



Groundwater & Environmental Services, Inc.

1050 Corporate Boulevard, Suite C  
Aurora, IL 60505

T. 866.455.2419

October 2, 2018

Ms. Jennifer Dorman  
Environmental Program Associate  
Wisconsin Department of Natural Resources  
2300 North Martin Luther King Drive  
Milwaukee, Wisconsin 53212

**Re: 02-41-118373\_Closure Revisions, Filling & Sealing Reports  
Former PDVMR Milwaukee Terminal (Uno-Ven)  
9521 North 107<sup>th</sup> Street  
Milwaukee, Wisconsin**

Dear Ms. Dorman:

Groundwater & Environmental Services, Inc. (GES) on behalf of CITO Petroleum Corporation (CITGO) is submitting one set of hard copies of the Closure Revision (**Attachment A**) and Well/Drillhole/Borehole Filling and Sealing Reports (**Attachment B**) for the above-referenced facility. An electronic submittal has also been made to the Southeast Regional email box, the DNR project manager and to the Southeast Regional folder through the FTP site.

Should you have any questions or require additional information, please contact the undersigned at [averbick@gesonline.com](mailto:averbick@gesonline.com) or at (866) 455-2419 extension 4042. Direct all official WDNR correspondences to [GreatLakesRegion@gesonline.com](mailto:GreatLakesRegion@gesonline.com).

Sincerely,

A handwritten signature in cursive script, appearing to read 'Amber L. Verbick', written in black ink.

Amber L. Verbick  
Senior Project Manager

Enclosures

Cc: [DNRRRSER@wisconsin.gov](mailto:DNRRRSER@wisconsin.gov) & [Binyoti.Amungwafor@wisconsin.gov](mailto:Binyoti.Amungwafor@wisconsin.gov)  
DNR FTP Site @ <https://ftp.wi.gov/submittals/>  
Scott Buckner, CITGO Petroleum Corp, 2316 Terminal Drive, Arlington Heights, IL 60005

# Attachment A

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**SUBMIT AS UNBOUND PACKAGE IN THE ORDER SHOWN**

Notice: Pursuant to ch. 292, Wis. Stats., and chs. NR 726 and 746, Wis. Adm. Code, this form is required to be completed for case closure requests. The closure of a case means that the Department of Natural Resources (DNR) has determined that no further response is required at that time based on the information that has been submitted to the DNR. All sections of this form must be completed unless otherwise directed by the Department. DNR will consider your request administratively complete when the form and all sections are completed, all attachments are included, and the applicable fees required under ch. NR 749, Wis. Adm. Code, are included, and sent to the proper destinations. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law (ss. 19.31 - 19.39, Wis. Stats.). Incomplete forms will be considered "administratively incomplete" and processing of the request will stop until required information is provided.

Site Information			
BRRTS No.	VPLE No.		
02-41-118373			
Parcel ID No.			
00-20-071110			
FID No.	WTM Coordinates		
241017700	X	678887.6	Y 303883.5
BRRTS Activity (Site) Name	WTM Coordinates Represent:		
Uno-Ven	<input checked="" type="checkbox"/> Source Area <input type="checkbox"/> Parcel Center		
Site Address	City	State	ZIP Code
9401 N 107th St.(Formerly 9521 N. 107th St.)	Milwaukee	WI	53224-1107
Acres Ready For Use	34		

Responsible Party (RP) Name			
Scott Buckner			
Company Name			
CITGO Petroleum Corporation			
Mailing Address	City	State	ZIP Code
2316 Terminal Drive	Arlington Heights	IL	60005
Phone Number	Email		
(847) 867-2420	sbuckne@citgo.com		

Check here if the RP is the owner of the source property.

Environmental Consultant Name			
Melissa M. Blaha			
Consulting Firm			
Groundwater & Environmental Services, Inc.			
Mailing Address	City	State	ZIP Code
1050 Corporate Boulevard, Suite C	Aurora	IL	60505
Phone Number	Email		
(866) 455-2419	mblaha@gesonline.com		

**Fees and Mailing of Closure Request**

- Send a copy of page one of this form and the applicable ch. NR 749, Wis. Adm. Code, fee(s) to the DNR Regional EPA (Environmental Program Associate) at <http://dnr.wi.gov/topic/Brownfields/Contact.html>. Check all fees that apply:
 

<input type="checkbox"/> \$1,050 Closure Fee	<input type="checkbox"/> \$300 Database Fee for Soil
<input type="checkbox"/> \$350 Database Fee for Groundwater or Monitoring Wells (Not Abandoned)	Total Amount of Payment \$ _____
	<input checked="" type="checkbox"/> Resubmittal, Fees Previously Paid
- Send one paper copy and one e-copy on compact disk of the entire closure package to the Regional Project Manager assigned to your site. Submit as unbound, separate documents in the order and with the titles prescribed by this form. For electronic document submittal requirements, see <http://dnr.wi.gov/files/PDF/pubs/rr/RR690.pdf>.

*Handwritten initials and date: RB 9/12/07*

**5. Continuing Obligations: Situations where sites, including all affected properties and rights-of-way (ROWs), are included on the DNR's GIS Registry. In certain situations, maintenance plans are also required, and must be included in Attachment D.**

Directions: For each of the 3 property types below, check all situations that apply to this closure request.

(NOTE: Monitoring wells to be transferred to another site are addressed in Attachment E.)

This situation applies to the following property or Right of Way (ROW):			Case Closure Situation - Continuing Obligation Inclusion on the GIS Registry is Required (ii. - xiv.)	Maintenance Plan Required	
Property Type:					
Source Property	Affected Property (Off-Source)	ROW			
i.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	None of the following situations apply to this case closure request.	NA
ii.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residual groundwater contamination exceeds ch. NR 140 ESSs.	NA
iii.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residual soil contamination exceeds ch. NR 720 RCLs.	NA
iv.				Monitoring Wells Remain:	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Not Abandoned (filled and sealed)	NA
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Continued Monitoring (requested or required)	Yes
v.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cover/Barrier/Engineered Cover or Control for (soil) direct contact pathways (includes vapor barriers)	Yes
vi.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cover/Barrier/Engineered Cover or Control for (soil) groundwater infiltration pathway	Yes
vii.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural Impediment: impedes completion of investigation or remedial action (not as a performance standard cover)	NA
viii.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residual soil contamination meets NR 720 industrial soil RCLs, land use is classified as industrial	NA
ix.	<input type="checkbox"/>	<input type="checkbox"/>	NA	Vapor Mitigation System (VMS) required due to exceedances of vapor risk screening levels or other health based concern	Yes
x.	<input type="checkbox"/>	<input type="checkbox"/>	NA	Vapor: Dewatering System needed for VMS to work effectively	Yes
xi.	<input type="checkbox"/>	<input type="checkbox"/>	NA	Vapor: Compounds of Concern in use: full vapor assessment could not be completed	NA
xii.	<input type="checkbox"/>	<input type="checkbox"/>	NA	Vapor: Commercial/industrial exposure assumptions used.	NA
xiii.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vapor: Residual volatile contamination poses future risk of vapor intrusion	NA
xiv.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site-specific situation: (e. g., fencing, methane monitoring, other) ( <i>discuss with project manager before submitting the closure request</i> )	Site specific

**6. Underground Storage Tanks**

- A. Were any tanks, piping or other associated tank system components removed as part of the investigation or remedial action?  Yes  No
- B. Do any upgraded tanks meeting the requirements of ch. ATCP 93, Wis. Adm. Code, exist on the property?  Yes  No
- C. If the answer to question 6.B. is yes, is the leak detection system currently being monitored?  Yes  No

*Aug 17*

May 1, 2017

Uno-Ven (Citgo)  
9401 North 107<sup>th</sup> Street (Formerly 9521 North 107<sup>th</sup> Street)  
Milwaukee, Wisconsin 53224  
BRRTS No. 02-41-118373  
PIN #0020071110

## D.1

### Introduction

This document is the Maintenance Plan for a barrier at the above-referenced property in accordance with the requirements of s. NR 724.13 (2), Wis. Adm. Code. The maintenance activities relate to the existing barrier which addresses or occupies the area over the contaminated groundwater plume or soil.

More site-specific information about this property/site may be found in:

- The case file in the DNR Southeast Region office
- BRRTS on the Web (DNR's internet based data base of contaminated sites) for the link to a PDF for site-specific information at the time of closure and on continuing obligations;
- RR Sites Map/GIS Registry layer for a map view of the site, and
- The DNR project manager for Milwaukee County.

### Description of Contamination

Soil contaminated by petroleum is located at a depth of 3 to 5 feet near the eastern portion of the source property. Groundwater contaminated by petroleum is centrally located on the source property at a depth of 4 to 8 feet below ground surface. The extent of the soil and groundwater residual contamination are shown on the attached **Figure B.2.b** and **Figure B.3.b**, respectively.

### Description of the Barrier to be Maintained

The barrier consists of asphalt or concrete that is located on the source property as shown on **Figure D.2**. Photographs of the barrier are provided in **D.3**.

### Cover/Building/Slab/Barrier Purpose

The asphalt/concrete barrier over the contaminated soil and groundwater plume serve as a barrier to prevent direct human contact with residual soil contamination that might otherwise pose a threat to human health. Based on the current use of the property, light industrial, the barrier should function as intended unless disturbed.

### Description of the Structural Impediment

The piping and canopy area are considered a structural impediment to the completion of site investigation and/or remediation and this impediment is on the source property as shown on **Figure D.2**. Photographs of the structural impediment are provided in **D.3**.

*Aw/17*

### Annual Inspection

The asphalt/concrete barrier overlying the soil and groundwater plume and as depicted in **Figure D.2.** will be inspected once a year, normally in the spring after all snow and ice is gone, for deterioration, cracks and other potential problems that can cause exposure to underlying soils. The inspections will be performed by the property owner or their designated representative. The inspections will be performed to evaluate damage due to settling, exposure to the weather, wear from traffic, increasing age and other factors. Any area where soils have become or are likely to become exposed will be documented.

A log of the inspections and any repairs will be maintained by the property owner and is included as **D.4,** Form 4400-305, Continuing Obligations Inspection and Maintenance Log. The log will include recommendations for necessary repair of any areas where underlying soils are exposed and where infiltration from the surface will not be effectively minimized. Once repairs are completed, they will be documented in the inspection log. A copy of the maintenance plan and inspection log will be kept at the site; or, if there is no acceptable place to keep it at the site, the plan will be kept at the address of the property owner and available for submittal or inspection by Wisconsin Department of Natural Resources (DNR) representatives upon their request.

### Maintenance Activities

If problems are noted during the annual inspections or at any other time during the year, repairs will be scheduled as soon as practical. Repairs can include patching and filling or larger resurfacing or construction operations. In the event that necessary maintenance activities expose the underlying soil, the owner must inform maintenance workers of the direct contact exposure hazard and provide them with appropriate personal protection equipment (PPE). The owner must also sample any soil that is excavated from the site prior to disposal to ascertain if contamination remains. The soil must be treated, stored and disposed of by the owner in accordance with applicable local, state and federal law.

In the event the asphalt/concrete barrier overlying the soil and groundwater plume are removed or replaced, the replacement barrier must be equally impervious. Any replacement barrier will be subject to the same maintenance and inspection guidelines as outlined in this Maintenance Plan unless indicated otherwise by the DNR or its successor.

The property owner, in order to maintain the integrity of the asphalt/concrete barrier, will maintain a copy of this Maintenance Plan at the site; or, if there is no acceptable place to keep it at the site at the address of the property owner the property owner must make it available to all interested parties for viewing.

### Prohibition of Activities and Notification of DNR Prior to Actions Affecting a Cover/Barrier

The following activities are prohibited on any portion of the property where asphalt/concrete barrier is required as shown on the attached map, unless prior written approval has been obtained from the Wisconsin Department of Natural Resources: 1) removal of the existing barrier; 2) replacement with another barrier; 3) excavating or grading of the land surface; 4) filling on capped or paved areas; 5) plowing for agricultural cultivation; 6) construction or placement of a building or other structure; and 7) changing the use or occupancy of the property to a residential exposure setting, which may include certain uses, such as single or multiple family residences, a school, day care, senior center, hospital, or similar residential exposure settings;

If removal, replacement or other changes to a cover, or a building which is acting as a cover, are considered, the property owner will contact DNR at least 45 days before taking such an action, to determine whether

*DWR/27*

further action may be necessary to protect human health, safety, or welfare or the environment, in accordance with s. NR 727.07, Wis. Adm. Code.

Amendment or Withdrawal of Maintenance Plan

This Maintenance Plan can be amended or withdrawn by the property owner and its successors with the written approval of DNR.

Contact Information

May 2017

Site Owner and Operator:      Scott Buckner  
   2316 Terminal Drive  
   Arlington Heights, Illinois 60005  
   847-867-2420

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

Consultant:                      Groundwater & Environmental Services  
   1050 Corporate Blvd, Suite C  
   Aurora, Illinois 60505  
   866-455-2419

DNR:                                Binyoti Amungwafor  
   2300 North Martin Luther King Drive  
   Milwaukee, Wisconsin 53212  
   414-263-8607

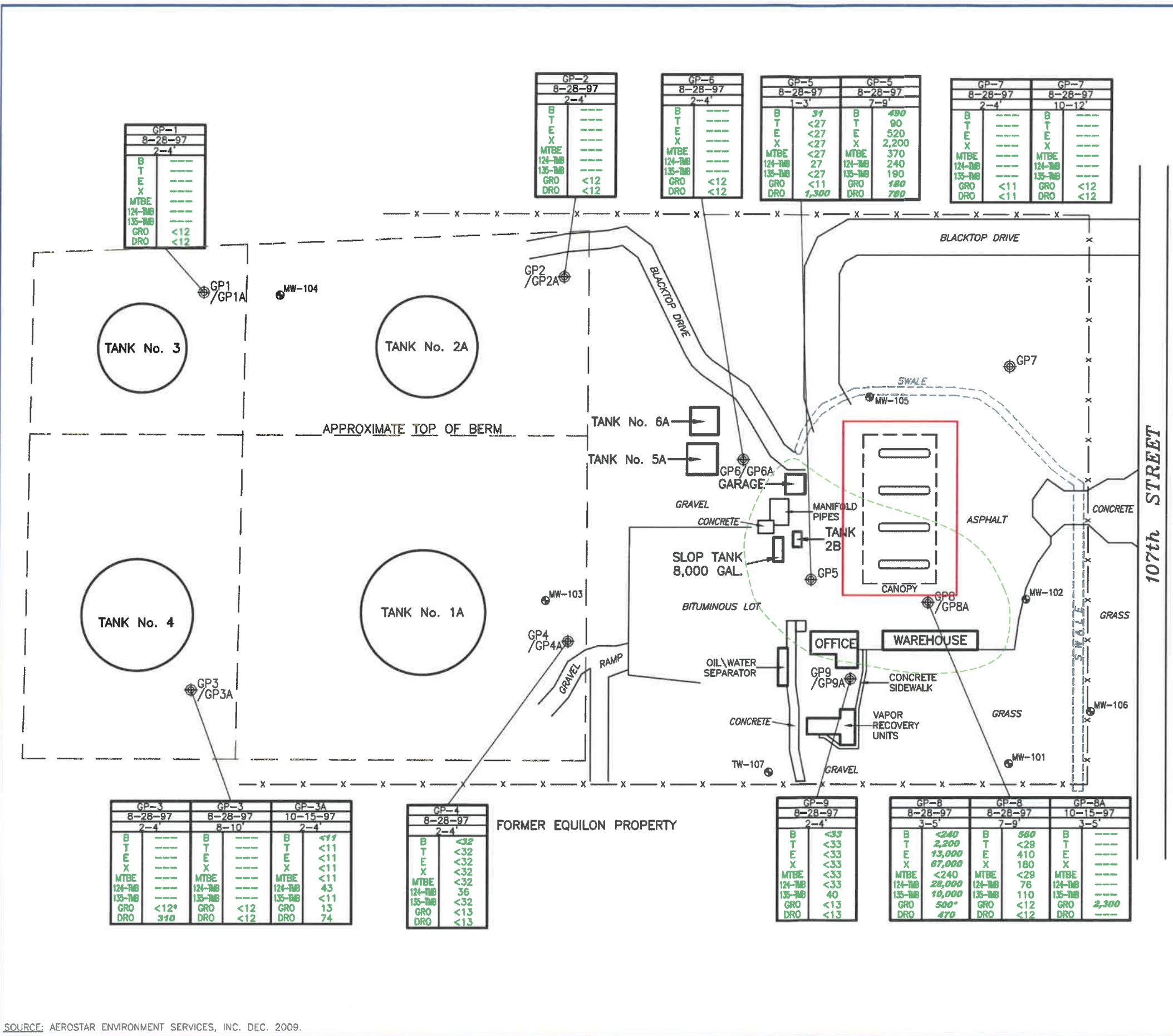
Location Maps

Soil and groundwater residual contamination maps are provided as **Figure B.2.b** and **Figure B.3.b**, respectively. The asphalt/concrete barrier detailed in this maintenance plan is illustrated on **Figure D.2**. The structural impediment is illustrated on **Figure D.2**.

Continuing Obligations Inspection and Maintenance Log

The source property will utilize form 4400-305 as provided by the WDNR. A copy of the 4400-305 form is provided in **D.4**.

*AV 9/27*



**LEGEND**

- DISPENSER ISLAND
- CHAIN LINK FENCE
- MONITORING WELL
- SOIL BORING

**SAMPLE IDENTIFICATION**

GP-1  
8-28-97  
2-4'

B T E X  
MTBE  
124-TMB  
135-TMB  
GRO  
DRO

ug/kg  
mg/kg  
MTBE  
GRO  
DRO  
NOT TESTED  
<#  
\*  
SOIL IMPACT ABOVE SOIL TO GROUNDWATER PATHWAY  
**BOLD**  
EXCEED NR 720 GENERIC RESIDUAL CONTAMINANT LEVELS  
STRUCTURAL IMPEDIMENT

**NOTE:**  
NO SOIL EXCEEDS INDUSTRIAL DIRECT CONTACT RCLS FOR AREA INVESTIGATED

DRAFTED BY: W.G.S. SOIL RESIDUAL CONTAMINATION MAP

CHECKED BY: CITGO PETROLEUM CORPORATION  
FORMER PDVMR MILWAUKEE TERMINAL  
9521 N 107th STREET  
MILWAUKEE, WISCONSIN

REVIEWED BY: Groundwater & Environmental Services, Inc.  
1050 CORPORATE BOULEVARD, SUITE C, AURORA, IL 60505

NORTH

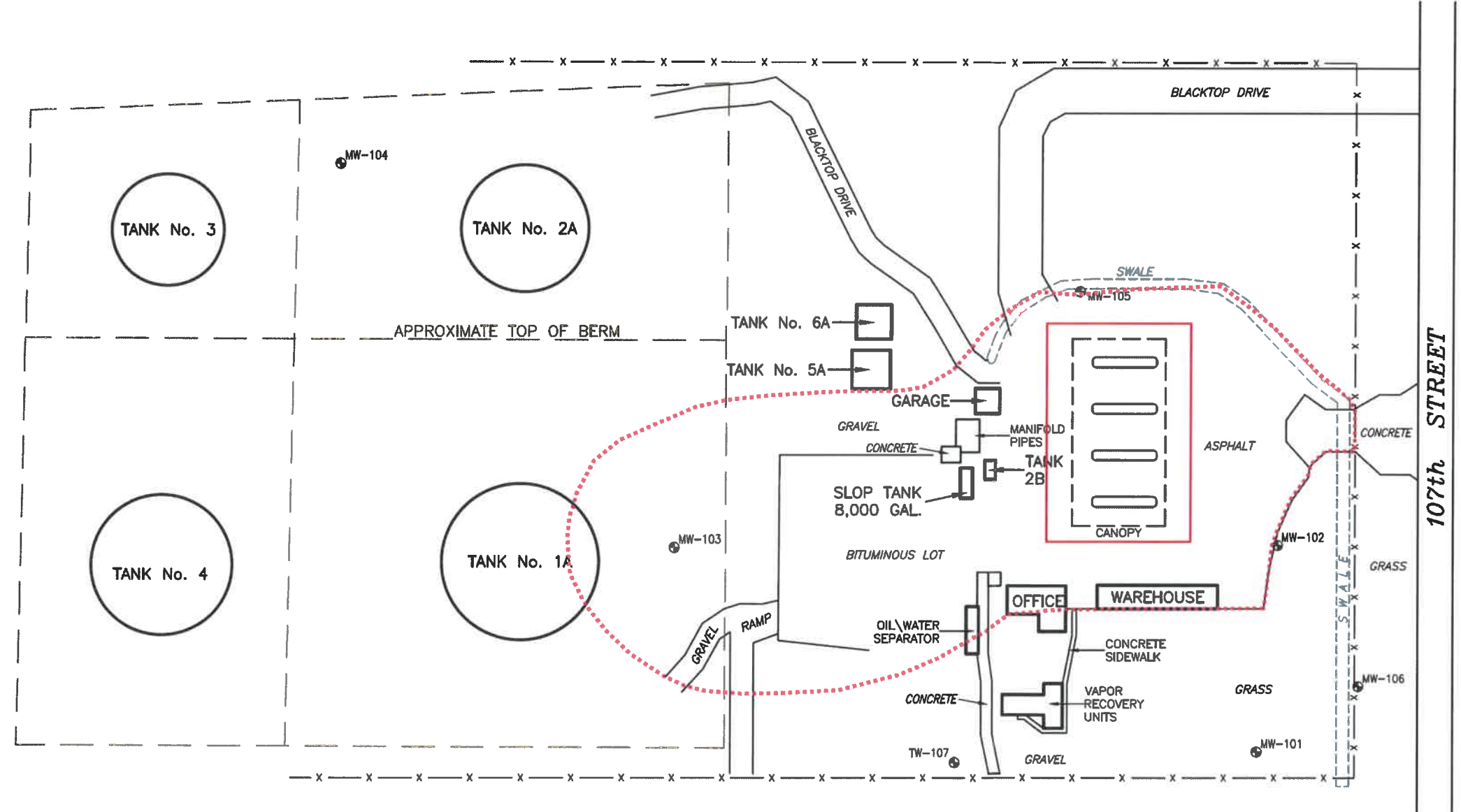
SCALE IN FEET (APPROXIMATE) DATE FIGURE  
0 100 5-26-17 B.2.b

Aug/07



**LEGEND**

- DISPENSER ISLAND
- CHAIN LINK FENCE
- MONITORING WELL
- STRUCTURAL IMPEDIMENT
- Area Covered By Engineered Barrier For Continuing Obligations



107th STREET

DRAFTED BY: W.A.W. (N.J.)	<b>SITE MAP- IMPEDIMENT</b>		
CHECKED BY:	<b>CITGO PETROLEUM CORPORATION FORMER PDVMR MILWAUKEE TERMINAL 9521 N 107th STREET MILWAUKEE, WISCONSIN</b>		
REVIEWED BY:	Groundwater & Environmental Services, Inc. 1050 CORPORATE BOULEVARD, SUITE C, AURORA, IL 60505		
NORTH 	SCALE IN FEET (APPROXIMATE)	DATE	FIGURE
		11-6-15	D.2

SOURCE: AEROSTAR ENVIRONMENT SERVICES, INC. DEC. 2009.

AUG 12 2015

# Attachment B

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# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

**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 <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>MW-101</b>		Hicap #		Facility Name <b>Uno-Ven</b>	
Latitude / Longitude (see instructions) <b>43.190328</b> N		Format Code <input checked="" type="checkbox"/> DD		Method Code <input type="checkbox"/> GPS008		Facility ID (FID or PWS) <b>241017700</b>	
<b>88.044325</b> W		<input type="checkbox"/> DDM		<input checked="" type="checkbox"/> SCR002		License/Permit/Monitoring #	
<input type="checkbox"/> OTH001		Section <b>6</b>		Township <b>8 N</b>		Range <input checked="" type="checkbox"/> E	
Original Well Owner <b>CITGO Petroleum Corporation</b>		Present Well Owner <b>CITGO Petroleum Corporation</b>		Mailing Address of Present Owner <b>2316 Terminal Drive</b>		City of Present Owner <b>Arlington Heights</b>	
Well Street Address <b>9401 N 107th Street (Formerly 9521 N 107th Street)</b>		Well ZIP Code <b>53224</b>		State <b>IL</b>		ZIP Code <b>60005</b>	
Well City, Village or Town <b>Milwaukee</b>		Subdivision Name		Lot #			

**3. Filled & Sealed Well / Drillhole / Borehole Information**      **4. Pump, Liner, Screen, Casing & Sealing Material**

Reason for Removal from Service <b>DNR Case Closure</b>		WI Unique Well # of Replacement Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>05/12/2003</b>		Liner(s) removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.		Liner(s) perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <b>17.5</b>		Casing Diameter (in.) <b>2</b>		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <b>8</b>		Casing Depth (ft.) <b>17.5</b>		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		Depth to Water (feet) <b>8.58</b>		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)?				Required Method of Placing Sealing Material	
				<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
				<input checked="" 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	
				For Monitoring Wells and Monitoring Well Boreholes Only:	
				<input checked="" 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
<b>Bentonite Chips</b>		Surface	<b>17.5</b>	<b>0.75</b>	

**6. Comments**

<b>7. Supervision of Work</b>			<b>DNR Use Only</b>		
Name of Person or Firm Doing Filling & Sealing <b>Groundwater &amp; Environmental Services, Inc.</b>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>08/17/2018</b>	Date Received	Noted By
Street or Route <b>1050 Corporate Boulevard, Suite C</b>		Telephone Number <b>( 866 ) 455-2419</b>		Comments	
City <b>Aurora</b>	State <b>IL</b>	ZIP Code <b>60505</b>	Signature of Person Doing Work <i>Amber Verbruggen</i>	Date Signed <b>9-20-2018</b>	

**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 <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>MW-102</b>		Hicap #		Facility Name <b>Uno-Ven</b>	
Latitude / Longitude (see instructions) <b>43.190692</b> N		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <b>241017700</b>	
<b>88.044225</b> W		Section <b>6</b>		Township <b>8 N</b>		License/Permit/Monitoring #	
¼ / ¼ <b>NE / NE</b> ¼ <b>NE</b> or Gov't Lot #		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner <b>CITGO Petroleum Corporation</b>		Present Well Owner <b>CITGO Petroleum Corporation</b>	
Well Street Address <b>9401 N 107th Street (Formerly 9521 N 107th Street)</b>				Mailing Address of Present Owner <b>2316 Terminal Drive</b>			
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53224</b>			
Subdivision Name				Lot #		City of Present Owner <b>Arlington Heights</b>	
Reason for Removal from Service <b>DNR Case Closure</b>				WI Unique Well # of Replacement Well			
State <b>IL</b>				ZIP Code <b>60005</b>			

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		Liner(s) removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Original Construction Date (mm/dd/yyyy) <b>05/12/2003</b>		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
If a Well Construction Report is available, please attach.		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type:		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type:		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) <b>11</b>		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Casing Diameter (in.) <b>2</b>		Required Method of Placing Sealing Material			
Lower Drillhole Diameter (in.) <b>8</b>		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
Casing Depth (ft.) <b>11</b>		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		Sealing Materials			
If yes, to what depth (feet)?		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
Depth to Water (feet) <b>2.78</b>		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
		For Monitoring Wells and Monitoring Well Boreholes Only:			
		<input checked="" 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.)	
<b>Surface</b>		<b>11</b>	
No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight	
<b>0.75</b>			

**6. Comments**

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Groundwater &amp; Environmental Services, Inc.</b>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>08/17/2018</b>	Date Received	Noted By
Street or Route <b>1050 Corporate Boulevard, Suite C</b>		Telephone Number <b>( 866 ) 455-2419</b>		Comments	
City <b>Aurora</b>	State <b>IL</b>	ZIP Code <b>60505</b>	Signature of Person Doing Work <i>Amber Vestida</i>	Date Signed <b>9-20-2018</b>	

**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.

<input type="checkbox"/> <b>Verification Only of Fill and Seal</b>	<b>Route to DNR Bureau:</b>		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information	2. Facility / Owner Information
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County <b>Milwaukee</b>	WI Unique Well # of Removed Well <b>MW-103</b>	Hicap #	Facility Name <b>Uno-Ven</b>		
Latitude / Longitude (see instructions) <b>43.190828</b> N		Format Code <input type="checkbox"/> DD	Facility ID (FID or PWS) <b>241017700</b>		
<b>88.045875</b> W		<input type="checkbox"/> DDM	License/Permit/Monitoring #		
¼ / ¼ <b>NE / NE</b> ¼ <b>NE</b>		Section <b>6</b>	Township <b>8 N</b>	Range <b>21</b>	Original Well Owner <b>CITGO Petroleum Corporation</b>
or Gov't Lot #				<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Present Well Owner <b>CITGO Petroleum Corporation</b>
Well Street Address <b>9401 N 107th Street (Formerly 9521 N 107th Street)</b>					
Well City, Village or Town <b>Milwaukee</b>			Well ZIP Code <b>53224</b>		
Subdivision Name			Lot #		Mailing Address of Present Owner <b>2316 Terminal Drive</b>
					City of Present Owner <b>Arlington Heights</b>
					State <b>IL</b>
					ZIP Code <b>60005</b>

Reason for Removal from Service	WI Unique Well # of Replacement Well	4. Pump, Liner, Screen, Casing & Sealing Material
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<b>DNR Case Closure</b>		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Liner(s) removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Liner(s) perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Filled & Sealed Well / Drillhole / Borehole Information <input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
Original Construction Date (mm/dd/yyyy) <b>07/15/2003</b> If a Well Construction Report is available, please attach.		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		

Total Well Depth From Ground Surface (ft.) <b>17</b>	Casing Diameter (in.) <b>2</b>	Lower Drillhole Diameter (in.) <b>8</b>	Casing Depth (ft.) <b>17</b>
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		If yes, to what depth (feet)? Depth to Water (feet) <b>5.82</b>	

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>Bentonite Chips</b>	Surface	<b>17</b>	<b>0.75</b>	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <b>Groundwater &amp; Environmental Services, Inc.</b>			License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>08/17/2018</b>		<b>DNR Use Only</b>	
							Date Received	Noted By
Street or Route <b>1050 Corporate Boulevard, Suite C</b>				Telephone Number <b>( 866 ) 455-2419</b>		Comments		
City <b>Aurora</b>			State <b>IL</b>		ZIP Code <b>60505</b>		Signature of Person Doing Work <i>Amber Verbit</i>	
							Date Signed <b>9-20-2018</b>	

# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

**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 <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>MW-104</b>		Hicap #		Facility Name <b>Uno-Ven</b>	
Latitude / Longitude (see instructions) <b>43.191461</b> N		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <b>241017700</b>	
<b>88.046653</b> W		Section <b>6</b>		Township <b>8 N</b>		License/Permit/Monitoring #	
1/4 1/4 <b>NW / NE</b> 1/4 <b>NE</b> or Gov't Lot #		Range <b>21</b> <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner <b>CITGO Petroleum Corporation</b>			
Well Street Address <b>9401 N 107th Street (Formerly 9521 N 107th Street)</b>				Present Well Owner <b>CITGO Petroleum Corporation</b>			
Well City, Village or Town <b>Milwaukee</b>				Mailing Address of Present Owner <b>2316 Terminal Drive</b>			
Subdivision Name				Well ZIP Code <b>53224</b>		City of Present Owner <b>Arlington Heights</b>	
Reason for Removal from Service <b>DNR Case Closure</b>				Lot #		State <b>IL</b>	ZIP Code <b>60005</b>

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		Liner(s) removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Original Construction Date (mm/dd/yyyy) <b>05/12/2003</b>		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
If a Well Construction Report is available, please attach.		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) <b>18.5</b>		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Casing Diameter (in.) <b>2</b>		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) <b>8</b>		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Casing Depth (ft.) <b>18.5</b>		Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
If yes, to what depth (feet)?		For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Depth to Water (feet) <b>5.19</b>					

5. Material Used to Fill Well / Drillhole					
Bentonite Chips		From (ft.) <b>Surface</b>	To (ft.) <b>18.5</b>	No. Yards, Sacks Sealant or Volume (circle one) <b>0.75</b>	Mix Ratio or Mud Weight

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Groundwater &amp; Environmental Services, Inc.</b>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>08/17/2018</b>	Date Received	Noted By
Street or Route <b>1050 Corporate Boulevard, Suite C</b>			Telephone Number <b>( 866 ) 455-2419</b>	Comments	
City <b>Aurora</b>	State <b>IL</b>	ZIP Code <b>60505</b>	Signature of Person Doing Work <i>Amber Vestia</i>	Date Signed <b>9-20-2018</b>	

# Well / Drillhole / Borehole Filling & Sealing Report

Form 3300-005 (R 4/2015)

**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.

<input type="checkbox"/> <b>Verification Only of Fill and Seal</b>	<b>Route to DNR Bureau:</b>		
	<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Watershed/Wastewater	<input checked="" type="checkbox"/> Remediation/Redevelopment
	<input type="checkbox"/> Waste Management	<input type="checkbox"/> Other: _____	

1. Well Location Information				2. Facility / Owner Information			
County <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>MW-105</b>		Hicap #		Facility Name <b>Uno-Ven</b>	
Latitude / Longitude (see instructions) <b>43.190928</b> N		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input checked="" type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS) <b>241017700</b>	
<b>88.045228</b> W		Section <b>6</b>		Township <b>8 N</b>		License/Permit/Monitoring #	
1/4 / 1/4 <b>NE / NE</b> 1/4 <b>NE</b>		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner <b>CITGO Petroleum Corporation</b>		Present Well Owner <b>CITGO Petroleum Corporation</b>	
or Gov't Lot #		Well Street Address <b>9401 N 107th Street (Formerly 9521 N 107th Street)</b>		Mailing Address of Present Owner <b>2316 Terminal Drive</b>		City of Present Owner <b>Arlington Heights</b>	
Well City, Village or Town <b>Milwaukee</b>		Well ZIP Code <b>53224</b>		State <b>IL</b>		ZIP Code <b>60005</b>	
Subdivision Name		Lot #					

Reason for Removal from Service <b>DNR Case Closure</b>		WI Unique Well # of Replacement Well	
3. Filled & Sealed Well / Drillhole / Borehole Information			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <b>06/29/2004</b>	
<input type="checkbox"/> Water Well		If a Well Construction Report is available, please attach.	
<input type="checkbox"/> Borehole / Drillhole			
Construction Type:			
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)	
<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Dug	
Formation Type:			
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock	

Total Well Depth From Ground Surface (ft.) <b>16</b>		Casing Diameter (in.) <b>2</b>	
Lower Drillhole Diameter (in.) <b>8</b>		Casing Depth (ft.) <b>16</b>	
Was well annular space grouted?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
If yes, to what depth (feet)?		Depth to Water (feet) <b>3.90</b>	

4. Pump, Liner, Screen, Casing & Sealing Material				
Pump and piping removed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
Liner(s) removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
Liner(s) perforated?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
Screen removed?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
If bentonite chips were used, were they hydrated with water from a known safe source?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Required Method of Placing Sealing Material				
<input type="checkbox"/> Conductor Pipe-Gravty		<input type="checkbox"/> Conductor Pipe-Pumped		
<input checked="" 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		
For Monitoring Wells and Monitoring Well Boreholes Only:				
<input checked="" 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				
<b>Bentonite Chips</b>	From (ft.) <b>Surface</b>	To (ft.) <b>16</b>	No. Yards, Sacks Sealant or Volume (circle one) <b>0.75</b>	Mix Ratio or Mud Weight

6. Comments			
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7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <b>Groundwater &amp; Environmental Services, Inc.</b>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>08/17/2018</b>	Date Received	Noted By
Street or Route <b>1050 Corporate Boulevard, Suite C</b>			Telephone Number <b>( 866 ) 455-2419</b>	Comments	
City <b>Aurora</b>	State <b>IL</b>	ZIP Code <b>60505</b>	Signature of Person Doing Work <i>Amber Cestiva</i>	Date Signed <b>9-20-2018</b>	

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 <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>MW-106</b>	Hicap #	Facility Name <b>Uno-Ven</b>
Latitude / Longitude (see instructions) <b>43.190439</b> N		Format Code <input type="checkbox"/> DD	Method Code <input type="checkbox"/> GPS008	Facility ID (FID or PWS) <b>241017700</b>
<b>88.044031</b> W		<input type="checkbox"/> DDM	<input checked="" type="checkbox"/> SCR002	License/Permit/Monitoring #
1/4 NE / NE 1/4 NE		Section <b>6</b>	Township <b>8 N</b>	Range <input checked="" type="checkbox"/> E
or Gov't Lot #		Range <b>21</b>		<input type="checkbox"/> W
Well Street Address <b>9401 N 107th Street (Formerly 9521 N 107th Street)</b>				Original Well Owner <b>CITGO Petroleum Corporation</b>
Well City, Village or Town <b>Milwaukee</b>				Well ZIP Code <b>53224</b>
Subdivision Name				Lot #
Reason for Removal from Service <b>DNR Case Closure</b>				WI Unique Well # of Replacement Well

**3. Filled & Sealed Well / Drillhole / Borehole Information**      **4. Pump, Liner, Screen, Casing & Sealing Material**

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>06/29/2004</b>	Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	Liner(s) removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) <b>15.5</b>	Casing Diameter (in.) <b>2</b>	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) <b>8</b>	Casing Depth (ft.) <b>15.5</b>	Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Depth to Water (feet) <b>7.01</b>	Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
If yes, to what depth (feet)?		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
5. Material Used to Fill Well / Drillhole <b>Bentonite Chips</b>		If bentonite chips were used, were they hydrated with water from a known safe source? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	<b>15.5</b>	<b>0.75</b>	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <b>Groundwater &amp; Environmental Services, Inc.</b>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>08/17/2018</b>	<b>DNR Use Only</b>	
Street or Route <b>1050 Corporate Boulevard, Suite C</b>		Telephone Number <b>( 866 ) 455-2419</b>	Date Received	Noted By
City <b>Aurora</b>	State <b>IL</b>	ZIP Code <b>60505</b>	Comments	
Signature of Person Doing Work <i>Amyler Vestal</i>			Date Signed <b>9-20-2018</b>	



**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 <b>Milwaukee</b>		WI Unique Well # of Removed Well <b>TW-107</b>	Hicap #	Facility Name <b>Uno-Ven</b>	
Latitude / Longitude (see instructions) <b>43.190311</b> N		Format Code <input type="checkbox"/> DD	Method Code <input type="checkbox"/> GPS008	Facility ID (FID or PWS) <b>241017700</b>	
<b>88.045106</b> W		<input type="checkbox"/> DDM	<input checked="" type="checkbox"/> SCR002	License/Permit/Monitoring #	
1/4 1/4 <b>NE / NE</b> 1/4 <b>NE</b>		Section <b>6</b>	Township <b>8 N</b>	Range <b>21</b>	<input checked="" type="checkbox"/> E
or Gov't Lot #					<input type="checkbox"/> W
Well Street Address <b>9401 N 107th Street (Formerly 9521 N 107th Street)</b>			Original Well Owner <b>CITGO Petroleum Corporation</b>		
Well City, Village or Town <b>Milwaukee</b>			Present Well Owner <b>CITGO Petroleum Corporation</b>		
Subdivision Name			Well ZIP Code <b>53224</b>		
Well Street Address			Mailing Address of Present Owner <b>2316 Terminal Drive</b>		
Subdivision Name			City of Present Owner <b>Arlington Heights</b>		State <b>IL</b>
					ZIP Code <b>60005</b>

**3. Filled & Sealed Well / Drillhole / Borehole Information**      **4. Pump, Liner, Screen, Casing & Sealing Material**

Reason for Removal from Service <b>DNR Case Closure</b>	WI Unique Well # of Replacement Well	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <b>06/29/2004</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type:		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
<input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
<input type="checkbox"/> Other (specify): _____		<b>For Monitoring Wells and Monitoring Well Boreholes Only:</b> <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Formation Type:		<input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) <b>15</b>	Casing Diameter (in.) <b>2</b>	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
Lower Drillhole Diameter (in.) <b>8</b>	Casing Depth (ft.) <b>15</b>	<b>For Monitoring Wells and Monitoring Well Boreholes Only:</b> <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	Depth to Water (feet) <b>3.21</b>	<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			

5. Material Used to Fill Well / Drillhole		From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<b>Bentonite Chips</b>		Surface	<b>15</b>	<b>0.75</b>	

**6. Comments**

**7. Supervision of Work**

Name of Person or Firm Doing Filling & Sealing <b>Groundwater &amp; Environmental Services, Inc.</b>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <b>08/17/2018</b>	<b>DNR Use Only</b>	
Street or Route <b>1050 Corporate Boulevard, Suite C</b>		Telephone Number <b>( 866 ) 455-2419</b>	Comments	Date Received	Noted By
City <b>Aurora</b>	State <b>IL</b>	ZIP Code <b>60505</b>	Signature of Person Doing Work <i>Andrew W...</i>	Date Signed <b>9-20-2018</b>	