

From: Bruce D. Meissner <bmeissner@releeinc.com>
Sent: Thursday, August 12, 2021 11:16 AM
To: McKnight, Kevin - DNR
Subject: Panzen Transfer
Attachments: Panzen Transfer Co. (former) Well Abandonment Forms.pdf

Hi Kevin

My guys were able to locate all 11 wells at the Panzen Transfer site and abandon them. I've attached the abandonment forms.

Let me know if you'd like a hard copy mailed.

Take care,

Bruce



Bruce D. Meissner, P.G., V.P.
Environmental Compliance Manager
Robert E. Lee & Associates, Inc.

1250 Centennial Centre Boulevard, Hobart WI 54155
O: 920-662-9641 F: 920-662-9141 M: 920-606-9048
bmeissner@releeinc.com www.releeinc.com

MW-1

Well / Drillhole / Borehole Filling & Sealing

Form 3300-005 (R 4/08)

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

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County WINNEBAGO	WI Unique Well # of Removed Well MW1	Hicap #	Facility Name Panzen Transfer Co (Former)							
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)	Facility ID (FID or PWS) 0371120368							
<table border="1"> <tr> <td>1/4 NW</td> <td>1/4 SE</td> <td>Section 36</td> <td>Township 18 N</td> <td>Range 14</td> <td><input checked="" type="checkbox"/> E</td> <td><input type="checkbox"/> W</td> </tr> </table>		1/4 NW	1/4 SE	Section 36	Township 18 N	Range 14	<input checked="" type="checkbox"/> E	<input type="checkbox"/> W		License/Permit/Monitoring #
1/4 NW	1/4 SE	Section 36	Township 18 N	Range 14	<input checked="" type="checkbox"/> E	<input type="checkbox"/> W				
Well Street Address 2655 STH 116			Original Well Owner							
Well City, Village or Town Town of Rushford			Present Well Owner							
Well ZIP Code 54980-			Mailing Address of Present Owner							
Subdivision Name			City of Present Owner State ZIP Code							

Reason For Removal From Service: **Site Closure** WI Unique Well # of Replacement Well: _____

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

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)	Pump and piping removed?	<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.	Liner(s) removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Screen removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	Was casing cut off below surface?
<input type="checkbox"/> Other (specify): _____			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Formation Type:		Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Unconsolidated Formation	<input type="checkbox"/> Bedrock	Did material settle after 24 hours?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 13.5	Casing Diameter (in.) 2.38	If yes, was hole retopped?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.)	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
Was well annular space grouted?	[] Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Required Method of Placing Sealing Material	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
If yes, to what depth (feet)?	Depth to Water (feet) 6.48	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)	<input type="checkbox"/> Other (Explain): _____

Sealing Materials		
<input type="checkbox"/> Neat Cement Grout	<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
<input type="checkbox"/> Sand-Cement (Concrete) Grout	<input type="checkbox"/> Bentonite-Sand Slurry "	
<input type="checkbox"/> Concrete	<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 checked="" type="checkbox"/> Granular Bentonite	<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet
Topsoil	Surface	0.5	0.01
Granular Bentonite	0.5	1.5	0.02
3/8" Hole Plug	1.5	13.5	0.26

6. Comments
MW-1

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Robert E. Lee & Associates, Inc.	License #	Date of Filling & Sealing (mm/dd/yyyy) 8/10/2021	Date Received	Noted By
Street or Route 1250 Centennial Centre Blvd		Telephone Number (920) 662-9641	Comments	
City Hobart	State WI	ZIP Code 54155-	Signature of Person Doing Work	Date Signed 8-11-21

MW-2

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

Drinking Water Watershed/Wastewater Remediation/Redevelopment

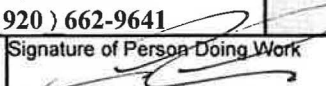
Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County WINNEBAGO		WI Unique Well # of Removed Well ____ MW2__		Facility Name Panzen Transfer Co (Former)		Facility ID (FID or PWS) 0371120368	
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner	
____ 'N		____		____		Present Well Owner	
____ 'W		____		____		Mailing Address of Present Owner	
1/4 NW	1/4 SE	Section 36	Township 18 N	Range 14	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	City of Present Owner State ZIP Code	
or Gov't Lot #		Well Street Address 2655 STH 116		Well City, Village or Town Town of Rushford		Well ZIP Code 54980-	
Subdivision Name		Well Street Address		Well City, Village or Town		Well ZIP Code	
Reason For Removal From Service		WI Unique Well # of Replacement Well		City of Present Owner		State ZIP Code	
Site Closure		____		____		____	

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy)		Pump and piping removed?		<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.		Liner(s) removed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		____		Screen removed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:		____		Casing left in place?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug		Was casing cut off below surface?	
<input type="checkbox"/> Other (specify): _____		____		____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Formation Type:		____		Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		Did material settle after 24 hours?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.)		Casing Diameter (in.)		If yes, was hole relapped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
13.5		2.38		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	
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		Required Method of Placing Sealing Material		____	
8		____		<input type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
Was well annular space grouted?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Other (Explain): _____	
If yes, to what depth (feet)?		Depth to Water (feet)		Sealing Materials		____	
____		____		<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
____		____		<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
____		____		<input type="checkbox"/> Concrete		<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 checked="" type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole			
	From (ft.)	To (ft.)	Cubic Feet
Topsoil	Surface	0.5	0.01
Granular Bentonite	0.5	1.5	0.02
3/8" Hole Plug	1.5	13.5	0.26

6. Comments
MW-2

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Robert E. Lee & Associates, Inc.		License #	Date of Filling & Sealing (mm/dd/yyyy) 8/10/2021	Date Received	Noted By
Street or Route 1250 Centennial Centre Blvd		Telephone Number (920) 662-9641		Comments	
City Hobart	State WI	ZIP Code 54155-	Signature of Person Doing Work 		Date Signed 8-11-21

MW-3

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

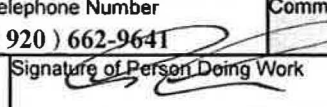
Route to:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County WINNEBAGO		WI Unique Well # of Removed Well MW3		Hicap #		Facility Name Panzen Transfer Co (Former)	
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)		Facility ID (FID or PWS) 0371120368		License/Permit/Monitoring #	
_____ 'N		_____		Original Well Owner		_____	
_____ 'W		_____		Present Well Owner		_____	
1/4 NW	1/4 SE	Section 36	Township 18 N	Range 14	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Mailing Address of Present Owner	
or Gov't Lot #		Well Street Address 2655 STH 116		Well City, Village or Town Town of Rushford		Well ZIP Code 54980-	
Subdivision Name		Lot #		City of Present Owner		State	ZIP Code

Reason For Removal From Service Site Closure		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material				
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy)		Pump and piping removed?		<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.		Liner(s) removed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Construction Type:		Screen removed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		Casing left in place?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Formation Type:		Was casing cut off below surface?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
<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.) 13.5		Casing Diameter (in.) 2.38		Did material settle after 24 hours?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.)		If yes, was hole relapped?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was well annular space grouted?		[] Yes		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)?		Depth to Water (feet) 5.73		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"/> Clay-Sand Slurry (11 lb./gal. wt.)		
_____		_____		<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "		
_____		_____		<input type="checkbox"/> Concrete		<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 checked="" type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry		

5. Material Used To Fill Well / Drillhole			From (ft.)	To (ft.)	Cubic Feet
Topsoil	Surface	0.5	0.01		
Granular Bentonite	0.5	1.5	0.02		
3/8" Hole Plug	1.5	13.5	0.26		

6. Comments
MW-3

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Robert E. Lee & Associates, Inc.		License #	Date of Filling & Sealing (mm/dd/yyyy) 8/10/2021	Date Received	Noted By
Street or Route 1250 Centennial Centre Blvd		Telephone Number (920) 662-9641		Comments	
City Hobart	State WI	ZIP Code 54155-	Signature of Person Doing Work 		Date Signed 8-11-21

MW-4

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Verification Only of Fill and Seal

Route to:

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County WINNEBAGO		WI Unique Well # of Removed Well MW4		Hicap #		Facility Name Panzen Transfer Co (Former)	
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)		Facility ID (FID or PWS) 0371120368		License/Permit/Monitoring #	
1/4 NW 1/4 SE		Section 36	Township 18 N	Range 14	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	Original Well Owner	
Well Street Address 2655 STH 116				Present Well Owner			
Well City, Village or Town Town of Rushford				Mailing Address of Present Owner			
Subdivision Name				City of Present Owner		State	ZIP Code

Reason For Removal From Service Site Closure		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material									
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy)		Pump and piping removed?		<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.		Liner(s) removed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A					
<input type="checkbox"/> Borehole / Drillhole				Screen removed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A					
Construction Type:				Casing left in place?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A					
<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 type="checkbox"/> Other (specify): _____		Formation Type:		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> N/A	Did sealing material rise to surface?					
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> N/A	Did material settle after 24 hours?					
Total Well Depth From Ground Surface (ft.) 13.5		Casing Diameter (in.) 2.38		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	If yes, was hole retopped?					
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.)		<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?					
Was well annular space grouted?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> N/A		
If yes, to what depth (feet)?		Depth to Water (feet) 4.34		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): _____	
				<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)		<input type="checkbox"/> Sand-Cement (Concrete) Grout				<input type="checkbox"/> Bentonite-Sand Slurry " "	
				<input type="checkbox"/> Concrete		<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 checked="" type="checkbox"/> Granular Bentonite				<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole				From (ft.)	To (ft.)	Cubic Feet
Topsoil				Surface	0.5	0.01
Granular Bentonite				0.5	1.5	0.02
3/8" Hole Plug				1.5	13.5	0.26

6. Comments
MW-4

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Robert E. Lee & Associates, Inc.		License #	Date of Filling & Sealing (mm/dd/yyyy) 8/10/2021	Date Received	Noted By
Street or Route 1250 Centennial Centre Blvd		Telephone Number (920) 662-9641		Comments	
City Hobart	State WI	ZIP Code 54155-	Signature of Person Doing Work 		Date Signed 8-11-21

MW-5

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County WINNEBAGO		WI Unique Well # of Removed Well MW5		Facility Name Panzen Transfer Co (Former)		Facility ID (FID or PWS) 0371120368	
Latitude / Longitude (Degrees and Minutes) _____ 'N _____ 'W		Method Code (see instructions) _____		License/Permit/Monitoring # _____		Original Well Owner _____	
1/4 NW or Gov't Lot #		Section 36		Township 18 N		Range 14 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 2655 STH 116				Present Well Owner _____			
Well City, Village or Town Town of Rushford				Well ZIP Code 54980-			
Subdivision Name				City of Present Owner		State ZIP Code	

Reason For Removal From Service Site Closure		WI Unique Well # of Replacement Well _____		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) _____		Pump and piping removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Liner(s) removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
3. Well / Drillhole / Borehole Information		If a Well Construction Report is available, please attach.		Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Casing left in place? <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 <input type="checkbox"/> Other (specify): _____				Was casing cut off below surface? <input type="checkbox"/> Yes <input checked="" 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	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				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	
Total Well Depth From Ground Surface (ft.) 13.5		Casing Diameter (in.) 2.38		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-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.) _____		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.) <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " " <input type="checkbox"/> Concrete <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 checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 6.50					

5. Material Used To Fill Well / Drillhole			
Material	From (ft.)	To (ft.)	Cubic Feet
Topsoil	Surface	0.5	0.01
Granular Bentonite	0.5	1.5	0.02
3/8" Hole Plug	1.5	13.5	0.26

6. Comments
MW-5

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Robert E. Lee & Associates, Inc.		License #	Date of Filling & Sealing (mm/dd/yyyy) 8/10/2021	Date Received	Noted By
Street or Route 1250 Centennial Centre Blvd			Telephone Number (920) 662-9641	Comments	
City Hobart		State WI	ZIP Code 54155-	Signature of Person Doing Work 	Date Signed 8-11-21

MW-6

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

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

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

County WINNEBAGO	WI Unique Well # of Removed Well MW6	Map #	Facility Name Panzen Transfer Co (Former)
Latitude / Longitude (Degrees and Minutes)	Method Code (see instructions)		Facility ID (FID or PWS) 0371120368
1/4 NW 1/4 SE	Section 36	Township 18 N	Range 14 E
or Gov't Lot #			
Well Street Address 2655 STH 116	Well ZIP Code 54980-		
Well City, Village or Town Town of Rushford	City of Present Owner		
Subdivision Name	Lot #	State	ZIP Code

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

Reason For Removal From Service Site Closure	WI Unique Well # of Replacement Well	Pump and piping removed? <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)	Liner(s) 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.	Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		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		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		Did sealing material rise to 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 material settle after 24 hours? 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.) 13.5	Casing Diameter (in.) 2.38	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
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.)	Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 9.52	<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____
If yes, to what depth (feet)?		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "
		<input type="checkbox"/> Concrete <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 checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet
Topsoil	Surface	0.5	0.01
Granular Bentonite	0.5	1.5	0.02
3/8" Hole Plug	1.5	13.5	0.26

6. Comments
MW-6

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Robert E. Lee & Associates, Inc.	License #	Date of Filling & Sealing (mm/dd/yyyy) 8/10/2021	Date Received	Noted By
Street or Route 1250 Centennial Centre Blvd	Telephone Number (920) 562-9641	Comments		
City Hobart	State WI	ZIP Code 54155-	Signature of Person Doing Work 	Date Signed 8-11-21

MW-7

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

Drinking Water Watershed/Wastewater Remediation/Redevelopment

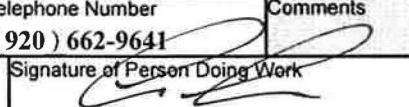
Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County WINNEBAGO		WI Unique Well # of Removed Well MW7		Facility Name Panzen Transfer Co (Former)		Facility ID (FID or PWS) 0371120368	
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner	
_____ 'N		_____		_____		Present Well Owner	
_____ 'W		_____		_____		Mailing Address of Present Owner	
1/4 NW	1/4 SE	Section 36	Township 18 N	Range 14	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	City of Present Owner State ZIP Code	
or Gov't Lot #		Well Street Address 2655 STH 116		Well City, Village or Town Town of Rushford		Well ZIP Code 54980-	
Subdivision Name		Lot #		Reason For Removal From Service		WI Unique Well # of Replacement Well	
_____		_____		Site Closure		_____	

3. Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy)		Pump and piping removed?		<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.		Liner(s) removed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		_____		Screen removed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:		_____		Casing left in place?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		Was casing cut off below surface?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____		_____		Did sealing material rise to 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 material settle after 24 hours?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.)		Casing Diameter (in.)		If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
13.5		2.38		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	
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		Required Method of Placing Sealing Material		_____	
8		_____		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		_____	
Was well annular space grouted?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Other (Explain): _____	
If yes, to what depth (feet)?		Depth to Water (feet)		Sealing Materials		_____	
2		10.01		<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
_____		_____		<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite-Sand Slurry " "	
_____		_____		<input type="checkbox"/> Concrete		<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 checked="" type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole			From (ft.)	To (ft.)	Cubic Feet
Topsoil	Surface	0.5	0.01		
Granular Bentonite	0.5	1.5	0.02		
3/8" Hole Plug	1.5	13.5	0.26		

6. Comments
MW-7

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Robert E. Lee & Associates, Inc.		License #	Date of Filling & Sealing (mm/dd/yyyy) 8/10/2021	Date Received	Noted By
Street or Route 1250 Centennial Centre Blvd		Telephone Number (920) 662-9641		Comments	
City Hobart	State WI	ZIP Code 54155-	Signature of Person Doing Work 		Date Signed 8-11-21

MW-8R

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County WINNEBAGO		WI Unique Well # of Removed Well MW8		Facility Name Panzen Transfer Co (Former)		Facility ID (FID or PWS) 0371120368	
Latitude / Longitude (Degrees and Minutes) ____ ' N ____ ' W		Method Code (see instructions) ____		License/Permit/Monitoring # 0371120368		Original Well Owner	
1/4 NW or Gov't Lot #		Section 36		Township 18 N		Range 14 <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address 2655 STH 116				Present Well Owner			
Well City, Village or Town Town of Rushford				Mailing Address of Present Owner			
Subdivision Name				City of Present Owner		State ZIP Code	

Reason For Removal From Service Site Closure		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy)		Pump and piping removed? <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.		Liner(s) removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole				Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Construction Type:				Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		<input type="checkbox"/> Dug		Was casing cut off below surface? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____						Did sealing material rise to 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 material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.)		Casing Diameter (in.)				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
13.5		2.38				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	
Lower Drillhole Diameter (in.)		Casing Depth (ft.)				Required Method of Placing Sealing Material	
8						<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet)				<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
If yes, to what depth (feet)?		7.42				Sealing Materials	
						<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
						<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "	
						<input type="checkbox"/> Concrete <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 checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole			From (ft.)	To (ft.)	Cubic Feet
Topsoil			Surface	0.5	0.01
Granular Bentonite			0.5	1.5	0.02
3/8" Hole Plug			1.5	13.5	0.26

6. Comments
MW-8R (MW-8 replacement)

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Robert E. Lee & Associates, Inc.		License #	Date of Filling & Sealing (mm/dd/yyyy) 8/10/2021	Date Received	Noted By
Street or Route 1250 Centennial Centre Blvd			Telephone Number (920) 662-9641	Comments	
City Hobart		State WI	ZIP Code 54155-	Signature of Person Doing Work 	Date Signed 8-11-21

MW-9

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

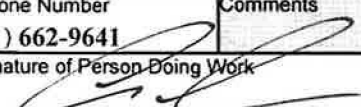
Route to:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information			2. Facility / Owner Information		
County WINNEBAGO	WI Unique Well # of Removed Well MW9	Hicap #	Facility Name Panzen Transfer Co (Former)		
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)	Facility ID (FID or PWS) 0371120368		
_____ 'N			License/Permit/Monitoring #		
_____ 'W			Original Well Owner		
1/4 NW	1/4 SE	Section 36	Township 18 N	Range 14	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address 2655 STH 116			Present Well Owner		
Well City, Village or Town Town of Rushford			Mailing Address of Present Owner		
Subdivision Name			City of Present Owner		State ZIP Code
Reason For Removal From Service Site Closure			WI Unique Well # of Replacement Well		

3. Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy)	Pump and piping removed?		<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.	Liner(s) removed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Borehole / Drillhole		Screen removed?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Construction Type:		Casing left in place?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven (Sandpoint)	<input type="checkbox"/> Dug	Was casing cut off below surface?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Other (specify): _____		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 relapped?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Total Well Depth From Ground Surface (ft.) 13.5	Casing Diameter (in.) 2.38	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
Lower Drillhole Diameter (in.) 8	Casing Depth (ft.)	Required Method of Placing Sealing Material			
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) 5.33	<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
If yes, to what depth (feet)?		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
5. Material Used To Fill Well / Drillhole		Sealing Materials			
Topsoil	From (ft.) Surface	To (ft.) 0.5	Cubic Feet 0.01		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)
Granular Bentonite	0.5	1.5	0.02		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "
3/8" Hole Plug	1.5	13.5	0.26		<input type="checkbox"/> Concrete <input type="checkbox"/> Bentonite Chips
6. Comments		For Monitoring Wells and Monitoring Well Boreholes Only:			
MW-9		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
		<input checked="" type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used To Fill Well / Drillhole	From (ft.)	To (ft.)	Cubic Feet
Topsoil	Surface	0.5	0.01
Granular Bentonite	0.5	1.5	0.02
3/8" Hole Plug	1.5	13.5	0.26

6. Comments
MW-9

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Robert E. Lee & Associates, Inc.	License #	Date of Filling & Sealing (mm/dd/yyyy) 8/10/2021	Date Received	Noted By
Street or Route 1250 Centennial Centre Blvd		Telephone Number (920) 662-9641	Comments	
City Hobart	State WI	ZIP Code 54155-	Signature of Person Doing Work 	Date Signed 8-11-21

PZ-IR

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County WINNEBAGO		WI Unique Well # of Removed Well PZIR		Facility Name Panzen Transfer Co (Former)		Facility ID (FID or PWS) 0371120368	
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner	
_____ 'N		_____		_____		Present Well Owner	
_____ 'W		_____		_____		Mailing Address of Present Owner	
1/4 NW	1/4 SE	Section 36	Township 18 N	Range 14	<input checked="" type="checkbox"/> E	City of Present Owner	
or Gov't Lot #				<input type="checkbox"/> W		State ZIP Code	
Well Street Address 2655 STH 116				Well ZIP Code 54980-			
Well City, Village or Town Town of Rushford				Subdivision Name			
Subdivision Name				Lot #			

Reason For Removal From Service Site Closure		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy)		Pump and piping removed?		<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.		Liner(s) removed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Screen removed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:				Casing left in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Drilled		<input type="checkbox"/> Driven (Sandpoint)		Was casing cut off below surface?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____				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.) 26		Casing Diameter (in.) 2.38		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	
Lower Drillhole Diameter (in.) 8		Casing Depth (ft.)		Required Method of Placing Sealing Material			
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) 12.57		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
If yes, to what depth (feet)?				<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			

5. Material Used To Fill Well / Drillhole			
Topsoil	From (ft.) Surface	To (ft.) 0.5	Cubic Feet 0.01
Granular Bentonite	0.5	1.5	0.02
3/8" Hole Plug	1.5	26	0.54

6. Comments
PZ-IR

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Robert E. Lee & Associates, Inc.		License #	Date of Filling & Sealing (mm/dd/yyyy) 8/10/2021	Date Received	Noted By
Street or Route 1250 Centennial Centre Blvd		Telephone Number (920) 662-9641		Comments	
City Hobart	State WI	ZIP Code 54155-	Signature of Person Doing Work 		Date Signed 8/11/2021

PZ-2

Notice: Completion of this report is required by chs. 160, 281, 283, 289, 291-293, 295, and 299, Wis. Stats., and ch. NR 141, 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:
 Drinking Water Watershed/Wastewater Remediation/Redevelopment
 Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County WINNEBAGO		WI Unique Well # of Removed Well PZ2		Facility Name Panzen Transfer Co (Former)		Facility ID (FID or PWS) 0371120368	
Latitude / Longitude (Degrees and Minutes)		Method Code (see instructions)		License/Permit/Monitoring #		Original Well Owner	
_____ 'N		_____		_____		Present Well Owner	
_____ 'W		_____		_____		Mailing Address of Present Owner	
1/4 NW	1/4 SE	Section 36	Township 18 N	Range 14	<input checked="" type="checkbox"/> E <input type="checkbox"/> W	City of Present Owner State ZIP Code	
Well Street Address 2655 STH 116		Well City, Village or Town Town of Rushford		Well ZIP Code 54980-		City of Present Owner State ZIP Code	
or Gov't Lot #		Subdivision Name		Lot #		City of Present Owner State ZIP Code	

Reason For Removal From Service Site Closure		WI Unique Well # of Replacement Well		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy)		Pump and piping removed?		<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.		Liner(s) removed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				Screen removed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type:				Casing left in place?		<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		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> Other (specify): _____				Was casing cut off below surface?		<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		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.)		Casing Diameter (in.)		Did material settle after 24 hours?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
25		2.38		If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Lower Drillhole Diameter (in.)		Casing Depth (ft.)		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	
8				Required Method of Placing Sealing Material		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
Was well annular space grouted?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Other (Explain): _____	
If yes, to what depth (feet)?		Depth to Water (feet)		Sealing Materials		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Clay-Sand Slurry (11 lb./gal. wt.)	
		5.50		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite-Sand Slurry " "		<input type="checkbox"/> Concrete <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 checked="" type="checkbox"/> Granular Bentonite		<input type="checkbox"/> Bentonite - Sand Slurry	

5. Material Used To Fill Well / Drillhole			
From (ft.)	To (ft.)	Cubic Feet	
Topsoil	Surface	0.5	0.01
Granular Bentonite	0.5	1.5	0.02
3/8" Hole Plug	1.5	25	0.52

6. Comments
PZ-2

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing Robert E. Lee & Associates, Inc.		License #	Date of Filling & Sealing (mm/dd/yyyy) 8/10/2021	Date Received	Noted By
Street or Route 1250 Centennial Centre Blvd			Telephone Number (920) 662-9641	Comments	
City Hobart		State WI	ZIP Code 54155-	Signature of Person Doing Work 	Date Signed 8/11/2021