/>	Water Bearing Formation: <input type="checkbox"/> Sandstone <input type="checkbox"/> Shale <input type="checkbox"/> Unconsolidated <input type="checkbox"/> Limestone <input type="checkbox"/> Crystalline	
Well Bottom <input type="text"/> ft.	Static Water <input type="text"/> ft.	

Comments: eg. Reason for inventory, Samples taken, Directions to property, Details of well location on property.

*For "Other", enter a description in the comment area if needed.