

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. Stat.
Form 4400-89
Rev. 1-90

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

Well Name	DNR Well ID Number	Well Location	N	S	E	W	Date Established	Well Casing Diam. Type	Elevations		Reference MSL (')	Screen Diam. (')	Screen Length	Well Depth	Type of Well (')			Gradient U, S, D or N
									Top of Well Casing	Ground Surface					Open Well	Non-Open	Other	

Location Coordinates Avc: Local Grid System (preferred) State Plane Coordinate Northern Central

Remarks: _____

PSS User: _____ 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 <input type="checkbox"/> N. <input type="checkbox"/> E. ft. <input type="checkbox"/> S. ft. <input type="checkbox"/> W.	Well Name
Facility License, Permit or Monitoring Number	Grid Origin Location Lat. _____ Long. _____ or St. Plane _____ ft. N, _____ ft. E.	Wis. Unique Well Number _____ DNR Well Number _____
Type of Well: Water Table Observation Well <input type="checkbox"/> 11 Piezometer <input type="checkbox"/> 12	Section Location of Waste/Source _____ of _____ of Sec. _____, T _____ N,R <input type="checkbox"/> E. <input type="checkbox"/> W.	Date Well Installed ____ / ____ / ____ M M D D Y Y
Distance Well is From Waste/Source Boundary ft.	Location of Well Relative to Waste/Source U <input type="checkbox"/> Upgradient S <input type="checkbox"/> Sidegradient D <input type="checkbox"/> Downgradient N <input type="checkbox"/> Not Known	Well Installed By: (Persons' Name and Firm) _____ _____
Is Well A Point of Enforcement Std. Application? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

12. USCS classification of soil near screen:
 GP GM GC GW SW SP
 SM SC ML MH CL CH
 Bedrock _____

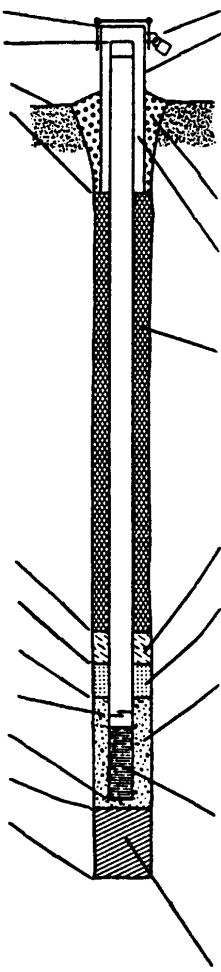
13. Sieve analysis attached? Yes No

14. Drilling method used: Rotary 50
 Hollow Stem Auger 41
 Other _____

15. Drilling fluid used: Water 02 Air 01
 Drilling Mud 03 None 99

16. Drilling additives used? Yes No
 Describe _____

17. Source of water (attach analysis):



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 a. Inside diameter: _____ in.
 b. Length: _____ ft.
 c. Material: Steel 04
 Other _____
 d. Additional protection? Yes No
 If yes, describe: _____
- 3. Surface seal: Bentonite 30
 Concrete 01
 Other _____
- 4. Material between well casing and protective pipe:
 Bentonite 30
 Annular space seal _____
 Other _____
- 5. Annular space seal:
 a. Granular Bentonite 33
 b. _____ Lbs/gal mud weight... Bentonite-sand slurry 35
 c. _____ Lbs/gal mud weight... Bentonite slurry 31
 d. _____ % Bentonite... Bentonite-cement grout 50
 e. _____ Ft³ volume added for any of the above
 f. How installed: Tremie 01
 Tremie pumped 02
 Gravity 08
- 6. Bentonite seal:
 a. Bentonite granules 33
 b. 1/4 in. 3/8 in. 1/2 in. Bentonite pellets 32
 c. _____ Other _____
- 7. Fine sand material: Manufacturer, product name, mesh size
 a. _____
 b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product, mesh size
 a. _____
 b. Volume added _____ ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other _____
- 10. Screen Material:
 a. Screen type: Factory cut 11
 Continuous slot 01
 Other _____
 b. Manufacturer _____
 c. Slot size: _____ in.
 d. Slotted length: _____ ft.
- 11. Backfill material (below filter pack): None 14
 Other _____

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

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

<p>1. Can this well be purged dry? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Well development method</p> <ul style="list-style-type: none"> 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"/> — <p>3. Time spent developing well _____ min.</p> <p>4. Depth of well (from top of well casing) _____ ft.</p> <p>5. Inside diameter of well _____ in.</p> <p>6. Volume of water in filter pack and well casing _____ gal.</p> <p>7. Volume of water removed from well _____ gal.</p> <p>8. Volume of water added (if any) _____ gal.</p> <p>9. Source of water added: _____</p> <p>10. Analysis performed on water added? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach results)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;"></th> <th style="width:40%; text-align: center;">Before Development</th> <th style="width:55%; text-align: center;">After Development</th> </tr> </thead> <tbody> <tr> <td>11. Depth to Water (from top of well casing)</td> <td>a. _____ ft.</td> <td>_____ ft.</td> </tr> <tr> <td>Date</td> <td>b. ____/____/____ mm dd yy</td> <td>____/____/____ mm dd yy</td> </tr> <tr> <td>Time</td> <td>c. ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</td> <td>____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.</td> </tr> <tr> <td>12. Sediments in well bottom</td> <td>_____ inches</td> <td>_____ inches</td> </tr> <tr> <td>13. Water clarity</td> <td>Clear <input type="checkbox"/> 10 Turbid <input type="checkbox"/> 15 (Describe)</td> <td>Clear <input type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe)</td> </tr> <tr> <td>14. Total suspended solids</td> <td>_____ mg/l</td> <td>_____ mg/l</td> </tr> <tr> <td>15. COD</td> <td>_____ mg/l</td> <td>_____ mg/l</td> </tr> </tbody> </table> <p>Fill in if drilling fluids were used and well is at solid waste facility:</p>		Before Development	After Development	11. Depth to Water (from top of well casing)	a. _____ ft.	_____ ft.	Date	b. ____/____/____ mm dd yy	____/____/____ 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)	Clear <input type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe)	14. Total suspended solids	_____ mg/l	_____ mg/l	15. COD	_____ mg/l	_____ mg/l
	Before Development	After Development																							
11. Depth to Water (from top of well casing)	a. _____ ft.	_____ ft.																							
Date	b. ____/____/____ mm dd yy	____/____/____ 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)	Clear <input type="checkbox"/> 20 Turbid <input type="checkbox"/> 25 (Describe)																							
14. Total suspended solids	_____ mg/l	_____ mg/l																							
15. COD	_____ mg/l	_____ mg/l																							

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
DNR Facility Well No.	WI 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	_____ Feet
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="text"/>	<input type="checkbox"/> <input type="text"/>

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="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="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			(X) 1/4 1/4 Sec.
<input type="checkbox"/> Town <input type="checkbox"/> City <input type="checkbox"/> Village	Fire # (If avail.) <input type="text"/>	County <input type="text"/>	
Grid or Street Address or Road (If avail.) <input type="text"/>		Govt. Lot # <input type="text"/>	
		OR 1/4 of 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"/>	
Land Surface Elevation <input type="text"/> ft. MSL		Number of Wells on Property <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: Bedrock <input type="text"/> ft.	Casing Diameter <input type="text"/> in.	Water Bearing Formation <input type="checkbox"/> Sandstone <input type="checkbox"/> Unconsolidated <input type="checkbox"/> Limestone <input type="checkbox"/> Shale <input type="checkbox"/> Crystalline	
Well Bottom <input type="text"/> ft.			
Static Water <input type="text"/> ft.			
Casing Bottom <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.