



June 30, 2020

Mr. Andrew James
Wisconsin Department of Natural Resources
2984 Shawano Avenue
Green Bay, WI 54313

**RE: Old Dutch Mill
N2271 Hwy 45
Town of Auburn, WI
Endeavor Project No. P101393.40**

**BRRTS No. 03-20-183944
PECFA No 53010-2927-71**

Andy:

Endeavor Environmental Services, Inc (Endeavor) received approval to complete abandonment of the monitoring points at the above referenced case on May 14, 2020.

All monitoring points (MW-1 thru MW-5 and GP-13) were properly abandoned on May 22, 2020. Attached please find the associated form 3300-005 for each referenced point.

Contact me at your convenience with any questions.

Thanks for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Ramcheck", is written over a light blue horizontal line.

Joseph M. Ramcheck, P.H.
Senior Hydrologist

Enclosures

cc: Willian & Tracy Ostrander, Responsible Party
File

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 <i>Fond du Lac</i>		WI Unique Well # of Removed Well <i>V 0035</i>		Hicap #		Facility Name <i>Old Dutch Mill</i>	
Latitude / Longitude (see Instructions) _____ N _____ W		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 1/4 <i>NW</i> 1/4 <i>SW</i> or Gov't Lot #		Section <i>4</i>		Township <i>13 N</i>		Range <i>19</i> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <i>N 2271 Hwy 45</i>				Original Well Owner <i>William & Tracy Ostrander</i>			
Well City, Village or Town <i>Auburn</i>				Present Well Owner <i>Same</i>			
Subdivision Name				Well ZIP Code <i>53010</i>		Mailing Address of Present Owner <i>N 2271 Hwy 45</i>	
Reason for Removal from Service <i>case cbsuc</i>				Lot #		City of Present Owner <i>Campbelloort</i>	
WI Unique Well # of Replacement Well				State <i>WI</i>		ZIP Code <i>53010</i>	

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) <i>01/25/2016</i>		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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole		Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Liner(s) perforated?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Screen removed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <i>13.0</i>		Casing Diameter (in.) <i>2.37</i>		Casing left in place?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <i>6.25</i>		Casing Depth (ft.) <i>3.0</i>		Was casing cut off below surface?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
If yes, to what depth (feet)?		Depth to Water (feet) <i>6.59</i>		Did sealing material rise to surface?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
5. Material Used to Fill Well / Drillhole		Required Method of Placing Sealing Material		Did material settle after 24 hours?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
<i>3/8-inch chiped bentonite</i>		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped		If yes, was hole retopped?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
From (ft.)		Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <i>gravity</i>		If bentonite chips were used, were they hydrated with water from a known safe source?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
To (ft.)		Sealing Materials		No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight	
Surface		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips		0.25 ft		100%	

6. Comments			
7. Supervision of Work			
Name of Person or Firm Doing Filling & Sealing <i>Endeavor Env. Sew. Inc.</i>		License #	
Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>05/22/2020</i>		Date Received	
Street or Route <i>2280-B Salscheider Court</i>		Telephone Number <i>(920) 437-2997</i>	
City <i>Green Bay</i>		State <i>WI</i>	
ZIP Code <i>54313</i>		Signature of Person Doing Work <i>[Signature]</i>	
Date Signed <i>05/22/2020</i>		Comments	

Facility/Project Name <i>Old Dutch Mill</i>		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name <i>MW-1</i>	
Facility License, Permit or Monitoring No.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. <i>V0035</i> DNR Well ID No.	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed <i>01/25/2016</i> m m d d y y y y	
Type of Well		Section Location of Waste/Source <i>NW 1/4 of SW 1/4 of Sec. 4, T. 13 N, R. 19 E W</i>		Well Installed By: Name (first, last) and Firm <i>Darrin Prentice</i>	
Well Code _____		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number	
Distance from Waste/Source _____ ft.		Enf. Stds. Apply <input type="checkbox"/>		<i>Geiss Soil: Soles LLC</i>	

- A. Protective pipe, top elevation *1006.55* ft. MSL
- B. Well casing, top elevation *1006.28* ft. MSL
- C. Land surface elevation _____ ft. MSL
- D. Surface seal, bottom _____ ft. MSL or _____ ft.

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

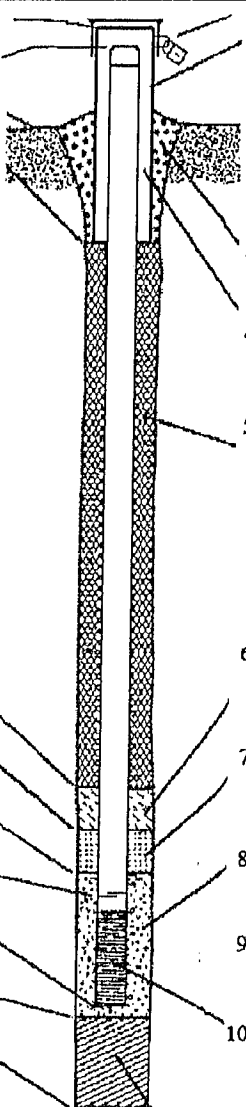
13. Sieve analysis performed? Yes No

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

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

16. Drilling additives used? Yes No
 Describe *N/A*

17. Source of water (attach analysis, if required):
N/A



- 1. Cap and lock? Yes No
- 2. Protective cover pipe:
 - a. Inside diameter: _____ in.
 - b. Length: _____ ft.
 - c. Material: Steel 04
Other
 - d. Additional protection? Yes No
If yes, describe: _____
- 3. Surface seal: Bentonite 30
Concrete 01
Other
- 4. Material between well casing and protective pipe: Bentonite 30
Other
- 5. Annular space seal:
 - a. Granular/Chipped Bentonite 33
 - b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 - c. _____ Lbs/gal mud weight Bentonite slurry 31
 - d. _____ % Bentonite Bentonite-cement grout 50
 - e. _____ Ft³ volume added for any of the above
 - f. How installed: Tremie 01
Tremie pumped 02
Gravity 08
- 6. Bentonite seal:
 - a. Bentonite granules 33
 - b. 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - c. _____ Other
- 7. Fine sand material: Manufacturer, product name & mesh size
 - a. _____
 - b. Volume added _____ ft³
- 8. Filter pack material: Manufacturer, product name & mesh size
 - a. _____
 - b. Volume added _____ ft³
- 9. Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- 10. Screen material:
 - a. Screen type: Factory cut 11
Continuous slot 01
Other
 - b. Manufacturer _____
 - c. Slot size: *0.01* in.
 - d. Slotted length: *10.0* ft.
- 11. Backfill material (below filter pack): None 14
 Other

- E. Bentonite seal, top _____ ft. MSL or *0.5* ft.
- F. Fine sand, top _____ ft. MSL or *2.5* ft.
- G. Filter pack, top _____ ft. MSL or *3.0* ft.
- H. Screen joint, top _____ ft. MSL or *3.0* ft.
- I. Well bottom _____ ft. MSL or *13.0* ft.
- J. Filter pack, bottom _____ ft. MSL or *13.5* ft.
- K. Borehole, bottom _____ ft. MSL or *13.5* ft.
- L. Borehole, diameter *6.25* in.
- M. O.D. well casing *2.37* in.
- N. I.D. well casing *2.06* in.

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

Signature *[Signature]* Firm *Endeavor Env. Services Inc.*

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

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.

Route to DNR Bureau:

Verification Only of Fill and Seal

Drinking Water Watershed/Wastewater Remediation/Redevelopment

Waste Management Other: _____

1. Well Location Information				2. Facility / Owner Information			
County <i>Fond du Lac</i>		WI Unique Well # of Removed Well <i>V 036</i>		Hicap #		Facility Name <i>Old Dutch Mill</i>	
Latitude / Longitude (see instructions) N _____ W _____		Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM		Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001		Facility ID (FID or PWS)	
1/4 1/4 <i>NW</i> 1/4 <i>SW</i> or Gov't Lot #		Section <i>4</i>		Township <i>13 N</i>		Range <i>19</i> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <i>N2271 Hwy 45</i>				License/Permit/Monitoring # <i>MW-2</i>			
Well City, Village or Town <i>Auburn</i>				Original Well Owner <i>William & Tracy Ostrander</i>			
Subdivision Name				Present Well Owner <i>Same</i>			
Well ZIP Code <i>53010</i>				Mailing Address of Present Owner <i>N2271 Hwy 45</i>			
City of Present Owner <i>Campbellsport</i>				State <i>WI</i>		ZIP Code <i>53010</i>	

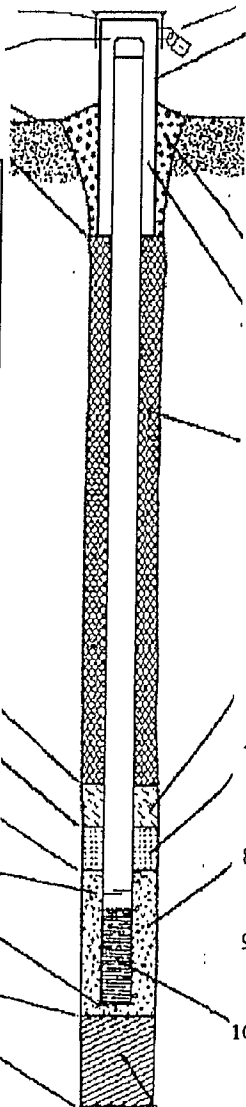
3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
Reason for Removal from Service <i>case c654c</i>		WI Unique Well # of Replacement Well			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <i>01/25/2016</i>			
<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"/> Dug <input type="checkbox"/> Other (specify): _____			
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) <i>13.0</i>		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) <i>6.25</i>		Liner(s) perforated? <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 type="checkbox"/> Unknown		Screen removed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, to what depth (feet)?		Casing left in place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Depth to Water (feet) <i>4.06</i>		Was casing cut off below surface? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
5. Material Used to Fill Well / Drillhole		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
From (ft.)		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
To (ft.)		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
No. Yards, Sacks Sealant or Volume (circle one)		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Mix Ratio or Mud Weight		Required Method of Placing Sealing Material			
<i>Concrete</i>		<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
<i>3/8-inch chipred bentonite</i>		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <i>gravity</i>			
		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			

6. Comments	

7. Supervision of Work		DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <i>Endeavor Env. Serv. Inc.</i>		License #	
Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>05/22/2020</i>		Date Received	
Street or Route <i>2280-B Satscheider Court</i>		Noted By	
Telephone Number <i>(920) 437-2997</i>		Comments	
City <i>Green Bay</i>		Signature of Person Doing Work <i>[Signature]</i>	
State <i>WI</i>		Date Signed <i>05/22/2020</i>	
ZIP Code <i>54313</i>			

Facility/Project Name <i>Old Dutch Mill</i>	Local Grid Location of Well ft. <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	Well Name <i>MW-2</i>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. _____ " Long. _____ " or _____ "	Wis. Unique Well No. <i>V0036</i> DNR Well ID No. _____
Facility ID	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed <i>01/25/2016</i> m m d d y y y y
Type of Well Well Code _____ / _____	Section Location of Waste/Source <i>NW 1/4 of SW 1/4 of Sec. 4, T. 13 N, R. 19</i> <input type="checkbox"/> E <input type="checkbox"/> W	Well Installed By: Name (first, last) and Firm <i>Darrin Henner</i> <i>Geiss Soil Systems LLC</i>
Distance from Waste/Source _____ ft.	Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known
		Gov. Lot Number _____

A. Protective pipe, top elevation <i>1003.55</i> ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation <i>1003.16</i> ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe <i>N/A</i>	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): <i>N/A</i>	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
E. Bentonite seal, top _____ ft. MSL or <i>0.5</i> ft.	10. Screen material: a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or <i>2.0</i> ft.	b. Manufacturer _____ c. Slot size: <i>0.01</i> in. d. Slotted length: <i>10.0</i> ft.
G. Filter pack, top _____ ft. MSL or <i>2.5</i> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
H. Screen joint, top _____ ft. MSL or <i>2.5</i> ft.	
I. Well bottom _____ ft. MSL or <i>12.5</i> ft.	
J. Filter pack, bottom _____ ft. MSL or <i>13.5</i> ft.	
K. Borehole, bottom _____ ft. MSL or <i>13.5</i> ft.	
L. Borehole, diameter <i>6.25</i> in.	
M. O.D. well casing <i>2.37</i> in.	
N. I.D. well casing <i>2.06</i> in.	



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

Signature *[Signature]* Firm *Engleaver Env. Services Inc.*

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

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Verification Only of Fill and Seal

Route to DNR Bureau:

Drinking Water

Watershed/Wastewater

Remediation/Redevelopment

Waste Management

Other: _____

1. Well Location Information

County <i>Fond du Lac</i>	WI Unique Well # of Removed Well <i>V0037</i>	Hicap #
Latitude / Longitude (see Instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 <i>NW</i> 1/4 <i>SW</i> or Gov't Lot #	Section <i>4</i>	Township <i>13 N</i>
Well Street Address <i>N2271 Hwy 45</i>	Range <i>19</i>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town <i>Auburn</i>	Well ZIP Code <i>53010</i>	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name <i>Old Dutch Mill</i>		
Facility ID (FID or PWS)		
License/Permit/Monitoring # <i>MW-3</i>		
Original Well Owner <i>William & Tracy Ostrander</i>		
Present Well Owner <i>Same</i>		
Mailing Address of Present Owner <i>N2271 Hwy 45</i>		
City of Present Owner <i>Cambelport</i>	State <i>WI</i>	ZIP Code <i>53010</i>

Reason for Removal from Service
case closure

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <i>01/25/2016</i>
<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"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <i>13.0</i>	Casing Diameter (in.) <i>2.37</i>
Lower Drillhole Diameter (in.) <i>6.25</i>	Casing Depth (ft.) <i>3.0</i>
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) <i>1.0</i>

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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
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
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material	
<input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <i>gravity</i>	

5. Material Used to Fill Well / Drillhole

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<i>3/8-inch chipped bentonite</i>	<i>Surface</i>	<i>13.0</i>	<i>0.28 ft³</i>	<i>100%</i>

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <i>Endeavor Env. Serv. Inc.</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>05/22/2020</i>	DNR Use Only	
Street or Route <i>2280-B Salscheider Court</i>	Telephone Number <i>(920) 437-2997</i>	Date Received	Noted By	
City <i>Green Bay</i>	State <i>WI</i>	ZIP Code <i>54313</i>	Signature of Person Doing Work <i>[Signature]</i>	
			Date Signed <i>05/22/2020</i>	

Facility/Project Name <i>Old Dutch Mill</i>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <i>MW-3</i>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <i>V0037</i> DNR Well ID No.
Facility ID	St. Plane _____ ft. N. _____ ft. E. S/C/N	Date Well Installed <i>01 25 2016</i> m m d d y y y y
Type of Well	Section Location of Waste/Source <i>NW 1/4 of SW 1/4 of Sec. 4, T. 13 N, R. 19 E W</i>	Well Installed By: Name (first, last) and Firm <i>Darrin Prentice Geiss Soil: Samples LLC</i>
Well Code <i>1</i>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	
Distance from Waste/Source _____ ft.	Gov. Lot Number _____	

A. Protective pipe, top elevation <i>1000.89</i> ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation <i>1000.32</i> ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe <i>N/A</i>	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): <i>N/A</i>	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
E. Bentonite seal, top _____ ft. MSL or <i>0.5</i> ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or <i>2.5</i> ft.	10. Screen material: a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or <i>3.0</i> ft.	b. Manufacturer _____ c. Slot size: <i>0.01</i> in. d. Slotted length: <i>10.00</i> ft.
H. Screen joint, top _____ ft. MSL or <i>3.0</i> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or <i>13.0</i> ft.	
J. Filter pack, bottom _____ ft. MSL or <i>13.5</i> ft.	
K. Borehole, bottom _____ ft. MSL or <i>13.5</i> ft.	
L. Borehole, diameter <i>6.25</i> in.	
M. O.D. well casing <i>2.37</i> in.	
N. I.D. well casing <i>2.06</i> in.	

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

Signature *[Signature]* Firm *Endeavor Env. Services Inc.*

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

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Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

County: Fond du Lac WI Unique Well # of Removed Well: V0038 Hicap #: _____

Latitude / Longitude (see instructions): _____ N DD GPS008
 _____ W DDM SCR002 OTH001

1/4 1/4 NW 1/4 SW Section: 4 Township: 13 N Range: 19 E W

Well Street Address: N2271 Hwy 45

Well City, Village or Town: Auburn Well ZIP Code: 53010

Subdivision Name: _____ Lot #: _____

2. Facility / Owner Information

Facility Name: Old Dutch Mill

Facility ID (FID or PWS): _____

License/Permit/Monitoring #: MW-4

Original Well Owner: William & Tracy Ostrander

Present Well Owner: Same

Mailing Address of Present Owner: N2271 Hwy 45

City of Present Owner: Campbellport State: WI ZIP Code: 53010

Reason for Removal from Service: case closed WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 01/25/2016
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach.

Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____

Formation Type:
 Unconsolidated Formation Bedrock

Total Well Depth From Ground Surface (ft.): 13.0 Casing Diameter (in.): 2.37

Lower Drillhole Diameter (in.): 6.25 Casing Depth (ft.): 3.0

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet): 3.82

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

Pump and piping removed? Yes No N/A

Liner(s) removed? Yes No N/A

Liner(s) perforated? Yes No N/A

Screen removed? Yes No N/A

Casing left in place? Yes No N/A

Was casing cut off below surface? Yes No N/A

Did sealing material rise to surface? Yes No N/A

Did material settle after 24 hours? Yes No N/A

If yes, was hole retopped? Yes No N/A

If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A

Required Method of Placing Sealing Material:
 Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): gravity

Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips

For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite Bentonite - Sand Slurry

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
Surface	0.5	0.01	100% <u>B</u>
0.5	13.0	0.27	100% <u>B</u>

*3/8" gravel
3/8" inch chipped bentonite*

6. Comments

7. Supervision of Work

Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing: <u>Endeavor-Env. Serv. Inc.</u>	License #: _____	Date of Filling & Sealing or Verification (mm/dd/yyyy): <u>05/22/2020</u>	Date Received: _____	Noted By: _____	
Street or Route: <u>2280-B Salscheider Court</u>	Telephone Number: <u>(920) 437-2997</u>	Comments: _____	Signature of Person Doing Work: <u>[Signature]</u>		
City: <u>Green Bay</u>	State: <u>WI</u>	ZIP Code: <u>54313</u>	Date Signed: <u>05/22/2020</u>	_____	

Facility/Project Name <i>Old Dutch Mill</i>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> S. <input type="checkbox"/> E. <input type="checkbox"/> W.	Well Name <i>MW-4</i>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/> Lat. " Long. " or " or "	Wis. Unique Well No. <i>V038</i> DNR Well ID No.
Facility ID	St. Plane _____ ft. N, _____ ft. E. S/C/N	Date Well Installed <i>01 25 2016</i> m m d d y y y y
Type of Well	Section Location of Waste/Source <i>NW 1/4 of SW 1/4 of Sec. 4, T. 13 N, R. 19 E W</i>	Well Installed By: Name (first, last) and Firm <i>Darrin Kestice</i>
Well Code <i>1</i>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	<i>Geiss Soil Samples LLC</i>
Distance from Waste/Source _____ ft.	Gov. Lot Number _____	

A. Protective pipe, top elevation <i>1003.49</i> ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation <i>1003.10</i> ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input checked="" type="checkbox"/> 04 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: Bentonite <input type="checkbox"/> 30 Concrete <input checked="" type="checkbox"/> 01 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	4. Material between well casing and protective pipe: Bentonite <input checked="" type="checkbox"/> 30 Other <input type="checkbox"/>
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5. Annular space seal: a. Granular/Chipped Bentonite <input checked="" type="checkbox"/> 33 b. _____ Lbs/gal mud weight ... Bentonite-sand slurry <input type="checkbox"/> 35 c. _____ Lbs/gal mud weight ... Bentonite slurry <input type="checkbox"/> 31 d. _____ % Bentonite ... Bentonite-cement grout <input type="checkbox"/> 50 e. _____ Ft ³ volume added for any of the above
14. Drilling method used: Rotary <input type="checkbox"/> 50 Hollow Stem Auger <input checked="" type="checkbox"/> 41 Other <input type="checkbox"/>	f. How installed: Tremie <input type="checkbox"/> 01 Tremie pumped <input type="checkbox"/> 02 Gravity <input checked="" type="checkbox"/> 08
15. Drilling fluid used: Water <input type="checkbox"/> 02 Air <input type="checkbox"/> 01 Drilling Mud <input type="checkbox"/> 03 None <input checked="" type="checkbox"/> 99	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 33 b. <input type="checkbox"/> 1/4 in. <input checked="" type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input checked="" type="checkbox"/> 32 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe <i>N/A</i>	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): <i>N/A</i>	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
E. Bentonite seal, top _____ ft. MSL or <i>0.5</i> ft.	9. Well casing: Flush threaded PVC schedule 40 <input checked="" type="checkbox"/> 23 Flush threaded PVC schedule 80 <input type="checkbox"/> 24 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or <i>2.5</i> ft.	10. Screen material: a. Screen type: Factory cut <input checked="" type="checkbox"/> 11 Continuous slot <input type="checkbox"/> 01 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or <i>3.0</i> ft.	b. Manufacturer _____ c. Slot size: <i>0.01</i> in. d. Slotted length: <i>10.0</i> ft.
H. Screen joint, top _____ ft. MSL or <i>3.0</i> ft.	11. Backfill material (below filter pack): None <input checked="" type="checkbox"/> 14 Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or <i>13.0</i> ft.	
J. Filter pack, bottom _____ ft. MSL or <i>13.5</i> ft.	
K. Borehole, bottom _____ ft. MSL or <i>13.5</i> ft.	
L. Borehole, diameter <i>6.25</i> in.	
M. O.D. well casing <i>2.37</i> in.	
N. I.D. well casing <i>2.06</i> in.	

I hereby certify that the information on this form is true and correct to the best of my knowledge.
Signature *[Signature]* Firm *Endover Env. Services Inc.*

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

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Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

County: Fond du Lac WI Unique Well # of Removed Well: V0039 Hicap #: _____
 Latitude / Longitude (see instructions): _____ N DD GPS008
 _____ W DDM SCR002
 _____ E OTH001
 1/4 1/4 NW 1/4 SW Section: 4 Township: 13 N Range: 19 E W
 or Gov't Lot # _____
 Well Street Address: N2271 Hwy 45
 Well City, Village or Town: Auburn Well ZIP Code: 53010
 Subdivision Name: _____ Lot #: _____

2. Facility / Owner Information

Facility Name: Old Dutch Mill
 Facility ID (FID or PWS): _____
 License/Permit/Monitoring #: MW-5
 Original Well Owner: William & Tracy Ostrander
 Present Well Owner: Same
 Mailing Address of Present Owner: N2271 Hwy 45
 City of Present Owner: Campbellsport State: WI ZIP Code: 53010

Reason for Removal from Service: case closure WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well Original Construction Date (mm/dd/yyyy): 01/25/2016
 Water Well
 Borehole / Drillhole If a Well Construction Report is available, please attach. _____
 Construction Type:
 Drilled Driven (Sandpoint) Dug
 Other (specify): _____
 Formation Type:
 Unconsolidated Formation Bedrock
 Total Well Depth From Ground Surface (ft.): 13.0 Casing Diameter (in.): 2.37
 Lower Drillhole Diameter (in.): 6.25 Casing Depth (ft.): 3.0
 Was well annular space grouted? Yes No Unknown
 If yes, to what depth (feet)? _____ Depth to Water (feet): 4.30

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

Pump and piping removed? Yes No N/A
 Liner(s) removed? Yes No N/A
 Liner(s) perforated? Yes No N/A
 Screen removed? Yes No N/A
 Casing left in place? Yes No N/A
 Was casing cut off below surface? Yes No N/A
 Did sealing material rise to surface? Yes No N/A
 Did material settle after 24 hours? Yes No N/A
 If yes, was hole retopped? Yes No N/A
 If bentonite chips were used, were they hydrated with water from a known safe source? Yes No N/A
 Required Method of Placing Sealing Material:
 Conductor Pipe-Gravity Conductor Pipe-Pumped
 Screened & Poured (Bentonite Chips) Other (Explain): gravity
 Sealing Materials:
 Neat Cement Grout Concrete
 Sand-Cement (Concrete) Grout Bentonite Chips
 For Monitoring Wells and Monitoring Well Boreholes Only:
 Bentonite Chips Bentonite - Cement Grout
 Granular Bentonite 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
<u>gravel</u>	Surface	<u>0.5</u>	<u>0.01 AF³</u>	<u>100%</u>
<u>3/8-inch chippel bentonite</u>	<u>0.5</u>	<u>13.0</u>	<u>0.27 AF³</u>	<u>100%</u>

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing: Endeavor Env. Serv. Inc. License #: _____ Date of Filling & Sealing or Verification (mm/dd/yyyy): 05/22/2020
 Street or Route: 2280-B Salscheider Court Telephone Number: (920) 437-2997
 City: Green Bay State: WI ZIP Code: 54313 Signature of Person Doing Work: [Signature] Date Signed: 05/22/2020

Facility/Project Name <u>Old Outlet Mill</u>	Local Grid Location of Well ft. <input type="checkbox"/> N. <input type="checkbox"/> E. <input type="checkbox"/> S. <input type="checkbox"/> W.	Well Name <u>MW-5</u>
Facility License, Permit or Monitoring No.	Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>	Wis. Unique Well No. <u>U0039</u> DNR Well ID No. _____
Facility ID	Lat. _____ " Long. _____ " or	Date Well Installed <u>01/25/2016</u> m m d d y y y y
Type of Well Well Code <u>1</u>	St. Plane _____ ft. N, _____ ft. E. S/C/N	Well Installed By: Name (first, last) and Firm <u>Darrin Hentze</u> <u>Geiss Soil Samples LLC</u>
Distance from Waste/ Source _____ ft.	Section Location of Waste/Source <u>NW 1/4 of S6 1/4 of Sec. 4 T. 13 N. R. 19</u> <input type="checkbox"/> E. <input type="checkbox"/> W.	
Enf. Stds. Apply <input type="checkbox"/>	Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known	

A. Protective pipe, top elevation 1003.81 ft. MSL
 B. Well casing, top elevation 1003.48 ft. MSL
 C. Land surface elevation _____ ft. MSL
 D. Surface seal, bottom _____ ft. MSL or _____ ft.

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

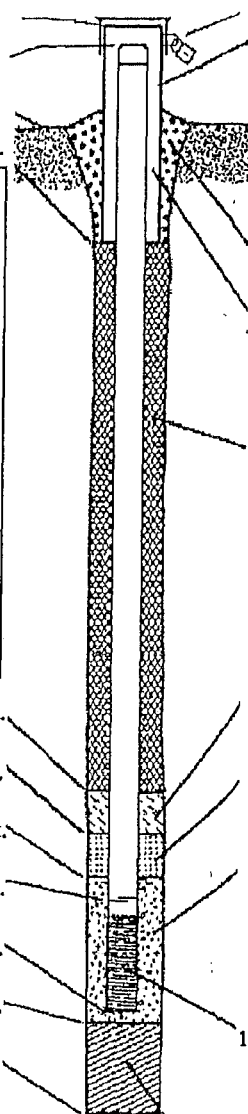
13. Sieve analysis performed? Yes No

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

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

16. Drilling additives used? Yes No
 Describe N/A

17. Source of water (attach analysis, if required):
N/A



- Cap and lock? Yes No
- Protective cover pipe:
 - Inside diameter: _____ in.
 - Length: _____ ft.
 - Material: Steel 04
Other
 - Additional protection? Yes No
If yes, describe: _____
- Surface seal: Bentonite 30
Concrete 01
Other
- Material between well casing and protective pipe: Bentonite 30
Other
- Annular space seal:
 - Granular/Chipped Bentonite 33
 - _____ Lbs/gal mud weight . . . Bentonite-sand slurry 35
 - _____ Lbs/gal mud weight Bentonite slurry 31
 - _____ % Bentonite Bentonite-cement grout 50
 - _____ Ft³ volume added for any of the above
 - How installed: Tremie 01
Tremie pumped 02
Gravity 08
- Bentonite seal:
 - Bentonite granules 33
 - 1/4 in. 3/8 in. 1/2 in. Bentonite chips 32
 - _____ Other
- Fine sand material: Manufacturer, product name & mesh size
 - _____
 - Volume added _____ ft³
- Filter pack material: Manufacturer, product name & mesh size
 - _____
 - Volume added _____ ft³
- Well casing: Flush threaded PVC schedule 40 23
 Flush threaded PVC schedule 80 24
 Other
- Screen material:
 - Screen type: Factory cut 11
 Continuous slot 01
 Other
 - Manufacturer _____
 - Slot size: 0.01 in.
 - Slotted length: 10.0 ft.
- Backfill material (below filter pack): None 14
 Other

E. Bentonite seal, top _____ ft. MSL or 0.5 ft.
 F. Fine sand, top _____ ft. MSL or 2.0 ft.
 G. Filter pack, top _____ ft. MSL or 2.5 ft.
 H. Screen joint, top _____ ft. MSL or 3.0 ft.
 I. Well bottom _____ ft. MSL or 13.0 ft.
 J. Filter pack, bottom _____ ft. MSL or 13.5 ft.
 K. Borehole, bottom _____ ft. MSL or 13.5 ft.
 L. Borehole, diameter 6.25 in.
 M. O.D. well casing 2.27 in.
 N. I.D. well casing 2.00 in.

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

Signature [Signature] Firm Endeavor Env. Services Inc.

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Verification Only of Fill and Seal

Route to DNR Bureau:

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

1. Well Location Information

County <i>Fond du Lac</i>	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) _____ N _____ W	Format Code <input type="checkbox"/> DD <input type="checkbox"/> DDM	Method Code <input type="checkbox"/> GPS008 <input type="checkbox"/> SCR002 <input type="checkbox"/> OTH001
1/4 1/4 <i>NW</i> 1/4 <i>SW</i> or Gov't Lot #	Section <i>4</i>	Township <i>13 N</i>
Well Street Address <i>N 2271 Hwy 45</i>	Range <i>19</i>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town <i>Auburn</i>	Well ZIP Code <i>53010</i>	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name <i>Old Dutch Mill</i>		
Facility ID (FID or PWS)		
License/Permit/Monitoring # <i>GP-13</i>		
Original Well Owner <i>William & Tracy Ostrander</i>		
Present Well Owner <i>Same</i>		
Mailing Address of Present Owner <i>N 2271 Hwy 45</i>		
City of Present Owner <i>Campbellsport</i>	State <i>WI</i>	ZIP Code <i>53010</i>

Reason for Removal from Service
case closure

3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <i>01/25/2016</i>
<input type="checkbox"/> Water Well	If a Well Construction Report is available, please attach.
<input type="checkbox"/> Borehole / Drillhole	
Construction Type: <input type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Other (specify): <i>Cased</i>	
Formation Type: <input type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <i>12.0</i>	Casing Diameter (in.) <i>1.0</i>
Lower Drillhole Diameter (in.) <i>2.0</i>	Casing Depth (ft.) <i>7.0</i>
Was well annular space grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet) <i>1.75</i>

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 type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Liner(s) perforated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
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
Was casing cut off below surface?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Required Method of Placing Sealing Material <input type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input checked="" type="checkbox"/> Other (Explain): <i>gravity</i>	
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

Material	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<i>chipal bentonite</i>	<i>Surface</i>	<i>12.0</i>	<i>0.0643</i>	<i>100%</i>

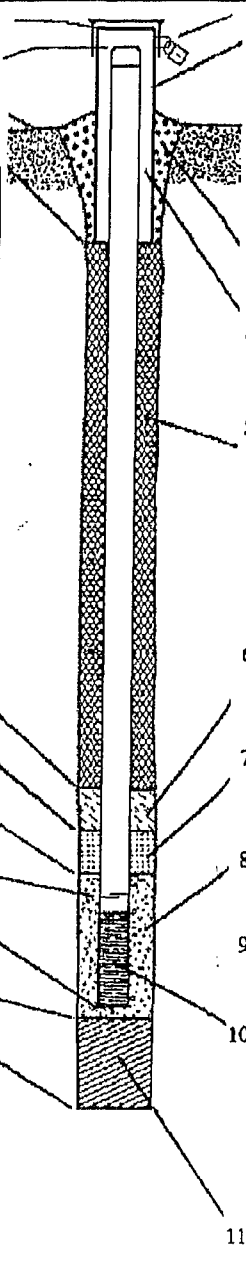
6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <i>Endeavor Env. Serv. Inc.</i>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <i>05/22/2020</i>	DNR Use Only	
Street or Route <i>2280-B Sabscheider Court</i>	Telephone Number <i>(920) 437-2997</i>	Date Received	Noted By	
City <i>Green Bay</i>	State <i>WI</i>	ZIP Code <i>54313</i>	Signature of Person Doing Work <i>[Signature]</i>	
			Date Signed <i>05/22/2020</i>	

Facility/Project Name <i>Old Dutch Mill</i>		Local Grid Location of Well _____ ft. <input type="checkbox"/> N. _____ ft. <input type="checkbox"/> E. _____ ft. <input type="checkbox"/> S. _____ ft. <input type="checkbox"/> W.		Well Name <i>GP-13 temp</i>	
Facility License, Permit or Monitoring No.		Local Grid Origin <input type="checkbox"/> (estimated: <input type="checkbox"/>) or Well Location <input type="checkbox"/>		Wis. Unique Well No. DNR Well ID No.	
Facility ID		St. Plane _____ ft. N, _____ ft. E. S/C/N		Date Well Installed <i>01 25 2016</i> m m d d y y y y	
Type of Well		Section Location of Waste/Source <i>NE 1/4 of SW 1/4 of Sec. 4, T. 13 N, R. 19 E W</i>		Well Installed By: Name (first, last) and Firm <i>Darin Prentice</i> <i>Geiss Soil Systems LLC</i>	
Well Code _____		Location of Well Relative to Waste/Source u <input type="checkbox"/> Upgradient s <input type="checkbox"/> Sidegradient d <input type="checkbox"/> Downgradient n <input type="checkbox"/> Not Known		Gov. Lot Number _____	
Distance from Waste/Source _____ ft.		Enf. Stds. Apply <input type="checkbox"/>			

A. Protective pipe, top elevation _____ ft. MSL	1. Cap and lock? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Well casing, top elevation _____ ft. MSL	2. Protective cover pipe: a. Inside diameter: _____ in. b. Length: _____ ft. c. Material: Steel <input type="checkbox"/> 0 4 Other <input type="checkbox"/>
C. Land surface elevation _____ ft. MSL	d. Additional protection? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
D. Surface seal, bottom _____ ft. MSL or _____ ft.	3. Surface seal: Bentonite <input type="checkbox"/> 3 0 Concrete <input type="checkbox"/> 0 1 Other <input type="checkbox"/>
12. USCS classification of soil near screen: GP <input type="checkbox"/> GM <input type="checkbox"/> GC <input type="checkbox"/> GW <input type="checkbox"/> SW <input type="checkbox"/> SP <input type="checkbox"/> SM <input type="checkbox"/> SC <input type="checkbox"/> ML <input type="checkbox"/> MH <input type="checkbox"/> CL <input checked="" type="checkbox"/> CH <input type="checkbox"/> Bedrock <input type="checkbox"/>	
13. Sieve analysis performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4. Material between well casing and protective pipe: Bentonite <input type="checkbox"/> 3 0 Other <input type="checkbox"/>
14. Drilling method used: Rotary <input type="checkbox"/> 5 0 Hollow Stem Auger <input type="checkbox"/> 4 1 <i>Geoprobe</i> Other <input checked="" type="checkbox"/>	5. Annular space seal: a. Granular/Chipped Bentonite <input type="checkbox"/> 3 3 b. _____ Lbs/gal mud weight . . . Bentonite-sand slurry <input type="checkbox"/> 3 5 c. _____ Lbs/gal mud weight Bentonite slurry <input type="checkbox"/> 3 1 d. _____ % Bentonite Bentonite-cement grout <input type="checkbox"/> 5 0 e. _____ Ft ³ volume added for any of the above f. How installed: Tremie <input type="checkbox"/> 0 1 Tremie pumped <input type="checkbox"/> 0 2 Gravity <input type="checkbox"/> 0 8
15. Drilling fluid used: Water <input type="checkbox"/> 0 2 Air <input type="checkbox"/> 0 1 Drilling Mud <input type="checkbox"/> 0 3 None <input checked="" type="checkbox"/> 9 9	6. Bentonite seal: a. Bentonite granules <input type="checkbox"/> 3 3 b. <input type="checkbox"/> 1/4 in. <input type="checkbox"/> 3/8 in. <input type="checkbox"/> 1/2 in. Bentonite chips <input type="checkbox"/> 3 2 c. _____ Other <input type="checkbox"/>
16. Drilling additives used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Describe <i>NA</i>	7. Fine sand material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
17. Source of water (attach analysis, if required): <i>P/A</i>	8. Filter pack material: Manufacturer, product name & mesh size a. _____ b. Volume added _____ ft ³
E. Bentonite seal, top _____ ft. MSL or <i>0.5</i> ft.	9. Well casing: Flush threaded PVC schedule 40 <input type="checkbox"/> 2 3 Flush threaded PVC schedule 80 <input type="checkbox"/> 2 4 Other <input type="checkbox"/>
F. Fine sand, top _____ ft. MSL or _____ ft.	10. Screen material: a. Screen type: Factory cut <input type="checkbox"/> 1 1 Continuous slot <input type="checkbox"/> 0 1 Other <input type="checkbox"/>
G. Filter pack, top _____ ft. MSL or <i>2.0</i> ft.	b. Manufacturer _____ c. Slot size: _____ in. d. Slotted length: _____ ft.
H. Screen joint, top _____ ft. MSL or <i>2.0</i> ft.	11. Backfill material (below filter pack): None <input type="checkbox"/> 1 4 Other <input type="checkbox"/>
I. Well bottom _____ ft. MSL or <i>12.0</i> ft.	
J. Filter pack, bottom _____ ft. MSL or <i>12.0</i> ft.	
K. Borehole, bottom _____ ft. MSL or <i>12.0</i> ft.	
L. Borehole, diameter <i>2.0</i> in.	
M. O.D. well casing <i>1.0</i> in.	
N. I.D. well casing _____ in.	



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

Signature *[Signature]* Firm *Enderver Env. Services Inc.*

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