



June 15, 2023

Brett Donaldson
Donaldson's One Hour Cleaners Inc
561 Chatham Ct.
Neenah, WI 54956
Also Via Electronic Mail to bdonaldson@donaldsonscleaners.com

H&J Investments LLC
c/o Estate of Janice Donaldson
2018 Domain Dr
Kaukauna, WI 54130
Also Via Electronic Mail to donacraig@gmail.com

SUBJECT: Damaged Piezometer – 1015 S Commercial St Neenah
Donaldsons One Hour Cleaners (Former), 110 W. Cecil St., Neenah, WI
DNR BRRTS #: 02-71-110797

Dear Sirs:

The Wisconsin Department of Natural Resources (DNR) received notice of a damaged monitoring well/piezometer at Commercial Square Apartments (1015 S Commercial St Neenah, WI 54956). Field inspection by DNR staff confirmed damage had occurred to PZ3900 (refer to attached Photo Log), a piezometer associated with the open BRRTS case Donaldsons One Hour Cleaners (Former) (BRRTS #: 02-71-110797). The piezometer is located on the western side of the property as shown on the enclosed map (B.1.b, Detailed Site Map, 01/04/2017).

As the responsible parties for the Donaldsons One Hour Cleaners (former) you are obligated to repair or abandon the damaged piezometer (PZ3900) **within 60 days** from the date of this letter per Wis. Admin. Code §§ NR 716.13(14)(a) and NR 141.25. You and your consultant should determine if it is necessary to repair or replace the piezometer for the ongoing investigation or if the well piezometer can be abandoned. **Within 10 days**, please notify the DNR of your determination to repair, replaced or abandoned PZ3900. Additional information on well abandonment can be found [here](#) including the enclosed Well/Drillhole/Borehole Filling and Sealing Form 3300-005. Once the work is complete, submit the required documentation to the DNR.

You may be held liable under Wis. Stat. § 292.11 for any problems associated with the monitoring well if it creates a conduit for contaminants to enter groundwater.

SCHEDULE AND SUBMITTALS

Within 10 days, send written notification on your determination to repair, replacement, and/or abandon PZ3900.

Within 60 days, send written notifications and monitoring well filling and sealing forms to the DNR.

All submittals can be made by using the RR Program Submittal Portal at dnr.wi.gov, search "RR submittal portal" (<https://dnr.wi.gov/topic/Brownfields/Submittal.html>). Questions on using this portal can be directed to the to the

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Mr. Donaldson Information Request – Response Requested by September 7, 2021
Donaldsons One Hour Cleaners (Former), BRRTS#02-71-110797

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environmental program associate (EPA) for the regional DNR office. Visit dnr.wi.gov, search “RR contacts” and select the EPA tab (<https://dnr.wi.gov/topic/Brownfields/Contact.html>).

CLOSING

The DNR appreciates your efforts to restore the environment at this site. If you have any questions regarding this letter, please contact DNR project manager Jennifer Borski at (920) 360-0853 or Jennifer.Borski@wisconsin.gov.

Sincerely,



Roxanne N. Chronert
Team Supervisor, Northeast Region
Remediation & Redevelopment Program

Attachments:

Figure B.1.b - Detailed Site Map, 01/04/2017
Photo Log
Well/Drillhole/Borehole Filling and Sealing Form 3300-005

cc:

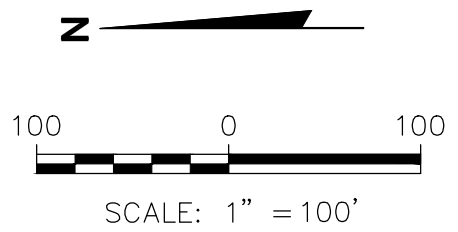
Peter van Houwelingen, Corporate Legal Counsel, Ltd. – pyhouw@clcl.com
Craig Sparks, DNR Attorney – Craig.Sparks@wisconsin.gov
Jennifer Borski, DNR RR Hydrogeologist Program Coordinator – Jennifer.Borski@wisconsin.gov

I:\252142\Drawings\Closure Plan\Detail Site.dwg, 1/3/2017 10:31:37 AM



LEGEND	
	PROPERTY LINE
	GAS MAIN
	SANITARY SEWER
	STORM SEWER
	WATER MAIN
	OUTDOOR AIR LOCATION (OA)
	INDOOR AIR LOCATION (IA)
	SUB-SLAB VAPOR LOCATION (SSV)
	SANITARY MANHOLE
	STORM MANHOLE
	STORM CATCH BASIN
	MONITORING WELL
	PIEZOMETER
	INJECTION/EXTRACTION WELL
	ABANDONED MONITORING WELL
	PARCEL NUMBER FOR POTENTIALLY AFFECTED PROPERTY

- NOTES:
1. AERIAL PHOTOGRAPH FROM BING MAPS, BROUGHT INTO DRAWING USING AUTOCAD CIVIL 3D, 2016.
 2. PROPERTY LINES AND SANITARY, STORM, AND WATER UTILITIES PROVIDED IN AUTOCAD FORMAT BY CITY OF NEENAH, WISCONSIN IN STATE PLANE, SOUTH ZONE, COORDINATE SYSTEM (NAD83).
 3. WELL AND GAS MAIN LOCATIONS BASED ON DRAWINGS PREPARED BY NORTHERN ENVIRONMENTAL INC.
 4. CECIL STREET BP WELL LOCATIONS BASED ON MAP PREPARED BY BY BAY ENVIRONMENTAL STRATEGIES, INC.
 5. ALL BURIED UTILITY LOCATIONS ARE APPROXIMATE, CONTACT DIGGERS HOTLINE PRIOR TO ANY DRILLING OR EXCAVATION ACTIVITIES.



CLIENT		DONALDSON'S ONE HOUR CLEANERS 110 WEST CECIL STREET NEENAH, WISCONSIN	
PROJECT NO.	25214203.01	DRAWN BY:	KP
DRAWN:	12/28/16	CHECKED BY:	RL
REVISED:	01/03/17	APPROVED BY:	REL 01/04/17
ENGINEER		SCS ENGINEERS 2830 DAIRY DRIVE, MADISON, WI 53718-6751 PHONE: (608) 224-2830	
FIGURE		B.1.b	

DETAILED SITE MAP

Damaged Piezometer
Donaldsons One Hour Cleaners (Former),
110 W. Cecil St., Neenah, WI
DNR BRRTS #: 02-71-110797

Location: 1015 S Commercial St Neenah, WI 54956

Date: 6/12/2023

Photographer: Ethan Keller

Description: Damage to Piezometer PZ3900



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Location: 1015 S Commercial St Neenah, WI 54956

Date: 6/12/2023

Photographer: Ethan Keller

Description: Damage to PZ3900 facing North



Damaged Piezometer
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110 W. Cecil St., Neenah, WI
DNR BRRTS #: 02-71-110797

Location: 1015 S Commercial St Neenah, WI 54956

Date: 6/12/2023

Photographer: Ethan Keller

Description: Damage to PZ3900 facing East



Damaged Piezometer
Donaldsons One Hour Cleaners (Former),
110 W. Cecil St., Neenah, WI
DNR BRRTS #: 02-71-110797

Location: 1015 S Commercial St Neenah, WI 54956

Date: 6/12/2023

Photographer: Ethan Keller

Description: Damage to PZ3900 facing South



Damaged Piezometer
Donaldsons One Hour Cleaners (Former),
110 W. Cecil St., Neenah, WI
DNR BRRTS #: 02-71-110797

Location: 1015 S Commercial St Neenah, WI 54956

Date: 6/12/2023

Photographer: Ethan Keller

Description: Damage to PZ3900 facing West



Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and chs. NR 141 and 812, 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.

Verification Only of Fill and Seal

Route to DNR Bureau:

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

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

County		WI Unique Well # of Removed Well		Hicap #	
Latitude / Longitude (see instructions)		Format Code		Method Code	
_____ N		<input type="checkbox"/> DD		<input type="checkbox"/> GPS008	
_____ W		<input type="checkbox"/> DDM		<input type="checkbox"/> SCR002	
_____ W		<input type="checkbox"/> OTH001			
¼ / ¼	¼	Section	Township	Range	<input type="checkbox"/> E
or Gov't Lot #					<input type="checkbox"/> W
Well Street Address					
Well City, Village or Town					
Well ZIP Code					
Subdivision Name					
Lot #					
Reason for Removal from Service					
WI Unique Well # of Replacement Well					

Facility Name		
Facility ID (FID or PWS)		
License/Permit/Monitoring #		
Original Well Owner		
Present Well Owner		
Mailing Address of Present Owner		
City of Present Owner		State
		ZIP Code

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	
If a Well Construction Report is available, please attach.	
Construction Type:	
<input type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Dug
Formation Type:	
<input type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock
Total Well Depth From Ground Surface (ft.)	Casing Diameter (in.)
Lower Drillhole Diameter (in.)	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)?	Depth to Water (feet)

4. Pump, Liner, Screen, Casing & Sealing Material

Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Liner(s) removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Screen removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input type="checkbox"/> Conductor Pipe-Gravity	<input type="checkbox"/> Conductor Pipe-Pumped		
<input type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____		
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Concrete		
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite Chips		
<i>For Monitoring Wells and Monitoring Well Boreholes Only:</i>			
<input type="checkbox"/> Bentonite Chips	<input type="checkbox"/> Bentonite - Cement Grout		
<input type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry		

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 or Verification (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 (NR 811, 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 Report 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.)

Verification Only of Fill and Seal: If you are only verifying that filling and sealing has previously occurred on a well and are NOT performing any filling and sealing work on the well, check the box near the top of the form. Complete Parts 1 and 2 of the form completely and any information you can provide in Parts 3, 4 and 5. You must provide comments in Part 6 as to the method used to verify both the filling and sealing of the well. Complete Part 7, including the date of Filling and Sealing or verification. It will be implied that you did do the filling and sealing work or the verification as stated in Part 7.

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.

If you do any work to fill or seal the well, you must complete this form as intended and do not check the Verification Only of Fill and Seal box.

(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: Locate the well by Public Land Survey (Gov't Lot or ¼ ¼, ¼, Section, Township and Range) AND latitude and longitude coordinates, using GPS or on-line map locators.

Format Code: Check which format you are reporting in: DD = Decimal Degrees ____ . ____ ° or DDM = Degrees Decimal Minutes ____ ° ____ . ____ ' (Place decimal point appropriately).

Method Code: Check which method you are using to determine latitude/longitude: GPS008 = GPS Receiver; SCR002 = Online Map/Viewer; OTH001 = Other.

(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) FILLED & SEALED WELL/DRILLHOLE/BOREHOLE INFORMATION

Original Construction Date: Fill in the original date of construction for the well or boring in mm/dd/yyyy format. This section should include information about the original well.

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 or Verification: List Month/Day/Year (mm/dd/yyyy) the well was filled & sealed or verified filled & sealed.