

From: Brian Youngwirth
To: [Lauridsen, Keld B - DNR](#)
Subject: RE: One Hour Martinizing
Date: Monday, February 5, 2018 12:17:54 PM
Attachments: [Scan0001.pdf](#)

Keld, here are the abandonment forms.

Brian Youngwirth
Environmental Project Manager | General Engineering Company
916 Silver Lake Drive | PO Box 340 | Portage, WI 53901
P 608-742-2169 | Fax 608-742-2592 | C 608-697-8010
byoungwirth@generalengineering.net
www.generalengineering.net

From: Lauridsen, Keld B - DNR [mailto:Keld.Lauridsen@wisconsin.gov]
Sent: Monday, February 05, 2018 11:40 AM
To: Brian Youngwirth <byoungwirth@generalengineering.net>
Subject: RE: One Hour Martinizing

Brian:

Thank you for the abandonment forms.

As far as I can tell, monitoring wells MW10, MW11, MW13 and MW14 were abandoned previously. The paper copies of the abandonment forms I have for those 4 wells are not easy to read. Please provide better quality scanned copies, if possible.

Thanks,

-Keld

We are committed to service excellence.

Visit our survey at <http://dnr.wi.gov/customersurvey> to evaluate how I did.

Keld B. Lauridsen

Phone: (920) 662-5420

Keld.Lauridsen@wisconsin.gov

From: Brian Youngwirth [<mailto:byoungwirth@generalengineering.net>]
Sent: Friday, February 2, 2018 5:02 AM
To: Lauridsen, Keld B - DNR <Keld.Lauridsen@wisconsin.gov>
Cc: 'Matt Dahlem' <mdahlem@fehr-graham.com>
Subject: One Hour Martinizing

Keld attached are the monitoring well abandonment forms for the remaining wells at the Former One Hour Martinizing in Green Bay (MW-1 to MW-9, PZ-1, MW-12, TW-4 and TW-5).

Brian Youngwirth

Environmental Project Manager | General Engineering Company

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Route to DNR Bureau:

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

Verification Only of Fill and Seal

1. Well Location Information

County <u>Brown</u>	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) <u>44.493013</u> N <u>87.9756513</u> W	Format Code <input checked="" 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 <u>NW</u> 1/4 <u>SE</u> or Gov't Lot #	Section <u>5</u>	Township <u>23 N</u>
Well Street Address <u>1923 Main St</u>	Range <u>21</u>	<input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well City, Village or Town <u>Green Bay</u>	Well ZIP Code <u>54302</u>	
Subdivision Name	Lot #	

2. Facility / Owner Information

Facility Name <u>Former One Hour Murzynian</u>
Facility ID (FID or PWS) <u>405008890</u>
License/Permit/Monitoring # <u>MW-10</u>
Original Well Owner <u>GB Real Estate Investments LLC</u>
Present Well Owner <u>GB Real Estate Investments LLC</u>
Mailing Address of Present Owner <u>300 N. Van Buren St.</u>
City of Present Owner <u>Green Bay</u>
State <u>WI</u>
ZIP Code <u>54302</u>

Reason for Removal from Service <u>Sampling Complete</u>	WI Unique Well # of Replacement Well
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3. Filled & Sealed Well / Drillhole / Borehole Information

<input type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <u>4/20/16</u>
<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 checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <u>13</u>	Casing Diameter (in.) <u>2</u>
Lower Drillhole Diameter (in.) <u>—</u>	Casing Depth (ft.) <u>13</u>
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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

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

<u>3/8" Bentonite chips</u>	From (ft.) <u>Surface</u>	To (ft.) <u>13</u>	No. Yards, Sacks Sealant or Volume (circle one) <u>0.33 Bags</u>	Mix Ratio or Mud Weight
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6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <u>General Engineering Company</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>7/21/16</u>	DNR Use Only	
Street or Route <u>916 Silver Lake Drive</u>	Telephone Number ()	Comments	Date Received	Noted By
City <u>Portage</u>	State <u>WI</u>	ZIP Code <u>53901</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>9/21/16</u>

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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				2. Facility / Owner Information			
County <u>Brown</u>		WI Unique Well # of Removed Well		Hicap #		Facility Name <u>Former One Hour Maintaining</u>	
Latitude / Longitude (see instructions) <u>44.493013</u> N <u>87.9756513</u> W		Format Code <input checked="" 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) <u>405008890</u>	
1/4 1/4 <u>NW</u> 1/4 <u>SE</u>		Section <u>5</u>		Township <u>23 N</u>		Range <u>21</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <u>1923 Main St</u>				Original Well Owner <u>GB Real Estate Investments LLC</u>			
Well City, Village or Town <u>Green Bay</u>				Present Well Owner <u>GB Real Estate Investments LLC</u>			
Subdivision Name				Well ZIP Code <u>54302</u>		Mailing Address of Present Owner <u>300 N. Van Buren St.</u>	
Lot #				City of Present Owner <u>Green Bay</u>		State <u>WI</u>	
Reason for Removal from Service <u>Sampling Complete</u>				WI Unique Well # of Replacement Well			

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input type="checkbox"/> Monitoring Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Original Construction Date (mm/dd/yyyy) <u>4/20/16</u>		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
If a Well Construction Report is available, please attach.		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) <u>13</u>		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Casing Diameter (in.) <u>2</u>		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) <u>—</u>		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Casing Depth (ft.) <u>13</u>		Required Method of Placing Sealing Material			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
If yes, to what depth (feet)?		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Depth to Water (feet)		Sealing Materials			
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" 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			
<u>3/8" Bentonite chips</u>			
From (ft.) <u>Surface</u>	To (ft.) <u>13</u>	No. Yards, Sacks Sealant or Volume (circle one) <u>0.33 Bags</u>	Mix Ratio or Mud Weight

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>General Engineering Company</u>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>7/21/16</u>	Date Received	Noted By
Street or Route <u>916 Silver Lake Drive</u>		Telephone Number ()		Comments	
City <u>Portage</u>	State <u>WI</u>	ZIP Code <u>53901</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>9/21/16</u>	

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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				2. Facility / Owner Information			
County <u>Brown</u>		WI Unique Well # of Removed Well		Hicap #		Facility Name <u>Former One Hour Murtizing</u>	
Latitude / Longitude (see instructions) <u>44.493013</u> N <u>87.9756513</u> W		Format Code <input checked="" 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) <u>405008890</u>	
1/4 1/4 <u>NW</u> 1/4 <u>SE</u>		Section <u>5</u>		Township <u>23 N</u>		Range <u>21</u> <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <u>1923 Main St</u>				Original Well Owner <u>GB Real Estate Investments LLC</u>			
Well City, Village or Town <u>Green Bay</u>				Present Well Owner <u>GB Real Estate Investments LLC</u>			
Subdivision Name				Well ZIP Code <u>54302</u>		Mailing Address of Present Owner <u>300 N. Van Buren St.</u>	
Lot #				City of Present Owner <u>Green Bay</u>		State <u>WI</u>	
Reason for Removal from Service <u>Sampling Complete</u>				WI Unique Well # of Replacement Well			
City of Present Owner <u>Green Bay</u>				State <u>WI</u>		ZIP Code <u>54302</u>	

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input type="checkbox"/> Monitoring Well		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Water Well		Liner(s) removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input type="checkbox"/> Borehole / Drillhole		Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Original Construction Date (mm/dd/yyyy) <u>4/20/16</u>		Screen removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
If a Well Construction Report is available, please attach.		Casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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			
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.) <u>13</u>		Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Casing Diameter (in.) <u>2</u>		If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) <u>—</u>		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Casing Depth (ft.) <u>13</u>		Required Method of Placing Sealing Material			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
If yes, to what depth (feet)?		<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Depth to Water (feet)		Sealing Materials			
		<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
		<input type="checkbox"/> Sand-Cement (Concrete) Grout <input checked="" type="checkbox"/> Bentonite Chips			
		For Monitoring Wells and Monitoring Well Boreholes Only:			
		<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
		<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole			
From (ft.) <u>Surface</u>		To (ft.) <u>13</u>	
No. Yards, Sacks Sealant or Volume (circle one) <u>0.33 Bags</u>		Mix Ratio or Mud Weight	
6. Comments			

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>General Engineering Company</u>		License #		Date Received	
Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>7/21/16</u>		Date Received		Noted By	
Street or Route <u>916 Silver Lake Drive</u>		Telephone Number ()		Comments	
City <u>Portage</u>		State <u>WI</u>		Date Signed <u>9/21/16</u>	
ZIP Code <u>53901</u>		Signature of Person Doing Work <u>[Signature]</u>			

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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 <u>Brown</u>	WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) <u>44.493013</u> N <u>87.9756513</u> W	Format Code <input checked="" 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 <u>NW</u> 1/4 <u>SE</u> or Gov't Lot #	Section <u>5</u>	Township <u>23 N</u>
Well Street Address <u>1923 Main St</u>	Range <u>21</u>	Well ZIP Code <u>54302</u>
Well City, Village or Town <u>Green Bay</u>	Lot #	

2. Facility / Owner Information

Facility Name <u>Former One Hour Murtizing</u>
Facility ID (FID or PWS) <u>405008890</u>
License/Permit/Monitoring # <u>MW-14</u>
Original Well Owner <u>GB Real Estate Investments LLC</u>
Present Well Owner <u>GB Real Estate Investments LLC</u>
Mailing Address of Present Owner <u>300 N. Van Buren St.</u>
City of Present Owner <u>Green Bay</u>
State <u>WI</u>
ZIP Code <u>54302</u>

3. Filled & Sealed Well / Drillhole / Borehole Information

Reason for Removal from Service <u>Sampling Complete</u>	WI Unique Well # of Replacement Well
<input type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole	Original Construction Date (mm/dd/yyyy) <u>4/21/16</u>
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	If a Well Construction Report is available, please attach.
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <u>13</u>	Casing Diameter (in.) <u>2</u>
Lower Drillhole Diameter (in.) <u>—</u>	Casing Depth (ft.) <u>13</u>
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)?	Depth to Water (feet)

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

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

5. Material Used to Fill Well / Drillhole

From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Surface</u>	<u>13</u>	<u>0.33 Bags</u>	

6. Comments

7. Supervision of Work

Name of Person or Firm Doing Filling & Sealing <u>General Engineering Company</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>7/21/16</u>	DNR Use Only	
Street or Route <u>916 Silver Lake Drive</u>	Telephone Number ()	Comments	Date Received	Noted By
City <u>Portage</u>	State <u>WI</u>	ZIP Code <u>53901</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>9/21/16</u>

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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				2. Facility / Owner Information			
County <u>Brown</u>		WI Unique Well # of Removed Well		Hicap #		Facility Name <u>Famula Dental</u>	
Latitude / Longitude (see instructions) <u>44.49296</u> N <u>87.97579</u> W		Format Code <input checked="" 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 <u>NW</u> 1/4 <u>SE</u> or Gov't Lot #		Section <u>5</u>		Township <u>23 N</u>		License/Permit/Monitoring # <u>MW-1</u>	
Well Street Address <u>1931 Main Street</u>		Well ZIP Code <u>54302</u>		Original Well Owner <u>Brother Martinizing</u>		Present Well Owner <u>RMP Management</u>	
Well City, Village or Town <u>Green Bay</u>		Well ZIP Code <u>54302</u>		Mailing Address of Present Owner <u>1726 N. Ballard Road, Suite 1</u>		City of Present Owner <u>Appleton</u>	
Subdivision Name _____		Lot # _____		State <u>WI</u>		ZIP Code <u>54911</u>	

Reason for Removal from Service <u>Case Closure</u>		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) <u>1999</u>		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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): _____		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			
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock				Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
Total Well Depth From Ground Surface (ft.) <u>12.43</u>		Casing Diameter (in.) <u>2</u>		Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
Lower Drillhole Diameter (in.) _____		Casing Depth (ft.) _____		Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) <u>5</u>		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
If yes, to what depth (feet)?				Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
				Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			
				If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
				If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
				Required Method of Placing Sealing Material			
				<input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped			
				<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
				Sealing Materials			
				<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete			
				<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
				For Monitoring Wells and Monitoring Well Boreholes Only:			
				<input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout			
				<input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry			

5. Material Used to Fill Well / Drillhole			
From (ft.) <u>Surface</u>		To (ft.) <u>12.43</u>	
No. Yards, Sacks Sealant or Volume (circle one) <u>0.5</u>		Mix Ratio or Mud Weight	
<u>3/8" bentonite chips</u>			

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>General Engineering Co.</u>		License #		Date Received	
Street or Route <u>916 Silver Lake Drive</u>		Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>1/31/18</u>		Noted By	
City <u>Portage</u>		Telephone Number <u>(608) 742-2169</u>		Comments	
State <u>WI</u>		ZIP Code <u>53901</u>		Signature of Person Doing Work <u>[Signature]</u>	
				Date Signed <u>2/2/18</u>	

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: Brown WI Unique Well # of Removed Well: _____ Hicap #: _____
 Latitude / Longitude (see instructions): 44.49296 N Format Code: DD Method Code: GPS008
87.97579 W DDM SCR002
 OTH001
 1/4 1/4 NW 1/4 SE Section: 5 Township: 23 N Range: E W
 or Gov't Lot # _____
 Well Street Address: 1931 Main Street
 Well City, Village or Town: Green Bay Well ZIP Code: 54302
 Subdivision Name: _____ Lot #: _____

Facility Name: Family Dental
 Facility ID (FID or PWS): _____
 License/Permit/Monitoring #: MW-2
 Original Well Owner: Brother Martinizing
 Present Well Owner: RCP Management
 Mailing Address of Present Owner: 1726 N. Ballard Road, Suite 1
 City of Present Owner: Appleton State: WI ZIP Code: 54911

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): 1999
 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.): 12.70 Casing Diameter (in.): 2

Lower Drillhole Diameter (in.): _____ Casing Depth (ft.): 12.70

Was well annular space grouted? Yes No Unknown

If yes, to what depth (feet)? _____ Depth to Water (feet): 5

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): _____

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	12.70	0.5	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing: General Engineering Co. License #: _____ Date of Filling & Sealing or Verification (mm/dd/yyyy): 1/31/18
 Street or Route: 916 Silver Lake Drive Telephone Number: (608) 742-2169
 City: Portage State: WI ZIP Code: 53901 Signature of Person Doing Work: _____ Date Signed: 2/2/18

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 <u>Brown</u>		WI Unique Well # of Removed Well		Hicap #		Facility Name <u>Familia Dental</u>	
Latitude / Longitude (see instructions) <u>44.49296</u> N <u>87.97579</u> W		Format Code <input checked="" 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 <u>NW</u> 1/4 <u>SE</u>		Section <u>5</u>		Township <u>23 N</u>		License/Permit/Monitoring # <u>SMW-3</u>	
or Gov't Lot #		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner <u>Brother Martinizing</u>		Present Well Owner <u>RMP Management</u>	
Well Street Address <u>1931 Main Street</u>				Mailing Address of Present Owner <u>1726 N. Ballard Road, Suite 1</u>			
Well City, Village or Town <u>Green Bay</u>		Well ZIP Code <u>54302</u>		City of Present Owner <u>Appleton</u>		State ZIP Code <u>WI 54911</u>	
Subdivision Name		Lot #					

Reason for Removal from Service <u>Case Closure</u>		WI Unique Well # of Replacement Well	
3. Filled & Sealed Well / Drillhole / Borehole Information			
<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <u>8/6/15</u>	
<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"/> Other (specify):		<input checked="" type="checkbox"/> Dug	
Formation Type:			
<input checked="" type="checkbox"/> Unconsolidated Formation		<input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <u>15.30</u>		Casing Diameter (in.) <u>4</u>	
Lower Drillhole Diameter (in.) <u>-</u>		Casing Depth (ft.) <u>15.30</u>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)?		Depth to Water (feet) <u>6</u>	

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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
Casing left in place?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Was casing cut off below surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did sealing material rise to surface?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did material settle after 24 hours?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If yes, was hole retopped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
If bentonite chips were used, were they hydrated with water from a known safe source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Required Method of Placing Sealing Material			
<input checked="" type="checkbox"/> Conductor Pipe-Gravity		<input type="checkbox"/> Conductor Pipe-Pumped	
<input type="checkbox"/> Screened & Poured (Bentonite Chips)		<input type="checkbox"/> Other (Explain):	
Sealing Materials			
<input type="checkbox"/> Neat Cement Grout		<input type="checkbox"/> Concrete	
<input type="checkbox"/> Sand-Cement (Concrete) Grout		<input type="checkbox"/> Bentonite Chips	
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			
<u>3/8" bentonite chips</u>		From (ft.) <u>Surface</u>	To (ft.) <u>15.30</u>
		No. Yards, Sacks Sealant or Volume (circle one) <u>0.5</u>	Mix Ratio or Mud Weight
6. Comments			

7. Supervision of Work			DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>General Engineering Co.</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>4/31/18</u>	Date Received	Noted By
Street or Route <u>916 Silver Lake Drive</u>		Telephone Number <u>(608) 742-2169</u>	Comments	
City <u>Portage</u>	State <u>WI</u>	ZIP Code <u>53901</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>2/2/18</u>

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 <u>Brown</u>		WI Unique Well # of Removed Well		Hicap #		Facility Name <u>Family Dental</u>	
Latitude / Longitude (see instructions) <u>44.49296</u> N <u>87.97579</u> W		Format Code <input checked="" 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 <u>NW</u> 1/4 <u>SE</u> or Gov't Lot #		Section <u>5</u>		Township <u>23 N</u>		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <u>1931 Main Street</u>				License/Permit/Monitoring # <u>MW-4</u>			
Well City, Village or Town <u>Green Bay</u>				Well ZIP Code <u>54302</u>			
Subdivision Name		Lot #		Original Well Owner <u>One Hour Martinizing</u>		Present Well Owner <u>RMP Management</u>	
Reason for Removal from Service <u>Case Closure</u>		WI Unique Well # of Replacement Well		Mailing Address of Present Owner <u>1726 N. Ballard Road, Suite 1</u>			
City of Present Owner <u>Appleton</u>		State <u>WI</u>		ZIP Code <u>54911</u>			

3. Filled & Sealed Well / Drillhole / Borehole Information **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) <u>1999</u>		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input 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		Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Total Well Depth From Ground Surface (ft.) <u>12.30</u>		Casing Diameter (in.) <u>2</u>		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
Lower Drillhole Diameter (in.) <u>—</u>		Casing Depth (ft.) <u>12.30</u>		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	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) <u>4</u>			

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>Surface</u>	<u>12.30</u>	<u>0.5</u>	

6. Comments

7. Supervision of Work			DNR Use Only		
Name of Person or Firm Doing Filling & Sealing <u>General Engineering Co.</u>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>1/31/18</u>	Date Received	Noted By
Street or Route <u>916 Silver Lake Drive</u>		Telephone Number <u>(608) 242-2169</u>		Comments	
City <u>Portage</u>	State <u>WI</u>	ZIP Code <u>53901</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>2/2/18</u>	

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 <u>Brown</u>		WI Unique Well # of Removed Well		Hicap #		Facility Name <u>Fumher Dental</u>	
Latitude / Longitude (see instructions) <u>44.49296</u> N <u>87.92579</u> W		Format Code <input checked="" 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 <u>NW</u> 1/4 <u>SE</u> or Gov't Lot #		Section <u>5</u>		Township <u>23 N</u>		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <u>1931 Main Street</u>				Original Well Owner <u>One Hour Martinizing</u>			
Well City, Village or Town <u>Green Bay</u>				Well ZIP Code <u>54302</u>			
Subdivision Name				Lot #		Present Well Owner <u>RCP Management</u>	
Reason for Removal from Service <u>Case Closure</u>				WI Unique Well # of Replacement Well			
Mailing Address of Present Owner <u>1726 N. Ballard Road, Suite 1</u>				City of Present Owner <u>Appleton</u>		State <u>WI</u>	
ZIP Code <u>54911</u>							

3. Filled & Sealed Well / Drillhole / Borehole Information

Monitoring Well
 Water Well
 Borehole / Drillhole

Original Construction Date (mm/dd/yyyy)
1999

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.) Casing Diameter (in.)

12.64 2

Lower Drillhole Diameter (in.) Casing Depth (ft.)

— 12.64

Was well annular space grouted? Yes No Unknown

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

— 5

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): _____

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>3/8" bentonite chips</u>		<u>Surface</u>	<u>12.64</u>	<u>0.5</u>	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing <u>General Engineering Co.</u>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>4/31/18</u>	Date Received	Noted By
Street or Route <u>916 Silver Lake Drive</u>		Telephone Number <u>(608) 742-2169</u>		Comments	
City <u>Portage</u>	State <u>WI</u>	ZIP Code <u>53901</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>2/2/18</u>	

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 <u>Brown</u>		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name <u>Furniture Dental</u>	
Latitude / Longitude (see instructions) <u>44.49296</u> N <u>87.92579</u> W		Format Code <input checked="" 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 <u>NW</u> 1/4 <u>SE</u> or Gov't Lot #		Section <u>5</u>		Township <u>23 N</u>		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <u>1931 Main Street</u>		Well ZIP Code <u>54302</u>		Original Well Owner <u>One Hour Mortarizing</u>		Present Well Owner <u>RCP Management</u>	
Well City, Village or Town <u>Green Bay</u>		Subdivision Name _____		Lot # _____		Mailing Address of Present Owner <u>1726 N. Ballard Road, Suite 1</u>	
City of Present Owner <u>Appleton</u>		State <u>WI</u>		ZIP Code <u>54911</u>			

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

Reason for Removal from Service <u>Case Closure</u>		WI Unique Well # of Replacement Well _____		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <u>1999</u>		Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
If a Well Construction Report is available, please attach.		Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock		Total Well Depth From Ground Surface (ft.) <u>12.55</u>		Casing Diameter (in.) <u>2</u>	
Lower Drillhole Diameter (in.) <u>12.55</u>		Casing Depth (ft.) <u>12.55</u>		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	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		If yes, to what depth (feet)?		Depth to Water (feet) <u>6</u>	

5. Material Used to Fill Well / Drillhole			
From (ft.) <u>Surface</u>	To (ft.) <u>12.55</u>	No. Yards, Sacks Sealant or Volume (circle one) <u>0.5</u>	Mix Ratio or Mud Weight
3/8" bentonite chips			

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>General Engineering Co.</u>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>4/30/18</u>	Date Received	Noted By
Street or Route <u>916 Silver Lake Drive</u>		Telephone Number <u>(608) 742-2169</u>		Comments	
City <u>Portage</u>	State <u>WI</u>	ZIP Code <u>53901</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>2/2/18</u>	

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 <u>Brown</u>		WI Unique Well # of Removed Well		Hicap #		Facility Name <u>Familia Dental</u>	
Latitude / Longitude (see instructions) <u>44.49296</u> N <u>87.92579</u> W		Format Code <input checked="" 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 <u>NW</u> 1/4 <u>SE</u> or Gov't Lot #		Section <u>5</u>		Township <u>23 N</u>		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <u>1931 Main Street</u>				Present Well Owner <u>RSC Management</u>			
Well City, Village or Town <u>Green Bay</u>				Well ZIP Code <u>54302</u>			
Subdivision Name				Lot #		Mailing Address of Present Owner <u>1726 N. Ballard Road, Suite 1</u>	
Reason for Removal from Service <u>Case Closure</u>				WI Unique Well # of Replacement Well			
City of Present Owner <u>Appleton</u>		State <u>WI</u>		ZIP Code <u>54911</u>			

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well		Original Construction Date (mm/dd/yyyy) <u>1999</u>	
<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 checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock			
Total Well Depth From Ground Surface (ft.) <u>12.26</u>		Casing Diameter (in.) <u>2</u>	
Lower Drillhole Diameter (in.) <u>-</u>		Casing Depth (ft.) <u>12.26</u>	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
If yes, to what depth (feet)?		Depth to Water (feet) <u>6</u>	

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

5. Material Used to Fill Well / Drillhole			
From (ft.) <u>Surface</u>	To (ft.) <u>12.26</u>	No. Yards, Sacks Sealant or Volume (circle one) <u>0.5</u>	Mix Ratio or Mud Weight

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>General Engineering Co.</u>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>4/30/18</u>	Date Received	Noted By
Street or Route <u>916 Silver Lake Drive</u>		Telephone Number <u>(608) 742-2169</u>		Comments	
City <u>Portage</u>	State <u>WI</u>	ZIP Code <u>53901</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>2/2/18</u>	

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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 **2. Facility / Owner Information**

County <u>Brown</u>		WI Unique Well # of Removed Well		Hicap #		Facility Name <u>Family Dental</u>			
Latitude / Longitude (see instructions) <u>44.49296</u> N <u>87.97579</u> W		Format Code <input checked="" 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 <u>NW</u> 1/4 <u>SE</u> or Gov't Lot #		Section <u>5</u>		Township <u>23 N</u>		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W		License/Permit/Monitoring # <u>MW-8</u>	
Well Street Address <u>1931 Main Street</u>						Original Well Owner <u>One Hour Martinizing</u>			
Well City, Village or Town <u>Green Bay</u>						Well ZIP Code <u>54302</u>			
Subdivision Name						Lot #		Present Well Owner <u>RKP Management</u>	
Reason for Removal from Service <u>Case Closure</u>						Mailing Address of Present Owner <u>1726 N. Ballard Road, Suite 1</u>			
WI Unique Well # of Replacement Well						City of Present Owner <u>Appleton</u>		State <u>WI</u>	
						ZIP Code <u>54911</u>			

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) <u>1999</u>		<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.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Borehole / Drillhole				<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): _____					
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock					
Total Well Depth From Ground Surface (ft.) <u>12.54</u>		Casing Diameter (in.) <u>2</u>			
Lower Drillhole Diameter (in.) <u>-</u>		Casing Depth (ft.) <u>12.54</u>			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
If yes, to what depth (feet)?		Depth to Water (feet) <u>5</u>			
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____					
Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips					
For Monitoring Wells and Monitoring Well Boreholes Only: <input checked="" type="checkbox"/> Bentonite Chips <input type="checkbox"/> Bentonite - Cement Grout <input type="checkbox"/> Granular Bentonite <input type="checkbox"/> Bentonite - Sand Slurry					

5. Material Used to Fill Well / Drillhole			
From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>Surface</u>	<u>12.54</u>	<u>0.5</u>	

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>General Engineering Co.</u>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>1/31/18</u>	Date Received	Noted By
Street or Route <u>916 Silver Lake Drive</u>		Telephone Number <u>(608) 742-2169</u>		Comments	
City <u>Portage</u>	State <u>WI</u>	ZIP Code <u>53901</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>2/2/18</u>	

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 <u>Brown</u>		WI Unique Well # of Removed Well		Hicap #		Facility Name <u>Familia Dental</u>	
Latitude / Longitude (see instructions) <u>44.49296</u> N <u>87.97579</u> W		Format Code <input checked="" 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 <u>NW</u> 1/4 <u>SE</u> or Gov't Lot #		Section <u>5</u>		Township <u>23 N</u>		License/Permit/Monitoring # <u>MW-9</u>	
Well Street Address <u>1931 Main Street</u>		Township		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner <u>One Hour Martinizing</u>	
Well City, Village or Town <u>Green Bay</u>		Well ZIP Code		Present Well Owner <u>RCP Management</u>			
Subdivision Name		Lot #		Mailing Address of Present Owner <u>1726 N. Ballard Road, Suite 1</u>		City of Present Owner <u>Appleton</u>	
Reason for Removal from Service <u>Case Closure</u>		WI Unique Well # of Replacement Well		State <u>WI</u>		ZIP Code <u>54911</u>	
3. Filled & Sealed Well / Drillhole / Borehole Information				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) <u>2001</u>		If a Well Construction Report is available, please attach.		Pump and piping removed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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): _____						Liner(s) removed? <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						Liner(s) perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <u>13.50</u>		Casing Diameter (in.) <u>2</u>				Screen removed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
Lower Drillhole Diameter (in.) <u>-</u>		Casing Depth (ft.) <u>13.50</u>				Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) <u>6</u>				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If yes, to what depth (feet)?						Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
						Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
						If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
						If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
						Required Method of Placing Sealing Material	
						<input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped	
						<input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
						Sealing Materials	
						<input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete	
						<input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
						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				6. Comments			
From (ft.)		To (ft.)		No. Yards, Sacks Sealant or Volume (circle one)		Mix Ratio or Mud Weight	
<u>Surface</u>		<u>13.50</u>		<u>0.5</u>			
7. Supervision of Work				DNR Use Only			
Name of Person or Firm Doing Filling & Sealing <u>General Engineering Co.</u>		License #		Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>1/31/18</u>		Date Received	
Street or Route <u>916 Silver Lake Drive</u>		Telephone Number <u>(608) 742-2169</u>		Comments		Noted By	
City <u>Portage</u>		State <u>WI</u>		ZIP Code <u>53901</u>		Signature of Person Doing Work <u>[Signature]</u>	
						Date Signed <u>2/2/18</u>	

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 <u>Brown</u>		WI Unique Well # of Removed Well	Hicap #	Facility Name <u>Familia Dental</u>	
Latitude / Longitude (see instructions) <u>44.49296</u> N <u>87.92579</u> W		Format Code <input checked="" 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 <u>NW</u> 1/4 <u>SE</u> or Gov't Lot #		Section <u>5</u>	Township <u>23 N</u>	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	License/Permit/Monitoring # <u>P2-1</u>
Well Street Address <u>1931 Main Street</u>			Original Well Owner <u>One Hour Martinizing</u>		
Well City, Village or Town <u>Green Bay</u>			Present Well Owner <u>RCP Management</u>		
Subdivision Name			Well ZIP Code <u>54302</u>	Mailing Address of Present Owner <u>1726 N. Ballard Road, Suite 1</u>	
Reason for Removal from Service <u>Case Closure</u>			Lot #	City of Present Owner <u>Appleton</u>	State <u>WI</u>
WI Unique Well # of Replacement Well			ZIP Code <u>54911</u>		
3. Filled & Sealed Well / Drillhole / Borehole Information			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) <u>1999</u>	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.	Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input 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		Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Total Well Depth From Ground Surface (ft.) <u>22.23</u>	Casing Diameter (in.) <u>2</u>	Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips			
Lower Drillhole Diameter (in.) <u>—</u>	Casing Depth (ft.) <u>22.23</u>	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			
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Depth to Water (feet) <u>6</u>				
If yes, to what depth (feet)?					
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>3/8" bentonite chips</u>		Surface	<u>22.23</u>	<u>0.75</u>	
6. Comments					
7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>General Engineering Co.</u>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>4/31/18</u>	Date Received	Noted By
Street or Route <u>916 Silver Lake Drive</u>		Telephone Number <u>(608) 742-2169</u>		Comments	
City <u>Portage</u>	State <u>WI</u>	ZIP Code <u>53901</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>2/2/18</u>	

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 <u>Brown</u>		WI Unique Well # of Removed Well	Hicap #
Latitude / Longitude (see instructions) <u>44.49296</u> N <u>87.97579</u> W		Format Code <input checked="" 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 <u>NW</u> 1/4 <u>SE</u> or Gov't Lot #	Section <u>5</u>	Township <u>23 N</u>	Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W
Well Street Address <u>1931 Main Street</u>			
Well City, Village or Town <u>Green Bay</u>		Well ZIP Code <u>54302</u>	
Subdivision Name		Lot #	

Facility Name <u>Familia Dental</u>		
Facility ID (FID or PWS) _____		
License/Permit/Monitoring # <u>MW-12</u>		
Original Well Owner <u>One Hour Martinizing</u>		
Present Well Owner <u>RMP Management</u>		
Mailing Address of Present Owner <u>1726 N. Ballard Road, Suite 1</u>		
City of Present Owner <u>Appleton</u>	State <u>WI</u>	ZIP Code <u>54911</u>

Reason for Removal from Service Case Closure WI Unique Well # of Replacement Well _____

3. Filled & Sealed Well / Drillhole / Borehole Information

<input checked="" type="checkbox"/> Monitoring Well	Original Construction Date (mm/dd/yyyy) <u>4/20/16</u>
<input type="checkbox"/> Water Well	
<input type="checkbox"/> Borehole / Drillhole	
If a Well Construction Report is available, please attach.	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____	
Formation Type: <input checked="" type="checkbox"/> Unconsolidated Formation <input type="checkbox"/> Bedrock	
Total Well Depth From Ground Surface (ft.) <u>13</u>	Casing Diameter (in.) <u>2</u>
Lower Drillhole Diameter (in.) <u>2</u>	Casing Depth (ft.) <u>13</u>
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, to what depth (feet)? _____	Depth to Water (feet) <u>3</u>

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

5. Material Used to Fill Well / Drillhole	From (ft.)	To (ft.)	No. Yards, Sacks Sealant or Volume (circle one)	Mix Ratio or Mud Weight
<u>3/8" bentonite chips</u>	Surface	<u>13</u>	<u>0.5</u>	

6. Comments

7. Supervision of Work **DNR Use Only**

Name of Person or Firm Doing Filling & Sealing <u>General Engineering Co.</u>	License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>1/31/18</u>	Date Received	Noted By
Street or Route <u>916 Silver Lake Drive</u>	Telephone Number <u>(608) 742-2169</u>	Comments		
City <u>Portage</u>	State <u>WI</u>	ZIP Code <u>53901</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>2/2/18</u>

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 <u>Brown</u>		WI Unique Well # of Removed Well _____		Hicap # _____		Facility Name <u>Familie Dental</u>	
Latitude / Longitude (see instructions) <u>44.49296</u> N <u>87.97579</u> W		Format Code <input checked="" 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 <u>NW</u> 1/4 <u>SE</u> or Gov't Lot #		Section <u>5</u>		Township <u>23 N</u>		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W	
Well Street Address <u>1931 Main Street</u>				Original Well Owner <u>One Hour Martinizing</u>			
Well City, Village or Town <u>Green Bay</u>				Well ZIP Code <u>54302</u>			
Subdivision Name _____				Lot # _____		Present Well Owner <u>RCP Management</u>	
Reason for Removal from Service <u>Case Closure</u>				WI Unique Well # of Replacement Well _____			
3. Filled & Sealed Well / Drillhole / Borehole Information				4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <u>9/23/15</u>		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	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		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		Casing left in place? <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				Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Total Well Depth From Ground Surface (ft.) <u>12.88</u>		Casing Diameter (in.) <u>1.25</u>		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	
Lower Drillhole Diameter (in.) _____		Casing Depth (ft.) <u>12.88</u>		If bentonite chips were used, were they hydrated with water from a known safe source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) <u>3</u>		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	
If yes, to what depth (feet)? _____				5. Material Used to Fill Well / Drillhole <u>3/8" bentonite chips</u>		From (ft.) To (ft.) No. Yards, Sacks Sealant or Volume (circle one) Mix Ratio or Mud Weight <u>Surface</u> <u>12.88</u> <u>0.25</u>	
6. Comments							
7. Supervision of Work				DNR Use Only			
Name of Person or Firm Doing Filling & Sealing <u>General Engineering Co.</u>		License # _____		Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>1/31/18</u>		Date Received _____	
Street or Route <u>916 Silver Lake Drive</u>		Telephone Number <u>(608) 742-2169</u>		Comments _____		Noted By _____	
City <u>Portage</u>		State <u>WI</u>		ZIP Code <u>53901</u>		Signature of Person Doing Work <u>[Signature]</u>	
						Date Signed <u>2/2/18</u>	

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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				2. Facility / Owner Information			
County <u>Brown</u>		WI Unique Well # of Removed Well		Hicap #		Facility Name <u>Familia Dental</u>	
Latitude / Longitude (see instructions) <u>44.49296</u> N <u>87.97579</u> W		Format Code <input checked="" 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 <u>NW</u> 1/4 <u>SE</u>		Section <u>5</u>		Township <u>23 N</u>		License/Permit/Monitoring # <u>TW-5</u>	
or Gov't Lot #		Range <input checked="" type="checkbox"/> E <input type="checkbox"/> W		Original Well Owner <u>Brother Martinizing</u>		Present Well Owner <u>RCP Management</u>	
Well Street Address <u>1931 Main Street</u>				Mailing Address of Present Owner <u>1726 N. Ballard Road, Suite 1</u>			
Well City, Village or Town <u>Green Bay</u>				Well ZIP Code <u>54302</u>			
Subdivision Name				Lot #		City of Present Owner <u>Appleton</u>	
State <u>WI</u>				ZIP Code <u>54911</u>			

Reason for Removal from Service: Case Closure

WI Unique Well # of Replacement Well: _____

3. Filled & Sealed Well / Drillhole / Borehole Information		4. Pump, Liner, Screen, Casing & Sealing Material			
<input checked="" type="checkbox"/> Monitoring Well <input type="checkbox"/> Water Well <input type="checkbox"/> Borehole / Drillhole		Original Construction Date (mm/dd/yyyy) <u>9/23/15</u>		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Casing left in place? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Construction Type: <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven (Sandpoint) <input type="checkbox"/> Dug <input type="checkbox"/> Other (specify): _____		If a Well Construction Report is available, please attach.		Was casing cut off below surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did sealing material rise to surface? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Did material settle after 24 hours? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A If yes, was hole retopped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A If bentonite chips were used, were they hydrated with water from a known safe source? <input 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		Required Method of Placing Sealing Material <input checked="" type="checkbox"/> Conductor Pipe-Gravity <input type="checkbox"/> Conductor Pipe-Pumped <input type="checkbox"/> Screened & Poured (Bentonite Chips) <input type="checkbox"/> Other (Explain): _____			
Total Well Depth From Ground Surface (ft.) <u>12.68</u>		Casing Diameter (in.) <u>1.25</u>		Sealing Materials <input type="checkbox"/> Neat Cement Grout <input type="checkbox"/> Concrete <input type="checkbox"/> Sand-Cement (Concrete) Grout <input type="checkbox"/> Bentonite Chips	
Lower Drillhole Diameter (in.) <u>—</u>		Casing Depth (ft.) <u>12.68</u>		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	
Was well annular space grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Depth to Water (feet) <u>3.5</u>			

5. Material Used to Fill Well / Drillhole			
From (ft.) <u>Surface</u>		To (ft.) <u>12.68</u>	
No. Yards, Sacks Sealant or Volume (circle one) <u>0.25</u>		Mix Ratio or Mud Weight	
<u>3/8" bentonite chips</u>			

6. Comments

7. Supervision of Work				DNR Use Only	
Name of Person or Firm Doing Filling & Sealing <u>General Engineering Co.</u>		License #	Date of Filling & Sealing or Verification (mm/dd/yyyy) <u>4/30/18</u>	Date Received	Noted By
Street or Route <u>916 Silver Lake Drive</u>		Telephone Number <u>(608) 242 2169</u>		Comments	
City <u>Portage</u>		State <u>WI</u>	ZIP Code <u>53901</u>	Signature of Person Doing Work <u>[Signature]</u>	Date Signed <u>2/2/18</u>

From: Brian Youngwirth
To: [Lauridsen, Keld B - DNR](#)
Cc: ["Matt Dahlem"](#)
Subject: Vapor Sampling Points
Date: Friday, February 2, 2018 6:38:06 AM

Keld, during the well abandonment, GEC removed the two vapor pins within the Familia Dental building and the holes were patched with concrete.

Brian Youngwirth
Environmental Project Manager | General Engineering Company
916 Silver Lake Drive | PO Box 340 | Portage, WI 53901
P 608-742-2169 | Fax 608-742-2592 | C 608-697-8010
byoungwirth@generalengineering.net
www.generalengineering.net

From: Matt Dahlem
To: [Brian Youngwirth](#); [Lauridsen, Keld B - DNR](#)
Subject: RE: One Hour Martinizing
Date: Friday, February 2, 2018 8:38:54 AM
Attachments: [Drum disposal manifest.pdf](#)

Thanks Brian.

Then Keld, attached is the drum disposal manifest for the 2 water drums that were onsite.

With you in possession of the well abandonment forms and drum disposal docs, this should prompt the final case closure letter, but let us know if you need anything more.

Thanks Brian and Keld!

Matt

MATT DAHLEM, P.G. | Project Manager / Sr. Engineering Hydrogeologist
Fehr Graham - Engineering & Environmental

1237 Pilgrim Road
Plymouth, Wisconsin 53073
P: 920.892.2444
F: 920.892.2620
www.fehr-graham.com

From: Brian Youngwirth [mailto:byoungwirth@generalengineering.net]
Sent: Friday, February 2, 2018 5:02 AM
To: 'Lauridsen, Keld B - DNR' <Keld.Lauridsen@wisconsin.gov>
Cc: Matt Dahlem <mdahlem@fehr-graham.com>
Subject: One Hour Martinizing

Keld attached are the monitoring well abandonment forms for the remaining wells at the Former One Hour Martinizing in Green Bay (MW-1 to MW-9, PZ-1, MW-12, TW-4 and TW-5).

Brian Youngwirth
Environmental Project Manager | General Engineering Company
916 Silver Lake Drive | PO Box 340 | Portage, WI 53901
P 608-742-2169 | Fax 608-742-2592 | C 608-697-8010
byoungwirth@generalengineering.net
www.generalengineering.net

NON-HAZARDOUS WASTE MANIFEST	1. Generator ID Number	2. Page 1 of 1	3. Emergency Response Phone (800) 424-9300	4. Waste Tracking Number CES 123166
5. Generator's Name and Mailing Address Waupaca Elevator 1726 North Ballard Road Appleton, WI 54911		Generator's Site Address (if different than mailing address) 1931 MAIN STREET GREEN BAY WI		
6. Transporter 1 Company Name Covanta Environmental Solutions Carriers II, LLC		U.S. EPA ID Number WI0000815381		
7. Transporter 2 Company Name		U.S. EPA ID Number		
8. Designated Facility Name and Site Address Covanta Environmental Solutions, LLC - Fox Valley 210 Tower Rd. Winneconne, WI 54986		U.S. EPA ID Number		
9. Waste Shipping Name and Description (920) 582-7596		10. Containers		12. Unit WIR000131656
		No.	Type	11. Total Quantity
1. Non RCRA regulated, Non DOT hazardous Liquid material				2 DRUMS
2.				NONE
3.				
4.				
13. Special Handling Instructions and Additional Information Profile #1: -				
Trailer # _____ Emergency Response Guide On-board Site arrival time _____ Site departure time _____ www.covanta.com				
14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.				
Generator's/Officer's Printed/Typed Name VERBAL		Signature		Month Day Year
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: _____ Date leaving U.S.: _____		
16. Transporter Acknowledgment of Receipt of Materials				
Transporter 1 Printed/Typed Name SCOTT GROSS		Signature <i>Scott Gross</i>		Month Day Year 1 29 18
Transporter 2 Printed/Typed Name		Signature		Month Day Year
17. Discrepancy				
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection				
Manifest Reference Number: _____				
17b. Alternate Facility (or Generator)		U.S. EPA ID Number		
Facility's Phone: _____				
17c. Signature of Alternate Facility (or Generator)		Month Day Year		
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a				
Printed/Typed Name Matt Newman		Signature <i>Matt Newman</i>		Month Day Year 10/29/18

GENERATOR
INT'L
TRANSPORTER
DESIGNATED FACILITY