

7.98

Facility/Project Name	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.		Well Name
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/> ) or Well Location <input type="checkbox"/>		Wis. Unique Well No.   DNR Well ID No.
Facility ID	Lat. _____ " Long. _____ or		Date Well Installed m m / d d / y y y y
Type of Well Well Code _____ / _____	Section Location of Waste/Source 1/4 of _____ 1/4 of Sec. _____, T. _____ N, R. _____ <input type="checkbox"/> E <input type="checkbox"/> W		Well Installed By: Name (first, last) and Firm
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	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	Gov. Lot Number

<p>A. Protective pipe, top elevation _____ ft. MSL</p> <p>B. Well casing, top elevation _____ ft. MSL</p> <p>C. Land surface elevation _____ ft. MSL</p> <p>D. Surface seal, bottom _____ ft. MSL or _____ ft.</p> <div style="border: 1px solid black; padding: 5px;"> <p>12. USCS classification of soil near screen:                  GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/>                  SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input type="checkbox"/> CH <input type="checkbox"/>                  Bedrock <input type="checkbox"/></p> <p>13. Sieve analysis performed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Drilling method used: Rotary <input type="checkbox"/> 50                  Hollow Stem Auger <input type="checkbox"/> 41                  Other <input type="checkbox"/></p> <p>15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01                  Drilling Mud <input type="checkbox"/> 03 None <input type="checkbox"/> 99</p> <p>16. Drilling additives used? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe _____</p> <p>17. Source of water (attach analysis, if required):                  _____</p> </div> <p>E. Bentonite seal, top _____ ft. MSL or _____ ft.</p> <p>F. Fine sand, top _____ ft. MSL or _____ ft.</p> <p>G. Filter pack, top _____ ft. MSL or _____ ft.</p> <p>H. Screen joint, top _____ ft. MSL or _____ ft.</p> <p>I. Well bottom _____ ft. MSL or _____ ft.</p> <p>J. Filter pack, bottom _____ ft. MSL or _____ ft.</p> <p>K. Borehole, bottom _____ ft. MSL or _____ ft.</p> <p>L. Borehole, diameter _____ in.</p> <p>M. O.D. well casing _____ in.</p> <p>N. I.D. well casing _____ in.</p>	<p>1. Cap and lock? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Protective cover pipe:                  a. Inside diameter: _____ in.                  b. Length: _____ ft.                  c. Material: Steel <input type="checkbox"/> 04                  Other <input type="checkbox"/></p> <p>d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, describe: _____</p> <p>3. Surface seal: Bentonite <input type="checkbox"/> 30                  Concrete <input type="checkbox"/> 01                  Other <input type="checkbox"/></p> <p>4. Material between well casing and protective pipe:                  Bentonite <input type="checkbox"/> 30                  Other <input type="checkbox"/></p> <p>5. Annular space seal:                  a. Granular/Chipped Bentonite <input type="checkbox"/> 33                  b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 35                  c. _____ Lbs/gal mud weight . . . . . Bentonite slurry <input type="checkbox"/> 31                  d. _____ % Bentonite . . . . . Bentonite-cement grout <input type="checkbox"/> 50                  e. _____ Ft<sup>3</sup> volume added for any of the above                  f. How installed: Tremie <input type="checkbox"/> 01                  Tremie pumped <input type="checkbox"/> 02                  Gravity <input type="checkbox"/> 08</p> <p>6. Bentonite seal:                  a. Bentonite granules <input type="checkbox"/> 33                  b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 32                  c. _____ Other <input type="checkbox"/></p> <p>7. Fine sand material: Manufacturer, product name &amp; mesh size                  a. _____                  b. Volume added _____ ft<sup>3</sup></p> <p>8. Filter pack material: Manufacturer, product name &amp; mesh size                  a. _____                  b. Volume added _____ ft<sup>3</sup></p> <p>9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 23                  Flush threaded PVC schedule 80 <input type="checkbox"/> 24                  Other <input type="checkbox"/></p> <p>10. Screen material:                  a. Screen type: Factory cut <input type="checkbox"/> 11                  Continuous slot <input type="checkbox"/> 01                  Other <input type="checkbox"/>                  b. Manufacturer _____                  c. Slot size: _____ in.                  d. Slotted length: _____ ft.</p> <p>11. Backfill material (below filter pack): None <input type="checkbox"/> 14                  Other <input type="checkbox"/></p>
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I hereby certify that the information on this form is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Firm \_\_\_\_\_

Please complete both Forms 4400-113A and 4400-113B and return them to the appropriate DNR office and bureau. Completion of these reports is required by chs. 160, 281, 283, 289, 291, 292, 293, 295, and 299, Wis. Stats., and ch. NR 141, Wis. Adm. Code. In accordance with chs. 281, 289, 291, 292, 293, 295, and 299, Wis. Stats., failure to file these forms may result in a forfeiture of between \$10 and \$25,000, or imprisonment for up to one year, depending on the program and conduct involved. Personally identifiable information on these forms is not intended to be used for any other purpose. NOTE: See the instructions for more information, including where the completed forms should be sent.

Route to: Watershed/Wastewater  Waste Management   
Remediation/Redevelopment  Other

Facility/Project Name	County Name	Well Name	
Facility License, Permit or Monitoring Number	County Code	Wis. Unique Well Number	DNR Well ID Number

1. Can this well be purged dry?  Yes  No

2. Well development method

- surged with bailer and bailed  4 1
- surged with bailer and pumped  6 1
- surged with block and bailed  4 2
- surged with block and pumped  6 2
- surged with block, bailed and pumped  7 0
- compressed air  2 0
- bailed only  1 0
- pumped only  5 1
- pumped slowly  5 0
- 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)

17. Additional comments on development:

	Before Development	After Development
11. Depth to Water (from top of well casing)	a. _____ ft.	_____ ft.
Date	b. ____/____/____	____/____/____
	m m d d y y y y	m m d d y y y y
Time	c. ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
12. Sediment in well bottom	_____ inches	_____ inches
13. Water clarity	Clear <input type="checkbox"/> 1 0 Turbid <input type="checkbox"/> 1 5 (Describe) _____	Clear <input type="checkbox"/> 2 0 Turbid <input type="checkbox"/> 2 5 (Describe) _____

Fill in if drilling fluids were used and well is at solid waste facility:

14. Total suspended solids \_\_\_\_\_ mg/l \_\_\_\_\_ mg/l

15. COD \_\_\_\_\_ mg/l \_\_\_\_\_ mg/l

16. Well developed by: Name (first, last) and Firm

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Name and Address of Facility Contact /Owner/Responsible Party  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Facility/Firm: \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Firm: \_\_\_\_\_

**State of Wisconsin  
Department of Natural Resources**

**INSTRUCTIONS  
Monitoring Well Construction Form 4400-113A**

**General Instructions:** Fill out both a monitoring well construction form (4400-113A) and a monitoring well development form (4400-113B) for each well installed. 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.)

**Routing:** Return these forms to the project manager or plan reviewer for the DNR program who required the well installation. If the project manager/plan reviewer is in the Regional Office, send the original forms to the Regional Office and a copy to the Central Office in Madison. If the project manager/plan reviewer is in the Central Office, send the original forms there and a copy to the Regional Office. If your project does not have a project manager or plan reviewer or you don't know who it is, send the forms to the appropriate program in the Central Office. The addresses of the DNR offices are provided on the attached map.

Check the appropriate routing box at the top of the forms to assure proper routing once the forms reach DNR.

**Time-saving tip:** When filling out many forms at once, you can save time by using a photocopier. Fill out one form (the "original") with any information that is the same for all wells, such as facility name, section location, grid origin location, drilling method and well casing type. Photocopy both sides of the "original", making as many copies as there are wells. On the separate copies, fill in the details that are unique for each well.

**TOP LEFT**

**Facility/Project Name:** Fill in the name of landfill, wastewater treatment facility, surface impoundment, spill or project.

**Facility License, Permit, or Monitoring Number:** Fill in number assigned to facility by the Department. If unknown, leave blank.

**Facility ID:** Fill in the nine digit Facility ID (FID) assigned to the site.

**Type of Well:** Record the type of well code (number/initials) from the following list:

- 11/mw Water table observation well (monitoring well screen intersecting the water table) (non Subtitle D well)
- 12/pz Piezometer (monitoring well with screen sealed below the water table) (non Subtitle D well)
- 17/gc Gradient control
- 18/at Aquifer test
- 24/lh Leachate head well
- 26/ew Groundwater extraction well
- 27/he Horizontal groundwater extraction well
- 28/hw Horizontal monitoring well
- 29/ha Horizontal vapor extraction well
- 51/gp Gas probe
- 53/ge Gas extraction well
- 57/sv Soil venting wells (includes both soil vapor extraction and bioventing, includes both extraction and unsaturated zone gas phase injection wells installed in soil or fill, but not refuse)
- 61/ij Injection well (injection of liquids not gases)

62/as	In situ air sparging well (injection well to inject gases into the aquifer)
63/uv	Unterdruck Verdampfer Brunnen (UVB) wells (sparging wells where the gases remain in the well and are not injected into the aquifer)
64/le	Groundwater and light non-aqueous phase liquid (LNAPL) extraction wells
65/de	Groundwater and dense non-aqueous phase liquid (DNAPL) extraction wells
66/ve	Vacuum enhanced groundwater extraction wells
67/vi	Vacuum enhanced groundwater and LNAPL extraction wells
68/vd	Vacuum enhanced groundwater and DNAPL extraction wells
71/dw	Subtitle D water table observation well (see 11/mw above)
72/dp	Subtitle D piezometer (see 12/pz above)
99/Ot	Other

**Distance From Waste/Source:** Enter distance in feet from the monitoring well to the edge of a facility waste storage or discharge structure, e.g., from the edge of a wastewater lagoon or the approved waste fill boundary for a landfill. For a contaminant source which is not a facility, e.g., a spill, enter the distance the well is from the contaminant source.

**Enf. Stds. Apply:** Check this box only if enforcement standards apply at this well. Enforcement standards apply at any well beyond the Design Management Zone or the property boundary of the facility or at a water supply well. For spills, enforcement standards apply at every point at which groundwater is monitored. (For more information, see s. NR 140.22, Wis. Adm. Code.)

#### TOP CENTER

**Local Grid Location:** The location of the well to the nearest foot, in relation to the grid origin established for the site. If the exact location of the well is given in State Plane Coordinates, then leave these fields blank.

**Local Grid Origin or Well Location:** Check the appropriate box behind the Local Grid Origin or the Well Location text. Locate the grid origin at a permanent feature near the waste or source of contamination. Give the location in State Plane Coordinates or Latitude and Longitude in degrees, minutes and seconds (using 1927 North American Datum). If State Plane Coordinates are used, circle the appropriate letter for south, central or north zone. Alternately, an acceptable method for providing this information without surveying is to locate the Grid Origin on a USGS 7.5 minute quadrangle map. The Location of the Grid Origin can then be interpolated (estimated) using standard cartographic techniques. If the Grid Origin location is estimated, check the estimated box.

The Well Location can be determined directly by surveying or by Global Positioning System (GPS) (with processing to be accurate within 1 foot and reported with precision to hundredths of a second). If the exact location of the well is given in State Plane Coordinates, then leave the Local Grid Location fields blank.

**Section Location of Waste/Source:** Fill in the quarter quarter and quarter section, section, township, range and range direction of the waste or source.

**Location of Well Relative to Waste/Source:** Check the box which describes the location of the well in the groundwater flow system relative to the disposal site, spill, etc. If groundwater flow directions are unknown, check "not known."

**Gov. Lot Number:** Provide the government lot number for the property if applicable. (Government lot numbers are the legal description of a tract of land adjacent to a lake or stream where a proper quarter or quarter quarter section corner could not be established.)

## TOP RIGHT

**Well Name:** Fill in common well name, such as B-11, OW-13A, or MW-5R. (Use the suffix "R" for a replacement well.)

**Wis. Unique Well Number:** Fill in the 2 alphabetic and 3 numeric Wisconsin Unique Well Number (WUWN) on this form. In addition, attach the WUWN tag to the inside of the protective cover pipe and record that number on the Soil Boring Log Information form 4400-122 and Monitoring Well Development form 4400-113B. WUWN tags are available from the DNR Central or Regional Offices.

**DNR Well ID Number:** The 3 digit number assigned to the well by the Department.

**Date Well Installed:** List Month/Day/Year (mm/dd/yyyy) the well was installed.

**Well Installed By:** Fill in name (first and last) and firm of the person who supervised the drilling. The person must be a hydrogeologist, a drilling crew chief or experienced engineering technician.

## LEFT SIDE

**Numerical Specifications:** Fill in data for letters A through N which refer to design elements on the figure on the form. Letters A, B and C must be reported as elevations in feet above mean sea level (MSL), surveyed to the nearest 0.01 foot. Letters D through K may be either elevation above MSL or depth below land surface, accurate to the nearest 0.1 foot.

- A. **Protective pipe, top elevation.** With cap off. Referenced to Mean Sea Level (MSL).
- B. **Well casing, top elevation.** With cap off. Referenced to MSL.
- C. **Land surface elevation.** Referenced to MSL.
- D. **Surface seal, bottom.** Fill in elevation, MSL or depth below land surface.
- E. **Bentonite seal, top.** MSL or depth below land surface. (See NR 141.13(1) to determine if this seal is required)
- F. **Fine sand, top.** MSL or depth below land surface. Cross out if not installed.
- G. **Filter pack, top.** MSL or depth below land surface.
- H. **Screen joint, top.** MSL or depth below land surface. (Top of the entire screen section, NOT the top slot)
- L. **Well bottom.** MSL or depth below land surface.
- J. **Filter pack, bottom.** MSL or depth below land surface.
- K. **Borehole, bottom.** MSL or depth below land surface.
- L. **Borehole, diameter:** Diameter to nearest 0.1 inch.
- M. **O.D. well casing:** Outside diameter to nearest 0.01 inch.
- N. **I.D. well casing:** Inside diameter to nearest 0.01 inch.

N. **I.D. well casing:** Inside diameter to nearest 0.01 inch.

**LEFT CENTER INSERT (BOX)**

12. **USCS classification of soil near screen:** Check boxes for all soil types (or bedrock) found at the depths spanned by the well screen, using the Unified Soil Classification System symbols. Refer to the native soil near the screen, not to the filter pack material.
13. **Sieve analysis performed?:** Check box. A sieve analysis for soil near the screen is required for all wells.
14. **Drilling method used:** Choose from among the choices on the form or check "Other" and write in one of the choices below:
- |                |                  |             |              |
|----------------|------------------|-------------|--------------|
| Reverse rotary | Solid stem auger | Cable tool  | Driven point |
| Vibratory      | Casing hammer    | Wash boring |              |
15. **Drilling fluid used:** Check appropriate box or boxes.
16. **Drilling additives used:** Check box. If yes, describe.
17. **Source of water:** Cite source(s) of any water used to drill the well OR to hydrate dry bentonite OR to mix annular space sealant. Cite exact source so that a sample of the water can be obtained later, if necessary. If the well is at a solid waste facility, attach an analysis of the water according to s. NR 507.06(1), Wis. Adm. Code.

**RIGHT SIDE**

1. **Cap and Lock:** Check box.
2. **Protective pipe:** Provide the information below.
- a. **Inside diameter:** Give to nearest 0.1 inch.
  - b. **Length:** Give to nearest 0.1 foot
  - c. **Material:** Check box. If "Other", describe.
  - d. **Additional protection?:** Check box. If 'Yes', describe.
3. **Surface seal:** Check box for the material used to prevent surface water from entering the borehole. If "Other," describe.
4. **Material between well casing and protective pipe:** Check box. If "Other", describe.
5. **Annular space seal:** Check boxes for both materials used and how installed, and fill in volume used.
- Material: If dry bentonite, list source of water used for hydration on line #17. For wells installed at a solid waste site, attach an analysis of water (see s. NR 507.06(1), Wis. Adm. Code.) For other choices, fill in pounds per gallon mud weight or percent bentonite as appropriate.
- e. **Volume:** Fill in volume used in cubic feet.
  - f. **How installed:** Check box for how the annular space seal was installed. If dropped from the land surface, check "Gravity."
6. **Bentonite seal:** If bentonite pellets were used, also check the pellet diameter. If material installed was the same as the annular space seal, or if no filter pack seal was installed, write "none."

7. **Fine sand material:** Fine sand is used to prevent migration of annular space seal material into the filter pack.
  - a. Indicate manufacturer, product name, and mesh size.
  - b. Indicate volume added.
  
8. **Filter pack material:** General description of filter pack material, e.g., "430 grit sand," and name of filter pack manufacturer, product name or number, and volume added. Attach grain size analysis of filter pack and state quantity used.
  
9. **Well casing:** Check box for PVC type. If "Other", describe. Examples of "Other" include stainless steel, steel, and Teflon ©.
  
10. **Screen material:** If same as well casing, write "same."
  - a. **Screen type:** Check box. If "Other", describe the design.
  - b. **Manufacturer:** List name of manufacturer.
  - c. **Slot size:** Give width of slot in thousandths (0.001) of an inch.
  - d. **Slotted length:** Give distance from top slot to bottom slot to nearest 0.1 foot.
  
11. **Backfill material:** Check "None" or, if "Other", describe any backfill installed below the filter pack.

**FAR BOTTOM**

"I hereby certify that the information on this form is true and correct to the best of my knowledge.": Sign the form and indicate name of firm.

**MONITORING WELL DEVELOPMENT FORM 4400-113B**

**TOP TWO LINES**

**Facility/Project Name:** Fill in the name of landfill, wastewater treatment facility, surface impoundment, spill or project.

**Facility License Permit, or Monitoring Number:** Enter number assigned to facility by the DNR. If unknown, leave blank.

**County Name:** Fill in the name of the county in which the well is installed.

**County Code:** Fill in the two digit county code number.

- |             |                 |               |              |                 |
|-------------|-----------------|---------------|--------------|-----------------|
| 1. Adams    | 16. Douglas     | 31. Kewaunee  | 46. Ozaukee  | 61. Taylor      |
| 2. Ashland  | 17. Dunn        | 32. La Crosse | 47. Pepin    | 62. Trempealeau |
| 3. Barron   | 18. Eau Claire  | 33. Lafayette | 48. Pierce   | 63. Vernon      |
| 4. Bayfield | 19. Florence    | 34. Langlade  | 49. Polk     | 64. Vilas       |
| 5. Brown    | 20. Fond Du Lac | 35. Lincoln   | 50. Portage  | 65. Walworth    |
| 6. Buffalo  | 21. Forest      | 36. Manitowoc | 51. Price    | 66. Washburn    |
| 7. Burnett  | 22. Grant       | 37. Marathon  | 52. Racine   | 67. Washington  |
| 8. Calumet  | 23. Green       | 38. Marinette | 53. Richland | 68. Waukesha    |
| 9. Chippewa | 24. Green Lake  | 39. Marquette | 54. Rock     | 69. Waupaca     |

10. Clark	25. Iowa	40. Menominee	55. Rusk	70. Waushara
11. Columbia	26. Iron	41. Milwaukee	56. St. Croix	71. Winnebago
12. Crawford	27. Jackson	42. Monroe	57. Sauk	72. Wood
13. Dane	28. Jefferson	43. Oconto	58. Sawyer	
14. Dodge	29. Juneau	44. Oneida	59. Shawano	
15. Door	30. Kenosha	45. Outagamie	60. Sheboygan	

**Well Name:** Fill in common well name, such as P-11, OW-13A, or MW-5R. (Use the suffix "R" for a replacement well.)

**Wis. Unique Well Number:** Record Wisconsin Unique Well Number assigned to the well.

**DNR Well ID Number:** The 3 digit number assigned to the well by the Department.

**LEFT COLUMN**

1. **Can this well be purged dry?** Check whether well can or cannot be purged dry (all water removed).
2. **Well development method:** Check appropriate box. If "Other", describe. Note that a well shall be surged and purged for a minimum of 30 minutes.
3. **Time spent developing well:** In minutes.
4. **Depth of well:** In tenths (0.1) of feet, from top of well casing.
5. **Inside diameter of well:** In hundredths (0.01) of inches.
6. **Volume of water in filter pack and well casing:** In tenths (0.1) of gallons.
7. **Volume of water removed from well:** In tenths (0.1) of gallons.
8. **Volume of water added, if any:** In tenths (0.1) of gallons.
9. **Source of water added:** Cite exact source so that a sample of the water can be obtained later, if necessary.
10. **Analysis performed on water added?** Check appropriate box. If well is installed at a solid waste facility, attach analysis of water according to s. NR 507.06(1), Wis. Adm. Code.

**RIGHT COLUMN**

11. **Depth to water:**
  - a. Enter distance from top of well casing to water level in well, in hundredths (0.01) of a foot, both before and after development.
  - b. **Date:** Enter month/day/year (mm/dd/yyyy) development began and ended.
  - c. **Time:** Enter according to a twelve hour clock the time development began and ended.
12. **Sediment in well bottom:** Compute to tenths (0.1) of inches, both before and after development.
13. **Water clarity:** Check box and describe.



14. **Total suspended solids:** Total Suspended Solids, as determined by a certified or registered analytical laboratory. Required only for wells near solid waste facilities when drilling fluids were used.
15. **COD:** Chemical oxygen demand, as determined by a certified or registered analytical laboratory. Required only for wells near solid waste facilities when drilling fluids were used.
16. **Well developed by:** Enter the name (first and last) and firm of the person who supervised the development. This person must be a hydrogeologist, the drilling crew chief, or an experienced engineering technician.

#### **BOTTOM SECTION**

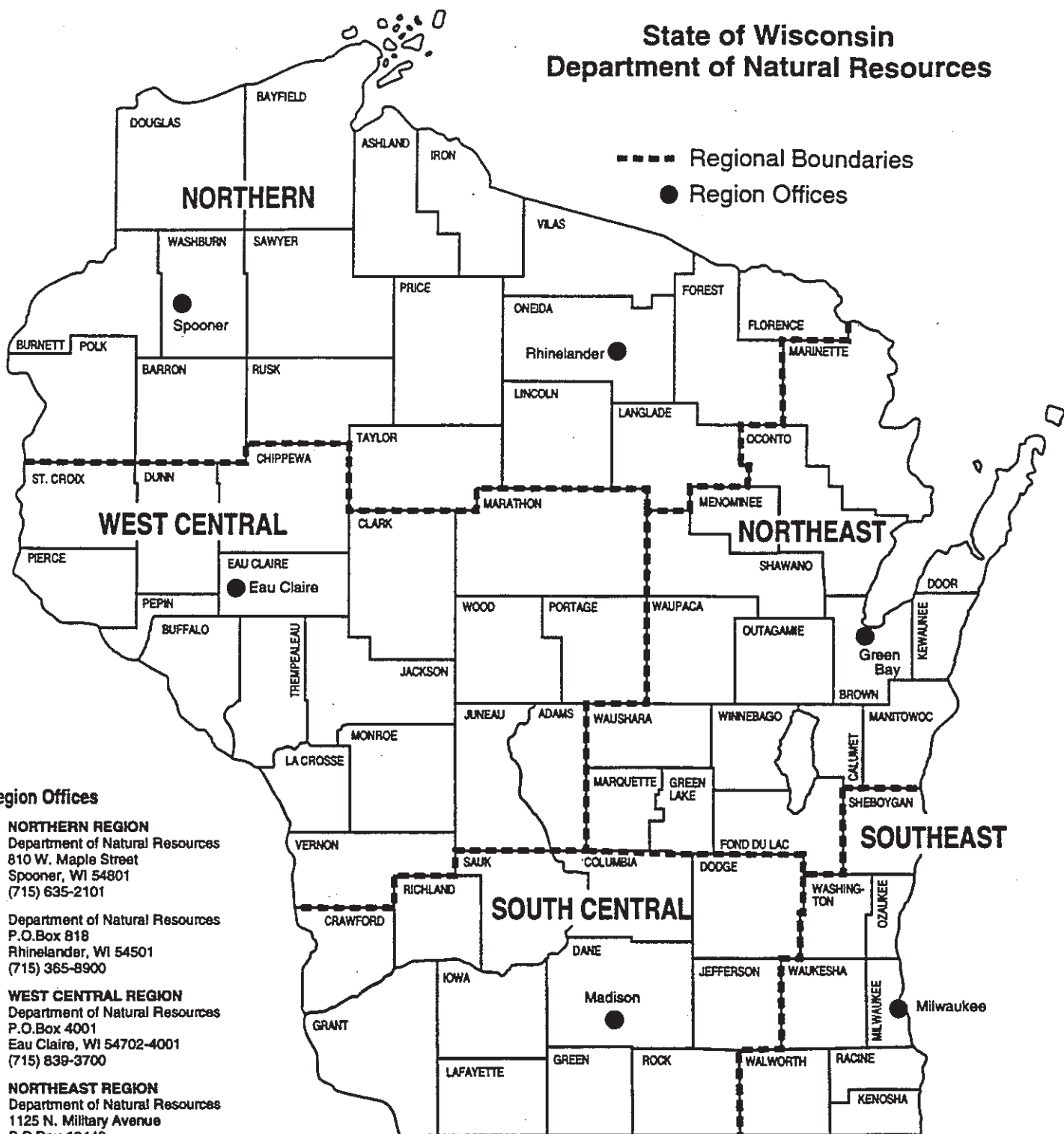
17. **Additional comments on development:** Describe any of the above in more detail or add information such as the relative recovery rates of wells or the amount of drilling fluid lost to the formation and the amount of water removed to account for lost drilling fluid. For example, if 150 gallons of drilling water were lost, you should remove the volume of water in the filter pack and well casing plus 150 gallons as part of development.

**Name and Address of Facility/Owner/Responsible Party Contact:** Enter a contact name (first and last), or a firm name or facility name, street address, city, state, and zip code of the facility or site.

**Signature, Print Name, and Firm:** Signature and printed name of the person filling out the form and name of firm for which the person works.

# State of Wisconsin Department of Natural Resources

- - - - Regional Boundaries  
● Region Offices



**Region Offices**

**NORTHERN REGION**  
Department of Natural Resources  
810 W. Maple Street  
Spooner, WI 54801  
(715) 635-2101

Department of Natural Resources  
P.O.Box 818  
Rhinelander, WI 54501  
(715) 365-8900

**WEST CENTRAL REGION**  
Department of Natural Resources  
P.O.Box 4001  
Eau Claire, WI 54702-4001  
(715) 839-3700

**NORTHEAST REGION**  
Department of Natural Resources  
1125 N. Military Avenue  
P.O.Box 10448  
Green Bay, WI 54307  
(920) 492-5800

**SOUTHEAST REGION**  
Department of Natural Resources  
2300 N. Dr. Martin Luther King Jr. Dr.  
P.O.Box 12438  
Milwaukee, WI 53212  
(414) 263-8500

**SOUTH CENTRAL REGION**  
Department of Natural Resources  
3911 Fish Hatchery Road  
Fitchburg, WI 53711  
(608) 275-3266