

### 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 144, Wis. Stats.  
Form 4400-89  
Rev. 1-90

Well Name	DNR Well ID Number	Well Location	N S E W		Date Established	Well Casing Diam. Type	Elevations Top of Well Casing	Ground Surface	Reference MSL Datum (')	Screen Length	Well Depth	Type of Well (-)			Alt.- dated Apply	Est. Sct. Apply	Gradient U, S, D or N
Location Coordinates Ave:					Remarks:				PSS Use:								
<input type="checkbox"/> Local Grid System (preferred)									<input type="checkbox"/> State Plane Coordinate								
									<input type="checkbox"/> Northern								
									<input type="checkbox"/> Central								
									File Maint. Completed: _____								
									Other: _____								

Form B - MONITORING WELL CONSTRUCTION FORM

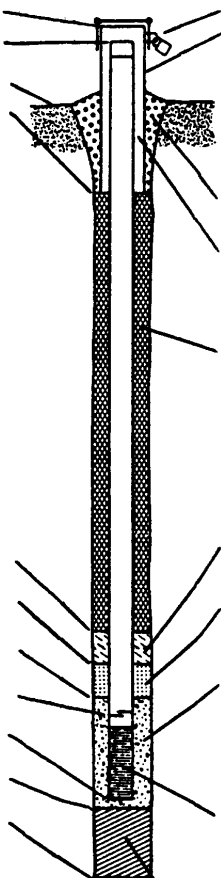
State of Wisconsin Route to: Solid Waste [ ] Haz. Waste [ ] Wastewater [ ] MONITORING WELL CONSTRUCTION
Department of Natural Resources Env. Response & Repair [ ] Underground Tanks [ ] Other [ ] Form 4400-113A

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 for any of the above, 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		Wis. Unique Well Number	
				DNR Well Number	
1. Can this well be purged dry?    [ ] Yes    [ ] No 2. Well development method surged with bailer and bailed                    [ ] 41 surged with bailer and pumped                [ ] 61 surged with block and bailed                  [ ] 42 surged with block and pumped                [ ] 62 surged with block, bailed and pumped       [ ] 70 compressed air                                    [ ] 20 bailed only                                        [ ] 10 pumped only                                      [ ] 51 pumped slowly                                  [ ] 50 other                                              [ ] — 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: _____ 10. Analysis performed on water added?    [ ] Yes    [ ] No (If yes, attach results)		<b>Before Development</b> 11. Depth to Water (from top of well casing) a. _____ ft. Date b. ___/___/___ mm dd yy Time c. ___:___    [ ] a.m. [ ] p.m.		<b>After Development</b> _____/___/___ mm dd yy ____:___    [ ] a.m. [ ] p.m. 12. Sediments in well bottom _____ inches 13. Water clarity    Clear    [ ] 10 Turbid    [ ] 15 (Describe) Clear    [ ] 20 Turbid    [ ] 25 (Describe)	
16. Additional comments on development:		Fill in if drilling fluids were used and well is at solid waste facility: 14. Total suspended solids    _____ mg/l 15. COD                             _____ mg/l			

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: \_\_\_\_\_

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       Haz. Waste  
 Emergency Response       Underground Tanks  
 Wastewater       Water Resources  
 Superfund       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
DNR Facility Well No.	WT Unique Well No.	Common Well Name	Final Static Water Level _____ Feet MSL
Boring Location State Plane _____ N, _____ E S/C/N		Surface Elevation _____ Feet MSL	Borehole Diameter _____ inches
_____ 1/4 of _____ 1/4 of Section _____, T _____ N, R _____ E/W		Local Grid Location (if applicable) _____ Feet <input type="checkbox"/> N <input type="checkbox"/> E _____ Feet <input type="checkbox"/> S _____ Feet <input type="checkbox"/> W	
County	DNR Country Code	Civil Town/City/ or Village	

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

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)	Date	With
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> DNR <input type="checkbox"/> _____

Facility Name _____	Facility ID # _____
	Local Well ID _____
	High Cap Well # _____

Primary Contact Name (Last, First, MI)		<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 ( ) _____			
Mailing Address			
City	State		Zip Code
Other Contact Name (Last, First, MI)			

Telephone Number ( ) _____		<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	
Mailing Address			
City	State		Zip Code

<b>Well Location</b>			(X) 1/4 1/4 Sec. 
<input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village	Fire # (If avail.)	County	
Grid or Street Address or Road (If avail.)		Govt. Lot # _____	
		OR 1/4 of 1/4 of Section _____	
Subdivision Name	Lot	Block	
Construction Type		T _____; R _____ <input type="checkbox"/> E <input type="checkbox"/> W	

<input type="checkbox"/> Drilled <input type="checkbox"/> Driven Point <input type="checkbox"/> Jetted	<input type="checkbox"/> Dug <input type="checkbox"/> Spring <input type="checkbox"/> Other	OR Latitude _____ Longitude _____ Land Surface Elevation _____ ft. MSL	Number of Wells on Property _____
--------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------	-----------------------------------

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

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

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.